

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

* * * * *

IN RE: NORRISTOWN STATE HOSPITAL

PUBLIC MEETING

* * * * *

BEFORE: TERESA MILLER, Chair

LYNN KOVICH, Member

JULIEN GAUDION, Member

HEARING: Wednesday, November 29, 2017

5:35 p.m.

LOCATION: Norristown Borough Hall

235 East Airy Street

Norristown, PA 19401

CONFIDENTIAL

Reporter: Kimberly Chatburn

Any reproduction of this transcript
is prohibited without authorization
by the certifying agency

I N D E X

1

2 OPENING REMARKS

3 By Chair 5 - 19

4 By Ms. Kovich 9 - 20

5 By Mr. Gaudion 20 - 24

6 By Representative Bradford 24 - 29

7 By Chair 29 - 32

8 By Ms. Gillis 32 - 34

9 PUBLIC COMMENT

10 By Mr. Napper 34 - 38

11 By Mr. Garner 38 - 40

12 By Ms. Grasso 40 - 45

13 By Ms. Fletcher 45 - 46

14 By Ms. Shapiro 46 - 49

15 By Mr. Real 49 - 52

16 By Mr. Milligan 52 - 55

17 By Ms. Renninger 55 - 57

18 By Ms. Paulson 57 - 59

19 By Ms. Simpson 59 - 64

20 By Mr. Caldwell 65 - 70

21 By Ms. Lisa 70 - 73

22 By Mr. Chriskovich 73 - 77

23 By Ms. Johnson 77 - 79

24 By Mr. Chalfin 79 - 83

25 By Mr. Fielder 83 - 86

I N D E X (Cont.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

PUBLIC COMMENT:

By Mr. Shaw	86 - 87
By Ms. Jones	87 - 90
By Mr. Frederico	90 - 92
By Mr. Waters	92 - 96
By Mr. Napper	96 - 99

CLOSING STATEMENT

By Chair	99 - 100
----------	----------

CERTIFICATE	101
-------------	-----

E X H I B I T S

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

<u>Number</u>	<u>Description</u>	<u>Page</u> <u>Offered</u>
---------------	--------------------	-------------------------------

NONE OFFERED

P R O C E E D I N G S

1
2 -----
3 CHAIR: Hello, everyone. My name is
4 Teresa Miller, and I am the Acting Secretary for the
5 Department of Human Services.

6 And I want to thank you all for being
7 here tonight.

8 We have tried to pull together all the
9 right people from the state. You have folks here from
10 the Department of Human Services, as well as from the
11 Department of General Services, from DHS and DGS, to
12 talk about where we are with Norristown State
13 Hospital, how we got here, some next steps, and most
14 importantly, we're anxious to get your feedback
15 tonight. So that's really why we're here.

16 Before we continue, I want to thank
17 Senator Leach, who's here, and I'll turn it over to
18 him in a moment, Representative Bradford,
19 Representative Briggs, the Norristown City Council,
20 and the Montgomery County Commissioners for their
21 engagement on this issue. And, again, I want to thank
22 everyone for being here tonight.

23 As you may know, due to community
24 concerns, we have stopped construction on the forensic
25 beds, and that is those beds that are to serve

1 individuals who have been committed by a criminal
2 court for psychiatric treatment to Norristown State
3 Hospital. And we're using this time to explore other
4 options for those beds.

5 I understand that we could have done a
6 much better job of communicating with the community
7 and, frankly, with your elected officials about our
8 plans for Norristown, and that's really why we're here
9 tonight. We want to fix that and we want to commit
10 going forward to doing a much better job of engaging
11 with your elected officials and with you in the
12 community.

13 We do have a short presentation today
14 that we'll walk through to give you some context and
15 background on how we got here. Following that, we
16 look forward to getting your thoughts for those of you
17 in the audience who want to speak on the future of
18 Norristown State Hospital and the campus.

19 Because we want to make sure that
20 everyone gets a chance to speak, we'll be asking you
21 to limit your comments to three minutes. And Kate
22 will talk here in a minute about how we're going to do
23 that, but I think we have a plan to make sure that if
24 you have questions, we will answer those questions
25 after the hearing, and everything will be posted on

1 our website.

2 So before our presentation and the
3 public comment period though, I just want to turn it
4 over to Senator Leach and then City Council President
5 Sanders for a few comments.

6 MR. LEACH: Good evening, everyone.
7 Thank you all for - that's not my card. Okay.

8 I just want to thank you all for
9 coming here tonight. This is an issue that is
10 multifaceted and complex. There are issues of people
11 who need help. There are issues of Court Orders. And
12 we complied with the deadlines of redevelopment,
13 optimal use of land, and labor issues. And there are
14 a lot of things that are sort of in the air.

15 I'm very grateful for the Secretary,
16 the Acting Secretary, and her team for being here.
17 You should know that we actually met a couple days ago
18 for a pre-meeting where we tried to have a discussion
19 of all these things and try to narrow the issues as
20 much as possible to present them to you in sort of
21 coherent way.

22 And so there are people who are much
23 bigger experts on this than I am, although there's no
24 one here that's more questioning himself than I. So
25 we look forward to hearing what you have to say and

1 I'm, again, grateful for your input.

2 Thank you.

3 Am I turning it over to someone?

4 CHAIR: President Sanders.

5 MS. SANDERS: Good evening, everyone.

6 I'm Sonya Sanders, president of the Norristown
7 Council.

8 I'm glad to see everyone that is here
9 in regards to having a vested interest in our town and
10 looking for the betterment of Norristown.

11 As mentioned earlier, we have had
12 several meetings in regard to the project that had
13 originally started without any notification to City
14 Council. Needless to say, we were displeased about
15 the situation. And after several meetings, I want to
16 credit the State Secretary for wanting to come to some
17 sort of agreement or some type of resolution, which is
18 why you are all here this evening.

19 So with that in mind, Council is here
20 to represent what is best for Norristown and how it
21 will move forward and how they will move forward.

22 And, again, as mentioned, you know,
23 there was a lack of communication and we understand
24 that. They have apologized, and we have accepted the
25 apology.

1 However, we are looking to a different
2 transition on how we're going to move forward in
3 regards to this.

4 So, again, we have the constituents in
5 mind as we move through this time.

6 Thank you.

7 CHAIR: Thank you, President Sanders,
8 and thank you, Senator Leach.

9 As I mentioned before, before we get
10 into the public input portion of the evening, we do
11 have some background information and thoughts on next
12 steps that we'd like to share so we can make sure that
13 we're all starting out with the same information.

14 So with that, I am going to turn it
15 over to Lynn Kovich, who is the DHS Deputy Secretary
16 for the Office of Mental Health and Substance Abuse
17 Services, to provide some background.

18 MS. KOVICH: Thank you, Secretary
19 Miller. It's good to meet everyone.

20 So as the Secretary said, we wanted to
21 do some level setting and give you guys some
22 background and some context so that you have the
23 background and history and understand how we got where
24 we are today. Okay.

25 So just a quick - to show you what

1 we'll cover in the slides. We've already gotten done
2 the introductions all through the current status and
3 the background. Talk to you about the ACLU
4 settlement, which is really one of the main reasons we
5 are here this evening, the original plan to address
6 the settlement agreements that we entered into with
7 the ACLU, why Norristown was selected for the increase
8 in the forensic beds.

9 Then I'll turn it over to Julien from
10 DGS, the Department of General Services, who will talk
11 to you and explain to you about the land studies that
12 we will be undertaking for the use of the hospital.
13 And then turn it back to Secretary Miller to talk
14 about what we do next fast forward, and then I'll put
15 it up for public comment.

16 So I think probably the best thing to
17 tell you right now at the moment is that we have
18 stopped construction at the hospital at Norristown
19 State Hospital. We also, I think this is a very
20 important point, have engaged a consultant that will
21 assess our systems and our processes about how we're
22 addressing the waiting list for the forensic beds.
23 And this will make a little bit more sense as I go
24 through, and you see the actual presentation.

25 But the waiting list to get into those

1 beds is very long. That is what led to the settlement
2 agreement, and that is why - that is why we have
3 engaged a consultant to help us assess things to
4 further reduce the wait time for both the needs of the
5 individuals and the beds given to them.

6 We are also committing to exploring
7 other options to reduce the wait list, and I think
8 this is probably the most important thing you guys
9 should hear tonight, understand tonight, and leave
10 tonight is that this is an ongoing public employ as we
11 move this process forward.

12 I think we've learned a very valuable
13 lesson, and are hoping tonight is an opportunity for
14 us all to move on with a commitment from us to
15 continue to communicate with you all.

16 So I thought it might be helpful just
17 to give a very quick layman's explanation for the
18 different definitions of the beds that are at
19 Norristown State Hospital. A civil bed is for someone
20 who is involuntarily committed for psychiatric
21 treatment. There is no criminal court oversight of
22 those beds.

23 Forensic beds is, I think, what we're
24 going to talk about tonight, are for individuals who
25 have been ordered to treatment by a criminal court, by

1 the three - the three populations that will use a
2 forensic bed.

3 And then the third type of bed that
4 we'll refer to is a step-down bed. Those beds are for
5 folks who still have criminal justice oversight, but
6 they do not require the security or the level of a
7 security level provided in a forensic unit at
8 Norristown. They are, I believe, for all intents and
9 purposes, considered civil beds, but we refer to them
10 as step-down beds.

11 So just to give you - I'm sorry, guys.
12 You can't see our PowerPoint. - a little bit of
13 history on Norristown. The hospital was built in
14 1880, believe it or not. And in 1947, the census was
15 over 5,000 people at Norristown. So obviously a big
16 facility and grounds.

17 In 1937 is when we began to operate
18 and develop the forensic beds for folks in the
19 criminal justice system.

20 Now, I'm very happy and proud to say
21 that the facility has been declining drastically over
22 the years with the state closing hospitals as many of
23 you probably know, and that's really due to advances
24 in treatment, medication, every day practices, and
25 then also having - developing community options for

1 folks to receive treatment in the community, the least
2 restrictive environment and not in the confines of an
3 institution.

4 So right now, if you could see the
5 PowerPoint, it would say that 122 beds in the civil
6 unit, so those are the beds we're talking about where
7 people are involuntarily committed. There are 122
8 beds that serve five of the southeastern counties. So
9 Philadelphia, Bucks, Montgomery, Chester and Delaware.

10 And then we have 137 forensic beds
11 that serve 19 of the eastern counties. The rest of
12 the counties are served in our state hospital forensic
13 unit out west.

14 So the civil beds, if you're familiar
15 with the campus, are in buildings one and ten, and the
16 forensic beds are in buildings - again, there's a map
17 which we will get back up. It just shows a map of the
18 campus and where building 51 is where the forensic
19 beds are. And then there's two buildings, as I said,
20 for step-down.

21 Then there's a map that shows you the
22 site that is served by Norristown, and then the rest
23 of the state is served by Torrance.

24 So back in January of this year,
25 January 11th of 2017, DHS announced the closure of the

1 civil beds at Norristown, and those - so that means
2 people who were committed to civil beds discharged
3 into the community over a period of 18 to 24 months,
4 which is the typical time frame to do a closure.

5 So in order to make this happen, the
6 state directed funding to Warrensville State hospital
7 so that folks could be discharged from Warrensville
8 into the community and so that there would be beds
9 freed up so folks who would get committed to
10 Norristown would be committed to Warrensville.

11 In terms of civil closure, the goal is
12 to maintain 60 of the step-down beds for folks who
13 still have oversight. We still need forensic beds.
14 Retained 60 of those. And then convert some number
15 temporarily of the civil beds to the forensic beds and
16 rename then one of the forensic beds over to building
17 51 for people who need the support.

18 The next slide will show the waiting
19 list and how it has grown through the years. So in
20 January of 2012, we had 42 people on the waiting list
21 during that moment. It has grown through November of
22 this year, November '17, to 194 people.

