

## **Norristown Meeting Written Comments:**

### **1. Stanley Belford**

The state has not fully realized the potential dangers of this action. This is a knee jerk solution to a greater problem. This lacks planning and understanding of the scope of the problems for the inmates and caregivers. There are already problems with adequate staff and proper training. Security is a well-known joke in the hospital and community. This operation should not be at this facility. There is not a clear plan on how this "step-down" should function. It's an accident waiting to happen. Sooner or later, staff, patients or someone in this community will be hurt.

### **2. Diane Gilroy, President, NAMI (National Alliance on Mental Illness) Lehigh Valley** Public Input on the Future of the Norristown State Hospital

My name is Diane Gilroy and I am the President of NAMI Lehigh Valley, a local affiliate of the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. I ask that you delay closing the Norristown Hospital Civil Section until sufficient capacity and funding for the agencies and organizations that will provide supportive community services for those who will be released can be ensured. While release into the community can bring many benefits, including allowing individuals with mental illness to be closer to their families and friends as well as achieve more autonomy, independence can create daunting challenges. NAMI believes a core of services ought to be required and available: case management, outpatient services like psychiatry, counseling, crisis intervention and crisis stabilization, intensive community treatment/assertive community treatment, and supportive housing. As you know, the system is already strained, with government agencies and other organizations struggling to meet the need.

The shortage of psychiatrists is a major point of concern. Many individuals who call NAMI Lehigh Valley's office are desperate because they've been told there's a six-month wait for an appointment with a psychiatrist. These are people who need prescriptions to maintain their health and need a doctor to write that prescription.

If a robust array of services in the community exists, the need for much more intensive and costly services such as acute inpatient or long-term residential is lessened. In the absence of these services, former residents are often re-admitted to an acute facility. With the current psychiatric bed shortage, however, this is often only for a 72-hour stay. Many others become homeless, incarcerated or even die by suicide.

Regarding changes in the forensics operations at Norristown:

According to Ed Sweeney, the recently retired Lehigh County Director of Corrections, Norristown is one of only two state hospitals offering forensic care. If a prisoner needs care at a state hospital, the wait is at least a year before a bed is available. In the meantime, the person is in prison without care. This is unacceptable and needs to be remedied.

We applaud Governor Wolf's interest in moving individuals living with mental illness out of institutions and into the community. But, the state must be able to provide the services that allow these individuals to make a successful transition. If we do not, we are failing the former residents and only adding to social and financial issues for their communities. Again, we strongly

urge the delay of this closing until it assures that the needs of current residents, as well as future residents, can be met.

Thank you for the opportunity to weigh in on this important issue.

3. **Dennis Roberts**, Chief Program Officer, Resources for Human Development

To Whom It May Concern:

Understandably, the State is faced with balancing many different interests and priorities in the disposal of this valuable resource, i.e. Norristown State Hospital. Many individuals and groups have a vital stake in the potential profit to be made in its sale to a private investor. No group, however, has a greater interest in this matter than those that made it their residence for many years – and in the eyes and minds of some – for a period of time that far exceeded its therapeutic, if not legal, interests. Many of those same people, despite their discharge from the hospital, continue to wrestle with the complexities and conditions that contributed to the need for their hospitalization. Profits from the sale of this facility could do much to provide services that further stabilize and enhance the lives of these same individuals, and reinforce the Hospital's stated commitment to "support recovery." Safe affordable housing, vocational training, and access to good health care still eludes the life experience of too many of these former residents. Sales proceeds, invested wisely, could make a critical difference.

Another group of individuals with a far more immediate interest in the future of Norristown State Hospital are those men and women that continue to reside on these grounds. Aside from those that are receiving much needed psychiatric care nearly 50 men and women who are homeless currently reside on these grounds as well. While the building serving them has been much improved over these past few months, it is by no means a permanent solution to the condition of homelessness that affects many County citizens. Nonetheless, it remains one of the only local places of safety where Montgomery County, Pennsylvania Commonwealth citizens who are homeless can receive shelter, food, and much needed assistance to help get them back into safe and affordable housing and restore some sense of stability into their life that was, too often, interrupted by illness, job loss, poverty, and other unfortunate and overwhelming circumstances.

I would whole heartedly request that as a condition of any sale, the purchaser should be obligated to assist, financially and otherwise, in the relocation of a residence to serve these men and women as well as to preserve a safe place for those unfortunate individuals who become homeless in the future.

I would be happy to respond to any questions that result from this letter. Thank you for your solicitation of feedback on this very important decision.

