HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

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House Bill 80

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House Judiciary Committee

Derry Township Municipal Building
Hershey, Pennsylvania

Monday, July 28, 2008 - 10:00 a.m.

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BEFORE:

Honorable Thomas R. Caltagirone, Majority Chairman
Honorable Deberah Kula
Honorable Daylin Leach
Honorable Sean Ramaley
Honorable John Evans
Honorable Carl Mantz
Honorable Bernie O'Neill

IN ATTENDANCE:

Honorable Chris Sainato

1 ALSO PRESENT:

2 David McGlaughlin
Majority Senior Research Analyst
3
Jetta Hartman
4 Majority Committee Secretary/Legislative Assistant

5 Karen Coates, Esquire
Minority Executive Director and Counsel for
6 Committee

7 David Tyler
Intern
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1 CHAIRMAN CALTAGIRONE: This is the House
2 Judiciary Committee holding a hearing today on House Bill
3 80, Representative Daylin Leach's bill.
4 And for the record what I'd like to do is have
5 staff and members please introduce yourselves and start with
6 Karen and work our way all the way around and we'll end up
7 with our testifier.
8 MS. COATES: Good morning. Karen Coates, and
9 I'm chief counsel of the House Judiciary Committee.
10 MR. MCGLAUGHLIN: Good morning. David
11 McGlaughlin, Judiciary Committee staff.
12 REPRESENTATIVE MANTZ: Carl Mantz, the 187th
13 Legislative District representing Berks and Lehigh Counties.
14 REPRESENTATIVE EVANS: Good morning.
15 Representative John Evans representing 5th District, Erie
16 and Crawford Counties.
17 REPRESENTATIVE O'NEILL: Good morning.
18 Representative Bernie O'Neill, and I represent the center of
19 Bucks County.
20 CHAIRMAN CALTAGIRONE: Representative
21 Caltagirone, representing the 127th District, Reading, West
22 Reading.
23 REPRESENTATIVE RAMALEY: Good morning. Sean
24 Ramaley, the 16th District, Beaver and Allegheny Counties.
25 REPRESENTATIVE KULA: Deberah Kula, 52nd

1 District, Fayette and Westmoreland Counties.
2 REPRESENTATIVE SAINATO: Chris Sainato, Lawrence
3 and Beaver County, the 9th Legislative District.
4 MR. TYLER: David Tyler, committee staff.
5 MS. HARTMAN: Jetta Hartman, Committee
6 secretary.
7 REPRESENTATIVE LEACH: Thank you, Chairman
8 Caltagirone, and thank you to all the members of the
9 committee. I apologize for being a little bit late. I hit
10 some unexpected traffic. I guess it's Route 72, the one
11 coming into Hershey from the turnpike, and that coupled with
12 my firm commitment to obey the speed limit at every
13 opportunity led me to be a few minutes late getting here
14 this morning.
15 Thank you for holding a hearing on this and
16 taking the time to discuss the extremely important topic and
17 this hopefully helpful piece of legislation.
18 House Bill 80 is designed to greatly expand the
19 use of mental health courts for nonviolent offenders in
20 Pennsylvania. The problems this bill are designed to
21 address are well known to this committee. We have a
22 criminal justice system which sends more people to prison
23 than in all but one other state in the nation.
24 Our prison system is overcrowded and expensive,
25 and too often we fail to meet the needs of those who we

1 incarcerate, lessening the likelihood that they will be
2 productive members of society when they are released. The
3 result is a high post-incarceration recidivism rate.
4 It seems to me that any effective reform of the
5 prison system must do several things. It must reduce cost
6 to the taxpayers, it must ease overcrowding, it must reduce
7 recidivism, and it must ensure drug -- appropriate drug or
8 mental health treatment. Mental health courts I believe
9 will do all of these.
10 Let me lay out some facts that have formed this
11 legislation and will hopefully illustrate why we need to
12 focus on mental health treatment if we want to improve our
13 criminal justice system.
14 Please consider the following, and this is not
15 in any particular order of importance but I think all facts
16 which are relevant. People with mental illnesses are
17 disproportionately represented in our criminal justice
18 system. Five percent of people in society have diagnosable
19 illnesses versus 16 percent in prison. In Pennsylvania a
20 mentally ill person is three times more likely to serve
21 their minimum prison sentence than a nonmentally ill person.
22 The Pennsylvania Department of Corrections estimate that it
23 costs $80 per day to incarcerate the average inmate but $140
24 a day to incarcerate an individual with mental illness.
25 People with mental illnesses remain incarcerated

1 in pretrial detention over six times as long as the average
2 inmate. And in some national studies people with a mental
3 illness are almost three times as likely to be rearrested.
4 And just to digress from the text for a second,
5 the reasons for this are fairly obvious. People with mental
6 illness have very poor impulse control. They often don't
7 have the support systems because of alienation from family
8 members or other reasons that enable them to, for example,
9 post bail or comply with certain pretrial conditions. And
10 so by keeping them in the system over and over again it's a
11 prescription for increased incarceration, increased costs,
12 increased recidivism.
13 But there is good news. Studies show that
14 integrating community-based services with law enforcement
15 works. In places with mental health courts there has been
16 dramatic improvements in incarceration rates, recidivism
17 rates and the success of reintegrating mentally ill
18 offenders back in society. Also, the cost of providing
19 mental health services is far less than simply incarcerating
20 mentally ill nonviolent offenders.
21 It is important to note at this point that most
22 mentally ill people are arrested for nonviolent offenses.
23 At any given time more than half of all incarcerated people
24 with mental health problems are in jail or prison for
25 nonviolent offenses.

1 Back to the costs. Studies in New York and
2 Illinois show that using mental health courts reduce costs
3 by about 40 percent, resulting in a savings of tens of
4 thousands of dollars per year per inmate.
5 So what do mental health courts do and why are
6 they so successful? Mental health courts work essentially
7 like the highly successful drug courts. People with a
8 mental illness are no longer simply recycled through the
9 courts and the prisons over and over again. This cycle
10 fails the inmate by ignoring the mental illness that may be
11 at the root of the alleged crime, and it fails society by
12 not addressing an important contributing factor in the rate
13 of crime and not efficiently using tax dollars.
14 Instead of the constant cycle of prison and
15 courts, a judge holds appropriate hearings on the
16 defendant's mental state and, if he or she finds the
17 defendant eligible, designs a specific treatment program
18 using resources in the local community. The defendant must
19 agree to the program which it can include some combination
20 of counseling, drug therapy, other medical care, and
21 assistance with job training and/or housing.
22 The judge follows the defendant's progress all
23 through the plan, and the defendant is provided the
24 incentive of having his or her charges against him or her
25 dropped or favorably modified if they complete the treatment

1 plan the judge has fashioned.
2 We also see the inherently adversarial criminal
3 justice system become less adversarial. When Judge Zottola
4 of Allegheny County spoke about his county's mental health
5 court pilot program, he noted that these cases involving
6 mentally ill defendants are often resolved in chambers with
7 the district attorney, the defense attorney and a mental
8 health professional. He said, "it's more of a horizontal
9 approach to resolving the problems. We usually reach a
10 consensus. We're all part of a team, not on opposite
11 sides."
12 This program has been so successful that the
13 overall recidivism rate for Allegheny inmates generally is
14 67 percent but the rate for the 500 offenders participating
15 in the mental health court is 14 percent.
16 Currently there are pilot programs not only in
17 Allegheny County, but also other jurisdictions such as York,
18 Erie and Northumberland Counties. The purpose of my bill is
19 to help make this available statewide.
20 One of the key components of my bill is Section
21 954 F which provide for grants for establishing mental
22 health court divisions. There are federal grants now. I
23 think a hundred or 150 nationwide. They are largely
24 exhausted. It's currently -- my bill would do two things.
25 It's currently legal to set up your own mental health board

1 if you're a county in Pennsylvania. However, there is no
2 funding for it without this legislation, A; and, B, there's
3 no criteria statewide.
4 This bill would establish criteria and establish
5 a mechanism for funding. Only a mechanism. The actual
6 amount of money available for funding would have to be part
7 of the budget process. But this would create a statutory
8 basis to plug money from the budgetary -- whatever we can
9 wrangle out of the budgetary process each June 30th or July
10 20th or whenever we get that done.
11 The bill is quite strict in terms of the
12 criteria for obtaining the grants. The county must
13 demonstrate the ability to effectively administer the
14 program and provide services, as well as an ability to
15 sustain the program after the state's financial support
16 ends.
17 It is my hope that we will soon see 67 counties
18 with fully operational mental health courts. This will make
19 us a wiser, more financially responsible and, most
20 importantly, safer state.
21 And that is my testimony and I'm happy to take
22 any questions.
23 CHAIRMAN CALTAGIRONE: Thank you, Daylin.
24 Questions? Yes.
25 REPRESENTATIVE O'NEILL: Daylin, did you see

1 this morning's paper in Montgomery County?
2 REPRESENTATIVE LEACH: Am I in it?
3 REPRESENTATIVE O'NEILL: No.
4 REPRESENTATIVE LEACH: Okay. Good. No, I
5 haven't seen it yet.
6 REPRESENTATIVE O'NEILL: I wasn't reading that
7 page. This morning's paper had -- Bucks County had an
8 article about Montgomery County thinking about going to the
9 mental health court. I was just wondering, do you know what
10 their plans are right now?
11 REPRESENTATIVE LEACH: I spoke briefly with
12 Commissioner Hoeffel about that. He's on the Board of
13 Commissioners in Montgomery County. They would like
14 to -- they see the wisdom of this. There are funding
15 issues, and that's one of the things they're working
16 through. And it's one of the things we're trying to help
17 with. And, again, it's not a new expenditure in the sense
18 that I truly believe that this is the sort of thing that
19 will save the state money if we invest in it.
20 I used to be a criminal defense lawyer in part,
21 and, you know, you could often tell just by interacting with
22 certain defendants that they were going to be a continuing
23 problem unless mental health issues were addressed. And
24 often when I was practicing they were not addressed. They
25 would just be treated, okay, you did this, this is your

1 sentence, go in, and it's not a constructive environment,
2 often it's a very destructive environment for people with
3 mental health issues so they come out worse than when they
4 went in.
5 And so, you know, if we had a -- could give them
6 a mental health option and a judge that followed that
7 closely, it would save money in the short term in terms of,
8 you know, just it's less than incarcerating them often. But
9 it would save money in the long run as well in terms of
10 hopefully the -- I mean we see the evidence of this, the
11 recidivism rate would go down and they would be out of the
12 justice system entirely.
13 So I think there's a move to do that in
14 Montgomery County. I know there's some funding issues.
15 Hopefully they can be resolved.
16 REPRESENTATIVE O'NEILL: Do you know who the
17 judge is that is spearheading it? Is it O'Neill?
18 REPRESENTATIVE LEACH: I might be O'Neill. I'm
19 just not sure. He's the president judge at this point?
20 REPRESENTATIVE O'NEILL: I don't know if he is
21 or not, but I know he runs -- because I had an opportunity
22 to review their drug court, I guess the best way of putting
23 it, which appears to be very successful. It's basically the
24 same theory as you're using here, you know, and we've seen
25 how that can be successful. So I appreciate it. Thank you.

