
Public Hearing

before

LEGISLATIVE REVIEW PANEL ON STATE PSYCHIATRIC HOSPITALS AND DEVELOPMENT CENTERS

“The panel will receive testimony from invited speakers on issues relating to the care and costs of providing services to persons with mental illness receiving care in the State psychiatric hospital system”

LOCATION: Committee Room 11
State House Annex
Trenton, New Jersey

DATE: September 19, 2011
10:00 a.m.

MEMBERS OF REVIEW PANEL PRESENT:

Senator Jeff Van Drew, Co-Chair
Assemblywoman Valerie Vainieri Huttle, Co-Chair
Senator Richard J. Codey
Senator Joseph F. Vitale
Senator Diane B. Allen
Assemblyman Louis D. Greenwald
Assemblyman Cleopatra G. Tucker
Assemblyman Erik Peterson



ALSO PRESENT:

Irene M. McCarthy
Michele Leblanc
Review Panel Aides
Office of Legislative Services

Jason Redd
Senate Majority
Kate McDonnell
Assembly Majority
Committee Aides

Christina Velazquez
Senate Republican
Deborah DePiano
Assembly Republican
Committee Aides

Hearing Recorded and Transcribed by
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ASSEMBLYWOMAN VALERIE VAINIERI HUTTLE (Co-Chair): Good morning, and welcome to the Legislative Review Panel on State Psychiatric Hospitals and Developmental Centers.

May we have roll call, please?

MS. McCARTHY (Committee Aide): Senator Van Drew.

SENATOR JEFF VAN DREW (Co-Chair): I'm here.

MS. McCARTHY: Assemblywoman Vainieri Huttle.

ASSEMBLYWOMAN VAINIERI HUTTLE: Here.

MS. McCARTHY: Assemblyman Peterson.

ASSEMBLYMAN PETERSON: Here.

MS. McCARTHY: Assemblywoman Tucker.

ASSEMBLYWOMAN TUCKER: Here.

MS. McCARTHY: Assemblyman Greenwald.

ASSEMBLYMAN GREENWALD: Present.

MS. McCARTHY: There's a quorum.

ASSEMBLYWOMAN VAINIERI HUTTLE: Thank you.

First of all, good morning, again, and welcome. I just want to give you a little background of the Committee and what has been created here, pursuant to resolution ACR-156 and SCR-136. The purpose is to take a long-term view of how to most appropriately and effectively care for our state's most vulnerable, while also giving legislators a voice in the process.

And I do want to thank Speaker Oliver for her appointments and Senate President Sweeney for his appointments. I want to thank my Co-Chair of course, Senator Van Drew, my colleagues in the Senate who are not here yet but will be here shortly -- Governor Codey, Senator Vitale, and

Senator Allen; and in the Assembly, Assemblywoman Tucker, Assemblyman Greenwald, Assemblyman Peterson, and Assemblywoman Angelini who could not be here this morning.

But before we get started I do want to lay out some of the goals. The purpose of the Panel is to take a long-term, objective approach to reforming the developmental disability and mental health systems in New Jersey. We must do this in order to provide services and care to more individuals and their families, and to enhance the quality of care and services currently available; and certainly to achieve a more cost-effective administration of those services and care options.

So, one: to establish criteria upon which the Office of the Governor and the Department of Human Services must base a decision to close a State facility, including factors such as alternative housing availability, community impact, economic impact, quality of care, patients' capacity, patients' and families' wishes and, of course -- families' wishes, as I mentioned. Two: establish a mechanism for directing and reinvesting any saved funds from the closure -- if there is closure -- or downsizing of a State facility. And three: to establish a distinct role for the Legislature in the process of closure consideration.

And I think in order to meet these goals this Panel will have three meetings: today we will discuss the psychiatric system in New Jersey; the next meeting will focus on the development center system; and the final meeting will look at the community capacity for providing housing and individuals. Within 60 days of the end of this current legislative session the Panel must issue recommendations based on these public meetings and the discussions we are having. I'd like to note that this Panel was created with

the intention of working in a cooperative, bipartisan manner with the Governor, the Commissioner of Human Services, and the rest of the Administration.

We did invite Commissioner Velez to attend this morning; however, she informed us that she could not attend and I don't believe that she's sending a designee either.

