Public Hearing

before

SENATE HEALTH, HUMAN SERVICES, AND SENIOR CITIZENS COMMITTEE

"The Committee will receive testimony from invited guests concerning the scheduled closure of the Senator Garrett W. Hagedorn Psychiatric Hospital in June 2012. Specifically, the Committee will receive testimony on the placement status of the individuals being transferred or discharged from the facility"

LOCATION: Committee Room 1
State House Annex
Trenton, New Jersey

DATE: January 5, 2012
11:00 a.m.

MEMBERS OF COMMITTEE PRESENT:

Senator Loretta Weinberg, Chair
Senator Robert M. Gordon
Senator Fred H. Madden Jr.
Senator Ronald L. Rice
Senator Jim Whelan
Senator Dawn Marie Addiego
Senator Robert W. Singer

ALSO PRESENT:

Elizabeth Boyd
Office of Legislative Services
Committee Aide

Jason Redd
Senate Majority
Committee Aide

Christina Velazquez
Senate Republican
Committee Aide

Meeting Recorded and Transcribed by
The Office of Legislative Services, Public Information Office,
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SENATOR GORDON: Good morning, everyone.

We have a number of committees underway now, and so-- I know Senator Weinberg is in Judiciary and Senator Vitale, I believe, is testifying on behalf of one of his bills somewhere else and I don't want to keep our witnesses waiting. And so let's get started.

We are receiving testimony today regarding the planned closure of the Hagedorn Psychiatric Hospital in June 2012, and we're interested in hearing today the status of the transition and to learn about how the clients are going to be dealt with in the future.

We have a number of people who have indicated the desire to testify today; one is Ed Smith, who is Chief of Staff to Senator Doherty. Is-- Ed, are you here?

E D W A R D J. S M I T H: (off mike) I am.

SENATOR GORDON: I wonder if you could join us and present your testimony.

Please proceed.

MR. SMITH: Thank you, Senator.

Senator Doherty sends his regrets that he was unable to attend. But in the text that he had sent me he said that Mother Teresa would want me to attend. (laughter)

And, indeed--

SENATOR GORDON: She's not here to testify. (laughter)

MR. SMITH: I understand. But, indeed, I find the timing of this hearing to, indeed, be a miracle because I will be ending as his Chief of Staff in a few short days at the end of the term. And I had served on the

Mental -- as his aide -- on the Mental Health Task Force -- the Facilities Task Force -- and that was my most moving assignment. And I had the opportunity to go and visit all of the facilities. I toured all those mental hospitals; I gathered insight into the field of geriatrics; and, as a result, drew a lot of conclusions, only to find a few short months later that my father would come down with dementia.

Of all the facilities, one could not help but be struck by the bucolic beauty of Mother Teresa Drive at Hagedorn. We have a beautiful, beautiful facility to take care of our geriatric citizens who have the misfortune through just natural aging to be unable to speak for themselves. And the Senator has continually advocated to keep it open; and at this point when he said, "How would I speak?" -- and I said, "How could I speak?" And now I'm going to speak for myself as having gone to those task force meetings and having visited those different facilities. And, interestingly enough, my computer crashed as I tried to write this down because I figured it's just going to come from my heart.

We have a facility in Hagedorn that was unique and specialized for what is going to be a growing demographic of the citizens of the State of New Jersey: of our elderly. And as I had come to see, dementia and Alzheimer's sneaks up on people who are productive members of society and then are suddenly are unable to take care of themselves. I personally believe, after study, that application of Olmstead suggesting the reintegration of these individuals is a total misapplication of that principle. I also want to clarify that in no way do I wish to anger the Governor; but only hope that there can be a loud voice, which I hope I contribute to, that I hope this Committee contributes to, to keep Hagedorn open. These

individuals, these elderly individuals, should not be integrated into populations -- general populations of the psychiatrically challenged because they're just not able to take care of themselves. And that experience is something that I wanted to share. I feel so strongly. And I would only hope that the Governor would just take one more look at keeping Hagedorn open -- and I do truly believe that, and maybe that would right that one great disappointment of my career -- with watching Hagedorn be shuttered.

Thank you for your time. (applause)

SENATOR GORDON: Thank you.

And I want to tell you, as someone who is currently dealing with this very same issue -- a loved one with dementia trying to find an appropriate place for that person -- it's something that I'm sure that is affecting thousands, if not millions, of families who really need to find a perfect way to address this need.

Phil Lubitz of NAMI is also here. Phil, would you like to testify?

P H I L L I P L U B I T Z: Thank you, Senator Gordon, members of the Committee.

My name is Phil Lubitz. I am the Associate Director of NAMI -- New Jersey National Alliance on Mental Illness. NAMI is the state's and the nation's largest organization advocating for persons with mental illness and their families.

So we've testified previously about the -- regarding our concerns around the closing of Hagedorn. Briefly, those included the adequacy of the State's plan to treat, really, a mushrooming cohort of geropsychiatric patients; the safety of individuals who had been injured at other psychiatric

hospitals and transferred to Hagedorn for their own safety; the effect that this closing will have on the remainder of the State psychiatric hospitals; and again, the adequacy of our community mental health system to appropriately integrate these people into the community.

So since we last testified there have been some changes. Kevin Martone has left the Department of Human Services and, essentially, the plan to close this facility was Mr. Martone's. Lynn Kovich has taken over as the new Director of the Division of Mental Health Services. Now we've had a chance to meet with Ms. Kovich, and we're confident that she has the skill and the ability and desire to lead the Division.

So to its credit, the Division of Mental Health and Addiction Services is on target with their agreements in the Olmstead Settlement with Disability Rights New Jersey. You know, essentially, I think, when you take that down to its smallest piece, that Settlement calls for reducing the number of individuals who are conditionally extended, pending placement, in our hospital, reducing both the amount of time they spend in the hospital and also the number of people who are on that status.

To a large part, then, that was the State's primary reason for deciding that they could close Hagedorn: that that Olmstead plan would reduce the census. Each of the last couple of years there has been additional funding in the budget to create new placements. In this current FY '12 budget there's funding to create 95 new community residences for individuals who are in the CEPP status; in addition, another 50 residential settings to prevent the possible hospitalization of individuals who are either homeless or at-risk of hospitalization.

So new admissions have been terminated at Hagedorn. I think the latest census data I received this morning said there are currently 173 patients at Hagedorn. And, historically, there have been between 10 and 20 discharges each month from Hagedorn. So it's quite likely that the Division is going to meet their target of having about 100 patients remaining in the hospital June 30 when they plan to close the facility. In addition, they have planned to create two, 25-bed units at Greystone -- 25 beds for people with dementia, 25 beds for people who are medically frail. They've also awarded funding for a program that will outreach to senior citizens experiencing psychiatric emergencies.

So our concerns, however, is that what's less clear is although they've done quite a bit of work at preparing Greystone to accept patients, the plan calls for geriatric patients from the southern region -- again, Senators Whelan, Madden -- I think you should be interested in that -- we're going to be going to Ancora Psychiatric Hospital. And although Ancora has always had a very small number of geriatrics, in no way have they ever provided the types of care for these specialized people with medical frailities, or people with dementia that currently exists at Ancora. We just don't have evidence that the kinds of preparation that have taken place to accept patients at Greystone is taking place at Ancora Psychiatric Hospital.

We still have concerns that it appears, although there was a significant reduction in census during the period that was looked at in deciding to close the facility, over the past 19 months there essentially has been no diminishment in the number of people in our psychiatric hospitals. So again, I think our State psychiatric hospitals, over the last 19 months,

are down five patients and our county psychiatric hospitals -- six of those -- those are up four patients. So essentially, over 19 months, there has only been a net change of one patient. This comes at a time when we have been putting in significant resources to build additional community capacity. And one interpretation might be that we have sort of squeezed out all the efficiencies we're going to squeeze out. And unless we continue to put about $5 million in resources into -- new resources into building capacity every year, that we're going to face that kind of overcrowding that led to the Department of Justice being at Ancora Psychiatric Hospital. And I just want to remind you that the Department of Justice remains at Ancora Psychiatric Hospital and we're waiting for their final report.

In addition, the hope of the Olmstead Settlement was that people would be going to supportive housing in the community and, again, a good deal of funding has gone to that supportive housing. But looking at the data, it still remains clear that the primary burden for accepting patients who have been hospitalized remain with the family members -- the largest group of people continue to be discharged to families. And over this period there really have been no additional supports that have been provided for these families to care for their relative in the community.

In addition, a far larger number of people continue to go to residential healthcare facilities, particularly in the southern region. And in a NAMI survey -- and I've given you just a little bit of it attached to my testimony -- those residential healthcare facilities are-- When we polled a little over 1,100 people, those were favored by less than 2 percent as an appropriate place for people with mental illness to go.

So in addition to about $2.5 million we're putting in each year, I think just to keep ourselves equal at the hospital, I think as we move into the next budget year we should be considering, probably, at a minimum, another $2.5 million so that we're not sending 100 people a year to, really, inadequate boarding facilities. And I think, Senator, you probably have one of those right in your district; I mean, a facility -- two of them -- facilities--

SENATOR SINGER: The largest in the state -- 240 beds.

MR. LUBITZ: Yes, these are facilities no one would want their family member to go to.

SENATOR SINGER: Well, if I just might-- Madam Chair, could I just--

SENATOR WEINBERG: Yes, go ahead.

SENATOR SINGER: On your line of comments: There are two things I want to share with that. Number one is: Part of the problem is they're totally underfunded -- the residential care facilities. The amount of money they're given is nominal to care for these individuals. You know, the one in Lakewood -- which grew to be 240 beds -- was the reaction about the closure of Marlboro. And as you know, because of that, Kimball is the busiest PES unit in the state -- number one in the state. And part of that is that -- and you have the Dover retirement; it's also on our border in Toms River. The same thing. But the biggest problem is that we have never increased the allotments there. And not that I'm advocating for the-- But again, if you take a look at how much they're given per patient, it's awfully inadequate.

MR. LUBITZ: Senator, if I may interrupt.

I did an unscientific study in my own home county of Hunterdon. And I compared the room and board rate for people with mental illness to the room and board rate of a variety of dog kennels. And in every instance there was a higher rate for the dog kennel than there was for the boarding of the mentally ill.

SENATOR SINGER: I don't want to say also in the pounds in, like, Ocean County, so--

But let me tell you what galls me about this: When these people were in the hospital the cost was $100,000 a year. They go into these facilities -- the cost is not even one-third of that. And then we end up wondering why these places are so poorly run and why new ones can't be built -- so that's number one. We've got to understand that the State saved the money by closing these facilities and it is supposed to follow the client -- it never did. And that's been the big lie that's always happened. And this has happened through every administration. I think, you know -- Ron left, but he will agree on that. But the problem is, there is no money to run these things. And their medication is distributed to them and their hopes are to keep them quiet. But, as you know, what happens is they are not prisoners and they have the right to leave these facilities, and sometimes they do and go off their meds and, unfortunately, we've had accidents where they're killed on the highway, because they do leave at night, and all kinds of other problems there.

