



SEIU Local 668 Testimony on the Closures of the Polk and White Haven State Centers

Testimony from William Bailey and Maria Ferrey on behalf of SEIU Local 668

Presented to the House Health & House Human Services Committee on October 21, 2019

Public hearing on the closures of the Polk and White Haven State Centers

Testimony from William Bailey

My name is William Bailey, and I am the Chief Steward for the Service Employees International Union, Local 668, F-4 Shop at the Polk Center. I represent the professional support employees at Polk State Center.

We are the social workers, speech-language and hearing specialists, occupational therapists, psychological services specialists. We are the residential, therapeutic, vocational and recreational workers. Many of our positions require advanced degrees, licensure, and professional certifications. Interestingly, we civil servants make considerably less in comparison to the national average of salaries for professionals in our fields of expertise. I'm not asking for a pay raise, Senators; rather, I am pointing out that every one of us chooses to work at a State Intermediate Care Facility not for the money, but for the opportunity to work with some of the most amazing individuals in the Commonwealth. We choose to work at State Centers because we love the jobs we do, and we love the people we work with.

With that being said, I would like to discuss two realities within the community of people with intellectual disabilities that need attention drawn to them in relation to the announced closure of the Polk and White Haven facilities. The first reality is the fact that the population of Pennsylvanians, in general, and therefore the population within the community of people with intellectual disabilities, is aging.

It is important to realize that I am not just referring to the individuals with a diagnosis of intellectual disability, but also their family caregivers. Many individuals waiting for additional supports and services at this point still live with their families. According to the Pennsylvania Waiting List campaign report from 2016, 84% of individuals on the PA waiting list still live with their families. Additionally, there are currently 2,499 individuals identified on the emergency and critical needs lists who have caregivers over 60 years old.ⁱ

These individuals and their family members are not getting any younger. According to the World Health Organization, there are numerous concerns regarding meeting the needs of older individuals with intellectual disabilities. There is a general lack of organized public and private sector systems designed to address their needs. There is a greater need for supportive services, health surveillance and provision, and family assistance. Finally, many health care providers fail to recognize the special problems experienced by individuals with intellectual disabilities as they age.

Housing is often inadequate and health provision neglected. Older adults with intellectual disabilities are often marginalized and not provided with the support necessary to be productive members of their societies. Rehabilitative services, vocational opportunities, and quality old-age services are not provided. Mental health provision schemes are often inadequate and do not recognize the special needs of adults with intellectual disabilities as they age. Health care provision may be sketchy at best, and specialty services for people with intellectual disabilities are not available, further compromising their health and potential longevity.ⁱⁱ

When I think of the place I work, I realize these issues are currently being addressed with the highest quality of care. The individuals living in our State Centers do not need to worry about these issues because they're addressed every single day. We have round-the-clock medical teams which ensure there is no need to rely on urgent care or emergency room services, except for the direst needs. Numerous individuals at Polk State Center require ongoing assistance from medical technologies, and luckily, Polk Center has been outfitted to ensure that even in the event of a power failure, there is no interruption in services. How many community homes have hardwired backup generators?

We have physicians employed full-time with considerable knowledge of the medical needs of each individual. Most of our physicians and contracted specialty physicians have worked with the individuals at Polk Center for years and know them personally. If an individual needs to be seen by a psychiatrist or a neurologist, they are typically seen within the week. Often in community or group homes, an appointment for these services may not be scheduled for months, thus requiring emergency placement.

The specialists on the interdisciplinary teams at Polk work full-time shifts, allowing for immediate access to professionals who know our residents as a person and are intimately familiar with their history of support services. As the individuals age, new issues are more easily identified because of the level of familiarity, and supports can be more quickly modified or added to ensure stability in the resident's quality of life.

These realities contribute to "differential mortality," the concept that healthy people tend to live longer. One need look no further than a State Intermediate Care Facility to see the reality of this, as many of the residents currently at State Centers not only live longer but better lives because they are receiving the necessary health care and social supports to ensure their life span is of utmost importance.