23 Norristown has traditionally had long
24 wait lists for people to get into a forensic bed, but
25 - okay, we're back.

1 So this just shows you the map of
2 where the buildings are. This shows you the buildings
3 at Norristown, the civil closure, and here on the
4 graph it shows how the wait list has grown from 2012
5 to 2017.

6 In 2012, the wait list was only four
7 months. Now it's over a year. So we have folks in
8 jail who need psychiatric treatment to be restored
9 competency to receive trial. But they remain jail
10 over a year.

11 The majority of the individuals who
12 are on this waiting list have been charged with minor
13 crimes. So because of the long wait list that I just
14 talked about and showed you on the graph, the ACLU,
15 DHS and the Commonwealth, because of the long wait
16 list to get in. So that lawsuit was filed in October
17 of 2015 for the long wait lines, not only at
18 Norristown but also at Torrance in the western part of
19 the state.

20 So DHS entered into a settlement
21 agreement with the ACLU in January. And you can see
22 those five bullets are the things that are part of the
23 settlement agreement that DHS agreed to do. Create 60
24 community slots within 120 days, another 60 in 180
25 days. Provide facilities to use when we have

1 investment funds to develop supportive housing.

2 And those three things are to
3 facilitate the equipment if you will, throughout the
4 system, you can see it's logged down if people don't
5 move when they're able to be discharged from the
6 hospital, but they don't. So they're meant to develop
7 a input and move these people along appropriately and
8 when they are clinically and psychiatrically ready to
9 do so.

10 The other two bullets were to complete
11 psychiatric assessments of everyone on the waiting
12 list as well as for anyone who's currently in a
13 forensic bed.

14 So those are the terms of the
15 settlement agreement.

16 So even doing all of this did not
17 really affect the waiting list as significantly and
18 drastically as we would have hoped. The same with the
19 ACLU. You can see the waiting list grew from 184
20 individuals back in 2016 to - as of May, 204 in May of
21 '17.

22 So we had to return to court because
23 of the lack of progress. And so in order to decrease
24 the numbers and get people off the waiting list, there
25 were additional items that required a second

1 settlement agreement agreed to back in June of this
2 year.

3 So one of the things we needed to do
4 was stand up 50 additional beds by December 15th of
5 this year, temporarily convert 30 civil beds to
6 forensic beds, and then develop another 29 units, ten
7 of those in Philly and 19 would have been in
8 Allegheny.

9 And then I talked about the engagement
10 of a consultant to do assessments. So the original
11 plan of how to address the settlement agreement was to
12 do what you see on this particular slide. The
13 building one they talked about is civil and step-down
14 beds. Building ten is civil and step-down beds. And
15 building 51 has all the forensic beds.

16 So building one, which has civil
17 patients, will continue to do so as they are
18 discharged and conditioned out into the community.
19 And they will retain some of the step-down beds that I
20 spoke about.

21 Building ten, again, houses step-down
22 beds. But to meet the settlement agreement, we agreed
23 to add 50 additional forensic beds in building ten by
24 repurposing a unit that's no longer being used, so 28
25 beds in that particular unit, and then repurposing 22

1 current beds serving people in the civil unit, 22 beds
2 to 50. And then adding the renovation, doing
3 renovations to building ten to replicate the security
4 breaches of building ten. So that is what is involved
5 in the construction.

6 And then building 51, as I said,
7 currently houses the forensic beds and will continue
8 to do so.

9 So, of course, you guys will be asking
10 reasonably why Norristown was chosen for all of this.
11 So I think the reasons are pretty clear. The waiting
12 list is four times as long for someone to get into the
13 forensic beds at Norristown as opposed to the beds at
14 Torrance. And building ten was selected because it's
15 already used - it already houses civil and step-down
16 beds. It is up to code, and the only other building
17 up to patient code, other than building one, and it
18 required the fewest amount and number of renovations
19 to be done.

20 The other important piece is the
21 forensic beds require special staff, so forensic
22 security employees are employed at both Torrance and
23 Norristown. So it's a different kind of staff than
24 staffed in our civil hospitals and our civil beds.
25 And so to send those - to bring on that additional

1 staff and train that additional staff would be pretty
2 difficult to do within the six-month time frame that
3 we were under.

4 So we had that staff already at
5 Norristown. It was easier to add more staff
6 complement than to try to go to another hospital.
7 Norristown is also centrally located for the 19
8 counties that it currently serves. The county sheriff
9 often has to bring patients back and forth support for
10 their particular hearings, so Norristown is pretty
11 centrally located in the counties.

12 It also allowed families to come to
13 see their loved ones who are at Norristown. And also
14 they have to meet with their Counsel, their Defense
15 Counsel as well. So it provided the ability for all
16 these things to happen.

17 So that, I think, brings us to the
18 current. And I'm going to stop and turn it over to
19 Julien.

20 MR. GAUDION: Good evening, everyone.
21 I am Julien Gaudion. I'm the Deputy Secretary for
22 Property Asset Management for the Department of
23 General Services, Pennsylvania. And we oversee
24 approximately 800 square feet space, including the
25 capitol complex in Harrisburg.

1 We also act as a realtor or real
2 estate agent for the Commonwealth. So we sell
3 prisons, state hospitals, armories, you name it.
4 We're very active in that space trying to divest
5 ourselves of unused or under utilized properties.

6 So we've been asked by the Department
7 of Human Services to assist in this effort in the very
8 early stages. So I view this as more of a study done
9 of a process, a long process, but a very tangible
10 process with very tangible steps.

11 So as you'll see, I don't have any
12 slides. Probably a good thing tonight.

13 So I want to talk a little bit about
14 the land planning process that we embarked on in
15 Harrisburg. And why am I going to talk about
16 Harrisburg? Well, Harrisburg has the Harrisburg State
17 Hospital. Very similar campus. Approximately 250
18 acres. A centralized plant used to be coal. Now
19 natural gas. A lot of discussions. A lot of issues
20 there. It used to be a thriving institution, if you
21 will.

22 Well, there's still currently 715
23 employees there, but we are phasing that campus down
24 and out, if you will.

25 So what we did is we took a land

1 planner study, a land planner analysis because we
2 don't have the capacity to do this in-house within the
3 Commonwealth. And it's a very good model. And I want
4 to talk a little bit about this model because I think
5 you all will see value in it as a community and get a
6 lot of opportunity to have input into a document. I
7 brought a prop.

8 And so this is a report. This is only
9 the executive summary. This is a 150-page summary of
10 the Harrisburg State Hospital. And it has basically
11 all the nuts and bolts of land conveyance, presale
12 material that you need to develop parcels or transfer
13 parcels to the people.

14 And then in the back is a CD-rom with
15 all the primary data. So what is this land planning
16 study? What does it consist of?

17 It consists of basically topography,
18 demolition costs of the building, how much does it
19 cost to demolish the building, overall economics,
20 economics of the community, economics of the region,
21 approved zoning, zoning to the next phase. If the
22 Commonwealth departs, what zoning remains. Utility
23 separation. Utility separation's important because
24 this campus, like many state hospitals, has a central
25 plant with underground tunnels, and it does affect the

1 utilities. It does property evaluation appraisal, the
2 environmental issues, status one environmental
3 assessment. So everything from asbestos to
4 underground storage tanks. You name it will go in
5 this report.

6 Community benefit and public use.
7 That's where you all can come in as part of a
8 stakeholder group. So if you have an organization
9 that benefits there right now, I think there's a
10 little football there, child organization. In
11 Harrisburg, we had a gardening club. We had a green
12 belt society. We had a historic society. All those
13 groups got a say.

14 They're all asked the very same -
15 they're all asked the same questions. And then they
16 put it in the charts, graphs, metrics of what the
17 community wants. So it's pretty cool.

18 Tax rates, job creation. And so what
19 we've done is we've already put out a solicitation for
20 the land planners. So this request for quote went out
21 November 20th. And bids are due by February 7th. So
22 on February 7th, we're going to have our land planners
23 submit their bids to the Commonwealth and say hey, we
24 can do it for X amount of dollars. So DHS is
25 investing that money, Department of Human Services is

1 paying for that study.

2 And this is really the starting gun
3 for any next phase of development. Even if we were
4 going to say we want to sell this tomorrow, develop
5 this tomorrow, all of these items in this land planner
6 report have to be done. So it's a tangible way to
7 move the ball forward.

8 So that, in a nutshell, is what we
9 were going to do, the Department of General Services.
10 Once again, this is a very active hospital campus. So
11 we have basically the land planner report, which is
12 going to take the information from you all, as either
13 individuals, that are going to come into a form very
14 similar to this, individuals. And then they're also
15 going to enter into the groups, another public
16 meeting, with more detailed session sit-down with the
17 stakeholder community. So that is what the Department
18 of General Services is doing for this parcel.

19 Thank you.

20 CHAIR: Thanks, Julien, and thanks,
21 Lynn, for all that information.

22 I know Representative Bradford has
23 joined us and I wanted to see if he wanted to make a
24 few comments.

25 MR. BRADFORD: Initially, let me thank

1 the Secretary and her whole team. This has been a
2 trying process over frankly many decades. This issue
3 has remained open and one that has needed to be
4 addressed.

5 And while the way we wound up here
6 through the construction of building ten may not have
7 been the best way to wind up where we are, I think the
8 Secretary has really opened a conversation that is
9 long overdue, and a conversation that really allows us
10 to start having a conversation about the status of the
11 property, the employees at the property, those who are
12 receiving services at the property.

13 And one of the things that I stressed
14 for my part as the state representative for a large
15 part to the hospital grounds is, you know, we can make
16 an entity that's not appropriate. It's not helpful.

17 But we also have to look at the
18 concentration of these types of services in one area,
19 in one community that obviously already has a very
20 strained tax base.

21 And so, again, you may not like how we
22 wound up here, but I think this is a real constructive
23 dialogue that is beginning, a very transparent
24 dialogue about what is held at the state hospital,
25 what the future of those services are within the

1 boundaries of the municipality, and how we provide
2 those services most efficiently and effectively in a
3 community that, again, has real concerns about the
4 status of that hospital grounds.

5 Let me be very specific about what I
6 mean. The hospital grounds is hundreds of acres. And
7 the amount of buildings that are dilapidated, not
8 utilized, partially utilized, potentially dangerous to
9 our both fire and police who are voluntary first
10 responders, is a real concern to many of us. It's
11 also a lost opportunity.

12 So having this discussion in a calm,
13 thoughtful, calm, really - you know, a real back and
14 forth without the heroics and the yelling and
15 screaming. We did that a couple years ago with the
16 Vision Quest property, and I think we all realized
17 that until we get really a handle once and for all
18 about what the future of the state hospital is, how
19 that footprint in terms of services that are provided
20 out there.

21 We talk about providing them in an
22 efficient way, trying to reduce that footprint
23 relative to our long needed redevelopment of many
24 hundreds of what is frankly pristine redevelopable
25 space in terms of dealing with our tax issues here in

1 the borough.

2 I think there's a tremendous
3 conversation. Again, one that can be parallel,
4 realizing there are, again, building ten may well be
5 part of providing services for some period of time.
6 But, again, there needs to be a strong commitment
7 because the borough was hurt not over a decade ago,
8 admitted that we're heading down the wrong path under
9 the McCain administration. We need to know that we
10 have real assurances that we're going to in a very
11 timely manner get to the point where the borough has
12 some certainty about redevelopment, the employees who
13 work there.

14 We respect the effort that they have
15 in the Commonwealth, that they know certainly in terms
16 of how services are going to be provided, families
17 whose family members receive services up there will.
18 And really having that open dialogue. Once again, not
19 always happened in the past.

20 And one of the things that I want to
21 thank the Secretary and the Governor's Office, who
22 have just been - you know, after a real - not a great
23 start, a real rocky start, have really been tremendous
24 partner in creating a line of communication with our
25 municipal director, who really now has the ability to

1 say what services are being provided up there, who are
2 the tenants up there, what are the impacts on our
3 community.

4 These things, again, are all long,
5 long overdue, but they're finally happening thanks to
6 the leadership of the Wolf administration. And I can
7 tell you what. I had personal conversations with the
8 Governor himself about my deep concerns about what has
9 transpired. And I can say, we're in a much better
10 spot because of this.