4. **Sol Belen Vazques-Otero**, advocate Disability Rights Pennsylvania (DRP)

I am Sol Belén Vázquez-Otero and I submit these comments as an advocate with Disability Rights Pennsylvania (DRP). DRP is the organization designated by the Commonwealth, pursuant to federal law, to advocate for and protect the rights of individuals with disabilities, including those with mental illness. DRP works to ensure that individuals with disabilities are able to live the lives they choose, free from abuse, neglect, discrimination, and segregation. We thank you for taking the time to listen to consumers, advocates, and other stakeholders regarding the path forward for Norristown State Hospital.

The starting point for any conversation about a state hospital closure needs to be the integration mandate promulgated by the Department of Justice to implement Title II of the ADA which requires that state governments "administer services, programs, and activities in the most integrated setting

appropriate to the needs of qualified individuals with disabilities.”<sup>1</sup> Additionally, the 1999 U.S. Supreme Court landmark decision in *Olmstead vs. L.C.*<sup>2</sup> held that unjustifiable institutionalization of a person with a disability who can live in the community with appropriate services, is discrimination. Thus, we speak of serving individuals in the least restrictive settings.

How is the least restrictive setting determined? Since 2006 Pennsylvania has been utilizing the person-centered Community Support Plan (CSP) process to guide the discharge of individuals from its psychiatric hospitals. The CSP Protocol calls for “creative dialogue between the consumer, prospective service providers and county representatives about how the wishes and needs of the consumer can be met.”<sup>3</sup> Furthermore, the CSP Protocol calls for the exploration of existing resources and creative expansion of community services/supports based on the present and future needs of individuals, in addition to their strengths. Thus, the information gleaned from the CSP meetings is the starting point for determining not only the community placement of individuals but is also to serve as the foundation for any development of community services and supports.

It cannot be emphasized enough that the CSP must be the driving force behind all discharges from Norristown State Hospital as its closure moves along. It is the CSP process that will help make available an array of adequate and appropriate community services so that individuals being discharged, and those currently in the community, can live fulfilling and productive lives. This may take the form of more and better housing options (moving away from congregate care into stable and affordable community alternatives), increasing the number of trained peer supporters, providing better crisis services, extended acute care units, and mobile services that help support community living, greater vocational and employment services, and access to transportation.

As for the future of the non-forensic grounds at Norristown State Hospital, if the Commonwealth is contemplating its sale, we recommend that it be at fair market value and that 100% of the proceeds be designated as new funding for the development of the catchment area infrastructure to enhance community supports and services needed by individuals facing mental health challenges. This land cannot be viewed merely as a treasure chest for the enrichment of the local tax base...that may come with later development unrelated to the sale. That initial sale must be approached with the goal of substantially increasing the Commonwealth’s funding of mental health services in this region to facilitate successful community integration. That would be the most appropriate way to honor the lives of the thousands of individuals who once dwelled here and those who will soon leave.

Collectively, we need to be visionaries, courageous, willing to engage in meaningful dialogue and work toward solutions to ensure that no one is unnecessarily institutionalized because of insufficient community supports and services. We need to strive to create opportunities for our fellow citizens facing mental health challenges to realize their dream of adding their gifts to the *common wealth* we all enjoy.

##### **5. John E. Garner, CPA, MST, CVA**

I have been working for the Pennsylvania Department of Insurance since July, 2017 as an Insurance Company Financial Examiner Trainee. When I am not in the field I work at the Norristown State Hospital in Building 2, Room 158. You may remember Building 2: In 1999

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Room 163 (across the hall from me) was the scene of a horrible crime. Building 2 is also next door to Building 10, which until recently was being renovated to expand the Hospital's forensic unit.

Although I work in a Hospital building, my co-workers and I have been largely kept uninformed about the plans for the Hospital. The construction both started and stopped without any notice to us. Given that Building 10 is to be used for people whose quarters required the installation of obvious security features such as additional fencing and razor wire, this lack of communication is arguably irresponsible. We were given no reason, no timeframe, and no details concerning plans for the facility. In fact, I learned of this meeting via an online newspaper called "Phoenixville Patch". I also heard, through the "grapevine" (not officially), that our group of Insurance Department employees is scheduled to be transferred in June, 2018 to the PA State Office Building in downtown Philadelphia (8th and Market Streets).