This brings me to the next population of interest: the younger people who have been admitted through the courts. For the past many years, most of the residents recently admitted to the State Centers were admitted through a 406 commitment process. With this process, the State has 30 days to arrange for the transition of the individual into a State Intermediate Care Facility. What many people don't realize is there is also a 405 commitment process, which requires an immediate placement into a state facility. The fact is, our State Centers have been getting new intakes, and they all have similar backgrounds. They are younger, and prior to coming to a State Center, most were receiving services from community-based providers. These types of residents are now court committed to a State Center because the community-based providers were unable to provide the necessary level of support to assist them in the community successfully.

This is not being stated to imply that community-based providers are lacking or unprofessional in any manner. It's simply admitting the fact that there is a population within the intellectual disability community that has extreme behavioral issues that are compounded by their intellectual disability and often other comorbid medical concerns.

All community-based providers have the professional expectation to admit when they can no

longer support someone in the community, and this has been happening. The problem many of these young people face is that, by the time they are court committed to a State Center, they have had many failed community placements, which makes them “less appealing” for future community placement.

The staff members of our State Facilities do not have the option of saying that we cannot provide the necessary support that these residents desperately need. Time and time again, we have taken in someone through the court commitment process and seen the individual stabilize in their behaviors and begin to lead a more fulfilling life. Though the current argument is that court commitment is a rare occurrence, more and more people with intellectual disabilities are reaching what is known as the Service Cliff, where they age-out of the existing early intervention services which they have relied on for years. I believe that we are seeing only the tip of the iceberg, and as time goes by, the potential for an exponential increase in the individuals coming before the court system will dramatically rise.

To combat that coming rise in court commitment, we should be talking about reinvestment in the State Centers, not closing them. Multiple professionals at the Polk Center have proposed the creation of a specialized intake, stabilization, and transition unit specifically to accommodate the needs of younger people, but these proposals have fallen on deaf ears or have been drowned out by the clamor to shut down all of Pennsylvania’s State Centers.

The numbers don’t lie. In a report published in November of 2015 concerning the prioritization of urgency for need for care (or PUNS report), there were 4,463 individuals in Pennsylvania on the Emergency Waiting List alone. Keep in mind the waiting list is divided into emergency, critical, and planning lists. Fast forward to May of 2017, and there were 4,905 people on the emergency waiting list. This is an increase of 442 individuals in less than two years. This is not a secret, as I was able to obtain these numbers from the Primer Newsletter put out by Representative Joe Markosek, Democratic Chair of the House Appropriations Committee.ⁱⁱⁱ In closing Polk Center and White Haven, it’s clear that the intent is to shift an additional 305 individuals (who are currently receiving the highest quality of service) into that same arena of emergency need. Many proponents of the closure of State Centers cite the Olmstead Litigation as a source to justify their desires. There are three primary components of the Olmstead decision.

First, the State is responsible for providing community-based services when the State’s treatment professionals determine that community placement is appropriate. Each year the individuals living at State Centers participate in a review of their individualized service plan, and their eligibility to receive services at a State Intermediate Care Facility must be reconfirmed.

The second aspect of the Olmstead Litigation clearly states that the person being considered for community placement can not be opposed to this change in placement. It is my understanding there were numerous individuals at both State Centers who are verbal and expressed very clearly that they did not want to move into the community but instead were choosing to stay in the place they have called home for the majority of their lives.

Third, the State has the available resources to provide community placement. As I stated earlier, the number of people on the current waiting list requiring immediate services has increased and continues to do so. These individuals represent the very people who currently receive services at our State Intermediate Care Facilities, in that many are elderly, lack family members to care for them, and have a constellation of needs in addition to their intellectual disability. They represent the very people the state cannot provide community-based services for now.

Often, the fact the State Centers are operating at less than maximum capacity is cited as just cause for consideration of closure. In fact, it was stated that in 2014 that only 991 beds were being utilized between all of the remaining State Centers, which left them operating at less than half their capacity. The sad truth is that even if we reopened admissions to the State Centers and utilized every available certified bed, the State would still not be able to accommodate even half of the individuals currently on the emergency waiting list.

The rapid-fire announcement of the closure of not one, but two State Intermediate Care Facilities in no way reflects the ruling requirements of the Olmstead Decision. Instead, it exposes the overwhelming difficulty the Commonwealth has had in meeting those basic requirements.

