

PUBLIC HEARING

IN RE:

Comments on the planned closing of Norristown State
Hospital Civil Unit

DATE: Tuesday, January 31, 2017

TIME: 2:30 p.m.

PLACE: Norristown State Hospital
Building #33
1001 Sterigere Street
Norristown, PA 19401

REPORTER: Lea A. Lumpkin, New Jersey Certified
Shorthand Reporter, License No.
XI001054, CRC, CRR, RMR, RPR

MODERATOR: Ford Thompson

ORIGINAL

KARASCH & ASSOCIATES
NATIONALLY REGISTERED PROFESSIONAL REPORTERS
(800) 621-5689

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

A T T A C H E D D O C U M E N T S

List of Speakers at Public Hearing 1/31/17

1/30/17 letter from NAMI PA, Bucks County

1/30/17 letter to Edna McCutcheon re John DiCicco
from Gloria and Fred Rentschler

1/16/17 two-page letter to Governor Wolf from
Gloria and Fred Rentschler

1/27/17 two-page letter to Mr. and Mrs. Fred
Rentschler from Zachary Mako

1/13/17 two-page memo to Helen Brennan from Gabriel
Nathan

1/11/17 memo to Helen Brennan from Lkralovich

1 MR. THOMPSON: Good afternoon, ladies and
2 gentlemen. Hope you can hear me. I think my voice usually
3 projects fairly well. My name is Ford Thompson. I will serve
4 as your moderator this afternoon for the hearing regarding the
5 intention of the Department of Human Services to close the
6 civil side of the Norristown State Hospital and to make certain
7 forensic changes resulting from that -- from that decision.
8 This hearing permits individuals to provide testimony regarding
9 the announced decision from the Department of Human Services.

10 I'd like to make several introductions if I could
11 please. Directly in front of me is Mr. Dennis Marion. Mr.
12 Marion is the Deputy Secretary for Mental Health Services and
13 Substance Abuse Services in the Department of Human Services
14 and Edna McCutcheon. Edna is the CEO and superintendent here
15 at Norristown.

16 What we -- I also want to share with you -- I -- I do
17 have a list of individuals with assigned times this afternoon.
18 However, if there are people that wish to provide testimony, if
19 you'll simply get that to me somehow, we will certainly add you
20 to the list.

21 The way we would like to conduct the hearing is as
22 follows: if there's any questions that you pose to us either in
23 oral testimony today or in written testimony, which you can
24 provide to me and is also -- we'll share with you as we go
25 along an opportunity to provide written testimony to -- to the

1 Department in Harrisburg, and we'll share that with you. We
2 will answer those questions whether they're posed orally or in
3 writing to us.

4 I -- I always, uh, add this and request of each person
5 here, there will be a variety of opinions expressed here this
6 afternoon, some you will agree with, some you will not. Please
7 give every speaker your attention and your courtesy as they
8 give their remarks.

9 We would like, if possible, to ask you to -- to deliver
10 your remarks in approximately five minutes or so, realizing
11 that in some cases there -- there might be a brief overlap.
12 And the reason we ask that is there are people that are slotted
13 into times. Some of them may have come from work or have other
14 commitments as well, so we ask -- we are very appreciative if
15 you would try to adhere to that.

16 What I will do as we start the hearing this afternoon
17 is identify a person and tell you who is next to come, and we
18 would ask that you come to the lectern to my right there to
19 deliver your remarks. I think the mic is on. If not, we'll
20 make sure that it gets on. And also we'll adjust it as we need
21 to as we go along for anyone that needs it to be adjusted, the
22 name and then the next person.

23 Without any further adieu, the first individual -- and
24 if I mispronounce your name, correct me, please. I went over
25 the list two times thinking just in case -- nothing bothers

1 me -- well, it doesn't bother me -- it bothers me to
2 mispronounce people's names. So, if I do that, you can do
3 whatever you want, say, hey you, you did this wrong or
4 whatever.

5 The first is Sarita Tolliver. Miss Tolliver will be
6 followed by Neil Callahan. Is Miss Tolliver here? This does
7 happen at a hearing, so here's what we'll do. I will double
8 back to Ms. Tolliver. A lot of things can happen along the
9 way, so we'll see if she is here. So, Mr. Callahan is next and
10 then to follow Mr. Callahan is Sara Ludwig-Nagy will be next.
11 Mr. Callahan.

12 MR. CALLAHAN: Thank you. I appreciate the
13 opportunity to speak to the group today. Quite frankly, I did
14 not find out that I had this opportunity until yesterday
15 afternoon, so my five minutes or the balance of my five minutes
16 will go to Tory Bright because I think she has quite a few
17 things to address this afternoon. I'm the CEO of Brooke Glen
18 Behavioral Hospital, which is in Fort Washington, Pa., 146
19 psychiatric beds, inpatient beds. We also operate 15 extended
20 acute beds within that 146 complement. So, we have a -- a
21 lifetime of experience, at least the last 40 years of
22 experience dealing with the needs of the patients in our
23 community. So, it's inherent upon us to find out what will
24 happen to the patients who currently are being treated here in
25 Norristown.

1 So, we are patient advocates first and foremost, and we
2 want to do the right thing, so we're offering our services from
3 the private sector in dealing with the needs of the public
4 sector, so that's why we're here. So, thank you.

5 (Applause).

6 MR. THOMPSON: Thank you, sir. The next
7 individual is Sara Ludwig-Nagy followed by Kimberly Renninger.
8 Miss Sara Ludwig-Nagy. Is Miss Renninger here? We'll double
9 back again to these folks. Here's my first name -- I'm
10 probably going to butcher this thing. Lynn Pechiniski. Did I
11 get it right? Oh, my gosh. Good. Following -- I'm going to
12 say following Lynn is Michael Brody.

13 MS. PECHINISKI: Thank you for the opportunity
14 to speak and to have you listen to our concerns. My brother
15 has lived at Norristown State Hospital since 1967, since he was
16 15 years old. For a brief time around 2009 and 2010, he was
17 discharged to live at Unity Villa, 5218 Germantown Avenue, and
18 Durham House in Pipersville, Pennsylvania.

19 Larry returned to Norristown State Hospital around
20 2011. He celebrated his 64th birthday in September. Everyone
21 knows Larry at Norristown State Hospital and he knows most
22 everyone, although he's fond of giving people new first names.
23 Larry has schizophrenia and has been taking psychiatric
24 medication for 50 years.

25 While at Unity Villa, he contracted hepatitis C and

1 over the years developed several other medical conditions, the
2 most recent of which was throat cancer. He had surgery in
3 2015, and so far the surgeon records his condition as stable.

4 What makes Larry so different? Firstly, we know he's
5 unable to live in a long-term sheltered home because he's not
6 as docile as the people who live at Unity Villa and Durham
7 House, for example. It took a huge effort to have Larry
8 readmitted to Norristown State Hospital. Our family thought it
9 was best for his safety and the safety and well-being of the
10 others who lived at these properties.

11 Secondly, Larry has a family who advocates for him,
12 visits him and gives him hugs and love often. My mom and dad
13 used to visit every Sunday. If they were going to travel, I
14 visited Larry every week. My parents often took him home where
15 he could spend the day, enjoy his favorite meals and so my mom
16 could do his laundry. My father cook -- took very careful
17 records of his pharmacology and knew everyone in the Norristown
18 Hospital community as the people from Bucks County and Tory
19 Bright. My parents were devoted to my brother.

20 For the past three years, I've had to fill the giant
21 shoes of my father. Less patient and possessing not even half
22 of his charisma, I have been my brother's advocate and loving
23 sister. If not for me, he would not have had his cancer
24 surgery when he did. We live far away in New Jersey, and I
25 have attended every single team meeting for the past three

1 years except for two. And I also visit my brother once a month
2 to take him out to lunch.

3 Norristown State Hospital is not perfect but no one is
4 perfect. They try to do a little -- they try to do a lot with
5 a little, and it's easy for us to tell the difference between
6 those who take care of Larry and those who care about Larry. I
7 found out about the closing of the hospital three weeks ago
8 when I was traveling for business. As I read the article, I
9 thought to myself, Where is Larry going to go? How will I be
10 able to see him? Then I thought to myself, If he committed a
11 crime, he might be able to stay at Norristown State Hospital.
12 But that's a ridiculous thought. He's been living here for 50
13 years. This is his home. And I've been visiting this hospital
14 for 50 years.

15 But the most sobering thought is about the millions of
16 people in this country suffering from mental illness. They
17 can't get a psychiatrist provider 'cause most aren't accepting
18 new patients. And when there's a devastating loss that makes
19 the national news, we often find out that the person asked for
20 help and did not receive the care they needed. We can wring
21 our hands but do little else to make the world safer if we do
22 not have a safe place for people who are unable to live in
23 society without harm to themselves or others.

24 Why are civil patients being discriminated in favor of
25 forensic patients who have violated the law? Is a criminal

1 indictment or mental incompetence the new prerequisite for
2 hospitalization in a mental facility?

3 I remember this campus was full of life. The
4 buildings, most of them, were in use and well kept, and there
5 was even a working farm on Lower State Road. I've been coming
6 to Norristown State Hospital for 50 years. I know there's
7 room. I think there's not enough money. I noticed the
8 dwindling bed counts stated in the press release. In my view,
9 that's a little bit misleading. Are people being moved out of
10 the hospital because they are assessed for discharge, or is
11 funding slowly being choked off until we have this press
12 conference? I don't know. What is the bureaucracy doing to
13 prevent this calamity?

14 I want to close by saying, in 19 -- in 1786, 231 years
15 ago, Thomas Reid penned the "Essays on the Intellectual Powers
16 of Man," and I quote, "In every chain of reasoning, the
17 evidence of last conclusion can be no greater than that of the
18 weakest link of the chain, whatever may be the strength of the
19 rest." In Twitter speak, that is we are only as strong as our
20 weakest link. The chain is going to break and we are all worse
21 for it. The social climate of divisiveness and derision could
22 be our own undoing as a society. I wish that mental health
23 could be the first step towards unity of purpose so that we can
24 take care of my brother, Larry, and those who need help the
25 most. What do you want me to do next? Thank you.

1 (Applause).

2 MR. THOMPSON: The next individual is Michael
3 Brody. Following Mr. Brody is Bill Meyers.

4 MR. BRODY: Good afternoon, and thank you for
5 allowing me to share our recommendations on the closure of
6 Norristown State Hospital Civil Unit. My name is Mike Brody,
7 president and CEO of Mental Health Association of Southeastern
8 Pennsylvania. MHASP is one of the three largest mental health
9 association affiliates in the nation with 40 programs and
10 services throughout southeastern Pennsylvania and Delaware,
11 nearly 450 employees and 4,000 people served annually. MHASP
12 has a long history of supporting and overseeing the closure of
13 institutions and the successful transition of people with
14 mental health conditions to life in the community. At MHASP we
15 know that recovery is possible because we see it every day. We
16 know that with access to appropriate supports people can lead
17 healthy lives in the community.

18 However, we also know that to be successful, hospital
19 closures must address the following variables in order for
20 people to be successful in these transitions: transition
21 planning, robust community services and supports, oversight in
22 the processes that includes outcome evaluations and
23 reinvestment in community supports.

24 Transition planning. We would like clarification on
25 the process the state will be using to ensure each individual

1 leaving NSH will be provided appropriate services and supports.
2 We know that choice is key to success in treatment and quality
3 of life in the community. People must be asked what they need
4 to be well. And their voices must be heard and incorporated
5 into their service plan. We believe certified peer specialists
6 play a role in helping support this.

7 Another concern is the discharge of individuals on
8 NSH's extended acute care setting. We understand that this may
9 be necessary for certain individuals for a time, but given that
10 these settings are often actually more restrictive and less
11 desired by people currently residing in NSH, we feel strongly
12 that these are not appropriate long-term settings. When
13 individuals are discharged from an extended acute care setting,
14 there should be a plan to place the person into a transition
15 that allows them to move to a less restrictive level of care as
16 soon as possible and advocates and peer specialists following
17 them to ensure their voices are being heard. Certified peer
18 specialists can play a role in helping people as they
19 transition to the community and provide continuous follow-up to
20 ensure that they do not fall between the cracks. We encourage
21 the state to invest in critical time intervention and
22 evidence-based model using CPS's as you begin to plan for
23 transition.

24 Community supports. We would also like information on
25 how the state is budgeting this transition. How will robust

1 community supports for these individuals be funded and how will
2 we assure these fundings will not be reduced over time. We are
3 also curious what process is being used to determine the amount
4 of funding necessary. While we believe that the closure of
5 NSH's civil unit could be, could be a very good thing for
6 people with mental health conditions, we strongly feel that it
7 should be done with the intention of investing in
8 community-based services and setting aside funds that are more
9 than adequate to support each individual in the community.

10 Oversight and tracking. When Philadelphia State
11 Hospital, also known as Byberry, was closed in the 1980's and
12 early '90's, a coalition of stakeholders was convened to
13 oversee the closure in a responsible way. We feel strongly
14 that the closure of the civil side of NSH also warrants a
15 coalition to oversee the process and ensure a successful safe
16 transition for each person currently residing at NSH. This
17 coalition should include strong representation from individuals
18 with mental health conditions and family members. This
19 coalition should be empowered to monitor individuals being
20 discharged to ensure their rights are being upheld and they are
21 being provided with a high quality of care. The Mental Health
22 Association of Southeastern Pennsylvania has expertise to help
23 lead this effort and would welcome the opportunity to do so.

24 Additionally, we believe the state should invest in the
25 placement of advocates at the settings individuals are being

1 discharged to. These will most likely be higher levels of care
2 like residential treatment facilities, long-term structured
3 residences and extended acute care. Unfortunately, they may
4 not have advocates on site at NSH as well -- as NSH does. We
5 believe this is critical to ensuring people are treated well
6 and that their rights are not being violated. While it may be
7 difficult to station an advocate at each setting, we believe a
8 team of advocates who are mobile and split time between sites
9 would provide a valuable and needed service.

10 Need for oversight of the forensic unit. While we are
11 supportive of a responsible closing of NSH's civil side, we
12 have concerns about the quality of care currently being
13 provided at NSH's forensic unit and the addition of beds in
14 that unit. We have been made aware by our family advocates
15 that individuals currently served on the forensic unit are not
16 receiving quality treatment and are not having their voices
17 respected. Recently, a young adult who was only on the
18 forensic unit for a charge of criminal trespassing due to his
19 mental health condition completed a suicide. Sadly, had he not
20 had a diagnosis, he likely would have faced only a minor fine
21 for the discharge and been sent home to his family. We have
22 significant concerns about the quality of care being provided
23 on the forensic unit and question the expansion of beds prior
24 to a corrective action plan being put in place.

25 Of course, we do not want people with mental health

1 conditions languishing unnecessarily in the criminal justice
2 system. We believe prior to the expansion of forensic beds at
3 NSH, there should be a plan to increase the presence of
4 advocates on this unit and to improve the quality of care
5 programming.

6 Need for continuing funding of community-based
7 services. In addition to the importance of funding for the
8 individuals being discharged from the hospital, we also need a
9 strong community-based service system to support all people
10 with mental health challenges. People don't stop developing
11 mental health symptoms just because they have been removed from
12 hospital beds. We need to ensure that our community-based
13 system is strong enough to serve current and future generations
14 who need mental health supports.

15 When deinstitutionalization began, states across the
16 country promised to invest money saved from closing psychiatric
17 hospitals into community-based programming. Unfortunately,
18 this promise has not been kept. When adjusting for population
19 growth and inflation, 2006 mental state health spending was
20 less than 12 percent of state mental health spending in 1955.
21 Pennsylvania has also cut or eliminated critical funding
22 streams for human services in recent years including the
23 elimination of the general assistance program and the
24 10 percent cut to human service block grants in 2012.

25 In order to create a Pennsylvania where current and

1 future generations of people with mental health conditions can
2 realize full happy lives in the community, we must reverse this
3 dangerous trend. We need strong advocacy from you to support
4 this. We know that people with mental health conditions can
5 heal, can find recovery and can find community. However, this
6 requires thoughtful planning, oversight and long-term
7 investment in community-based care. Thank you for
8 consideration of my testimony.

9 (Applause.)

10 MR. THOMPSON: The next individual is Bill
11 Meyers. Mr. Meyers will be followed by Stacy Volz. Is
12 Mr. Meyers here?

13 MR. MEYERS: Good afternoon. My name is Bill
14 Meyers, and I'm the CEO for the Montgomery County Emergency
15 Services located right here on the state hospital grounds.
16 I've been working at MCES to help those individuals with
17 behavioral health crises for over 25 years. MCES has been
18 providing services for over 40 years.

19 Thank you for taking the time to be here with all of us
20 so that we may comment about the changes that are forthcoming.
21 I hope this is the first of many meetings as communicating the
22 plan of action, allowing stakeholder response and input will be
23 crucial to the success of transitioning individuals into the
24 community.

25 I also hope that there will be meetings scheduled to

1 facilitate dialogue regarding the planning process identifying
2 the challenges of such an endeavor and the need for assessing
3 the current support systems and establishing additional
4 community resources and services. Collaboration will be
5 critical to ensure that the individuals have a safe and
6 comprehensive plan to live a better life.

7 I would suggest establishing a planning committee that
8 would include representation from the community, certified peer
9 specialists, advocates, families, providers, insurers, county
10 and state officials for the purpose of developing a
11 comprehensive plan for the discharge of individuals identified
12 from the civil section of the Norristown State Hospital. This
13 will allow for stakeholder input, an ongoing avenue of
14 communication about the process and hopefully help to create a
15 consumer-centric model of care that is recovery oriented and
16 trauma informed. I would be happy to be part of such a
17 committee.

18 These 122 individuals have unique needs and challenges
19 that require careful planning to establish supports in the
20 community in order for them to be successful. They also have
21 strengths that need to be identified as part of their aftercare
22 planning. One model will not fit all. How will we facilitate
23 partnerships to ensure collaboration for the success of these
24 individuals in the community? And will there be adequate
25 funding to set appropriate rates and develop new programs for

1 services that are needed? And how will funding be guaranteed
2 into the future for these individuals to continue receiving
3 need services and the supports once they leave?

4 There have been several state hospital closures and
5 planned downsizings over the last few decades. There have been
6 those individuals who have been successful in living better
7 lives in the community, and I hope we can examine what made
8 them successful, but I would advocate for those that have not
9 been successful. As an emergency psychiatric hospital and
10 crisis center, we see those that have long-term behavioral
11 health issues who have not been able to maintain their own
12 safety or the safety of others in the community. I have seen
13 individuals in and out of the hospital because they are unable
14 to live in their current settings where they do not have the
15 supports that they require. They are sometimes in the hospital
16 for more days during the course of the year than they are in
17 the community. What can be done differently this time to
18 maximize the number of those who are successful and plan for
19 those who need more assistance and supports in the community?

20 As for the future of this campus, there are several
21 questions I would ask. Specifically, what are the plans for
22 the campus? What is the view of the state regarding the
23 numerous tenants on the grounds? Will we be able to maintain
24 our businesses and services? Do we have a secure future? What
25 are the short- and long-term plans? May we be part of this

1 planning process as well? Many of us have been providing
2 services here for decades, and we hope to continue to help
3 those individuals during times of crisis and when they are
4 often most vulnerable.

5 Again, we look forward to being part of the planning
6 process and helping to both assess existing services and
7 develop new resources to effectively manage the care needed for
8 a population that requires additional supports to succeed in
9 the community. Please keep the lines of communication opened
10 and involve us in the development of a successful plan. I
11 encourage you to be transparent, collaborative and, most of
12 all, compassionate towards those individuals whose lives will
13 soon change. Thank you very much.

14 (Applause).

15 MR. THOMPSON: The next individual is Stacy
16 Volz. Ms. Volz will be followed by Michael Harper.

17 MS. VOLZ: Hello. Thank you for letting me
18 speak today. I'm a person from, um -- experiencing a mental
19 health diagnosis. I'm not representing Salisbury Behavioral
20 Health, but I want to let you know that I do work for Salisbury
21 Behavioral Health. I'm the program director for the certified
22 peer specialist program, and I am a certified peer specialist.
23 I'm advocating if the civilian beds are going to be closed,
24 that we have more LTSR's or extended acute beds.

25 Thankful -- I'm thankful for Norristown State Hospital.

1 I was a patient here for I guess three different times, for
2 several years each time, and, um, if it wasn't for Norristown
3 State Hospital, either I'd be dead, in jail or maybe I would
4 have severely harmed somebody. I was unable to live in
5 residential. I went to residence -- residential services
6 after residential services, was hospitalized after --
7 hospitalization after hospitalization. I was not able to
8 function in society. I was a danger to myself and a danger to
9 society.

10 When I was sent to Norristown State Hospital, I got the
11 opportunity to be put on Clozaril. And, um, I know this might
12 not sound too good, but I was told when to shower, to eat, to
13 take my meds, but that's what I needed at the time. Like I
14 said, I was unable to function. And I'm fearful that there are
15 people that might be out there like that who need a place like
16 an extended acute bed or a long-term structured residence and
17 they will not be able to get that. And maybe more people will
18 end up in jail, um, homeless, um, so...

19 Living at Salisbury after I got out of the state
20 hospital -- last time I was there, I was there for three years.
21 I went to Salisbury Behavioral Health, the residential in Bucks
22 County there, and became a certified peer specialist. I've
23 been working there for 13 years. If I can have any input on
24 how to help the people that are leaving, the peers -- the
25 patients that are leaving the state hospital, I would like to

1 be able to do that, what helps and what doesn't help. There
2 are things about the state hospital that I certainly would have
3 changed. It wasn't perfect, like the one woman said. But, um,
4 it saved me and I'm thankful. Thank you.

5 (Applause).

6 MR. THOMPSON: The next individual is Michael
7 Harper. Mr. Harper will be followed by Neal Manning.

8 MR. HARPER: Everyone, please forgive me. I
9 have like the worst cold in the world, so please forgive me.
10 So, I'm a volunteer with Main Line NAMI, and we have a written
11 statement I've been asked to read, and it really goes along the
12 lines with the things you heard others say from the Mental
13 Health Association.

14 Just that we are very concerned about the outcomes for
15 the current residents of the civil section. We feel there must
16 be adequate planning and funding for needed community-based
17 services. We know that if people do not receive the services
18 they need, they can end up homeless or incarcerated and be --
19 become part of the forensic waiting list.

20 We feel strongly that there's already a severe shortage
21 of services and appropriate housing for individuals --
22 individuals in our communities, and we feel like outcomes will
23 continue to be negative unless there's an overall increase in
24 funding, services and housing is provided.

25 Therefore, we are urgently requesting OMHSAS to

1 obviously engage in a comprehensive planning where there's
2 adequate funding for transition to the community. We hope the
3 planning could also take into account the needs of our future
4 citizens who are in our communities. I think it was said
5 earlier that just because we close civil beds does not mean our
6 population ceases to experience severe mental illness and need
7 great deal of supports. We're hoping that the counties,
8 providers, advocacy groups, families and everyone else can just
9 participate in this planning process and identify sources of
10 funding.

11 I would just like to say I was part of a conference
12 call earlier in the week, and there was a woman who has been
13 involved in advocacy for over 30 years, and she said she's been
14 chasing the state to try to increase funding for 30 years to no
15 avail. I just think that just says everything. It just says
16 everything. And I've been involved in this for over 20 years.
17 Most of my clients are on the forensic waiting list, and
18 doesn't that just prove that closing beds and diversion just
19 really is just not working because we are not adequately
20 funding our community's resources?

21 I want to say thank you to all the compassionate
22 professionals who take care of our loved ones. I did not get
23 involved in this because I have a loved one but now I do. And
24 I think God has a tremendous sense of humor. But when he first
25 got sick two years ago, he had his first break and then he had

1 a second break, he became a missing person, and I thought,
2 well, In case he comes home, I want to be ready. So, I called
3 Magellan, and I said, Where could I find a psychiatrist?

4 They said I should go to New York City.

5 And I said, No, no, I live in Philadelphia.

6 Like, No, seriously, you need to go to New York City.

7 I'm like, That -- that can't be true.

8 And they gave me a list of -- a 10-page list of
9 psychiatrists, and I called everyone. My wife's a teacher; I'm
10 an attorney. We're advocating out the wazoo. Not one person
11 on the list that Magellan gave us was accepting new patients.

12 So, luckily I have contacts. I created my own ACT
13 team. They were -- my son -- we're going into the alleyways of
14 North Philly with Invega, which is a great shot. And so I have
15 friends. And they go down, they meet my son, they buy him
16 coffee, and they shoot him up with Invega. That happens
17 about -- that works for like three months. But then I see a
18 homeless guy in a park near my house and it's my son. So, he
19 is starting to come back, and I still can't get him a
20 psychiatrist. I'm still calling Magellan.

21 And, uh, and I looked -- I go to Community Hospital
22 down in the City of Chester, 'cause he's on -- we get him on
23 Medicaid. Somebody says, You gotta' get him on Medicaid. So,
24 we get him on Medicaid. He goes once or twice, and then they
25 cancel October, November, December and January.

1 So, we have a deal where we're -- we're paying my son's
2 rent. He won't come home. He's still paranoid and very
3 delusional about us. But we take him four months in a row and
4 they won't give him any care. New Year's Eve he attempted
5 suicide. So, he finally got a hospital bed. He finally got
6 treatment because he had to attempt suicide to get help. So,
7 there is a severe lack of community resources.

8 This woman has been advocating for 30 years and has
9 gotten zero. So, someone earlier said their -- their brother
10 has been here for 50 years. So, what's next? That's what I'm
11 here to say. What is next?

12 I wrote the state a 20-page report about ten years ago
13 about all my clients on the forensic unit telling all their
14 stories. I'm thinking, People just don't know their stories.
15 If they knew the stories, the funding would come. No. No.
16 So, something has to change, and I think now is the time for
17 things to change.

18 So, I'm going to stand in the back. I have this really
19 bad cold. I can't stay here for long. But I'm just trying to
20 get an E-mail list, you know, if people want to be part of
21 trying to do something different. I don't know what to do. I
22 really don't know what else to do. So, if someone has an idea,
23 let me know. I don't know. Maybe -- do you know? Do you
24 know? Are we allowed to ask questions?

25 MR. THOMPSON: (Inaudible) to answer questions.

1 We're here to listen to your concerns and we will be back here
2 in a more (inaudible) process. And then we'll follow up.

3 MR. HARPER: Thank you. I'll be in the back if
4 anyone wants to give me an e-mail.

5 (Applause).

6 MR. THOMPSON: The next individual is Neal
7 Manning. Mr. Manning will be followed by Maria Calderara.

8 MR. MANNING: Good afternoon. My name is Neal
9 Manning, and I'm the lead organizer with the Service Employees
10 International Union Healthcare Pennsylvania. My work is to
11 oversee and represent -- I work with roughly 1500 registered
12 nurses who work for the Commonwealth in state hospitals, state
13 prisons, the department of health and other settings. These
14 nurses are the backbone of the Commonwealth public health
15 infrastructure.

16 I appreciate the opportunity to testify regarding
17 Governor Wolf's proposal to potentially close Norristown State
18 Hospital Civil Unit, which we believe is occurring in large
19 part because of the recently announced budget deficit.

20 First and foremost, we should all be clear on how this
21 closure could be avoided. For the past two years, Governor
22 Wolf has introduced responsible budget proposals that include
23 increased revenue to deal with structural deficits and fund the
24 services that Pennsylvanians need. Republican legislature --
25 republican legislators have responded by refusing to consider

1 these proposals to either tax corporations and make the wealthy
2 pay their fair share or to tax Marcellus shale fracking like
3 every other state does. The result is the gaping budget
4 deficit that we all knew would result.

5 Commonwealth nurses oppose the proposed closing of the
6 civil unit here at Norristown and instead encourage the
7 legislature to enact common sense sustainable revenue increases
8 that can allow Norristown State Hospital and other similar
9 facilities to remain opened and carry out their appropriate
10 role in the community.

11 The Department of Human Services has said that 60
12 residents of this hospital are expected to be discharged into
13 the community over the next 18 to 24 months, but we seriously
14 question the feasibility of this plan. After decades of
15 deinstitutionalization, many of the patients remaining in the
16 state hospital system are those with the most serious illnesses
17 who find the transition into community setting the most
18 challenging. Some of Norristown State Hospital's patients have
19 lived here for practically their entire lives and don't have
20 the basic skills required to survive or to thrive on their own
21 outside an institutional setting. We are concerned that these
22 very vulnerable patients are not prepared for life in a
23 community setting, nor that existing community services are
24 prepared to deal with the strain of these patients entering the
25 community. To that end, we believe that the Norristown State

1 Hospital civil side continues to have a meaningful treatment
2 role for patients in the region and should remain open in some
3 fashion.

4 SEIU Healthcare Pennsylvania has also open to having a
5 conversation with the administration about the future of
6 Norristown State Hospital. It is no secret that there is work
7 to be done to transform the way our state treats mental illness
8 and addiction, especially when citizens with mental illnesses
9 become enmeshed in the criminal justice system. The
10 Commonwealth seemed to recognized this last year when it agreed
11 to add forensic beds as a result of an ACLU lawsuit on behalf
12 of corrections inmates with mental health problems.

13 At the same time, the Pennsylvania Department of
14 Corrections has faced challenges of its own as evidenced by the
15 years' long Department of Justice investigation into the
16 practices used to control and isolate mentally ill inmates in
17 Pennsylvania prisons. Thousands of men and women with mental
18 health problems are incarcerated in the Pennsylvania
19 Correctional System, and their illnesses range from relatively
20 minor to very serious. How can these inmates receive the
21 proper care for their illnesses in a system that was never
22 designed to treat mental health and in which severe
23 overcrowding has caused nearly every prison in the state to
24 exceed its plan for inmate population? The recently announced
25 closure of SCI Pittsburgh which houses over nineteen hundred

1 inmates will only add to this problem of overcrowding.

2 We believe that the best way to care for these inmates
3 is to invest in Norristown State Hospital as a forensic center
4 and expand its forensic capacity well beyond what is currently
5 planned. This approach will benefit mentally ill inmates by
6 providing them with appropriate care in an appropriate setting
7 which benefits the region by preserving the high quality state
8 jobs here at Norristown State and benefits our correction
9 system by alleviating the overcrowding currently seen in all of
10 our state prisons.

11 In conclusion, SEIU Healthcare Pennsylvania urges the
12 administration of the Department of Human Services to consider
13 a dramatic expansion of the Norristown forensic unit.

14 Additionally, we believe the administration should revisit its
15 decision to eliminate all of Norristown civil side beds.