11 I don't want to, as I said to
12 Secretary when we met the other day. I'm not one to
13 sugarcoat it. There's still some real outstanding
14 issues about who is doing the work up there in terms
15 of construction, in terms of not using local labor for
16 any type of work that's going to be done up there.
17 There are real concerns about, you know, there's an
18 election next year. And as we've recently seen,
19 elections have crazy consequences. And you don't know
20 how an election's going to turn out.

21 So we need to some certainty for the
22 community. And that's - those are very important
23 things. I know we've got a lot of our local elected
24 officials here, our school board president, council,
25 and members both current and past who have been

1 through this for frankly too long.

2 So I just want to thank, again, the
3 administration, the Secretary, her whole team, and the
4 community for coming out and really being heard on
5 this. This is an issue that needs to be heard and has
6 not been heard for too long. So thank you all so much
7 for coming out. Thank you.

8 CHAIR: Thank you, Representative
9 Bradford.

10 And I really do want to publicly
11 acknowledge and thank the representative and all of
12 Norristown's elected officials.

13 This has been an interesting process
14 for me personally because Lynn has been on the job for
15 three weeks. I've been on the job for three months.
16 And this was an issue I was not at all familiar with.
17 And so when it started bubbling up, I had to quickly
18 get as familiar as I could with it.

19 And then we've been trying to do what
20 we can to really turn what was not a great situation
21 for any of us into a more positive situation where we
22 really do want to change the relationship we've had
23 and really enter into what, I think, will be going
24 forward a dialogue that begins here with hearing from
25 all of you.

1 And, again, to just say publicly that
2 we really did not do a good job of communicating what
3 was happening at Norristown to the community. And
4 although I am three months in, I still want to
5 apologize for that on behalf of the state because we
6 need to do better.

7 This governor is very committed to
8 transparency and to doing things in an open and
9 transparent way. I share that commitment, and I'm
10 sorry that it didn't happen in this case.

11 But going forward, we are going to
12 change that. And so I just really do appreciate all
13 of the Norristown elected officials in representing
14 all of you and bringing this issue to us and engaging
15 in a really productive dialogue.

16 So with that, let me - and I take it
17 we don't have slides. I only had a couple slides left
18 because I just wanted to wrap things up and then we
19 really do want to hear from all of you.

20 So we have heard the desire from
21 Norristown's elected officials loud and clear. The
22 interest in redeveloping the portion of the state
23 hospital campus in the municipality. And we are very
24 serious about finding a solution that addresses the
25 wishes of the community, at the same time addresses

1 our obligation, the Commonwealth's obligation, to
2 ensure that all individuals in our criminal justice
3 system who need mental health treatment have access
4 and timely access to that treatment.

5 We are right now closely evaluating
6 long-term alternatives to building ten that would get
7 us out of both buildings one and ten, and increase the
8 opportunity then to subdivide the state hospital. We
9 still have more homework to do before we finalize our
10 long-term path forward, but even before we finalize
11 that long-term path, we can commit to getting that
12 solution in place so that we're able to vacate
13 buildings one and ten sometime in 2022, if not before
14 then.

15 We understand that that does create
16 some potential uncertainty for employees at
17 Norristown down the road, but we're also committed to
18 being open and transparent as we move forward and
19 doing all that we can to maintain the workforce at or
20 near Norristown.

21 But we are also in a bind with the
22 waiting list and the ACLU settlements that you heard
23 from Lynn about. We really do need a short-term
24 solution to get treatment in the appropriate setting
25 to people who need it, and we need to be able to

1 comply with the settlement that the state entered
2 into. Otherwise, we may be liable for potentially
3 millions of dollars in fines if we're not able to do
4 that.

5 We have been racking our brains, but
6 using building ten is really the only immediate way
7 that we see to address the waiting list. But in
8 return for our commitment to a solution that gets us
9 out of Norristown and the Norristown municipality by
10 some time in 2022 at the latest, we hope that the
11 community will then accept us resuming construction on
12 building ten and using that as a temporary solution
13 with a definite end point.

14 We think this compromise gets us both
15 to where we want and need to be.

16 So at this point, we really do want to
17 hear from all of you. We're going to stop talking
18 now. We just wanted to make sure that we all had kind
19 of the same information as we move forward, but now we
20 want to hear about all of you and hear from all of you
21 about your thoughts.

22 So I'm going to turn it over to Kate
23 Gillis who is DHS's Director of Communications, to
24 talk about public comments.

25 MS. GILLIS: Hello. Thank you all for

1 coming.

2 In order to make sure that we get
3 through the list of 14 folks that pre-registered to
4 provide comments, and anyone else who would like to
5 afterward, I do ask that you try to keep your comments
6 to about three minutes. I'll hover frequently over
7 your shoulder when we reach that time, but we'll just
8 try to run through this quickly.

9 Any questions that you have that are
10 unable to be answered at this moment, we will have
11 them available up on our website. We have a
12 transcriptionist here right now actually who is taking
13 record of the entire meeting, which we will also post
14 on our website, DHS.pa.gov. So any outstanding
15 questions that you have that we weren't able to
16 answer, we will be sure to get back to you with
17 resolution on those.

18 We also had some individuals that were
19 not able to be here that submitted comments in
20 writing. So we'll have those available for people as
21 well to view.

22 So we'll get started. The first folks
23 signed up together. I'm not sure if they're planning
24 on doing a duet, John Napper and Maryanne Denczi.
25 Please forgive me if I mispronounce your names.

1 We'll move the microphone over this
2 way so that you're actually able to face -.

3 AUDIENCE MEMBER: Since you didn't
4 announce that you had to pre-register, are things open
5 for people who did not? Is that correct?

6 MS. GILLIS: Do you mean you want to
7 provide comment?

8 AUDIENCE MEMBER: Correct.

9 MS. GILLIS: Sure. Sure, yeah. I can
10 make a link available on the website there that you
11 can submit additional comments if you'd like to post
12 it. We'll make sure that all relevant parties get
13 access to that.

14 AUDIENCE MEMBER: No, my issue is
15 tonight. I think it's only fair that since there was
16 no announcement made that people needed to pre-
17 register, that anybody who wants to speak has that
18 opportunity.

19 MS. GILLIS: And they can do that as
20 well this evening if they would like to.

21 AUDIENCE MEMBER: Thank you.

22 MS. GILLIS: Thank you.

23 MR. NAPPER: Good evening. I'm the
24 president of the local PSCOA, which stands for
25 Pennsylvania State Correctional Officers Association.

1 And I have a comment, a two-page comment I will read
2 to you.

3 The comment is titled At What Cost.
4 At what cost are you willing to deprive families - and
5 this is not directed at you.

6 As we meet here tonight, my clients -.

7 ---

8 (WHEREUPON, AN OFF RECORD DISCUSSION WAS HELD.)

9 ---

10 MR. NAPPER: As we meet here tonight,
11 many clients are sitting here waiting for a turn for a
12 bed at Northampton State Hospital. Many of these
13 clients are severely mentally ill and are in need of
14 our services.

15 Countless times I have watched clients
16 come to Norristown State Hospital from prison and be
17 admitted to the system in building 51. These clients
18 are usually in drastic need of forensic services
19 provided by Norristown State Hospital. Most of the
20 time they've been held in solitary confinement for 30,
21 60, or 90 days without proper psychiatric care or
22 medications. They arrive to us in the worst mental or
23 physical shape possible.

24 Once there, we immediately take action
25 with our expert teams. At this time, a regimented

1 treatment plan is created and implemented. Social
2 services go into action. The client is linked back
3 with their family and their personal affairs are
4 tended to, such as banking, housing, clothing, just to
5 name a few things.

6 Next are medical evaluations, which
7 are performed by physicians, nurses, and dieticians.
8 Our psychiatrists or psychologists perform extensive
9 evaluations of our clients to create a well thought-
10 out psychological assessment in order to facilitate
11 the rehabilitation of the client's mental status.

12 The forensics security employees go
13 into action forging a therapeutic rapport and
14 professional relationship with the client, offering an
15 environmental - offering an environment necessary to
16 assist the client in getting mental clarity they
17 eagerly await.

18 Recreational therapy and occupational
19 therapy are implemented to shine a light on the
20 patient's talents, strengths, and weaknesses, and to
21 develop a plan to improve their weaknesses.

22 These are just a few of a myriad of
23 services that are provided here at Norristown State
24 Hospital. Over the course of 90 to 180 days or
25 longer, the outcome is usually a reenergized client

1 who can then proceed along and return to society.
2 Once they are reintroduced to society, they can obtain
3 gainful employment, resulting in being a productive
4 member of society, has his own property, and raises
5 families.

6 This is all in jeopardy for the
7 purpose of redeveloping the land for multipurpose use
8 for non-mental health services. At what cost are you
9 willing to transplant clients and families? This
10 hospital has been a staple in the community, providing
11 services that are second to none.

12 Furthermore, the hospital has provided
13 a stable environment to many clients over the years,
14 and it has also provided stable environments to many
15 residents within this community. The local community
16 has benefitted from the local, state, sales, and
17 property taxes from the state workers who have become
18 long-time residents of Norristown.

19 Additionally, you have over 1,000
20 employees at NSH who regularly frequent local
21 establishments 24/7. At what cost are you willing to
22 eliminate the vital services that have been provided
23 and perfected here at Norristown State Hospital?

24 I've heard a lot in the past few days
25 about grounds being dilapidated, and our buildings

1 being eye sores. But I say we are much more than
2 that. These buildings are so much more for many of
3 our clients. Things such as care, compassion, and
4 second chances.

5 I ask you again, at what cost are you
6 willing to turn your back on the people that have no
7 voice?

8 MS. GILLIS: Thank you. John Garner.

9 MR. GARNER: In the interest of saving
10 time, I'm not going to read through everything that I
11 have written down here, but I do have an interest in
12 this.

13 I work at the hospital. And kind of
14 funny. I work in the department of insurance. And
15 for some reason, they found that there was adequate
16 office space for us to work at the state hospital.

17 I strongly disagree. It is not really
18 a great facility to house insurance auditors. But
19 that's not - you know, I just submitted that to say
20 that to mention a few things in response.

21 As far as notification, we were never
22 told of this at all. And I'm in building two right
23 next door to building ten. And no one told us. I
24 heard about this from the workers outside who were
25 working. And I found out about this meeting by a

1 local thing called Phoenixville Path. I live in
2 Phoenixville. So to say that there has been a serious
3 lack of communication, I wouldn't be responsible.

4 We see this building being renovated
5 with razor wire and iron fences. And we wonder what
6 exactly is going on next door. Okay. And I would
7 like to point that out.

8 I'm not speaking on behalf of the
9 insurance department. These are my comments only.
10 But I understand and I've also heard not officially
11 that we will be moving out of there next year, which
12 is fine with me.

13 Again, I understand the concern about
14 the patients. I think as a humane society, that
15 should come first. We should think about at least
16 tearing down some of this stuff. There's really
17 buildings there that - they're probably not being
18 used. I'll leave that to General Services.

19 But I did want to mention that we were
20 not informed of this and we are there onsite. And
21 we're in a building where, as far as I see, do not
22 have sprinklers. We don't drink the water. The air
23 makes people cough. And we use existing space. So
24 that may be something that a lot of people aren't
25 aware of. I don't know what they had in mind when

1 they put us there.

2 If somebody else got registered, you
3 can take the rest of my time.

4 MS. GILLIS: Abby Grasso.

5 MS. GRASSO: Good evening. My name is
6 Abby Grasso. I'm the executive director of NAMI,
7 National Alliance for Mental Illness from Montgomery
8 County.

9 NAMI of Pennsylvania in Montgomery
10 County is an affiliate of the National Alliance for
11 Mental Illness. It's a local, grassroots organization
12 with a membership of approximately 250 individuals.
13 We are committed to providing education, advocacy,
14 worth, and awareness to those individuals living with
15 mental illness and their families, in the hopes of
16 them living a life.