In closing, I share with you that at the community hearing for the Polk Center, a Chief Executive Officer for a community-based provider spoke. He discussed the overwhelming shortages in direct service professionals currently facing the Commonwealth. In the end, he provided an analogy of the support system for people with intellectual disabilities in Pennsylvania was like a house completely engulfed in flames, and the decision of the Office of Developmental programs to close two State Centers was akin to trying to build an addition on that already burning house.

The Commonwealth should recognize that it has a system already in place, staffed by highly trained and experienced treatment professionals, and we should be looking for new ways to renew and revitalize a long-standing tradition of the highest quality of care for the citizens of Pennsylvania who are our most vulnerable and are most likely to fall through the cracks. At Polk Center, we can't decide we don't have what it takes to provide the necessary support. As essential employees, we work all day, every day to ensure that the residents under our care can move forward with their lives while providing the highest quality of care.

Testimony from Maria Ferrey

My name is Maria Ferrey, and I am a Residential Services Supervisor/Qualified Intellectual Disabilities Professional at White Haven Center. I have worked there for fifteen years. I am also the SEIU Local 668 Chief F5 Steward at White Haven Center.

Today I am testifying before the Pennsylvania House Health & Human Services Committees to help the state legislature gain a better understanding of the care our residents receive and the negative impact the Centers' closing would have on the individuals who call White Haven and Polk Centers home.

Specifically, I am here for the following reasons:

1. To refute the picture that the Department of Human Services has painted of "institutions"
2. To demonstrate that State Centers are fully integrated into the community
3. To educate everyone about the concept of "Everyday Lives" and the misconceptions behind it
4. To describe how State Centers provide all the services needed for individuals, especially those who are medically- and behaviorally-involved
5. To demonstrate the negative effect that the closure announcement has had on our residents and staff
6. To prove that State Centers are the best and least-restrictive option for many members of the intellectually- and developmentally-disabled community
7. To implore legislators to help those individuals on the Pennsylvania Waiting List by opening the doors of state centers for admissions

Institutions

I understand that "institution" is utilized as a legal term in the Department of Human Services, but the staff at the State Centers never use this word. Our Centers are not "institutions"—we're homes to our residents. We are all members of one large, extended family, including our residents, their families, staff, and our staff member's families.

"Institution" is a derogatory term. It is most often used in the mental health field, and brings to mind committal to a facility against an individual's will, in a confined setting, and often without consent. Conversely, an *institution* can be defined as a significant organization in a society devoted to the promotion of a public character of a specific cause, which has a more positive connotation. The same can be said for the term "deinstitutionalization," or discharge from an "institution," such as a mental hospital or prison.

White Haven Center is a campus setting in the Pocono Mountains with beautiful views, active wildlife, and ample outdoor space for our residents and community members to enjoy daily through activities staff or family members plan. Our living areas are set up like dorms, so every resident has privacy and a space of their own; they decorate their own bedrooms and living areas. Some residents live in apartment-style settings, which allow them to prepare their own meals, grow their own food, and take care of the many gardens on the grounds.

Community Integration

In the press release announcing the closing of White Haven and Polk Center,^{iv} the Department of Human Services failed to mention this fact: White Haven Center residents are already fully-integrated members of the community.

Residents at White Haven are members of and/or volunteers in the following organizations:

- White Haven Center Lions Club
- Knights of Columbus
- White Haven Chamber of Commerce
- Aktion Club/Kiwanis International
- Area food pantries
- Local animal shelters
- White Haven Community Library
- Local places of worship
 - Mountainview Community Church
 - St. Patrick's Church
 - United Methodist Church

The White Haven Center Lions Club^v received its official charter in May of 1985, when a local chapter sponsored them. Some of the founding charter members are still members (they are in their 80s), and leadership has been passed down from those who are no longer with us, both staff and residents. Lions Club activities our residents partake in include recycling; collecting used eyeglasses; holding adult education and voter registration training;^{vi} and donating to area community-centered endeavors, such as the White Haven Volunteer Ambulance Association and Sports Association. Our members attend the monthly Lions Club meetings held in different establishments in our community. The annual golf tournament is a great way for our residents to establish new community contacts and make new friends. Through the Lions Club, our residents can give back to their community, which enhances their self-esteem.