But number one is that I think we have to look at that whole system and how it's funded and everything else like that -- number one. Number two, which I also see happening, is the State is doing less and less to help families at home. And what they've done is, they've pushed a lot of

it for child care out of it and pushed everything to seniors -- talking more for the adults than the children. But in these cases, families are taking the brunt of keeping their family member they want to keep at home -- especially if it's a child or a juvenile, and even into young adults -- and will fare better in their own home and is less expensive in their own home. But we're lessening the support monies for them, and that's becoming more and more apparent.

So as we close these facilities, it isn't like the money's going to follow the client, the money's going to go to the towns, the money's going to help them. It disappears. And the only gainer of all these facilities is the State, financially. The problem is that the clients suffer. And not that these facilities are outstanding; I mean, I would be absolutely frightened if you're telling my seniors that they have to go down to Ancora -- and I sit on the board of a mental health hospital. I am sharing with you that it is absolutely ludicrous that we're spending less money -- or trying to spend less money -- to help people keep their loved ones in their homes, giving them less respite, giving them less support services, giving them less money, and then turn around and say, "And we're going to close the mental health facilities." Where do these people go?

And that's why we end up, in a lot of cases, having to send people out of state. And they don't like doing that because it costs a fortune of money. But think about one thing: We've allowed the closure of every facility in the state. It started in Allaire; we closed Brisbane -- for children -- which you have virtually nothing left in the state; you closed Marlboro; now you're talking Hagedorn. All these other situations are all narrowing the choices that families have. And then if you had at least said,

"Well, look at all the money we're putting into taking care of families in their home, we're giving them better support. And if they need to have someone come in their house more often, we're doing that. We're helping families with respite." I'd at least say, "Well, you know what? We're doing something." We're not doing that.

And I'm only saying, is it's -- mental health illness -- you know, it's a wide range of everything. Remember, with mental health, mental health children are always cute because they're young and they're cute. Mental health adults are not cute. And there are a lot of other issues we deal with that. For some reason we've swept this under the rug in the State. And because the groups that we represent are these silent groups, because no one likes to raise their hands and say, "By the way, I have mental illness in our family and it's a problem," we've let it go for a long time, and it is absolutely criminal what we're doing to these families; it really is.

MR. LUBITZ: Thank you for your comments.

SENATOR WEINBERG: Let me add: You summed up, I think, the feelings of many people on this Committee and the constituents we represent.

I take issue with one statement: that we've swept this under the rug. There are many of us who have been talking about what is happening to the folks as they close the larger institutions. Many of us have been talking for years -- including you, Senator Singer -- about the 8,000-person waiting list that never gets addressed while we're adding more people to that waiting list on a daily basis. And, adding to my disappointment, the Department was too busy to send one person here this morning to, maybe, hear this and, perhaps, help answer any questions. I don't know why

they're so busy at the beginning of this new year, with a very large bureaucracy, that nobody from the Department could come and speak. But that speaks for itself, also.

So I think this is an issue that we've been trying to get our arms around -- that we're closing institutions, you're letting people out, you're saving the $100,000-a-year or whatever cost and it is not following the person; and that family members who have loved ones who have been in some of these institutions who are now middle aged -- and have been in these institutions, literally, their entire lives -- you know, this is the place they know, the place that they call home. So there are a lot of unanswered questions here. And the Olmstead decision, though very desirable, didn't implement anything -- it's up to the State to implement it. And I don't think we've done a great job in doing it. So one of the reasons for the hearing.

Thank you. Continue.

MR. LUBITZ: Well, again, I appreciate your calling this hearing for these very reasons.

You know, again, after meeting with Director Kovich again, I really believe that she has good faith in wanting to provide the very best services possible for people in the community.

SENATOR WEINBERG: Excuse me a minute -- and I don't mean to imply that anybody doesn't want to do it. I know the members of the Department and particularly the people in the service end of this do want to do it. But they don't have magic wands; and if they don't have the resources and the folks to help with planning and the places to go, their best intentions are really irrelevant.

SENATOR SINGER: Madam Chairwoman, what you said is correct. I mean, the answers for every Administration that has been -- and you've been around here -- I've been here a little longer -- but every Administration, when it's come to cuts, this is where the cuts have come. I've said to you if I sat here and advocated for the residential care facilities, people would say, "Why would you advocate for those people?" And I'm only saying, if you found out the amount of dollars per day per client they get, it is so inadequate. You wonder why their lunch is cheese sandwiches. I mean, the answer is it's problematic. And as I said to you, in our community what happens is the clients sometimes are not properly dressed to leave the facility in cold weather, and all kinds of other issues that were just-- You know, they're not prisoners, but there's no one there to do that. And a lot of the day programs have closed down, as you know, because the sheltered workshops (indiscernible) financially had problems and just couldn't maintain these things.

It is-- We really have to take a whole look at how we're dealing with clients in their homes with their families -- whether they're a baby on through to seniors -- how we're dealing with the clients in residential care facilities -- if that's the direction the State's going. And I don't have a problem with that if the money is there. And the problem is, what has happened in prior administrations, Madam Chairperson -- and I know for a fact -- that if you complain too much, we'll cut you more. And that's been the outcry. I mean, we expect people to run these group homes, and we give them less money. And yet, health care to their employees and other factors to their employees keep going up, and then we say, "They can't keep staff." And you know there's nothing more disruptive with special needs

than changing staff. And it's been a continual outcry that, again, it's-- You know what? You're right: I hope in your new role, Madam Majority Leader, that we'll have more voice with that.

SENATOR WEINBERG: Well, I hope a magic wand comes along with that one, too.

SENATOR SINGER: Well, I hope I can give that to you. (laughter)

MR. LUBITZ: So hopefully this hearing, then, can be an impetus to adequately fund some of the things that we know do work. In this we give you some results of the survey that tells you where people would like to live. And that is both from -- including professionals, consumers, and family members. So I think we have a road map of what works. I think it's really within our grasp to have people live in appropriate places. And hopefully we can move forward, as you say, to give -- help the Division with both personnel -- to move a plan forward -- and also the funding to move that forward.

I just also ask that we start-- The plan to close Hagedorn alludes to an evaluation that will be done after the closing of the hospital. And really, after the closing, the horse is out of the barn. We really need some real-time evaluation to not only see where people are going -- we have that -- but how they're faring in the places they're being placed -- you know, whether it's in a community residence, whether it's with family, whether it's in a residential healthcare facility. You know, having that knowledge is really the only way we can tailor a system that will provide the best outcomes for consumers of mental illness and their families.

So with that--

SENATOR SINGER: Just one last-- I'm sorry, just one--

Where we have to take a look -- and I think the mental health groups have to get together on this. I know, for example, the cost -- again, kids, when they're in school -- the school my nephew goes to is $89,000 a year. But that doesn't include transportation and other factors. So it probably costs, maybe, $130,000, $140,000. He has Down syndrome. But the problem is that once they age out -- that magic age of 21 -- everything stops. So we spend hundreds and hundreds of thousands of dollars -- millions of dollars -- to get to that point. And then we expect -- excuse me, stealing your idea -- the magic wand to suddenly take care of them from then on. And then we give all this less money thinking that their needs are so much less. And that is really one of the great problems with this: that we front-end load it and all of a sudden once they age out, they're now someone else's problem, and there's no money there.

MR. LUBITZ: Right -- until a crisis arises, and then you're dealing with the most expensive care.

SENATOR SINGER: Exactly right. Until the family calls and says, "I can't handle them."

SENATOR WEINBERG: Any other questions here from the Senators? (no response)

MR. LUBITZ: Thank you.

SENATOR WEINBERG: Thank you. (applause)

SENATOR WEINBERG: Carolyn Beauchamp.

Good morning.

C A R O L Y N B E A U C H A M P: Good morning. Am I on?

SENATOR WEINBERG: I tell people, "This is Trenton. Red means go." (laughter) The red light means go, and every place else it means stop.

MS. BEAUCHAMP: You have to re-think how you see that.

SENATOR GORDON: Not in Beijing.

SENATOR WEINBERG: Oh, not in Beijing? Oh, I've never been in Beijing so I wouldn't know.

SENATOR GORDON: Red is go in Beijing.

MS. BEAUCHAMP: Nor have I, so I was a little confused.

SENATOR WEINBERG: Show off. (laughter)

MS. BEAUCHAMP: Thank you so much for hearing me this morning.

I'm Carolyn Beauchamp; I'm President of the Mental Health Association in New Jersey. I have been involved in the mental health system for a very long time. The good news about that is that I have seen changes, both in the clinical area and in the systems area, over a good 30-, 35-year period. And as we look at the closure of another State hospital, I wanted to share a couple of things that I think are extremely important if this is going to be successful.

And I want to applaud my colleague, Phil Lubitz, because he raised a lot of some very detailed information that I think was very important. I'm going to speak to just two issues, and I think they're just broader in scope, supporting pretty much what he said.

I think when we're closing a hospital it causes enormous concern, fear; there's a lot of change that goes on. And one of the questions that we asked at the Mental Health Association is: how do we help?

What's our responsibility? What's the government's responsibility? What's the Department's responsibility? How do we make this the most successful that we can for both consumers and family members?

And as I was thinking about it, I came up with two thoughts: one was as I looked back there had been other closures in New Jersey. New Jersey is very slow to close our institutions. I'm not sure if that is a good or a bad thing. But Arthur Brisbane -- which I think Senator Singer mentioned before -- was closed some time ago, and I don't know the exact year; a children's facility, the last State-run facility for children. We believe that it was done successfully; and the reason that it was successful -- one of the reasons -- was that there was a bridge fund provided by the State to provide services in the community before anybody left. And the money from Brisbane was then taken to the community to continue to provide needed services for kids. So there was quite an uptick in services for children.

SENATOR WEINBERG: When did Arthur Brisbane close? Do you remember?

MS. BEAUCHAMP: It was over 10 years ago, I think.

SENATOR SINGER: More than 10; I think it was 15 years ago.

SENATOR WEINBERG: So has there been any actual study of what's happened over those 10 years to the--

MS. BEAUCHAMP: Well, what--

SENATOR SINGER: I can tell you, actually, we have had to place several children from my district out of state because there's no State facility. And that's a problem because then the parents now have to go out

of state. We placed them in New York and we placed them in Pennsylvania. So the answer is-- And I just question one thing with your comment: There might have been a bridge, but I'm curious how much that fund has increased from 15 years ago to those communities, because I haven't seen it in my community.

MS. BEAUCHAMP: The bridge fund is temporary.

SENATOR WEINBERG: I-- Just before you answer--

MS. BEAUCHAMP: I'm sorry.

SENATOR WEINBERG: Because you said "we feel that's been successful" because of the bridge fund. And what-- I think we've had other pieces of legislation, other hearings, to request that there really be a study so that we have some analysis of what really happens and the people aren't saying, "We feel that that's good, or that that's bad, or it affected me in a bad way or a good way." And I think that's been missing. And I think for a couple of people who Senator Singer knows, it hasn't been successful and they have had to be sent far away at very big costs.

SENATOR SINGER: Too costly.

SENATOR WEINBERG: So that's one thing that I think -- probably the most important thing -- that's been missing from all of this is the willingness to actually follow up what is happening to these folks and to their families. And, I mean, I know I've had constituent issues; you know, there's nothing like getting a call from a family in an emergency room at 11 o'clock at night with a child, and no place to put them and no bed available -- no appropriate bed available. So the answer is: keep them in the emergency room for three days. And those kind--

SENATOR SINGER: I've seen it in every hospital in the state, by the way.