17 Tonight, we're here to discuss the
18 future of Norristown State Hospital. But before we
19 can address the future, we need to look to the past to
20 understand the rich history that lies in the ground.
21 Various types of treatment for those living in mental
22 health conditions have been provided at Norristown
23 State for over 137 years. Patients who have been
24 depressed and long-term conditions have been treated
25 in a civil fashion, and forensic patients have

1 received treatment in a substantially secure
2 environment for almost 40 years.

3 We need to recognize that the person
4 served on the grounds of Norristown State are often
5 misunderstood and judged, as many are, with severe
6 mental health conditions. For patients and consumers
7 at services located on the grounds, Norristown State
8 Hospital campus has provided a safe environment for
9 them to work towards living in their recovery.

10 Great efforts have been made in our
11 community to build a strong recovery oriented
12 community, and many programs on the grounds of
13 Norristown State, such as the Montgomery County
14 Emergency Services, the lodge, and its residential
15 treatment facility for adults, the Top shelter, the
16 star program, and the present residential services
17 program are all a part of the community that has been
18 built.

19 As the psychiatric needs of patients
20 and community members have changed over the past
21 century, the ground of the hospital has changed with
22 the people, providing diverse types of treatment and
23 community support.

24 While we assess the future and discuss
25 possibilities for the ground at Norristown State, we

1 must also evaluate what will happen with any plans and
2 the supports offered, but most importantly, how the
3 individuals and families who are providing those
4 treatments and services will be impacted.

5 The question of the future of the
6 ground is much more than any kind of programs. It's
7 about people, people who rely on the support provided
8 in the grounds in hopes that they're living their best
9 life.

10 Currently, the services of the state
11 hospital are changing, as they have for over a century
12 to meet the needs of special populations. The
13 additional forensic treatment will assist in providing
14 treatment for those sitting in prison. Prisons are
15 not the places for people with serious mental illness
16 to languish for weeks, months, and yes, sometimes
17 years to access necessary treatment.

18 So Montgomery County commissioners
19 approved a resolution in May of 2017, to officially
20 join a national stepping up initiative which focuses
21 on reducing the number of individuals of mental
22 illness in county jails across the country. By its
23 proclamation, Montgomery County joins more than 350
24 counties representing 35 percent of the United States
25 population to commit actions towards reducing the

1 number of people with mental illness in local jails.

2 This further illustrates that
3 individuals with serious mental illness being kept in
4 jail without treatment is not just a regional issue.
5 It's a national one.

6 To date, there are over 200
7 individuals with severe mental illness sitting in
8 local jails unable to stand trial and not receiving
9 treatment for their mental illness.

10 The changes occurring at the hospital
11 will allow more individuals who demonstrate forensic
12 needs to receive treatment. Receiving treatment gives
13 an individual more hope of diversion and less
14 probability of reentering into the criminal justice
15 system.

16 Let me ask you all tonight if one of
17 those individuals was your son, your mother, or your
18 child, wouldn't you rather they receive treatment for
19 their illness and gain insight and have a chance at
20 living instead of being destined to fail, alone, and
21 misunderstood in prison?

22 In my almost two decades being a
23 social worker, I have had the great pleasure of seeing
24 people with mental illness embrace principles of
25 recovery and live as their living.

1 One woman in particular, I worked with
2 on and off for about five years speaks of Norristown
3 State with great gratitude and the grounds as a safe
4 place that she was able to get better. Imagine now in
5 the 137 years, the treatment that has been provided at
6 Norristown, how many times those words may have been
7 said.

8 Now Montgomery County office has an
9 expertise throughout the planning and future for the
10 grounds at Norristown State Hospital. Bringing to the
11 table the voices of those who struggle to speak on
12 their own in hopes to create a system and community
13 focused on sustained recovery for all those impacted
14 by mental illness, criminal justice, and homelessness.

15 As community discussions occur, we
16 need to communicate openly. And, again, we urge you
17 to remember that this discussion is so much more than
18 manning over 200 acres of lands and buildings. This
19 discussion needs to focus on the people and planning
20 for them.

21 This hearing was called by the
22 community to report to the community to share concerns
23 about the future of Norristown State. We can't forget
24 that the people who live at Norristown are part of our
25 community.

1 Thank you.

2 MS. GILLIS: Nancy Fletcher. Is Nancy
3 here?

4 MS. FLETCHER: Good evening.

5 My purpose is a little different.
6 It's about the aftermath of opening up the step-down
7 unit. My question is what happens to the clients once
8 they're discharged?

9 I know we open up the unit and that we
10 have to close down some civil beds, which means they
11 will be discharged into the community.

12 I'm a former employee of Norristown
13 State Hospital, and I have seen a lot of my clients
14 wandering recklessly in Norristown.

15 So my question is when you open up
16 this unit and you close down some of the beds, I would
17 hope that you would find adequate housing, keep up
18 with their medication, with all the services that they
19 need so they are not wandering around Norristown
20 recklessly.

21 And a lot of them actually are not
22 from Norristown community, so my second question is
23 once they're discharged, is there other communities
24 that will help to take some of the load off our staff
25 with discharging these patients and finding adequate

1 housing and services for them?

2 Thank you.

3 MS. GILLIS: Mimi Shapiro.

4 MS. SHAPIRO: Okay.

5 I'm a resident of Montgomery County, a
6 retired teacher, the mother of a special needs child,
7 and a member of various organizations to help children
8 and young adults be treated fairly in the community.

9 I reiterate a lot of what the woman,
10 and I apologize, I forgot your name, from NAMI stated,
11 that they need help. And we can't just - and what the
12 woman just spoke up here, we can't just put people on
13 the street.

14 This is a new generation, and people
15 need to be treated fairly regardless of who or what
16 they are. And we can't just open the door and say
17 goodbye. There's a reason why they're here for help.
18 And if they can make it on their own, they couldn't
19 have been here. So they need support out in the
20 community to help them as well.

21 And I went to a meeting on Monday when
22 I spoke. And the lead speaker there was the president
23 of NAACP. And her theme was the pipeline of prison.
24 But basically what she wanted to do was treat starting
25 at a young age in the school. She wants the treatment

1 to start in the elementary schools and go all the way
2 up.

3 And maybe we can prevent some of these
4 individuals from getting in trouble when they're
5 adults. They just don't understand they need help.
6 They aren't born to create problems. It just
7 happened. And if we as normal, if I can use that
8 phrase, citizens really need to help those in trouble,
9 rather than just warehouse them or put them out on the
10 street and fend for yourself.

11 Just keep that in mind when the
12 decisions are made at the top because these people
13 can't think for themselves in any case.

14 Thank you.

15 CHAIR: If I could just address that
16 and the previous woman's comments.

17 So before someone is discharged from
18 any one of the state hospitals, there are treatment
19 team meetings with all of the disciplines within the
20 hospitals. There is an elaborate, what is called,
21 community support process, so a community support plan
22 process is developed. That is over a series of a
23 number of meetings to ensure that the services that
24 the person needs to be successful in the community are
25 provided.

1 The provider agencies who provide
2 those services are part of that. The counties,
3 Montgomery County is represented here tonight. They
4 are part of that process. So there is a very
5 elaborate discharge planning process that happens for
6 folks once - really, the discharge plan begins when
7 someone is admitted to the hospital. But once they
8 are no longer deemed a danger, then the discharge
9 process happens.

10 And they do not or they are not all
11 discharged into Norristown, into Montgomery County.
12 It really depends on the county from which they -
13 which they came. So you saw on the maps, the civil
14 beds are five counties. The forensic beds are 19. So
15 folks typically go back to the counties from where -
16 from where they came.

17 But people are discharged with
18 appropriate clinical supports and services to help
19 them be stable and live in the community successfully.

20 MS. SHAPIRO: No disrespect, but since
21 you followed me, I'm just curious, how much follow-up
22 is done for these people to make sure that they take
23 their meds, that they make sure they get to their -?
24 And that they're not just warehoused to doctors who
25 give kickbacks to politicians and to the county

1 because that does happen in the school system? There
2 are children in the school where they get kickbacks.

3 CHAIR: I appreciate - while I totally
4 respect and appreciate that, I can only speak to the
5 adult behavioral health and children's behavioral
6 health. And here, it's only adults who are in the
7 hospital, so I really am only speaking to the adult
8 process. But I hear your concern.

9 MS. SHAPIRO: I'm not speaking to in
10 the hospitals. It's when the door closes behind them,
11 like when a school bus stops for the high school kids.
12 Who's going to follow up?

13 MS. GILLIS: Thank you, Mimi.
14 Virginia Kirk? Okay.
15 Lawrence Real.

16 DR. REAL: Hi, everybody. I'm Doctor
17 Larry Real. I'm a career long public service
18 psychiatrist and a lifelong Montgomery County veteran.
19 I'm presently the chief medical officer of
20 Philadelphia Department of Behavioral Health and
21 Disability Services, whom I represent tonight.

22 Though I realize this evening's
23 conversation primarily concerns the State Department
24 of Human Services and the people of the Borough of
25 Norristown and their certain parcel of land, we

1 appreciate this opportunity to comment on the matters
2 at hand because the fact is many of the patients
3 hospitalized at Norristown State Hospital and many of
4 the people that are awaiting transfer to Norristown
5 State Hospital are in Philadelphia's prison system at
6 Philadelphia.

7 While all of the stakeholders and
8 collaborators, and that includes consumers, family
9 members, advocates, administrators, and professionals,
10 we can't take pride in the successful closure of
11 Philadelphia State Hospital in 1990 and its tremendous
12 impact on the health system in Philadelphia to build
13 upon the principles.

14 We do so fully aware that a certain
15 number of Philadelphians have continued treatment at
16 Norristown State Hospital, an adequate state hospital.
17 We are grateful to the administration and staff of
18 Norristown State Hospital for the care they have
19 provided to our most vulnerable citizens all this
20 time.

21 We welcome the anticipated closure of
22 the civil section of the hospital and the opportunity
23 to embrace the few remaining Philadelphia citizens
24 still there and to include them as valued members of
25 our community. We would also expect continuation of

1 the appropriate funding that must accompany such an
2 integration back to the community, considering that
3 these folks are among the most counted people in
4 recovery.

5 As for the proposed or suspended
6 expansion of the forensics unit at Norristown State
7 Hospital and the potential impact on our citizens, we
8 would only - it's far better to be in the hospital
9 receiving treatment than in prison on the waiting
10 list.

11 Other than that, we would like to say
12 for the record that regarding Philadelphians with
13 serious mental illnesses, as well as intersect with
14 the prison system, we remain firmly committed to the
15 following.

16 Working with our justice departments
17 to expertly, expeditiously, and safely reintegrate as
18 many of these people back into the Philadelphia
19 community as possible, holding the state to the
20 expectation they will continue to work with us to make
21 sure adequate funding to sustain this process.

22 Continuing to work with nearly 100
23 Philadelphians successfully brought into the community
24 from either Norristown State Hospital or the prison
25 system over the last few years in order to sustain

1 their recoveries into communities.

2 Expanding our interventions, as they
3 say, behind the prison walls, to be transferred to
4 Norristown State Hospital.

5 And finally, expanding our upstream
6 interventions in the community to minimize the number
7 of Philadelphians with serious mental illnesses who
8 end up in jail or in prison in the first place.

9 Thank you very much.

10 MS. GILLIS: Thank you.

11 Leah Mamrosch? Jared Mullen? Is
12 Jared here?

13 John Milligan?

14 MR. MILLIGAN: My name is John
15 Milligan, and I am the president of the Greater
16 Norristown NAACP. And I am also a lifelong resident
17 of Norristown.

18 I would have to say that I came here
19 tonight really first feeling kind of offended and
20 disrespected because I know that around the state,
21 typically projects like this do not move forward this
22 far without community involvement. So I was heartened
23 to hear that most of the state administrators are
24 relatively new, and this is something that was just an
25 oversight. They finally reached out to our council,

1 to work with our council.