In addition to the Lions Club, many of our residents are active in the many churches in our surrounding area. One of our residents completed the Rite of Christian Initiation of Adults (RCIA), was baptized and received confirmation and communion. They were happily welcomed into the Catholic Church, and remain an active member to this day.

Other community activities our residents are involved with include:

- Roadside cleanup (a two-mile stretch of Oley Valley Road, on which White Haven Center is located, is sponsored by the White Haven Center Lions Club)
- Special Olympics
- Camping at Hickory Run State Park
- Family visits
- Vacations and trips all over the state and in adjoining states:
 - Camden Aquarium in New Jersey
 - Baltimore Aquarium in Maryland

- Atlantic City, New Jersey
- Philadelphia Zoo
- Pennsylvania Renaissance Faire
- Baseball Hall of Fame in Cooperstown, New York
- Lancaster Sight & Sound Theatre
- Pittsburgh Steelers and Philadelphia Phillies games
- Concerts:
 - Montage Mountain in Moosic
 - Penn's Peak in Jim Thorpe
 - F.M. Kirby Center in Wilkes-Barre
 - Scranton Cultural Center

Some of our residents most notable accomplishments include:

- One patient, a non-verbal man, who loved his soap operas, especially All My Children. He was a dedicated fan! Every day he would watch his soap. He wasn't able to speak, but his staff knew by his actions and mannerisms about his love for this important part of his life. Our staff was able to arrange a meeting and photo opportunity with Susan Lucci and Regis Philbin while they were in our area, which was the greatest moment of Raymond's life.
- Another patient, an elderly woman, who was verbal and very set in her ways. She watched the local news faithfully. She developed quite an affinity for Tom Clark, who was the weatherman on WNEP Channel 16 for 34 years. When he learned of her loyalty to him, he decided to come and meet her. Edith did not show emotion often, but her signature smile demonstrated her joy throughout his visit.

The Cinema Drafthouse is a local family-run establishment in White Haven that fully supports and integrates our residents. In business for more than ten years, this business is a renovated old-time theatre that serves a meal while people watch a movie. The owners ensure that the food they serve is the correct consistency for all the individuals who attend. Our residents go there at least once per month to enjoy the latest box office hits and a wonderful home-cooked meal.

White Haven Center residents have formed long-lasting relationships with area businesses—they know us. Store owners see staff and ask, “Where are our friends?” Workers at our pizzeria, grocery store, deli, diner, convenience store, and Wawa all recognize White Haven Center individuals as members of the community.

And finally, despite the Foster Grandparents program we had at White Haven being discontinued, our individuals continue to visit the last remaining member, “Granny Rose,” at her home. They enjoy lunch with her, and the smiling faces of everyone are the only proof we need of how important these visits are. A beautiful Solarium was built and named in her honor in Pocono Hall at White Haven Center.

In addition to activities in our community, the staff at White Haven Center also strive to provide activities for the community to come and join us on our beautiful campus. These activities that are

on-grounds are especially beneficial for those residents who are so medically-compromised and are unable to go on community trips. Some of our residents are unable to leave the Center grounds due to the severity of their disabilities and medical conditions, in particular tracheostomies. These residents receive 24-hour direct care, so our staff takes them outside on a beautiful day so that they can feel the sunshine on their faces. If they can't go into the community, the community comes to them! Our campus-bound residents attend religious services in the Solarium, led by local clergy members. Our volunteers, including retired employees, ensure daily social interaction so that even our most vulnerable residents are involved. Even Christmas morning is filled with joy, with a special visit with Santa and receiving gifts from him.

The White Haven Center Workshop is also an area buzzing with activity. Our workshop pays minimum wage or above, with most of our residents earning \$10 per hour. In fact, all of Pennsylvania's State Centers shifted away from paying their residents lower than minimum wage over two years ago. We recognize that everyone, including our residents, needs a living wage. Sixty-three of our 111 residents have paying jobs. And these jobs are not limited to our campus--one of our individuals has worked at the local Arby's restaurant for about ten years.