16 We would also take this opportunity to remind the
17 Pennsylvania legislature that our state can only provide the
18 services that it can pay for. Time and time again the
19 Republican-led legislation has kicked the can down the road
20 when they needed to seriously address our looming budget
21 deficits. Both republican and democratic administrations have
22 made proposals over the last six years that would increase
23 revenue in the state budget, and every proposal has been met
24 with disdain and inaction from the legislature. As a result,
25 Pennsylvania faces a \$600 million budget deficit which has made

1 closures and cuts inevitable.

2 So, to the legislature, we would urge you to act as
3 leaders and engage with the administration on seeking
4 meaningful revenue-raising proposals. I appreciate the
5 opportunity to speak today. And our nurses look forward to
6 engaging with the administration and with legislators over the
7 next 18 to 24 months as plans for this closure become more
8 concrete. Thank you.

9 (Applause.)

10 MR. THOMPSON: The next individual is Maria
11 Calderara. Miss Calderara will be followed Cindy Schwebel.

12 (Inaudible.)

13 MR. THOMPSON: Okay, thank you. Cindy Schwebel
14 will be next then. Following Miss Schwebel will be Abby
15 Grasso.

16 MS. SCHWEBEL: Good afternoon. My name is Cindy
17 Schwebel. I'm the mother of Christopher Schwebel who has been
18 residing at Norristown State Hospital for the past twenty-three
19 and half years. In order for me to explain why I think this
20 facility should remain opened, it is necessary for me to tell
21 Christopher's story.

22 I became pregnant while teaching in the Upper Dublin
23 School District. I loved teaching, and since my pregnancy was
24 very normal, I was able to complete my fifth year of teaching
25 rather than leaving during the school year. Christopher was

1 due at the end of July 1975. I had a normal delivery, and
2 everyone was very happy to see him born.

3 Christopher's problems began immediately after birth.
4 He cried constantly and he did not nurse well. My pediatrician
5 said I was just a nervous first mother. I began supplementing
6 his nursing with cereal but his crying continued. He never
7 slept for more than one hour while he was an infant.

8 Christopher was not delayed in his gross motor skills
9 but in his fine motor skills, speech and reasoning, he was
10 significantly delayed. He never slept through a night until
11 seven years ago. During his childhood he would waken every
12 three to four hours. He did not even utter sounds until the
13 age of two. He would also hold his breath until he would pass
14 out.

15 A very good friend of the family who was an intern at
16 the time recommended that we change pediatricians. We
17 immediately made an appointment with Dr. William Mebane who was
18 a teaching physician in the area of family practice, which was
19 a relatively new field at the time. When I explained the
20 problems with my son, he gave us an appointment immediately.

21 He diagnosed Christopher at the age of two and half
22 with severe -- severe hyperactivity. A psychological exam was
23 performed, and he qualified for special education at the age of
24 three and was placed in an immediate unit in preschool in Upper
25 Dublin Township. It was also discovered that he had severe

1 hearing problems and thus was not learning to speak. Constant
2 severe ear infections required 11 surgeries on his ears and two
3 surgeries on his adenoids over the next several years.

4 Whenever the infections were at their worst, his behavior was
5 at its worst.

6 Naturally, I was asked many questions about my
7 pregnancy and my delivery, which were both normal except for
8 one incident. When I was seven months pregnant and teaching, I
9 was on bathroom duty. I asked girls in the bathroom who were
10 smoking to come out. As one girl came out, she punched me in
11 the stomach. It is believed that this blow caused damage to
12 his brain stem and his brain was kept from developing properly.
13 My husband and I were told that this caused a chemical
14 imbalance in his system and hopefully by the time he attained
15 the age of 40, the chemicals would be in balance.

16 Let me tell you a little about life with Christopher as
17 a child. As a youth, his attention span was about five to six
18 minutes on many tasks. He had to be watched 24/7, as he could
19 destroy a room very quickly from the age of three. On the
20 second visit to the doctor, Chris and I were in a fairly sparse
21 examining room. The doctor kept me in conversation and told me
22 not to pay any attention to what he was doing. While he was
23 being videotaped, he took apart an examining table, everything
24 in the cabinet, all the drawers were out, stools, equipment,
25 everything turned upside down. This videotape is still today

1 used as a demonstration of hyperactivity for all interns to see
2 at Chestnut Hill Hospital Family Practice.

3 Christopher at the age of four moved a chair over to
4 the stove, turned on the electric stove and put his hands on
5 the hot burners, never murmuring a sound. One time he fell and
6 he had to have several stitches in his head without anesthesia.
7 He didn't feel pain. Whatever happened in his brain stem did
8 not allow him to feel it.

9 During his childhood, his circle of friends became
10 smaller and the geographical radius of these friends became
11 larger due to his inappropriate behavior. No one wanted to
12 play with my son. Chemicals were needed to -- chemicals needed
13 to send a spark across the synapse in his neural system to tell
14 his brain the proper way to act were not present in his brain.

15 He saw a psychologist; I saw a psychologist. Both told
16 me that Chris would always live in the present, have no sense
17 of time or consequence for his actions. He would always act
18 impulsively and would need to be taught how to think things
19 through mechanically before acting, things which so-called
20 normal people could do automatically.

21 At the age of six he was referred to Vanguard School
22 for Children with Special Needs in Wayne. Due to his poor
23 behavior and the fact that he still was not completely
24 potty-trained, he was then transferred to his first residential
25 setting at Devereaux School at the age of ten. Then he was

1 transferred to Eastern State School and Rehab at the age of 14
2 and finally to Norristown Hospital at the age of 18.

3 His problems have escalated to emotional and social
4 disorders. He has an emotional age of a three-year-old. He
5 does not -- he does best one-on-one but most of the time reacts
6 poorly. He can read on a fifth grade level but all other
7 subjects are on second grade level. He will say whatever you
8 want to hear but really does not understand anything.

9 He can really be a wonderful person in the setting of
10 church or when helping someone else. He must have structure in
11 his life and be constantly motivated. He still cannot stay on
12 task even with the myriad of medications he's had over the
13 years. He also has what is called the Hawthorne Effect. His
14 body becomes immune to medication, and after four to five
15 months, the medications must be changed.

16 We have spoken to so many experts and have followed
17 their advice to the letter. The wonderful services that are
18 now offered to young children with his problems were never
19 offered back then. After the age of 22, there are really no
20 services offered as far as education through the system. The
21 only other services available for him are at this hospital
22 until he is able to handle a group home, which may not be for
23 several years. We do hope that he'll be able to get into one
24 at one point, but there are so few around and only 11 beds I'm
25 told in Bucks County where our residence is.

1 They keep him safe here so that he does not harm
2 himself or others. He has a job here on the hospital grounds
3 during which he is well monitored. His behavior, coupled with
4 his mental issues, dictate that he must be in a controlled
5 environment. His physicians have stated that he is not able to
6 contribute to society at this point and, therefore, a hospital
7 setting is the best for him until he is ready for a group home.

8 He needs help and understanding. Without this
9 hospital, he has very few options. One is that he will be
10 transferred to another facility, which if this hospital is
11 closed, will be two hours away. He's not ready for a group
12 home. Therefore, that seems to be the only thing, unless he's
13 put out on the street.

14 I have attended every treatment meeting every month
15 except for one a year for the past 23 years. I'm often called
16 by the staff to come to the hospital and calm him down. This
17 will be a hardship if he is at another facility which is fifty
18 to two hundred miles away, 'cause there are only seven other
19 state hospitals left, and they're all west of here.

20 He has never lived on his own, has no sense of money.
21 He's easily influenced by others, as he wants to make friends.
22 If you close this hospital, it is upon you to be sure that safe
23 and proper discharges are made. We need more group homes to
24 handle my son's type of problems in both Montgomery and Bucks
25 Counties, especially in Bucks. I truly believe that he would

1 be in jail or on the street were it not for this hospital. And
2 in either of those cases, he would probably be dead in a short
3 time.

4 My questions are why can't you close one of the other
5 hospitals since there are so many on the west. Why can't the
6 hospital move the patients of Norristown State Hospital into
7 just a couple buildings and keep these opened here? The family
8 members of the patients in this hospital need something close
9 by. Please don't close it. Give us a fighting chance to help
10 our loved ones which are here by no fault of their own. Thank
11 you.

12 (Applause).

13 MR. THOMPSON: Next is Abby Grasso. Miss Grasso
14 will be followed by Bernadette Dyer.

15 MS. GRASSO: Good afternoon, and thank you for
16 the opportunity to speak today. My name is Abby Grasso, and
17 I'm the executive director of NAMI of Pennsylvania, Montgomery
18 County. NAMI of Pennsylvania, Montgomery County, an affiliate
19 of the National Alliance on Mental Illness, is a local
20 grassroots organization with a membership of approximately 250
21 individuals. We are committed to providing education, support
22 and advocacy to those living with mental illness and their
23 families in hopes of them living the fullest lives possible.
24 In addition to the local membership, our affiliate has served
25 thousands of Montgomery County residents since we became

1 established through classes, support groups, information,
2 meetings and community events.

3 While we understand that the decision to close
4 Norristown State's civil section has been made, the board of
5 directors, staff and membership of NAMI of Pennsylvania,
6 Montgomery County are extremely concerned about the planning
7 process for closure, how patients and families will be involved
8 in that process and how community resources will meet the
9 future needs of those affected.

10 It is vital that the needs of those living with mental
11 illness are not lost while time, energy and funding are put
12 into the repurposing of the civil beds to forensic beds. The
13 announcement of this closure is lacking and leaves many with
14 doubt and questions regarding the process. Specifically, how
15 will the voice of the individual and family member participate
16 in the planning for the closure? How will you ensure that
17 funding is available to provide daily living necessities such
18 as food, clothing, shelter, et cetera, to all of those who are
19 in need due to the closure? Will the funding currently
20 dedicated to the treatment of individuals be committed to
21 supporting new and innovative community treatment options?
22 What community-based mental health programs will be created or
23 expanded to focus the increased needs of those being
24 discharged? How will you provide efficient processes for
25 individuals and families to share with service providers about

1 their satisfactions and dissatisfactions of behavioral health
2 services that are available?

3 The closure of the Norristown State Hospital will
4 fundamentally disrupt the lives of 122 patients and the lives
5 of their family members or supports who care about them. In
6 the press release put out by DHS on January 11th 2017, Ted
7 Dallas, DHS secretary, is quoted to have said, "This closure
8 will enable residents to live in the community, when possible."
9 Further, he stated, "Research shows that community settings
10 result in improved quality of life in areas such as
11 opportunities for choice-making, self-determination, contact
12 with friends and relatives, adaptive behaviors and other
13 indicators of quality life."

14 Our affiliate is in agreement with Secretary Dallas as
15 long as the communities have the needed treatment modalities
16 and provide a prepared mental health system for those that seek
17 recovery. Without a prepared system, we fail, leaving our
18 loved ones who are challenged by mental illness segregated,
19 without the possibility of a meaningful recovery and without
20 hope.

21 Since the number of psychiatric beds seems to be
22 shrinking based on the economic needs of our Commonwealth and
23 not on the healthcare needs of our people with mental illness,
24 NAMI of Pennsylvania, Montgomery County believes we need to do
25 better. This is our opportunity to strengthen our mental

1 health system. While tremendous strides have been made in
2 community supports, there are still opportunities to improve
3 our system for individuals challenged by serious mental
4 illness. Great efforts have been made to build a strong
5 recovery-oriented community. If we do not acknowledge the
6 continued need for growth and support in creating new programs,
7 we may regress, losing the advancements that have been made
8 but, more importantly, losing the hope that some individuals
9 living with mental illness have found.

10 It's a great honor to meet people who are ensuring that
11 mental awareness is happening by sharing their stories. Since
12 the announcement of the hospital closure, I've received
13 numerous phone calls from concerned family members and
14 individuals with lived mental health experience. One gentleman
15 named Jim provided me permission to share his story with you
16 today.

17 Jim has been an advocate for mental health awareness
18 since before anyone knew what mental health awareness was. He
19 is a long-time NAMI member and the family member of a son with
20 a serious mental illness. Jim shared that his son's recovery
21 and treatment have been a long and difficult road with many
22 frustrations holding only glimmers of inconsistent hope.
23 Currently his son is living in a group home where he is doing
24 pretty well. Jim revealed that a journey to locate a quality
25 level of care for his son took time, persistence and advocacy.

1 But Jim didn't just call last week to share about his
2 son. He called to voice his concern that our community is not
3 prepared to transition those individuals currently living at
4 Norristown State with dignity -- dignity and respect while
5 providing community resources for the increased needs of those
6 individuals.

7 NAMI of Pennsylvania, Montgomery County offers its
8 support and expertise through the processes of transition and
9 planning bringing to the table the voices of those who may
10 struggle to speak on their own in hopes of creating a system
11 focused on sustaining recovery for all those that live with
12 mental illness. Further, we look forward to a community that
13 not only has an understanding of what mental illness is and its
14 impact, but more a community that lends a hand of support to
15 those who suffer.

16 OMHSAS, this is your opportunity to be part of that
17 community. This is your opportunity to strengthen our system
18 for those who are struggling. For this process to be
19 successful, there must be transparency, stakeholder input and
20 communication. Please do the right things and put the needs of
21 those who are suffer and affected by this closure as well as
22 the future needs for community-based treatments in the
23 forefront of this planning process. Those who live with a
24 serious mental illness have the right to live their lives to
25 the fullest. Let us work together in supporting them to do

1 just that. Thank you.

2 (Applause.)

3 MR. THOMPSON: The next speaker is Bernadette
4 Dyer. Ms. Dyer will be followed by Alan Hartl.

5 MS. DYER: Hi. Thank you very much for
6 listening. The closing down of beds for civil commitment is
7 another sad state of despair, and the feel of history repeating
8 itself at Norristown State Hospital. The need for more beds is
9 great and everybody knows that. Also, we know what happens
10 when mental illness is ignored. So many patients are put in
11 dangerous situations. They're supposed to go to homes where
12 they will be safe, but we know in many cases that does not
13 happen.

14 My daughter should be home with her brother and me. We
15 love her. And we worry. We worry she will stay. Or will she
16 do again the behavior she is in this hospital for. And I'm
17 extremely grateful she is still with us, and I believe it's the
18 direct result of the treatment she has received at this
19 hospital.

20 My daughter is a beautiful, kind and loving person.
21 She has worked hard all her life. From the time she was in
22 high school, she managed to get good jobs. Also, she served in
23 the army national guard for three years. But then her illness
24 developed and slowly she was unable to work and concentrate on
25 the daily routine of living her life until the most dangerous

1 part of her illness turned into the insidious behavior of
2 walking away and wandering the streets. She would just
3 disappear for days. When she was found after, her physical
4 condition was extremely poor. She would be found walking in
5 the freezing rain, walking through the dark of night without
6 proper clothing, with bare feet on an icy street. When we
7 asked her why, she tells us she does not know why. Her
8 thoughts tell her to do this.

9 The need for much more mental health treatment
10 facilities is evidenced all around us. Untreated mental
11 illness is there. When you walk through any bus terminal
12 depot, we recognize it. They are mentally ill and untreated.
13 They carry bags of garbage picked out of the city's trashcans,
14 some wearing layers of dirty clothing even in the heat of
15 summer.

16 Closing the civil part of Norristown State Hospital is
17 to ignore the mentally ill in the area. The county says
18 adequate funds are not there to provide for the counties, and
19 the mentally ill are to be abandoned again by a state
20 government that is supposed to take care of the most
21 vulnerable. We should put our tax dollars into mental health.
22 Mental health disorders is one of the most horrific and
23 devastating diseases to exist and dangerous because it's so
24 often confused with behavior that can be controlled without
25 treatment. And it's an illness that does destroy whole

1 families. I know what it has done to my own family. Thank
2 you.

3 (Applause).

4 MR. THOMPSON: The next individual is Alan
5 Hartl. Mr. Hartl will be followed by Diane Conway.

6 MR. HARTL: Good afternoon. My name is Alan
7 Hartl. I'm the CEO of Lenape Valley Foundation, a
8 not-for-profit provider of community-based services for persons
9 with mental health issues, intellectual disabilities and
10 developmental delays, serving Bucks and Montgomery Counties.

11 I'm also a board member of the Rehabilitation and
12 Community Providers Association, also known as RCPA, a
13 Pennsylvania-based trade association representing more than 300
14 member organizations invested in the delivery of quality health
15 and human services. And thank you for the opportunity to
16 participate in this public meeting this afternoon.

17 Lenape Valley Foundation and other Bucks County
18 providers of mental health services commend the state on its
19 plan to close the civil units of Norristown State Hospital. As
20 community-based providers, we believe that people with mental
21 illness can and should live and receive services and supports
22 in the community. Nonetheless, the closure of the last civil
23 state hospital beds in all of Southeastern Pennsylvania will
24 pose a difficult challenge. If it were easy for the remaining
25 122 people at Norristown State Hospital to be moved to

1 community care, those beds would be -- would already be empty
2 and closed. Instead, we are planning to move individuals with
3 complex histories, characteristics and needs who collectively
4 will place great demands on the community-based system of care.

5 Unfortunately, chronic underfunding, coupled with a
6 huge demand for services have resulted in a community-based
7 system of care being stretched very thin. As recently as
8 fiscal year 2012-13, the state reduced its base funding
9 allocation to community providers by 10 percent. This resulted
10 in the closure, curtailment and/or decertification of many
11 community-based programs. This included residential services,
12 which will be required more than ever to accommodate those
13 leaving Norristown State Hospital. That 10 percent reduction
14 in funding has never been restored. Consequently, community
15 providers today have less capacity to serve and support persons
16 exhibiting both a serious mental illness and other complex
17 needs than we did five years ago. If this closure is to be
18 successful, it is imperative that this be addressed.

19 State hospital closures can be a good thing but they
20 can't be done on the cheap. The closure of Norristown State
21 Hospital must come with an infusion of new funding for the
22 Southeast Pennsylvania system of community-based care. The
23 commitment of sufficient funds at the front end is critical to
24 the creation of the necessary infrastructure, staffing and
25 practices that will facilitate the closure of the state

1 hospital while providing for the safety and well-being of both
2 persons being discharged from Norristown State Hospital and the
3 communities in which they will live.

4 Of equal importance, however, is that Pennsylvania
5 makes an explicit commitment to provide the continued funding
6 necessary to maintain and support these individuals in the
7 community long after the public hearings are over and the media
8 attention has waned.

9 Additionally, this long-term commitment must
10 incorporate the fact that the closure of state hospital beds
11 does not mean the end of the onset of serious mental illness
12 and others in the years to come. Appropriately designed and
13 funded community services are essential to those with serious
14 mental illness in this generation and those to come. Failure
15 to do so will almost certainly divert persons with serious
16 mental illness from state hospitals to other institutions, more
17 than likely those in our correction system.

18 We in the community-based system of care are confident
19 in our ability to help those leaving Norristown State Hospital
20 find a better future. We are eager to help them and the state
21 in this closure. To do so, we require your financial support
22 to provide the community care that leads to more satisfying and
23 healthier lives. Thank you.

24 (Applause).

25 MR. THOMPSON: Prior to asking Miss Conway to

1 deliver her remarks, I want to double back to the three
2 individuals that when we began our hearing this afternoon were
3 not present, see if any of them have arrived. Sara Tolliver?
4 Sara Ludwig-Nagy? Kimberly Renninger? Okay. Next is Diane
5 Conway. Ms. Conway will be followed by Gary Margulis.

6 MS. CONWAY: Good afternoon. My name is Diane
7 Conway. I'm the executive director of MAX Association, a
8 regional association of over 40 human service organizations
9 providing a variety of services for individuals with
10 intellectual disabilities, autism and behavioral health
11 involvement in Southeast Pa.

12 First and foremost, MAX wants to applaud the
13 department's efforts to create new opportunities for
14 individuals with behavioral health involvement to live in the
15 community. The closure of this unit will not only spend
16 Pennsylvania state resources more efficiently but, more
17 importantly, it will give those currently living at Norristown
18 an opportunity to live a more enriched inclusive life in the
19 community, one that more closely mirrors the life you and I
20 live with similar opportunities to join in various
21 recreational, work, social and spiritual activities.

22 With that said, the closure of this particular unit
23 raises many questions. There are 122 individuals residing in
24 the unit. While it is a sound principle to treat individuals
25 with behavioral health involvement in the community, many of

1 the individuals residing in this unit also have criminal
2 justice involvement due to the particularly challenging and
3 potentially dangerous nature of their behavior. Many have been
4 in the unit on a long-term basis. Many of the individuals have
5 very high needs. Currently the community system is not
6 equipped to handle this high needs population.

7 With this concern duly noted, MAX members are the
8 department's community partners who will help make the closure
9 of this unit possible. Our membership is the backbone of
10 community services for people with behavioral health
11 involvement and will be the stakeholders who craft the
12 community opportunities for those individuals in the civil unit
13 at Norristown.

14 With the great challenge the closure of this unit
15 presents, there also comes great opportunity. While
16 historically there has been a lack of resources, we are hopeful
17 that the department's commitment to this closure will ensure
18 that adequate resources will be available to achieve this. MAX
19 requests that the state ensures that there will be enough
20 CHIPPs dollars allocated to counties to create a variety of
21 higher level care settings such as extended acute units for
22 those who have high needs and will never be eligible for
23 HealthChoices. Currently those levels of care are primarily
24 funded through Medicaid. Many within the civil unit at
25 Norristown will not be eligible for Medicaid and will solely

1 rely on state funding.

2 In addition to the availability of adequate resources,
3 MAX believes that to make this venture successful, there needs
4 to be a grand plan with a vision of how the State of
5 Pennsylvania will serve this population in the community while
6 keeping both the individuals as well as the general public
7 safe. MAX members are optimistic that this can be done
8 successfully. So, MAX is calling for the department to gather
9 together not only MAX members but all stakeholders who will
10 take part in this closure and either share the grand plan, if
11 one exists, or better yet, let us craft the plan together to
12 include the future plan of the facility at Norristown within
13 the next 18 to 24 months. MAX members stand ready to assist
14 the department in moving forward to create increased community
15 opportunities for individuals with behavioral health
16 involvement. Thank you.

17 (Applause).

18 MR. THOMPSON: The next individual is Gary
19 Margulis. Mr. Margulis will be followed by Kimberly Renninger.

20 MR. MARGULIS: Good afternoon, ladies and
21 gentlemen. My name is Gary Margulis. I'm a clinical nurse
22 specialist working here at Norristown State Hospital for the
23 past eight years. I have worked 18 of my 20 years as a nurse
24 in the psychiatric arena. I've also worked as a professor of
25 clinical psychiatry for BSN programs for several universities.

1 I appreciate this opportunity to speak today about the
2 potential closing of the civil side of Norristown State
3 Hospital and the potential changes to the forensic unit.

4 First and foremost, I'd like to make it very clear the
5 only reason we're having this meeting is because the
6 legislature in Harrisburg has failed in its duty to adequately
7 fund the vital services we need and deserve in Pennsylvania.
8 The legislature's refusal to past sensible revenue increases
9 has forced Governor Wolf and his staff into the difficult
10 position of trying to balance a budget by cutting spending and
11 services. I strongly urge the legislature to increase the
12 revenue so we have the funds needed to meet the severe needs of
13 Norristown State Hospital patients and others who would benefit
14 from the care we provide. There are a couple points I'd like
15 like to make that will hopefully inform DHS's consideration on
16 their potential changes.

17 First and foremost, there is a role for the state
18 hospitals in both civil and forensic side of care for patients.
19 Those with mental challenges often put the community at risk,
20 end up in our prison system and do not get the care they need
21 or deserve. This vicious cycle leads to increased cost to the
22 Commonwealth both in the short and long term.

23 There are patients who reside in the civil side at
24 Norristown State Hospital that could potentially be
25 transitioned into the community as long as required supports

1 and care of these patients' needs are in place. These patients
2 have no active criminal charges and could be transitioned to
3 community living as long as -- as we have been doing all along
4 here at the hospital.

5 However, there are a cadre of patients who have severe
6 mental challenges and/or legal issues who cannot simply be
7 placed into community settings without extensive care. Moving
8 patients into settings without proper oversight and treatment
9 will inevitably result in most of these former patients
10 committing a crime, ending up in a prison where they don't get
11 treatment that they need. I support the concept of converting
12 civil beds into stepdown forensic beds. The trained staff at
13 Norristown State have the ability to work with patients, treat
14 and control their conditions and eventually can be successfully
15 transitioned into other settings.

16 The current plan is to shut down 122 civil beds,
17 convert those beds to forensic beds and then cut those beds to
18 only 60. There's a current wait -- current waiting list of
19 almost 300 patients waiting for a forensic bed. There are even
20 more who are waiting for a bed who are in the prison system
21 instead of any forensic system at all. This makes no sense to
22 pursue the proposed course of action to close access to
23 forensic beds.

24 A recent study indicates there were an estimated 5,000
25 inmates across Pennsylvania jails and prisons who are

1 identified as having mental illness issues. These are
2 people -- these people receive little to no help with their
3 mental illness. Where will this population go if there are no
4 forensic beds to go to?

5 The concept of a stepdown forensic unit makes sense
6 since the state facilities have the time, resources and
7 manpower to treat these criminals that require mental
8 healthcare. If we shut down civil beds without adequate
9 community support, or if we shut down forensic beds, the result
10 ends up costing the Commonwealth more due to large healthcare
11 costs, legal issues and puts communities at risk for injury and
12 death to innocent people of this -- due to this population.

13 Governor Wolf came into office saying he wanted to pass
14 a budget that addressed the Commonwealth's structural deficit.
15 Stop using one-time revenue resources. Unfortunately, the
16 legislature has refused to act on Governor Wolf's
17 recommendation. I urge the departments of human services and
18 corrections to take this advice seriously. We should approach
19 these changes with the framework that has to be good for the
20 patients, that has adequate services and support in any
21 alternative setting that we send them to and not just minimal
22 care follow-up and that realizes not getting this right will
23 put communities at risk, end up costing the Commonwealth
24 taxpayers in terms of money spent and human lives lost due to
25 this population.

1 If we adhere to these principles of actual caring for
2 the mentally ill, we can make sure the patients get the care
3 they need, keep communities safe and in the end save money. If
4 not, the alternatives are large medical costs, legal costs and
5 costs of innocent lives. Thank you for letting me speak at
6 this hearing.

7 (Applause).

8 MR. THOMPSON: The next individual is Kimberly
9 Renninger. Ms. Renninger will be followed by Diane Gilroy.

10 MS. RENNINGER: Good afternoon, and thank you
11 for allowing me to speak. My name is Kim Renninger, and I'm a
12 peer recovery navigator at Magellan in Montgomery County. I'm
13 also the chair of the Norristown State Hospital Human Rights
14 Committee and a former patient advocate here at this hospital.

15 I want to applaud the state for proposing to close the
16 civil section of the state hospital and committing to serving
17 people in the community. As a peer I know that people do
18 recover, especially when they're treated as equal members of
19 their communities rather than being segregated in institutions.

20 With that being said, I do have serious concerns about
21 the plan to transfer certain individuals to other state
22 institutions such as Wernersville State Hospital and The South
23 Mountain Restoration Center. Clearly this does not aid in
24 getting people back into their communities and, in addition,
25 takes people further away from their natural supports. This is

1 especially problematic because there's no public transportation
2 between the southeastern region and these other state
3 facilities.

4 I hope that the state will consider providing adequate
5 funding to communities in order to provide services in the
6 community rather than in other state institutions that will
7 meet the needs of all people discharged from Norristown State
8 Hospital or who would otherwise have been admitted.

9 I also hope, as was stated by MHASP, that the state
10 will consider funding oversight and advocacy for individuals
11 who are discharged from Norristown State Hospital in order to
12 assure that those most affected by this decision have their
13 voices heard. Thank you for your consideration.

14 (Applause.)

15 MR. THOMPSON: The next individual is Diane
16 Gilroy. Ms. Gilroy will be followed by Tory Bright.

17 MS. GILROY: Good afternoon. My name is Diane
18 Gilroy, and I'm the president of NAMI, Lehigh Valley, a local
19 affiliate of the National Alliance on Mental Illness, which is
20 the nation's largest grassroots mental health organization with
21 thousands of members. NAMI is dedicated to building better
22 lives for the millions of Americans affected by mental illness.

23 I'm here today to ask you to delay the closing of
24 Norristown Hospital Civil Section until sufficient capacity and
25 funding for the agencies and organizations that will provide

1 supportive community services can be ensured. While release
2 into the community can bring many benefits, including
3 individuals being closer to their families and friends, as well
4 as achieving more autonomy, independence can create daunting
5 challenges. NAMI believes the core of services ought to be
6 required and available: case management, outpatient services
7 like psychiatry, counseling, crisis intervention and crisis
8 stabilization, intensive community treatment, assertive
9 community treatment and supportive housing.

10 As you know, the system is already strained with
11 government agencies and other organizations struggling to meet
12 the need. The shortage of psychiatrists is a major point of
13 concern. Many individuals who call NAMI, Lehigh Valley's
14 office are desperate because they've been told there's at least
15 a six-month wait for an appointment with a psychiatrist. These
16 are people who need prescriptions to maintain their health and
17 they need a doctor to write that prescription.

18 If a robust array of services in the community exists,
19 the need for much more intensive and costly services such as
20 acute inpatient or long-term residential is lessened. In the
21 absence of community services, former residents are often
22 readmitted to an acute facility. With the current psychiatric
23 bed shortage, however, this is only for a 72-hour stay. They
24 may become homeless, incarcerated or even die by suicide.

25 Regarding changes in the forensics operations at

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

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

15 Again, we strongly urge the Office of Mental Health and
16 Substance Abuse Services to delay this closing until it assures
17 that the needs of current residents as well as future residents
18 can be met. Thank you for the opportunity to speak on this
19 important issue.

20 (Applause).

21 MR. THOMPSON: The next individual is Tory
22 Bright. Ms. Bright will be speaking for a longer period of
23 time as she's representing five counties. Following Ms. Bright
24 will be Sol Vazquez-Otero.

25 MS. BRIGHT: Good afternoon. I'm Tory Bright.

1 I'm the director of the Southeast Regional Mental Health
2 Services Coordination Office. I'm here today on behalf of the
3 mental health departments of the five southeast counties:
4 Bucks, Chester, Delaware, Montgomery and Philadelphia. Thank
5 you for the opportunity to present comments on the proposal to
6 close the civil section at Norristown State Hospital and
7 convert the hospital to the Southeast Forensic Psychiatric
8 Treatment Center.

9 While there are still many unanswered questions, let me
10 begin by expressing the support of the five southeast counties'
11 mental health, behavioral health and drug and alcohol
12 administrators for the objectives of this decision. The
13 Southeast Region has a long history of working with the Office
14 of Mental Health to provide enhanced community mental health
15 services to individuals who have used or might need long-term
16 state hospital services.