1 REPRESENTATIVE LEACH: Thank you.
2 CHAIRMAN CALTAGIRONE: Any other questions? I
3 was just curious about the cost, Daylin. I know that you've
4 done your homework and research on this. And I think this
5 makes a lot of good, practical sense with the budgets with
6 our counties because this would affect the county prison
7 system as well as the state system. Because in dealing with
8 situations, I've sat in night court with my friend Gayle
9 Brennan and I've seen, you know, lots of people that were
10 brought in and a lot of them do, like you're saying, have
11 mental health problems that aren't being treated. And it's
12 a real burden on the taxpayers and everybody.
13 I was just curious if you have any figures on
14 what -- I know the percentages that you were saying are
15 around 67 percent and 14 percent about the recidivism rate,
16 and that's impressive. You keep coming back -- I know
17 you're going to be saving money and saving lives too because
18 many of those poor souls, they need the help and they're not
19 getting the help.
20 When we started closing down all of those
21 institutions under Dick Thornburgh's administration, I knew
22 that we were going to start having problems because
23 everybody was saying, well, we're going to have home visits,
24 we're going to do all these nice things to make sure these
25 people don't act out. Well, you know, time tells that a lot

1 of these people do act out when they're not taking their
2 meds and they go into these group homes and everything else
3 that I've seen that's evolved over the last couple of years
4 and I'm thinking this does make sense if we can get them out
5 of the criminal justice system into a system where they were
6 being helped.
7 But on the other hand, we don't want to
8 overburden the counties with an additional expense without
9 trying to not giving them an unfunded mandate and the
10 counties are going to look at us and they're going to say,
11 you're at it again up there, you know, you throw the ball to
12 us but there's no money in the bank.
13 REPRESENTATIVE LEACH: Mr. Chairman, I would say
14 I agree with you a hundred percent, and I think what I've
15 tried to do is the following along those lines. First of
16 all, this is not a mandate. This creates a structure and a
17 funding mechanism, but a county is not required to do this,
18 number one.
19 Number two, you're right about putting the
20 burden on counties which is why -- because right now it is
21 legal for a county to do this. Often they don't do this
22 because of the very issue you mentioned. This is creating a
23 mechanism which hopefully will result in state funding to
24 help the counties do this. But no county is required to do
25 this. Every county will have to consider the financial

1 pluses and minuses of this.
2 I would argue it's a strong plus in the long
3 run. And if we can help them get this set up, I think that
4 will do that. But it is not a mandate.
5 I agree with you. I know it's very frustrating
6 to local and to county officials when we tell them they have
7 to do something and don't provide the funding for it.
8 That's -- you know, we don't like it when the feds do that
9 to us and I agree with you.
10 CHAIRMAN CALTAGIRONE: Thank you. Carl, do you
11 have any questions?
12 REPRESENTATIVE MANTZ: Yes. I had the privilege
13 earlier this year as a member of the Subcommittee on Courts
14 to observe firsthand Judge Zottola and his work out in
15 Allegheny County. In my opinion, in my past having been
16 both a prosecutor and a criminal defense attorney, this is
17 certainly a very progressive and enlightened approach to the
18 administration of criminal justice. I just would hope that
19 there are funds and sufficiently empathetic jurists
20 available to fulfill these.
21 This is a long-term and ideal project to shoot
22 for, but I certainly endorse the idea, provided the funding
23 and personnel are available for it.
24 REPRESENTATIVE LEACH: Sadly we couldn't think
25 of a way to mandate enlightened jurists in the legislation,

1 but I'm open to amend it along those lines.
2 CHAIRMAN CALTAGIRONE: Thank you very much.
3 REPRESENTATIVE LEACH: Thank you, Mr. Chairman.
4 CHAIRMAN CALTAGIRONE: You can join us if you
5 wouldn't mind.
6 REPRESENTATIVE LEACH: For a little while.
7 CHAIRMAN CALTAGIRONE: We'll next hear from
8 George Hartwick, III, County Commissioner of Dauphin County.
9 George, good to see you again, sir.
10 MR. HARTWICK: How are you doing, Mr. Chairman?
11 Chairman Caltagirone, Members of the Committee, speaking of
12 county governments and unfunded mandates and funding, I
13 think that's the perfect segue to my testimony.
14 I am here today representing the County
15 Commissioners Association of Pennsylvania as a member of the
16 Health and Human Service Policy Committee. But also as a
17 county commissioner engaged in the Mental Health Diversion
18 Project, I'd be glad to answer questions about what's
19 currently going on in Dauphin and how we envision that
20 specific case and some of the concerns that we have related
21 to the funding.
22 But on behalf of the County Commissioners Association I'm
23 very pleased that this issue is getting attention in
24 Pennsylvania and that the proposal you have under review is
25 directed at finding solutions to the crisis of mentally ill

1 inmates in jails.
2 Thank you for the opportunity to offer testimony
3 on behalf of the County Commissioners Association on
4 providing a mental health division within common pleas
5 courts contained in House Bill 80. As you know, CCAP is a
6 nonprofit, nonpartisan association providing legislative,
7 training, insurance, technology, research and similar
8 services for all of the Commonwealth's 67 counties.
9 In our current environment, counties all across
10 the state are looking for ways to accomplish several goals
11 within the criminal justice system, reduce prison
12 overcrowding while protecting the community, reduce
13 unnecessary pressure on the courts, assure appropriate
14 treatment for individuals with mental illness or addiction.
15 County jails are increasingly challenged by
16 growing numbers of inmates who have mental illnesses that
17 they are not equipped to protect and treat. Mental health
18 courts are nationally recognized as one way to divert people
19 from the criminal justice system by using the power of the
20 law to assure that treatment is available in the community.
21 Proper treatment can reduce the incidence of minor crime and
22 unnecessary incarceration. CCAP recognizes that the
23 establishment of specialty courts may not offer immediate
24 cost savings but may reduce growth of the jail system and
25 the construction of new, larger prisons by reducing

1 recidivism.
2 Many counties that have implemented specialty
3 courts, and there are some unique aspects to their design
4 from county to county. While CCAP believes that a standard
5 model based on evidence of success would facilitate the
6 ability of counties to establish and effectively operate
7 treatment courts, we would not support a mandate that
8 requires every county to have one. CCAP has established its
9 official position on the topic and adopted the following
10 policy into our PA Counties Platform.
11 The Association supports state legislation to
12 provide full and permanent funding for the establishment of
13 drug courts and other treatment courts in Pennsylvania where
14 such courts might be effective. (CCAP Platform added in
15 2004.)
16 There is significant benefit to the community to
17 be gained through the establishment of effective mental
18 health courts. Standardized guidelines help counties
19 consider proven policies that can succeed. The guidelines
20 for mental health courts should include best practices
21 advice for diversion that would improve community
22 involvement and acceptance, and should identify the parties
23 that must be included in the decision making and system
24 development, inclusive of families, minorities, employers
25 and consumers.

1 CCAP believes that diversion and alternative
2 sentencing should be considered as integral components of
3 the justice system as important as incarceration. Funding
4 should be adequate to the task and should not be taken from
5 existing community mental health and substance abuse
6 services. While grants are very helpful for start-up at
7 initial operations, counties can be challenged once program
8 and personnel costs are no longer supported. A stable
9 funding base is necessary.
10 A community that is not engaged or doesn't
11 understand the positive impact of treatment courts may view
12 those courts negatively or even consider county leaders as
13 being soft on crime. This means that the process must be
14 transparent and inclusive to encourage community support.
15 The outcomes must be openly presented from both
16 a public safety standpoint and the more humanitarian
17 perspective of providing for vulnerable populations. These
18 two sides should always be considered to be equally
19 important.
20 Poor relations between county commissioners and
21 judges, district attorney, and others in the criminal
22 justice system and the human services system can be a
23 disincentive to systems change. The guidelines can assist
24 in determining eligibility for the treatment court programs
25 and help those administering the court how to determine who