Events and activities on-grounds include:

- Family visits
- Therapy animals (dogs and goats)
- A café
- A tea room
- Various Sensory Stimulation Rooms
- Our gym and pool
- Classes and training for our residents, such as cooking
- Volunteers like the Job Corps
- Religious services in the living areas and the chapel
- Bible study
- Rides on our golf carts, which are wheelchair-equipped
- Senior Citizens
- Holiday parties
- Annual Prom
- Annual Family Day Picnic for families and friends
- Annual Winterfest for families and friends
- Local groups and organizations, such as dance studios and Boy Scouts

Everyday Lives Rebuttal

- Since the early 1990s, the Department of Human Services has been targeting State Centers publicly and condescendingly, condemning them and their existence. In 1991, the first *Everyday Lives* publication^{vii} was released by then-DHS Deputy Secretary Nancy Thaler with the following statements:

- “We are seeking nothing less than a life surrounded by the richness and diversity of community.”
- “A powerful life that gains its joy from the creativity and connectedness that comes when we join in association as citizens to create an inclusive world.”
- “*Everyday Lives* affirms our dedication to making it possible for everyone to live a life of meaning and joy.”
- “The original *Everyday Lives* told us what was important to people with disabilities and made recommendations about how the service system should increase opportunities for full community participation, provide individuals with more control over services, and improve the system’s accountability for assuring health, safety, and positive outcomes.”
- “An everyday life is about opportunities, relationships, rights, and responsibilities...being a member of the community, having a valued role, making a contribution to society, and having one’s rights as a citizen fully respected.”

These are insulting statements from a member of our own organization. As my second point on community integration clearly proves, our residents are valuable members of the community. A prime example: our residents are registered to vote, and they vote on their own, choosing which candidate they would like to see elected. They are afforded so many opportunities, and we ensure that their rights are upheld.

In the closure announcement on August 14, 2019, DHS Secretary Teresa Miller announced that “This is an incredible moment in our history in Pennsylvania.” Telling 306 people and their families that they were going to be moved out of their homes was considered an ‘incredible moment,’ and I cannot stand behind or agree with that statement. The way DHS treated these residents and their families was inhumane and showed a true and complete lack of compassion and morality. The decision was made to “...improve access to home- and community-based services so every Pennsylvanian can live an everyday life.” And “...we also must commit to a future that truly includes individuals with disabilities and offers them an everyday life as fully integrated members of our communities.”

DHS went on to cite statistics of the dwindling population of State Centers, but it did not explain why those numbers are decreasing:

“Twenty years ago, state centers served 3,000 individuals. Today, fewer than 720 individuals receive care in a state center, a decrease of more than 70 percent since 1999 [...] Currently, people are rarely admitted to intermediate care facilities as young adults because they and their families overwhelmingly choose community-based settings.”^{viii}

This is not an accurate statement. The choice of placement at a State Center is not currently presented and available to families.

Why? Because there are no more admissions to State Centers. Yes, you read that correctly. Voluntary admissions have not been allowed for at least a decade. The only way someone can be

admitted to a State Center is through a 406 involuntary court commitment,^{ix} x under which provisions include the impairment of adaptive behavior to a significant degree and the presentation of a substantial risk of physical injury to self or others, in that a suitable placement is not available and cannot be provided in the community.^{xi} Our 406 admissions come from jails, mental health/psychiatric facilities, hospitals, prisons, and, most importantly, from community group homes and providers.

Please don't misinterpret my intentions. I recognize that there are group homes and community providers that provide excellent care to their residents. But we cannot forget the well-known facts that these settings are often understaffed and underpaid, with high turnover rates and no continuity of care or services. In comparison, many employees at White Haven Center have been there for decades, some for over 30 to 40 years. We're able to provide a high standard of care and continuity of services since we're interacting with our residents every single day.

The recent media coverage of the failure of community settings has drastically increased—abuse, neglect, assault, financial exploitation, sexual misconduct, even death. There have been so many accounts of failure to provide even the most basic care for those residents that I fear what may happen to our residents once they're moved into these group home settings.