SENATOR WEINBERG: Exactly.

Go ahead.

MS. BEAUCHAMP: My turn? (laughter) Okay.

I think through the Division of Child Behavioral Health, which is now part of the Department of Children and Families, we've been very involved in their restructuring. And they have a very significant uptick in children services. There has always been a huge issue of children being placed out of state -- residentially placed -- because we've had nothing in state for them. They were really not connected to a hospital stay or a non-hospital stay, but these are kids who, even through after a hospital stay, need special residential treatment. Now, I can't speak for the Department, but what I know from my dealings with them is that they've done -- through their special system of delivery of service -- they've provided a lot of in-home services, a lot of work with families; there are in-hospital units called CCIS units. The children's sector of mental health has grown, really, incredibly. I think we'll always have the problems and we have to be able to deal with those problems. But when I say I think that's been successful, I'm basing it on the expansion that we see for services. And I think it would help -- and just to get to the second point that was going to be -- and I'll get to that in just a minute -- I think a follow-up assessment is critical when we're doing something like this.

My other memory of watching something close was when Marlboro closed; and again, that was some time ago. Keep in mind, though, that when Brisbane closed it had a capacity of 80 kids -- not a lot --

but 80 kids; compared to Marlboro, which had an 800 capacity. So that was huge. It was extremely difficult and, again, there was a bridge fund. And that's temporary money -- just to start getting things going in the community. Then when they downsized and closed, that money, again from Marlboro, was transferred to the community. So it seems to me -- and you've said this, Senator, and I think Phil said the same thing -- we've got to have money in the budget. The $9 million from the downsizing of Hagedorn this year is going back to the General Fund because of our financial situation.

SENATOR WEINBERG: Doesn't that make you question whether or not this is an economic decision rather than a good decision on behalf of the clients who are being served?

MS. BEAUCHAMP: It makes me question how we can get some of that $44 million the next year that absolutely has to go for supporting the people. I'm sure there are always political reasons; I'm sure there are always many reasons. But my focus is on how do we make it better, how do we intervene to make this better for the people who are going to be living in some other setting. And, in the past, we've been able to divert those funds to the community. I think we have to fight to make that happen again. And yes, of course, it's part political.

The other thing that they did with Marlboro -- which I think we need to do again and I don't know if it's in the works -- is to assess-- They hired an independent assessing company to come in and, within six months, they spoke to the people who were being discharged to the community to see how that placement was going. They came back in a year-and-a-half -- between a year-and-a-half and two years -- and met again

with those people, because you don't know within six months how they're going adapt.

And I'm hoping they also met with family members; I think they really do need to do that. Phil was absolutely right: An awful lot of our people are going to families. And I'm also concerned that we don't provide enough services to families as part of these discharges. We need to do that because so many of our folks are going home to families. That needs to be beefed up.

So those are the things that we feel if we can get them put in place we can have successful closure.

And I thank you, and I am open to questions.

SENATOR WEINBERG: Thank you, and thank you for your advocacy over the years, in the past, and what I know will continue in the future.

SENATOR WHELAN: Just--

SENATOR WEINBERG: Senator Whelan.

SENATOR WHELAN: Just one question, Ms. Beauchamp: The $44 million -- is that the Hagedorn budget?

MS. BEAUCHAMP: Yes.

SENATOR WHELAN: Is that where that number came from? Thank you.

MS. BEAUCHAMP: We're hoping once it closes totally, that's the amount of money that can be saved.

SENATOR WHELAN: Okay.

SENATOR SINGER: Madam Chairwoman.

SENATOR WEINBERG: Senator Singer.

SENATOR SINGER: Unfortunately, I was involved with Marlboro closing, because I represented it in my district, and I was the Mayor of Lakewood that year. Governor Whitman closed Marlboro.

MS. BEAUCHAMP: Right.

SENATOR SINGER: I sat in a room with every commissioner and the Governor and they promised all of us from Ocean and Monmouth County that there would be bridge money, and then after that-- Well, as Mayor of Lakewood we never got any bridge money. We never got anything -- except they got the largest residential care facility in the state. They transferred it from Marlboro to my town. And I will tell you it is, essentially, the largest PES unit in the state. Doesn't that sound a little strange that the busiest PES unit in the entire State of New Jersey is in Lakewood -- busier than the ones in New York City? And the other factors, as we talk about all these services (indiscernible) like that, where money follows.

And when the Chairman talked about every hospital in the state you see juveniles sitting with their parents in hospital gowns on gurneys waiting for beds -- we haven't had an increase in juvenile beds in Ocean and Monmouth County in 20 years. There is an absolute breakdown. And what I'm sharing with you is the bridge money is only for a small time; the people remain. They don't go away after two years or three years -- they are there 10 and 15 and 20 years. And we're left with the problems. And there's no money left. As I said to you, we used to have several sheltered workshops in Lakewood; they've gone away. And now I have these clients that, I think in the last two years, five of them have died from automobile accidents.

And it is criminal the way we treat people with mental illness and other disabilities along those lines. And I'm your advocate. And the problem is, as I said to you, it's not-- This isn't this Administration -- hasn't created -- this has been going on for 20 years, as long as I've been down here. The problem is that the groups you represent are wonderful people and they keep it quiet. They don't-- They're not outside protesting, and not doing anything else like that. And I'm only sharing with you: We have to take a look -- and I agree with the Chairperson -- that we've got to do a study; we've got to take a look at these issues. We've got to say, "You know--"

I've got a facility in Lakewood, and I hope you would come down there. It's called the Children's Center. And the Children's Center is probably run with 75 percent volunteers who take $1 and makes it into $10. They can't get funding. And they provide services for hundreds of families. And all I'm sharing with you is there's something missing when this is happening.

And I will tell you I represent-- I live in the largest town in Ocean and Monmouth County: Lakewood, population 93,000 and growing. And I will tell you that the needs are very big in my community because we have large families. As you know, with larger families the chance of having a special needs child grows. But I will tell you that we have to look at the whole system -- from birth to death -- of how we're dealing with these issues. And it's not, certainly, your fault -- you're an advocate for it -- but what I'm saying is our concern is there's $44 million being saved. It's not going back into the pot. And that's where the Chairperson is so right in

saying if the $44 million from Hagedorn was going into the mental health pot--

MS. BEAUCHAMP: But how do we make that happen? (laughter)

SENATOR SINGER: Well, that's what we're talking about. That's where she's right on the money.

MS. BEAUCHAMP: Because we have to make -- at least some of that money, that has to happen.

SENATOR WEINBERG: Take away the red pen.

MS. BEAUCHAMP: If I can comment-- Just a couple of things as you were talking, Senator-- I chaired-- There was a boarding home advisory council some years ago; I chaired it for 10 years. And what we looked at were the boarding homes and the RHCFs across the state -- what was successful, what wasn't successful; a lot of complaints, of course, particularly about boarding homes. And one of our chief recommendations that just could gain no traction was that we needed to increase New Jersey's commitment to SSI. We haven't increased SSI, I don't think, ever. The Federal match has gone up every year with cost of living; New Jersey has never increased it. And as you were talking--

SENATOR WEINBERG: Could you explain that a little further -- what you mean that we've never increased?

MS. BEAUCHAMP: The Social Security, the SSI amount, which is for those living in a group setting--

SENATOR WEINBERG: And that is set by the State?

MS. BEAUCHAMP: It's a blend between the Federal government--

SENATOR GORDON: State-Federal match.

SENATOR WEINBERG: Yes, but is our portion established by the State?

MS. BEAUCHAMP: Yes.

SENATOR WEINBERG: And then we get the Federal match.

MS. BEAUCHAMP: Yes.

SENATOR WEINBERG: So we always get more Federal monies.

MS. BEAUCHAMP: Yes.

SENATOR WEINBERG: All right, go ahead.

MS. BEAUCHAMP: What we-- Now, this was, again, some time ago. That was one of our prime recommendations that we were-- And we had the same analogies -- that the amount of money that was going for people -- because, obviously, these are poor people, many on SSI--

SENATOR SINGER: And have no family.

MS. BEAUCHAMP: Excuse me?

SENATOR SINGER: And have no family.

MS. BEAUCHAMP: And have no family, and are elderly, and have other disabilities -- are living on very little. And those who run these places are barely getting by. And I think the reason that it's been very difficult to gain any traction about increasing that is because they're private. There's a view that people are making tons of money, that people are driving around in Cadillacs, and that people who run these places are scamming all this money from these people, taking their money. And we're not giving them any more money. And that individuals-- Just the SSI rate cannot be raised, because there are all kinds of SSI: there's rates for

individuals, there's rates for those in community settings, in these housing settings. And you then have to raise them all. But the biggest-- I think the biggest damage we're seeing is in boarding homes and RHCFs.

We also don't have any way to regulate them, and we talked a lot about that, because they're between Department of Health and Department of Community Affairs. So I'm very interested in that; it's been a long-time concern.

The other thing is, the Mental Health Association -- we have a program office in your county, and we're running programs there around employment, around people with mental illness, and I'd love to talk with you more about that. I'd like to chat with you later about it.

SENATOR SINGER: Thank you.

MS. BEAUCHAMP: But I thank you.

SENATOR WEINBERG: Thank you.

Doctor Ronald Schroeder, CWA.

R O N A L D E. S C H R O E D E R, Ph.D.: Good afternoon, Senator Weinberg and members of the Senate Committee. I thank you for the opportunity to speak with you today regarding the closure plan of Hagedorn and the placement of our patients.

I am Doctor Ronald Schroeder, clinical psychologist at Hagedorn, and a participant in the treatment plan process for the continuity of services in the community once our patients are discharged.

I am presently in my 27th year with the Department of Human Services, having worked at Marlboro, Greystone -- both new and old -- North Jersey Developmental Center and, presently, at Hagedorn.

SENATOR WEINBERG: You don't look old enough for any of that.

DR. SCHROEDER: No, no, no -- thank you very much. I was born on Leap Year Day, so I'm having my 13th birthday in a few weeks. (laughter)

SENATOR WEINBERG: Oh, that explains it.

SENATOR SINGER: Is that like a Bah Mitzvah? (laughter)

DR. SCHROEDER: Let me get to the meat of the matter.

In general terms, the placement status of patients at Hagedorn remains largely uncertain and unclear. The ill-conceived plan to close the hospital has now evolved into a poorly managed one. The census at Hagedorn has dropped over the past year from 285 patients in February of 2011 down to 164 patients as of yesterday. This reduction has been possible largely because of the diversion of Hagedorn admissions to the other hospitals that began last September, along with the ongoing discharge of the psychiatrically stable patients to the community.

The patients who remain at Hagedorn today are those who are the most difficult to place in the community and/or those who need extended hospitalization. As we continue to phase down, clinicians at Hagedorn are finding it more and more difficult to secure adequate services in the community to meet the needs of our patients. Simply put, we have dramatically increased the number of patients from Hagedorn living in the community without a commensurate increase in the amount of services for those patients in the community. As a result, the resources in the community are at capacity and they're becoming overwhelmed. Consequently, the treatment teams at Hagedorn are being encouraged by

the Division to consider less-than-optimal and, perhaps, less-than-adequate discharge plans for Hagedorn patients. We're being pressured to discharge to substandard placements that we wouldn't have considered just a couple of months ago.