As far as I'm concerned, that day cannot come soon enough. I've been working as an accounting professional for over 37 years, and this facility is without question the most depressing, demoralizing space in which I have ever worked. True, we do have a roof over our head, working toilet facilities, heat, and a window unit air conditioner. But the quality of the air has led some of my co-workers to experience coughing fits, and given the age of the building, most if not all of us refuse to drink the water due to fear of lead pipes or other contamination. I bring a bottle of my own water to work. Our office accommodates four standard size desks (no returns or overhead compartments) and one small table about 18" by 30". There have been times when we had more people in our office than desks, forcing two employees to use one desk. I have not seen any evidence of sprinkler systems in our immediate area. If a fire did break out, I would have to reach into my pocket for my set of keys and find the right key to unlock the door that separates our offices from the doors that allow exit from the building – hopefully not while trying to avoid inhaling smoke.

I understand that there may have been budgetary reasons for putting us in this office. Also, I cannot speak for any other Commonwealth employees who share this facility. But it does show a lack of respect for our Department as professionals to station us in such a run-down facility. One's work environment does have an effect on morale, and thus performance. We don't need lavish work spaces, but we should have something that is more in accordance with our professional positions. The point I am trying to make is simply that I urge the state to at least refrain from further use of these facilities for non-Hospital employees or purposes.

But once our Department leaves this facility for the Philadelphia offices, I admit that this issue is no longer of personal concern to me. The larger question, the purpose of this hearing, is to decide the future of Norristown State Hospital. In my opinion the best option is to close it, moving people out gradually over time but with a specific deadline in mind.

This location is very desirable. It is flat, centrally-located, near the Montgomery County Courthouse and offices, can be served via a shuttle bus to the nearby SEPTA station, and is not far from the King of Prussia Mall. What's more, there is a park located *right next to it*.

Development of this parcel for residential, commercial, or mixed-use purposes be key to revitalizing Norristown. There is a model for this transformation. In 2000 the Commonwealth closed Western Center near Canonsburg, a hospital for the intellectually disabled. In its place is a business park known as Southpointe, home to large corporations in sectors such as energy and technology. Along with that commercial growth the area has seen growth in residential development as well. The nearby city of Pittsburgh has also benefited from this growth. Formerly a downtrodden Rust Belt city, Pittsburgh is now often cited in national publications for its livability.

Development of the parcel is secondary. As a humane, compassionate society, our primary concern must be existing and future residents. The options for them may be mixed. Some may be suitable for group home environments, and some may only be suitable for another institutional setting. There is a limited amount of hospital space in the Commonwealth, but with the funds received from the sale of the property a modern facility that is smaller (i.e., less acreage) can still be constructed to accommodate those individuals, perhaps in an area where the property values are lower. Gaining access to suitable group homes is another issue that must be considered, and residents should not be shunted to insufficient or inappropriate residences. For those reasons relocation of the Hospital's current residents will take time, but it must be addressed.

A colleague suggested to me that there may be existing environmental hazards which would make razing the structures quite expensive. To that I ask: If in fact there are existing environmental hazards, then should we not surely close this facility to protect the residents? And if there are not, then that is one less barrier to doing so. Given the condition of the Hospital's outdated physical plant overall, how long can this facility be usable?

The closing of Western Center took several years, and not without controversy. The final closing involved the unexpected sudden relocation of the Center's remaining 56 residents to community-based facilities. My brother Bill was one of the 56, and among the most vociferous opponents of closing Western Center were my parents, as it was their opinion that Bill thrived while at Western. But fortunately, Bill now resides in a comfortable, well-run group home and receives excellent care.

As it was with Western Center, none of this would happen overnight. However, it is time to make long-range plans, rather than affix \$5 million Band-Aids.

In closing, again, my comments herein are strictly my own, and are not intended to represent those of my employer or anyone else.

Thank you.

6. Lawrence Real, Chief Medical Officer, City of Philadelphia

Good evening. I am Dr. Larry Real, a career-long public service psychiatrist, and the Chief Medical Officer at Philadelphia's Department of Behavioral Health and Intellectual disAbility Services, whom I represent tonight.

Though this evening's conversation primarily concerns the state's Department of Human Services and the good people of the Borough of Norristown, we appreciate this opportunity to briefly comment on the matters at hand. The fact is, the majority of the patients hospitalized at Norristown State Hospital, and the majority of people in prison awaiting transfer to NSH for treatment, are and have been Philadelphians.

While all the stakeholders and collaborators—and that includes consumers, family members, advocates, county administrators and professionals—continue to take pride in the successful closure of Philadelphia State Hospital at Byberry in 1990, and its impact on the transformation of the public behavioral health system in Philadelphia to one built upon the principles of recovery and resilience, we do so fully aware that a small number of Philadelphians have continued to receive treatment in Norristown State Hospital since that time. And we are grateful to the administration and staff of NSH for the care they have provided to our most vulnerable citizens all those years.