Although I'm disappointed in the Commissioner and the Administration at this -- by not choosing to participate -- I do believe that the Commissioner and her Department, quite frankly, dismissed an opportunity for the Legislature and the Administration to tackle one of the most important long-term issues for our State in how to plan for the most vulnerable.

So again, I want to commend our Republican colleagues for agreeing to serve on the Panel, and thank you for being here; and I do want to turn this over to my co-chair, Senator Van Drew.

SENATOR VAN DREW: Thank you, Chairwoman Valerie Vainieri Huttle, and thank you all for being here.

You know, very briefly: Fortunately or unfortunately, everything in life always seems to revolve around money. And this is a fiscal issue -- there's no question. But what is different about this issue is that it's a fiscal issue, it's a money issue, but it impacts individual human lives and souls. It's a very serious issue.

And I applaud everyone who sits on this Committee because I really believe that across the aisle the concern here will not be for any type of partisan politics. It's going to try to really determine what are some of the better answers as we go forward. We know some of the goals: to have

people in the least restrictive, most humane, most advantageous-for-them setting that they can possibly be -- whether it's a psychiatric issue or a developmental center issue.

Secondly, to ensure -- as we move forward and we go through a process -- and if there is going to be closure and this is what's most important -- that the closure is done in an organized, methodical, humane, intelligent way. There's a lot that happens when you close a facility, and very often -- and I won't go into the past, over the years, and I won't go into other states and even our own state, what's happened -- there are individuals who are left, who are vulnerable, who are on the street. And that is what we don't want to see happen here. We want to see a process that is, yes, fiscally responsible, but also humane; a process that truly puts people in the least restrictive setting but, at the same time, takes into account that many of these facilities have done an excellent job. Many of these facilities have taken care of individuals for many years who are extremely vulnerable human beings. And that there are people who work in these facilities; and, as we continue to say, that is not the primary importance. The primary importance is the people who are within the walls of those facilities who are being taken care of. But there is a secondary issue of the people who work there as well.

That's why it's a complex issue; that's why it should be an issue in which both the Executive Branch and the Legislative Branch work together to find common goals and, again, truly take care of these people who, indeed, need all the help that we can give them.

Thank you.

ASSEMBLYWOMAN VAINIERI HUTTLE: And, of course, the makeup of this Panel certainly have been involved in this issue for quite some time, and I would like to ask my colleagues if they want to give a few remarks. And I will start to my right -- Assemblyman Greenwald, please.

ASSEMBLYMAN GREENWALD: Thank you, Chairwoman.

To the Chairs, I'd like to thank them for organizing both their work on the legislation as well as this hearing.

I am very disappointed that on Friday at 4:59 we received a letter that the Department will not testify, referencing to some settlement agreement. The settlement agreement is because we have not done this in a proper fashion -- that's why the case was originally brought. And the reality is that for all the comments that have been made already, we need the input of the Administration and the front office, and further failure in that only delays, I think, the rights and responsibilities that we owe to those who are developmentally disabled, and their civil rights; as well as the hardworking men and women who care for these people day in and day out; and how we transition in a proper fashion. So I hope that there will be a change of course in this, and that they will work with us to resolve this issue so there aren't any further delays to where New Jersey really needs to go; and have an opportunity, because of our lateness in this, to really set the tone and set the stage for what I think may be the best quality of health care with the best workers in place.

Thank you.

ASSEMBLYWOMAN VAINIERI HUTTLE: Thank you, Assemblyman.

Assemblywoman Cleo Tucker.

ASSEMBLYWOMAN TUCKER: Yes. I'd like to thank the Chairs for calling this hearing.

It's very important that we work hard to try to resolve this issue because it's not only an issue about our vulnerable people in the disability centers, it's about the proper care that they're going to get when they transition out to the community group homes.

And I'm also concerned, not only with our patients that we service, I'm also concerned about the workers -- what's going to happen to the workers who care for our vulnerable people? Will they be transitioned into community homes, or will they lose their jobs? Some of these individuals have been working on these jobs for years and they're very experienced in what they do. And how do they -- the qualifications of the people who are going to take care of them in group homes match the qualifications of the people that we have already in the system? And with the unemployment rate as what it is now, this is just adding more people to the unemployment rate. So I'm concerned on both issues -- as how we're going to care for our vulnerable people and what's going to happen to the people who are employed at these institutions.