The closure plan, as it's playing out, is not being done for the benefit of the patients. The leadership in the Division and in the Department is examining, on a regular basis, the number of patients at Hagedorn, the number of patients discharged, without concern for the individuals involved and their mental health needs. If we continue along this track we will continue to place our patients at risk.

Greystone Psychiatric Hospital, where a large number of our patients are scheduled to go, is currently very near to capacity. Yesterday, the census at Greystone was 481. I believe their total capacity is 500: 450 in the new building and 50 among the cottages that are still affiliated with the hospital. They have experienced an average 20 patient growth -- 20 patient growth -- per month since we stopped taking admissions in September. So some months they've seen 30 or 40, and some months 15, but an average of 20 for September, October, November, and December. That means they have 20 more patients coming in than going out per month.

If the Division continues on its current path, that hospital will shortly be gravely overcrowded. That will certainly--

SENATOR SINGER: Madam Chair, could I--

SENATOR WEINBERG: Yes, Senator Whelan.

SENATOR WHELAN: Pardon me for interrupting, Dr. Schroeder.

Those 20 patients you just alluded to: Are they from Hagedorn, or are they from the general population?

DR. SCHROEDER: They are from--

SENATOR WHELAN: Or are they from Greystone?

DR. SCHROEDER: It's a mixture, but it is exacerbated by the fact that Greystone is now accepting the patients that would have gone to Hagedorn--

SENATOR WHELAN: Right.

DR. SCHROEDER: --were Hagedorn able to receive new admissions.

SENATOR WHELAN: Okay.

DR. SCHROEDER: So in the coming weeks, our most fragile and elderly patients who are left at Hagedorn will become, likely, Greystone patients and placed into that population. They will find themselves in a soon-to-be overcrowded facility, ill-equipped to manage our special population. The questions that need to be answered by Commissioner Velez at this point in time are: What is the current Greystone census? What is the target Greystone census -- because it's going to be above 500. What is the plan for the transfer of Hagedorn's geriatric, severe mentally ill folks to Greystone?

Meanwhile, back at Hagedorn, we've seen a gradual compression of the number of patient wards as the census has reduced. That has placed the residual group of patients who are chronically mentally ill, including a number of highly violent individuals, in close proximity to one another. This has resulted in a recent spike in violence at Hagedorn. Just this past Tuesday there were three significant patient-to-staff assaults,

two of which required police intervention and emergency transportation to the ER at the Med Surg Hospital. Two staff members were seriously injured and permanently disfigured just two days ago at Hagedorn. Now Hagedorn's Risk Managers, the Human Services police, and the New Jersey State Police that are involved in these assaults are investigating the incidents; however, it is clear to the treating clinicians that patient uncertainty and anxiety associated with the closure was a major contributor to the violence on Tuesday. The Division and Department need to develop a plan -- a better plan -- to avoid getting that great concentration of the chronically mentally ill, the difficult to place, the highly violent folks in such close quarters to one another, including transfer of those individuals to the soon-to-be-overcrowded Greystone Hospital in Morris Plains.

All of this could have been avoided were Hagedorn to stay open. The community and other psychiatric hospitals cannot handle the fragile elderly with severe persistent mental illness. Closing Hagedorn will hurt the most vulnerable citizens of New Jersey.

Again, I want to thank the members of the Committee for the opportunity to express my concerns at this time. (applause)

SENATOR WEINBERG: Thank you, Dr. Schroeder.

Any questions? (no response)

Thank you. Do we have a copy of your written testimony?

DR. SCHROEDER: Yes.

SENATOR WEINBERG: Okay.

Diane Cameron and Esther Post, along with Gerard Meara, from AFSCME.

D I A N E C A M E R O N: Good morning.

SENATOR WEINBERG: Good morning.

MS. CAMERON: Thank you for taking the time to meet with us this morning.

SENATOR WEINBERG: Identify your-- By name.

MS. CAMERON: My name is Diane Cameron. I work at Hagedorn Psychiatric Hospital. I've been there since 1982; I work as an aide. I'm the mother of five and the grandmother of six.

SENATOR WEINBERG: Congratulations.

MS. CAMERON: I never thought that I would see Hagedorn close. I've been there half my life. When I started working there it was a geriatric center, then we went to geropsych, and now we're adult psych. We always specialized in geriatric psychiatric. Back in the 80s we had the building in Trenton closed, and we got the patients from the Raycroft Building when they closed. Those patients weren't in good shape. When we got those patients we did the best we could for them. They had a lot of decubitus, they would be decompensated -- and we did the best we could with them.

I think we give excellent care at the hospital; also, our JCAHO comes through on a regular basis and we have excellent reviews from JCAHO.

Ron gave the statistics -- he's the doctor at our hospital -- and I'm just going to give you a little review of what's going on from an aide's point of view.

We have patients who have been discharged, and -- under the Olmstead Act -- and they are supposed to go out to the communities and be funded out in the communities and stay there, although they're being

recycled into other psychiatric hospitals. They're not being successfully discharged.

Our central office is having problems placing our nursing home patients, because most of the nursing homes that can't sustain our patients are sending them to our psych hospital because we specialize with them.

The emergency rooms are overcrowded for days with our patients because they have no place to send them. And like Ron said, Greystone is pretty much at capacity and they will be over census by the time we try to close our hospital.

Also, is anybody monitoring what's going on with our patients as they're going out? We had a patient that we discharged from Hagedorn who was put into an emergency room situation in a general hospital who gouged her eyes out, and now she's blind. She's currently in Greystone. This is one instance.

As Ron told you, we have other patients who are under a lot of stress with anxiety. And the other day -- pounded a nurse's face, broke her nose and ribs, and this is out of character for this patient -- because everybody is so stressed with our hospital closing.

We had another incident of an aide being punched in the face, and a lab technician. This doesn't currently happen at Hagedorn. When I asked if these patients were going to forensic as they have in the past, I was told, "This stuff goes on all the time down in Trenton Psych." So we're not accustomed to this. Our patients are more protected at Hagedorn, being the geriatric patient, because we specialize in that. The other hospitals do not specialize in that.

We just want somebody to review to make sure our patients are okay. We want them not to just review for one month; we want them to follow our patients for more than a month. I don't believe closing this hospital was because we do a bad job; I believe it's a political move and it's more monetary than it is anything for our patients.

And in closing, I was there when Mother Teresa was there, and it would be a miracle if we can keep our hospital open.

Thank you. (applause)

SENATOR WEINBERG: Thank you.

I think, you know, something that clearly emerges from this is certainly the necessity for a long-range study on what's happened to patients who have been let out. We've got-- We should be able to do that, at least with Brisbane -- 10 years past, at least. And I think some of Dr. Schroeder's questions should be put to the Commissioner through this Committee.

It's unbelievable. I mean, what are we going to do when Greystone gets to capacity? Go back to the days when newspaper reporters or political figures have to go undercover to find out what's going on at overcrowded institutions? So I think these are very, very worthwhile questions, and I go along with Senator Singer -- I'm not going to lay all the blame at this Governor's doorstep. It's gone on for a number of years.

One of my-- I first came into the New Jersey State Assembly way back in the Dark Ages of 1992. And one of the first issues we were involved in was -- whatever committee I was serving on -- a hearing on the 4,000-person waiting list -- people who were living at home and needed community settings. And some 25 years later, we now have an 8,000-

person waiting list. So we haven't made great strides and we seem to be adding to it by this, what I call, Olmstead decision -- which is a wonderful decision, but no implementation came along with that.

And that is up to the State of New Jersey. And by sweeping it under the rug, and pretending that this is somehow a good, patient-centered decision, is not going to make it. And although this is my last meeting as the Chair of the Health and Human Services Committee, I'm hopeful in my role as Majority Leader maybe I can convince you all even more that this is an area that this Committee is going to keep its attention on, and get answers to the various questions that have been raised here.

So I think we have representatives from the Hagedorn Family Group -- do we? (no response)

And we've heard from the Hagedorn employees, so--

For those of you who took the time to come out, thank you. And to Senator Addiego, thanks for staying.

Oh, I'm sorry -- we do have somebody else who wanted-- Oh, no; we're looking outside.

UNIDENTIFIED MEMBER OF AUDIENCE: (Off mike) She stepped out for a minute.

SENATOR WEINBERG: Thank you for staying. It's always the sign of who's got the good discipline and stick-to-it-tiveness who manages to get through an entire Committee meeting.

So did you have something you wanted to add to testimony?

M A R Y Z D A N O W I C Z: Oh, thank you.

SENATOR WEINBERG: Please give us your name and who you're representing.

MS. ZDANOWICZ: My name is Mary Zdanowicz, and I represent my sister who is a patient.

And thank you. I wasn't expecting to testify, but--

SENATOR WEINBERG: Deep breath. (laughter)

MS. ZDANOWICZ: Hearing Dr. Schroeder's testimony about the violence at Hagedorn is extremely upsetting to me because she is at Hagedorn -- because when she was at Ancora she got the living daylights beat out of her. And I actually have a whole list of the many, many, many times that she was hurt. I'm her guardian; I didn't know three-quarters of the time.

I actually showed it to Senator Vitale. You know, I know he knows a lot about this area, and even he was shocked.

She had been at Marlboro, and when Marlboro closed, went to Ancora. She initially went there because they were going to have a special unit for people like her who were vulnerable. But it didn't take long before the census grew so much that they could no longer keep that special unit. And then she was put in with the general population. And I would like to submit what happened to her because, frankly, as her guardian, I was ashamed when it started -- that I didn't know. And I visited regularly.

The prospect of this happening to her again is terrifying to me. So I hope that there is something that can be done to protect these patients.

Since she's been at Hagedorn she's been safe; and not only that, but she's had the proper psychiatric treatment so that her condition is a lot better. Her psychiatrist is fantastic. The thought of losing that is really distressing.

I will also tell you that I am the guardian for my brother who has schizophrenia as well. He's in Massachusetts. And I have spent the last year trying to get him into a psychiatric hospital in Massachusetts; I finally succeeded in September. But before that he was in and out of emergency rooms almost on a regular basis. He had lost so much weight from not eating regularly. But what happened to him is what's happening to people now, which is they go into an emergency room, they wait for a week for a bed, maybe they stabilize, they get sent back, and then they're in again. Their medical needs aren't taken care of, their psychiatric needs aren't taken care of.

As I say, I finally got him into the state hospital up there; and that's only because I have the resources to do that, I know enough people, and I wouldn't give up. And he's finally doing well. They took care of his medical needs; he finally, for the first time in I don't know how many years, has a psychiatrist actually evaluating him and getting him on the right medication.

But what happened up there is going to happen here if we continue closing hospitals. And there are people with severe mental illness -- I know from my own family experience -- who need that kind of care.

So I thank you for the opportunity to speak.

SENATOR WEINBERG: Thank you, and I am sure they are both lucky to have you as an advocate for them and for people, generally, in this area.

And I think you summed it up: I think we have to take the responsibility to make no mistake that this is about finances. And if we decide that the State cannot afford these services, that's a decision that

should be made in the sunlight, in the daylight, well aware of what the results are. This is not an area that somebody can come in and wave what I talked about earlier -- about the proverbial magic wand -- and make your brother and sister better, and back in the community in a small group home doing wonderfully. So when we make those decisions as a State, I just want everybody to be aware of what the responsibility is and what the outcome is, because we're not going to change it without -- this is one area that actually needs money. Throwing money at the problem happens to be the right answer.