2 But I'm also mindful that if we are
3 not a relatively poor minority community, this project
4 would not have moved forward without public
5 involvement. And so I'd like to look at this as a
6 teachable moment for folks to understand that we need
7 to be respected. Our community needs to be respected
8 because this is a significant property for this
9 municipality and it will impact all of us.

10 So I just ask that the state be
11 mindful of that.

12 I also understand from the comments
13 that were spoken earlier that the Commonwealth and
14 various county governments used the property for sex
15 offenders reporting, drug offenders, and other
16 individuals who are under the jurisdiction of the
17 legal system.

18 I question if the development plans
19 are being coordinated with our local police department
20 in our municipality, and I'd like to know that we're
21 doing to get assurances that our community is not
22 going to be left with a disproportionate burden from
23 some of these high risk activities.

24 I also understand that there is a lot
25 of work being conducted on the premise right now, and

1 that work is non-labor, and people who I know have
2 been monitoring the job say they've seen substantially
3 no minorities working on this project, no women.

4 I think that if there's going to be an
5 initiative where people are coming into our community
6 and working on a significant project, we should make
7 sure that the development is inclusive of the people
8 in the community.

9 This property probably represents the
10 most significant economic development opportunity in
11 this corner of the state. It resides in a
12 predominantly minority community, and I request that
13 the participation of minority community and any
14 economic development be a consideration for the
15 development plan.

16 And finally, I'm mindful of something
17 that Representative Bradford just spoke of. We have a
18 governor who, I think, has a true commitment in trying
19 to do the right thing. But he's got a year left in
20 office. And what's going to happen to the initiative
21 that he put in place once he leaves office?

22 We can see what happened in Washington
23 where all the good deeds were effectively dismantled.
24 I would hope that the state try to put in place a
25 process whereby the good deeds that this

1 administration is going to try to do cannot be
2 overturned by a new administration.

3 MS. GILLIS: Is Kim Renninger here?

4 MS. RENNINGER: Good evening. My
5 name's Kim Renninger and I'm the director of Advocacy
6 at Community Advocacy of Montgomery County.

7 First of all, I would like to say that
8 we do support the closure of the civil section of
9 Norristown State Hospital, and believe in everyone's
10 right to live in the least restrictive setting
11 possible, which a state institution is not.

12 My hope is the day will come when all
13 state institutions are a thing of the past. We
14 believe that the closure needs to happen in a
15 responsible fashion, assuring the individuals
16 currently residing at Norristown State Hospital have
17 the supports they need, and this community
18 infrastructure and support to those who otherwise may
19 not have it.

20 And to this end, we, along with other
21 advocacy organizations throughout the state, our
22 coalition of the responsible citizens of the
23 Norristown State Hospital Civil Unit and we regularly
24 visit the state hospital to ensure that this is
25 carried out in the best way possible and to address

1 concerns.

2 Additionally, as a former patient
3 advocate in both the civil and forensic units, I
4 relist the issues, which is what is driving the
5 creation of a traditional forensic unit in building
6 ten. For those who don't know the majority of the
7 people in the forensic unit are not really dangerous.
8 They are there for competency restoration, meaning
9 that they cannot stand trial to be found either guilty
10 or not guilty until they are declared competent.

11 Some are charged with fairly simply
12 minor infractions. Others with more serious charges.
13 But very few have had the opportunity to stand trial.
14 And many more still are waiting in jail sometimes for
15 a year or more to get into the forensic unit. These
16 are citizens whose right to a fair and speedy trial
17 has been violated.

18 The reason that building ten is being
19 converted to another forensic unit is to address these
20 issues. As to the community, I would say that I never
21 felt unsafe with any of the individuals who are
22 residing in the forensic unit. And since this one
23 will house the same population, I do not believe it
24 poses any further risks to the community.

25 Lastly, I would like to remind

1 everyone that as we sit here, there are people that
2 are currently living in building ten with a half-built
3 fence around their building, not knowing what's going
4 on.

5 There are people who are currently
6 residing in the jails who are expecting to be admitted
7 into a building that is not ready to accept them. So
8 as we sit here discussing buildings and property, I
9 would like to remind everyone to think of the people
10 whose lives hang in the balance.

11 Thank you.

12 MS. GILLIS: Is Maki San Miguel
13 Paulson here?

14 MS. PAULSON: Hi. My name is Maki San
15 Miguel Paulson, and I am a mother of two children,
16 young adults, who are mentally ill and a member of
17 NAMI. And I'm also an architect.

18 As an architect, I understand the
19 things that the gentleman from DGS was talking about.
20 As a mother, I am concerned with the large and growing
21 number of civil mentally ill population. There are so
22 few supports for that population, especially because
23 of the provisions of the insurance which is supposedly
24 they're supposed to be hiring in the State of
25 Pennsylvania. Mental illness and physical illness.

1 And I can assure you that when I get a
2 bill from the dermatologist for my child's acne and
3 that is covered and my child's psychiatrist is not, I
4 don't think we have power.

5 I also believe that it is not an
6 accident that most of the homeless people in
7 Philadelphia are mentally ill. I do think that what
8 we have here is a golden opportunity to address not
9 only the immediate needs of the criminal justice
10 system and the immediate needs of the Borough of
11 Norristown, but a chance to boldly address the needs
12 of the mentally ill in the State of Pennsylvania, and
13 how can we develop a path that is technologically
14 sustainable?

15 Is there some way where we can have a
16 public partner - private partnership by leasing rather
17 than selling the land? By partnering with the
18 redevelopment people so that there are jobs not only
19 for the people of Norristown but perhaps for the
20 residents. Is there something that they can do in a
21 structured, supportive way? Are there people who
22 don't need residential care but possibly some sort of
23 supportive care? Are there levels of support? Can
24 there be a parallel system to recovery from drug
25 addiction?

1 For example, should my child be an
2 addict, insurance would pay for her rehab. But if she
3 does not have an addiction, there is no rehab for her.
4 There are no places.

5 How can we develop this property so
6 that we can address holistically the needs of the
7 entire community? To that end, how can an
8 organization, such as NAMI, be involved in the
9 process? Have you thought about this? Is there a way
10 to connect so that there's more stakeholders than just
11 the immediate needs of the criminal justice system?

12 Thank you.

13 MS. GILLIS: Thank you.

14 G. Hayward Simpson?

15 MR. SIMPSON: Hello. I don't want to
16 sound insensitive or uncaring. However, when we talk
17 about a lot of things, when you look at Norristown,
18 you're talking about 30,000 to maybe 50,000 people.

19 So in that sense, I'm concerned about
20 those 30,000 to 50,000 people as well. And I think
21 DHS, I think you have a responsibility in several
22 different ways. I think if you look at - and somebody
23 asked this earlier. If you look at some of the
24 clients, that you address, you address situations when
25 people are young, they don't fall into these

1 situations where they need assistance when they become
2 adults. So if we find a way to divert funding or look
3 at early intervention and look at other things.

4 Another thing that addresses that plan
5 are jobs. So if you have a family that there's a
6 healthy economic life, and you're talking about where
7 they can function a lot more. It was also brought up
8 about how the property and how this was developed
9 initially. We know that it wasn't just developed
10 overnight. We know that discussions were going on,
11 probably before January, before the lawsuit came
12 about, before you made a determination about what
13 direction we would go.

14 So there was some time and some
15 thought. But we waited until the two-minute warning.
16 We waited until that whistle blew. Right? We made
17 decisions before we even reached out to anybody in
18 this community and said hey, we're going to do this
19 the same way because they don't care. You might not
20 have thought that initially and you may not have been
21 in a place at the time and somebody said the hell with
22 those other people. And that was wrong.

23 But we all understand and you know
24 that. A lot of people touched on other issues with
25 regards to how the transition. I know that. And I

1 wasn't living in this community at that time. I've
2 been here about 25 years now. But I know that there
3 was a period where they opened the flood gates up of
4 the hospital and they came to our community. They
5 were left here in our community.

6 And if you look at lot of the
7 properties, they were housed in a lot of low rent,
8 poor conditioned housing. And we know that they were
9 not getting the kind of help that they needed. So I
10 don't know if there's any real follow-up. I get what
11 you said that this is what it looks like on paper and
12 this how it works, these are the steps that are taken.

13 But are those steps actually really
14 followed through with? And that's the question. At
15 the end of the day, the people that are affected are
16 the people that reside in this community or the police
17 department that have to answer all these calls that
18 they constantly have.

19 I believe Norristown within Montgomery
20 County probably has the highest call rate of any of
21 Montgomery County.

22 Now, let's get to the real crux of
23 this. Why is everything in Norristown? Why is
24 everything dumped here? Yes, they are both poor.
25 Yes, they have a large minority base. But I know

1 Montgomery County is one of the wealthier communities
2 in the country. But yet we facilitate all the needs
3 and all the social services to maintain Montgomery
4 County. There's a problem there.

5 Why are they not in the Philadelphia
6 area? Do they not have problems? Do they all just go
7 to - they just all go to psychiatrists? They all have
8 their own health plans that they do because they have
9 five visits that they can use, but they can pay for it
10 after that? How about maybe distributing some of the
11 problems of some of the social services throughout
12 Philadelphia, throughout Berks County, throughout some
13 of the other areas that we have to deal with?

14 We're down at the lower section of
15 Montgomery County. Southeastern PA is pretty long and
16 pretty wide. So why does it all have to end up here?
17 Why? Because they all have to come here.

18 So that's my issue that I have.

19 Now, you're talking about developing
20 Harrisburg, and that. Norristown has been asking for
21 a property development for years. Right? For the
22 eight years that I sat on council, we constantly met
23 with, talked to, discussed with people, but yet it
24 seems to have fallen on deaf ears, because, again, at
25 the two-minute warning, you say put it on Norristown

1 instead of saying maybe they need a development, they
2 need jobs, they need progress.

3 We don't have nobody coming to this
4 area. Why was the state hospital not mentioned as
5 part of that particular project?

6 Think of the lives and how to effect
7 and change the direction of youth so that they don't
8 end up in the system, that they're not monitored the
9 rest of their life, that they actually have good, well
10 paying jobs, that they're getting educated properly.

11 Right?

12 But we're not looking at that. We're
13 just saying hey, let's just build it here. And why
14 are you not looking at extending building 51 as
15 opposed to building ten? Right?

16 Building ten sits along the side. Why
17 not address 51 and put everything into one section?
18 Does that not make sense? Does that not provide
19 everybody with the needs that they have? Right? It
20 give everybody what they want. But it also gives you
21 ability to carve out a potentially any Norristown
22 property.

23 Norristown municipality, 19401, that
24 they can develop and grow and create an economy that
25 is beneficial to the development of the community.

1 Those are the things you should be looking at. Right?
2 Those are the real concerns.

3 Now, Representative Bradford said he
4 didn't want us to yell and scream. He knows me. I'm
5 trying not to do that. But I speak passionately.
6 Right? Just like everyone else in here. They speak
7 passionately. And everybody has a need or a want.

8 But there are 50,000 roughly - I don't
9 know what the census is. There are 50,000 roughly,
10 people that live in this community. All right. That
11 also will be affected. Good, bad, or indifferent
12 because social services and police services and fire
13 services, that is part of the things that affect the
14 community as well.

15 We need to look at those. But we need
16 to look at those things, you know, realistically. And
17 we need to really be concerned with those things. I
18 mean truly concerned. Not just saying hey, we hear
19 you, all right, but hey, we will look at developing
20 and doing things in a way that benefits everyone.

21 Thank you.

22 MS. GILLIS: We are done with the list
23 for right now of the folks that had signed up. I did
24 have a gentleman come ask if he could be added in, and
25 so if there's other individuals that would like to

1 speak - Bill Caldwell come up.

2 MR. CALDWELL: I was going to thank
3 Councilman Simpson for turning this around because
4 really this conversation is with you, Secretaries.
5 Thank you for coming out to Norristown, for one.

6 My name is Bill Caldwell. I am a
7 former councilman in Norristown and a lifelong
8 resident of town.

9 So now you get to hear a little bit of
10 what the community is - the concerns of the community.
11 And first of all, I think you need to hear that. You
12 need to hear that face to face rather than speaking to
13 those folks in the audience.