17 Since the early 1990's when the first Community
18 Hospital Integrated Projects Program, better known as CHIPP,
19 began, the southeast counties have been involved in individual
20 planning to support those individuals in the community. As a
21 region we have partnered with the Office of Mental Health and
22 Substance Abuse Services to close two state hospitals and have
23 discharged over 1,500 persons. Thus, we have a long experience
24 of discharging individuals and have created a sophisticated
25 infrastructure within our region.

1 Most recently, this past year all five counties have
2 been working with the Office of Mental Health to identify and
3 discharge individuals in order to support OMHSAS's compliance
4 with the ACLU settlement agreement of the J.H. versus
5 Department of Human Services class action addressing the
6 forensic treatment needs of the involved individuals. We
7 support this plan from OMHSAS to develop increased resources to
8 support the mental health needs of this population.

9 The civil closure -- proposal, however, is a closure of
10 122 Norristown State Hospital civil beds remaining in the
11 southeast region. The counties currently have very complex
12 individuals active -- actively receiving treatment in those
13 civil beds. In past state hospital closures, OMHSAS has
14 committed to transferring all of the funding to the counties,
15 not just a per person CHIPP allocation. We look forward to
16 partnering with OMHSAS to create comprehensive strategies to
17 put all of those individuals leaving as well as those who would
18 have used the civil hospital in the future.

19 We do, however, have a number of questions and comments
20 about the January 11th press release and frequently-asked
21 questions document to close the civil section of Norristown and
22 to "temporarily repurpose some civil beds at Norristown to
23 create forensic step-down or transition beds."

24 This appears much to do with meeting the conditions of
25 the settlement agreement of the ACLU lawsuit but will benefit

1 the entire region by expanding timely treatment services for
2 this population. However, we hope to see a more specific
3 timeline and plan with benchmarks for implementation of the
4 entire proposal.

5 In addition, the fact document broadly defines a
6 transition period of 18 to 24 months, but it is unclear what
7 the starting and ending dates are. We would recommend that the
8 timeline end no earlier than June 30th 2019. This will give
9 OMHSAS and the counties time to prepare adequately for the
10 discharges and transfers. Projections for the demand on future
11 long-term care should also occur so that community development
12 beyond the initial objectives for this project can be planned.

13 In July 2016, in response to DHS settlement agreement
14 with the ACLU, the counties with funding from OMHSAS began an
15 independent clinical and risk assessment project for the
16 majority of the residents of the Norristown State Hospital
17 Civil Unit, as well as some individuals in the forensic unit
18 and county correctional facilities. The purpose of the
19 assessments is to identify needs and risk factors and to
20 recommend the level of care and supports needed for a
21 successful and safe transition to community-based services.

22 Our preliminary review of these assessment --
23 assessments indicates that the majority of individuals
24 currently at Norristown will require very intensive clinical
25 and behavioral supports and have multiple co-occurring

1 conditions. Many of these individuals present with complex and
2 community placement challenges. We anticipate we would need to
3 build and increase our community-based capacity and
4 competencies to safely support every individual currently at
5 Norristown State Hospital. We support the goal for every
6 individual to live in the community given there is adequate
7 funding to support their needs now and in the future.

8 My office on behalf of the southeast counties has been
9 tracking and monitoring the overall utilization of the hospital
10 for the past 15 years. In a region of over 3 million adults,
11 there are only 122 beds left in the civil section of the state
12 hospital. All of these beds are occupied. According to the
13 fact, there are 1,017 beds in Pennsylvania, giving the rest of
14 the state access to 1,085 beds. However, we have had need for
15 these longer-term care beds even though the capacity has been
16 limited.

17 We currently have and anticipate in the future to have
18 some complicated situations where we will need to build
19 infrastructure to accommodate the clinical and behavioral needs
20 of the individuals. We need resources to support these
21 individuals safely in the community, and we need to have
22 sufficient planning, commitment, funding and partnership with
23 OMHSAS to achieve this successfully.

24 The plan proposes a 30-bed unit at Wernersville State
25 Hospital to be available for the southeast region. On the face

1 of it, this appears insufficient to meet the current need for
2 long-term care in the southeast region, let alone provide
3 capacity for future need.

4 The fact document also referenced the development of a
5 "forensic step-down unit for 60 persons." There should be a
6 clear description of the goals of this step-down unit. We
7 recommend further discussion between OMHSAS, the counties to
8 includes the criminal -- county criminal justice partners and
9 to discuss issues such as the goals of the new unit, the
10 criteria for admission and discharge, and the plans for an
11 individual who no longer requires the level of forensic
12 placement but does require longer-term psychiatric treatment.
13 Projected discharge disposition -- dispositions should be
14 identified and used as basis for resource development.

15 As we are aware, there are individuals currently served
16 in Norristown's Civil Unit who have some criminal justice
17 oversight and barriers to discharge. Will these individuals be
18 able to remain in the step-down units after criminal justice
19 issues are resolved? If clinically necessary, will these
20 individuals in the step-down unit be eligible for transfer to
21 the Wernersville unit? What has been and is being considered
22 to support the graded funding with criminal justice partners?
23 And finally, what is it meant by "temporarily repurposing"?

24 We are also concerned that there is little said about
25 future demand of the intensive psychiatric services from the

1 Pa. Department of Corrections for individuals reaching their
2 maximum sentence in state correctional facilities. If
3 clinically necessary, will these individuals be able to
4 transfer to the step-down unit at Norristown, or will they be
5 admitted to Wernersville?

6 Based on our review of the Department of Corrections
7 mental health roster, effective November 2016, there are
8 approximately 794 individuals from the southeast counties who
9 will be released within the next 18 months due to completion of
10 their maximum sentence. All of these individuals have been
11 identified by the Department of Corrections as having serious
12 mental illness, and as many as half of those individuals may
13 require intensive clinical supports. Some will require as
14 intensive supports as those proposed to be discharged from
15 Norristown State Hospital. And this poses concerns for the
16 future demand on our community system whose most intensively
17 structured resources are already operating at full capacity.

18 While we support the opportunity for every individual
19 to live in the community, significant community service
20 development will be necessary to avoid persons with mental
21 illness from entering into the criminal justice system. This
22 will include increasing and developing specialized residential
23 and housing supports, expanding the range of intensive clinical
24 and rehabilitative supports, as well as cross-systems work with
25 our criminal justice partners.

1 Over the past several years, providers of behavioral
2 health services have stepped up the support of the very high
3 needs and complex case individuals. The current provider
4 network has been challenged by budgetary uncertainty. It is
5 our goal in partnership with OMHSAS to advocate, support and
6 assure stable, adequate funding and the availability of those
7 supports.

8 In recent years, CHIPF funding has been less than
9 adequate to meet the needs for both the people being discharged
10 and those being diverted from the state mental hospital
11 services. Counties have consistently attempted to use generic
12 housing funds to support the hard costs of housing and
13 HealthChoices to supplement OMHSAS's funding through CHIPF.
14 The level of funding available from generic housing sources is
15 not sufficient to meet the increasing demand. In addition, as
16 many as 40 percent of the current individuals at Norristown
17 State Hospital have potential incomes above the Medicaid limit
18 and rely on Medicare as their primary insurance to access
19 physical and behavioral health services. Not being Medicaid
20 and HealthChoices eligible creates a barrier to access the
21 clinical services which are needed for those individuals.
22 Therefore, we need support and partnership from OMHSAS for the
23 level of funding depending on the benefits for which the people
24 are eligible and the complexity of their service need. This
25 would include flexibility in OMHSAS funding as well as

1 flexibility in adjusting the HealthChoices rates.

2 Many individuals now and in the future will need high
3 levels of physical healthcare including nursing and home health
4 services. Could -- some could well be served in skilled
5 nursing care settings or with intensive home healthcare
6 services. Some of the state hospital individuals currently
7 qualify for skilled nursing facility placement, yet we have
8 been largely unsuccessful in gaining admission to nursing homes
9 and/or obtaining services through the long-term care waiver.

10 We do not believe it is appropriate for mental health
11 services and behavioral health funds to support services for
12 primary physical health needs of people who have been assessed
13 as nursing facility eligible. Therefore, we ask OMHSAS to
14 intervene with the Department of Aging, the Bureau of Long-Term
15 Living and the physical and health managed care organizations.
16 There are a number of program models that might meet the needs
17 of these individuals with mental illness. However, there have
18 been policy and licensing barriers to support these models
19 within the community in the past.

20 Could behavioral health supports be provided in skilled
21 nursing facilities? Could we access the aging waiver for some
22 of the home health services while mental health and behavioral
23 health provides the residential and behavioral support? There
24 are many questions to be answered.

25 In addition to HealthChoices, generic housing, aging

1 and physical health systems, we will need access to the
2 intellectual disability waiver, traumatic brain injury
3 resources, autism waiver and physical disability waiver. While
4 some of these resources will be appropriate for only a few
5 people, it is important to identify every opportunity and every
6 possible funding source that could be used to support the
7 individuals involved. Again, we will need OMHSAS's help in
8 accessing these resources.

9 And in past closures, efforts were made to plan
10 alternative use of the state hospital grounds. While the
11 proposal references continued use of the existing units, we
12 have no guarantee of the future use of the property where
13 Norristown is located. Norristown is somewhat unique in that
14 several private nonprofit providers of mental health and other
15 services lease space for programs on the grounds. Any plan for
16 future use on the grounds should take the providers' needs into
17 account.

18 Additionally, any sale or redevelopment of the property
19 should include provisions to allocate some portion of the
20 proceeds to benefit people who were served or would have been
21 served here at Norristown State Hospital. We suggest such
22 funds be set aside in a housing trust for the southeast region.

23 And finally, we recommend that this initiative be
24 implemented within the context of the overall mental health
25 system. The southeast region has worked long and hard to move

1 its system towards recovery and resilience principles.

2 Individuals to be supported through this initiative are part of
3 a much larger group of people with serious mental illness being
4 supported in our communities. We cannot separate this effort
5 from the ongoing work of improving the lives of all individuals
6 with serious mental illness and supporting their efforts
7 towards recovery.

8 We understand with previous closures, OMHSAS has
9 established an advisory structure composed of all stakeholders
10 to assist with the transition. We strongly suggest that there
11 be such a structure for this proposal.

12 In closing, I would like to highlight our
13 recommendations. Number one, OMHSAS to consult with the county
14 mental health and other stakeholders to develop a transition
15 plan from now to June 2019 resulting in the closure of 122 beds
16 at Norristown State Hospital, the repurposing of 60 beds at
17 Norristown State Hospital and the assignment of a minimum of 30
18 beds at Wernersville for the southeast counties.

19 Number two, OMHSAS to consult with the county mental
20 health and criminal justice partners to identify goals of the
21 repurposed beds, criteria for admission and discharge,
22 discharge options, community support and service options,
23 utilizing graded funding and other potential resources.

24 Number three, OMHSAS, county mental health, state
25 Department of Corrections and county criminal justice partners

1 work together to estimate the demand for forensic, forensic
2 step-down and civil resources beyond June 2019.

3 Number four, OMHSAS to assist counties in gaining
4 access to nursing homes, the long-term care aging waiver,
5 physical health HMO's.

6 Number five, if there is any future redevelopment of
7 any part of the state property, some portion of the funds
8 should be put aside in a housing trust for our region.

9 Number six, OMHSAS to assist county mental health
10 programs to access other human services funding such as I.D.
11 waivers, criminal justice resources, HealthChoices, physical
12 health plans and housing resources.

13 And finally, number seven, OMHSAS to develop an
14 advisory committee composed of all stakeholders to assist with
15 this transition.

16 On behalf of the southeast counties, we appreciate the
17 opportunity to voice our support, our concerns and our
18 recommendations and look forward to expanding and building our
19 community-based system to support all individuals in their
20 mental health recovery. Thank you.

21 (Applause).

22 MR. THOMPSON: The next speaker is Sol
23 Vazquez-Otero, followed by Kawana Blake Williams.

24 MR. VAZQUEZ-OTERO: Good afternoon. My name is
25 Sol Valen Vazquez-Otero, and I am the mental health team leader

1 of Disability Rights Pennsylvania, the organization designated
2 by the Commonwealth pursuant to federal law to advocate and
3 protect the rights of individuals with mental illness.

4 I appreciate this opportunity to offer testimony in
5 support of the decision of the Office of Mental Health and
6 Substance Abuse or OMHSAS to close the civil sections of
7 Norristown State Hospital.

8 In 2003, the New Freedom Commission on Mental Health
9 established by President George W. Bush issued a report after a
10 year of study in which they concluded that recovery from mental
11 illness is a real possibility. In 2004, the Pennsylvania
12 Recovery Work -- Work Group defined recovery as a
13 self-determined and holistic journey that people undertake to
14 heal and grow. Recovery is facilitated by relationships and
15 environments that provide hope, empowerment, choices and
16 opportunities that promote people reaching their full potential
17 as individuals and community members.

18 In making the decision to close Norristown State
19 Hospital, OMHSAS is moving one step closer to making it
20 possible for individuals currently at the hospital to live in
21 the least restrictive environment in their communities of
22 origin. OMHSAS will thus be complying with the integration
23 mandate of Title II of the Americans with Disabilities Act and
24 the 1999 U.S. Supreme Court landmark decision *Olmstead versus*
25 *L.C.* The *Olmstead* decision held that unjustifiable

1 institutionalization of a person with a disability who can live
2 in the community with appropriate services is discrimination.

3 There are individuals who will oppose this closure for
4 a number of reasons. One rationale put forth against the
5 closure of state hospitals is that individuals with mental
6 illnesses pose health and safety risks to the community or to
7 the public. This is one of the most pernicious portrayals of
8 people with mental illness which promotes the idea that they
9 need to live their lives inside the dreary walls of a state
10 hospital where someone else dictates what they do morning,
11 afternoon and night. This stigma dehumanizes and devalues
12 people with mental illness and sets them up for failure in the
13 community. Who can nourish hope, develop and maintain a
14 positive self-image or feel joy, fulfillment and peace when the
15 message is that there is no place for you in your home
16 community? Fostering the stigma is irresponsible, and I ask
17 all of you on behalf of the individuals who simply want to go
18 home to speak out against it.

19 Many of us have people in our own families,
20 neighborhoods and churches who have mental illness. I am also
21 a mental health consumer. Hospitals are not used as long-term
22 residences for any other illness or condition, and they should
23 not be used that way for people experiencing mental health
24 challenges. Individuals currently at Norristown State
25 Hospital, as well as those in the other five state hospitals,

1 deserve the opportunity to live real lives in the community
2 with the proper supports and services needed. That is what
3 will make it possible for them to live a fulfilling and
4 productive life in their community.

5 This process -- closure process must be conducted in a
6 responsible way to ensure success. OMHSAS must transfer all
7 monies resulting from bed closures into the community in order
8 for counties to appropriately serve persons leaving the state
9 hospital, those who would have gone to Norristown and
10 individuals presently on county waiting lists. OMHSAS must
11 make this funding available both initially and ongoing to meet
12 long-term success.

13 The counties in Norristown Catchment area have the duty
14 to enhance our county mental health systems to be able to
15 appropriately meet the varied and specialized needs of mental
16 health consumers. More and better housing options, moving away
17 from congregative care into stable, accessible and affordable
18 community alternatives must be developed. The number of
19 trained peer supporters needs to be increased. Better crisis
20 services must be provided. Mobile services that help support
21 community living need to be created or expanded. Greater
22 vocational and employment services and access to transportation
23 must be made available. Those are just but a few examples of
24 what needs to take place at the county level.

25 Finally, we recognize that the fiscal -- that the

1 fiscal landscape is rather bleak, but the funds are available,
2 or how else could Pennsylvania continue to maintain six state
3 psychiatric hospitals? We need to be visionaries, resolute in
4 our support of individuals living with mental health challenges
5 and willing to engage in meaningful dialogue to ensure that our
6 fellow citizens who are unnecessarily institutionalized realize
7 their dream of adding their gifts to the Commonwealth we all
8 enjoy.

9 (Applause).

10 MR. THOMPSON: The next individual is Kawana
11 Blake Williams followed by Mike Sejda. We'll move on to Mr.
12 Sejda. Is Mr. Sejda here? Again we'll come back to those
13 individuals. Next then will be Sue Shannon followed by Kathie
14 Mitchell.

15 MS. SHANNON: Hi. My name is Sue Shannon. I'm
16 the executive director of HopeWorx, which is a mental health
17 services advocacy agency here in Montgomery County. First
18 thing I want to say is I'm so encouraged by how many people
19 came out today to -- to say what they had on their mind, and I
20 hope that the state notes that and continues -- this will only
21 work if it's a transparent process that includes all
22 stakeholders, and I hope -- I know none of us are going away,
23 and we're going to come back and participate in this process.

24 Anyway, like I said, we're a mental health services
25 advocacy agency. We include the consumer satisfaction team in

1 Montgomery County as well as the community advocates. All of
2 our staff members have lived experience in the Montgomery
3 County Mental Health System, sometimes including the mental --
4 the -- the Norristown State Hospital.

5 Working in HopeWorx for the last 12 years, I've seen
6 firsthand how recovery-oriented services in Montgomery County
7 have created a path for people to build a meaningful life in
8 the community, including people who have spent time at the
9 Norristown State Hospital. I've worked side by side with
10 people who have transformed their lives using the opportunities
11 provided through the mental health system for independent
12 community living, for education, for employment. I've worked
13 with people who have used the Power Program at Montgomery
14 County Community College to provide educational opportunities.
15 I've employed people who found our job openings while using the
16 peer-led career centers located in mental health service
17 providers throughout the county.

18 Staff members at HopeWorx have used services at the
19 crisis hospitals and support from the adult mobile crisis team
20 to address crises that have arisen and those providers have
21 provided support with an emphasis on helping people tap into
22 their natural supports, friends, family, churches, et cetera,
23 to keep them from losing their housing and their employment. A
24 robust choice of person centered services helps people to
25 achieve -- helps people to be active members of the Montgomery

1 County community, a win-win for everyone.

2 However, as advocates we've also seen that access to
3 services is too often limited as mental health services
4 providers stretch every year to provide services to everyone
5 who needs them while receiving no increases in funding. In
6 2012, as has been mentioned many times before today, there was
7 a 10 percent across-the-board cut in funding from the state
8 that's never been restored. When I call my legislators to talk
9 to them about mental health funding, they assure me there's
10 plenty of money, that services just need to be more efficient
11 with -- and -- and as a service provider, I can tell you that
12 there's no more room to do more with less. The budget to do
13 more with less has been depleted.

14 At HopeWorx we have seen what happens when a person is
15 unable to access the supports they need. We've heard from
16 people who've had to wait for weeks to see a doctor, to see a
17 therapist, to get a prescription for medication. People who
18 cannot access services turn to other means to help them manage
19 their lives and can end up losing housing, losing employment,
20 getting involved in the criminal justice system, and in the
21 worst situations, they can lose their lives, and this is
22 unacceptable.

23 It was unclear to me while reading the frequently asked
24 questions about this proposal whether the state is making a
25 commitment with this conversion to provide funding to create

1 appropriate services at the needed capacity to support the
2 people who will be leaving the Norristown State Hospital, as
3 well as people in the future who would need that service. The
4 people at the hospital who have not left as services in the
5 community have been able to support more and more are people
6 who need services that do not already exist or do not exist in
7 the capacity as needed. Montgomery County has some care for
8 people who need day to day -- a lot of day-to-day support, such
9 as long-term structured residences and extended acute care, but
10 we need services for people whose needs are too complex for
11 those services.

12 Already we have seen people who have spent far too much
13 time in emergency psychiatric hospitals, or worse, in the
14 Montgomery County Correctional Facility because there are not
15 enough beds or even programs to provide the level of support
16 needed. Closing the Norristown State Hospital Civil Unit will
17 take away one more resource. Building these resources takes
18 money as CHIPPs funding has done in the past with hospital
19 closure -- closures.

20 This proposal converting into a civil unit a forensic
21 unit should be accompanied by a commitment from the state to
22 include CHIPPs fundings to create the resources needed in the
23 community and to sustain them going forward. If this CHIPPs
24 funding is not provided and community-based services find
25 themselves having to find the resources from their existing

1 services to support people with ever more acute and complex
2 needs, they will of course prioritize people with the greatest
3 need, which is what we would want them to do. However, I fear
4 that this will lead to an erosion of the recovery-oriented
5 system that we've built here. If there's no money to support
6 employment, education, independent living, then people will
7 have a much harder time finding a path to recovery. People who
8 are engaged in the community, who work, have relationships and
9 have built up resources to manage setbacks and barriers, this
10 should be the goal of the mental health system. Diverting
11 funds from the resources that provide this level of support
12 will lead to more people ending up using homelessness services
13 and more people in the criminal justice testimony.

14 If people coming out of the Norristown State Hospital
15 Civil Unit and out of the forensic unit cannot access the
16 services they need, I feel the effect would be to criminalize
17 mental illness as a safety net of the state hospital level of
18 care and other needed services are not provided. Thank you.

19 (Applause).

20 MR. THOMPSON: The next individual is Kathie
21 Mitchell followed by Ellen Kozlowski.

22 MS. MITCHELL: Good afternoon. I appreciate the
23 opportunity to speak today. My name is Kathie Mitchell, and
24 for the past 11 years I've been the director of Community
25 Advocates of Montgomery County, which is part of HopeWorx,

1 Inc., and Community Advocates is a team of individuals with
2 lived experience and family experience who assist adults in
3 self-advocacy for mental health and justice-related issues.
4 For six of those eleven years, Community Advocates has
5 facilitated a peer-to-peer, justice and recovery class at the
6 Montgomery County Correctional Facility.

7 I have also worked as a patient advocate at this
8 hospital including the forensic center in the '90's when there
9 were 36 units here serving over 700 people. I am currently
10 serving on the state hospital's human rights committee, and I
11 have two relatives who have been incarcerated because of their
12 mental health symptoms, one who has received treatment here at
13 the forensic center and on the civil side.

14 So, regarding the expanding capacity for forensic
15 treatment, as a family member and an advocate at Community
16 Advocates, I have been working with the forensic coalition to
17 divert individuals from jail into treatment and support. We
18 have been truly upset with the long waiting list to get
19 admitted to the current forensic center from jail. Some
20 individuals have suffered over a year in jail while waiting for
21 treatment, their case in limbo because of their inability to
22 participate in their own defense. So, with the help of the
23 ACLU, the state is now expanding the forensic center and I am
24 grateful for this step.

25 My concerns are will there be advocates and peer

1 specialists available for the increased number of individuals
2 with forensic issues? What approaches will be used to address
3 the trauma individuals experience by being incarcerated,
4 hospitalized or victimized? Who at the hospital will be
5 responsible for exploring and possibly facilitating diversion
6 after each individual has been deemed recovered or restored so
7 he or she can be transferred to the community instead of
8 returning to jail?

9 As far as closing of the civil hospital, while the idea
10 of closing the state hospital, and we've heard everybody talk
11 about this today, is -- is most advocates' dream, we are
12 concerned about the human services system capacity to support
13 the 122 individuals who will be moved out. We believe that
14 there will be a need for different types of specialized
15 services and expanded services.

16 It was stated in frequently asked questions provided by
17 DHS that "The local county human service systems have the
18 capacity to serve people who will be discharged from Norristown
19 State Hospital." I believe if there truly is capacity, all 122
20 individuals would be out of the hospital by now.

21 Some questions and comments I have. How much money
22 will be allocated to the counties as a result of the closure of
23 the civil units? And will -- and will this money be given at
24 the onset to create the services that are needed? If
25 sufficient monies are not provided, this could result in a

1 shortage of preventive services -- services and even more
2 individuals being incarcerated, homeless or dead.

3 Where will individuals find treatment when a crisis
4 hospital doesn't work? We know there are individuals who have
5 not been successful in recovery who do not respond to treatment
6 or don't agree with the treatment. Many of these individuals
7 have used the state hospital system because we have limited
8 resources in the community. We can't keep individuals in a
9 crisis hospital for two years which is happening -- has
10 happened. We can't keep them in a crisis hospital for one year
11 or six months. They need a place where they can have a
12 sanctuary-type environment where there's stability and not
13 somewhere where they're going to stay forever but for an
14 extended period of time that goes beyond the crisis.

15 As advocates we do know that we've been told and we
16 know that extended acute care is helpful. But there are
17 limited number of beds currently. In Montgomery County we have
18 four. This will take additional money but it is needed along
19 with other supports.

20 So, recovery and crisis together. I mean, we -- we
21 know -- we think it's important to have both. You can't just
22 have one or the other. We need money for everything. We need
23 to keep the recovery supports and services we have developed
24 over the past decade and to continue to expand them.

25 While we create highly specialized supports for

1 individuals coming out of the hospital, we need to continue to
2 expand on the recovery services that are empowering people
3 every day to lead meaningful, productive lives: services like
4 peer support, career centers, supportive employment, supported
5 housing transitional housing, advocacy, forensic peer support
6 and advocacy and college programs. These services help
7 individuals connect to natural supports and employment so that
8 they can be productive, tax-paying citizens instead of being
9 viewed as "taxing" the system.

10 So, in conclusion, I'd like to say that we have a
11 hopeful vision for the future. It's one of partnership and
12 collaboration with the state, with the counties, the providers,
13 the families, and most of all, with the individuals who have
14 firsthand experience, who work with us side by side, who attend
15 our clubs and churches, who have hopes and dreams for a life of
16 meaning and fulfillment. Thank you.

17 (Applause.)

18 MR. THOMPSON: The next individual is Ellen
19 Kozlowski. Miss Kozlowski will be followed by Frank
20 Rittenhouse.

21 MS. KOZLOWSKI: Hi. Thank you everybody for
22 this opportunity to speak today. My name's Ellen Kozlowski,
23 and I'm a former resident of Norristown State Hospital. The
24 longest stay I had was six months, but it gave me time to
25 reflect and think and plan what I needed to do in the future to

1 stay out of such a situation, so I must say that I really think
2 it helped -- helped me.

3 I have used partial hospitalization programs which are
4 kind of the thing of the past. Now it's IOP. I've used a
5 couple of CRRs, which are the residential living situations,
6 one being Circle Lodge, and I've used supportive housing which
7 all helped. And I honestly don't know where I'd be if I hadn't
8 had the supports. I needed help at the time. I need to move
9 on with my life. I needed to recover and find my way. I tried
10 living on my own without the CRRs, and it was very scary and
11 ended up in hospitalizations, et cetera.

12 So, now I'm living -- I've been living on my own in my
13 own apartment for the past nine years. I've worked
14 continuously for 12 years and haven't been hospitalized for my
15 mental condition in that time for a couple of years before
16 that. I've worked for 11 years as a peer advocate and am now
17 working full time. I work for Community Advocates of
18 Montgomery County under HopeWorx. I have many natural supports
19 now and an awesome workplace and medicine that all help me.

20 I do have a relative who resisted the supports and the
21 medicine who has not faired as well. Currently they are slated
22 to come back to Norristown State Hospital very soon. They
23 resided at Pottstown's LTSR for a short time, but since there's
24 no way of making you take your medication there, they are being
25 slotted to come back to Norristown State after being

1 hospitalized again. And my question is, what is going to
2 happen to all the people who, like my relative, need the
3 supports of the state hospital when the hospital closes? I
4 believe there needs to be housing in place that allows the
5 regulations regarding medication at the level of the state
6 hospital. Currently, the LTSR is the strongest thing you have,
7 and it failed my sister.

8 All right. I do not know how anyone would expect many
9 people who simply end up in jail or homeless like my relative,
10 a danger to themselves and others, without an adequate level of
11 care. If you are not going to have the state hospital, then
12 don't simply forget about the needs of the people who once used
13 it and let them slip through the cracks. It is too costly
14 person-wise first of course. My relative spent two straight
15 years at MCES, an emergency hospital where they couldn't make
16 her take her medications where she feels utterly broken and you
17 could tell. She spent two years there because there was no
18 room at the state hospital and there were no extended acute
19 care beds. We need those beds and money for programs where my
20 relative can feel more at home but still get adequate care.

21 The state says they want people in the community. I'm
22 sure they don't mean emergency rooms or jails or people living
23 on the street. So, I implore you, I'm saying this must be done
24 to fund mental health programs that have a proven track record
25 and new ones with the highest level of care necessary. Thank

1 you so much.

2 (Applause).

3 MR. THOMPSON: The next individual is Frank
4 Rittenhouse. Mr. Rittenhouse will be followed by Valeria
5 Malloy -- Melroy, I'm sorry.

6 MR. RITTENHOUSE: Good afternoon, everybody.
7 I'm Frank Rittenhouse. I want to thank everybody for letting
8 me speak. I'm with the -- I work here as an L.P.N. and I
9 represent the aides and a lot of the auxiliary staff that work
10 here at the state hospital. And as us being the employees and
11 workers seeing these patients coming and going through this
12 system, we still think that expanding the program or letting
13 the -- some of these people out at this time without really
14 anything in -- in grounds would be a problem. We're not
15 against the forensic but why can't you just keep all of the
16 beds that you have for forensics instead of coming down --
17 you've heard everybody talk. There's seven hundred some people
18 that need the care. There's all these other people that need
19 the services that are in the prisons as well as that. So,
20 instead of saying a downsizing, going down to your 60 beds or
21 our 30 beds in the county, why not keep these other ones
22 opened?

23 We all sit here and talk about funding, okay. We've
24 heard people talk about representatives here cutting funding
25 and stuff like that. All us here is voters and stuff. Why

1 don't we just push our legislators to do some of these other
2 fundings like the shale and all these other places that we can
3 find tax money. They know it's there. They just don't want to
4 go after it.

5 So, we have many people. Everybody here know 10, 15,
6 20 people to get out to support all the programs that Tory has
7 and everybody else here. And keeping these people here. Got
8 to remember, we -- we take care of us. They're -- they're part
9 of us. They keep us employed. They keep us -- keep all these
10 other organizations up and running as well as Magellan and the
11 rest of them. So, I think in that part we should try and keep
12 this opened so that they're here and able to have the proper
13 care that they get here because I -- I've -- I've known -- and
14 I'll bring a situation, a gentleman, Chris Schwebel's mother,
15 familiar with here, and like she says, he's -- he gets one of
16 the best care here, you know, and moving some of these people.
17 And I think that they should be left opened and it should stay
18 opened and not have any changes in it. Thank you.

19 (Applause).