The most egregious example of this lack of care came from Blossom Philadelphia, formerly United Cerebral Palsy of Philadelphia, which was founded in 1946, and changed its name in 2017. Blossom was a non-profit organization headquartered in Chestnut Hill in Philadelphia. In October of 2017, DHS revoked their license after inspectors found “gross incompetence.” The state was in the process of transferring management of its 32 group homes when a resident died; he was fed pizza despite a medical order for a pureed diet.

This man was a resident at one of Blossom's group homes and was under the supervision of the state. Blossom Philadelphia closed its doors permanently on December 31, 2018.^{xii} Marianne Roche,^{xiii} an intellectual-disabilities expert who has worked in the field for 50 years and currently consults with Philadelphia Intellectual Disabilities Services, said that she is glad Blossom closed. This organization served approximately 150 individuals. Roche said, “My hope is that the Office of Developmental Programs (ODP) will be a little more vigilant than they have been up to this point.”

When this crisis occurred over the holidays in 2018-2019, DHS turned to the staff at our State Centers for emergency assistance. We received an email asking for volunteers to work in the group homes as direct care staff over the holiday season.

Provision of Services

State Centers are considered communities within themselves. White Haven Center has a full staff and amenities on-site. Nurses are present in all living areas 24/7; there is an on-call Physician 24/7; a Speech Pathologist; Dietitians; Physical and Occupational Therapists; a full Dietary Department where food is made and provided at the proper consistency to each resident; a grounds crew; a safety department; a garage/transportation department for vehicles; social services; psychological services specialists; custodial/housekeeping; vocational department; recreation department with a

gymnasium and pool; full maintenance department; a warehouse. There is even a credit union, of which our residents and staff are members and have accounts there.

The reported numbers of the annual average cost of care per resident at State Centers appear to be inflated—no other community home provides all these services on-site like we do. Most community providers do not have even half of these supports, especially nurses and other medical staff. Group home residents are taken to Emergency Rooms, often by ambulance, for any ailment, even for a cold. The police are called for behavioral issues. This lack of basic support is a significant burden on taxpayers and can take away emergency services from others in the community.

Negative Effects on Residents and Staff

As a Qualified Intellectual Disabilities Professional, I'm able to recognize that all behavior is a form of communication. Since the State Center closure announcement, the staff has seen a definitive increase in behavioral issues of our residents, in particular, those with mild to moderate intellectual disabilities who are higher-functioning and verbal. These individuals have significant mental health diagnoses, maladaptive coping skills, and major behavioral issues, including self-injury (swallowing inedible items, head-banging), property destruction, and assaulting others. In our lower-functioning population of severe-to-profound intellectual disabilities, we've noticed behaviors that have re-emerged from many years ago, an increase in general malaise, and agitation. Even those who function at the developmental age of 3-18 months can feel the tension in the air, the anxiety present, their caregivers' fear and anger. They know that something has changed. They know that something is wrong.

The staff has also felt the pressure in the form of increased anxiety and depression, exacerbation of existing health issues, the emergence of new health issues, decreased morale, an increase in absences and use of FMLA, and other mental health maladies.

Best and Least-Restrictive Option for Many

The average length of stay for residents at State Centers is 47 years. The average age of our residents is 62. At White Haven Center, we have people who have lived in group homes before coming to the center. Those group homes could not accommodate their behaviors. These individuals bounced from placement to placement before coming to White Haven Center. Some were abandoned in hospital emergency rooms by their community providers. Others were arrested and put in jail. Some were committed to psychiatric facilities. The only community that did not give up on them was the White Haven Center.

Because of our staff availability, we can provide the best possible level of care, support, and supervision for each individual resident. As my fellow SEIU Local 668 member William Bailey can attest to, having treatment staff on-hand means that our residents have immediate access to care, versus waiting days or weeks to be assessed and begin treatment in a group home setting.

Open the Doors for Admissions

The Pennsylvania Waiting List^{xiv} currently has a total of 13,015 people on it. These people are waiting for intellectual disabilities and autism services to be provided to them. The Pennsylvanians on this Waiting List are broken down by region, county, and level of urgency of need.