14 First of all, let me back up and will
15 heartily support what John Milligan and the NAACP
16 said. It was shameful that this community did not
17 receive the same type of respect that the welfare
18 community would have.

19 I want to thank you for acknowledging
20 that. You have to acknowledge that. And I think that
21 will help us move forward.

22 You know, all of us who live in
23 Norristown understand. Believe me. It doesn't take
24 anything to have us understand when mental health
25 treatment goes well and when it goes wrong. We see

1 when it goes wrong on our streets every day of the
2 week. Every day of the week somebody walks down our
3 blocks either getting treatment, needing treatment, or
4 in some stage of needing treatment.

5 So when we come up and we argue that
6 the things that you want to do at the hospital
7 shouldn't be done at that state hospital, that state
8 hospital should be decommissioned to the point that we
9 can - that we can do some child development on it.

10 Please understand, it doesn't come
11 from the fact that we don't want these people in our
12 neighborhood. It comes from the fact that we have our
13 own residents with mental health issues and we have
14 residents from across the state. I saw the map you
15 put up, the gray area that Norristown State Hospital
16 covers. That's from Susquehanna County all the way
17 down to Lancaster County. We have them all here.

18 And what we say this is enough. It's
19 enough that this community - this community already
20 bears an - frankly, an unfair burden of the services
21 that are required for folks that frankly should get
22 services in their own communities. That's number one.

23 And number two, thanks for coming up
24 and speaking. That was wonderfully well said.

25 And number two, you know, I was on

1 city council for ten years and started 12 years ago.
2 When I first came on city council, one of the
3 conversations we were having with the Commonwealth at
4 that point was how do we fairly decommission the
5 hospital or parts of the hospital? We understand
6 there will be parts and steps.

7 But how do we do that to allow
8 Norristown to have 75, 80 acres of ground that we can
9 use to redevelop to bring economic development to a
10 community that absolutely needs it?

11 And when I say Norristown's a
12 community that absolutely needs it, I'm not just
13 talking about the borough. The economic redevelopment
14 that could happen at the state hospital property
15 really affects not only Norristown, but it affects
16 West Norriton and it affects East Norriton because one
17 of the things - this is generally understood, but one
18 of the things that happens is communities like
19 Norristown, communities like East and West Norriton
20 that are built up and fully developed, don't have a
21 lot of room to bring new tax revenues on the books.
22 The burden of our taxes falls on our residents, falls
23 on the homeowners, property owners, like me, like a
24 bunch of people who are sitting in this room.

25 We need to have any developable land

1 that we can get developed in commercial properties.
2 It's no secret that we sit a mile and a half away from
3 King of Prussia because their residents don't pay any
4 real estate taxes because they have huge commercial
5 real estate that covers their municipal bills there.
6 We don't have that. We need this property developed.
7 That's one of the reasons we fight so passionately for
8 this - you know, for redevelopment of this property.

9 So I think from our perspective, the
10 use is really the redevelopment of the property.

11 And thirdly, and I'll close with this
12 is, you know, the sad part of this whole thing, the
13 whole piece that we're here for tonight is had it not
14 been, you know, for our friends and neighbors who came
15 in and found you guys building the damn building, we
16 wouldn't have known nothing about this and it would
17 have been up and it would have been sorry, Norristown.

18 You know, we thank our neighbor
19 friends for that. You know, you brought people in
20 from the western part of the state to do work and then
21 tell us you're giving jobs to people in this area.
22 You know, we hear this stuff from you guys. We hear
23 ten years of the state saying we're going to help you
24 redevelop the state hospital grounds. This is
25 something that's going to happen. And then we see

1 something like this go on.

2 It makes us feel like can we trust -
3 can we trust the administration or any administration,
4 and what are we going to need to do to make the point
5 that we are not going to - that this has to happen
6 now, it has to - it just has to happen.

7 You know, I think as we walk out of
8 this, and I certainly trust our local elected
9 officials to do this, that the residents are going to
10 want guarantees that, if I'm understanding this right,
11 that to help you guys out with your problem with the
12 lawsuit, you're going to put - you're going to build
13 beds in building ten, and then you're going to
14 eventually abandon them by 2022.

15 I'm telling you right now that before
16 the residents of Norristown are ever going to agree to
17 that, and I suspect East and West Norriton the same
18 way, we're going to want guarantees, absolute
19 guarantees, that if we allow you to do that and we
20 don't chain ourselves to your - you know to the fences
21 and bring the news media back out, you know, and
22 scream and shout the governor's name, if that's not
23 the road we want to go down, we need absolute,
24 concrete assurance, something that is not breakable,
25 not going to another administration that this

1 absolutely is going to happen in 2022. We're going to
2 start decommissioning things.

3 And that is also, by the way, is going
4 to have to deal frankly with your moneys. You know,
5 there's an awful lot of services there. The people
6 are going to have to figure out how to alter them.

7 Again, from Norristown's standpoint,
8 our issue is we understand we're going to bear a fair
9 piece of that, but we should not have to bear it all.
10 And you know what? It is incumbent upon state
11 government, county government, to try and better
12 equalize that distribution of care. And frankly, that
13 distribution of burden placed with that.

14 So with that, I'll leave you. Thank
15 you very much for your time.

16 MS. GILLIS: Thank you.

17 MS. LISA: I was standing there and I
18 was listening to people come up here and talk. And I
19 may not be talking for all of Norristown. It seems
20 some people are still, you know, this is for me.

21 However, I am a person with experience
22 who had family members who has diagnosed with some
23 issues and stuff, I like to call them. My question is
24 basically with the holdup of the construction for the
25 state hospital. How long is it going to take? How

1 long are you all looking at? Do you all have an
2 estimated time that that's going to be done so that
3 the people who are sitting in the forensic unit don't
4 have to wait any longer than they already have and
5 they can move out?

6 My other concern is you're talking
7 about Philadelphia when they closed Byberry Hospital.
8 It wasn't as successful as they would like to say that
9 it was. There was homeless people in Philadelphia
10 because of the closing of the hospital. And I have
11 heard, you know, a different like a support system
12 they would put together for the people who are coming
13 out. And so far, I have asked for some kind of
14 information, and I don't see it.

15 So telling me that like, you know,
16 like, oh yeah, we're going to have supports. There
17 will be therapists and doctors and places for them to
18 go for counseling, and I don't see it. I don't see it
19 as a part of anything that we're talking about.

20 I'm a person who takes tangible
21 evidence. You know, I have to see it.

22 And one of my concerns was even in the
23 beginning was them having support. You know, I need
24 support. There are people in the community that need
25 support. We do own homes. We do get better. It is

1 about property, and we do work out and become
2 productive members of society.

3 So, you know, I don't like when the
4 stigma stays with you, you know, as a person in
5 recovery.

6 But my concerns were basically like
7 how long is this going to take and what happens to the
8 lawsuits that - is it postponed because they cannot
9 meet the deadlines because of the construction? You
10 know, those are the things that I would like to see.

11 Also, they are like what about other
12 people who aren't committed, like I don't know where
13 or, you know, the people. There's no information
14 coming out. We understand that there are boards and
15 little - but in the community, at - what would you
16 call it? The lower level. At a normal level for
17 instances, I don't get no information until I come
18 here or somewhere like this.

19 And for people who don't have
20 computers or are not computer savvy, they don't get no
21 information whatsoever. So it's like where are we
22 supposed to get the information that is not on the
23 computer? You know.

24 I just wanted to say because I was
25 listening to people talk about how special this thing

1 was or, you know, the people in the community. You
2 know, I think it's - isn't it five counties? Five
3 counties. Are people helped at the state hospital
4 from all five counties?

5 CHAIR: Civil.

6 MS. LISA: Civil. So when they get
7 released, there are five counties that they will be
8 spread out to. Right? They will not just be
9 Norristown?

10 CHAIR: Right. Correct.

11 MS. LISA: Thank you.

12 MS. GILLIS: Ken Chriskovich?

13 MR. CHRISKOVICH: Thank you very much.
14 I'm Ken Chriskovich. I'm a 32-year resident of East
15 Norriton Township.

16 When I built my home here, in fact, I
17 signed the agreement of sale in October 32 years ago.
18 I went to settlement in January 32 years ago. And
19 that was before Google Earth. Somehow I grabbed the
20 county map and I drew a line and said, oh, my God,
21 there's a line from the state hospital to the state
22 prison that runs through my living room. And I said,
23 well, it's two miles that way and four miles the other
24 way.

25 The principle reason I built the home

1 was because I needed a quick way to get to First
2 Avenue, and that's where the bridge is there was a lot
3 of transition with that. And I needed a runway. And
4 that was back in the days when McNeil ran the airway
5 down. You remember that.

6 Then after I settled my home, one of
7 my coworkers from the division I ran in Hanover, Adams
8 County, called me up and she said hey, I got a meeting
9 in corporate and I'd like to visit a friend. And can
10 I stay overnight at your house? She and her husband
11 had been there before.

12 AUDIENCE MEMBER: We can't hear you.

13 MR. CHRISKOVICH: I'm sorry.

14 She knew that I lived not far from the
15 Norristown State Hospital. And tragically, the friend
16 that she went to visit was a classmate of hers from
17 college who had killed her three children and tried to
18 commit suicide. And so she became a patient at the
19 Norristown State Hospital. And my friend came and
20 said I'd like to visit with her, can I stay overnight?
21 So on and so forth.

22 And these are the days when the
23 Norristown State Hospital was a fully functioning,
24 adequate treatment center for people with all kinds of
25 disabilities and illnesses and so forth. And the

1 state funded it. And it was a beautiful property that
2 many people understand with historical postcards and
3 they talk about the days of the greatness of that
4 place.

5 Today, there are many buildings - and
6 I'll go back to a more recent history. In 2008 and
7 '09, when Einstein Healthcare wanted to build a
8 hospital in this community, they lied to everyone in
9 this room and said they would close an open space,
10 take over a golf course, build a hospital, keep the
11 hospital in Norristown. And they were offered land
12 that was better suited to serve this community by
13 Governor Rendell.

14 But it came with a condition. The
15 condition was you have to remediate the buildings and
16 the land underneath, which are poisoned with lead,
17 asbestos, and everything else that we've leached into
18 the ground. And Einstein said heck, no, we can't
19 afford that. And so they took more open space.

20 Today, those buildings are still
21 present on the same property. And today the proposal
22 before you and the governor is to remediate other
23 buildings but not to remove those that have
24 permanently condemned the properties.

25 So I think the point here this evening

1 is there is no quarrel with the fact that this is an
2 important purpose of the Commonwealth. But do you
3 know what? Haverford State Hospital is now a
4 community of rich people. Byberry is under
5 redevelopment for a different purpose.

6 We don't have this conversation, to
7 Mr. Milligan's point. We don't have this conversation
8 in Media, Pennsylvania. We don't have this
9 conversation in West Chester, Pennsylvania. We don't
10 have this conversation in Doylestown, Pennsylvania.
11 We don't have this conversation in any of the
12 Philadelphia surrounding county seats but for
13 Norristown.

14 And it seems that the State of
15 Pennsylvania, the Commonwealth of Pennsylvania, and
16 the leadership of this county seem intent on
17 concentrating every lesser purpose use in the
18 Norristown area.

19 To Mr. Milligan's point, every project
20 that occurs in this municipality, in the environments
21 of Norristown, requires a tax incentive, an abatement.
22 ALERTA is one of the common things. And Mr.
23 Milligan's point, and thanks for bringing it up, sir.
24 Local 135 never gets a job out of any of those
25 projects.

1 So I think in a similar statement, I
2 will say before you want to advance the mission or
3 redevelopment of any property, tear down these
4 abandoned buildings. And that way, government will
5 have responsibility. It is the state's
6 responsibility. It is not the responsibility of the
7 taxpayers in Norristown, East Norriton, West Norriton,
8 or Montgomery County. It is state property. They
9 created the situation and it is their issue to
10 remediate it before you bring us a repurpose or use.