20 MR. THOMPSON: The next person is Valeria
21 Melroy. Ms. Melroy will be followed by Nancy Scheible.

22 MS. MELROY: Hi, everybody. How are you?
23 You're sitting a long time. Oh, my goodness. Well, I'm
24 Valeria Melroy, and I'm the executive director of Voice and
25 Vision. And we have the Concerned Family Satisfaction Team at

1 Bucks County and Chester County. We also have a program called
2 College Plus where we help people with serious and persistent
3 mental illness, 'cause that's what we have to say, go to
4 college or find their employment dreams. We also operate the
5 Compeer program in Delaware County, many of you know that.

6 Forty-two years ago this month, I walked on the grounds
7 as a volunteer at Norristown State Hospital. As a teen, I fell
8 in love. I've been in mental health ever since. Did I fall in
9 love with a big institution? No. I fell in love with people.
10 When I met with people, I found people with great gifts, great
11 talents, dreams and hopes. People that knew that they could be
12 something else somewhere else and should be somewhere else but
13 were kind of stuck here.

14 I remember Emily. She was 19. I became an aide
15 then -- after I became a volunteer, I became an aide. And
16 Emily was 19 and I was 19. She was voted most likely to
17 succeed at her high school, but then she got the diagnosis of
18 schizophrenia and came here. Because she thought her life was
19 over, she committed suicide in one of the units here after we
20 had worked with her, and she got the best medication at the
21 time and the best treatment at the time.

22 Then I remember Mary. Mary was a person that I used to
23 help at night with her self-care because she couldn't do it
24 herself. And at night when Mary closed her eyes, she would
25 fold her hands and pray: God, please take me home tonight. I

1 never did anything to deserve this. What on earth did I ever
2 do to deserve this?

3 And then I remember Wally who taught me how to polka.
4 Now, he was about 6 foot 4 and you see how tall I am, and I
5 have shoes on. And he taught me how to polka, and I didn't
6 step on his feet and he didn't step on mine, but Wally was a
7 very ingenious man, in fact, brilliant. And yet he had again
8 schizophrenia, heard voices and did not so nice things, but he
9 got out. Not with the greatest of supports. And I don't know
10 how long he was out but they found him dead under a bridge.

11 So, I'd like to say that as a person who has been here
12 for 42 years, and I have been. I worked here as an aide. I
13 then became a volunteer advocate to help people who were here
14 who were nonverbal. We had 22 people who would -- could not
15 use verbal words to communicate, and I was an advocate for them
16 to try to help the persons get what they need. Then became a
17 member of the human rights committee, which I have been since
18 1988 and led it before Kim. And I have to say thank God we're
19 closing institutions. I have to say for Emily and for Wally
20 and for Jenny and all the other people that I know, thank God.
21 Where on earth in anyplace in this world have we kept a
22 business for 200 and or whatever -- since the mid 1800s and say
23 that it's a viable business. No other place. Maybe we need
24 Mark Zuckerberg or Bill Gates or somebody with creativity to
25 come in here and figure this out, but it's time that we move

1 from keeping people in institutions.

2 So what does that mean? I used to believe that as long
3 as you walked these -- I was an advocate here, too, for five
4 years and worked very well with the counties. The counties
5 have done some great things to help people transition out of
6 here. The hospital has done some great things. As long as
7 people are treated in big cement block buildings, they're not
8 going to be seen as the people that they deserve to be seen as.
9 We owe it to them. We owe it to every single person that's
10 here to treat them well, to find what they want and need, and
11 guess what? People have been here for 50 years, don't know
12 what they want and need because they don't know really what's
13 out there. So, we need to have advocates that can speak on
14 their behalf. We need to have family members and support
15 family members. Years ago we didn't even know how to support
16 family members.

17 When I started 42 years ago in mental health, we didn't
18 even talk about recovery. It was all medical model. But
19 Norristown State Hospital has been a leader in the field by
20 bringing researchers in here, by bringing programs in here that
21 help people. We were one of the first ones to try Clozaril and
22 people that I know got out because of that. We have the
23 history here of doing things that are great, and we can do it
24 again. The staff that are here now care about the people. The
25 counties that are working out there care about the people. The

1 advocates care. Family members care. We need to help people
2 get out of here and never come back and serve well in the
3 community. People have dreams. People deserve to have dreams
4 lived out. Maybe they don't even know their dreams. It's
5 amazing to me with the Consumer Family Satisfaction Team, we
6 talk to people and ask them questions about what they want and
7 it's not more treatment. It's a home. It's a friend. It's a
8 transportation. It's something that brings meaning into their
9 life. People aren't that different. That's what you and I
10 want.

11 I know we talk a lot about money, but we need to be
12 more clever than just talk about money. We need to talk about
13 trauma. Thank God Kathie mentioned it. We need to talk about
14 deinstitutionalization because the people that have lived here
15 for many years, it's not their mental health that we have to
16 think only about. It's the fact that they learned to be
17 institutionalized, and we have to help them recover from living
18 in institutions. That is huge. We have to look at trauma.

19 We have to look at the services in the county because
20 as we talked about funding being cut, it's inadequate. People
21 that are young, transition age youth, we don't have the right
22 supports and services for them, but we can do it. And I
23 implore us all together to work on behalf of each one of the
24 people that we know and love. I still am in love. I still am
25 in love, I have to tell you, and I believe if we work together

1 with the prison system, with the mental health system, with the
2 physical health system, with the aging and everybody else,
3 business people -- it's everybody that has a part in this.
4 Everybody has the responsibility. I implore us all to take
5 this challenge and do it well.

6 And whether people move into the civil section and
7 become a forensic unit, let's do it well. Let's work with the
8 prison so people can get care there. I, too, am a family
9 member. I've had a son in prison. He didn't get the care he
10 needed there. He's still languishing. But I'll tell you what.
11 We can do it. I believe we can do it. And I believe
12 Norristown State Hospital can be a leader in this state, and I
13 would love to see a group together, to work together to really
14 be the lead and show other people how to do it so we don't have
15 any more state hospitals. Thank you very much.

16 (Applause).

17 MR. THOMPSON: The next individual is Nancy
18 Scheible. Miss Scheible will be followed by Michael
19 Louis-Reid.

20 MS. SCHEIBLE: Okay, so my first thoughts are,
21 good God, I have to follow Valeria?

22 (Laughter).

23 MS. SCHEIBLE: My name is Nancy Scheible. I am
24 from Bucks County where I've lived my entire life. I'm a
25 professional counselor and have over 20 years of experience

1 working at community mental health settings including
2 outpatient clinics, inpatient hospital settings, community
3 residential programs, all specifically with individuals
4 diagnosed with a serious and persistent mental illness. I've
5 been involved with and a member of community advocacy groups
6 such as the Bucks County Community Support Program, the
7 National Alliance on Mental Illness and the Southeast Regional
8 CSP Program.

9 I fight every day to have consumer voices heard at all
10 levels of the system and to make changes big and small that
11 advance the cause of recovery and community inclusion. I
12 believe deeply and wholeheartedly in the recovery movement, but
13 I also believe alongside the dream of recovery for all that we
14 need to be realistic. The reality is that despite the advances
15 in medicine and research, there are still individuals whose
16 illness is so severe that they have episodes from which time
17 they are unable to care for themselves or function enough to
18 sustain themselves safely in a community setting. Having a
19 continuum of care for individuals includes needing and having a
20 space for long-term care for some individuals. Whether that
21 looks like the state hospital we have today or more extended
22 acute cares in the community, that particular service needs to
23 be there. As others have said previously, mental illness
24 doesn't go away just because we close hospital beds. People
25 will always have periods of time when they need support and

1 care and a safe place to be.

2 That being said, others have eloquently come up here
3 and spoken about intricacies of building capacity, LTSRs, peer
4 management, case management, developing unique programs and
5 supports. Is there anyone here today who believes that that
6 costs less to do in the community than it does at the state
7 hospital right now where we have individuals who have all of
8 those intensive needs all together? It's not going to cost
9 less. It's going to cost more. So, from a state budgetary
10 perspective, it doesn't make sense to think about closing a
11 hospital to gain money somewhere else.

12 If we can't even, as we've heard from other people
13 today, serve the individuals who are currently in the
14 community, who are waiting months to see a psychiatrist, who
15 aren't getting that care, how can we even have this
16 conversation about trying to build capacity in communities that
17 are already stretched thin and putting people with more intense
18 needs in those communities.

19 We need to solve the existing problem of folks in the
20 community not getting the services they need. The basics of
21 not being able to see a psychiatrist is not happening. Indeed,
22 people should be in the community. They should be able to live
23 out their lives. But my concern is for those who are already
24 in the community who are hoping to live their dream, that the
25 trickle-down effect will occur that the individuals who come

1 out who have more intense needs that can be served now will
2 then push those who are not as intensive needing services out
3 of the services they have, 'cause we need to say you don't need
4 the psychiatrist, this other person needs to be, and we still
5 only have the same amount of capacity. Until we can figure out
6 what we're doing now with the folks who are in the community,
7 who are still struggling, bringing more folks out in the
8 community that's not ready and doesn't have the capacity is not
9 going to work. There's going to be a nightmare happening.

10 Thank you.

11 (Applause.)

12 MR. THOMPSON: The next individual is Michael
13 Louis-Reid. Mr. Reid will be followed by Marlene Hamilton --
14 I'm sorry -- Marlene -- Marlene Hamilton, yes.

15 MR. LOUIS-REID: My name Michael Louis-Reid,
16 R-E-I-D. I had a breakdown in 1959 when I hated to move to
17 another state and I refused to go to school in another state.
18 I then was able to get into Devereaux School's Hedges here
19 where I was through August '63. I was functioning until late
20 1965, early '66 when the breakdown that stuck happened. I lost
21 concentration, focus, memory. I had repeated two grades, so I
22 was failing the 11th grade, and I just finally dropped out in
23 pure despair.

24 I have been involved as an advocate with CSP, Community
25 Support Program, NAMI, Bucks County, Regional CSP, Community

1 Support Program, Mental Health Association of Southeastern
2 Pennsylvania and Pennsylvania Mental Health Consumers
3 Association.

4 Some people fall through the cracks. I had a roommate
5 in a boarding house, and one day he disappeared. And six
6 months later, they found him in the Delaware River. We think
7 that he walked there and just drowned himself to stop the pain
8 inside. And I do not believe in free will because I've had the
9 times when I can't stand the pain inside anymore, and it won't
10 stop, it won't go away, but tightening a plastic belt around my
11 neck until it was tight and letting go or going for 72 hours
12 with 6 ounces of water when I took medication six times. And
13 then I asked for help and got it. Listening to Canciones de Mi
14 Padre, which was my self-treatment. I drank water, I ate, but
15 inside me over all these years there's always been this
16 extremely negative part that's wanted me dead, that has hated
17 every second I've been alive. And you can't explain that to
18 people very easily that part in your mind is hating every bit
19 of the good part. And the good part doesn't have the power to
20 keep doing the good things. So, I get enraged. And so at
21 times I've broken things. And I'm an advocate -- advocating as
22 best I can, but if I had had the free will that my roommate
23 apparently had, no, I wouldn't be here. I wouldn't have been
24 in Bucks County.

25 So, if you say we're going to have a end to all housing

1 money or all base service units in hospitals, we're going to
2 save this money because government is bad and all parts of
3 government are bad, so we're just going to close it down, spend
4 nothing, kill that bad part of government -- how many people
5 have talked with the business people about their employers who
6 got help for their employees and they're still there. They're
7 loyal; they're productive.

8 (Applause).

9 MR. LOUIS-REID: But most people who hear mental
10 illness in business are the companies on your NAMI walk shirts.
11 Thank you very much. If they want to close down things and
12 save that money that those people like me are getting, they can
13 do it, and bit by bit they have been doing it, but they also
14 have the funerals that they won't attend. Doesn't bother them.
15 Thank you very much.

16 (Applause).

17 MR. THOMPSON: The next individual is Marlene
18 Hamilton. Next there will be Luna Patella. Following
19 Miss Patella will be David Bolin.

20 MS. PATELLA: Good afternoon, everyone. I'm
21 going to keep it short. Lawyers are not usually known for that
22 so -- but I think reading a prepared statement after all the
23 tremendous speakers that came before me would be not only
24 redundant, I'd be preaching to the choir anyway looking around
25 at all the faces I know.

1 By way of introduction, I am the chief of the mental
2 health special defense unit at the Defenders Association of
3 Philadelphia. I run a team of individuals, lawyers, social
4 workers and other support staff that exclusively deal with our
5 mentally ill population not only in civil commitment hearings
6 but in our jail population, and I would venture to guess that I
7 have probably the majority of individuals both in our forensic
8 unit in Building 51 as well as in our civil beds from
9 Philadelphia County.

10 I also would join, and I say this with a caveat because
11 I've worked with Deputy Secretary Marion, Mr. Maynard,
12 Miss McCutcheon a lot of the staff here, Miss Bright, I mean,
13 I've had the advantage of brainstorming and working through
14 work groups with these individuals who I believe are equally
15 devoted to this population. And I know that sometimes emotions
16 run high because, you know, with the closing of beds, we see
17 some of the unfortunate consequences, which is why we also, you
18 know, would join in the effort to implore the state to not
19 close the civil beds at Norristown or at least delay them until
20 appropriate community solutions are available.

21 We -- with the development of what community resources
22 we have, we've seen some progress, and I don't want to be
23 completely negative that everybody's going to end up in jail or
24 homeless or dead, but at the same time, I know that there's
25 going to be some -- you know, some of that population is going

1 to end up in that -- unfortunately in that position.

2 So, we -- we want to implore the state to really
3 consider what community supports are available, what housing
4 options are available. We're always at a shortage and we're
5 always going to be at a shortage when our prison populations
6 grow, our community populations grow, and it's not just about
7 Norristown. It -- it's about the ripple effect that this
8 creates, and being a defender only for a few years, about 21
9 years, I, um -- I've seen the population in our local jails and
10 prisons grow to an astronomical amount, and that is -- my fear
11 is that that population will grow. And while I'm not going to
12 go into the details of the ACLU lawsuit, a lot of that was
13 because the wait times to get appropriate treatment, whether
14 it's in a forensic facility or any other treatment facility
15 sometimes takes months, if not years. And, you know, we are
16 very fearful that the closing of Norristown civil beds would
17 create another backlog as a population grows.

18 We have people who have been sitting in our county
19 jails who are not getting the appropriate treatment. That is
20 our first priority. We just don't want to see that the
21 deinstitutionalizing of people from one type of setting will
22 lead to the reinstitutionalization of these individuals in our
23 criminal justice system, which is clearly not equipped to deal
24 with this mentally ill population.

25 On a positive note, many people that I've had clients

1 with SMI live wonderful and productive lives with the proper
2 family supports, with the proper community supports, and what
3 we need to do is bridge the gap between our civil systems and
4 our criminal systems. I think we've been starting to do that
5 with several projects in Philadelphia. We need to move forward
6 as a state and as a community to really just concentrate on the
7 individuals, and every individual is different and unique, and
8 we have to treat them as such. There is not a one particular
9 solution to, you know, this entire problem. We need to really
10 think about each individual that comes through.

11 So, I thank you for your time. And I -- more than that
12 I just thank everybody for doing what they do every single day
13 and I -- I appreciate it. Thank you.

14 (Applause).

15 MR. THOMPSON: Prior to the next gentlemen,
16 there was a set of keys that was left under a seat. Someone is
17 going to look for these. They say that -- on the tag it says
18 Subaru and there's one tag on it that says Jerry's Discount
19 Card. So, they're here if you're looking for your car keys.
20 Hopefully someone will come claim then. The next individual is
21 David Bolin followed by Susan Ireland.

22 MR. BOLIN: My name is David Bolin. My daughter
23 has been a patient at Norristown for nearly three years, and I
24 find myself in a very conflicted situation because I spent my
25 career in community mental health and intellectual disability

1 establishing community residences for people with those
2 situations, and I firmly believe in the closing of all
3 institutions.

4 On the other hand, when I think about my daughter, I
5 think, where is she going to go? Because she's at Norristown
6 State Hospital because no one else would accept her. She has
7 schizophrenia. Her birth parents had significant disabilities,
8 and I think she's done remarkably well given the expectations
9 at the time of her birth.

10 She has been in several residential facilities. I say
11 as a provider I'm embarrassed by the quality of services
12 provided by those facilities. I would sit at meetings of
13 providers where the CEOs of these institutions were talking
14 about how wonderful their services are. They need to spend a
15 day or two in their own facilities. I doubt very much they'd
16 want to. They're forcing people to live -- life with a
17 complete stranger, sharing the same bedroom simply because they
18 have some disability. They're living in houses where they
19 themselves would never think to live.

20 So, there are a lot of really good community providers.
21 I'd like to think the agency that I was CEO of was a good
22 community provider, but there are others I seriously wonder why
23 they're still in business. I seriously wonder why the state
24 allows them to be in business. I think the state really needs
25 to pay more attention to the quality of services and the

1 conditions in which people are living.

2 So, when I hear about people moving into the community,
3 define community. What does it mean? For the people living
4 here, I spent many, many, many hours on the campus here, and I
5 see a lot of people I really don't understand why they're
6 living here. They certainly look like they should be living in
7 the community, but I don't know their particular situations.
8 But I do know that this facility is in the community. Grounds
9 are opened to the public. It's a residential neighborhood.
10 There's -- the Norristown Farm Park is adjacent. You see
11 people from the community here all the time.

12 Do I want this place to close? I absolutely do. It's
13 an institution. But do I want to see my daughter moved from an
14 institution in this community to a 16-bed institution located
15 in an industrial park? That's the alternative most likely
16 suitable for her that would --

17 (Inaudible response from audience.)

18 MR. BOLIN: Unfortunately she won't be accepted
19 there. She was accepted there once, went there for two hours
20 and was removed by the police. So, clearly there is no place
21 that's available right now to support my daughter.

22 Admittedly, she's one of the more challenging patients
23 here in terms of her behaviors. She has an unfortunate habit
24 of exhibiting the -- the symptoms of her illness, which we know
25 with mental illness you're not allowed to exhibit those

1 symptoms or you're punished. That's clearly -- for most
2 providers the modality of treatment is punishment. It's really
3 sad. It's really unfortunate.

4 So, I find myself in the very awkward position after
5 spending my entire career advocating for community facilities,
6 advocating for this facility to remain opened until there are
7 adequate decent services available in the community. People
8 really need to look at what's available, spend some time there.
9 I've spent thousands of hours in residential facilities in the
10 years that my daughter has been in a number of them, and I'll
11 tell you, I don't know why Norristown State Hospital has the
12 bad rap that it has. I know -- it was a threat to my daughter
13 if you don't change your behaviors, you're going to end up at
14 Norristown State Hospital. Well, she's happier here than she's
15 been anywhere else. That's not necessarily a good thing
16 because the reasons that she's happy may not really be
17 clinically good reasons, but she is happier. She has some of
18 the best staff who she's ever experienced working with her
19 here. So, from her perspective, this is the best placement.
20 From her parents' perspective, this is the best placement that
21 she's had. Not to say that it is impossible to have a better
22 community placement. But please don't just assume because it's
23 in the community it really is in the community. To me a 16-bed
24 institution in an industrial park is not in the community and
25 some hovel that nobody else wants to buy and that's why the

1 agency bought it cheap, that's noplace to put people with a
2 disability simply because they have a disability.

3 So, I'm asking that the state invest more in the
4 community resources and that the state evaluate the resources
5 that it's funding now, and I would gladly give names and places
6 of (indiscernible). Thank you.

7 (Applause).

8 MR. THOMPSON: The next individual is Susan
9 Ireland followed by Hakeem Jones.

10 MS. IRELAND: Thank you for coming and letting
11 me speak. I do think it's very important to put people back in
12 the community if they are ready, but everybody is not always
13 ready. I was a patient in this hospital for 11 years. There
14 was nowhere else I could live. I was constantly hurting myself
15 or somebody else. Unless there are good structured care that
16 can handle this kind of behavior, I hate to see Norristown
17 close.

18 When I was a patient here, they closed Byberry, and I
19 was told the people that were put in this hospital from Byberry
20 had to be discharged within a year. Many people are discharged
21 and according to what I could see were not ready. I know the
22 care at the state hospital is not always right. Many times
23 they would keep people medicated so they would not act out.
24 This happened to me. The side room and restraints were not
25 healthy, but there are some good doctors and staff and program

1 activities here such as the workshop, the greenhouse, the hub,
2 recreation, art and occupational therapy. One doctor, Dr.
3 Goldstein, really tried with me and got me put on Clozaril. I
4 got out in a few months and I've been out for 23 years and I've
5 never had to come back.

6 If they close the state hospitals, we need to make sure
7 there is -- there is good house and the people need so they do
8 not become in jail or homeless. Everyone cannot, when they
9 leave here after a certain period of time, cannot always return
10 to their family. After I was here a year I was returned to my
11 family and I couldn't handle it. So, I came back and I was
12 here another ten years. When I finally was discharged after
13 many years I went to a maximum care CRR for two years, a
14 moderate care CRR for two years, and I now live in supported
15 living where I've lived for 19 years and I am happy.

16 These programs were transitions and met my needs. I do
17 believe recovery is possible and I do want everyone to end up
18 back in the community. If there were more intensive care,
19 maybe I could have got out sooner, but I just hate to see it
20 closed until we have those needs met.

21 There is life after the state hospital. And since I've
22 left, I've volunteered for 13 years at (indiscernible)
23 Hospital, I've worked at a few jobs for eight years. I'm a
24 certified peer specialist and I'm driving now which is a
25 miracle for me.

1 (Laughter.)

2 MS. IRELAND: I know people are here today
3 because you have concern for the patients, and I appreciate you
4 for that. I just don't want you to give up on the people here.
5 I just want to make sure their needs are met. There have been
6 programs in the community that really helped me Penn del Mental
7 Health, Comance (phonetic) Voice and Vision and I want to thank
8 those people and I want to thank all of you for your concern.
9 Thank you.

10 (Applause).

11 MR. THOMPSON: Prior to Mr. Jones, who will be
12 our final speaker, I would like to thank all of you for being a
13 very thoughtful, courteous and attentive audience. It's deeply
14 appreciated by everyone here. Mr. Jones will be our final
15 speaker.

16 MR. JONES: Good afternoon. I won't keep
17 everybody long. My name is Hakeem Jones. I serve on
18 Norristown Municipal Council, also a lifelong resident here in
19 Norristown. So, little brief history of why mental health
20 is -- is important to me. I grew up in a household where my
21 mother retired from the Norristown State Hospital, so being an
22 11:00-to-7:00 employee, that's what pretty much helped get
23 myself and my family through life.

24 Fast forwarding, I spent eight years working at
25 Montgomery County Emergency Services as a psychiatric

1 technician. You know, many times I felt more safe in those
2 doors than I felt outside in the community. So, when I heard
3 news of this hospital potentially, you know, releasing
4 patients, I did -- I do think it's a great thing, but also like
5 everybody mentioned, we do have to be prepared. So, as a
6 municipal council person, some of the concerns that I raise
7 that -- that I hope myself and my colleagues are able to assist
8 in this process would include just having resources on the
9 ground. Our police department has been very friendly and
10 comfortable with the mental health community. They have always
11 been proactive when it comes to, you know, working on ways to
12 resolve the issues rather than put patients in jail or lock
13 them up.

14 Housing and safety. Very strict -- we're getting very
15 strict on landlords. We don't want situations where our
16 patients -- I say our patients -- our residents are in the
17 community and they're being taken advantage of for their social
18 security, they're being taken advantage of and thrown in a
19 room. So -- so, as a council person, you know, one of my jobs
20 will be to work with my colleagues to make sure that our
21 patients are accounted for with housing and at least that it's
22 safe.

23 Also, the 300 plus people here that were potentially
24 going to be either laid off or moved on, as well as the others
25 in Hamburg, like I say, I am a former mental health worker, so

1 hopefully, you know, we follow the state, follow the county to
2 see what's going to happen to those workers. Many of them
3 could potentially find jobs working with the patients in the
4 community as most patients are comfortable with the people they
5 spend the majority of their time with.

6 And I'll just finish, just saying like, you know,
7 mental health has been a, you know, strong point -- I'm
8 currently a truancy officer, but I spend a lot of the time in
9 the courts, I spend a lot of the time in the community. You
10 know, I hang out at the McDonald's; I know where La Roma's is.
11 I know where they hang. I know where I can find people that,
12 you know, that need help. So, just being in the community it
13 was important that I was -- that I'm here to let you know that
14 myself, Norristown Council will take this situation seriously
15 going forward. Thank you.

16 (Applause).

17 MR. THOMPSON: Thank you. Again, thank you for
18 everyone who provided your comments and thoughts to us this
19 afternoon. As I shared earlier in the -- before we began
20 today's hearing, every question that's asked of us and during
21 our -- on the audiotape or is presented to us in -- in written
22 testimony will be answered. Thank you very much for attending
23 and please drive safely.


24 (The hearing concluded at 5:14 p.m.)
25

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

C E R T I F I C A T E O F O F F I C E R

I, LEA A. LUMPKIN, a Certified Court Reporter of the State of New Jersey, CRC, CRR, RMR, RPR, do hereby certify that the foregoing is a true and accurate transcript of the testimony as taken stenographically by and before me at the date, time and place aforementioned.

I DO FURTHER CERTIFY that I am neither a relative, nor employee, nor attorney or counsel to any parties involved; that I am neither related to nor employed by any such attorney or counsel, and that I am not financially interested in the action.

 _____ C.C.R.

NJ C.C.R. License No. XI-01054, CRC, CRR, RMR, RPR

WORD INDEX

- < \$ >
\$600 27:25
- < 1 >
1 2:2, 2, 2, 7, 7,
 10, 10
1,017 57:13
1,085 57:14
1,500 54:23
10 14:24 42:9,
 13 70:7 80:5
1001 1:1
10-page 22:8
11 2:10 30:2
 32:24 72:24
 77:16 97:13
11:00-to-7:00
 99:22
11th 36:6 55:20
 88:22
12 14:20 69:5
 77:14
122 16:18 36:4
 41:25 44:23
 48:16 55:10
 57:11 63:15
 74:13, 19
13 2:10 19:23
 98:22
14 32:1
146 5:18, 20
15 5:19 6:16
 57:10 80:5
1500 24:11
16 2:7
16-bed 95:14
 96:23
17 2:2, 2, 2, 7, 7,
 10, 10
1786 9:14
18 25:13 28:7
 32:2 46:13, 23
 56:6 59:9
1800s 82:22
19 9:14 81:14,
 16, 16 98:15
19401 1:1
- 1955** 14:20
1959 88:16
1965 88:20
1967 6:15
1975 29:1
1980's 12:11
1988 82:18
1990's 54:17
1999 65:24
- < 2 >
2:30 1:1
20 21:16 46:23
 80:6 85:25
200 82:22
2003 65:8
2004 65:11
2006 14:19
2009 6:16
2010 6:16
2011 6:20
2012 14:24 70:6
2012-13 42:8
2015 7:3
2016 56:13 59:7
2017 1:1 36:6
2019 56:8 63:15
 64:2
20-page 23:12
21 92:8
22 32:19 82:14
23 33:15 98:4
231 9:14
24 25:13 28:7
 30:18 46:13
 56:6
25 15:17
250 34:20
27 2:7
- < 3 >
3 57:10
30 2:2, 2 21:13,
 14 23:8 63:17
 79:21
300 41:13 48:19
 100:23
30-bed 57:24
30th 56:8
- 31** 1:1 2:2
33 1:1
36 73:9
- < 4 >
4 82:4
4,000 10:11
40 5:21 10:9
 15:18 30:15
 44:8 60:16
42 82:12 83:17
450 10:11
- < 5 >
5,000 48:24
5:14 101:24
50 6:24 8:12, 14
 9:6 23:10 83:11
51 91:8
5218 6:17
- < 6 >
6 82:4 89:12
60 25:11 48:18
 58:5 63:16
 79:20
621-5689 1:1
63 88:19
64th 6:20
66 88:20
- < 7 >
7 30:18
700 73:9
72 89:11
72-hour 52:23
794 59:8
- < 8 >
800 1:1
- < 9 >
90's 12:12 73:8
- < A >
abandoned 40:19
Abby 28:14
 34:13, 16
ability 43:19
 48:13
- able** 8:10, 11
 17:11, 23 19:7,
 17 20:1 28:24
 32:22, 23 33:5
 53:10 58:18
 59:3 67:14
 71:5 80:12
 87:21, 22 88:18
 100:7
absence 52:21
absolutely 95:12
Abuse 3:13
 53:16 54:22
 65:6
accept 94:6
accepted 95:18,
 19
accepting 8:17
 22:11
access 10:16
 48:22 57:14
 60:18, 20 61:21
 62:1 64:4, 10
 67:22 70:2, 15,
 18 72:15
accessible 67:17
accessing 62:8
accommodate
 42:12 57:19
accompanied
 71:21
account 21:3
 62:17
accounted
 100:21
accurate 102:7
achieve 45:18
 57:23 69:25
achieving 52:4
acknowledge
 37:5
ACLU 26:11
 55:4, 25 56:14
 73:23 92:12
across-the-board
 70:7
ACT 22:12
 28:2 31:14, 17
 49:16 65:23
- 97:23
acting 31:19
action 13:24
 15:22 48:22
 55:5 102:14
actions 31:17
active 48:2
 55:12 69:25
actively 55:12
activities 44:21
 98:1
actual 50:1
acute 5:20 11:8,
 13 13:3 18:24
 19:16 45:21
 52:20, 22 71:9
 72:1 75:16
 78:18 86:22
adaptive 36:12
add 3:19 4:4
 26:11 27:1
addiction 26:8
adding 53:13
 68:7
addition 13:13
 14:7 34:24
 46:2 50:24
 56:5 60:15
 61:25
additional 16:3
 18:8 75:18
Additionally
 12:24 27:14
 43:9 62:18
address 5:17
 10:19 27:20
 69:20 74:2
addressed 42:18
 49:14
addressing 55:5
adenoids 30:3
adequate 12:9
 16:24 20:16
 21:2 40:18
 45:18 46:2
 49:8, 20 51:4
 57:6 60:6, 9
 78:10, 20 96:7
adequately
 21:19 47:6 56:9