So with that, thank you very much.

Does anybody have any questions? (no response)

Well, again-- Gee, your side of the aisle (indiscernible). (laughter) Thanks for representing them and being here, and I know Senator Vitale will be carrying on this fight on behalf of the Committee.

And to Senator Whelan; to my friend and colleague from Bergen County, Senator Gordon, thank you for all your cooperation over the last two years.

SENATOR GORDON: Thank you for your service.

SENATOR WEINBERG: This is the one Committee I'll be sorry to leave.

SENATOR WHELAN: Thank you for your leadership here, Madam Chair.

SENATOR WEINBERG: Thank you.

Take care, everybody, and happy new year.

(MEETING CONCLUDED)

APPENDIX

NAMI New Jersey
National Alliance on Mental Illness

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info@naminj.org www.naminj.org

Senator Weinberg, members of the Health, Human Services and Senior Citizens Committee My name is Phillip Lubitz; I am the Associate Director of NAMI New Jersey, the National Alliance on Mental illness of New Jersey. NAMI is the nation's and New Jersey's largest grassroots organization dedicated to improving the quality of life of persons with a mental illness and their families. I would like to thank you for the opportunity to testify today.

We have testified previously regarding our concerns around the closing of Hagedorn Psychiatric Hospital. Briefly this included the adequacy of the state's plan to treat a growing cohort of gero-psychiatric patients, the safety of individuals who had been transferred to Hagedorn because of injuries sustained at other state hospitals, the effects the closing will have on the remaining state hospitals and the adequacy of the community mental health system to integrate individuals who would have previously been treated at Hagedorn.

Since we last testified before the Assembly Human Services Committee in February of this year regarding Hagedorn there has been a change in leadership at the Department of Human services and the Division of Mental Health and Addiction Services (DMHAS). Deputy Commissioner Martone who proposed the hospital closing has left state government and Lynn Kovich has recently assumed the leadership at DMHAS. We have had the opportunity to meet with Ms. Kovich and are confident that she has the skill and desire to lead DMHAS through these turbulent times.

DMHAS to its credit has consistently met its commitments under the Olmstead settlement with Disability Rights New Jersey. This settlement essentially calls for the state to reduce the number of people and the amount of time individuals in our state psychiatric hospitals, who have been determined to be conditionally discharged pending placement (CEPP), wait to be discharged to appropriate placements in the community. The Olmstead agreement and a state hospital census reduction that occurred between 2006 and 2010 have been cited by DMHAS as the primary drivers of the closure of Hagedorn.

This year's budget includes funding to DMHAS to develop 95 new community residential settings and associated support service for people now housed in State mental health hospitals, and to create another 50 residential settings for individuals who are at risk of being homeless. In addition DMHAS has recently awarded funds for a Clinical Intervention and Treatment Program for Older Adults at Risk of Psychiatric Hospitalization.

With the termination of new admissions to Hagedorn the hospital census has been reduced to roughly 180 patients. As in the normal course of business the hospital has historically discharged 10 to 20 patients a month it is reasonable to expect the hospital to achieve its expected census on June 30, 2012. DMHAS reports that extensive planning has been taking place to prepare Greystone Psychiatric Hospital to accept the transfer of consumers who will not be discharged from Hagedorn before the hospitals closure. Two special units of 25 patients each are being developed at Greystone for roughly half of these patients.

What is less clear is the preparation that is being made at Ancora Psychiatric Hospital in Hammonton. Like Greystone this hospital has had a small number of geriatric patients in the past but has lacked the specialized dementia and medically frail units that exist at Hagedorn. In addition each of the hospitals except Hagedorn had seen their medical staffs significantly diminished as a result of reductions in the FY'11 budget. As Ancora will now become the primary gero-psychiatric facility for South Jersey we anticipate an action plan similar to what has been prepared at Greystone to assure that Ancore is prepared for this new role particularly as it relates to specialized psychiatric services and medical care.

During the last nineteen months despite the sizeable number of Olmstead discharges and the development of more than 250 residential opportunities in the community the patient census has decreased by only 5 patients which is offset by an increase of 4 patients at our six county psychiatric hospitals (see attachment). It is likely that the Olmstead approriations of the last several years have only been sufficient to maintain a census equilibrium at our state hospitals and that we could easily slip back to the overcrowding that had such disastorus results in the recent past.

With the addition of Olmstead funding the quality of the discharge placements continues to be a concern. Families continue to shoulder the greatest burden and far too many consumers are discharged to Residential Health Care Facilities (RHCF) (see attached) a setting that was favored by less than 2% of over 1100 respondents to a NAMI New Jersey survey (attached). The 2010 Plan to Close Hagedorn alludes to an evaluation to be conducted on the closure of the hospital, but it is clear that a "real time" evaluation process is sorely needed.

We continue to believe that the Department is acting in good faith but are concerned that they have insufficient resources in both personnel and funding to assure that the closure of Hagedorn Psychiatric Hospital will result in either the inpatient or community care that anyone would want for their own family member.

Thank you for the opportunity to speak before you today.

NAMI NEW JERSEY is the National Alliance on Mental Illness of New Jersey. We are a statewide coalition of self-help support and advocacy groups composed of families, friends and persons with a serious mental illness. With chapters in all twenty-one counties we are New Jersey's largest grassroots organization dedicated to improving the quality of life of individuals with a serious mental illness and their families.

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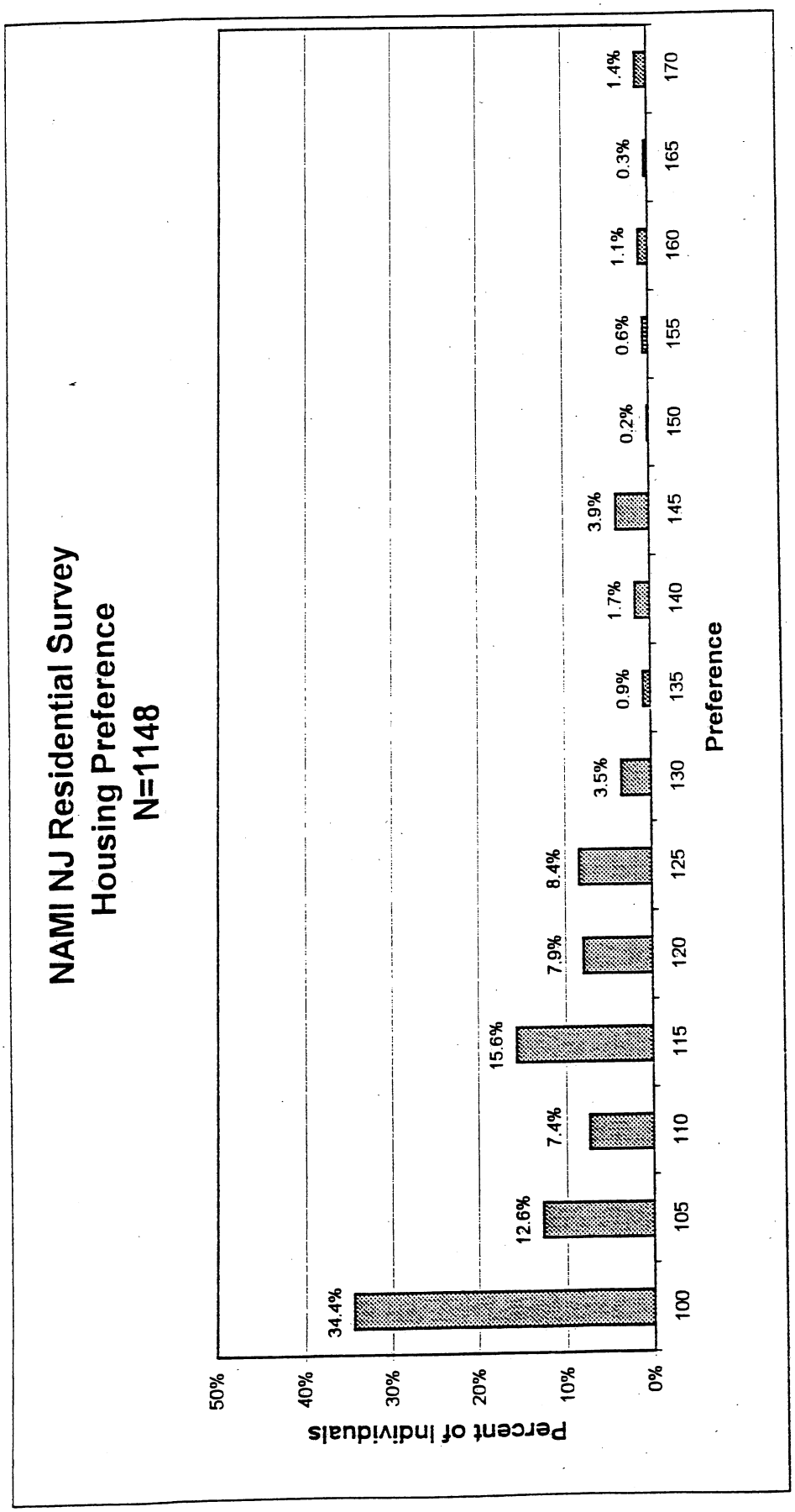
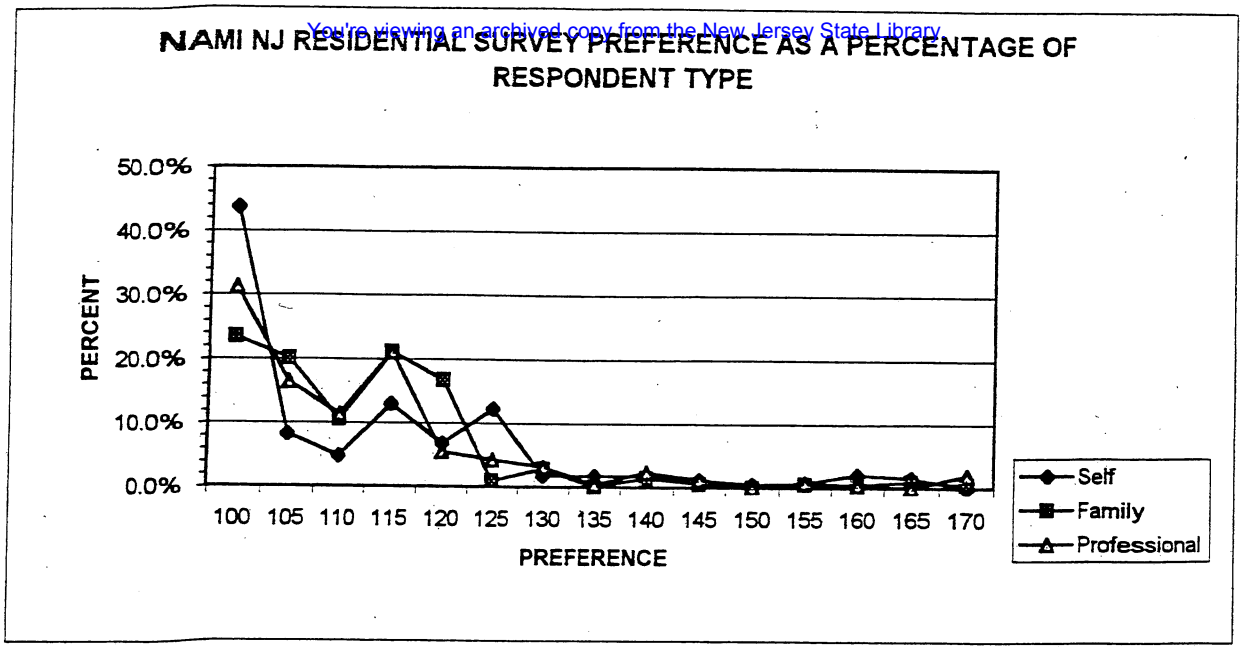