1 should be diverted, et cetera.
2 CCAP's Prison Overcrowding Task Force Report,
3 issued in August 2006, contains findings that suggest that
4 we need to assure that individuals with treatment needs,
5 including mental illness and substance abuse, are considered
6 as a prime focus of alternative to incarceration. The
7 report points out that diversion of these inmates can have a
8 significant effect on overcrowding. As a result of entry
9 into the county jail, the inmate loses his or her public
10 benefits for Medicare/Medicaid eligibility and usually loses
11 private health care coverage as well.
12 As you know, when you step inside the county
13 jail, it sounds good to lock them up and throw away the key,
14 but they lose every bit of support they had prior to their
15 entry and they're funded 100 percent by county real estate
16 taxes and that's unfortunate.
17 The limits to the treatment that is available
18 during incarceration results in longer period of
19 incarceration and interferes with continuity of care and
20 treatment at the time of discharge. Additionally, the
21 outcome for the inmate is much more positive, likely to
22 result in treatment for the conditions that may lead to
23 future incarceration.
24 The following excerpt is lifted directly from
25 the report: The most widespread examples of intermediate

1 punishment program approach to alternative sentencing are
2 the specialized drug courts, DUI courts, and to a much
3 lesser extent mental health courts implemented in a number
4 of counties across the state. Initiated largely with PCCD
5 and/or direct federal grants, these programs are efforts to
6 overcome the lack of focus and specialized disposition
7 planning that otherwise characterize the sentencing
8 enterprise in so many jurisdictions.
9 Among respondents to the statewide survey,
10 almost half of the counties reported some level of drug
11 court (44 percent) or DUI court (45 percent) activity.
12 Three counties reported that MH/MR courts were operating or
13 on the drawing board. Dauphin County being one.
14 Although highly touted as alternatives to
15 incarceration in many instances, the survey results and
16 on-site observations reveal familiar, telltale signs that
17 the intensive and expensive resources of specialized courts
18 are not always being focused and prioritized to target cases
19 likely to produce the greatest possible population control
20 payoff. Rather, they are often reported to be used for
21 low-level defendants who would not otherwise have been
22 sentenced to jail.
23 In closing, CCAP conveys its support for House
24 Bill 80 and similar bills. CCAP makes an appeal for funding
25 that is adequate to assure the success of mental health

1 courts and recognize that simply diverting already strained
2 dollars from the system serving those not at risk for
3 incarceration is not a solution.
4 CCAP stands ready to work with the committee in
5 furtherance of policy that moves us ahead in providing
6 services for the mentally ill and in the most appropriate
7 setting likely to produce the most positive outcome.
8 Once again, I offer thanks to the committee and
9 will be happy to take any of your questions.
10 CHAIRMAN CALTAGIRONE: Thank you. Questions?
11 Great job.
12 MR. HARTWICK: Thank you.
13 CHAIRMAN CALTAGIRONE: Good to see you again.
14 Thank you. We're going to prepare a full agenda, and I do
15 believe that this bill, along with some of the others that
16 we've had hearings on this summer, that we will get ready
17 for passage in the fall session. That's one of the
18 questions that's asked.
19 We'll next hear from Steve Pennington, Esquire,
20 Director for the Center of Disability Law and Policy.
21 MR. PENNINGTON: Good morning.
22 CHAIRMAN CALTAGIRONE: Good morning, sir.
23 MR. PENNINGTON: I am Steve Pennington, the
24 Director for the Center of Disability Law and Policy. We
25 are the statewide group for people with disabilities seeking

1 services from the Pennsylvania Office of Vocational
2 Rehabilitation and the Bureau of Blindness and Visual
3 Services.
4 I am currently on the Governor's Cabinet and
5 Advisory Committee for People with Disabilities and have
6 served on the Office of Mental Health and Substance Abuse
7 Service Forensic Work Group. I am also an attorney and I
8 have represented defendants with chronic severe mental
9 illness across Pennsylvania and I have been involved with
10 issues involving people with chronic mental illness for the
11 last 25 years.
12 Before I start my comments, if I may, Mr.
13 Chairman, in response to your question, Representative
14 O'Neill, to Representative Leach, the Office of Mental
15 Health and Substance Abuse Services has recently issued
16 grants, and one of those grants -- to establish a mental
17 health court, and one of those grants was to Montgomery
18 County and there has been press indicating that Judge Smyth,
19 who is the director of the mental health court, is very
20 enthusiastic about that and looks forward to creating in
21 Montgomery County a mental health court.
22 As Representative Leach indicated, the number of
23 people with chronic mental illness in prison far exceeds the
24 percentage of adults with mental illness in the United
25 States. Other studies show that in addition to an increased

1 percentage of the prison population, people with chronic
2 mental illness also tend to have longer sentences and are
3 more vulnerable to assaults and suicides.
4 And when I was looking at this, I guess I'm
5 more of a meat and potatoes kind of guy, I asked the
6 question why, and I tried to look generally as well as
7 within Pennsylvania. And I think it's because of a number
8 of reasons, one of which is that people with mental illness
9 are often overlooked, turned away or intimidated by the
10 mental health system and end up disconnected from community
11 supports.
12 I think it also is a problem because if you talk
13 to people out in the counties often times they believe that
14 the Mental Health Procedures Act is an adequate way of being
15 able to divert people with chronic mental illness into
16 adequate treatment and programs, but certainly the Mental
17 Health Procedures Act is very limited. And while certainly
18 it may address issues of competency and those kinds of
19 things, it is not adequate to -- an adequate way of being
20 able to divert people from prison into adequate programs.
21 Another reason is that jails and prisons are not
22 equipped or adequate to deal with offenders. But with the
23 closing of state hospitals, the difficulty with gaining
24 access to the residential -- the psychiatric residential
25 treatment facilities, prisons and jails have really become

1 the defacto treatment places for people with chronic mental
2 illnesses.
3 And, last, criminal sanctions don't work. They
4 are not a deterrent, especially for somebody who may have
5 committed a crime primarily because of their chronic mental
6 illness.
7 Now, in the counties that I've had cases in,
8 I've always run into good people, good people in pretrial
9 services, good district justices, good judges. But I have
10 to say due to the lack of a comprehensive strategy within
11 many counties I have found it very, very difficult to try
12 and come up with solutions to the defendant with chronic
13 mental illness.
14 I've often faced high bail stemming from the
15 stereotype that people with severe mental illness are really
16 a danger to the public. I've run into an overall reluctance
17 to consider residential treatment at the front end of the
18 process. Almost in every case the person I represented
19 had -- was in the county prison and was not receiving
20 adequate or proper medications and in many instances really
21 deteriorated while in the prison.
22 Another problem is the fact that people with
23 severe mental illness, they lose their medical assistance
24 once they go in the county jail. So if you look to try to
25 work out a solution where you might have that person

1 transferred to a psychiatric residential treatment, for
2 example, Holy Spirit Hospital, if the person loses their
3 medical assistance, unless you have a strong pretrial
4 division -- in one case I had in Dauphin County the pretrial
5 division was very, very helpful, it was almost impossible,
6 but we were able to do it working with the Department of
7 Welfare to get the medical assistance kicked back in so the
8 person could be released from the county and voluntarily
9 committed to Holy Spirit.
10 My experience is there really are no options in
11 the criminal process until you get to sentencing and then
12 you can look at house arrest, those kinds of things. And
13 then also with probation and parole, which I have found
14 again to be a group of good people but tremendously
15 overworked, supervision postsentence of people with mental
16 illness is really a key to the success. You can do
17 everything you can do in a criminal court system, but
18 ultimately that person is going to receive a sentence. And
19 unless you have strong follow-up, the chances of that
20 person, you know, coming back into the system is
21 significant.
22 Now, is there a problem? I think there is. Is
23 there a solution? Pennsylvania has really taken the lead.
24 The Rand study of Allegheny, as Representative Leach
25 indicated, looked at Allegheny County and said that there

1 was tremendous cost savings to the taxpayers in Allegheny
2 County. By my count I think there were thirteen mental
3 health courts, Chester, Delaware, MontCo have mental health
4 grants. It's my understanding that Philadelphia and Bucks
5 County -- correct me if I'm wrong, Representative, but the
6 Office of Mental Health and Substance Abuse Services, Bucks
7 County may have gotten a grant to set up a mental health
8 court. And Franklin and Blair Counties were looking into
9 studying the issue.
10 Now, as Representative Leach testified to and I
11 just alluded to, when you have a mental health court in
12 place, there is a sharp decline in re-arrest. As I've said,
13 it's clear it saves taxpayer money, and, you know, there is
14 just general agreement that the mental health courts work.
15 Now, what's good about HB 80, and I understand
16 954 and the fact that it sets up a mechanism, and I know the
17 funding is a big issue, but you have to ask yourself with
18 this legislation, what are the key elements that anecdotally
19 Allegheny County has shown us, other counties across the
20 country have shown us, what are the key elements that must
21 be included in any legislation creating mental health
22 courts.
23 And it's, very briefly, the legislation must
24 coordinate and -- require the coordination of the delivery
25 of services, not be coercive, not force people to seek

1 treatment but make it voluntary, involve all the
2 stakeholders, and I'm talking about from the arresting
3 officer through probation and parole, and doesn't create a
4 greater burden on the individual defendant with mental
5 illness than he or she would receive if they were to go
6 through trial and plead guilty where maybe a longer term of
7 treatment that becomes a part of the sentence that's greater
8 than, you know, the typical regular sentence would be.
9 Now 954 -- Section 954 of HB 80 is I
10 think -- you know, Representative Leach included everything
11 that needed to be included. In other words, if somehow all
12 this funding fell from the sky, you would see that it
13 requires cooperation between criminal justice and the mental
14 health system, improved access to necessary services and
15 supports, the preservices for offenders with mental illness,
16 and requires continued supervision and the coordination of
17 services, including specialized training of law enforcement
18 and judicial personnel.
19 And, Mr. Chairman, you'll recall years back the
20 whole issue of police training was I believe legislation
21 that you introduced. And in my experience specialized
22 training of law enforcement as well as the court personnel
23 is absolutely critical. And then voluntary outpatient or
24 inpatient treatment in the least restrictive environment.
25 That is absolutely critical.