ASSEMBLYWOMAN VAINIERI HUTTLE: Thank you, Assemblywoman.

Assemblyman Erik Peterson.

ASSEMBLYMAN PETERSON: Well, good morning.

I think that it's a primary function of government that we protect those among us who are least able to protect themselves and take care of themselves, such as people who are in psychiatric facilities and the developmentally disabled. And I think that we need to also balance that

with the ability to do it in a fiscally responsible manner; and it's a tough balancing act, especially during these difficult times. And I'm just glad that we're having this review panel to look at both of those facets and come up with a plan that balances both those demands properly.

So I'm looking forward to hearing the testimony and the discussion about these issues, so we can come up with a plan that makes sense for those who are in these developmental centers and psychiatric homes, their families, as well as the taxpayer.

Thank you.

SENATOR VAN DREW: I think Chairwoman Valerie Vainieri Huttle is going to chair this meeting -- of course I will assist her -- and then on the developmental centers I will probably chair that one, and then we can go back and forth. There's going to be no particular order. You know, I was an Assembly person; let me tell you, there isn't really that much of a difference except we get four-year terms.

It's a joke; everybody's supposed to laugh. (laughter)

ASSEMBLYWOMAN VAINIERI HUTTLE: We smiled--

SENATOR VAN DREW: It is a Monday morning, you know; holy cow. (laughter)

ASSEMBLYWOMAN VAINIERI HUTTLE: All right, let's call up our first witness. We have Bob Davison, Executive Director of the Mental Health Association of Essex County. Thank you, Mr. Davison, for coming and sharing your expertise.

I do also want to note, before we call up -- before we hear from Mr. Davison, the witnesses that we have today are professionals; again, we

are looking for your expertise, and we appreciate you coming forward and sharing that with us. Thank you.

R O B E R T N. D A V I S O N: Good morning. Thanks for having me.

My name is Bob Davison; I am the Executive Director of the Mental Health Association of Essex County, Inc. I have worked for over 25 years in New Jersey's community mental health system and believe the vast majority of people with mental illness can survive and indeed thrive in the community.

I believe in the principles of wellness and recovery. Individuals with mental illness can and do work and live in the community with great success. Unfortunately for some individuals so impaired by mental illness, they require, for their own safety and the safety of others, long-term hospitalization. The State needs the appropriate balance between community care and hospital-based care. It is not an either/or proposition.

Plans to close State institutions demand appropriate oversight, especially during difficult economic times. State psychiatric hospitals should not be closed to balance the State budget. In doing so, the State is abandoning its obligation to care for the most vulnerable among us.

Governor Christie's plan to close Hagedorn Psychiatric Hospital is an example of what not to do. Its closure will not improve the mental health system; it will do harm. It will exacerbate an already overwhelmed system.

The plan is based on philosophy and ideology rather than the facts on the ground. The Department of Human Services' contention that closing this facility is a civil rights issue is absurd. The plan ignores rather

than addresses the current troubling state of affairs for individuals with mental illness and their families in New Jersey. Let me offer a few examples.

There are more people with mental illness living homeless on New Jersey's streets than there are in New Jersey's State psychiatric hospitals. According to a point-in-time count of homeless individuals conducted by the Corporation of Supportive Housing on January 26, 2011, there were more than 3,400 homeless individuals with mental illness living in New Jersey, many of whom are not in treatment. This is a dramatic increase of more than 50 percent from the 2010 count.

Good morning, Governor.

SENATOR CODEY: Good morning, sir. Good to see you.

MR. DAVISON: Good to see you, sir.

Moreover, the study revealed nearly 400 homeless individuals reported--

SENATOR CODEY: It's kind of like redistricting; you keep moving me. (laughter)

I'm still with you, though, Bob.

MR. DAVISON: Good to see you, sir.

Moreover, the study revealed nearly 400 homeless individuals reported they had been hospitalized in a State psychiatric hospital, and more than 500 reported they had been hospitalized in a county or community psychiatric hospital in the last three years. Tragically, 213 of the homeless reported they had been discharged directly from a State psychiatric hospital into homelessness, and 279 reported they had been

discharged into homelessness from a county or community psychiatric hospital.