- adhere** 4:15
50:1
- adieu** 4:23
- adjacent** 95:10
- adjust** 4:20
- adjusted** 4:21
- adjusting** 14:18
61:1
- administration**
26:5 27:12, 14
28:3, 6
- administrations**
27:21
- administrators**
54:12
- admission** 58:10
61:8 63:21
- admitted** 51:8
59:5 73:19
- Admittedly**
95:22
- adult** 13:17
69:19
- adults** 57:10
73:2
- advance** 86:11
- advancements**
37:7
- advances** 86:14
- advantage** 91:13
100:17, 18
- advice** 32:17
49:18
- advisory** 63:9
64:14
- advocacy** 15:3
21:8, 13 34:22
37:25 51:10
68:17, 25 76:5, 6
86:5
- advocate** 7:22
13:7 17:8
37:17 50:14
60:5 65:2 73:7,
15 77:16 82:13,
15 83:3 88:24
89:21
- advocates** 6:1
7:11 11:16
12:25 13:4, 8, 14
- 14:4 16:9 69:1
70:2 72:25
73:1, 4, 16, 25
74:11 75:15
77:17 83:13
84:1
- advocating**
18:23 22:10
23:8 89:21
96:5, 6
- affiliate** 34:18,
24 36:14 51:19
- affiliates** 10:9
- affordable** 67:17
- aforementioned**
102:9
- aftercare** 16:21
- afternoon** 3:1, 4,
17 4:6, 16 5:15,
17 10:4 15:13
24:8 28:16
34:15 41:6, 16
44:2, 6 46:20
50:10 51:17
53:25 64:24
66:11 72:22
79:6 90:20
99:16 101:19
- age** 29:13, 21, 23
30:15, 19 31:3,
21, 25 32:1, 2, 4,
19 84:21
- agencies** 51:25
52:11
- agency** 68:17, 25
94:21 97:1
- Aging** 61:14, 21,
25 64:4 85:2
- ago** 8:7 9:15
21:25 23:12
29:11 42:17
81:6 83:15, 17
- agree** 4:6 75:6
- agreed** 26:10
- agreement** 36:14
55:4, 25 56:13
- aid** 50:23
- aide** 81:14, 15
82:12
- aides** 79:9
- Alan** 39:4 41:4,
6
- alcohol** 54:11
- alive** 89:17
- alleviating** 27:9
- alleyways** 22:13
- Alliance** 34:19
51:19 86:7
- allocate** 62:19
- allocated** 45:20
74:22
- allocation** 42:9
55:15
- allow** 16:13
25:8 31:8 53:11
- allowed** 23:24
95:25
- allowing** 10:5
15:22 50:11
- allows** 11:15
78:4 94:24
- alongside** 86:13
- alternative**
49:21 62:10
95:15
- alternatives** 50:4
67:18
- amazing** 84:5
- Americans**
51:22 65:23
- amount** 12:3
88:5 92:10
- anesthesia** 31:6
- announced** 3:9
24:19 26:24
- announcement**
35:13 37:12
- annually** 10:11
- answer** 4:2
23:25
- answered** 61:24
101:22
- anticipate** 57:2,
17
- anymore** 89:9
- anyplace** 82:21
- Anyway** 68:24
90:24
- apart** 30:23
- apartment** 77:13
- apparently** 89:23
- appears** 55:24
58:1
- applaud** 44:12
50:15 53:8
- Applause** 6:5
10:1 15:9
18:14 20:5
24:5 28:9
34:12 39:2
41:3 43:24
46:17 50:7
51:14 53:20
64:21 68:9
72:19 76:17
79:2 80:19
85:16 88:11
90:8, 16 93:14
97:7 99:10
101:16
- appointment**
29:17, 20 52:15
- appreciate** 5:12
24:16 28:4
47:1 64:16
65:4 72:22
93:13 99:3
- appreciated**
99:14
- appreciative** 4:14
- approach** 27:5
49:18
- approaches** 74:2
- appropriate**
10:16 11:1, 12
16:25 20:21
25:9 27:6, 6
61:10 62:4
66:2 71:1
91:20 92:13, 19
- Appropriately**
43:12 67:8, 15
- approximately**
4:10 34:20 59:8
- area** 29:18
40:17 67:13
- areas** 36:10
- arena** 46:24
- arisen** 69:20
- army** 39:23
- array** 52:18
- arrived** 44:3
- art** 98:2
- article** 8:8
- aside** 12:8
62:22 64:8
- asked** 8:19 11:3
20:11 30:6, 9
40:7 70:23
74:16 89:13
101:20
- asking** 43:25
97:3
- assertive** 52:8
- assess** 18:6
- assessed** 9:10
61:12
- assessing** 16:2
- assessment**
56:15, 22
- assessments**
56:19, 23
- assigned** 3:17
- assignment** 63:17
- assist** 46:13
63:10 64:3, 9, 14
73:2 100:7
- assistance** 14:23
17:19
- ASSOCIATES**
1:1
- Association** 10:7,
9 12:22 20:13
41:12, 13 44:7, 8
89:1, 3 91:2
- assume** 96:22
- assure** 12:2
51:12 60:6 70:9
- assures** 53:16
- astronomical**
92:10
- ate** 89:14
- attained** 30:14
- attempt** 23:6
- attempted** 23:4
60:11
- attend** 76:14
90:14

attended 7:25 33:14	backbone 24:14 45:9	behavior 30:4 31:11, 23 33:3 39:16 40:1, 24 45:3 97:16	big 81:9 83:7 86:10	83:20, 20 88:7
attending 101:22	backlog 92:17	Behavioral 5:18 15:17 17:10 18:19, 21 19:21 36:1 44:10, 14, 25 45:10 46:15 54:11 56:25 57:19 60:1, 19 61:11, 20, 22, 23	Bill 10:3 15:10, 13 82:24	brings 84:8
attention 4:7 30:17, 22 43:8 94:25	bad 23:19 90:2, 3, 4 96:12	beliefs 36:12 95:23 96:13	birth 29:3 94:7, 9	broadly 56:5
attentive 99:13	bags 40:13	believe 11:5 12:4, 24 13:5, 7 14:2 24:18 25:25 27:2, 14 33:25 39:17 41:20 61:10 74:13, 19 78:4 83:2 84:25 85:11, 11 86:12, 13 89:8 91:14 94:2 98:17	birthday 6:20	Brody 6:12 10:3, 3, 4, 6
attorney 22:10 102:11, 13	balance 5:15 30:15 47:10	behaviors 36:12 95:23 96:13	bit 9:9 89:18 90:13, 13	broken 78:16 89:21
audience 95:17 99:13	bare 40:6	believed 30:11	Blake 64:23 68:11	Brooke 5:17
audiotape 101:21	barrier 60:20	believes 36:24 46:3 52:5 87:5	block 64:23 68:11	brother 6:14 7:19 8:1 9:24 23:9 39:14
August 88:19	barriers 58:17 61:18 72:9	belt 89:10	bleak 68:1	brother's 7:22
autism 44:10 62:3	base 42:8 90:1	benchmarks 56:3	block 14:24 83:7	BSN 46:25
automatically 31:20	based 36:22 59:6	benefit 27:5 47:13 55:25 62:20	blow 30:11	Bucks 2:2 7:18 19:21 32:25 33:24, 25 41:10, 17 54:4 81:1 85:24 86:6 88:25 89:24
autonomy 52:4	basic 25:20	benefits 27:7, 8 52:2 60:23	board 35:4 41:11	budget 24:19, 22 25:3 27:20, 23, 25 47:10 49:14 70:12
auxiliary 79:9	basics 87:20	Bernadette 34:14 39:3	boarding 89:5	budgetary 60:4 87:9
avail 21:15	basis 45:4 58:14	best 7:9 27:2 32:5 33:7 80:16 81:20, 21 89:22 96:18, 19, 20	body 32:14	budgeting 11:25
availability 46:2 60:6	bathroom 30:9, 9	better 16:6 17:6 36:25 43:20 46:11 51:21 54:18 67:16, 19 96:21	Bolin 90:19 93:21, 22, 22 95:18	build 37:4 57:3, 18 69:7 87:16
available 32:21 35:17 36:2 45:18 52:6 53:5 57:25 60:14 67:11, 23 68:1 74:1 91:20 92:3, 4 95:21 96:7, 8	beautiful 39:20	beyond 27:4 56:12 64:2 75:14	born 29:2	Building 1:1 51:21 64:18 71:17 87:3 91:8
Avenue 6:17 16:13	bed 9:8 19:16 23:5 48:19, 20 52:23 53:5 67:7		bother 5:1 90:14	buildings 9:4 34:7 83:7
avoid 59:20	bedroom 94:17		bothers 4:25 5:1	built 72:5, 9
avoided 24:21	beds 5:19, 19, 20 13:13, 23 14:2, 12 18:23, 24 21:5, 18 26:11 27:15 32:24 35:12, 12 36:21 39:6, 8 41:23 42:1 43:10 48:12, 12, 16, 17, 17, 17, 23 49:4, 8, 9 55:10, 13, 22, 23 57:11, 12, 13, 14, 15 63:15, 16, 18, 21 71:15 75:17 78:19, 19 79:16, 20, 21 86:24 91:8, 16, 19 92:16		bought 97:1	Bureau 61:14
aware 13:14 58:15	budget 24:19, 22 25:3 27:20, 23, 25 47:10 49:14 70:12		brain 30:12, 12 31:7, 14, 14 62:2	bureaucracy 9:12
awareness 37:11, 17, 18	budgetary 60:4 87:9		brainstorming 91:13	burners 31:5
awesome 77:19	budgeting 11:25		break 9:20 21:25 22:1	bus 40:11
awkward 96:4	building 1:1 51:21 64:18 71:17 87:3 91:8		breakdown 88:16, 20	Bush 65:9
< B >	buildings 9:4 34:7 83:7		breath 29:13	business 8:8 82:22, 23 85:3 90:5, 10 94:23, 24
back 5:8 6:9 22:19 23:18 24:1, 3 32:19 44:1 50:24 68:12, 23 77:22, 25 84:2 97:11 98:5, 11, 18	built 72:5, 9		Brennan 2:10, 10	businesses 17:24
	Bureau 61:14		bridge 82:10 93:3	butcher 6:10
	bureaucracy 9:12		brief 4:11 6:16 99:19	buy 22:15 96:25
	burners 31:5		Bright 5:16 7:19 51:16 53:22, 22, 23, 25, 25 91:12	Byberry 12:11 97:18, 19
	bus 40:11		brilliant 82:7	
	Bush 65:9		bring 52:2 80:14	
	business 8:8 82:22, 23 85:3 90:5, 10 94:23, 24		bringing 38:9	
	businesses 17:24			
	butcher 6:10			
	buy 22:15 96:25			
	Byberry 12:11 97:18, 19			

< C >

C.C.R 102:17, 17**cabinet** 30:24**cadre** 48:5**calamity** 9:13**Calderara** 24:7

28:11, 11

call 21:12 38:1

52:13 70:8

Callahan 5:6, 9,

10, 11, 12

called 22:2, 9

32:13 33:15

38:2 81:1

calling 22:20

46:8

calls 37:13**calm** 33:16**campus** 9:3

17:20, 22 95:4

cancel 22:25**cancer** 7:2, 23**Canciones** 89:13**capacity** 27:4

42:15 51:24

57:3, 15 58:3

59:17 71:1, 7

73:14 74:12, 18,

19 87:3, 16 88:5,

8

car 93:19**Card** 93:19**care** 8:6, 6, 20

9:24 11:8, 13, 15

12:21 13:1, 3, 12,

22 14:4 15:7

16:15 18:7

21:22 23:4

26:21 27:2, 6

36:5 37:25

40:20 42:1, 4, 7,

22 43:18, 22

45:21, 23 47:14,

18, 20 48:1, 7

49:22 50:2

53:3, 4, 6 56:11,

20 57:15 58:2

61:5, 9, 15 64:4

67:17 71:7, 9

72:18 75:16

78:11, 19, 20, 25

79:18 80:8, 13,

16 83:24, 25

84:1, 1 85:8, 9

86:17, 19, 20

87:1, 15 97:15,

22 98:13, 14, 18

career 69:16

76:4 93:25 96:5

careful 7:16

16:19

cares 86:22**caring** 50:1**carry** 25:9

40:13

case 4:25 22:2

52:6 60:3

73:21 87:4

cases 4:11 34:2

39:12

Catchment 67:13**cause** 8:17

22:22 33:18

81:3 86:11 88:3

caused 26:23

30:11, 13

caveat 91:10**ceases** 21:6**celebrated** 6:20**cement** 83:7**center** 17:10

27:3 50:23

54:8 73:8, 13, 19,

23

centered 69:24**centers** 69:16

76:4

CEO 3:14 5:17

10:7 15:14

41:7 94:21

CEOs 94:13**cereal** 29:6**certain** 3:6 11:9

50:21 98:9

certainly 3:19

20:2 43:15 95:6

Certified 1:1

11:5, 17 16:8

18:21, 22 19:22

98:24 102:5

certify 102:6, 10**cetera** 35:18

69:22 77:11

chain 9:16, 18,

20

chair 31:3 50:13**challenge** 41:24

45:14 85:5

challenged

36:18 37:3 60:4

challenges 14:10

16:2, 18 26:14

47:19 48:6

52:5 57:2

66:24 68:4

challenging

25:18 45:2

95:22

chance 34:9**change** 18:13

23:16, 17 29:16

96:13

changed 20:3

32:15

changes 3:7

15:20 47:3, 16

49:19 52:25

80:18 86:10

characteristics

42:3

charge 13:18**charges** 48:2**charisma** 7:22**chasing** 21:14**cheap** 42:20

97:1

chemical 30:13**chemicals** 30:15

31:12, 12

Chester 22:22

54:4 81:1

Chestnut 31:2**chief** 91:1**child** 30:17**childhood** 29:11

31:9

Children 31:22

32:18

CHIPP 54:18

55:15 60:8, 13

CHIPPs 45:20

71:18, 22, 23

choice 11:2

69:24

choice-making

36:11

choices 65:15**choir** 90:24**choked** 9:11**Chris** 30:20

31:16 80:14

Christopher

28:17, 25 29:8,

21 30:16 31:3

Christopher's

28:21 29:3

chronic 42:5**church** 32:10**churches** 66:20

69:22 76:15

Cindy 28:11, 13,

16

circle 31:9 77:6**citizens** 21:4

26:8 68:6 76:8

City 22:4, 6, 22**city's** 40:13**Civil** 1:1 3:6

8:24 10:6 12:5,

14 13:11 16:12

20:15 21:5

24:18 25:6

26:1 27:15

35:4, 12 39:6

40:16 41:19, 22

45:12, 24 47:2,

18, 23 48:12, 16

49:8 50:16

51:24 54:6

55:9, 10, 13, 18,

21, 22 56:17

57:11 58:16

64:2 65:6

71:16, 20 72:15

73:13 74:9, 23

85:6 91:5, 8, 19

92:16 93:3

civilian 18:23**claim** 93:20**clarification**

10:24

class 55:5 73:5**classes** 35:1**clear** 24:20

47:4 58:6

Clearly 50:23

92:23 95:20

96:1

clever 84:12**clients** 21:17

23:13 92:25

climate 9:21**clinical** 46:21,

25 56:15, 24

57:19 59:13, 23

60:21

clinically 58:19

59:3 96:17

clinics 86:2**close** 3:5 9:14

21:5 24:17

33:22 34:4, 8, 9

35:3 41:19

48:22 50:15

54:6, 22 55:21

65:6, 18 86:24

90:3, 11 91:19

95:12 97:17

98:6

closed 12:11

18:23 33:11

42:2 81:24

97:18 98:20

closely 44:19**closer** 52:3

65:19

closes 78:3**closing** 1:1 8:7

13:11 14:16

21:18 25:5

39:6 40:16

47:2 51:23

53:16 63:12

71:16 74:9, 10

82:19 87:10

91:16 92:16

94:2

- closure** 10:5, 12
12:4, 13, 14
24:21 26:25
28:7 35:7, 13, 16,
19 36:3, 7 37:12
38:21 41:22
42:10, 17, 20, 25
43:10, 21 44:15,
22 45:8, 14, 17
46:10 55:9, 9
63:15 66:3, 5
67:5 71:19
74:22
- closures** 10:19
17:4 28:1
42:19 55:13
62:9 63:8 67:7
71:19
- clothing** 35:18
40:6, 14
- Clozaril** 19:11
83:21 98:3
- clubs** 76:15
- coalition** 12:12,
15, 17, 19 73:16
- coffee** 22:16
- cold** 20:9 23:19
- Collaboration**
16:4, 23 76:12
- collaborative**
18:11
- colleagues** 100:7,
20
- collectively** 42:3
- College** 69:14
76:6 81:2, 4
- Comance** 99:7
- come** 4:13, 17,
18 22:19 23:2,
15 30:10 33:16
42:21 43:12, 14
68:12, 23 77:22,
25 82:25 84:2
87:2, 25 93:20
98:5
- comes** 22:2
45:15 93:10
100:11
- comfortable**
100:10 101:4
- coming** 9:5
72:14 76:1
79:11, 16 97:10
- commend** 41:18
- comment** 15:20
- Comments** 1:1
54:5 55:19
74:21 101:18
- Commission** 65:8
- commitment**
39:6 42:23
43:5, 9 45:17
57:22 70:25
71:21 91:5
- commitments**
4:14
- committed** 8:10
34:21 35:20
55:14 81:19
- committee** 16:7,
17 50:14 64:14
73:10 82:17
- committing**
48:10 50:16
- common** 25:7
- Commonwealth**
24:12, 14 25:5
26:10 36:22
47:22 49:10, 23
65:2 68:7
- Commonwealth's**
49:14
- communicate**
82:15
- communicating**
15:21
- communication**
16:14 18:9
38:20
- communities**
20:22 21:4
36:15 43:3
49:11, 23 50:3,
19, 24 51:5
53:14 63:4
65:21 87:16, 18
- community** 5:23
7:18 10:14, 17,
21, 23 11:3, 19,
24 12:1, 9 15:2,
5, 24 16:4, 8, 20,
24 17:7, 12, 17,
19 18:9 21:2
22:21 23:7
25:10, 13, 17, 23,
23, 25 35:2, 8, 21
36:8, 9 37:2, 5
38:2, 5, 12, 14, 17
41:12, 22 42:1, 9,
14 43:7, 13, 22
44:15, 19, 25
45:5, 8, 10, 12
46:5, 14 47:19,
25 48:3, 7 49:9
50:17 51:6
52:1, 2, 8, 9, 18,
21 53:10 54:14,
17, 20 56:11
57:2, 6, 21 59:16,
19, 19 61:19
63:22 65:17
66:2, 6, 13, 16
67:1, 4, 7, 18, 21
69:1, 8, 12, 14
70:1 71:5, 23
72:8, 24 73:1, 4,
15 74:7 75:8
77:17 78:21
84:3 86:1, 2, 5, 6,
11, 18, 22 87:6,
14, 20, 22, 24
88:6, 8, 24, 25
91:20, 21 92:3, 6
93:2, 6, 25 94:1,
20, 22 95:2, 3, 7,
8, 11, 14 96:5, 7,
22, 23, 23, 24
97:4, 12 98:18
99:6 100:2, 10,
17 101:4, 9, 12
- community-based**
12:8 14:6, 9, 12,
17 15:7 20:16
35:22 38:22
41:8, 20 42:4, 6,
11, 22 43:18
56:21 57:3
64:19 71:24
- community's**
21:20
- companies** 90:10
- compassionate**
18:12 21:21
- Compeer** 81:5
- competencies**
57:4
- complement** 5:20
- complete** 28:24
94:17
- completed** 13:19
- completely**
31:23 91:23
- completion** 59:9
- complex** 42:3, 16
55:11 57:1
60:3 71:10 72:1
- complexity** 60:24
- compliance** 55:3
- complicated**
57:18
- complying** 65:22
- composed** 63:9
64:14
- comprehensive**
16:6, 11 21:1
55:16
- concentrate**
39:24 93:6
- concentration**
88:21
- concept** 48:11
49:5
- concern** 11:7
38:2 45:7
52:13 87:23
99:3, 8
- concerned** 20:14
25:21 35:6
37:13 58:24
74:12 80:25
- concerns** 6:14
13:12, 22 24:1
50:20 59:15
64:17 73:25
100:6
- concluded** 65:10
101:24
- conclusion** 9:17
27:11 76:10
- concrete** 28:8
- condition** 7:3
13:19 40:4
66:22 77:15
- conditions** 7:1
10:14 12:6, 18
14:1 15:1, 4
48:14 55:24
57:1 95:1
- conduct** 3:21
- conducted** 67:5
- conference** 9:12
21:11
- confident** 43:18
- conflicted** 93:24
- confused** 40:24
- congregative**
67:17
- connect** 76:7
- consequence**
31:17
- consequences**
91:17
- Consequently**
42:14
- consider** 24:25
27:12 51:4, 10
92:3
- consideration**
15:8 47:15
51:13
- considered** 58:21
- consistently**
60:11
- Constant** 30:1
- constantly** 29:4
32:11 97:14
- consult** 63:13, 19
- consumer** 66:21
68:25 84:5 86:9
- consumer-centric**
16:15
- consumers** 67:16
89:2
- contact** 36:11
- contacts** 22:12
- context** 62:24

- continue** 17:2
18:2 20:23
68:2 75:24 76:1
continued 29:6
37:6 43:5 62:11
continues 26:1
68:20
continuing 14:6
continuous 11:19
continuously
77:14
continuum 86:19
contracted 6:25
contribute 33:6
control 26:16
48:14
controlled 33:4
40:24
convened 12:12
conversation
26:5 30:21
87:16
conversion 70:25
convert 48:17
54:7
converting 48:11
71:20
Conway 41:5
43:25 44:5, 5, 6,
7
co-occurring
56:25
cook 7:16
Coordination
54:2
core 52:5
corporations
25:1
correct 4:24
correction 27:8
43:17
Correctional
26:19 56:18
59:2 71:14 73:6
corrections
26:12, 14 49:18
53:2 59:1, 6, 11
63:25
corrective 13:24
- cost** 47:21 87:8,
9
costing 49:10, 23
costly 52:19
78:13
costs 49:11
50:4, 4, 5 60:12
87:6
Council 99:18
100:6, 19 101:14
counsel 102:11,
13
counseling 52:7
counselor 85:25
counties 21:7
33:25 40:18
41:10 45:20
53:23 54:3, 10,
19 55:1, 11, 14
56:9, 14 57:8
58:7 59:8
60:11 63:18
64:3, 16 67:8, 13
74:22 76:12
83:4, 4, 25
country 8:16
14:16
counts 9:8
County 2:2
7:18 15:14
16:9 19:22
32:25 34:18, 18,
25 35:6 36:24
38:7 40:17
41:17 50:12
53:2 56:18
58:8 63:13, 19,
24, 25 64:9
67:10, 14, 24
68:17 69:1, 3, 6,
14, 17 70:1 71:7,
14 72:25 73:6
74:17 75:17
77:18 79:21
81:1, 1, 5 84:19
85:24 86:6
88:25 89:24
91:9 92:18
99:25 101:1
- couple** 34:7
47:14 77:5, 15
coupled 33:3
42:5
course 13:25
17:16 48:22
72:2 78:14
Court 65:24
102:5
courteous 99:13
courtesy 4:7
courts 101:9
CPS's 11:22
cracks 11:20
78:13 89:4
craft 45:11
46:11
CRC 1:1 102:6,
17
create 14:25
16:14 44:13
45:20 46:14
52:4 55:16, 23
70:25 71:22
74:24 75:25
92:17
created 22:12
35:22 54:24
67:21 69:7
creates 60:20
92:8
creating 37:6
38:10
creation 42:24
creativity 82:24
cried 29:4
crime 8:11
48:10
criminal 8:25
13:18 14:1
26:9 45:1 48:2
58:8, 8, 16, 18, 22
59:21, 25 63:20,
25 64:11 70:20
72:13 92:23
93:4
criminalize 72:16
criminals 49:7
crises 15:17
69:20
- crisis** 17:10
18:3 52:7, 7
67:19 69:19, 19
75:3, 9, 10, 14, 20
criteria 58:10
63:21
critical 11:21
13:5 14:21
16:5 42:23
cross-systems
59:24
CRR 1:1 98:13,
14 102:6, 17
CRRs 77:5, 10
crucial 15:23
crying 29:6
CSP 86:8 88:24,
25
curious 12:3
current 14:13,
25 16:3 17:14
20:15 48:16, 18,
18 52:22 53:17
58:1 60:3, 16
73:19
currently 5:24
11:11 12:16
13:12, 15 27:4, 9
35:19 37:23
38:3 44:17
45:5, 23 55:11
56:24 57:4, 17
58:15 61:6
65:20 66:24
73:9 75:17
77:21 78:6
87:13 101:8
curtailment
42:10
cut 14:21, 24
48:17 70:7
84:20
cuts 28:1
cutting 47:10
79:24
cycle 47:21
- < D >
dad 7:12
- daily** 35:17
39:25
Dallas 36:7, 14
damage 30:11
danger 19:8, 8
78:10
dangerous 15:3
39:11, 25 40:23
45:3
dark 40:5
DATE 1:1
102:9
dates 56:7
daughter 39:14,
20 93:22 94:4
95:13, 21 96:10,
12
daunting 52:4
David 90:19
93:21, 22
day 7:15 10:15
71:8, 8 76:3
86:9 89:5
93:12 94:15
days 17:16 40:3
day-to-day 71:8
de 89:13
dead 19:3 34:2
75:2 82:10
89:16 91:24
deal 21:7 23:1
24:23 25:24
91:4 92:23
dealing 5:22 6:3
death 49:12
decade 75:24
decades 17:5
18:2 25:14
December 22:25
decent 96:7
decertification
42:10
decision 3:7, 9
27:15 35:3
51:12 54:12
65:5, 18, 24, 25
dedicated 35:20
51:21
deemed 74:6

- deeply** 86:12
99:13
- defender** 92:8
- Defenders** 91:2
- defense** 73:22
91:2
- deficit** 24:19
25:4 27:25
49:14
- deficits** 24:23
27:21
- define** 95:3
- defined** 65:12
- defines** 56:5
- dehumanizes**
66:11
- deinstitutionalization** 14:15 25:15
84:14
- deinstitutionalizing** 92:21
- Delaware** 10:10
54:4 81:5 89:6
- delay** 51:23
53:16 91:19
- delayed** 29:8, 10
- delays** 41:10
- deliver** 4:9, 19
44:1
- delivery** 29:1
30:7 41:14
- delusional** 23:3
- demand** 42:6
56:10 58:25
59:16 60:15
64:1
- demands** 42:4
- democratic** 27:21
- demonstration**
31:1
- Dennis** 3:11
- Department** 3:5,
9, 13 4:1 24:13
25:11 26:13, 15
27:12 46:8, 14
55:5 59:1, 6, 11
61:14 63:25
100:9
- departments**
49:17 54:3
- department's**
44:13 45:8, 17
- depending** 60:23
- depleted** 70:13
- depot** 40:12
- Deputy** 3:12
91:11
- derision** 9:21
- description** 58:6
- deserve** 47:7, 21
67:1 82:1, 2
83:8 84:3
- designated** 65:1
- designed** 26:22
43:12
- desired** 11:11
- despair** 39:7
88:23
- desperate** 52:14
- despite** 86:14
- destroy** 30:19
40:25
- details** 92:12
- determine** 12:3
- devalues** 66:11
- devastating** 8:18
40:23
- develop** 16:25
18:7 55:7
63:14 64:13
66:13
- developed** 7:1
39:24 67:18
75:23
- developing**
14:10 16:10
30:12 59:22
87:4
- development**
18:10 56:11
58:4, 14 59:20
91:21
- developmental**
41:10
- Devereaux** 31:25
88:18
- devoted** 7:19
91:15
- DHS** 36:6, 7
56:13 74:17
- DHS's** 47:15
- diagnosed** 29:21
86:4
- diagnosis** 13:20
18:19 81:17
- dialogue** 16:1
68:5
- Diane** 41:5 44:4,
6 50:9 51:15, 17
- DiCiccio** 2:2
- dictate** 33:4
- dictates** 66:10
- die** 52:24
- difference** 8:5
- different** 7:4
19:1 23:21
74:14 84:9 93:7
- differently** 17:17
- difficult** 13:7
37:21 41:24
47:9
- dignity** 38:4, 4
- direct** 39:18
- Directly** 3:11
- director** 18:21
34:17 44:7
53:2 54:1
68:16 72:24
80:24
- directors** 35:5
- dirty** 40:14
- disabilities** 41:9
44:10 65:23
94:7
- disability** 62:2, 3
65:1 66:1
93:25 94:18
97:2, 2
- disappear** 40:3
- disappeared** 89:5
- discharge** 9:10
11:7 13:21
16:11 55:3
58:10, 13, 17
63:21, 22
- discharged** 6:17
11:13 12:20
13:1 14:8
25:12 35:24
- 43:2 51:7, 11
54:23 59:14
60:9 74:18
97:20, 20 98:12
- discharges** 33:23
56:10
- discharging**
54:24
- Discount** 93:18
- discovered** 29:25
- discriminated**
8:24
- discrimination**
66:2
- discuss** 58:9
- discussion** 58:7
- disdain** 27:24
- diseases** 40:23
- disorders** 32:4
40:22
- disposition** 58:13
- dispositions**
58:13
- disrupt** 36:4
- dissatisfactions**
36:1
- District** 28:23
- diversion** 21:18
74:5
- divert** 43:15
73:17
- diverted** 60:10
- Diverting** 72:10
- divisiveness** 9:21
- docile** 7:6
- doctor** 30:20, 21
52:17 70:16
98:2
- doctors** 97:25
- document** 55:21
56:5 58:4
- doing** 9:12
30:22 37:23
48:3 83:23
88:6 89:20
90:13 93:12
- dollars** 40:21
45:20
- doors** 100:2
- double** 5:7 6:8
44:1
- doubt** 35:14
94:15
- downsizing** 79:20
- downsizings** 17:5
- Dr** 29:17 98:2
- dramatic** 27:13
- drank** 89:14
- drawers** 30:24
- dream** 68:7
74:11 86:13
87:24
- dreams** 76:15
81:4, 11 84:3, 3,
4
- dreary** 66:9
- drive** 101:23
- driving** 98:24
- dropped** 88:22
- drowned** 89:7
- drug** 54:11
- Dublin** 28:22
29:25
- due** 13:18 29:1
31:11, 22 35:19
45:2 49:10, 12,
24 59:9
- duly** 45:7
- Durham** 6:18
7:6
- duty** 30:9 47:6
67:13
- dwindling** 9:8
- Dyer** 34:14
39:4, 4, 5
- < E >
- eager** 43:20
- ear** 30:2
- earlier** 21:5, 12
23:9 56:8
101:19
- early** 12:12
54:17 88:20
- ears** 30:2
- earth** 82:1, 21
- easily** 33:21
89:18