1 I think what's great about HB 80 is it really
2 serves as a focal point and it gives the Commonwealth of
3 Pennsylvania the opportunity to take the Allegheny model
4 and, rather than just have this great example in western
5 Pennsylvania, it gives the Commonwealth of Pennsylvania an
6 opportunity to really among the other states take a lead in
7 dealing with issues involving people with mental illness.
8 Just another second, if I may. I have to say
9 though, and I don't think it's a negative comment about HB
10 80 at all, there is much, much more work to do. HB 80 in
11 the development and creation of mental health courts is not
12 a panacea. The mental health court is only as good as the
13 services in the community.
14 And from my experience in Montgomery County, we
15 have the best mental health services I believe in the
16 Commonwealth. But there are counties where it becomes very,
17 very difficult, especially in the rural counties where it
18 becomes very, very difficult.
19 Representative Kula, I think you say you're from
20 Fayette. I see a big difference between Montgomery County
21 and Fayette County. And if Fayette County has a mental
22 health court, I just wonder are the services there necessary
23 to be able to help that individual.
24 You tack on the fact that they're closing the
25 state hospitals, now that's something that's been happening

1 for a while, the concept is we're going to have psychiatric
2 residential treatment provided to people with mental
3 illness. And, again, looking at the demographic of
4 Pennsylvania, that's not -- you know, it's easy for me to
5 say in Philadelphia County or in Montgomery County or in
6 Allegheny County that's something easily achieved. But it
7 is a problem.
8 Of course, there's always going to be funding
9 issues with the court. And that's going to have a severe
10 impact because under this legislation how does a court set
11 up those linkages, how does a court make sure that it's
12 coordinating its personnel with health services in the
13 community, that there is an adequate -- that there isn't
14 adequate funding that's going to be problematic.
15 There are some that are concerned that the
16 system will be overwhelmed because most of the courts in
17 Pennsylvania are first generation, they're dealing with
18 nonviolent misdemeanors, some nonviolent felonies, and the
19 concern is that you will have that influx into the county
20 and it will just overwhelm the system.
21 And I guess last, but not least, I think when
22 looking at HB 80 and looking at the community at large, not
23 a problem with the legislation but with the delivery of
24 mental health services, you have to be careful of unintended
25 consequences. And that's the fact that everybody -- if we

1 have 67 mental health courts, it's go to the head of the
2 line within the county to receive mental health services,
3 and that may have a negative impact upon the overall
4 population within any county that has the need for mental
5 health services.
6 With that, you know, HB 80 really is a
7 first -- a necessary first step to meet the needs of people
8 with mental illness who are involved in the criminal justice
9 system. It certainly gives Pennsylvania an opportunity to
10 be in the lead. I understand that funding may be the
11 biggest obstacle. I'm hoping that the House of
12 Representatives can -- through the budget process can find a
13 way to be able to address that.
14 CHAIRMAN CALTAGIRONE: Thank you. Excellent
15 testimony. I couldn't agree with you more.
16 I do believe that if we can get the legislation
17 moving hopefully to the ballot before the end of the
18 session, this is a first step as you indicated. And I think
19 we really need to put our thinking caps on to find a solid,
20 stable source of funding because the counties are going to
21 need that help, as you pointed out, except the larger
22 counties, which is just a handful of the 67 that might be
23 able to afford a couple of those services or at least
24 funding them from the state. The other counties, the
25 smaller rural counties, I think are going to have a

1 difficult time financially providing those kind of services.
2 Questions from the panel? Representative Kula.
3 REPRESENTATIVE KULA: I guess more of a comment.
4 You are correct, Fayette County is a lot different than
5 Montgomery County financially. And the funding part of it
6 would be a definite issue.
7 You also brought up the fact that you've met
8 district judges, and I think probably the district judges in
9 most areas are the ones that probably see firsthand up front
10 initially the defendants with mental health problems. And
11 in dealing with those issues, a lot of times you look to
12 your adult probation office with pretrial services. So
13 rather than maybe incarcerating, if you can place them into
14 pretrial services and they will require them then to attend
15 mental health if they feel it's appropriate. So in those
16 instances I believe it's the issuing authority as far as the
17 arraignments that can deal with those problems in most areas
18 where the funding isn't available as yet.
19 But you are correct, we do need to expand this,
20 but we also need to find that source of funding. But I
21 appreciate your being here and giving us this testimony.
22 MR. PENNINGTON: Thank you.
23 REPRESENTATIVE KULA: Thank you, Mr. Chairman.
24 CHAIRMAN CALTAGIRONE: We'll next hear from Dr.
25 Susanne Vogel-Scivilia, psychiatrist from Butler County.

1 DR. VOGEL-SCIVILIA: I'm actually from Beaver.
2 But in western Pennsylvania many people confuse Butler and
3 Beaver so I'm not too concerned about that.
4 CHAIRMAN CALTAGIRONE: We'll correct the record.
5 DR. VOGEL-SCIVILIA: I actually live in Beaver
6 proper. I'm right behind the post office.
7 Dear Chairman Caltagirone and Committee, my name
8 is Dr. Susanne Vogel-Scivilia. I'm a practicing clinical
9 psychiatrist in Pennsylvania, and I'm the Medical Director
10 of Beaver County Psychiatric Services, an independent mental
11 health clinic specializing in treating persons with severe
12 mental illness.
13 I'm also the immediate past president of the
14 National Board of Directors of NAMI, the National Alliance
15 on Mental Illness. I'm also currently a board member of two
16 other national mental health organizations, the American
17 Association of Community Psychiatrists and CHAD, which is
18 our national organization advocating for persons with
19 attention deficit disorders.
20 I also previously was a psychiatrist who started
21 the psychiatric treatment program at the Beaver County Jail
22 in Pennsylvania in response to a class action suit filed on
23 behalf of inmates well over a decade ago.
24 I would like to voice my strong support to HB
25 80, especially in the areas that call for establishment of

1 mental health treatment courts and funding for coordination
2 of care for mentally ill offenders and training for all
3 persons in the criminal justice system around issues
4 pertinent to the care of mentally ill offenders.
5 My comments today are in support as follows:
6 Firstly, persons with mental illness are experiencing
7 greatly increased risks of being criminalized for behaviors
8 that are disruptive or dangerous to society due to a lack of
9 adequate psychiatric care infrastructure in the community.
10 The mental health system was funded, as you know, by a
11 federal program back in the 1970s and they had very strong
12 plans to start a huge number of public mental health
13 clinics. Less than a third of those were ever federally
14 funded by the study and so we started with an infrastructure
15 deficit to begin with.
16 We also have a humongous provider shortage in
17 Pennsylvania and currently we are severely psychiatric
18 provider deficient. That means psychologists and
19 psychiatrists everywhere west of Harrisburg. There is also
20 deficiencies in the eastern part of the state. But if you
21 draw a line at Harrisburg where I am today and you drive
22 four-and-a-half hours west to the Ohio border, every single
23 county has infrastructure deficits. And this causes a
24 significant problem with forensic issues in all those areas.
25 There's also a legal inability of treatment

1 providers to compel treatment for individuals with the above
2 behaviors who lack insight about the nature of their
3 psychiatric symptoms until there is something that shows
4 imminent danger symptoms, which many times is not the case
5 right before some type of criminal event. So that you
6 really have a situation where the system is underfunded,
7 underorganized and also really have their hands tied to be
8 able to work with the 302 Mental Health Procedures Act, as
9 Attorney Pennington mentioned, or other types of diversion
10 services prior to someone entering into the criminal justice
11 system.
12 To give you an example. I'm changing completely
13 all the details so that there's no way that confidentiality
14 would be an issue. I had a client who is a very gentle man
15 who has a psychotic disorder. He was obtaining part-time
16 work and obtained enough money that he was thrown off
17 medical assistance and so he had to try to find some type of
18 insurance which was really inadequate without his medical
19 assistance.
20 So at that point he decided, since he was doing
21 so well, to drop out of treatment with me, stop all his
22 medication. And I told him I could get him indigent samples
23 of medication and I would charge him five bucks to come to
24 see me, and he said, no, I'm fine, I can go without these
25 meds anyway, and I'm just going to, you know, have a nice

1 life, Dr. Vogel-Scivilia, see you later.
2 Well, within about six months I was called by
3 his friends and family because they were afraid he was going
4 to be incarcerated. He felt that there were microwaves that
5 were coming into his house and the neighbor was causing it,
6 and he would get out in the street and scream and yell at
7 the neighbor because in his perception the man was harassing
8 him.
9 And he would repeatedly call the police to help
10 intercede with this neighbor who was harassing him. And
11 after four or five calls the police said, if you call one
12 more time, we're going to arrest you.
13 Now, this gentleman has never been violent and
14 would never be violent, but standing in the street screaming
15 at the neighbor was drawing the police. And the police
16 called me because he mentioned that he was absolutely fine
17 and in his right mental state and he hasn't seen me in six
18 months. The police, of course, made the logical jump to
19 call me and said, you've got to treat this guy or we're
20 going to arrest him the next time. And if he won't come in,
21 what can I do.
22 So the family came in and filed a petition under
23 the 302 Mental Health Procedures Act describing exactly what
24 happened, four or five calls to the police, you know, very
25 gentle man, terribly afraid that even if the police try to

1 arrest him he might resist because, of course, he's not the
2 offender, something terrible could happen to him, he won't
3 do well in jail, and the county delegate said, this isn't
4 dangerousness, this isn't dangerousness, and we can't do
5 anything.
6 And they said, well, we can send mobile crisis.
7 Which they have now a mobile crisis grant because the state
8 hospitals are closing, and we can send the mobile crisis out
9 to see him. And, of course, he doesn't know the mobile
10 crisis people, but it's Friday and we really can't send
11 mobile out until Tuesday morning. So it is mobile, but it's
12 not crisis.
13 So that was kind of where we were left.
14 Fortunately, after several calls I convinced him to come in
15 and talk to me about the harassment and, in the context of
16 that, offering him free samples. He was within six weeks
17 back to his old self. But that was a bullet that we dodged
18 not because of any particular system.
19 And this is kind of the crucial thing that ends
20 up happening. He would have been in jail, off his meds,
21 disruptive in jail, garnering, you know, all different kinds
22 of other charges in jail for a situation where the man
23 really thought that he was the person who was the victim.
24 Persons with severe persistent mental illness
25 have a markedly higher rate of substance misuse disorders