11 Any questions?

12 MS. GILLIS: Thank you.

13 MS. JOHNSON: Hi.

14 First of all, I came here tonight. I
15 do work in mental health field. But I came here to
16 listen because I wanted to hear all the sides, all of
17 the concerns, not just the ones for mental health, for
18 the community, all that.

19 And it turned into a lot about
20 buildings, grounds, stuff like that. I just want to
21 remind everyone on a personal note, there are also
22 people who are suffering while we submit these
23 decisions. Your concerns are valid. They are. I
24 live in the community as well.

25 But when we look at people, these

1 people are going to come. I am one of these people.
2 You know, I struggle with homelessness in Norristown.
3 I struggle with mental health. I was on the verge of
4 doing jail time.

5 Because of all the services that are
6 available right here in Norristown, surrounding the
7 state ground, you know, I am here today. You know, I
8 live every day a good life because I was able to get
9 those services.

10 Buildings may not be a perfect place.
11 The state ground might be falling apart. But right
12 now, you know, the people we serve, they're suffering
13 in jail. You know, and they're waiting simply to get
14 the help they need so they can live productive lives.

15 So while we're discussing communities
16 and buildings and old buildings, let's remember the
17 people too. Like I said, I'm standing here today for
18 the services that were available around the state
19 ground. You know, we need to make sure that there is
20 more support for the people coming in here.

21 Absolutely.

22 But we shouldn't just say stop
23 construction because we don't want it here because
24 these people are sick. People coming out. They may
25 very well be - you know, to improve somebody like

1 myself and like, you know, a lot of other people here
2 that work in the field. We use our experiences to
3 help others grow, and because it is a bit - nobody has
4 to be afraid of it.

5 I was petrified that people were
6 afraid of me, and I didn't understand why they were
7 afraid. I don't know what was going on with me. And
8 because of other people like me, I got the help I
9 needed instead of being thrown in jail and left there
10 in isolation to feel more isolated and like I don't
11 belong.

12 So I'm just begging everyone to keep
13 in mind there are people involved here, not just
14 buildings and property values.

15 Thank you.

16 MS. GILLIS: Thank you, Penny.

17 Mark Chalfin.

18 MR. CHALFIN: My name is Mark Chalfin.
19 I'm a lifelong resident of the Norristown area. I
20 grew up in West Norriton, went to Norristown High. My
21 family has been in business in Norristown since 1960,
22 so 57 years.

23 I want to speak about three things
24 this evening: Compassion, distrust, and
25 opportunities.

1 There's no one in this room that lacks
2 compassion for those who are in need and have been
3 helped at Norristown State Hospital. There's no one.
4 And I appreciate the compassion of everyone who has
5 spoken this evening and I appreciate Ms. Kovich's
6 remarks when she was talking about the discharge
7 process and whatnot.

8 But I will tell you that there is
9 tremendous distrust in the Norristown community
10 towards the Commonwealth of Pennsylvania because of
11 Norristown State Hospital.

12 I vividly remember laws changing and
13 doors simply opened and residents of Norristown State
14 Hospital coming into the streets of Norristown.
15 Suddenly Norristown, almost overnight, had a homeless
16 problem that didn't exist before. And you talked to
17 the local police. These people, even today, despite
18 the discharge process, are preyed upon. People are
19 bullied in the community. And the discharge process,
20 someone spoke about follow-up, that's what's needed.
21 And these people need our compassion and need our
22 help. They're not - it's not a situation where
23 opening the doors allowed - addresses their rights as
24 individuals. Instead, it's a tremendous burden to
25 them to be preyed upon once they're allowed in the

1 community like that.

2 And I understand that's not the
3 intention. And believe me, I understand you're trying
4 to do the right thing here. But there's tremendous
5 distrust of the Commonwealth of Pennsylvania.

6 And I so appreciate your being here
7 this evening. We've talked about this for decades,
8 the redevelopment of portions of the state hospital
9 grounds. It's over 200 acres of the state hospital
10 grounds. There's over 500 acres of the state farm
11 park, which is an entirely different can of worms.

12 So there's room really, in my opinion,
13 to satisfy the needs of the various components of the
14 community. The people who are in need of mental
15 health, as well as the taxpayers, the school district.

16 I know that the president of the
17 school board's here this evening. The taxpayers of
18 this area where because of low tax assessable
19 properties, such as the state hospital, such as the
20 county properties, such as the many churches in
21 Norristown, there's just not that much assessable
22 ground to support the tax base in Norristown. So it
23 falls on people who really can't afford the taxes.

24 So I'd like to advocate for everyone
25 here really in the room. There's enough area at the

1 state hospital to meet everyone's concerns and the
2 various aspects of the community, like MH.

3 One of the tremendous drawbacks with
4 Norristown, redeveloping Norristown, is the lack of
5 open space. That was spoken of before. There are
6 plenty of people who would love to develop in this
7 region because of the demographics of the region, but
8 can't because there's just no sizeable parcels to
9 develop. It would be a redeveloping a portion of the
10 state hospital grounds, which would be a tremendous
11 taxable success to the community in general.

12 So I'd like to advocate for that. I
13 so welcome the land development you're talking about.
14 It has been decades to hear something like that as a
15 possibility. And I look forward to being part of
16 that. I would like to offer that.

17 And, again, I just wanted to thank you
18 though. And you have to understand, you've been here
19 three months. You've been here less, was it?

20 MS. GILLIS: Three weeks.

21 MR. CHALFIN: And, you know, I
22 appreciate where you're coming from. But Harrisburg,
23 you're not anything. People come and go in
24 Harrisburg.

25 People are lifelong residents here in

1 Norristown. And we've seen what comes from
2 Harrisburg, and sometimes it's just not that pretty.

3 So, again, thank you. Thank you. And
4 I appreciate the opportunity you're giving us here in
5 Norristown.

6 MS. GILLIS: Thank you.

7 Douglas Fielder.

8 MR. FIELDER: Hi. I'm an architect
9 here in Norristown. I've been practicing in the
10 borough for 18 years. Lived in Montgomery County all
11 my life.

12 I'd like to just share a couple
13 thoughts. I'll begin with a story I experienced on
14 another project in Norristown where Montgomery
15 Hospital was being demolished. It was a bit of a
16 community battle on why it was the best solution or
17 alternative.

18 And I was at a public meeting sitting
19 next to a Episcopal minister. And the minister's
20 going all I really ask for is a little planning and
21 some common sense. And he leaned over towards me and
22 said all I ask for is the absence of malice.

23 I thought that was an interesting
24 thought from a man of the cloth. And what was
25 interesting to me is that really is right. Malice can

1 be intentioned or it can be unintentioned. And both
2 are harmful to a community.

3 I think it's very clear that
4 Norristown has a right to be suspicious about large
5 organizations and governments coming into our
6 community and trying to do something because we've
7 been left out and damaged seriously for decades.

8 And so that's a thought I just want
9 you to remember and set aside and talk about really
10 the dreams for achieving something larger than the
11 current mess that seems that we have over there at the
12 state hospital plot.

13 First of all, I came late, so I
14 apologize. I didn't hear anybody specifically state
15 the value of the buildings that are there. Frankly,
16 they are architectural gems. Perhaps poorly
17 maintained. Designed by nationally recognized
18 architects, the Price Brothers. Look them up. Google
19 them for people who don't know the Price Brothers.
20 They were a significant achievement in their day.

21 It was nice to hear about the 137-year
22 history of the hospital. And I think it's possible
23 that Norristown not be stepped on and that the larger
24 issue that we're all so aware of, mental health care,
25 that every mass shooting drives home and that all the

1 other problems of incarceration and drug abuse and
2 many things, there's a need for it in this country.

3 And the dream that I see for our
4 borough is that we become the national model of how to
5 take what I consider a huge asset of this beautiful
6 campus, beautiful grounds, mature trees, fantastic
7 historic structures, that can be combined with new
8 buildings.

9 Private/public partnerships, they make
10 me nervous. To me, a private/public partnership is an
11 opportunity for a developer to basically get a free
12 ride.

13 So to come back to the malice comment,
14 to me, what's needed, is what John Flicker talked
15 about 20 years ago, is a master plan for the state
16 hospital property. And I know from experience, master
17 plans, without a strategic plan, are useless. You
18 need the philosophical, broad concept that drives why
19 you do things to guide it.

20 And I think Pennsylvania as a state
21 really has an opportunity to lead the country in how
22 do you address caring for people that need care,
23 mental health, and boroughs that have been stepped on
24 for decades, and the people of, you know, the richest
25 community in the east coast, and do it right. And I

1 think, frankly, good planning.

2 Do this plan. Let it be the document
3 that gets talked about. Adopt it, modify it until
4 it's right. And then just follow the plan. Make this
5 town what it can be and help the people that need
6 help. And I think it can be done, and we have an
7 asset, and don't forget it.

8 Thank you.

9 CHAIR: Thank you.

10 MS. GILLIS: We still have a few more
11 folks that have asked to speak. Dave Shaw.

12 MR. SHAW: Good evening. My name's
13 Dave Shaw. I'm a West Norriton resident. I've lived
14 in the greater Norristown area all my life.

15 There was an article in the Sunday
16 Times Herald, page D-1, business section. It talks
17 about government policy. I want to read the headline.

18 Pennhurst. Two others get state
19 funding for redevelopment. The sub headline says
20 state announces grants and loans to business in our
21 sites program. The first paragraph says three area
22 projects, two in Chester County and one in Montgomery
23 County, have been approved for millions in state
24 funding to support redevelopment efforts.

25 My question, why not Norristown? Why

1 not Norristown?

2 My second point is there is a
3 community group for the farm park made up of
4 politicians in the area. I'm not going to say
5 employees. I'll just call them the farm park. It's
6 open to the public if they wanted to years ago. Some
7 residents may remember, a patient from Norristown
8 State Hospital tried to break into a house on Steraton
9 Road, West Norriton. From that came a community group
10 where the main people on that committee, citizens,
11 people from NAMI, the police. This is a different
12 situation. The police, stakeholders from the
13 Norristown State Hospital.

14 I would question why not have a
15 committee like that now? We could have politicians,
16 construction, developers, and also citizens that are
17 interested. Also employees from the state hospital
18 contributing something.

19 You may not need the police now, but
20 reach out to a group. Thank you.

21 CHAIR: Thank you.

22 MS. GILLIS: Hakim Jones.

23 MR. JONES: Hakim Jones, good evening.
24 I'm a city council rep here in the 4th district. I'm
25 also a Norristown lifelong resident also.

1 This topic is a little challenging for
2 me. I've heard all the stories. I've heard all the
3 different testaments.

4 I'm the son of a retired state
5 hospital worker. I spent many years working as an
6 employee at one of the state hospital grounds, so, you
7 know, I've seen both sides of the argument.

8 At the current time, I'm a local
9 official. I'm responsible for the community, for the
10 residents. I'm a new homeowner. I'm a father. I'm a
11 husband and in other regards. So these are very
12 important topics that affect many of us. Everything
13 from what is our community going to look like, what
14 are our schools going to look like, who wants to come
15 to our community, who's leaving our community. So
16 there's argument, if we look at it.

17 If there's anybody who has a soft spot
18 for those disadvantaged or without, that's me. But
19 also look at the other side too where, you know, I'm
20 tired of driving to King of Prussia and Plymouth
21 Meeting, Doylestown, and all these other places to
22 spend my money, to have a great time, to do things
23 with my family. I think it's time that Norristown has
24 an opportunity to develop.

25 But also keep in mind that there are

1 folks here before the development. So I'm all for the
2 compromise, but I also don't want to see Norristown
3 being taken advantage. We've been taken advantage of
4 for decades, for as long as I've been in Norristown.

5 I'm glad that individuals are finally
6 speaking up. I'm glad that our residents and our
7 local officials are coming together to speak up. It
8 takes a lot of political courage to tell people you're
9 not happy and that you want to see change.

10 But most importantly, we've got to see
11 things from both sides, you know. Spending many years
12 at the state hospital, working with the families,
13 their children. But I think the right thing to do is
14 to allow a community like Norristown to benefit like
15 the communities around us.