There are more individuals with mental illness living in substandard and often deplorable housing -- that is, boarding homes or residential health care facilities -- than there are in New Jersey psychiatric hospitals. A July 17, 2011, article in the *Star-Ledger* noted, "Nearly half the boarding homes which house some of New Jersey's most vulnerable residents, including the elderly and the mentally ill, were cited for being insect-infested, dirty or unsafe over the past two years." Recurring problems cited by the article include bedbugs, flies, and mouse infestations; dirty linens, noxious odors, expired food, and faulty fire and carbon monoxide detectors. Records note many of the residents were given the wrong medication; and I know many residents firsthand who have been brutally beaten by neighborhood predators. In Essex County, it's a normal and regular occurrence.

Sadly, it's been my experience that sexual offenders are also placed in these facilities. Mixing dangerous sexual offenders with our most vulnerable populations is unsafe and bad public policy.

There are more people with mental illness incarcerated in New Jersey's jails and prisons for nonviolent crimes than there are in New Jersey psychiatric hospitals. According to a 2008 study conducted by the National Alliance for the Mentally Ill, there are approximately 6,200 adults with serious and persistent mental illness incarcerated in New Jersey's prisons.

In January of 2010, the National Sherriffs Association released a report which concluded people with mental illness are sent to jail more often than hospitals. This has been my experience in New Jersey. The

same study also pointed out that 40 percent of individuals with serious mental illness had also either been in jail or prison at some point in their lives. Studies in New Jersey have indicated there's a 1.6 greater times of a chance that you will go to a jail rather than a psychiatric hospital to be treated for mental illness.

A recent study -- July 2011 -- published in the prestigious *British Medical Journal* reports that there's a clear and predictable relationship between a decrease in the number of psychiatric beds and an increase in involuntary hospitalizations. In other words, eliminating involuntary inpatient treatment increases the number of involuntary patients throughout the system. By closing Hagedorn Psychiatric Hospital, the State will be kicking the can, or, in this case, the patient, down the road. According to the authors, in England between 1988 and 2008, mental illness inpatient beds decreased by 62 percent and involuntary admissions increased by 64 percent. They also noted psychiatric hospitals had become "more disturbed and even more stigmatized," as patients to be admitted had arrived in a more acute state of illness.

These are just a few examples of the stark facts that the Governor's office and the Department of Human Services continues to ignore as they press forward in closing Hagedorn Psychiatric Hospital. The evidence on the ground is clear: There are not enough inpatient psychiatric beds in New Jersey. The paucity of beds has resulted in real human suffering. The Department contention that discharging severely impaired patients into the community is protecting their rights is naïve at best and dangerous at worst. I'm tired of watching people suffer or die with their rights fully intact.

The State plan calls for patients, most of them elderly, to be transferred to Ancora State Hospital and Trenton State Hospital. Ancora was recently found by the U.S. Department of Justice to be systematically violating their patients' civil rights and not protecting them from physical harm. According to the Department of Human Services' own data, Trenton Psychiatric Hospital is plagued with incidents of violence. In fact, the Department's historical data clearly indicates as a hospital census increases, so does the violence. There is no doubt that closing Hagedorn Psychiatric Hospital will result in an increase in census at the three remaining State hospitals, including Greystone.

Would you allow your elderly mother or grandmother to be transferred to Ancora or Trenton State Psychiatric Hospital? If you wouldn't allow them, you should not allow New Jersey's most vulnerable, elderly, and often poverty-stricken individuals.

Thank you.

ASSEMBLYWOMAN VAINIERI HUTTLE: Thank you.

Just a quick question -- and I do want to welcome Governor Codey, and I'll give you an opportunity to make some remarks, Governor -- but you obviously are selecting to talk about Hagedorn, why it should not be closed. In your professional opinion, do you think any of the psychiatric hospitals should be closed?

MR. DAVISON: Not at this time. Absolutely not.

ASSEMBLYWOMAN VAINIERI HUTTLE: And why is that?

MR. DAVISON: As evidenced by the facts that I just read. There is simply not enough inpatient capacity in the State of New Jersey -- both in State psychiatric hospitals and in community hospitals. There's not

enough room at the inn. We've made vast improvements in the treatment of mental illness, but we haven't cured mental illness yet.