1 that make treating their mental illness more difficult and
2 present challenges to the criminal justice system in
3 preventing criminal offenses and recidivism.
4 The often, by virtue of past criminal record,
5 have trouble with both employment and housing needs in the
6 community and so in a sense there's really many times no one
7 to advocate for them.
8 Persons with mental illness in Pennsylvania are
9 more likely to be arrested for nonviolent and minor offenses
10 due to their mental illness not being adequately treated.
11 This costs the taxpayers and society for their incarceration
12 or even just in time spent negotiating the criminal justice
13 system.
14 Individuals with severe and persistent mental
15 illness end up interfacing with the community-based criminal
16 justice community who often are unable to adequately provide
17 psychiatric interventions to divert them into treatment and
18 out of the forensic system. They are subsequently
19 incarcerated at a much higher rate than expected for the
20 general population. And I'll spare you time going through
21 the same data that you heard earlier.
22 What I did want to comment on is that within the
23 juvenile justice facility they've shown that well over
24 two-thirds of girls in juvenile criminal justice have a
25 severe and persistent mental illness and well over half of

1 the males do.
2 So if you want to look at a gross inequity, you
3 can look at the adults and say three times increased risk is
4 terrible, but in the juvenile justice facility with children
5 who have the onset of their illness and cannot get treatment
6 because in this country we have 6,700 child psychiatrists
7 and we need 43,000 -- 43,000 child psychiatrists, again, a
8 huge infrastructure problem.
9 My husband is a pediatrician in Beaver County.
10 He inherited a practice of children who need mental health
11 treatment and could not get it. My father retired in 1991
12 from him. He now spends over 60 percent of his day
13 providing mental health treatment to children with severe
14 and persistent mental illness and admits that as a
15 pediatrician he really is not the person to do this but
16 there is no one else in Beaver County.
17 The child sentence system is completely
18 underfunded, and Allencrest is full of kids who have mental
19 illness who need to have some type of treatment. And these
20 people are going to be growing up and becoming adults and
21 entering into a criminal justice system as adults that's
22 even more mind boggling. So it's really only -- this mental
23 health court is really only the tip of the iceberg, but a
24 very, very necessary start.
25 Then the other part that while in the criminal

1 justice system they're unable to obtain early discharge due
2 to lack of community services, and they have extremely
3 problematic periods of incarceration where they have a risk
4 both for severe deterioration in their psychiatric status
5 and they are also unable to receive adequate psychiatric
6 care in prisons and jails in Pennsylvania. And that's true
7 throughout the whole country. The forensic system is not
8 designed to get people treatment.
9 And I've had people and I've tried to intervene
10 in other places and other jails where some of my clients say
11 this is jail, not treatment. And it's true. But in a sense
12 you would hope that they would be somewhere else, that the
13 kind of limitations that jail has is even more concerning.
14 When they have served a maximum sentence because they've
15 maxed out their sentence due to problems with the
16 incarceration, they are released into the community in a
17 more symptomatic state than before, again having lost all
18 their benefits and services, and then have a high rate of
19 reoffense.
20 While they are incarcerated, they are both more
21 likely to have charges brought for disruptive behavior while
22 in jail due to mental health symptoms and especially be
23 preyed upon by other inmates because the inmates realize
24 that they are, of course, limited and not -- because of
25 their mental illness or because of their dual learning

1 disabilities, and many times being mentally challenged, and
2 as people who commit crimes do, sometimes they commit other
3 crimes upon these individuals.
4 They have difficulty managing incarceration as
5 well and in seeking assistance from others to help them with
6 these issues while incarcerated. Individuals with severe
7 and persistent mental illness are more likely to harm
8 themselves or attempt suicide while incarcerated, again, due
9 to untreated symptoms of their mental illness.
10 And jails again are not really designed to be
11 safe for people who have suicidality in prison. It's very
12 difficult to ascertain who are the people that are going to
13 be harming themselves, and many times the criminal justice
14 system is also completely untrained in identifying and
15 treating these people, which is really a violation of the
16 ADA on many levels.
17 These issues often cause persons with mental
18 illness to be so traumatized by their experiences that after
19 discharge they avoid all social service or care providers
20 out of fear of incarceration or detainment in any form which
21 worsens their overall prognosis.
22 I'm available at your request for any further
23 questions you may have about this subject in reference to
24 HB 80.
25 And I want to also suggest to you that there are

1 several interesting pieces of literature that have come out
2 and research in the last year or two. First of all, Fred
3 Markowitz has shown that in Criminology 2006, Volume 44,
4 Number 1, that as you decrease state hospital bed capacity,
5 that people are criminalized and become homeless in exactly
6 a parallel manner. So you're just trading one asylum for
7 another. That's one issue.
8 The other issue is that if you look at Mark
9 Munetz out of the University of Akron, he has what's called
10 the Sequential Intercept Model that looks at places in the
11 criminal justice system where one can divert individuals
12 with mental illness and avoid having the kind of terminal
13 progression of what I described here.
14 So there's good literature that suggests how
15 mental health treatment can work, and other types of
16 predetaining diversion also can help as well. And so I
17 would be available to you if you have any questions. Thank
18 you very much.
19 CHAIRMAN CALTAGIRONE: Thank you, Doctor. I
20 have some questions, and I'm sure the panel might have too.
21 This is your field and you may be able to help answer these.
22 If not, if you could get some information and pass it back
23 to us.
24 DR. VOGEL-SCIVILIA: Sure.
25 CHAIRMAN CALTAGIRONE: The US compared to other

1 countries around the world, how do we stack up with the
2 number of people that have mental illness that have been
3 diagnosed compared to the United States? Where do we rate?
4 I mean do we have more incidence of it or less compared to
5 those European countries?
6 DR. VOGEL-SCIVILIA: Well, I mean at some level
7 there's also kind of a don't ask, don't tell kind of thing
8 in many countries. And there's also a situation where
9 because the services are so rudimentary, the data that you
10 get can't really be compared.
11 I think that there's no doubt that we arrest and
12 incarcerate people with mental illness at a much, much
13 higher rate than other countries. That's very clear.
14 And we also have the highest rate of people in detainment
15 generally compared to many other populations, many other
16 countries.
17 The issue that I think is difficult is that
18 psychiatric rehabilitation in general in this country is
19 absent compared to many other modernized countries. If you
20 go to Europe, there are psychiatric rehabilitation programs
21 built into their national health care systems that really do
22 help people quite a bit stay out of many times the forensic
23 system. And they also use a lot less coercion than we do in
24 this country.
25 I think the problem with coercion is that people

1 many times use coercion when you've got the infrastructure
2 deficits. And so because we have infrastructure deficits
3 and you have some people who have trouble getting access,
4 then many times they kind of draw the line at dangerousness
5 and say, well, if they're dangerous, then they'll be forced.
6 Many times the way that we engage people in the
7 system in this country sets up for a lot of other problems.
8 The problem is we have tort reform issues and medical
9 practice liability things that many places that have
10 nationalized health care, let's say in Europe, do not have.
11 So that physicians and providers, everyone is being afraid
12 of being sued, so that there's also those kinds of issues
13 that also increase the risk of, again, involuntary
14 commitments and coercion and things like that.
15 CHAIRMAN CALTAGIRONE: All right. Looking at
16 this country, how does this state compare with the other
17 states?
18 DR. VOGEL-SCIVILIA: Well, NAMI, the National
19 Alliance on Mental Illness, had a Grade the States Report
20 where they graded the states on their health care -- mental
21 health care coverage, and they used a hundred-point system
22 that basically all but about 5 points came from the
23 President's New Freedom Commission. So President Bush gave
24 us a list of what needed to be done and each state was
25 graded on it. Pennsylvania got a D plus.

1 CHAIRMAN CALTAGIRONE: D plus.
2 DR. VOGEL-SCIVILIA: Now, I will admit that the
3 average grade in the United States was also a D. And I was
4 the president of NAMI whenever that was done, and I will
5 also tell you that we thought that if we didn't curve the
6 grades that it would be too defeating to everyone. So that
7 in a sense the grades were curved. If we hadn't curved
8 them, a humongous percentage of states would have gotten
9 F's.
10 As it was ten states got F's. The majority of
11 states in the country got D's. But you had some places like
12 Connecticut that got a B. You know, Ohio also got a B. So
13 that we have neighbors that actually did quite well.
14 Interestingly enough, we had done the study 15
15 years before and New Hampshire was essentially like I think
16 number one or number two. In the meantime, in those 15
17 years they've gutted their mental health treatment system,
18 gutted their funding, and they got a D.
19 So that in a sense by supporting your mental
20 health system and infrastructure and doing things that help
21 your state, you can do quite a bit with that.
22 Estelle Richmond and Joan Ernie in the State's
23 Health and Human Services thing were very unhappy with the
24 grade that they got. But, you know, really it was a
25 research-based study and you can't change something that's