Preference Key:

100 Independent Living
105 Group Home 12 to 24 hrs. Supervision Per Day
110 Semi supervised Agency Apartment
115 Own Apartment with Intensive Supports as Needed
120 Shared House/Apt with Support
125 Home with Family
130 Home with Famil with Mental Health Supports
135 Consumer Run Housing
140 Residential Health Care Facility
145 Mentally Ill/Chemical Abuser Residence
150 Foster Care
155 Boarding Home
160 Boarding Home with Support Services
165 Inpatient Psychiatric Hospital
170 Other



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135 Consumer Run Housing
140 Residential Health Care Facility
145 Mentally Ill/Chemical Abuser Residence
150 Foster Care
155 Boarding Home
160 Boarding Home with Support Services
165 Inpatient Psychiatric Hospital
170 Other

The largest portion of consumer respondents (43.8%) indicated independent living as their preferred housing setting, followed by own apartment with intensive supports as needed (13%) and home with family (12.3%). Family member respondents almost equally favored independent living (23.4%), 12 to 24 hour supervised group homes (20.1%) and own apartment with intensive supports as needed (21.1%). A shared house/apartment with support services also ranked high with family members (16.7%). Professionals who responded to the survey favored independent living (31.3%). They indicated the same rate of preference (21.1%) as family members for own apartment with intensive supports as needed. Group homes and semi-supervised agency apartments were preferred at approximately the same rate by professionals and family members. Residential Health Care Facilities (RHCF), boarding homes and boarding homes with support services were among the lowest ranking housing settings among all three groups of respondents. These results would suggest that New Jersey policy makers must rethink our approach to housing which has led to a vast number of persons with a serious mental illness residing in these facilities.

The survey results also underscore a disparity in the preference for living at home with family. Although 12.3% of consumers identify this as their preferred housing setting, only 1% of family members have selected this preference. This may be in part explained by a general societal belief that all persons over time should "leave the nest". The average age of parent respondents (63.8) may also accentuate their concern for the long-term well being of their family member. The disparity in preferences between families and consumers, for living with family, raises an interesting point of discussion for advocates of consumer choice in housing. The survey results do however indicate that less than half of the consumers who are living with family (26.7%) prefer this as a long-term housing setting (12.3%). With estimates of persons with a serious mental illness living at home with family ranging between 25% to 65% it is clear that a significant portion of family members and consumers do not see this as a viable housing setting.

Table 5a: Patients Discharged from State Psychiatric Hospitals during State Fiscal Year 2011 by Type of Discharge Placement and Hospital

Type of Discharge Placement	Hospital				
	Ancora	Greystone	Hagedorn	Trenton	Total
Apartment	5	0	8	22	35
Assisted Living	0	0	7	1	8
Boarding Home	16	13	0	13	42
Correctional Facility	68	10	0	96	174
DDD Community Placement	3	9	2	11	25
DDD Emergency Placement	0	0	1	1	2
Return to DDD Placement	9	0	0	4	13
Deaf Placement	0	0	0	0	0
Deceased	2	3	10	2	17
Group Home	83	126	15	95	319
Inpatient Medical	1	0	2	4	7
Inpatient Mental Health	6	12	0	8	26
Inpatient Substance Abuse	0	1	0	0	1
Licensed Family Care	0	0	0	0	0
Nursing Facility	22	14	53	8	97
Other	9	2	0	5	16
Private Residence (Family/Friend/Significant Other)	200	173	13	212	598
Private Residence (Self-Owned/Self-Managed)	67	86	77	66	296
Repatriation	0	1	0	4	5
RHCF	114	19	24	38	195
Rooming House	1	3	1	11	16
Substance Abuse Rehab	2	1	1	2	6
Supportive Housing	40	4	1	61	106
Supportive Housing-Enhanced	17	0	0	1	18
Supportive Housing-Medical	4	0	0	3	7
Supportive Housing-RIST	5	14	1	23	43
Total[(1)]	**674**	**491**	**216**	**691**	**2,072**

(1) Reflects duplicated counts of clients by admissions.

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and Evaluation

Table 5a-2: CEPP Designees Discharged from State Psychiatric Hospitals during State Fiscal Year 2011 by Type of Discharge Placement and Hospital

Type of Discharge Placement	Hospital				Total
	Ancora	Greystone	Hagedorn	Trenton	
Apartment	4	0	6	12	22
Assisted Living	0	0	4	1	5
Boarding Home	13	9	0	8	30
Correctional Facility	2	0	0	4	6
DDD Community Placement	3	7	2	8	20
DDD Emergency Placement	0	0	1	1	2
Return to DDD Placement	5	0	0	0	5
Deaf Placement	0	0	0	0	0
Deceased	1	1	5	0	7
Group Home	69	101	13	79	262
Inpatient Medical	0	0	1	2	3
Inpatient Mental Health	0	1	0	1	2
Inpatient Substance Abuse	0	1	0	0	1
Licensed Family Care	0	0	0	0	0
Nursing Facility	19	9	36	6	70
Other	5	1	0	2	8
Private Residence (Family/Friend/Significant Other)	101	91	9	95	296
Private Residence (Self-Owned/Self-Managed)	33	50	50	35	168
Repatriation	0	0	0	3	3
RHCF	106	13	20	26	165
Rooming House	1	1	1	5	8
Substance Abuse Rehab	1	1	1	2	5
Supportive Housing	33	4	1	50	88
Supportive Housing-Enhanced	13	0	0	1	14
Supportive Housing-Medical	3	0	0	3	6
Supportive Housing-RIST	4	9	1	14	28
Total[(1)]	**416**	**299**	**151**	**358**	**1,224**

(1) Reflects duplicated counts of clients by admissions.

STATE PSYCHIATRIC HOSPITAL CENSUS DATA
FY'11

TOTAL CENSUS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	AVG
ANCORA	478	470	464	469	475	473	479	462	465	446	463	463	467
ANN KLEIN	197	197	194	200	200	200	199	198	199	198	200	199	198
GREYSTONE	478	474	473	476	468	458	462	440	437	456	447	434	459
HAGEDORN	161	156	160	155	152	150	141	141	140	141	138	136	148
HAGEDORN-NO.	106	104	98	101	95	96	99	101	97	94	94	97	99
TRENTON	385	396	406	405	415	421	444	447	428	432	411	424	418
TOTAL	1,805	1,797	1,795	1,806	1,805	1,798	1,824	1,789	1,766	1,767	1,753	1,753	1,788

ADMISSIONS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	TOTAL
ANCORA	76	57	55	58	59	55	53	40	56	34	55	60	658
ANN KLEIN	22	23	17	27	21	21	25	16	28	23	24	20	267
GREYSTONE	58	36	43	41	27	30	34	34	46	56	43	32	480
HAGEDORN	16	10	14	10	9	7	11	14	13	15	9	15	143
HAGEDORN-NO.	7	7	5	6	4	3	6	2	1	1	5	4	51
TRENTON	60	62	72	64	58	52	71	56	63	62	47	65	732
TOTAL	239	195	206	206	178	168	200	162	207	191	183	196	2,331

DISCHARGES

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	TOTAL
ANCORA	79	62	60	53	54	59	46	57	53	52	40	59	674
ANN KLEIN	22	23	20	21	21	21	26	17	27	24	22	21	265
GREYSTONE	31	38	44	40	42	33	33	49	47	36	53	46	492
HAGEDORN	10	12	9	10	9	6	14	8	11	11	10	11	121
HAGEDORN-NO.	15	12	12	8	13	5	8	6	9	7	7	7	109
TRENTON	51	54	61	64	44	50	44	51	78	54	70	54	675
TOTAL	208	201	206	196	183	174	171	188	225	184	202	198	2,336

NET ADP

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	AVG
ANCORA	472	458	457	455	462	461	464	459	450	443	440	452	456
ANN KLEIN	197	197	195	195	199	199	198	198	199	198	199	199	198
GREYSTONE	450	461	459	465	463	445	452	438	422	433	443	429	447
HAGEDORN	154	148	152	151	148	144	136	132	135	132	132	130	141
HAGEDORN-NO.	105	102	96	99	93	93	99	99	95	94	93	95	97
TRENTON	368	382	391	392	397	408	422	434	421	416	407	412	412
TOTAL	1,746	1,748	1,750	1,757	1,762	1,750	1,771	1,760	1,722	1,716	1,714	1,717	1,751

GROSS ADP

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	AVG
ANCORA	483	468	466	463	470	472	471	469	460	453	452	463	466
ANN KLEIN	197	197	195	195	199	199	198	198	199	199	200	200	198
GREYSTONE	462	471	468	474	475	457	459	449	431	443	459	439	457
HAGEDORN	154	148	152	152	148	144	136	133	135	133	136	134	142
HAGEDORN-NO.	107	104	99	101	95	95	100	100	96	94	95	97	99
TRENTON	373	391	396	398	403	413	427	440	429	423	417	418	411
TOTAL	1,776	1,779	1,776	1,783	1,790	1,780	1,791	1,789	1,750	1,745	1,759	1,751	1,772

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STATE PSYCHIATRIC HOSPITAL CENSUS DATA
FY'12

TOTAL CENSUS

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	AVG
ANCORA	467	474	477	484									476
ANN KLEIN	200	198	197	196									198
GREYSTONE	432	422	430	466									438
HAGEDORN	232	224	210	193									215
TRENTON	428	435	440	446									437
TOTAL	1,759	1,753	1,754	1,785	0	0	0	0	0	0	0	0	1,763

ADMISSIONS

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	TOTAL
ANCORA	67	68	61	65									261
ANN KLEIN	21	17	23	25									86
GREYSTONE	44	37	47	71									199
HAGEDORN	18	13	16	1									48
TRENTON	59	63	64	58									244
TOTAL	209	198	211	220	0	0	0	0	0	0	0	0	838

DISCHARGES

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	TOTAL
ANCORA	63	61	57	60									241
ANN KLEIN	20	19	24	26									89
GREYSTONE	46	47	38	33									164
HAGEDORN	19	21	30	18									88
TRENTON	47	58	58	54									217
TOTAL	195	206	207	191	0	0	0	0	0	0	0	0	799

NET ADP

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	AVG
ANCORA	459	457	454	473									461
ANN KLEIN	199	198	195	196									197
GREYSTONE	425	412	411	430									420
HAGEDORN	227	225	212	197									215
TRENTON	412	423	427	433									412
TOTAL	1,722	1,715	1,699	1,729	0	0	0	0	0	0	0	0	1,705