- Eastern** 32:1
easy 8:5 41:24
eat 19:12
economic 36:22
Ed 53:1
Edna 2:2 3:14, 14
education 29:23
 32:20 34:21
 69:12 72:6
educational
 69:14
Effect 32:13
 72:16 87:25
 92:7
effective 59:7
effectively 18:7
efficient 35:24
 70:10
efficiently 44:16
effort 7:7 12:23
 63:4 91:18
efforts 37:4
 44:13 62:9 63:6
eight 46:23
 98:23 99:24
either 3:22 19:3
 25:1 34:2
 46:10 100:24
electric 31:4
eleven 73:4
eligible 45:22,
 25 58:20 60:20,
 24 61:13
eliminate 27:15
eliminated 14:21
elimination
 14:23
Ellen 72:21
 76:18, 22
eloquently 87:2
E-mail 23:20
 24:4
embarrassed
 94:11
Emergency
 15:14 17:9
 71:13 78:15, 22
 99:25
- Emily** 81:14, 16
 82:19
emotional 32:3, 4
emotions 91:15
emphasis 69:21
employed 69:15
 80:9 102:12
employee 99:22
 102:11
employees 10:11
 24:9 79:10 90:6
employers 90:5
employment
 67:22 69:12, 23
 70:19 72:6
 76:4, 7 81:4
empowered
 12:19
empowering 76:2
empowerment
 65:15
empty 42:1
enable 36:8
enact 25:7
encourage 11:20
 18:11 25:6
encouraged
 68:18
endeavor 16:2
ended 77:11
ends 49:10
energy 35:11
engage 21:1
 28:3 68:5
engaged 72:8
engaging 28:6
enhance 67:14
enhanced 54:14
enjoy 7:15 68:8
enmeshed 26:9
enraged 89:20
enriched 44:18
ensure 10:25
 11:17, 20 12:15,
 20 14:12 16:5,
 23 35:16 45:17
 67:6 68:5
ensured 52:1
ensures 45:19
- ensuring** 13:5
 37:10
entering 25:24
 59:21
entire 25:19
 56:1, 4 85:24
 93:9 96:5
environment
 33:5 65:21
 75:12
environments
 65:15
episodes 86:16
equal 43:4
 50:18
equally 91:14
equipment 30:24
equipped 45:6
 92:23
erosion 72:4
escalated 32:3
especially 26:8
 33:25 50:18
 51:1
Essays 9:15
essential 43:13
establish 16:19
established 35:1
 63:9 65:9
establishing
 16:3, 7 94:1
estimate 64:1
estimated 48:24
et 35:18 69:22
 77:11
evaluate 97:4
evaluations
 10:22
Eve 23:4
events 35:2
eventually 48:14
everybody 39:9
 74:10 76:21
 79:6, 7, 17 80:5,
 7, 22 85:2, 3, 4
 93:12 97:12
 99:17 100:5
everybody's
 91:23
evidence 9:17
- evidence-based**
 11:22
evidenced 26:14
 40:10
exam 29:22
examine 17:7
examining 30:21,
 23
example 7:7
examples 67:23
exceed 26:24
exclusively 91:4
executive 34:17
 44:7 68:16
 80:24
exhibit 95:25
exhibiting 42:16
 95:24
exist 40:23 71:6,
 6
existing 18:6
 25:23 62:11
 71:25 87:19
exists 46:11
 52:18
expand 27:4
 75:24 76:2
expanded 35:23
 67:21 74:15
expanding 56:1
 59:23 64:18
 73:14, 23 79:12
expansion 13:23
 14:2 27:13
expect 78:8
expectations 94:8
expected 25:12
experience 5:21,
 22 21:6 37:14
 54:23 69:2
 73:2, 2 74:3
 76:14 85:25
experienced
 96:18
experiencing
 18:18 66:23
expertise 12:22
 38:8
experts 32:16
- explain** 28:19
 89:17
explained 29:19
explicit 43:5
exploring 74:5
expressed 4:5
expressing 54:10
extended 5:19
 11:8, 13 13:3
 18:24 19:16
 45:21 71:9
 75:14, 16 78:18
 86:21
extensive 48:7
extremely 35:6
 39:17 40:4
 89:16
eyes 81:24
- < F >
face 57:25
faced 13:20
 26:14
faces 27:25
 90:25
facilitate 16:1,
 22 42:25
facilitated 65:14
 73:5
facilitating 74:5
facilities 13:2
 25:9 40:10
 49:6 51:3
 56:18 59:2
 61:21 94:10, 12,
 15 96:5, 9
facility 9:2
 28:20 33:10, 17
 46:12 52:22
 61:7, 13 71:14
 73:6 92:14, 14
 95:8 96:6
fact 31:23
 43:10 56:5
 57:13 58:4
 82:7 84:16
factors 56:19
fail 36:17
failed 47:6 78:7

- failing** 53:12
88:22
Failure 43:14
66:12
fair 25:2
faired 77:21
fairly 3:3 30:20
fall 11:20 81:8
89:4
familiar 80:15
families 16:9
21:8 34:23
35:7, 25 41:1
52:3 66:19
76:13
family 7:8, 11
12:18 13:14, 21
29:15, 18 31:2
34:7 35:15
36:5 37:13, 19
41:1 69:22
73:2, 15 80:25
83:14, 15, 16
84:1, 5 85:8
93:2 98:10, 11
99:23
far 7:3, 24
32:20 71:12
74:9
farm 9:5 95:10
fashion 26:3
Fast 99:24
father 7:16, 21
fault 34:10
favor 8:24
favorite 7:15
fear 72:3 92:10
fearful 19:14
92:16
feasibility 25:14
federal 65:2
feel 11:11 12:6,
13 20:15, 20, 22
31:7, 8 39:7
66:14 72:16
78:20
feels 78:16
feet 40:6 82:6
fell 31:5 81:7, 9
fellow 68:6
felt 100:1, 2
field 29:19
83:19
fifth 28:24 32:6
fifty 33:17
fight 86:9
fighting 34:9
figure 82:25
88:5
fill 7:20
final 99:12, 14
finally 23:5, 5
32:2 58:23
62:23 64:13
67:25 88:22
98:12
financial 43:21
53:13
financially
102:13
find 5:14, 23
8:19 15:5, 5
22:3 25:17
43:20 71:24, 25
75:3 77:9 80:3
81:4 83:10
93:24 96:4
101:3, 11
finding 72:7
fine 13:20 29:9
finish 101:6
firmly 94:2
first 4:23 5:5
6:1, 9, 22 9:23
15:21 21:24, 25
24:20 29:5
31:24 44:12
47:4, 17 54:17
68:17 78:14
83:21 85:20
92:20
firsthand 69:6
76:14
Firstly 7:4
fiscal 42:8
67:25 68:1
fit 16:22
five 4:10 5:15,
15 30:17 32:14
42:17 53:23
54:3, 10 55:1
64:6 66:25 83:3
flexibility 60:25
61:1
focus 35:23
88:21
focused 38:11
fold 81:25
folks 6:9 87:19
88:6, 7
follow 5:10
24:2 85:21
101:1, 1
followed 5:6
6:7 15:11
18:16 20:7
24:7 28:11
32:16 34:14
39:4 41:5 44:5
46:19 50:9
51:16 64:23
68:11, 13 72:21
76:19 79:4
80:21 85:18
88:13 93:21
97:9
Following 6:11,
12 10:3, 19
11:16 28:14
53:23 90:18
follows 3:22
follow-up 11:19
49:22
fond 6:22
food 35:18
foot 82:4
forced 47:9
forcing 94:16
Ford 1:1 3:3
forefront 38:23
foregoing 102:7
foremost 6:1
24:20 44:12
47:4, 17
forensic 3:7
8:25 13:10, 13,
15, 18, 23 14:2
20:19 21:17
23:13 26:11
27:3, 4, 13 35:12
47:3, 18 48:12,
17, 19, 21, 23
49:4, 5, 9 53:3
54:7 55:6, 23
56:17 58:5, 11
64:1, 1 71:20
72:15 73:8, 13,
14, 16, 19, 23
74:2 76:5
79:15 85:7
91:7 92:14
forensics 52:25
79:16
forever 75:13
forget 78:12
forgive 20:8, 9
former 48:9
50:14 52:21
53:12 76:23
100:25
Fort 5:18
forth 66:4
forthcoming
15:20
Forty-two 81:6
forward 18:5
28:5 38:12
46:14 55:15
64:18 71:23
93:5 101:15
forwarding
99:24
Fostering 66:16
found 8:7 37:9
40:3, 4 69:15
81:10 82:10
89:6
Foundation 41:7,
17
four 23:3 29:12
31:3 32:14
64:3 75:18
fracking 25:2
framework 49:19
Frank 76:19
79:3, 7
frankly 5:13
Fred 2:6, 7, 7
free 89:8, 22
Freedom 65:8
freezing 40:5
frequently 70:23
74:16
frequently-asked
55:20
friend 29:15
84:7
friendly 100:9
friends 22:15
31:9, 10 33:21
36:12 52:3
69:22
front 3:11 42:23
frustrations
37:22
fulfilling 67:3
fulfillment 66:14
76:16
full 9:3 15:2
59:17 65:16
77:17
fullest 34:23
38:25
function 19:8,
14 86:17
functioning
88:19
fund 24:23 47:7
78:24
fundamentally
36:4
funded 12:1
43:13 45:24
funding 9:11
12:4 14:6, 7, 21
16:25 17:1
20:16, 24 21:2,
10, 14, 20 23:15
35:11, 17, 19
42:8, 14, 21 43:5
46:1 51:5, 10, 25
55:14 56:14
57:7, 22 58:22
60:6, 8, 13, 14, 23,
25 62:6 63:23
64:10 67:11
70:5, 7, 9, 25

71:18, 24 79:23,
24 84:20 97:5
fundings 12:2
71:22 80:2
fun 12:8
40:18 42:23
47:12 60:12
61:11 62:22
64:7 68:1 72:11
funerals 90:14
further 4:23
36:9 38:12
50:25 58:7
102:10
future 14:13
15:1 17:2, 20, 24
21:3 26:5 35:9
38:22 43:20
46:12 53:17
55:18 56:10
57:7, 17 58:3, 25
59:16 61:2
62:12, 16 64:6
71:3 76:11, 25

< G >

Gabriel 2:10
gain 87:11
gaining 61:8
64:3
gap 93:3
gaping 25:3
garbage 40:13
Gary 44:5
46:18, 21
Gates 82:24
gather 46:8
general 14:23
46:6
generation 43:14
generations
14:13 15:1
generic 60:11,
14 61:25
gentleman 37:14
80:14
gentlemen 3:2
46:21 93:15
geographical

31:10
George 65:9
Germantown
6:17
getting 49:22
50:24 70:20
87:15, 20 90:12
92:19 100:14
giant 7:20
gifts 68:7 81:10
Gilroy 50:9
51:16, 16, 17, 18
girl 30:10
girls 30:9
give 4:7, 8 23:4
24:4 34:9
44:17 56:8
97:5 99:4
given 11:9 57:6
74:23 94:8
gives 7:12
giving 6:22
57:13
gladly 97:5
Glen 5:17
glimmers 37:22
Gloria 2:6, 7
go 3:24 4:21
5:16 8:9 22:4,
6, 15, 21 39:11
49:3, 4 66:17
80:4 81:3
86:24 88:17
89:10, 11 92:12
94:5
goal 57:5 60:5
72:10
goals 58:6, 9
63:20
God 21:24
81:25 82:18, 20
84:13 85:21
goes 20:11
22:24 75:14
going 6:10, 11
7:13 8:9 9:20
18:23 22:13
23:18 68:22, 23
71:23 75:13
78:1, 11 79:11,

20 83:8 87:8, 9
88:9, 9 89:11, 25
90:1, 3, 21 91:23,
25, 25 92:5, 11
93:17 94:5
96:13 100:24
101:2, 15
Goldstein 98:3
Good 3:1 6:11
10:4 12:5
15:13 19:12
24:8 28:16
29:15 34:15
39:22 41:6
42:19 44:6
46:20 49:19
50:10 51:17
53:25 64:24
72:22 79:6
85:21 89:19, 19,
20 90:20 94:20,
21 96:15, 17
97:15, 25 98:7
99:16
goodness 80:23
gosh 6:11
gotta 22:23
gotten 23:9
government
40:20 52:11
90:2, 3, 4
Governor 2:7
24:17, 21 47:9
49:13, 16 53:8
grade 32:6, 7
88:22
graded 58:22
63:23
grades 88:21
grand 46:4, 10
grants 14:24
Grasso 28:15
34:13, 13, 15, 16
grassroots 34:20
51:20
grateful 39:17
73:24
great 21:7
22:14 37:4, 10
39:9 42:4

45:14, 15 81:10,
10 83:5, 6, 23
100:4
greater 9:17
67:21
greatest 72:2
82:9
greenhouse 98:1
grew 99:20
gross 29:8
ground 100:9
grounds 15:15
17:23 33:2
62:10, 15, 16
79:14 81:6 95:8
group 5:13
32:22 33:7, 11,
23 37:23 63:3
65:12 85:13
groups 21:8
35:1 86:5 91:14
grow 65:14
92:6, 6, 10, 11
grows 92:17
growth 14:19
37:6
guarantee 62:12
guaranteed 17:1
guard 39:23
guess 19:1
83:11 91:6
guy 22:18

< H >

habit 95:23
Hakeem 97:9
99:17
half 7:21 28:19
29:21 59:12
Hamburg 100:25
Hamilton 88:13,
14 90:18
hand 38:14 94:4
handle 32:22
33:24 45:6
97:16 98:11
hands 8:21
31:4 81:25
hang 101:10, 11

happen 5:7, 8,
24 39:13 78:2
101:2
happened 31:7
75:10 88:20
97:24
happening 37:11
75:9 87:21 88:9
happens 22:16
39:9 70:14
happier 96:14,
17
happy 15:2
16:16 29:2
96:16 98:15
hard 39:21
60:12 62:25
harder 72:7
hardship 33:17
harm 8:23 33:1
harmed 19:4
Harper 18:16
20:7, 7, 8 24:3
Harrisburg 4:1
47:6
Hartl 39:4 41:5,
5, 6, 7
hate 97:16
98:19
hated 88:16
89:16
hating 89:18
Hawthorne
32:13
head 31:6
heal 15:5 65:14
Health 3:12
9:22 10:7, 8, 14
12:6, 18, 21
13:19, 25 14:10,
11, 14, 19, 20
15:1, 4, 17 17:11
18:19, 20, 21
19:21 20:13
24:13, 14 26:12,
18, 22 35:22
36:1, 16 37:1, 14,
17, 18 40:9, 21,
22 41:9, 14, 18
44:10, 14, 25

45:10 46:15
 51:20 52:16
 53:15 54:1, 3, 11,
 11, 14, 14, 21
 55:2, 8 59:7
 60:2, 19 61:3, 10,
 11, 12, 15, 20, 22,
 22, 23 62:1, 14,
 24 63:14, 20, 24
 64:5, 9, 12, 20, 25
 65:5, 8 66:6, 21,
 23 67:14, 16
 68:4, 16, 24 69:3,
 11, 16 70:3, 9
 72:10 73:3, 12
 78:24 81:8
 83:17 84:15
 85:1, 2 86:1
 89:1, 2 91:2
 93:25 99:7, 19
 100:10, 25 101:7
Healthcare
 24:10 26:4
 27:11 36:23
 49:8, 10 61:3, 5
HealthChoices
 45:23 60:13, 20
 61:1, 25 64:11
healthier 43:23
healthy 10:17
 97:25
hear 3:2 32:8
 90:9 95:2
heard 11:4, 17
 20:12 51:13
 70:15 74:10
 79:17, 24 82:8
 86:9 87:12
 100:2
HEARING 1:1
 2:2 3:4, 8, 21
 4:16 5:7 30:1
 44:2 50:6
 101:20, 24
hearings 43:7
 91:5
heat 40:14
Hedges 88:18
held 65:25

Helen 2:10, 10
he'll 32:23
Hello 18:17
help 8:20 9:24
 12:22 15:16
 16:14 18:2
 19:24 20:1
 23:6 33:8 34:9
 43:19, 20 45:8
 49:2 62:7
 67:20 70:18
 73:22 76:6
 77:8, 19 81:2, 23
 82:13, 16 83:5,
 21 84:1, 17
 89:13 90:6
 101:12
helped 77:2, 2, 7
 99:6, 22
helpful 75:16
helping 11:6, 18
 18:6 32:10
 69:21
helps 20:1
 69:24, 25
hepatitis 6:25
hey 5:3
Hi 39:5 68:15
 76:21 80:22
high 12:21 27:7
 39:22 45:5, 6, 22
 60:2 61:2
 81:17 91:16
higher 13:1
 45:21
highest 78:25
highlight 63:12
highly 75:25
Hill 31:2
historically 45:16
histories 42:3
history 10:12
 39:7 54:13
 83:23 99:19
HMO's 64:5
hold 29:13
holding 37:22
holistic 65:13
home 7:5, 14
 8:13 13:21

22:2 23:2
 32:22 33:7, 12
 37:23 39:14
 61:3, 5, 22 66:15,
 18 78:20 81:25
 84:7
homeless 19:18
 20:18 22:18
 52:24 75:2
 78:9 91:24 98:8
homelessness
 72:12
homes 33:23
 39:11 61:8 64:4
honestly 77:7
honor 37:10
Hope 3:2 15:21,
 25 17:7 18:2
 21:2 32:23
 36:20 37:8, 22
 51:4, 9 56:2
 65:15 66:13
 68:20, 22 100:7
hopeful 45:16
 76:11
hopefully 16:14
 30:14 47:15
 93:20 101:1
hopes 34:23
 38:10 76:15
 81:11
HopeWorx
 68:16 69:5, 18
 70:14 72:25
 77:18
hoping 21:7
 87:24
horrific 40:22
Hospital 1:1, 1
 3:6 5:18 6:15,
 19, 21 7:8, 18
 8:3, 7, 11, 13 9:6,
 10 10:6, 18
 12:11 14:8, 12
 15:15 16:12
 17:4, 9, 13, 15
 18:25 19:3, 10,
 20, 25 20:2
 22:21 23:5
 24:18 25:8, 12,

16 26:1, 6 27:3
 28:18 31:2
 32:2, 21 33:2, 6,
 9, 10, 16, 22 34:1,
 6, 6, 8 36:3
 37:12 39:8, 16,
 19 40:16 41:19,
 23, 25 42:13, 19,
 21 43:1, 2, 10, 19
 46:22 47:3, 13,
 24 48:4 50:13,
 14, 16, 22 51:8,
 11, 24 53:4 54:6,
 7, 16, 18 55:10,
 13, 18 56:16
 57:5, 9, 12, 25
 59:15 60:10, 17
 61:6 62:10, 21
 63:16, 17 65:7,
 19, 20 66:10, 25
 67:9 69:4, 9
 71:2, 4, 16, 18
 72:14, 17 73:8
 74:4, 9, 10, 19, 20
 75:4, 7, 9, 10
 76:1, 23 77:22
 78:3, 3, 6, 11, 15,
 18 79:10 81:7
 83:6, 19 85:12
 86:2, 21, 24 87:7,
 11 94:6 96:11,
 14 97:13, 19, 22
 98:21, 23 99:21
 100:3
hospitalization
 9:2 19:7, 7 77:3
hospitalizations
 77:11
hospitalized
 19:6 74:4
 77:14 78:1
hospitals 14:17
 24:12 33:19
 34:5 43:16
 47:18 53:3
 54:22 66:5, 21,
 25 68:3 69:19
 71:13 85:15
 90:1 98:6

Hospital's 25:18
 73:10
hot 31:5
hour 29:7
hours 29:12
 33:11 89:11
 95:4, 19 96:9
House 6:18 7:7
 22:18 89:5 98:7
household 99:20
houses 26:25
 94:18
housing 20:21,
 24 52:9 59:23
 60:12, 12, 14
 61:25 62:22
 64:8, 12 67:16
 69:23 70:19
 76:5, 5 77:6
 78:4 89:25
 92:3 100:14, 21
hovel 96:25
hub 98:1
huge 7:7 42:6
 84:18
hugs 7:12
Human 3:5, 9,
 13 14:22, 24
 25:11 27:12
 41:15 44:8
 49:17, 24 50:13
 55:5 64:10
 73:10 74:12, 17
 82:17
humor 21:24
hundred 26:25
 33:18 79:17
hurting 97:14
husband 30:13
hyperactivity
 29:22 31:1

< I >
I.D 64:10
icy 40:6
idea 23:22 66:8
 74:9
identified 16:11,
 21 49:1 58:14
 59:11

identify 4:17 21:9 55:2 56:19 62:5 63:20	importantly 37:8 44:17	increased 24:23 35:23 38:5 46:14 47:21 55:7 67:19 74:1	17 56:17, 23 57:1, 20, 21 58:15, 17, 20 59:1, 3, 8, 10, 12 60:3, 16, 21 61:2, 6, 17 62:7 63:2, 5 64:19 65:3, 17, 20 66:3, 5, 17, 24 67:10 68:4, 13 73:1, 17, 20 74:1, 3, 13, 20 75:2, 3, 4, 6, 8 76:1, 7, 13 86:3, 15, 19, 20 87:7, 13, 25 91:3, 7, 14 92:22 93:7	input 15:22 16:13 19:23 38:19
identifying 16:1	impossible 96:21	increases 25:7 47:8 70:5	inside 66:9 89:8, 9, 15	insidious 40:1
ignore 40:17	improve 14:4 37:2	increasing 59:22 60:15	institution 81:9 95:13, 14, 14 96:24	institutional 25:21
ignored 39:10	improved 36:10	independence 52:4	institutionalizacao n 66:1	institutionalized 68:6 84:17
II 65:23	improving 63:5	independent 56:15 69:11 72:6	institutions 10:13 43:16 50:19, 22 51:6 53:9 82:19 83:1 84:18 94:3, 13	institutions 10:13 43:16 50:19, 22 51:6 53:9 82:19 83:1 84:18 94:3, 13
ill 26:16 27:5 40:12, 17, 19 50:2 91:5 92:24	impulsively 31:18	indicates 48:24 56:23	institutions 10:13 43:16 50:19, 22 51:6 53:9 82:19 83:1 84:18 94:3, 13	insufficient 58:1
illness 8:16 21:6 26:7 34:19, 22 35:11 36:18, 23 37:4, 9, 20 38:12, 13, 24 39:10, 23 40:1, 11, 25 41:21 42:16 43:11, 14, 16 49:1, 3 51:19, 22 53:9 59:12, 21 61:17 63:3, 6 65:3, 11 66:8, 12, 20, 22 72:17 81:3 86:4, 7, 16, 23 90:10 95:24, 25	inaudible 23:25 24:2 28:12 95:17	indicators 36:13	insurance 60:18	insurers 16:9
illnesses 25:16 26:8, 19, 21 66:6	inappropriate 31:11	indictment 9:1	integrated 54:18	integration 65:22
imbalance 30:14	incarcerated 20:18 26:18 52:24 73:11 74:3 75:2	indiscernible 97:6 98:22	Intellectual 9:15 41:9 44:10 62:2 93:25	intense 87:17 88:1
immediate 29:24	incident 30:8	individual 4:23 6:7 10:2, 25 12:9 15:10 18:15 20:6 24:6 28:10 35:15 41:4 46:18 50:8 51:15 53:21 54:19 57:4, 6 58:11 59:18 68:10 72:20 74:6 76:18 79:3 85:17 88:12 90:17 93:7, 10, 20 97:8	intensive 52:8, 19 56:24 58:25 59:13, 14, 23 61:5 87:8 88:2 98:18	intensively 59:16
immediately 29:3, 17, 20	include 12:17 16:8 24:22 46:12 59:22 60:25 62:19 68:25 71:22 100:8	influenced 33:21	intention 3:5 12:7	interest 53:8
immune 32:14	included 42:11	inform 47:15	interested 102:13	intern 29:15
impact 38:14	includes 10:22 58:8 68:21 86:19	information 11:24 35:1	International 24:10	interns 31:1
imperative 42:18	including 14:22 52:2 61:3 69:3, 8 73:8 86:1	informed 16:16	interns 31:1	intervene 61:14
implementation 56:3	inclusion 86:11	infrastructure 24:15 42:24 54:25 57:19	intervention 11:21 52:7	intricacies 87:3
implemented 62:24	inclusive 44:18	infusion 42:21	introduced 24:22	
implore 78:23 84:23 85:4 91:18 92:2	incomes 60:17	ingenious 82:7		
importance 14:7 43:4	incompetence 9:1	inherent 5:23		
important 53:19 62:5 75:21 97:11 99:20 101:13	inconsistent 37:22	initial 56:12		
	incorporate 43:10	initially 67:11		
	incorporated 11:4	initiative 62:23 63:2		
	increase 14:3 20:23 21:14 27:22 47:11 57:3	injury 49:11 62:2		
		inmate 26:24		
		inmates 26:12, 16, 20 27:1, 2, 5 48:25		
		innocent 49:12 50:5		
		innovative 35:21		
		inpatient 5:19 52:20 86:2		

introduction 91:1
introductions 3:10
Invega 22:14, 16
invest 11:21
 12:24 14:16
 27:3 97:3
invested 41:14
investigation 26:15
investing 12:7
investment 15:7
involve 18:10
involved 21:13,
 16, 23 35:7
 54:19 55:6
 62:7 70:20
 86:5 88:24
 102:12
involvement 44:11, 14, 25
 45:2, 11 46:16
IOP 77:4
Ireland 93:21
 97:9, 10 99:2
irresponsible 66:16
isolate 26:16
issue 53:19
issued 65:9
issues 17:11
 33:4 41:9 48:6
 49:1, 11 53:13
 58:9, 19 73:3
 74:2 100:12
its 26:14, 24
 27:4, 14 30:5
 38:7, 13 41:18
 42:8 47:6 63:1

< J >
J.H 55:4
jail 19:3, 18
 34:1 73:17, 19,
 20 74:8 78:9
 91:6, 23 98:8
 100:12
jails 48:25
 78:22 92:9, 19

January 1:1
 22:25 36:6
 55:20
Jenny 82:20
Jerry's 93:18
Jersey 1:1 7:24
 102:6
Jim 37:15, 17,
 20, 24 38:1
job 33:2 69:15
jobs 27:8 39:22
 98:23 100:19
 101:3
John 2:2
join 44:20
 91:10, 18
Jones 97:9
 99:11, 14, 16, 17
journey 37:24
 65:13
joy 66:14
July 29:1 56:13
June 56:8
 63:15 64:2
justice 14:1
 26:9, 15 45:2
 58:8, 16, 18, 22
 59:21, 25 63:20,
 25 64:11 70:20
 72:13 73:5
 92:23
justice-related 73:3

< K >
KARASCH 1:1
Kathie 68:13
 72:20, 23 84:13
Kawana 64:23
 68:10
keep 18:9 33:1
 34:7 50:3
 69:23 75:8, 10,
 23 79:15, 21
 80:9, 9, 9, 11
 89:20 90:21
 97:23 99:16
keeping 46:6
 80:7 83:1

kept 9:4 14:18
 30:12, 21 82:21
key 11:2
keys 93:16, 19
kicked 27:19
kill 90:4
Kim 50:11
 82:18
Kimberly 6:7
 44:4 46:19 50:8
kind 39:20 77:4
 81:13 97:16
knew 7:17
 23:15 25:4
 37:18 81:11
know 7:4 9:6,
 12 10:15, 16, 18
 11:2 15:4
 18:20 19:11
 20:17 23:14, 20,
 21, 22, 23, 23, 23,
 24 39:9, 12 40:7
 41:1 50:17
 52:10 68:22
 75:4, 15, 16, 21
 77:7 78:8 80:3,
 5, 16 81:5 82:9,
 20 83:11, 12, 15,
 22 84:4, 11, 24
 90:25 91:15, 16,
 18, 24, 25 92:15
 93:9 95:7, 8, 24
 96:11, 12 97:21
 99:2 100:1, 3, 11,
 19 101:1, 6, 7, 10,
 10, 11, 11, 12, 13
known 12:11
 41:12 54:18
 80:13 90:21
knows 6:21, 21
 39:9
Kozlowski 72:21
 76:19, 19, 21, 22

< L >
L.C 65:25
L.P.N 79:8
La 101:10
lack 23:7 45:16

lacking 35:13
ladies 3:1 46:20
laid 100:24
landlords 100:15
landmark 65:24
landscape 68:1
languishing 14:1
 85:10
large 24:18
 49:10 50:4
largely 61:8
larger 31:11
 63:3
largest 10:8
 51:20
Larry 6:19, 21,
 23 7:4, 7, 11, 14
 8:6, 6, 9 9:24
late 88:19
Laughter 85:22
 99:1
laundry 7:16
law 8:25 65:2
lawsuit 26:11
 55:25 92:12
Lawyers 90:21
 91:3
layers 40:14
Lea 1:1 102:5
lead 10:16
 12:23 24:9
 72:4, 12 76:3
 85:14 92:22
leader 64:25
 83:19 85:12
leaders 28:3
leads 43:22
 47:21
learned 84:16
learning 30:1
lease 62:15
leave 17:3 98:9
leaves 35:13
leaving 11:1
 19:24, 25 28:25
 36:17 42:13
 43:19 55:17
 67:8 71:2
lectern 4:18
led 82:18

left 33:19 57:11
 71:4 80:17
 93:16 98:22
legal 48:6 49:11
 50:4
legislation 27:19
legislators 24:25
 28:6 70:8 80:1
legislature 24:24
 25:7 27:17, 24
 28:2 47:6, 11
 49:16
legislature's 47:8
Lehigh 51:18
 52:13 53:2
Lenape 41:7, 17
lends 38:14
lessened 52:20
letter 2:2, 2, 7, 7
 32:17
letting 18:17
 50:5 79:7, 12
 89:11 97:10
level 11:15 32:6,
 7 37:25 45:21
 56:20 58:11
 60:14, 23 67:24
 71:15 72:11, 17
 78:5, 10, 25
levels 13:1
 45:23 61:3
 86:10
License 1:1
 102:17
licensing 61:18
life 9:3 10:14
 11:3 16:6
 25:22 30:16
 32:11 36:10, 13
 39:21, 25 44:18,
 19 53:12 67:4
 69:7 76:15
 77:9 81:18
 84:9 85:24
 94:16 98:21
 99:23
lifelong 99:18
lifetime 5:21
limbo 73:21
limit 60:17

limited 57:16
70:3 75:7, 17
Line 20:10
lines 18:9 20:12
link 9:18, 20
List 2:2 3:17,
20 4:25 20:19
21:17 22:8, 8, 11
23:20 48:18
73:18
listen 6:14 24:1
listening 39:6
89:13
lists 67:10
little 8:4, 5, 21
9:9 30:16 49:2
58:24 99:19
live 6:17 7:5, 6,
24 8:22 16:6
17:14 19:4
22:5 31:16
36:8 38:11, 23,
24 41:21 43:3
44:14, 18, 20
57:6 59:19
65:20 66:1, 9
67:1, 3 87:22, 24
93:1 94:16, 19
97:14 98:14
lived 6:15 7:10
25:19 33:20
37:14 69:2
73:2 84:4, 14
85:24 98:15
lives 10:17 15:2
17:7 18:12
25:19 34:23
36:4, 4 38:24
43:23 49:24
50:5 51:22
63:5 66:9 67:1
69:10 70:19, 21
76:3 87:23 93:1
living 8:12 17:6
19:19 34:22, 23
35:10, 17 37:9,
23 38:3 39:25
44:17 48:3
53:9 61:15
67:21 68:4