We welcome the anticipated closure of the civil section of the hospital, and the opportunity to embrace the few remaining Philadelphia citizens still there, and to include them as valued members of our community. We would also expect continuation of the precedent that appropriate funding would accompany such integration back to the community, considering that these are amongst our most challenged people in recovery.

As for the proposed expansion of the Forensic Unit at Norristown State Hospital, and its potential impact on our citizens, we would only state the obvious: it is far better to be in the hospital receiving treatment than in prison on the 'waiting list'.

Other than that, we would like to state for the record that, regarding Philadelphians with serious mental illnesses whose lives intersect with the forensic system, we remain firmly committed to the following:

- 1) Working with our justice partners to expertly, expeditiously and safely reintegrate as many of these people back into our community as possible
- 2) Holding the state to the expectation that they will continue to work with us to assure adequate funding to sustain this process
- 3) Continuing to work with the nearly 100 Philadelphians successfully brought into the community from either NSH or the Philadelphia prison system over the last two years, to sustain their recoveries and community tenure
- 4) Expanding our interventions 'behind the prison walls' to avert the need for some citizens to be transferred to Norristown State Hospital, and
- 5) Expanding our upstream interventions in the community to minimize the number of Philadelphians with serious mental illnesses who end up in jail or prison in the first place

#### 7. DHS – OMHSAS - Norristown State Hospital Medical and Psychiatric staff

Mushtaq Ahmad, MD

Babatunde Adetunji, MD

Consolacion Alcantara, MD

Vatsala Ayyaswamy, MD

Shahla Behjat, MD

Malorie Budman, DO

Scott Dittus, DPM

Rasih A. Ener, MD

Olu Fakiyesi, MD

Dennis Harrsch, DO

Edgar Martinez, MD

Rocio Nell, MD

Michael C. Roman, DO

Shila Sarker, MD

Hansa Shah, MD

The Medical and Psychiatric staff of Norristown State Hospital express their appreciation for being able to provide valuable service to the persons that are most in need of their care.

We are fully on board with the current transition of this facility which intends to make it a center of excellence. We are a group of doctors with many years of experience of treating individuals with mental illness in prison and jail settings. We strongly believe that such settings is not the humane and effective way of treating persons with mental disorders, hence our continued collaboration with the administration during this transition process, to even better serve our clients

Unfortunately, without this hospital and without the transition, more individuals with mental illness will end up in jails and prisons. This would be unfortunate as mental illness affects all families and cuts across all demographic backgrounds

Resources for treatment like Norristown State hospital should be made more available and also better funded to help individuals with the disorders and their families

#### 8. **Walter Lee Stull**

- Has anyone given consideration to the future of our patients and to the care that is provided around the clock at this facility?
- In the best interest of the patients, what is the long term plan for their continued care?
- We have a dedicated staff of professionals at this hospital. Their devotion to these patients transcends the normal working hours. There are relationships that have been developed because of the loving care that these selfless individuals provide. What will happen when you displace our most vulnerable residents?

#### 9. **Cathy Kromer**

- Northampton County has 13 beds in the state hospital system. 13 beds is not enough to address the acuity of individuals in our MH system. With the repurposing of NSH civil beds, this could have an even greater impact on our county as well as other counties as NSH Service Area will now join the WESH Service Area. We are already short in resources this will increase the shortage.
- The Mental Health System needs MH money to stay in MH. There is no current guarantee that CHIPP money will stay with CHIPP projects. As a block grant county we are now experiencing money that was once allocated for CHIPP now shifted to other services with HSBG. We need all funding and services to adequately meet individual needs. This cannot happen without promise from OMHSAS that CHIPP funding will be earmarked/carved out uniquely for CHIPP projects.
- There has been a decrease in people with SMI (Serious Mental Illness) keeping Medical assistance. People have been put on Medicare only which impact programming availability and base funding. Base funds are being used at an increased rate which minimizes funding for residential services.
- There are long waits to get into the highest levels of care in MH services and there is an increased need for high level of care and services.
- There is an increase of new and younger individuals coming into the system. More MH funding is needed to meet these growing needs.
- Lack of long-term care beds. Despite higher acuity and higher needs. NC has had people waiting in community Acute Inpatient beds for 3-6 months and longer awaiting a state hospital bed at WESH.

- The prison population has a very high amount of individuals who are mentally ill, need intensive MH services and need to get out of prison. Since the law suites in Pennsylvania, individuals with SMI are being ordered out of prison (which is the right thing to do). However, those individuals are often prioritized for high level services over individuals not in prison with the same needs.