PUBLIC HEARING

IN RE:

Comments on the planned closing of Norristown State Hospital Civil Unit

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DATE: Tuesday, January 31, 2017

TIME: 2:30 p.m.

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

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MODERATOR: Ford Thompson

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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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Applause).

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

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

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

While at Unity Villa, he contracted hepatitis C and

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

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

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

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

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

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

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

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

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

Of course, we do not want people with mental health

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

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

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

In order to create a Pennsylvania where current and

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

(Applause.)

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

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

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

I also hope that there will be meetings scheduled to

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

(Applause).

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

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

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

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

Therefore, we are urgently requesting OMHSAS to

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

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

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

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

They said I should go to New York City.

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

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

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

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

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

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

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

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

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

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

MR. THOMPSON: (Inaudible) to answer questions.

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

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

(Applause).

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

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

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

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

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

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

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

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

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

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

inmates will only add to this problem of overcrowding.

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

In conclusion, SEIU Healthcare Pennsylvania urges the administration of the Department of Human Services to consider a dramatic expansion of the Norristown forensic unit. Additionally, we believe the administration should revisit its decision to eliminate all of Norristown civil side beds.

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

closures and cuts inevitable.

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

(Applause.)

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

(Inaudible.)

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

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

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

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

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

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

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

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

hearing problems and thus was not learning to speak. Constant severe ear infections required 11 surgeries on his ears and two surgeries on his adenoids over the next several years. Whenever the infections were at their worst, his behavior was at its worst.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

just that. Thank you.

(Applause.)

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

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

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

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

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

(Applause).

MR. THOMPSON: Prior to asking Miss Conway to

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

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

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

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

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

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

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

rely on state funding.

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

(Applause).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

(Applause.)

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

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

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

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

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

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

Regarding changes in the forensics operations at

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

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

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

(Applause).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

flexibility in adjusting the HealthChoices rates.

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

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

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

In addition to HealthChoices, generic housing, aging

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

There are individuals who will oppose this closure for a number of reasons. One rationale put forth against the closure of state hospitals is that individuals with mental illnesses pose health and safety risks to the community or to the public. This is one of the most pernicious portrayals of people with mental illness which promotes the idea that they need to live their lives inside the dreary walls of a state hospital where someone else dictates what they do morning, afternoon and night. This stigma dehumanizes and devalues people with mental illness and sets them up for failure in the community. Who can nourish hope, develop and maintain a positive self-image or feel joy, fulfillment and peace when the message is that there is noplace for you in your home community? Fostering the stigma is irresponsible, and I ask all of you on behalf of the individuals who simply want to go home to speak out against it.

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

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

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

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

Finally, we recognize that the fiscal -- that the

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

(Applause).

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

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

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

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

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

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

County community, a win-win for everyone.

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

My concerns are will there be advocates and peer

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

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

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

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

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

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

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

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

While we create highly specialized supports for

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

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

(Applause.)

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

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

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

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

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

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

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

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

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

you so much.

(Applause).

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

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

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

from keeping people in institutions.

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

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

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

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

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

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

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

(Applause).

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

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

(Laughter).

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

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

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

care and a safe place to be.

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

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

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

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

(Applause.)

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

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

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

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

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

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

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

(Applause).

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

(Applause).

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

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

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

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

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

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

conditions in which people are living.

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

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

(Inaudible response from audience.)

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

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

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

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

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

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

(Applause).

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

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

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

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

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

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

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

(Laughter.)

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

(Applause).

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

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

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

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

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

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

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

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

(Applause).

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

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

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.

Lea Lumpkin/MS C.C.R.

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