1 not subjective. And the grades were made based on the
2 Office of Mental Health and Substance Abuse Services filling
3 out the report card about what they did.
4 CHAIRMAN CALTAGIRONE: You had mentioned earlier
5 about the closing of facilities. And one of the things that
6 concerned me way back when we started doing that under the
7 Thornburgh years right after he took over from Schapp was
8 whether or not there would be follow-up treatment and
9 whether or not -- you know, I knew we had to save some money
10 and one of the best ways, very honestly, is closing down a
11 lot of those facilities which were very -- and still are
12 very, very expensive to operate. And that's the nuts and
13 bolts of it, it's the truth.
14 However, I'll never forget the Sylvia Seachrist
15 situation. She stopped taking her medicine. She gets an
16 AK-47, goes into one of the malls, I forget whether it was
17 Bucks or Montgomery County, and she shoots the place up and
18 kills several people.
19 And there was a major outpouring of social
20 workers who were supposed to be seeing her, the caseworker
21 was supposed to give her meds, she wasn't taking the meds.
22 One thing led to another, and you shake you head.
23 You think about this situation that just
24 happened today on the news about the Unitarian Church and
25 you wonder, you know, it isn't in Pennsylvania, but was

1 there a mental health problem there. Probably in some
2 respects there probably was, you know.
3 Situations you have to equate, do you put them
4 in prison or do you put them in a facility where you can
5 treat them or do you put them out in society where
6 supposedly they're going to get all kinds of treatments and
7 support systems if it's there and it continues to be funded.
8 Comments.
9 DR. VOGEL-SCIVILIA: I'm currently writing a
10 book chapter for the American Psychiatric Association on
11 disparities. And what I had just done a week ago was this
12 issue what I call the behavioral health pendulum that we go
13 between taking people without insight who are severely ill
14 and we go between putting them in prisons and almshouses to
15 asylums, to prisons and almshouses and asylums.
16 And so we are past the last swing of
17 enlightenment with state hospitals and asylums. And instead
18 of making them actually humane and cost effective and doing
19 what would be helpful, we end up saying that they're cost
20 ineffective, nonrecovery based and sending people out into
21 the community where they then go back to prisons and
22 almshouses. So that in a sense a hundred years from now
23 historians will probably judge us as being tremendously
24 unenlightened and cruel because they will have swung back to
25 some type of asylum and safety in the community.

1 I'm not saying that state hospitals that people
2 are in are where they should be. I think some state
3 hospitals have major, major issues, and there's a million
4 ways that you could make them more cost effective and make
5 them more humane and really focus on giving people
6 recovery-oriented skills. But, of course, to overhaul that
7 seems to be a huge problem so it's kind of easier to just
8 try to dismantle the system. And when you have so much
9 infrastructure deficit, to knock out one vital safety net is
10 an issue.
11 What I think is interesting is that they are
12 focusing on what wonderful plans they have for the 250
13 people that are being discharged from Mayview State
14 Hospital. We're in the process in Allegheny, Beaver,
15 Lawrence, you know, and those surrounding counties to have
16 Mayview State Hospital close in a year. They're closing it
17 in a year, not in three years. That's the decision that
18 Rendell's administration has made. They are closing them
19 and they are getting very wonderful service plans for
20 people.
21 But the problem is that none of my patients who
22 are also severely and persistently ill, many of them past
23 Mayview graduates, exactly the same people but now out in
24 the community, can get any type of housing in Beaver County
25 that's supported. Why? Because they're saving all those

1 beds for the people from Mayview so no one can get in.
2 I have people that are disabled and were working
3 individuals. One of the criteria to be able to get an
4 intensive case manager, though they claim this is not the
5 only criteria, is that they can bill Value Behavioral
6 Options of Medicaid. I have people that sit on the waiting
7 list waiting for ICM's who have private insurance, and just
8 miraculously my patients who have BVH get a case manager.
9 Now, whether or not that's just a random thing
10 that they've decided that the people with insurance who are
11 disabled and severely ill don't get a case manager and
12 people who have BVH and can be billed can be, when I bring
13 this comment up they very clearly tell me in the county that
14 this is not, you know, an issue.
15 So you have huge disparities. And when you
16 close down safety nets and infrastructure, you up-end the
17 whole system. And so anything that you do to address the
18 mental health care system has to expand infrastructure and
19 services.
20 But in reality you have less medical costs
21 through your public insurance, you'll have less recidivism
22 in jail and people in jail. In reality a small amount of
23 help might be better than an awful lot of empathy. And so
24 by really targeting case management and giving people mental
25 health services you might look at that money as being a lot

1 of money spent but in the long run you'll probably decrease
2 your costs all over the system. And I think sometimes
3 people are penny wise and pound foolish.
4 CHAIRMAN CALTAGIRONE: One final area that I'd
5 like to just touch on and then I'll turn it over to the rest
6 of the members. Have you looked at any studies, you
7 personally or that may have been done over the years, is
8 there any correlation to the hippies and yippies of the '60s
9 with the overuse of drugs and drug use and the impact that
10 it had on their children and their children's children as to
11 whether or not there was any correlation with the overuse of
12 drugs -- we're going through the same kind of cycle today, a
13 little bit worse I think than back then -- or hereditary
14 issues with the mentally ill? I feel you would know
15 better --
16 DR. VOGEL-SCIVILIA: I think that chemical use
17 in a very small number of people with psychotic disorders
18 can cause a psychotic episode to develop that may not have
19 happened. But this would have been in the individual, not
20 in future generations.
21 CHAIRMAN CALTAGIRONE: What about in the infant?
22 If the mother's carrying and she's using drugs.
23 DR. VOGEL-SCIVILIA: Well, if the mother's using
24 drugs, then you have brain damage in a child and that
25 increases the risk of mental health issues, yes.

1 CHAIRMAN CALTAGIRONE: Are we seeing a lot of
2 that today?
3 DR. VOGEL-SCIVILIA: You see a lot of fetal
4 alcohol syndrome. You see a lot of brain damage from
5 chemicals, yes. I mean it's not as bad as in Russia. I do
6 work with children who are disabled over in Russia, and the
7 rate of children with these types of things in Russia is
8 fairly worse. But 50 percent of the men at some point in
9 their life in Russia have a chemical abuse problem with
10 alcohol and, you know, 30 percent of women do. So the
11 higher rates of substance abuse in Russia compared to the
12 United States even is a factor.
13 And, you're right, drugs do cause a lot of
14 damage to future generations if the child was gestating at a
15 time that the mother is using. But if the father, you know,
16 smokes some marijuana and does the summer of love in 1960
17 and in '75 he fathers a child, there's no problem with that.
18 I think the bigger problem, also, and this is a
19 wonderful outcome of the recovery movement is that you have
20 people with mental illness that would have spent their whole
21 life in an asylum and had no children, okay, who are now
22 functioning members of the community working and having
23 children.
24 I mean what I didn't mention in my testimony is
25 that I'm recovering from psychotic bipolar disorder. I'm a

1 woman who has a severe and persistent mental illness, and by
2 virtue of having very good treatment, I'm a practicing
3 clinical psychiatrist in Beaver County. And I have five
4 children, the majority of whom are mental health consumers.
5 So I make a joke that by having good treatment I'm keeping
6 future psychiatrists busy. I make them send their children
7 someday to a good college.
8 The problem is that there are no psychiatrists
9 that treat children, and then, you know, I actually have to
10 drive an hour and ten minutes to get my children treatment.
11 I have the ability to do that. A lot of other people don't.
12 And so in a sense it would be easy to look at
13 other kinds of things and do a quick fix for things, but
14 mental health courts would be a wonderful first step.
15 And I'm sure James Jordan, who is going to
16 follow me, might be able to give you some ideas about how to
17 do that. I personally think that -- you know, Dixmont State
18 Hospital was closed down in 1985. It served Beaver and
19 Lawrence Counties. They sold that land for over $2 million
20 and that just went back into the general reserve. If they
21 had funded a million dollars in 1985 or 1990, a million
22 dollars to Beaver County and a million dollars to Lawrence
23 County, you would have had a nestegg that would have funded
24 an awful lot of services and provisions that we're
25 struggling with right now.

1 And so I think really looking at Representative
2 I believe Murphy's idea of having these state hospital
3 grants, money fall back, you know, to the communities that
4 serve them would be a wonderful way of at least not having a
5 loss in a sense from all these things.
6 CHAIRMAN CALTAGIRONE: Members? Carl, did you
7 have a question?
8 REPRESENTATIVE MANTZ: Thank you, Mr. Chairman.
9 The doctor I think answered one of my questions, and that
10 would have been what was your opinion of the caliber or
11 adequacy of the state mental health treatment system or
12 hospital system now closed, but I think you pretty well
13 covered that. Do you believe that this was a mistake under
14 the prevailing -- the prevailing state mental treatment
15 system available in the state? Could it have been handled
16 differently, and what do you suggest we might
17 realistically -- how might we realistically correct the
18 situation now?
19 DR. VOGEL-SCIVILIA: I mean I think you can
20 learn from history which is always the best teacher of what
21 to do. And states that have closed or gutted a lot of their
22 safety net systems, okay, the only safety net you have left
23 right now really is emergency rooms. Okay. And emergency
24 rooms are grossly overloaded.
25 In Beaver County again, both Sewickley Valley

1 Hospital and the Medical Center of Beaver have so many
2 people that are crowding into their emergency rooms, the
3 majority of them not with psychiatric illness, that they now
4 have to have vast expansions, including building a
5 three-floor extension out the front of the Medical Center of
6 Beaver just to handle the load.
7 And when my patients and other clients in Beaver
8 County come into the medical center with psychiatric needs,
9 they really are not receiving good care because there's no
10 psychiatrist on duty, there's really no ability to do any
11 type of crisis management and whether to decide that they
12 can be admitted or not. And they get turned out of the ER
13 very regularly. If they don't meet grounds in 302 for
14 imminent dangerousness, they many times get discharged. And
15 the number of people that present and within two or three
16 days are then, you know, arrested or have something happen
17 is predictable.
18 CHAIRMAN CALTAGIRONE: That is a point that I
19 think really needs to be hammered on because if there are no
20 other options and facilities to put them in, they end up in
21 prisons.
22 DR. VOGEL-SCIVILIA: Again, it's asylums or
23 almshouses. We have no asylums so it's prisons and
24 almshouses. That's what happens. And that's been shown
25 since 1640 when we hit the beachhead over here in New

1 England. That's been the issue. It's always been the
2 issue. It will always be the issue.
3 And I think that you could build asylums of some
4 type that are not restrictive. But when people are being
5 put into like a long-term, structured residence by a
6 commitment now or even by placement, when they roam the
7 state hospital grounds, they could at least roam, you know,
8 a hundred acres of property. Now they're locked into a
9 unit.
10 And there have been articles in the Pittsburgh
11 Post Gazette. I mean I have a letter that I submitted to
12 the Pittsburgh Post Gazette about some of the problems in
13 Allegheny County that will probably be published this week.
14 If you Google the Pittsburgh Post Gazette and my name,
15 you'll come up with six or seven letters to the editor I've
16 written in response to various issues that happened.
17 You need to have an asylum in the community
18 that's not terribly restrictive or violating people's
19 ability to have some quality of life. And, you know, I'm
20 not saying we go back to the state hospital system that we
21 had in the 1950s, you know. There was really a seminal
22 article in Life Magazine in 1946 talking about all the
23 horrors of the state asylums, and that led into the empty
24 institutional movement. But you could try to fix it, not
25 throw it away because you throw the baby out with the bath

1 water.