69:12 72:6
77:5, 10, 12, 12
78:22 84:17
94:18 95:1, 3, 6,
6 98:15
Lkralovich 2:10
local 34:19, 24
51:18 74:17
92:9
locate 37:24
located 15:15
62:13 69:16
95:14
lock 100:12
Lodge 77:6
long 10:12
23:19 26:15
36:15 37:21
43:7 47:22, 25
48:3 54:13, 23
62:25 73:18
80:23 82:10
83:2, 6 99:17
longer 53:22
58:11
longer-term
57:15 58:12
longest 76:24
long-term 7:5
11:12 13:2
15:6 17:10, 25
19:16 43:9
45:4 52:20
54:15 56:11
58:2 61:9, 14
64:4 66:21
67:12 71:9
86:20
long-time 37:19
look 18:5 28:5
38:12 55:15
64:18 84:18, 19
93:17 95:6 96:8
looked 22:21
looking 90:24
93:19
looks 86:21
looming 27:20
lose 70:21

losing 37:7, 8
69:23 70:19, 19
loss 8:18
lost 35:11 49:24
88:20
lot 5:8 8:4
71:8 79:9
84:11 91:12
92:12 94:20
95:5 101:8, 9
Louis-Reid
85:19 88:13, 15,
15 90:9
love 7:12 39:15
81:8, 9, 9 84:24,
24, 25 85:13
loved 21:22, 23
28:23 34:10
36:18
loving 7:22
39:20
Lower 9:5
loyal 90:7
LTSR 77:23
78:6
LTSRs 87:3
LTSR's 18:24
luckily 22:12
Ludwig-Nagy
5:10 6:7, 8 44:4
Lumpkin 1:1
102:5
Luna 90:18
lunch 8:2
Lynn 6:10, 12

< M >
Magellan 22:3,
11, 20 50:12
80:10
Main 20:10
maintain 17:11,
23 43:6 52:16
66:13 68:2
major 52:12
majority 56:16,
23 91:7 101:5
making 65:18,
19 70:24 77:24

Mako 2:9
Malloy 79:5
man 82:7
Man, 9:16
manage 18:7
70:18 72:9
managed 39:22
61:15
management
52:6 87:4, 4
mandate 65:23
Manning 20:7
24:7, 7, 8, 9
manpower 49:7
Marcellus 25:2
Margulis 44:5
46:19, 19, 20, 21
Maria 24:7
28:10
Marion 3:11, 12
91:11
Mark 82:24
Marlene 88:13,
14, 14 90:17
Mary 81:22, 22,
24
MAX 44:7, 12
45:7, 18 46:3, 7,
8, 9, 13
maximize 17:18
maximum 59:2,
10 98:13
Maynard 91:11
McCutcheon 2:2
3:14 91:12
McDonald's
101:10
MCES 15:16, 17
78:15
meals 7:15
mean 21:5
43:11 75:20
78:22 83:2
91:12 95:3
meaning 76:16
84:8
meaningful 26:1
28:4 36:19
68:5 69:7 76:3

means 70:18
meant 58:23
Mebane 29:17
mechanically
31:19
media 43:7
Medicaid 22:23,
23, 24 45:24, 25
60:17, 19
medical 7:1
50:4 83:18
Medicare 60:18
medicated 97:23
medication 6:24
32:14 70:17
77:24 78:5
81:20 89:12
medications
32:12, 15 78:16
medicine 77:19,
21 86:15
meds 19:13
meet 22:15
35:8 37:10
47:12 51:7
52:11 58:1
60:9, 15 61:16
67:11, 15
meeting 7:25
33:14 41:16
47:5 55:24
meetings 15:21,
25 35:2 94:12
Melroy 79:5
80:21, 21, 22, 24
member 35:15
37:19, 19 41:11,
14 73:15 82:17
85:9 86:5
members 12:18
34:8 36:5
37:13 45:7
46:7, 9, 13 50:18
51:21 65:17
69:2, 18, 25
83:14, 15, 16
84:1
membership
34:20, 24 35:5

- 45:9
memo 2:10, 10
memory 88:21
men 26:17
Mental 3:12
 8:16 9:1, 2, 22
 10:7, 8, 14 12:6,
 18, 21 13:19, 25
 14:10, 11, 14, 19,
 20 15:1, 4 18:18
 20:12 21:6
 26:7, 8, 12, 17, 22
 33:4 34:19, 22
 35:10, 22 36:16,
 18, 23, 25 37:3, 9,
 11, 14, 17, 18, 20
 38:12, 13, 24
 39:10 40:9, 10,
 21, 22 41:9, 18,
 20 42:16 43:11,
 14, 16 47:19
 48:6 49:1, 3, 7
 51:19, 20, 22
 53:9, 15 54:1, 3,
 11, 14, 14, 21
 55:2, 8 59:7, 12,
 20 60:10 61:10,
 17, 22 62:14, 24
 63:3, 6, 14, 19, 24
 64:9, 20, 25 65:3,
 5, 8, 10 66:5, 8,
 12, 20, 21, 23
 67:14, 15 68:4,
 16, 24 69:3, 3, 11,
 16 70:3, 9 72:10,
 17 73:3, 12
 77:15 78:24
 81:3, 8 83:17
 84:15 85:1
 86:1, 4, 7, 23
 89:1, 2 90:9
 91:1 93:25
 95:25 99:6, 19
 100:10, 25 101:7
mentally 26:16
 27:5 40:12, 17,
 19 50:2 91:5
 92:24
mentioned 70:6
- 84:13 100:5
message 66:15
met 27:23
 53:18 81:10
 98:16, 20 99:5
Meyers 10:3
 15:11, 11, 12, 13,
 14
MHASP 10:8,
 11, 14 51:9
Mi 89:13
mic 4:19
Michael 6:12
 10:2 18:16
 20:6 85:18
 88:12, 15
mid 82:22
Mike 10:6 68:11
miles 33:18
million 27:25
 57:10
millions 8:15
 51:22
mind 68:19
 89:18
mine 82:6
minimal 49:21
minimum 63:17
minor 13:20
 26:20
minutes 4:10
 5:15, 15 30:18
miracle 98:25
mirrors 44:19
misleading 9:9
mispronounce
 4:24 5:2
missing 22:1
Mitchell 68:14
 72:21, 22, 23
mobile 13:8
 67:20 69:19
modalities 36:15
modality 96:2
model 11:22
 16:15, 22 83:18
models 61:16, 18
moderate 98:14
MODERATOR
- 1:1 3:4
mom 7:12, 15
money 9:7
 14:16 33:20
 49:24 50:3
 70:10 71:18
 72:5 74:21, 23
 75:18, 22 78:19
 80:3 84:11, 12
 87:11 90:1, 2, 12
monies 67:7
 74:25
monitor 12:19
monitored 33:3
monitoring 57:9
Montgomery
 15:14 33:24
 34:17, 18, 25
 35:6 36:24
 38:7 41:10
 50:12 54:4
 68:17 69:1, 2, 6,
 13, 25 71:7, 14
 72:25 73:6
 75:17 77:18
 99:25
month 8:1
 33:14 81:6
months 22:17
 23:3 25:13
 28:7 30:8
 32:15 46:13
 56:6 59:9
 75:11 76:24
 87:14 89:6
 92:15 98:4
morning 66:10
mother 28:17
 29:5 80:14
 99:21
motivated 32:11
motor 29:8, 9
Mountain 50:23
move 11:15
 34:6 42:2
 62:25 68:11
 77:8 82:25
 85:6 88:16 93:5
- moved** 9:9 31:3
 41:25 74:13
 95:13 100:24
movement 86:12
moving 46:14
 48:7 53:8
 65:19 67:16
 80:16 95:2
multiple 56:25
Municipal 99:18
 100:6
murmuring 31:5
myriad 32:12
- < N >
name 3:3 4:22,
 24 6:9 10:6
 15:13 24:8
 28:16 34:16
 41:6 44:6
 46:21 50:11
 51:17 64:24
 68:15 72:23
 85:23 88:15
 93:22 99:17
named 37:15
names 5:2 6:22
 97:5
name's 76:22
NAMI 2:2
 20:10 34:17, 18
 35:5 36:24
 37:19 38:7
 51:18, 21 52:5,
 13 88:25 90:10
Nancy 80:21
 85:17, 23
Nathan 2:10
nation 10:9
national 8:19
 34:19 39:23
 51:19 86:7
NATIONALLY
 1:1
nation's 51:20
natural 50:25
 69:22 76:7
 77:18
Naturally 30:6
- nature** 45:3
navigator 50:12
Neal 20:7 24:6,
 8
near 22:18
nearly 10:11
 26:23 93:23
necessarily 96:15
necessary 11:9
 12:4 28:20
 42:24 43:6
 58:19 59:3, 20
 78:25
necessities 35:17
neck 89:11
need 4:20 9:24
 11:3 13:10
 14:6, 8, 12, 14
 15:3 16:2, 21
 17:3, 19 19:15
 20:18 21:6
 22:6 24:24
 31:18 33:23
 34:8 35:19
 36:24 37:6
 39:8 40:9 47:7,
 20 48:11 50:3
 52:12, 16, 17, 19
 54:15 57:2, 14,
 18, 20, 21 58:1, 3
 60:22, 24 61:2
 62:1, 7 66:9
 67:21 68:3
 70:10, 15 71:3, 6,
 8, 10 72:3, 16
 74:14 75:11, 22,
 22 76:1 77:8
 78:2, 19 79:18,
 18 82:16, 23
 83:10, 12, 13, 14
 84:1, 11, 12, 13
 86:14, 25 87:19,
 20 88:3, 3 93:3,
 5, 9 94:14 96:8
 98:6, 7 101:12
needed 8:20
 13:9 17:1 18:7
 19:13 20:16
 27:20 31:12, 12
 36:15 47:12

- 56:20 60:21
67:2 71:1, 7, 16,
22 72:18 74:24
75:18 76:25
77:8, 9 85:10
needing 86:19
88:2
needs 4:21 5:22
6:3 16:18 21:3
31:22 33:8
35:9, 10, 23
36:22, 23 38:5,
20, 22 42:3, 17
45:5, 6, 22 46:3
47:12 48:1
51:7 53:4, 6, 17
55:6, 8 56:19
57:7, 19 60:3, 9
61:12, 16 62:16
67:15, 19, 24
70:5 71:10
72:2 78:4, 12
86:22 87:8, 18
88:1, 4 94:24
98:16, 20 99:5
negative 20:23
89:16 91:23
neighborhood
95:9
neighborhoods
66:20
Neil 5:6
neither 102:10,
12
nervous 29:5
net 72:17
network 60:4
neural 31:13
never 26:21
29:6, 10 31:5
32:18 33:20
42:14 45:22
70:8 82:1 84:2
94:19 98:5
New 1:1 6:22
7:24 8:18 9:1
16:25 18:7
22:4, 6, 11 23:4
29:19 35:21
37:6 42:21
44:13 58:9
65:8 78:25
102:6
news 8:19 100:3
nice 82:8
night 29:10
40:5 66:11
81:23, 24
nightmare 88:9
nine 77:13
nineteen 26:25
NJ 102:17
nonprofit 62:14
nonverbal 82:14
nowhere 66:15
97:1
normal 28:24
29:1 30:7 31:20
Norristown 1:1,
1, 1 3:6, 15 5:25
6:15, 19, 21 7:8,
17 8:3, 11 9:6
10:6 16:12
18:25 19:2, 10
24:17 25:6, 8, 18,
25 26:6 27:3, 8,
13, 15 28:18
32:2 34:6 35:4
36:3 38:4 39:8
40:16 41:19, 25
42:13, 20 43:2,
19 44:17 45:13,
25 46:12, 22
47:2, 13, 24
48:13 50:13
51:7, 11, 24 53:1,
2 54:6 55:10, 21,
22 56:16, 24
57:5 59:4, 15
60:16 62:13, 13,
21 63:16, 17
65:7, 18 66:24
67:9, 13 69:4, 9
71:2, 16 72:14
74:18 76:23
77:22, 25 81:7
83:19 85:12
91:19 92:7, 16
93:23 94:5
95:10 96:11, 14
97:16 99:18, 19,
21 101:14
Norristown's
58:16
North 22:14
note 92:25
noted 45:7
notes 68:20
not-for-profit
41:8
noticed 9:7
nourish 66:13
November 22:25
59:7
NSH 11:1, 11
12:14, 16 13:4, 4
14:3
NSH's 11:8
12:5 13:11, 13
number 17:18
36:21 55:19
61:16 63:13, 19,
24 64:3, 6, 9, 13
66:4 67:18
74:1 75:17
96:10
numerous 17:23
37:13
nurse 29:4
46:21, 23
nurses 24:12, 14
25:5 28:5
nursing 29:6
61:3, 5, 7, 8, 13,
21 64:4

< O >
objectives 54:12
56:12
obtaining 61:9
obviously 21:1
occupational
98:2
occupied 57:12
occur 56:11
87:25
occurring 24:18
October 22:25
offer 65:4
offered 32:18, 19,
20
offering 6:2
53:3
offers 38:7
office 49:13
52:14 53:15
54:2, 13, 21 55:2
57:8 65:5
officer 101:8
officials 16:10
Oh 6:11 80:23
Okay 28:13
44:4 79:23
85:20
old 6:16
Olmstead 65:24,
25
OMHSAS 20:25
38:16 55:7, 13,
16 56:9, 14
57:23 58:7
60:5, 22, 25
61:13 63:8, 13,
19, 24 64:3, 9, 13
65:6, 19, 22 67:6,
10
OMHSAS's 55:3
60:13 62:7
once 8:1 17:3
22:24 78:12
95:19
one-on-one 32:5
ones 21:22
34:10 36:18
78:25 79:21
83:21
one-time 49:15
ongoing 16:13
63:5 67:11
onset 43:11
74:24
open 26:2, 4
opened 18:9
25:9 28:20
34:7 79:22
80:12, 17, 18
95:9 96:6
openings 69:15
operate 5:19
81:4
operating 59:17
operations 52:25
opinions 4:5
opportunities
36:11 37:2
44:13, 20 45:12
46:15 65:16
69:10, 14
opportunity
3:25 5:13, 14
6:13 12:23
19:11 24:16
27:16 28:5
34:16 36:25
38:16, 17 41:15
44:18 45:15
47:1 53:18
54:5 59:18
62:5 64:17
65:4 67:1
72:23 76:22
oppose 25:5
66:3
optimistic 46:7
options 33:9
35:21 63:22, 22
67:16 92:4
oral 3:23
orally 4:2
order 10:19
14:25 16:20
28:19 51:5, 11
55:3 67:7
organization
34:20 51:20
65:1
organizations
41:14 44:8
51:25 52:11
61:15 80:10
organizer 24:9
oriented 16:15
origin 65:22
ought 52:5
ounces 89:12
outcome 10:22
outcomes 20:14,
22

- outpatient** 52:6
86:2
- outside** 25:21
100:2
- overall** 20:23
57:9 62:24
- overcrowding**
26:23 27:1, 9
- overlap** 4:11
- oversee** 12:13,
15 24:11
- overseeing** 10:12
- oversight** 10:21
12:10 13:10
15:6 48:8
51:10 58:17
- owe** 83:9, 9
- < P >**
- p.m** 1:1 101:24
- PA** 1:1 2:2
5:18 44:11 59:1
- Padre** 89:14
- pain** 31:7 89:7,
9
- paranoid** 23:2
- parents** 7:14, 19
94:7 96:20
- park** 22:18
95:10, 15 96:24
- part** 16:16, 21
17:25 18:5
20:19 21:11
23:20 24:19
38:16 40:1, 16
46:10 63:2
64:7 72:25
80:8, 11 85:3
89:16, 18, 19, 19
90:4
- partial** 77:3
- participate** 21:9
35:15 41:16
68:23 73:22
- particular** 44:22
86:22 93:8 95:7
- particularly** 45:2
- parties** 102:11
- partnered** 54:21
- partnering** 55:16
- partners** 45:8
58:8, 22 59:25
63:20, 25
- partnership**
57:22 60:5, 22
76:11
- partnerships**
16:23
- parts** 90:2
- pass** 29:13
49:13
- Patella** 90:18, 19,
20
- path** 69:7 72:7
- patient** 6:1 7:21
19:1 50:14
73:7 93:23
97:13, 18
- patients** 5:22, 24
8:18, 24, 25
19:25 22:11
25:15, 18, 22, 24
26:2 34:6, 8
35:7 36:4
39:10 47:13, 18,
23 48:1, 1, 5, 8, 9,
13, 19 49:20
50:2 79:11
95:22 99:3
100:4, 12, 16, 16,
21 101:3, 4
- pay** 25:2 27:18
30:22 94:25
- paying** 23:1
- peace** 66:14
- Pechiniski** 6:10,
13
- pediatrician** 29:4
- pediatricians**
29:16
- peer** 11:5, 16, 17
16:8 18:22, 22
19:22 50:12, 17
67:19 73:25
76:4, 5 77:16
87:3 98:24
- peer-led** 69:16
- peers** 19:24
- peer-to-peer** 73:5
- Penndel** 99:6
- penned** 9:15
- Pennsylvania**
6:18 10:8, 10
12:22 14:21, 25
24:10 26:4, 13,
17, 18 27:11, 17,
25 34:17, 18
35:5 36:24
38:7 41:23
42:22 43:4
44:16 46:5
47:7 48:25
57:13 65:1, 11
68:2 89:2, 2
- Pennsylvania-bas
ed** 41:13
- Pennsylvanians**
24:24
- people** 3:18
4:12 6:22 7:6,
18 8:16, 22 9:9
10:11, 13, 16, 20
11:3, 11, 18 12:6
13:5, 25 14:9, 10
15:1, 4 19:15, 17,
24 20:17 23:14,
20 31:20 36:23
37:10 41:20, 25
45:10 49:2, 2, 12
50:17, 17, 24, 25
51:7 52:16
60:9, 23 61:12
62:5, 20 63:3
65:13, 16 66:8,
12, 19, 23 68:18
69:7, 8, 10, 13, 15,
21, 24, 25 70:16,
17 71:2, 3, 4, 5, 8,
10, 12 72:1, 2, 6,
7, 12, 13, 14 73:9
74:18 76:2
78:2, 9, 12, 21, 22
79:13, 17, 18, 24
80:5, 6, 7, 16
81:2, 9, 10, 10, 11
82:13, 14, 20
83:1, 5, 7, 8, 11,
21, 22, 24, 25
84:1, 3, 3, 6, 9, 14,
- 20, 24 85:3, 6, 8,
14 86:24 87:12,
17, 22 89:4, 18
90:4, 5, 9, 12
92:18, 21, 25
94:1, 16 95:1, 2,
3, 5, 11 96:7
97:1, 11, 19, 20,
23 98:7 99:2, 4,
8 100:23 101:4,
11
- people's** 5:2
- percent** 14:20,
24 42:9, 13
60:16 70:7
- perfect** 8:3, 4
20:3
- performed** 29:23
- period** 53:22
56:6 75:14 98:9
- periods** 86:25
- permission** 37:15
- permits** 3:8
- pernicious** 66:7
- persistence** 37:25
- persistent** 81:2
86:4
- person** 4:4, 17,
22 8:19 11:14
12:16 18:18
22:1, 10 32:9
39:20 53:5
55:15 66:1
69:24 70:14
80:20 81:22
82:11 83:9
88:4 100:6, 19
- persons** 41:8
42:15 43:2, 15
54:23 58:5
59:20 67:8
82:16
- person-wise**
78:14
- perspective**
87:10 96:19, 20
- pharmacology**
7:17
- Philadelphia**
12:10 22:5
- 54:4 91:3, 9
93:5
- Philly** 22:14
- phone** 37:13
- phonetic** 99:7
- physical** 40:3
60:19 61:3, 12,
15 62:1, 3 64:5,
11 85:2
- physician** 29:18
- physicians** 33:5
- picked** 40:13
- Pipersville** 6:18
- Pittsburgh** 26:25
- PLACE** 1:1
8:22 11:14
13:24 19:15
42:4 48:1
67:24 75:11
78:4 82:23
87:1 95:12, 20
102:9
- placed** 29:24
48:7
- placement** 12:25
57:2 58:12
61:7 96:19, 20,
22
- places** 80:2 97:5
- plan** 11:5, 14, 22
13:24 14:3
15:22 16:6, 11
17:18 18:10
25:14 26:24
41:19 46:4, 10,
11, 12 48:16
50:21 55:7
56:3 57:24
62:9, 15 63:15
76:25
- planned** 1:1
17:5 27:5 56:12
- planning** 10:21,
24 15:6 16:1, 7,
19, 22 18:1, 5
20:16 21:1, 3, 9
35:6, 16 38:9, 23
42:2 54:20
57:22

- plans** 17:21, 25
 28:7 58:10
 64:12
plastic 89:10
play 11:6, 18
 31:12
please 3:11 4:6,
 24 18:9 20:8, 9
 34:9 38:20
 81:25 96:22
 101:23
plenty 70:10
Plus 81:2
 100:23
point 32:24
 33:6 52:12
 101:7
points 47:14
police 95:20
 100:9
policy 61:18
polka 82:3, 5
poor 31:22 40:4
poorly 32:6
population
 14:18 18:8
 21:6 26:24
 45:6 46:5 49:3,
 12, 25 55:8 56:2
 91:5, 6, 15, 25
 92:9, 11, 17, 24
populations 92:5,
 6
portion 62:19
 64:7
portrayals 66:7
pose 3:22 41:24
 66:6
posed 4:2
poses 59:15
position 47:10
 92:1 96:4
positive 66:14
 92:25
possessing 7:21
possibility 36:19
 65:11
possible 4:9
 10:15 11:16
 34:23 36:8
 45:9 62:6
 65:20 67:3
 98:17
possibly 74:5
potential 47:2, 3,
 16 60:17 63:23
 65:16
potentially
 24:17 45:3
 47:24 100:3, 23
 101:3
Pottstown's
 77:23
potty-trained
 31:24
Power 69:13
 89:19
Powers 9:15
practically 25:19
practice 29:18
 31:2
practices 26:16
 42:25
pray 81:25
preaching 90:24
pregnancy 28:23
 30:7
pregnant 28:22
 30:8
preliminary
 56:22
prepare 56:9
prepared 25:22,
 24 36:16, 17
 38:3 90:22
 100:5
prerequisite 9:1
preschool 29:24
prescription
 52:17 70:17
prescriptions
 52:16
presence 14:3
present 31:14,
 16 44:3 54:5
 57:1
presented 101:21
presently 67:10
presents 45:15
preserving 27:7
president 10:7
 51:18 65:9
press 9:8, 11
 36:6 55:20
pretty 37:24
 99:22
prevent 9:13
preventive 75:1
previous 63:8
previously 86:23
primarily 45:23
primary 60:18
 61:12
principle 44:24
principles 50:1
 63:1
prior 13:23
 14:2 43:25
 93:15 99:11
prioritize 72:2
priority 92:20
prison 26:23
 47:20 48:10, 20
 53:6 85:1, 8, 9
 92:5
prisoner 53:3
prisons 24:13
 26:17 27:10
 48:25 79:19
 92:10
private 6:3
 62:14
proactive 100:11
probably 6:10
 34:2 91:7
problem 27:1
 79:14 87:19
 93:9
problematic 51:1
problems 26:12,
 18 29:3, 20 30:1
 32:3, 18 33:24
proceeds 62:20
process 10:25
 12:3, 15 16:1, 14
 18:1, 6 21:9
 24:2 35:7, 8, 14
 38:18, 23 67:5, 5
 68:21, 23 100:8
processes 10:22
 35:24 38:8
productive 67:4
 76:3, 8 90:7
 93:1
PROFESSIONAL
 1:1 85:25
professionals
 21:22
professor 46:24
program 14:23
 18:21, 22 54:18
 61:16 69:13
 79:12 81:1, 5
 86:6, 8 88:25
 89:1 97:25
programming
 14:5, 17
programs 10:9
 16:25 35:22
 37:6 42:11
 46:25 62:15
 64:10 71:15
 76:6 77:3
 78:19, 24 80:6
 83:20 86:3
 87:4 98:16 99:6
progress 91:22
project 56:12, 15
Projected 58:13
Projections
 56:10
projects 3:3
 54:18 93:5
promise 14:18
promised 14:16
promote 65:16
promotes 66:8
proper 26:21
 31:14 33:23
 40:6 48:8 67:2
 80:12 93:1, 2
properly 30:12
properties 7:10
property 62:12,
 18 64:7
proposal 24:17
 27:23 54:5
 55:9 56:4
 62:11 63:11
 70:24 71:20
proposals 24:22
 25:1 27:22 28:4
proposed 25:5
 48:22 59:14
proposes 57:24
proposing 50:15
protect 65:3
prove 21:18
proven 78:24
provide 3:8, 18,
 24, 25 11:19
 13:9 27:17
 35:17, 24 36:16
 40:18 43:5, 22
 47:14 51:5, 25
 53:10 54:14
 58:2 65:15
 69:14 70:4, 25
 71:15 72:11
provided 11:1
 12:21 13:13, 22
 20:24 37:15
 61:20 67:20
 69:11, 21 71:24
 72:18 74:16, 25
 94:12 101:18
provider 8:17
 41:8 60:3
 70:11 94:11, 22
providers 16:9
 21:8 35:25
 41:12, 18, 20
 42:9, 15 60:1
 62:14, 16 69:17,
 20 70:4 76:12
 94:13, 20 96:2
provides 61:23
providing 15:18
 18:1 27:6
 34:21 38:5
 43:1 44:9 51:4
provisions 62:19
psychiatric 5:19
 6:23 14:16
 17:9 36:21
 46:24 52:22
 54:7 58:12, 25