GROSS ADP

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	AVG
ANCORA	470	470	467	484									473
ANN KLEIN	199	199	196	197									198
GREYSTONE	437	424	424	442									432
HAGEDORN	232	230	216	202									220
TRENTON	424	431	434	440									432
TOTAL	1,762	1,754	1,737	1,765	0	0	0	0	0	0	0	0	1,755

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COUNTY PSYCHIATRIC HOSPITAL CENSUS DATA
FY'11

TOTAL CENSUS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	AVG
BERGEN	308	281	281	304	276	268	275	294	275	286	274	296	285
BURLINGTON	30	28	29	30	28	29	24	29	23	30	29	25	28
CAMDEN	137	140	142	142	144	134	140	144	135	133	141	143	140
ESSEX	169	168	170	162	155	168	166	167	167	174	171	167	167
HUDSON	78	80	73	76	79	77	81	82	68	66	70	68	75
UNION	44	44	44	44	44	44	44	44	44	44	44	44	44
TOTAL	766	741	739	758	726	720	730	760	712	733	729	743	738

ADMISSIONS

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	TOTAL
BERGEN	533	495	493	526	470	456	422	434	504	446	445	469	5,693
BURLINGTON	27	30	25	27	27	19	19	28	30	32	32	29	325
CAMDEN	57	65	61	59	48	47	57	50	60	67	61	64	696
ESSEX	36	30	27	26	17	33	34	25	42	30	36	31	367
HUDSON	18	14	8	14	12	18	15	9	11	7	17	17	160
UNION	42	46	46	37	39	35	36	44	62	42	41	45	515
TOTAL	713	680	660	689	613	608	583	590	709	624	632	655	7,756

DISCHARGES

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	TOTAL
BERGEN	507	521	500	510	496	464	419	416	530	436	460	456	5,715
BURLINGTON	28	32	24	26	29	18	24	23	36	25	33	33	331
CAMDEN	58	63	59	58	46	56	50	47	69	67	55	62	690
ESSEX	27	30	26	33	24	19	36	25	42	24	36	33	355
HUDSON	16	12	15	11	17	12	11	15	18	9	13	9	158
UNION	42	48	46	37	40	35	35	44	62	42	41	45	517
TOTAL	678	706	670	675	652	604	575	570	757	603	638	638	7,766

NET ADP

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	AVG
BERGEN	284	293	286	292	283	277	289	290	293	291	279	290	287
BURLINGTON	29	27	29	29	27	29	28	27	27	28	28	28	28
CAMDEN	141	136	138	139	140	135	139	140	140	134	135	141	138
ESSEX	165	169	167	163	156	157	163	164	166	170	170	168	165
HUDSON	77	76	75	74	76	74	78	77	70	68	68	74	74
UNION	44	44	43	44	43	43	44	44	44	43	44	44	44
TOTAL	740	745	738	741	725	715	741	742	740	734	724	745	736

GROSS ADP

	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	AVG
BERGEN	285	293	286	292	283	278	289	290	293	291	280	290	288
BURLINGTON	29	27	29	29	27	29	28	27	27	28	28	28	28
CAMDEN	141	136	139	139	140	136	140	141	141	135	136	142	139
ESSEX	167	171	169	165	159	161	166	167	169	171	170	169	167
HUDSON	78	77	76	76	77	74	78	77	71	68	68	74	74
UNION	44	44	43	44	43	43	44	44	44	43	44	44	44
TOTAL	744	748	742	745	729	721	745	746	745	736	726	747	739

COUNTY PSYCHIATRIC HOSPITAL CENSUS DATA
FY'12

TOTAL CENSUS

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	AVG
BERGEN	305	284	297	300	294								296
BURLINGTON	29	26	24	27	20								25
CAMDEN	140	141	139	144	141								141
ESSEX	172	173	171	174	174								173
HUDSON	78	67	72	67	62								69
UNION	44	44	44	44	44								44
TOTAL	768	735	747	756	735	0	0	0	0	0	0	0	748

ADMISSIONS

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	TOTAL
BERGEN	427	425	433	415	424								2,124
BURLINGTON	27	34	37	27	25								150
CAMDEN	51	53	59	43	54								260
ESSEX	27	28	30	26	32								143
HUDSON	16	14	18	17	13								78
UNION	34	45	41	33	42								195
TOTAL	582	599	618	561	590	0	0	0	0	0	0	0	2,950

DISCHARGES

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	TOTAL
BERGEN	424	451	422	417	431								2,145
BURLINGTON	23	37	39	24	32								155
CAMDEN	54	51	62	36	55								258
ESSEX	27	25	30	25	33								140
HUDSON	16	25	13	22	18								94
UNION	34	45	41	34	41								195
TOTAL	578	634	607	558	610	0	0	0	0	0	0	0	2,987

NET ADP

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	AVG
BERGEN	297	291	304	302	295								298
BURLINGTON	28	28	28	28	28								28
CAMDEN	141	140	139	141	140								140
ESSEX	169	171	169	171	170								170
HUDSON	77	70	72	72	66								71
UNION	44	44	44	44	44								44
TOTAL	756	744	756	758	743	0	0	0	0	0	0	0	751

GROSS ADP

	Jan-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	AVG
BERGEN	297	291	305	302	296								298
BURLINGTON	28	28	28	28	28								28
CAMDEN	141	141	139	142	141								141
ESSEX	171	173	172	173	174								173
HUDSON	78	70	73	73	66								72
UNION	44	44	44	44	43								44
TOTAL	759	747	761	762	748	0	0	0	0	0	0	0	755

Mental Health Association in New Jersey, Inc.

Chairman of the Board of Trustees
John D. Woods

President and CEO
Carolyn Beauchamp, MSW, ACSW

Testimony to the Senate Health, Human Services and Senior Citizens Committee

January 5, 2012

The Closure of the Senator Garrett W. Hagedorn Psychiatric Hospital ; Placement status of individuals being transferred or discharged from the facility.

Mental Health Association in New Jersey
88 Pompton Avenue
Verona, NJ 07044

Carolyn Beauchamp
President and CEO
Mental Health Association in New Jersey

11x

On behalf of the Mental Health Association in New Jersey (MHANJ), we would like to thank the Committee for hearing our testimony.

MHANJ is a statewide private, non-profit organization dedicated to improving access to treatment and opportunities for children and adults with mental illness. Through legislative and executive advocacy, our organization works with and for consumers and families to create a better life for those with mental illness.

We support the philosophy that the locus of treatment of individuals living with mental illness should be a full range of services in the community. We also support the closure of Hagedorn Hospital with the understanding that resources saved from such a closure will be diverted to enhance the community system of care. With the closing of Hagedorn Psychiatric Hospital, there are and will be, additional housing needs as well as greater demand for wrap-around services. Under the Olmstead agreement, there are limited funds for development of new housing units. We encourage housing placements that are innovative, encouraging more housing providers to create environments that are less institutional and which support wellness and recovery..

We must remain diligent to assure that the placements made are in the best interest of the consumer. That includes a thorough plan to follow up on those persons discharged. When Marlboro Hospital was closed, an independent external evaluator system was appointed which assessed the placements at six months and again at two years to be sure that they were appropriate. We strongly recommend that a similar evaluation take place for those patients discharged or transferred from Hagedorn. .

The savings from the closure MUST be recommitted to community care. While in FY2012, savings realized were used to balance the budget ($9M). In FY2013, we will continue to urge all decision makers to reinvest the $44M in savings back into the community mental health system where it is sorely needed.

Some examples of the continuing needs in the community system of care are: extraordinary wait lists for clinical and medication visits, some in excess of six months; not enough inpatient short term care beds in some counties; and not enough follow up services needed to support persons in the community. We believe that these services must be expanded if a hospital closure is to be successful and if New Jersey is to continue its mission of creating an environment of wellness opportunities for those with serious mental illness.

We support the closing of Hagedorn State Hospital but stress that we must have any savings re-invested into community services to create and maintain successful community integration and living.

Thank you for your time and attention.

12x

NJ Senate Health, Human Services, and Senior Citizens Committee

January 5, 2012

Remarks Concerning the Placement Status of Patients being Discharged or Transferred from Hagedorn Psychiatric Hospital

Ronald E. Schroeder, Ph.D.
Clinical Psychologist

Thank you, Senator Weinberg, Senator Vitale, and other members of the Senate Health, Human Services, and Senior Citizens Committee for the opportunity to testify before you today regarding the placement status of Hagedorn patients as we approach closure of the facility.

I am Dr. Ronald Schroeder, Clinical Psychologist at Hagedorn Hospital and a participant in the treatment team planning for continuity of services for patients as they are transferred or discharged from the facility. I am presently in my twenty-seventh year as a psychologist within the Department of Human Services, having worked at Marlboro Psychiatric Hospital, North Jersey Developmental Center, Greystone Psychiatric Hospital (both old and new), and at Hagedorn. My remarks today are based upon observations gained throughout these years of experience.

In general terms, the placement status of patients at Hagedorn remains largely uncertain. The ill-conceived plan to close the hospital has now evolved into a poorly managed one. The census at Hagedorn has dropped over the past year from 285 patients in February 2011 to 164 patients yesterday. This reduction has been possible largely because of the diversion of Hagedorn admissions that began last September, along with the ongoing discharge of psychiatrically stable patients to the community.

The patients that remain at Hagedorn today are those who are most difficult to place in the community and/or those in need of extended hospitalization. As we continue to "phase down," clinicians are finding it more and more difficult to secure adequate services in the community to meet the needs of our patients. Simply put, we have dramatically increased the number of community discharges without a commensurate increase in the requisite community-based mental health services. As a result, the resources in the community are at capacity and overwhelmed. Consequently, the treatment teams at Hagedorn are being encouraged by the division to consider less-than-optimal, and perhaps less-than-adequate, discharge plans for Hagedorn patients. We're

being pressured to discharge to sub-standard placements that we would not have considered months ago. The closure plan, as it is playing out, is not being done for the benefit of the patients. The leadership of the division and department are examining on a regular basis the number of patients at Hagedorn and the number of patients being moved out. There is greater concern for achievement of the closure goal than for the individuals involved. If we continue along this track, we will continue to place our patients at risk.

Greystone Psychiatric Hospital, where a large number of our patients are scheduled to go, is currently very near capacity. Yesterday the census at Greystone was 481. They have experienced an average 20-patient growth in census each month since September. If the division continues on its current path, that hospital will shortly be gravely overcrowded. That will certainly place our most fragile, elderly patients at risk in Greystone. In the coming weeks, as we transfer our most difficult and physically fragile patients to Greystone, including our most elderly patients, they will find themselves in an overcrowded facility ill-equipped to manage our special population.

The questions that need to be answered by Commissioner Velez at this point in time are:

What is the current Greystone census?
What is the target Greystone census?
What is the plan for the transfer of patients from Hagedorn to Greystone?