The urgency of need categories are defined as:

- Emergency needs (“individual is at risk and needs services immediately”), 5531 total
- Critical needs (“individual will need services within 2 years”), 4690 total
- Planning needs (“individual needs services within 5 years”), 2994 total

It is especially troubling is that these people on the Waiting List are young men and women who are aging out of the school systems at 21 years old, and being thrown into a chaotic mix where there are no services available.

In the Northeast Region, the total number of people on the Waiting List is 2540: 1276 emergency, 751 critical, and 513 planning. In Luzerne/Wyoming Counties (White Haven Center is in Luzerne County), the total is 377: 218 emergency, 112 critical, and 47 planning.

If White Haven and Polk Centers close, their 305 residents will bypass this Waiting List and be first-priority for placement into the community. So, we’re talking about removing 305 people from their homes, where they are safe and happy and receiving all the services they need and disregarding 13,015 other people who currently require immediate emergency services.

The simple solution to remedy this miscarriage of justice is to open the doors of State Centers for admissions! This would allow people who require emergency attention to get the care they desperately need. Opening admissions to our State Centers would allow parents and guardians, siblings and extended family members the peace of mind knowing that their loved one won’t be mistreated or forgotten in a group home. They’ll be given premier care by highly-educated medical professionals they require so that they’re no longer a risk to themselves or their community.

In conclusion, I leave you with a quote:

“Be more concerned with your character than your reputation, because your character is what you really are, while your reputation is merely what others think you are.”
~John R. Wooden (1910-2010), basketball coach and author

White Haven Center is confident in its character, despite the reputation that has been perpetrated by DHS for over 30 years!

There’s a place for everyone here in Pennsylvania! No facility is designed to provide a ‘one-size-fits-all’ approach when it comes to providing care for those with intellectual disabilities. Each person needs specific and individualized care, whether it be a State Center, community group home, life-sharing, or another type of Intermediate Care Facility (ICF). Recognizing that there is an immediate need for the quality and type of services provided at our State Centers, I believe the Senate Health and Human Services Committee will do their due diligence and overturn the DHS decision to close both White Haven and Polk Center.

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- ⁱ The Pennsylvania Waiting List Campaign Fact Sheet (January 30, 2016) Pennsylvania Waiting List Campaign Fact Sheet 2016
- ⁱⁱ World Health Organization (2000) Ageing and Intellectual Disabilities-Improving Longevity and Promoting Healthy Ageing: A Summative Report. Geneva, Switzerland, World Health Organization
- ⁱⁱⁱ Primer (January 22, 2017, & August 14, 2017) Joe Markosek, Democratic Chair, Pa. House Appropriations Committee. Department of Human Services Intellectual Disabilities System
- ^{iv} Pennsylvania Department of Human Services Immediate Release, August 14, 2019
- ^v White Haven Center Lions Club, <https://e-clubhouse.org/sites/whitehaven/projects.php>
- ^{vi} *The Citizens' Voice*, White Haven Center Lions helping community for 26 years, Amanda Christman, March 1, 2011
- ^{vii} *Everyday Lives: Values in Action*, Deputy Secretary Nancy Thaler's Message, Pennsylvania Department of Human Services, Office of Developmental Programs, 2016
- ^{viii} Pennsylvania Department of Human Services Immediate Release, August 14, 2019
- ^{ix} Commonwealth of Pennsylvania, Department of Public Welfare: The Mental Health and Mental Retardation Act of 1966, Third Special Session
- ^x Legislative Budget and Finance Committee: A Joint Committee of the Pennsylvania General Assembly, Department of Human Services' Implementation of the *Olmstead* Decision as It Pertains to State Centers, September 2015
- ^{xi} The Pennsylvania Code, Chapter 6250: Commitment and Admission Procedures for Individuals with an Intellectual Disability
- ^{xii} *Chestnut Hill Local*, Blossom Philadelphia will close at the end of December, Sue Ann Ryback, September 20, 2018
- ^{xiii} Networks for Training and Development, Inc. Our Partnership with Philadelphia: Organization Resume and Historical Accomplishments. <http://www.networksfortraining.org>
- ^{xiv} PA Waiting List Campaign®, The Pennsylvania Waiting List Campaign® is a program of Vision for Equality. www.pawaitinglistcampaign.org