2 REPRESENTATIVE MANTZ: I believe in your remarks

3 you indicated that New Hampshire I believe was one of

4 the better --

5 DR. VOGEL-SCIVILIA: Mental health care systems,

6 yes, in 1980, and then they gutted it.

7 REPRESENTATIVE MANTZ: What distinguishes New

8 Hampshire's mental health treatment system from

9 Pennsylvania's?

10 DR. VOGEL-SCIVILIA: Well, now New Hampshire and

11 Pennsylvania are quite similar. Back in 1980 that was, of

12 course, for the kind of care people got in 1980. In

13 2006 -- or actually 1990. I'm sorry. I'm going back 16

14 years. But the thing is now what you see in really good

15 systems like, for instance, Connecticut is that they have,

16 for instance, very good rehabilitation services. They have

17 adequate inpatient psychiatric infrastructure to be able to

18 take care of acute crises. They have diversion models.

19 They have housing that is more plentiful and

20 affordable. You know, they have what are called community

21 treatment teams that help to really follow people closely in

22 the community that they identify as being problems and

23 actually do send someone out to the house, do have someone

24 to work with there. They hire a lot of peers which are

25 people with mental health concerns that are recovering,

1 okay, peer support specialists.
2 I just left a training in Harrisburg -- in
3 Pittsburgh, sorry, where we were teaching people with mental
4 illness who are recovered to run support groups in the
5 community. And in Beaver County, Westmoreland County,
6 Allegheny County and Butler County now have trained NAMI
7 connection teams.
8 But that grant did not come through the
9 government. I mean that actually came from a pharmaceutical
10 company who is giving a certain amount of money back to the
11 community.
12 And so all these kinds of peer-based initiatives
13 that are occurring around the country, a small percentage of
14 them are coming from states that are mental health minded.
15 REPRESENTATIVE MANTZ: So you're suggesting then
16 that we might look -- Pennsylvania might look to Connecticut
17 as the lodestone.
18 DR. VOGEL-SCIVILIA: That would be a very good
19 idea. But, of course, Connecticut feels -- when you talk to
20 Connecticut advocates -- that they haven't gone far enough.
21 And we're going to do next year another Grade
22 the States Report, and we're coming back around with the
23 same questions. It will be very interesting to see how
24 Pennsylvania does answering the same questions they failed
25 two years ago. It will probably be three by the time the

1 study comes out.
2 From looking at things at the grass roots and
3 doing so much advocacy in the state, I can tell you that
4 Pennsylvania hasn't improved at all. In fact, in many ways
5 a lot of it's gotten worse.
6 REPRESENTATIVE MANTZ: Thank you very much
7 for your testimony.
8 CHAIRMAN CALTAGIRONE: Any other questions?
9 Thank you. Thank you for your testimony. We'll next hear
10 from Jim Jordan, the Executive Director of the National
11 Alliance on Mental Illness in Pennsylvania.
12 MR. JORDAN: Good morning. I'm Jim Jordan, the
13 Executive Director NAMI Pennsylvania, a state organization
14 which is part of the national organization that Dr. Susanne
15 Vogel-Scivilia was the president -- immediate past president
16 of the board.
17 Before I get into my testimony, I want to make
18 one quick comment which I think is really important. Last
19 year we in Pennsylvania -- NAMI Pennsylvania had at its
20 annual conference the theme of violence. We looked at
21 violence and all of its different forms. And what we were
22 trying to do is look at society and look at mental illness
23 as a subset of that society. I think it's real important
24 not to confuse violence with mental illness.
25 What we try to do is get people to

1 separate -- to identify the person, separate the person from
2 the disease that he or she may have, whether it's physical
3 or mental disease, and then separate the acts of violence.
4 This is a violent society. We on a per capita
5 basis have more murders than any other westernized or
6 industrialized nation in the world. I'm a little
7 embarrassed to say it, but we celebrate violence and I'm
8 part of that. I may go home on a Friday night and I want to
9 see a movie with Danny Glover and Mel Gibson blowing
10 somebody up, and I'll have another bowl of popcorn and enjoy
11 it, never thinking that I'm celebrating and re-enforcing the
12 use of violence for entertainment. I'm desensitizing myself
13 to the use of violence.
14 When a person with a mental illness is receiving
15 treatment, the percentages of people who meet that
16 definition who commit violent acts is no different from
17 people in the general society who commit violence who don't
18 have a mental illness. So it's very important that we not
19 associate violence with mental illness.
20 We're a violent society and we have issues we're
21 dealing with. We have violence as it relates to people with
22 mental illness, but mental illness does not separate -- does
23 not define -- violence isn't defined by mental illness. So
24 please don't think of most of the people we're talking about
25 today as being people who are violent or potentially

1 violent. And that's a very important distinction that I'd
2 like you to consider.
3 Chairman Caltagirone and Members of the House
4 Judiciary Committee, thank you for scheduling this hearing
5 on House Bill 80, and thank you for inviting me, the
6 National Alliance on Mental Illness. House Bill 80 creates
7 an opportunity for the court of common pleas of any county
8 or judicial district to establish a mental health court
9 division.
10 NAMI PA is a statewide grass roots nonprofit
11 organization dedicated to helping mental health consumers
12 and their families rebuild their lives and conquer the
13 challenges posed by severe and persistent mental illness.
14 Our purpose is to help all people who are affected by mental
15 illnesses.
16 We know that help comes in a variety of
17 ways, educating the public, members of the criminal justice
18 system, families and consumers, and by networking through
19 national organizations and participating in government
20 programs.
21 We strive to educate the public about the true
22 nature of mental illness to combat the stigma and
23 discrimination often faced by persons with mental illness.
24 We have 60 affiliates across the Commonwealth who meet
25 monthly. These affiliates provide support, education and

1 advocacy in their communities.
2 NAMI Pennsylvania strongly supports the creation
3 of mental health courts. We believe that House Bill 80 will
4 increase opportunities for establishing additional mental
5 health courts. We also support the bill's primary goal
6 which is to increase cooperation between the criminal
7 justice and mental health systems. We believe that
8 increasing cooperation between these two systems is
9 essential for the effective implementation of mental health
10 courts which will help to place, more appropriately, persons
11 who are in need of mental health treatment.
12 Consistent with this goal to improve
13 communications between systems, several years ago, NAMI
14 Pennsylvania established a Forensic Interagency Task
15 Force. The primary purpose of the task force is to
16 facilitate communications between state agencies, counties,
17 providers and advocates. Participants include the State
18 Departments of Corrections, Welfare, Health, Board of
19 Probation and Parole. Several counties, including both
20 Philadelphia and Allegheny, participate. In addition,
21 service providers from across the state, county prison
22 officials are to be counted as members of the task force. I
23 believe all of your counties are represented in one form or
24 another on that task force that meets every six weeks.
25 The growing trend to incarcerate the mentally

1 ill places an unrealistic burden on our corrections
2 facilities, with minimal hope for reducing recidivism. By
3 diverting individuals with mental illness into mental health
4 courts, not only do you reduce the burden on our criminal
5 justice system, but you also help these individuals receive
6 the services that are most likely to change their behaviors.
7 Effective establishment of mental health courts
8 will help families, consumers and communities, the State
9 Departments of Corrections, Welfare, Health, and the Board
10 of Probation and Parole. In addition, county MH/MR programs
11 and the county jails will benefit. We believe everybody
12 benefits from this effort.
13 Local courts are critical to reducing the number
14 of individuals who have mental illness in Pennsylvania's
15 correctional institutions and to providing more appropriate
16 treatment for this population. A 1999 U.S. Bureau of
17 Justice statistics report indicates that three out of four
18 mentally ill inmates have been sentenced to time in prison
19 or probation at least once prior to their current sentence.
20 That same report found that 16 percent of all inmates in
21 state and local prisons suffer from mental illness. This is
22 an increase from an estimated 10 percent in the late 1980s.
23 As unbelievable as it may sound, correctional
24 facilities house more individuals with mental illness than
25 hospitals and psychiatric institutions. Again, referring