- 68:3 71:13
99:25
psychiatrist 8:17
22:3, 20 52:15
87:14, 21 88:4
psychiatrists
22:9 52:12
psychiatry 46:25
52:7
psychological
29:22
psychologist
31:15, 15
PUBLIC 1:1
2:2 6:3 24:14
41:16 43:7
46:6 51:1 66:7
95:9
punched 30:10
punished 96:1
punishment 96:2
pure 88:23
purpose 9:23
16:10 56:18
pursuant 65:2
pursue 48:22
push 80:1 88:2
put 13:24 19:11
31:4 33:13
35:11 36:6
38:20 39:10
40:21 47:19
49:23 55:17
64:8 66:4 97:1,
11, 19 98:3
100:12
puts 49:11
putting 87:17
- < Q >
qualified 29:23
qualify 61:7
quality 11:2
12:21 13:12, 16,
22 14:4 27:7
36:10, 13 37:24
41:14 94:11, 25
question 13:23
25:14 78:1
101:20
- questions** 3:22
4:2 17:21
23:24, 25 30:6
34:4 35:14
44:23 54:9
55:19, 21 61:24
70:24 74:16, 21
84:6
quickly 30:19
Quite 5:13, 16
quote 9:16
quoted 36:7
- < R >
radius 31:10
rain 40:5
raise 100:6
raises 44:23
range 26:19
59:23
rap 96:12
rates 16:25 61:1
rationale 66:4
RCPA 41:12
reaching 59:1
65:16
reacts 32:5
read 8:8 20:11
32:6
reading 70:23
90:22
readmitted 7:8
52:22
ready 22:2 33:7,
11 46:13 88:8
97:12, 13, 21
real 65:11 67:1
realistic 86:14
reality 86:14
realize 15:2
68:6
realizes 49:22
realizing 4:10
really 20:11
21:19 23:18, 22
32:8, 9, 19 77:1
79:13 83:12
85:13 92:2
93:6, 9 94:20, 24
- 95:5 96:2, 3, 8,
16, 23 98:3 99:6
reason 4:12
47:5
reasoning 9:16
29:9
reasons 66:4
96:16, 17
receive 8:20
20:17 26:20
41:21 49:2
received 37:12
39:18 73:12
receiving 13:16
17:2 55:12 70:5
recognize 40:12
67:25
recognized 26:10
recommend 56:7,
20 58:7 62:23
recommendation
49:17
- recommendations**
10:5 63:13
64:18
recommended
29:16
record 78:24
records 7:3, 17
recover 50:18
77:9 84:17
recovered 74:6
recovery 10:15
15:5 16:15
36:17, 19 37:20
38:11 50:12
63:1, 7 64:20
65:10, 12, 12, 14
72:7 73:5 75:5,
20, 23 76:2
83:18 86:11, 12,
13 98:17
- recovery-oriented**
37:5 69:6 72:4
recreation 98:2
recreational
44:21
- redevelopment**
62:18 64:6
reduced 12:2
42:8
reduction 42:13
redundant 90:24
referenced 58:4
references 62:11
referred 31:21
reflect 76:25
refusal 47:8
refused 49:16
88:17
refusing 24:25
regarding 3:4, 8
16:1 17:22
24:16 35:14
52:25 73:14
78:5
region 26:2
27:7 51:2
54:13, 21, 25
55:11 56:1
57:10, 25 58:2
62:22, 25 64:8
regional 44:8
54:1 86:7 88:25
REGISTERED
1:1 24:11
regress 37:7
regulations 78:5
Rehab 32:1
Rehabilitation
41:11
rehabilitative
59:24
Reid 9:15 88:13
R-E-I-D 88:16
**reinstitutionalizat
ion** 92:22
reinvestment
10:23
related 102:12
relationships
65:14 72:8
relative 77:20
78:2, 9, 14, 20
102:11
relatively 26:19
29:19
- relatives** 36:12
73:11
release 9:8 36:6
52:1 55:20
released 59:9
releasing 100:3
rely 46:1 60:18
remain 25:9
26:2 28:20
58:18 96:6
remaining 25:15
41:24 55:10
remarkably 94:8
remarks 4:8, 10,
19 44:1
remedied 53:7
remember 9:3
80:8 81:14, 22
82:3
remind 27:16
removed 14:11
95:20
Renninger 6:7, 8
44:4 46:19
50:9, 9, 10, 11
rent 23:2
Rentschler 2:6,
7, 9
repeated 88:21
repeating 39:7
report 23:12
65:9
REPORTER
1:1, 1 102:5
REPORTERS
1:1
represent 24:11
79:9
representation
12:17 16:8
representatives
79:24
representing
18:19 41:13
53:23
Republican
24:24, 25 27:21
Republican-led
27:19
repurpose 55:22

repurposed 63:21	resource 58:14 71:17	revenue 24:23 25:7 27:23 47:8, 12 49:15	RPR 1:1 102:6, 17	schizophrenia 6:23 81:18 82:8 94:7
repurposing 35:12 58:23 63:16	resources 16:4 18:7 21:20 23:7 35:8 38:5 44:16 45:16, 18 46:2 49:6, 15 55:7 57:20 59:17 62:3, 4, 8 63:23 64:2, 11, 12 71:17, 22, 25 72:9, 11 75:8 91:21 97:4, 4 100:8	revenue-raising 28:4	run 91:3, 16	School 28:23, 25 31:21, 25 32:1 39:22 81:17 88:17
request 4:4	respect 38:4	reverse 15:2	running 80:10	School's 88:18
requesting 20:25	respected 13:17	review 56:22 59:6	< S >	Schwebel 28:11, 13, 14, 16, 17, 17
requests 45:19	respond 75:5	revisit 27:14	sad 39:7 96:3	Schwebel's 80:14
require 16:19 17:15 43:21 49:7 56:24 58:12 59:13, 13	responded 24:25	ridiculous 8:12	Sadly 13:19	SCI 26:25
required 25:20 30:2 42:12 47:25 52:6	response 15:22 56:13 95:17	right 4:18 6:2, 11 15:15 38:20, 24 49:22 78:8 84:21 87:7 95:21 97:22	safe 8:22 12:15 16:5 33:1, 22 39:12 46:7 50:3 56:21 87:1 100:1, 22	seat 93:16
requires 15:6 18:8 58:11	responsibility 85:4	rights 12:20 13:6 50:13 65:1, 3 73:10 82:17	safely 57:4, 21 86:18 101:23	second 22:1 30:20 32:7 89:17
Research 36:9 86:15	rest 9:19 57:13 80:11	ripple 92:7	safer 8:21	Secondly 7:11
researchers 83:20	Restoration 50:23	risk 47:19 49:11, 23 56:15, 19	safety 7:9, 9 17:12, 12 43:1 66:6 72:17 100:14	secret 26:6
reside 47:23	responsible 12:13 13:11 24:22 67:6 74:5	risks 66:6	sale 62:18	Secretary 3:12 36:7, 14 91:11
resided 77:23	rest 9:19 57:13 80:11	Rittenhouse 76:20 79:4, 4, 6, 7	Salisbury 18:19, 20 19:19, 21	section 16:12 20:15 35:4 50:16 51:24 54:6 55:21 57:11 85:6
residence 19:5, 16 32:25	Restoration 50:23	River 89:6	sanctuary-type 75:12	sections 65:6
residences 13:3 66:22 71:9 94:1	restored 42:14 70:8 74:6	RMR 1:1 102:6, 17	Sara 5:10 6:7, 8 44:3, 4	sector 6:3, 4
resident 76:23 99:18	restraints 97:24	Road 9:5 27:19 37:21	Sarita 5:5	secure 17:24
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	restrictive 11:10, 15 65:21	robust 10:21 11:25 52:18 69:24	satisfaction 68:25 80:25 84:5	security 100:18
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	result 25:3, 4 26:11 27:24 36:10 39:18 48:9 49:9 74:22, 25	role 11:6, 18 25:10 26:2 47:17	satisfactions 36:1	see 5:9 8:10 10:15 17:10 22:17 29:2 31:1 44:3 56:2 70:16, 16 82:4 85:13 87:14, 21 91:16 92:20 95:5, 10, 13 97:16, 21 98:19 101:2
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	resulted 42:6, 9	Roma's 101:10	satisfying 43:22	seeing 79:11
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	resulting 3:7 63:15 67:7	room 9:7 30:19, 21 70:12 78:18 97:24 100:19	save 50:3 90:2, 12	seek 36:16
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	retired 53:1 99:21	roommate 89:4, 22	saved 14:16 20:4	seeking 28:3
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	return 98:9	rooms 78:22	saw 31:15, 15	seen 17:12 27:9 69:5 70:2, 14 71:12 83:8, 8 91:22 92:9
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	returned 6:19 98:10	roster 59:7	saying 9:14 49:13 78:23 79:20 101:6	segregated 36:18 50:19
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	returning 74:8	roughly 24:11	says 21:15, 15 22:23 40:17 78:21 80:15 93:17, 18	SEIU 26:4 27:11
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9	revealed 37:24	routine 39:25	scary 77:10	
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9		row 23:3	scheduled 15:25	
residential 13:2 19:5, 6, 21 31:24 42:11 52:20 59:22 61:23 77:5 86:3 94:10 95:9 96:9			Scheible 80:21 85:18, 18, 20, 23, 23	

Sejda 68:11, 12, 12	69:16 70:11 71:3 74:17 86:22 90:1	49:21 86:18 92:21	side 3:6 12:14 13:11 26:1 27:15 47:2, 18, 23 69:9, 9 73:13 76:14, 14 97:24	SMI 93:1
self-advocacy 73:3	Services 3:5, 9, 12, 13, 13 6:2 10:10, 21 11:1 12:8 14:7, 22 15:15, 18 16:4 17:1, 3, 24 18:2, 6 19:5, 6 20:17, 17, 21, 24 24:24 25:11, 23 27:12, 18 32:17, 20, 21 36:2 41:8, 15, 18, 21 42:6, 11 43:13 44:9 45:10 47:7, 11 49:17, 20 51:5 52:1, 5, 6, 18, 19, 21 53:11, 16 54:2, 15, 16, 22 55:5 56:1, 21 58:25 60:2, 11, 19, 21 61:4, 6, 9, 11, 11, 22 62:15 64:10 66:2 67:2, 20, 20, 22 68:17, 24 69:6, 18, 24 70:3, 3, 4, 10, 18 71:1, 4, 6, 10, 11, 24 72:1, 12, 16, 18 74:12, 15, 15, 24 75:1, 1, 23 76:2, 3, 6 79:19 84:19, 22 87:20 88:2, 3 94:11, 14, 25 96:7 99:25	settings 11:10, 12 12:25 17:14 24:13 36:9 45:21 48:7, 8, 15 61:5 86:1, 2	significant 13:22 59:19 94:7	smoking 30:10
self-care 81:23	settling 55:4, 25 56:13	severe 20:20 21:6 23:7 26:22 29:22, 22, 25 30:2 47:12 48:5 86:16	significantly 29:10	sobering 8:15
self-determination 36:11	seven 29:11 30:8 33:18 64:13 79:17	shale 25:2 80:2	similar 25:8 44:20	so-called 31:19
self-determined 65:13	shannon 68:13, 15, 15	Shannon 68:13, 15, 15	simply 3:19 48:6 66:17 78:9, 12 94:17 97:2	social 9:21 32:3 44:21 53:13 91:3 100:17
self-image 66:14	share 3:16, 24 4:1 10:5 25:2 35:25 37:15 38:1 46:10	share 3:16, 24 4:1 10:5 25:2 35:25 37:15 38:1 46:10	single 7:25 83:9 93:12	society 8:23 9:22 19:8, 9 33:6
self-treatment 89:14	shared 37:20 101:19	Shannon 68:13, 15, 15	sit 79:23 94:12	Sol 53:24 64:22, 25
send 31:13 49:21	sharing 37:11 94:17	share 3:16, 24 4:1 10:5 25:2 35:25 37:15 38:1 46:10	sites 13:8	solely 45:25
sense 21:24 25:7 31:16 33:20 48:21 49:5 87:10	shelter 35:18	sheltered 7:5	sitting 80:23 92:18	solution 93:9
sensible 47:8	shirts 90:10	shirts 90:10	situation 77:1 80:14 93:24 101:14	solutions 91:20
sent 13:21 19:10	shoes 7:21 82:5	shoes 7:21 82:5	six 27:22 30:17 31:21 64:9 68:2 73:4 75:11 76:24 89:5, 12	solve 87:19
sentence 59:2, 10	shoot 22:16	shoot 22:16	six-month 52:15	somebody 19:4 22:23 82:24 97:15
separate 63:4	short 17:25 34:2 47:22 77:23 90:21	short 17:25 34:2 47:22 77:23 90:21	skilled 61:4, 7, 20	somewhat 62:13
September 6:20	shortage 20:20 52:12, 23 75:1 92:4, 5	shortage 20:20 52:12, 23 75:1 92:4, 5	skills 25:20 29:8, 9	son 22:13, 15, 18 29:20 31:12 37:19, 23, 25 38:2 85:9
serious 25:16 26:20 37:3, 20 38:24 42:16 43:11, 13, 15 50:20 59:11 63:3, 6 81:2 86:4	shower 19:12	shower 19:12	slated 77:21	son's 23:1 33:24 37:20
seriously 22:6 25:13 27:20 49:18 94:22, 23 101:14	shows 36:9	shows 36:9	slept 29:7, 10	soon 11:16 18:13 77:22
serve 3:3 14:13 42:15 46:5 67:8 74:18 84:2 87:13 99:17	shrinking 36:22	shrinking 36:22	slotted 4:12 77:25	sooner 98:19
served 10:11 13:15 34:24 39:22 58:15 61:4 62:20, 21 88:1	shut 48:16 49:8, 9	shut 48:16 49:8, 9	slowly 9:11 39:24	sophisticated 54:24
service 11:5 13:9 14:9, 24 24:9 35:25 44:8 59:19 60:24 63:22	sick 21:25	sick 21:25	small 86:10 smaller 31:10	sorry 79:5 88:14

- space** 62:15
86:20
span 30:17
spark 31:13
sparse 30:20
speak 5:13 6:14
9:19 18:18
28:5 30:1
34:16 38:10
47:1 50:5, 11
53:18 66:18
72:23 76:22
79:8 83:13
97:11
speaker 4:7
39:3 64:22
99:12, 15
Speakers 2:2
90:23
speaking 53:22
special 29:23
31:22 91:2
specialist 18:22,
22 19:22 46:22
98:24
specialists 11:5,
16, 18 16:9 74:1
specialized
59:22 67:15
74:14 75:25
specific 56:2
Specifically
17:21 35:14
86:3
speech 29:9
spend 7:15
44:15 90:3
94:14 96:8
101:5, 8, 9
spending 14:19,
20 47:10 96:5
spent 49:24
69:8 71:12
78:14, 17 93:24
95:4 96:9 99:24
spiritual 44:21
split 13:8
spoken 32:16
87:3
- stability** 75:12
stabilization 52:8
stable 7:3 60:6
67:17
Stacy 15:11
18:15
staff 33:16 35:5
47:9 48:12
69:2, 18 79:9
83:24 91:4, 12
96:18 97:25
staffing 42:24
stakeholder
15:22 16:13
38:19
stakeholders
12:12 45:11
46:9 63:9, 14
64:14 68:22
stand 23:18
46:13 89:9
start 4:16
started 83:17
starting 22:19
56:7 93:4
State 1:1, 1 3:6
6:15, 19, 21 7:8
8:3, 11 9:5, 6
10:6, 25 11:21,
25 12:10, 24
14:19, 20 15:15
16:10, 12 17:4,
22 18:25 19:3,
10, 19, 25 20:2
21:14 23:12
24:12, 12, 17
25:3, 8, 16, 18, 25
26:6, 7, 23 27:3,
7, 8, 10, 17, 23
28:18 32:1
33:19 34:6
36:3 38:4 39:7,
8 40:16, 19
41:18, 19, 23, 25
42:8, 13, 19, 20,
25 43:2, 10, 16,
19, 20 44:16
45:19 46:1, 4, 22
47:2, 13, 17, 24
48:13 49:6
- 50:13, 15, 16, 21,
22 51:2, 4, 6, 7, 9,
11 53:3, 4 54:6,
16, 22 55:10, 13
56:16 57:5, 11,
14, 24 59:2, 15
60:10, 17 61:6
62:10, 21 63:16,
17, 24 64:7 65:7,
18 66:5, 9, 24, 25
67:8 68:2, 20
69:4, 9 70:7, 24
71:2, 16, 21
72:14, 17 73:10,
23 74:10, 19
75:7 76:12, 23
77:22, 25 78:3, 5,
11, 18, 21 79:10
81:7 83:19
85:12, 12, 15
86:21 87:6, 9
88:17, 17 91:18
92:2 93:6 94:6,
23, 24 96:11, 14
97:3, 4, 22 98:6,
21 99:21 101:1
102:6
stated 9:8 33:5
36:9 51:9 74:16
statement 20:11
90:22
states 14:15
State's 35:4
station 13:7
stay 8:11 23:19
32:11 39:15
52:23 75:13
76:24 77:1
80:17
stem 30:12 31:7
stenographically
102:8
step 9:23 65:19
73:24 82:6, 6
stepdown 48:12
49:5
step-down 55:23
58:5, 6, 18, 20
59:4 64:2
- stepped** 60:2
Sterigere 1:1
stigma 66:11, 16
stitches 31:6
stomach 30:11
stools 30:24
stop 14:10
49:15 89:7, 10
stories 23:14, 14,
15 37:11
story 28:21
37:15
stove 31:4, 4
straight 78:14
strain 25:24
strained 52:10
stranger 94:17
strategies 55:16
streams 14:22
Street 1:1
33:13 34:1
40:6 78:23
streets 40:2
strength 9:18
strengthen 36:25
38:17
strengths 16:21
stretch 70:4
stretched 42:7
87:17
strict 100:14, 15
strides 37:1
strong 9:19
12:17 14:9, 13
15:3 37:4 101:7
strongest 78:6
strongly 11:11
12:6, 13 20:20
47:11 53:15
63:10
structural 24:23
49:14
structure 32:10
63:9, 11
structured 13:2
19:16 59:17
71:9 97:15
struggle 38:10
struggling 38:18
52:11 88:7
- stuck** 81:13
88:20
study 48:24
65:10
stuff 79:25, 25
Subaru 93:18
subjects 32:7
Substance 3:13
53:16 54:22
65:6
succeed 18:8
81:17
success 11:2
15:23 16:23
67:6, 12
successful 10:13,
18, 20 12:15
16:20 17:6, 8, 9,
18 18:10 38:19
42:18 46:3
53:11 56:21
75:5
successfully 46:8
48:14 57:23
Sue 68:13, 15
suffer 38:15, 21
suffered 73:20
suffering 8:16
sufficient 42:23
51:24 57:22
60:15 74:25
suggest 16:7
62:21 63:10
suicide 13:19
23:5, 6 52:24
81:19
suitable 95:16
summer 40:15
Sunday 7:13
superintendent
3:14
supplement
60:13
supplementing
29:5
support 11:6
12:9 14:9 15:3
16:3 34:21
35:1 37:6 38:8,
14 42:15 43:6,

21 48:11 49:9,
20 54:10, 20
55:3, 7, 8 57:4, 5,
7, 20 58:22
59:18 60:2, 5, 12,
22 61:11, 18, 23
62:6 63:22
64:17, 19 65:5
67:20 68:4
69:19, 21 71:1, 5,
8, 15 72:1, 5, 11
73:17 74:12
76:4, 5 80:6
83:14, 15 86:6,
25 88:25 89:1
91:4 95:21
supported 63:2,
4 76:4 98:14
supporters 67:19
supporting
10:12 35:21
38:25 63:6
supportive
13:11 52:1, 9
76:4 77:6
supports 10:16,
21, 23 11:1, 24
12:1 14:14
16:19 17:3, 15,
19 18:8 21:7
36:5 37:2
41:21 47:25
50:25 56:20, 25
59:13, 14, 23, 24
60:7 61:20
67:2 69:22
70:15 75:19, 23,
25 76:7 77:8, 18,
20 78:3 82:9
84:22 87:5
92:3 93:2, 2
supposed 39:11
40:20
Supreme 65:24
sure 4:20 33:22
50:2 78:22
98:6 99:5
100:20
surgeon 7:3

surgeries 30:2, 3
surgery 7:2, 24
survive 25:20
Susan 93:21
97:8
sustain 71:23
86:18
sustainable 25:7
sustaining 38:11
Sweeney 53:1
symptoms 14:11
73:12 95:24
96:1
synapse 31:13
system 14:2, 9,
13 25:16 26:9,
19, 21 27:9
30:14 31:13
32:20 36:16, 17
37:1, 3 38:10, 17
42:4, 7, 22 43:17,
18 45:5 47:20
48:20, 21 52:10
59:16, 21 62:25
63:1 64:19
69:3, 11 70:20
72:5, 10 74:12
75:7 76:9
79:12 85:1, 1, 2
86:10 92:23
systems 16:3
62:1 67:14
74:17 93:3, 4

< T >

table 30:23 38:9
tag 93:17, 18
take 8:2, 6 9:24
19:13 21:3, 22
23:3 27:16
40:20 46:10
49:18 62:16
67:24 71:17
75:18 77:24
78:16 80:8
81:25 85:4
101:14
taken 100:17, 18
102:8

takes 50:25
71:17 92:15
talents 81:11
talk 70:8 74:10
79:17, 23, 24
83:18 84:6, 11,
12, 12, 13
talked 84:20
90:5
talking 94:13
tall 82:4
tap 69:21
task 32:12
tasks 30:18
taught 31:18
82:3, 5
tax 25:1, 2
40:21 80:3
taxing 76:9
taxpayers 49:24
tax-paying 76:8
teacher 22:9
teaching 28:22,
23, 24 29:18
30:8
team 7:25 13:8
22:13 64:25
68:25 69:19
73:1 80:25
84:5 91:3
technician 100:1
Ted 36:6
teen 81:7
tell 4:17 8:5
28:20 30:16
31:13 40:8
70:11 78:17
84:25 85:10
96:11
telling 23:13
tells 40:7
temporarily
55:22 58:23
ten 23:12 31:25
98:12
tenants 17:23
term 47:22
terminal 40:11
terms 49:24

95:23
testify 24:16
testimony 3:8,
18, 23, 23, 25
15:8 65:4
72:13 101:22
102:8
Thank 5:12 6:4,
6, 13 9:25 10:4
15:7, 19 18:13,
17 20:4 21:21
24:3 28:8, 13
34:10, 15 39:1, 5
41:1, 15 43:23
46:16 50:5, 10
51:13 53:18
54:4 64:20
72:18 76:16, 21
78:25 79:7
80:18 82:18, 20
84:13 85:15
88:10 90:11, 15
93:11, 12, 13
97:6, 10 99:7, 8,
9, 12 101:15, 17,
17, 22
thankful 18:25,
25 20:4
themselves 78:10
therapist 70:17
therapy 98:2
thin 42:7 87:17
thing 6:2, 10
12:5 33:12
42:19 68:18
77:4 78:6
96:15 100:4
things 5:8, 17
20:2, 12 23:17
31:18, 19 38:20
82:8 83:5, 6, 23
89:20, 21 90:11
think 3:2 4:19
5:16 9:7 21:4,
15, 24 23:16
28:19 31:18
75:21 76:25
77:1 79:12
80:11, 17 84:16
87:10 89:6

90:22 93:4, 10
94:4, 5, 8, 19, 21,
24 97:11 100:4
thinking 4:25
23:14
Thomas 9:15
Thompson 1:1
3:1, 3 6:6 10:2
15:10 18:15
20:6 23:25
24:6 28:10, 13
34:13 39:3
41:4 43:25
46:18 50:8
51:15 53:21
64:22 68:10
72:20 76:18
79:3 80:20
85:17 88:12
90:17 93:15
97:8 99:11
101:17
thought 7:8 8:9,
10, 12, 15 22:1
81:18
thoughtful 15:6
99:13
thoughts 40:8
85:20 101:18
Thousands
26:17 34:25
51:21 96:9
threat 96:12
three 7:20, 25
8:7 10:8 19:1,
20 22:17 29:12,
24 30:19 39:23
44:1 63:24
93:23
three-year-old
32:4
thrive 25:20
throat 7:2
thrown 100:18
tight 89:11
tightening 89:10
TIME 1:1 6:16
11:9, 21 12:2
13:8 15:19
17:17 19:2, 13,

- 20 23:16 26:13
27:18, 18 29:16,
19 30:14 31:5,
17 32:5 34:3
35:11 37:25
39:21 49:6
53:23 56:9
69:8 71:13
72:7 75:14
76:24 77:8, 15,
17, 23 79:13
80:23 81:21, 21
82:25 86:16, 25
91:24 93:11
94:9 95:11
96:8 98:9
101:5, 8, 9 102:9
timeline 56:3, 8
timely 56:1
times 3:17 4:13,
25 18:3 19:1
70:6 89:9, 12, 21
92:13 97:22
100:1
Title 65:23
today 3:23 5:13
18:18 28:5
30:25 34:16
37:16 42:15
47:1 51:23
54:2 68:19
70:6 72:23
74:11 76:22
86:21 87:5, 13
99:2
today's 101:20
told 19:12
30:13, 21 31:15
32:25 52:14
75:15 97:19
Tolliver 5:5, 5, 6,
8 44:3
tonight 81:25
Tory 5:16 7:18
51:16 53:21, 25
80:6
Township 29:25
track 78:24
tracking 12:10
57:9
trade 41:13
trained 48:12
67:19
transcript 102:7
transfer 50:21
58:20 59:4 67:6
transferred
31:24 32:1
33:10 74:7
transferring
55:14
transfers 56:10
transform 26:7
transformed
69:10
transition 10:13,
20, 24 11:14, 19,
23, 25 12:16
21:2 25:17
38:3, 8 53:12
55:23 56:6, 21
63:10, 14 64:15
83:5 84:21
transitional 76:5
transitioned
47:25 48:2, 15
transitioning
15:23
transitions
10:20 98:16
transparency
38:19
transparent
18:11 68:21
transportation
51:1 67:22 84:8
trashcans 40:13
trauma 16:16
74:3 84:13, 18
traumatic 62:2
travel 7:13
traveling 8:8
treat 26:22
44:24 48:13
49:7 83:10 93:8
treated 5:24
13:5 50:18 83:7
treatment 11:2
13:2, 16 23:6
26:1 33:14
35:20, 21 36:15
37:21 39:18
40:9, 25 48:8, 11
52:8, 9 54:8
55:6, 12 56:1
58:12 73:12, 15,
17, 21 75:3, 5, 6
81:21 84:7
92:13, 14, 19
96:2
treatments 38:22
treats 26:7
tremendous
21:24 37:1
90:23
trend 15:3
trespassing 13:18
trickle-down
87:25
tried 77:9 98:3
truancy 101:8
true 22:7 102:7
truly 33:25
73:18 74:19
trust 62:22 64:8
try 4:15 8:4, 4
21:14 80:11
82:16 83:21
trying 23:19, 21
47:10 87:16
Tuesday 1:1
turn 70:18
turned 30:25
31:4 40:1
twenty-three
28:18
twice 22:24
Twitter 9:19
two 4:25 8:1
21:25 24:21
29:13, 21 30:2
33:11, 18 53:3
54:22 63:19
73:11 75:9
78:14, 17 88:21
94:15 95:19
98:13, 14
two-page 2:7, 7,
10
type 33:24
92:21
types 74:14
< U >
U.S 65:24
uh 4:4 22:21
um 18:18 19:2,
11, 18, 18 20:3
92:9
unable 7:5 8:22
17:13 19:4, 14
39:24 70:15
86:17
unacceptable
53:6 70:22
unanswered 54:9
uncertainty 60:4
unclear 56:6
70:23
underfunding
42:5
understand 11:8
32:8 35:3 63:8
95:5
understanding
33:8 38:13
undertake 65:13
undoing 9:22
unfortunate
91:17 95:23
96:3
Unfortunately
13:3 14:17
42:5 49:15
92:1 95:18
Union 24:10
unique 16:18
62:13 87:4 93:7
Unit 1:1 10:6
12:5 13:10, 13,
14, 15, 18, 23
14:4 23:13
24:18 25:6
27:13 29:24
44:15, 22, 24
45:1, 4, 9, 12, 14,
24 47:3 49:5
56:17, 17 57:24
58:5, 6, 9, 16, 20,
21 59:4 71:16,
20, 21 72:15, 15
85:7 91:2, 8
units 41:19
45:21 58:18
62:11 73:9
74:23 81:19
90:1
Unity 6:17, 25
7:6 9:23
universities
46:25
unjustifiable
65:25
unnecessarily
14:1 68:6
unsuccessful
61:8
Untreated 40:10,
12
upheld 12:20
Upper 28:22
29:24
upset 73:18
upside 30:25
urge 28:2 47:11
49:17 53:15
urgently 20:25
urges 27:11
use 9:4 60:11
62:10, 11, 12, 16
82:15
usually 3:2
90:21
utilization 57:9
utilizing 63:23
utter 29:12
utterly 78:16
< V >
Valen 64:25
Valeria 79:4
80:20, 24 85:21
Valley 41:7, 17
51:18
Valley's 52:13
valuable 13:9
Vanguard 31:21
variables 10:19
varied 67:15

variety 4:5 44:9
 45:20
various 44:20
Vazquez-Otero
 53:24 64:23, 24,
 25
venture 46:3
 91:6
verbal 82:15
versus 55:4
 65:24
viable 82:23
vicious 47:21
victimized 74:4
videotape 30:25
videotaped 30:23
view 9:8 17:22
viewed 76:9
Villa 6:17, 25
 7:6
violated 8:25
 13:6
vision 46:4
 76:11 80:25
 99:7
visionaries 68:3
visit 7:13 8:1
 30:20
visited 7:14
visiting 8:13
visits 7:12
vital 35:10 47:7
vocational 67:22
voice 3:2 35:15
 38:2 64:17
 80:24 99:7
voices 11:4, 17
 13:16 38:9
 51:13 82:8 86:9
volunteer 20:10
 81:7, 15 82:13
volunteered
 98:22
Volz 15:11
 18:16, 16, 17
voted 81:16
voters 79:25
vulnerable 18:4
 25:22 40:21

< W >

wait 48:18
 52:15 53:4
 70:16 92:13
waiting 20:19
 21:17 48:18, 19,
 20 67:10 73:18,
 20 87:14
waiver 61:9, 21
 62:2, 3, 3 64:4
waivers 64:11
waken 29:11
walk 40:11
 90:10
walked 81:6
 83:3 89:7
walking 40:2, 4,
 5
walls 66:9
Wally 82:3, 6, 19
wandering 40:2
waned 43:8
want 3:16 5:3
 6:2 9:14, 25
 13:25 18:20
 21:21 22:2
 23:20 32:8
 44:1 50:15
 66:17 68:18
 72:3 78:21
 79:7 80:3
 83:10, 12 84:6,
 10 90:11 91:22
 92:2, 20 94:16
 95:12, 13 98:17
 99:4, 5, 7, 8
 100:15
wanted 31:11
 49:13 89:16
wants 24:4
 33:21 44:12
 96:25
warrants 12:14
Washington 5:18
watched 30:18
water 89:12, 14
way 3:21 5:9
 12:13 26:7
 27:2 31:14

66:23 67:6
 77:9, 24 91:1
Wayne 31:22
ways 100:11
wazoo 22:10
weakest 9:18, 20
wealthy 25:1
wearing 40:14
week 7:14
 21:12 38:1
weeks 8:7 70:16
welcome 12:23
well 3:3 4:14
 5:1 9:4 11:4
 13:4, 5 18:1
 22:2 27:4 29:4
 33:3 37:24
 38:21 46:6
 52:3 53:17
 55:17 56:17
 59:24 60:25
 61:4 66:25
 69:1 71:3
 77:21 79:19
 80:10, 23 83:4,
 10 84:2 85:5, 7
 91:8 94:8
 96:14 100:24
well-being 7:9
 43:1
went 4:24 19:5,
 21 95:19 98:13
we're 6:2, 4
 21:7 22:10, 13
 23:1, 1 24:1
 47:5 68:23, 24
 79:14 82:18
 88:6 89:25
 90:1, 3 92:4, 4
 100:14
Wernersville
 50:22 57:24
 58:21 59:5
 63:18
west 33:19 34:5
we've 70:2, 15
 72:5 74:10
 75:15 79:23
 87:12 91:22
 93:4

wholeheartedly
 86:12
who've 70:16
wife's 22:9
William 29:17
Williams 64:23
 68:11
willing 68:5
win-win 70:1
wish 3:18 9:22
Wolf 2:7 24:22
 47:9 49:13
Wolf's 24:17
 49:16 53:8
woman 20:3
 21:12 23:8
women 26:17
wonder 94:22, 23
wonderful 32:9,
 17 93:1 94:14
words 82:15
work 4:13
 18:20 24:10, 11,
 12 26:6 38:25
 39:24 44:21
 48:13 59:24
 63:5 64:1
 65:12, 12 68:21
 72:8 75:4
 76:14 77:17
 79:8, 9 84:23, 25
 85:7, 13 88:9
 91:14 100:20
worked 39:21
 46:23, 24 62:25
 69:9, 12 73:7
 77:13, 16 81:20
 82:12 83:4
 91:11 98:23
worker 100:25
workers 79:11
 91:4 101:2
working 9:5
 15:16 19:23
 21:19 46:22
 54:13 55:2
 69:5 73:16
 77:17 83:25
 86:1 91:13

96:18 99:24
 100:11 101:3
workplace 77:19
works 22:17
workshop 98:1
world 8:21 20:9
 82:21
worry 39:15, 15
worse 9:20
 71:13
worst 20:9 30:4,
 5 70:21
wring 8:20
write 52:17
writing 4:3
written 3:23, 25
 20:10 101:21
wrong 5:3
wrote 23:12

< X >

XI001054 1:1
XI-01054 102:17

< Y >

year 17:16
 26:10 28:24, 25
 33:15 42:8
 53:4 55:1
 65:10 70:4
 73:20 75:10
 97:20 98:10
years 5:21 6:16,
 24 7:1, 20 8:1,
 13, 14 9:6, 14
 14:22 15:17, 18
 19:2, 20, 23
 21:13, 14, 16, 25
 23:8, 10, 12
 24:21 26:15
 27:22 28:19
 29:11 30:3
 32:13, 23 33:15
 39:23 42:17
 43:12 46:23, 23
 57:10 60:1, 8
 69:5 72:24
 73:4 75:9
 77:13, 14, 15, 16
 78:15, 17 81:6

82:12 83:4, 11,
15, 17 84:15
85:25 89:15
92:8, 9, 15 93:23
96:10 97:13
98:4, 12, 13, 13,
14, 15, 22, 23
99:24
Year's 23:4
yesterday 5:14
York 22:4, 6
young 13:17
32:18 84:21
youth 30:17
84:21

< Z >

Zachary 2:9
zero 23:9
Zuckerberg
82:24