Meanwhile back at Hagedorn, we have seen a gradual compression of the number of patient wards as the census has reduced. That has placed the residual collection of chronic mentally ill, including a number of highly violent individuals in close proximity to one another. This has resulted in a recent spike in violence at Hagedorn. Just this past Tuesday there were three significant patient-to-staff assaults, two of which required police intervention and emergency transportation to the ER Departments of local hospitals. Two staff members were seriously injured and permanently disfigured just two days ago. Hagedorn's Risk Managers, the Human Services Police, and the NJ State Police are investigating the incidents. However, it is clear to the treating clinicians that patient uncertainty and anxiety associated with the hospital closure was a major contributor to the violence on Tuesday. The division and department need to develop a better plan to avoid a great concentration of difficult patients in any one physical location – and that includes increasing the concentration of difficult and potentially violent patients in a soon-to-be-overcrowded Greystone Hospital.

All this could be avoided if Hagedorn were to stay open. The community and other psychiatric hospitals cannot handle the fragile elderly with severe and persistent mental illness. Closing Hagedorn will hurt the most vulnerable citizens of New Jersey.

Again, I would like to thank the members of the committee for the opportunity to express my concerns at this time.

AFSCME Union Local 2212
Diane Cameron, President
P.O. Box 369
Glen Gardner, NJ 08826
908-537-2141 ext. 2313

January 5, 2012

New Jersey State Legislature
Senate Health, Human Services
And Senior Citizens Committee

AFSCME Local 2212 would like to address the following concerns/circumstances that have taken place since the unilateral decision to close Hagedorn Psychiatric Hospital on or before June 30, 2012. Despite a report issued a year ago by a task force created to study Hagedorn's closure in which the majority of the task force voted to keep Hagedorn open, DHS went ahead with the closure.

In deciding that Hagedorn will close and return/discharge the psychiatric patients into the community, the Department of Human Services has not told you that the majority of patients have not been discharged into the community as per the Olmstead Act, but rather have been transferred throughout the State to other State Psychiatric Hospitals.

Central Admissions at Hagedorn has been unsuccessful in discharging the elderly patients from Hagedorn to Nursing or Community Homes as intended.

Hospital Emergency Rooms have been overcrowded with Hagedorn patients who require extensive psychiatric treatment due to the lack of resources in the community facilities.

The staff has recently learned that our former patients have sadly been re-hospitalized at other State Psychiatric institutions as community facilities were unable to maintain patients in a less restrictive environment.

In a review of Hagedorn's Discharge Projection Summary, as of November 2011 Greystone is already over census and yet DHS continues to place 127 additional patients from Hagedorn into Greystone - how is this possible when Greystone is over census?

We have learned that a former patient who has a long history of psychiatric hospitalizations, after being discharged from Hagedorn, was re-admitted to the Emergency Room for psychiatric screening and gouged both of her eyes out leaving her blind. This patient is presently hospitalized at Greystone and it is believed that her discharge from Hagedorn was a factor in her acting out.

In closing, we appreciate your time and ask that a further review be conducted to examine the release of patients from Hagedorn to see how they are faring and to further examine if closing Hagedorn is the best solution for these patients.

As Assemblyman Pat Diegnan said upon reading last year's task force report, "This was nothing more than a process to conclude how to close down Hagedorn rather than whether to close down Hagedorn."

We ask that the Administration please honor the decision by the task force to not close Hagedorn for all the reasons cited in that report or at a minimum delay the closing until this further review can be completed.

Thank you,

Diane Cameron, President AFSCME Union, Local 2122

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
PO BOX 700
TRENTON, NJ 08625-0700

JENNIFER VELEZ
Commissioner

January 5, 2012

Honorable Loretta Weinberg
Chair, Senate Health, Human Services &
Senior Citizens Committee
State House Annex
P.O. Box 099
Trenton, NJ 08625-0099

Dear Senator Weinberg:

Thank you for your invitation to appear before the Senate Health, Human Services and Senior Citizens Committee and testify on matters related to the closure of Senator Garrett W. Hagedorn Psychiatric Hospital (HPH). Regrettably, neither my staff nor I will be available to attend today's hearing, but I have outlined below a substantive update on our work to date surrounding closure.

The Department of Human Services has assembled an interested stakeholder group to which we provide data and information, solicit feedback, allow for an informative discussion on community placement and resource development, and provide any relevant updates regarding Hagedorn staff relocation assistance. This group has met twice thus far; once in September; again in October, and we are scheduled to meet again next week.

Several community and stakeholder organizations have been invited to participate in these discussions including, but not limited to: Sylvia Axelrod and Phil Lubitz, both with the National Alliance on Mental Illness - NJ; Phil Lubitz also sits as a member of the NJ Mental Health Board and Planning Council; Ruth Cook, NJ Psychiatric Rehabilitation Association; Wayne Vivian, Coalition of Mental Health Consumer Organizations; Angela Romano-Lucky, NJ Association of Integrated Case Management Services; Amy Rasley, Provider of Programs for Assertive Community Treatment; Debra Wentz, NJ Association of Mental Health and Addictions Agencies; Mary Ditri, NJ Hospital Association; Sandra Coleman, NJ Association of County Adjusters; Shannon Brennan, NJ Association of County Mental Health Administrators; Joe Young, Disability Rights NJ; Jim Romer, NJ Emergency Mental Health Emergency Screening Association; Tammy Wilson, Coalition of Residential Providers; Ed Murphy, Supportive Housing Association; Carolyn Beauchamp, Mental Health Association of NJ; Jill Perez, County Human Services Directors; Joanne Calabro, NJ Department of Health and Senior Services; Kenneth Gill, Founding Chair and Professor in the Department of Psychiatric

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Rehabilitation and Behavioral Health Care at UMDNJ - School of Health Related Professions; Kevin Wolfe, Administrative Office of the Courts; Karen Kubert, Adjuster, Warren County; and James McCracken, Ombudsman for the Institutionalized Elderly.

Staff from the Division of Mental Health and Addiction Services (DMHAS) has presented the status and progress of the closure in multiple venues, including conferences and meetings convened by stakeholder groups. Additionally, DMHAS has presented to and worked with county representatives, including the County Mental Health Administrators, County Drug and Alcohol Directors and the County Human Services Directors.

In addition to these broad stakeholder meetings, the Division has hosted for family members, consumers and providers several informational sessions, which have been designed specifically to discuss the closure of HPH and how it might impact them. Participants have had opportunities to express concerns, ask questions and seek clarification on issues related to the closure – and they are also provided with information regarding services and facilities at Greystone Park Psychiatric Hospital (GPPH).

Staff also has developed a multi-component closure plan to address the needs of consumers, staff, and facilities. The plan was released in October 2010 and has been posted online, publicly, since that time. It includes information regarding the following:

I. Consumers

The first and most important component of our closure plan concerns the safe and appropriate discharge or transfer of our consumers.

All consumers receive clinical assessments of their discharge readiness and service needs for possible discharge. Any consumers who are clinically determined to be ready for discharge prior to the closure of Hagedorn will be discharged into an appropriate community placement. Consumers who are assessed as needing longer inpatient treatment or who refuse discharge will be transferred to other state psychiatric hospitals.

Every consumer discharged from Hagedorn who is not going to a nursing facility receives either Integrated Case Management Services (ICMS), Programs for Assertive Community Treatment (PACT) or Supportive Housing. In addition to these existing services, the Division has increased housing capacity for both consumers being discharged from psychiatric hospitals and as a means of diversion. Specifically, in 2011, DMHAS developed 171 supportive placements for consumers discharged from our state hospitals. To further expand and support community capacity, DMHAS additionally developed 72 beds for individuals who are at risk of being hospitalized, homeless or at risk of being homeless and diagnosed with a mental illness.

Consumers who are not ready for discharge will be transferred to other facilities – most in closer proximity to their counties of residence. Further, DMHAS has taken steps to minimize any hardship for families with relatives who have been transferred. Each

hospital has an admission package, for example, that will be provided to families, which explains appropriate contact information, visitation and other facility information.

GPPH will be providing treatment for the majority of geriatric consumers and those with dementia. As such, it has completed minor facility renovations and ensured that all necessary safety equipment is available to accommodate their needs.

GPPH and HPH staff have spent a great deal of time working together to plan for the transfer of consumers in the least disruptive manner. Communication will occur in advance of transfers from HPH to GPPH with HPH treatment teams and loved ones meeting with GPPH treatment team members. GPPH is working to replicate a culture and environment similar to that of HPH using input and teamwork from both facilities as well as research-based best practices to provide person-centered treatment that is effective, compassionate and age specific.

GPPH staff has implemented specialized training to increase both staff competency with geriatric consumers and improve competency of full treatment teams. Specifically, UMDNJ has provided needs assessment training for staff on the units that will receive the geriatric and dementia populations. They have also provided training to the treatment teams based upon specific needs assessments for the geriatric population. This training features subject matter specific to the care of the elderly, as well as care of the cognitively impaired, including: incontinence management, safe transfer techniques, infection control, age-specific competencies, therapeutic communication and understanding of cognitive impairment and strategies to deal with the slowed sensory limitations of some elderly consumers.

II. Staff Redeployment

The second component of the closure plan is the redeployment of staff currently employed at HPH. The first step was to develop a placement policy to ensure that the Hagedorn employees have the first right of refusal to any comparable position that is vacant throughout the Department of Human Services. Many staff have already accepted positions – mostly at other state hospitals and developmental centers. The transfer dates of these staff are negotiated based upon Hagedorn's needs.

The Department established an Employee Resource Information Center, known as ERIC. The ERIC center opened in September 2011. The ERIC provides a centralized location for job postings within state service, job opportunities outside of state service (for example, in the community), provides training on resume writing, interview skills and computer access to outside postings. The ERIC's hours of operation enables staff from all three shifts to utilize its services. In order to assist Hagedorn staff to make informed choices about employment opportunities, other state hospitals and developmental centers have hosted open houses/informational sessions. Additionally, staff from these facilities visited the ERIC center in order to accommodate staff who were unable to visit the facilities. Staff from the New Jersey Department of Labor and Workforce

Development is also present at the ERIC to additionally provide employment-related resources.

III. Facilities

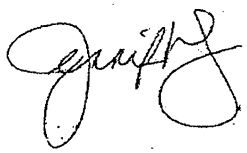
Since the announcement of the closure, there has been interest expressed from within and outside of New Jersey in potential repurposing of the property. The Department is well aware of the Highlands restrictions imposed upon the property, and has also met with the Economic Development Authority and Treasury to provide any information relevant to future repurposing.

Lessons Learned

When Marlboro State Psychiatric Hospital was closed in 1998, community-based services such as Integrated Case Management Services, Programs for Assertive Community Treatment, Self-Help Centers, and Intensive Family Support Services were relatively new to the mental health system in New Jersey. Since that time, the Division has continued to invest in the necessary infrastructure to support consumers in the community. The system has continued to grow and mature in capacity, expertise and effectiveness. One of the best examples of critical community infrastructure is supportive housing, which was first developed after the closure of Marlboro. While continued capacity is needed, the services have evolved in order to serve specialized populations such as those who have complex co-existing medical needs and/or behavioral needs.

In closing, as we continue the process of closing the hospital, patient care and safety remains our primary objective, and we understand full well our responsibility to ensure the appropriate level of care and supports for consumers served in the community. The Department and the Division's vision for the mental health system of care continues to be serving people in the least restrictive, most clinically appropriate setting, based on the principles of Wellness and Recovery.

Sincerely,



Jennifer Velez
Commissioner

JV:jc
c: Elizabeth Boyd
Jason Redd
Christina Velazquez

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