1 to the U.S. Justice Department statistics, approximately
2 283,800 individuals with severe mental illness are currently
3 housed in our nation's jails, compared to 70,000 persons
4 with severe mental illness being served in public
5 psychiatric hospitals, 30 percent of whom are forensic
6 patients. Currently, the largest mental health treatment
7 facility in the United States is the Los Angeles County
8 Jail. And many of you may be familiar with the fact that in
9 California they did at one point shut all their psychiatric
10 hospitals down.
11 In Pennsylvania the most recent statistics
12 available indicate that the total inmate population is
13 45,130. The total inmate population reporting some mental
14 health issue is 18.1 percent. Of this percentage
15 approximately 3.5 percent has a serious mental illness. In
16 2001 the overall percentage for those with mental illness
17 was approximately 13 percent.
18 In Pennsylvania there are over 10,000 persons
19 with mental illness in our state and county prisons and
20 jails, while less than 2,000 individuals are being treated
21 in our state psychiatric hospitals.
22 Many psychology and law enforcement experts
23 believe this increase is primarily a result of the closing
24 of state psychiatric hospitals and the lack of adequately
25 funded comprehensive care and support in the community

1 mental health system.
2 We believe that the establishment of mental
3 health courts is critical to reducing the number of
4 individuals with mental illness in Pennsylvania's state and
5 county correctional institutions and to providing more
6 appropriate treatment for this population in a community or
7 psychiatric hospital setting.
8 In Pennsylvania individuals with mental illness
9 places an unrealistic burden on corrections facilities with
10 minimal help of reducing recidivism, it's expensive, and
11 it's ineffective and it is inhumane. By diverting
12 individuals with mental illness into mental health courts,
13 not only do you reduce the burden on our criminal justice
14 system, but you also help these individuals receive the
15 services that are most likely to change their behaviors in
16 becoming productive members of their communities.
17 We believe some minor changes could strengthen
18 the proposed bill and to help ensure that individuals with
19 mental illness are diverted to appropriate services instead
20 of being incarcerated in state or local facilities.
21 First, for mental health courts to be effective, each
22 community must have the resources necessary to comply with
23 directions from the court. This bill calls for the
24 following, faster case processing time, increased services
25 for offenders, improved access to services and support. The

1 bill also calls for specialized training for law enforcement
2 and judicial personnel. It also calls for life skills
3 training for inmates.
4 We would like the committee to discuss funding
5 options which would support these important recommendations.
6 In order to implement these proposals, a funding mechanism
7 will have to be established.
8 One option we encourage you to consider is the
9 use of funds generated by the sale or lease of existing
10 psychiatric hospitals. We also believe that as state
11 hospitals are closed there will be a need to commit the full
12 transfer of funds used to operate these hospitals into
13 communities they serve. Use of funds that are currently set
14 aside for hospital operations will move the community
15 forward and make them better able to meet the services and
16 support needs. These funds should not be diverted to other
17 areas -- other program areas.
18 We believe a combination of existing
19 appropriated funds and the addition of revenues generated by
20 sale or lease of the land would preclude the need to
21 increase taxes, something we would all like to avoid.
22 In addition, we encourage the committee to
23 explore options that would enable small rural communities to
24 pool resources so that community services are available to
25 persons who are in need. Rural communities are limited in

1 terms of available services due primarily to their size.
2 They, however, face the same challenges experienced in
3 larger communities.
4 Our court and jail systems have become
5 overburdened with treatment responsibilities they were never
6 intended to meet.
7 We commend the members of the House Judiciary
8 Committee for considering this bill and urge your ongoing
9 support. Most importantly, we applaud the efforts being
10 made here today which will provide relief to families and
11 consumers who are in need of appropriate treatment for
12 mental illness and to our court and jail systems which have
13 become overburdened with treatment responsibilities they
14 were never intended to meet.
15 Thank you. I'll be glad to answer any questions
16 you may have.
17 CHAIRMAN CALTAGIRONE: Thank you. You know,
18 just doing some rough math on the total number, the 18
19 percent of the 45,000 roughly that are incarcerated, it's
20 about $256 million is being used -- just for the curiosity
21 of members of the panel, roughly $256 million. You could
22 probably equate that to about half at the county levels
23 because of a rough rule of thumb about half the cost,
24 32,000, you know, to be about maybe sixteen, five at the
25 county level for county prisons.

1 And you can probably figure that that's
2 another -- well, maybe 125 million that counties are
3 spending roughly. So, you know, it's a lot of tax dollars
4 going into what I consider a rat hole because you're not
5 getting anything out of it really.
6 MR. JORDAN: Well, I would like to just say that
7 there are some good things going on and counties are -- not
8 only in their jails, but there are some good county
9 programs.
10 CHAIRMAN CALTAGIRONE: I know. But the prisons
11 particularly, they don't have enough staff, personnel.
12 MR. JORDAN: That's correct.
13 CHAIRMAN CALTAGIRONE: We go through this with
14 the drug treatment in the prisons as opposed to the privates
15 outside the prisons that do a lot of treatment services
16 usually at the tail end of the sentence, maybe a year, six
17 months they go into treatment facilities -- for drug
18 offenses I'm talking now.
19 But the thing that concerns me with the issue
20 that we're talking about, the drug courts and everything,
21 that people are really acting out, where do you put them.
22 You do have some hospitals that have emergency rooms for a
23 certain number of people, but you can't crowd everybody in,
24 number one. What's the other option? Put them in prison?
25 That's what we're talking about that we really don't want to

1 do. And if you're closing the state facilities, what do you
2 do?
3 You know, I'm just looking at the big picture
4 here. We're a big state. Some counties have better
5 resources than others and other counties very little
6 resources, and you're trying to do a balance here. So you
7 have a problem that the judge has to deal with, now what do
8 I do with you. I don't want to put you in prison. I know
9 you're acting out and you're not taking your meds, you know.
10 There's no other facility around.
11 And I'm thinking what do we do. There's got to
12 be some answers. And I understand the dollars. You've got
13 to use those dollars wisely to help these situations. But
14 you close all the facilities and somebody's in a bad state
15 of affairs, what do you do with them? Put them in prison?
16 I mean that's what we're doing. That's what's happening,
17 correct?
18 MR. JORDAN: Unfortunately. Now, there are
19 different perspectives on this. But as I mentioned in my
20 testimony, in 2001 the percentage of persons in the state
21 correction system was approximately 13 percent. Now it's
22 approaching 19 percent. All right. So no matter how you
23 look at it, more people are ending up in corrections, and
24 corrections was never intended to be a treatment facility.
25 So other options have to be involved. We

1 strongly support the development of adequate services in the
2 community, and funding becomes the issue. There are funds
3 available if the state hospital is closed, but those
4 funds -- all of those funds should be invested in the
5 community.
6 Now, the problem is we believe that before you
7 close any state hospital, you should have a comprehensive
8 plan. That plan looks at the entirety to the state and it
9 looks at and it develops services in the community before
10 you put people in the community. We don't believe you put
11 people in a setting where the services are going to come
12 hopefully. You have to make the services available.
13 Small and rural communities have a special
14 challenge. It can't have a mental health court and all the
15 services in each of the small counties. There's just not
16 enough money. But if there was a way to develop groupings
17 of counties that would agree to come together for the good
18 of the people in the community and develop the services and
19 then share in the responsibilities, you could have a mental
20 health court that divert into those services. But without
21 the services it does no good for a judge to be able to say
22 you don't go to jail, you're going to go to this service
23 when it's not there.
24 CHAIRMAN CALTAGIRONE: And you're going to need
25 something like halfway houses or safe houses or safe havens

1 because -- and this was the whole concept back in the '80s
2 to try and close down the state facilities and put them in
3 these other off-campus facilities scattered throughout the
4 counties with the proper personnel that could check in and
5 make sure the meds were being taken and other adequate
6 safeguards were there, it really just didn't work for
7 whatever reason.
8 When the money started drying up, that was one
9 of the areas of least resistance. These people, as you well
10 know in the industry and this business, the squeaky wheel
11 gets the oil. Well, this one didn't get the oil. You know
12 that and I know that.
13 And when they sold off many of the state
14 facilities, that money went right into the general fund
15 budget. It wasn't designated to helping those people that
16 were being treated there. And I don't know if it could be
17 again. I mean there's still some open lands and if they're
18 closing down the buildings, I don't know what the answer is
19 going to be.
20 But we're trying from our point of view as
21 policy makers and people that have to vote on the budgets
22 and the taxes that support those budgets to try to figure
23 out -- I mean I'm in favor of the courts, the mental health
24 courts. You know, I see that as something that I think most
25 of us agree with it, we could probably get that through the

1 legislature. But then the money, the services and what
2 types -- what types of facilities would really be needed to
3 take care of the people if you can't deal with them and you
4 don't want them to go to prison, where do you put them?
5 You can't put them in a hospitals. The
6 emergency rooms and the mental health facilities in most of
7 the hospitals are very, very limited. And I'm just saying
8 I'm presenting this as a problem that's looking for a
9 solution because I hear what you're saying. I know that
10 most of the mental health professionals do not like the
11 state-run, nor did they ever, hospitals that just pack
12 people in there and then turning your back on them, somebody
13 else's problem, we don't want to deal with it and they're
14 not our problem, just deal with them, you know.
15 Well, that was all well and good back in
16 the '30s, '40s, '50s, '60s. They hit the '70s and changes
17 are occurring, and the '80s they're starting to close the
18 facilities down. Now, what do we have? Overloaded prisons.
19 And I think it's probably a lot more than the 18 percent.
20 Honestly, I think it's probably a lot of the
21 drug-related -- I honestly believe that a person -- they're
22 frying their brains and doing stupid things and they're
23 ending up in the courts and they're ending up in the prisons
24 or they're ending up having babies too on top of that.
25 But I think that needs to be looked at by your

1 industry to see just the correlation of that. But this is a
2 big problem. I think it's a much bigger problem than most
3 people realize. Because if you ever sit in night court,
4 like I have on numerous occasions, and you see the
5 situations, you know they need help. And putting them in
6 prison, that's not the real answer. Yet that's what we're
7 doing in many of the counties.
8 Questions? Thank you. Thank you very much.
9 We'll adjourn the hearing.
10 (Whereupon, the hearing was concluded at 11:57
11 a.m.)
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