16 I think we should be no less than our
17 neighbors. We should have the same opportunities as
18 our neighbors. You know, honestly, many folks that do
19 frequent the state hospital, that come to the state
20 hospital, they aren't from Norristown. It has created
21 a market for people to come here and get rich.

22 You know, you have bail bondsmen. You
23 have, you know, law offices. You have all kinds of
24 folks coming through Norristown on a daily basis
25 making millions of dollars out of this advantage.

1 And when I see that disadvantage and
2 problems in one area, heavily concentrated into on
3 area, those folks leave Norristown at 4:30, 5:00. You
4 know, they're not at the gas station or McDonald's.
5 They're not at, you know, the pizza shops. They're
6 not seeing the crime.

7 So we compromise that we refuse to
8 support the patients at the state hospital and the
9 families who depend on the state hospital for so long,
10 we can't continue to pour into the public and continue
11 to pour into Norristown and make it a community that's
12 overly bombarded.

13 Thank you.

14 CHAIR: Thank you.

15 MS. GILLIS: Raymond Frederico.

16 MR. FREDERICO: Thanks. Originally, I
17 was hesitant to speak, but after hearing enough of
18 people talking, I realized that I might provide you an
19 opportunity as someone with experience who's currently
20 a taxpayer, has a family, works full time, has a
21 house.

22 I work in the mental health system,
23 realizing my experience. But I was a resident of
24 Norristown State Hospital. And just to relay some of
25 the misinformation, there is a building on that

1 grounds of Norristown State Hospital called, oddly
2 enough, building 51.

3 When I talk about my experience, they
4 kind of go there's an area 51? No, I say building 51.
5 They're like what? There's a building 51? I go yeah.

6 Building 51 has three wings, A, B, and
7 C. Each wing has three floors, one, two, and three.
8 One floor is for the women. Each floor has up to
9 maybe 10, 12 people. Usually in order to get there,
10 you are either waiting for trial, waiting for
11 sentencing, or waiting for competency. Okay. Yes,
12 there is a waiting list.

13 But I can tell you that my experience
14 there is much better than my experience in the prison
15 system. Not only was my family able to visit, they
16 weren't put through some of the most undignified
17 things that when you go to a prison, when you visit
18 somebody, you have to go through.

19 During my two years there, I had my
20 family and my friends visit me as often as possible.
21 That in itself was what kept me connected to society.
22 It prevented me from feeling isolated, that I was
23 beginning to feel like when I was in prison.

24 On that note, I want to say there's
25 only one way to get in or out of building 51, okay, as

1 far as I know, unless things have changed. The only
2 way to get in is to wear shackles. The only way to
3 get out is to wear shackles.

4 There was only one time that I got to
5 feel grass under my feet, and that was once a year.
6 And I was inside the high fence, okay. But I still
7 felt better there than being a prisoner at the prison
8 system.

9 Now, obviously, I want to give you my
10 - show that I'm a face of those people that a lot of
11 people want to demonize, who have gone through a bunch
12 of crap and are in building 51.

13 I also hear a lot of things about
14 people - you know, people being out on the streets. I
15 feel like people confuse that with people from
16 building 51. It's not going to happen. I just don't
17 want everyone to lose the face of the people who are
18 seeking support and health in building 51.

19 Thank you.

20 MS. GILLIS: James Waters.

21 MR. WATERS: I'll try not to spit in
22 this thing. Can everybody hear me? Can you hear me
23 now?

24 James Waters. I grew up in
25 Norristown, 900 block of Hamilton Street, which is a

1 stone's throw from the state hospital. Back in those
2 times, it was before it was a secured road, and it was
3 before Thorazine. And you would hear people screaming
4 and crying during the full moon. And then Thorazine
5 came and everyone was pretty much quiet.

6 But then in high school, I had an
7 opportunity to take what was called general academics
8 so I could learn a language. And in that process, we
9 had psychology, public speaking, some other things I
10 forgot.

11 But I never forgot the visits to the
12 state hospital and the hurt feeling of grown men
13 laying on the floor sucking their thumbs, and going
14 into the women's portion of it and it was like a
15 nursery.

16 After high school, I went to work for
17 the telephone company. And for almost four decades, I
18 got to poke my nose into everything in Norristown
19 District, including the tunnels, the steel plants, and
20 throughout the state hospital doing work as a lineman,
21 cable splicer, et cetera, et cetera.

22 I feel very, how do I say, concerned
23 when I find mentally ill people roaming the streets.
24 I was a cable splicer and a lineman. So I work in the
25 streets, over the streets, so on and so forth. I saw

1 these poor people wandering around. I ate in local
2 restaurants when I saw these people made fun of.

3 I read in the paper there were some
4 that died on Pearl Street because they didn't have
5 their medication because somebody stole their
6 medication, they didn't open their windows, and there
7 was fans in there. I forget exactly how long ago it
8 was. If you need, I'll look it up because I keep
9 records.

10 Now, the thing is that over the years,
11 I have watched that area absolutely fall apart. Just
12 as Doug Fielder said, there was beautiful architecture
13 over there that should have been utilized more than it
14 was. It's an embarrassment to me being around here 72
15 years, watching what went on.

16 I don't think it's right. I think
17 it's wrong, and I think something should be done to
18 help these people.

19 Now, I'm retired. In 2008, I was the
20 president of the Norristown Initiative. We were
21 working on bullying. You'll find some of the books
22 out there on the table. Coloring books for the
23 elementary schools.

24 We got a grant from Senator Leach that
25 allowed us to disburse 10,000 coloring books and

1 blanketed the teaching - student teaching, it was
2 called. Blanketed all the elementary schools in five
3 years in the hope that bullying would be resolved
4 through this coloring book. Apparently, it didn't
5 work, from what I'm hearing.

6 One of the things that I want to bring
7 out, I believe, is the fault of the state. I have
8 documentation showing how the funding of the schools
9 has dropped from 1972 at 54 percent down to '06, when
10 this study was put out, to 10 percent. What I say is
11 the state violating the constitutional responsibility
12 to provide for an effective and efficient public
13 school system for every Pennsylvanian. They have
14 violated that by cutting back.

15 And I will say that that has caused
16 illnesses as a result of improper education. Now, I
17 believe that I have some studies in the Act 1
18 Commission that stated juvenile delinquency was the
19 end result of improper funding. I think juvenile
20 delinquency is a link to mental illness.

21 I'll jump up to 1984. I'm with the
22 telephone company. I discovered --- no, it was '86.
23 I discovered that we were exposed to lead and other
24 poisons, violating state law, Right to Know. I blew
25 the whistle on them, and I was fired. Illegally

1 fired. But because the county had an availability of
2 counseling and medication, I was able not to be
3 crushed by this.

4 And I think that it's extremely an
5 important process that has to be done to help these
6 people that are being burdened by this gray muck that
7 hangs over them. I know when I was fired after 16
8 years, what it did to me. If I didn't have the
9 counseling of Montgomery County, you know, I would be
10 living under a bridge like some of the other veterans.

11 Thank you for allowing me to speak my
12 mind. I hope it reminisced with some other people in
13 here, but I have to do this because my therapist
14 advised it. If I don't like what's going on, I have
15 to come and speak up, even if my voice shakes. Thank
16 you.

17 CHAIR: Thank you.

18 MS. GILLIS: Okay.

19 We're going to end with how we began.
20 John is coming back.

21 MR. NAPPER: I just wanted to clear a
22 couple things up. I heard some misinformation. I'm
23 going to try to keep this quick.

24 I understand you have some lifelong
25 residents of Norristown. I'm not a lifelong resident.

1 I lived in Philadelphia for about eight years now.
2 Recently purchased property in Norristown on Elm
3 Street ten years - eight years ago. So I am a
4 resident of Norristown now. I personally don't care -
5 I heard say what's a zep? I'm still partial, I like
6 hoagies, but I do like tomato pie.

7 But as far as forensics is concerned,
8 I work forensics. I work in the sally port. That's
9 the main - that's the central nerve center of the
10 building. The gate that you see around building 51,
11 the same gate is going around 10, that's for the
12 safety of the staff and the community and the
13 patients. All right. So that gate is maintained by
14 employees inside the sally port. Maintained by those
15 employees. It's under strict monitoring, 24/7, 365
16 days a year. And on leap year it's 366.

17 You know, so when that gate opens and
18 closes, somebody's watching it. Somebody's
19 controlling it. Somebody goes out there. That gate,
20 we have two back gates. There's the main vehicle
21 gate. That's controlled by the sally port and it's
22 monitored all the time. The same thing will occur
23 with building 10.

24 The security in building 51 is
25 topnotch. It's there for a specific reason. Most of

1 you here probably never heard of building 51. You
2 want to know why?

3 Because we do our job. We're quiet.
4 We have a small footprint. We've never had an
5 incident in the community. And we hope to keep it
6 that way because we do our job every day. I just
7 wanted to clear that up.

8 And our patients, when they come in,
9 again, they come from prison. We work with them to
10 get them competent to go further, to go along, you
11 know, further along with their court appearances and
12 their charges. Then once we get them competent, they
13 go back to their prison.

14 If they fulfilled their time, been
15 there three years and they have three years left, they
16 go back to their community and are placed in their
17 community. So most of the people you see in your
18 communities, they came from your community and they
19 were placed in residential programs within your
20 community. And it's the residential programs that are
21 breaking down, not so much the hospital.

22 You see some patients from the
23 facility start hanging around in Norristown. But most
24 of the patients you see - and I see them too, I go
25 give them some gas or for McDonald's. Most of those

1 patients belong to residential programs within the
2 community. And that's who you have the gripe with.

3 Thank you.

4 CHAIR: So I'll just briefly close.
5 First of all, there were a lot of questions that came
6 up tonight, and we appreciate those questions. And
7 given the time, I'm glad we didn't try to answer them
8 as they came up, but that's not because we don't want
9 to answer them. We will be answering them, and on our
10 website, you will see the questions and the answers
11 here in the near future.

12 So I just want to offer my sincere
13 thank you to everybody that came out tonight. This
14 conversation, I know, should have happened much
15 sooner, and I apologize and I'm sorry that it didn't.
16 But I really appreciate you engaging with us.

17 I hear the concerns and my bottom line
18 message tonight is we hear you. And thank you for
19 being here to make your voice heard. And, you know,
20 this is the conversation we need to be having going
21 forward. And this is the beginning of that
22 conversation. This is not the end of that
23 conversation. This is the beginning of what will be
24 an ongoing dialogue with this community as we move
25 forward.

1 I think we did hear tonight - we did
 2 hear a lot of different perspectives tonight. But as
 3 some of those who spoke said, and I agree with it, I
 4 don't think they're necessarily competing. They are
 5 different interests, but I think from where I sit, I
 6 think we do have an opportunity, and we heard a little
 7 bit about that tonight. I think we have an
 8 opportunity to make sure - we have to make sure that
 9 people in our criminal justice system have access to
 10 the mental health treatment they need. That is a big
 11 priority for us.

12 But I think we can do that in a way
 13 that is respectful to the community and takes into
 14 account all the concerns we heard tonight. So that
 15 will be - that will be our goal moving forward. But I
 16 truly just want to thank everyone. Thank the elected
 17 officials who stuck it out all night with us and for
 18 your comments and for your engagement on this issue.
 19 We're going to continue to be engaged. And, again,
 20 sorry it didn't happen sooner, but it starts tonight,
 21 and thank you for being here.

22 * * * * *

23 MEETING CONCLUDED AT 7:58 P.M.

24 * * * * *

25

CERTIFICATE

1
2 I hereby certify that the foregoing proceedings,
3 a meeting held before Chairwoman Miller, was reported
4 by me on 11/29/2017, and that I, Kimberly Chatburn,
5 read this transcript, and that I attest that this
6 transcript is a true and accurate record of the
7 proceeding.

8
9
10 

11 Kimberly Chatburn,

12 Court Reporter
13
14
15
16
17
18
19