ASSEMBLYWOMAN VAINIERI HUTTLE: And again, the closure plan for Hagedorn -- the census is down according to the Department's plan of closure. They're saying the census is down, and they're moving people into a least-restrictive community environment. So how do you defend the mission, or the closure plan, for that?

MR. DAVISON: Well, I can't defend the plan. You know, I think as long as there is an inordinate amount of people who are in jails and prisons for nonviolent mental health offenses, as long as there are people living in deplorable conditions in boarding homes, as long as there are numerous people with mental illness who are homeless, I can't defend the plan to close the hospital.

ASSEMBLYWOMAN VAINIERI HUTTLE: The people living in boarding homes, would you recommend that they go back into the center, into the--

MR. DAVISON: Not all--

ASSEMBLYWOMAN VAINIERI HUTTLE: Right.

MR. DAVISON: --but many people in boarding homes are so impaired they would benefit from inpatient treatment.

ASSEMBLYWOMAN VAINIERI HUTTLE: I'm going to ask Governor Codey if you want to open with a few remarks, Governor.

SENATOR CODEY: I don't need any remarks.

Bob, the question that the Assemblywoman just asked you: Correct me if I'm wrong, but I get these calls all the time and so does

Senator Doherty. The reason the census is down is because they refuse to admit new patients.

MR. DAVISON: They haven't been admitting new patients; that's correct.

SENATOR CODEY: What a BS job that is. "Oh, our census is down." Well, if you don't allow anybody else to come into the hospital, of course it's down.

MR. DAVISON: As I noted in my testimony, they're kicking the can down the road.

SENATOR CODEY: Well, they're doing worse than that.

The other thing -- this Administration, its callousness towards people with mental illnesses is unconscionable, from what I've seen. They've done away with-- They refused to fund the bill that we passed -- involuntary commitment -- just said, "Too bad" -- okay? -- which puts people in harm's way in terms of their lives, their loved ones -- innocent people who have died as a result of that. We're one of the few states now-- Well, we have the law but it's not funded so, essentially, we don't have it, without question.

By the way, in regards to boarding homes: You know the one I've been to; Cleo, you've been there.

ASSEMBLYWOMAN TUCKER: Yes.

SENATOR CODEY: I wouldn't put a dog there -- that's as simple as that. And that poor woman who almost died that day -- she was roomed in a place where there were sexual offenders being housed there. That poor woman was victimized because she was mentally ill. And I asked the Commissioner of DCA to come out and look at some of these and she

refused me -- refused to view these so-called *boarding homes* that you wouldn't put your dog in. That you don't like any more, by the way.

MR. DAVISON: Governor, if I could make a point in regard to involuntary outpatient commitment. At best, the Department of Human Services is being disingenuous in this area, and I'll tell you why. They claim that there are not enough mental health services in the community to fully implement involuntary outpatient commitment on one hand; but on the other hand they say there is enough mental health resources in the community to close the State psychiatric hospital. They simply can't have that both ways.

SENATOR CODEY: And then the idea that we would put people from Hagedorn over at Trenton Psychiatric Hospital where there are people committing violent crimes-- Prisoners who pass through Trenton Psychiatric Hospital will be processed by the State by the tens of thousands every year to be on the same grounds -- you talk about stigmatizing? You wouldn't let your loved one who needed an operation for a gall bladder go to Trenton Psychiatric Hospital, if they had people there doing the operation, and mix with hardened criminals.

MR. DAVISON: I think the other point, sir, is that the greatest growing demographic in the State of New Jersey is among the elderly, which many of us will be there in a few years.

SENATOR CODEY: Speak for yourself. (laughter)

ASSEMBLYWOMAN VAINIERI HUTTLE: Yes, I was just going to say that as well.

SENATOR VAN DREW: Why did you look at us when you said that? (laughter)

MR. DAVISON: Right, right.

SENATOR VAN DREW: We could look back at you.

MR. DAVISON: I was looking at myself.

But, you know, picking Hagedorn Hospital, given that demographic, is a bad public policy decision.

ASSEMBLYWOMAN VAINIERI HUTTLE: I want to welcome Senator Diane Allen. We started with opening remarks; I don't know if you wanted to save your comments or if you wanted to open with any remarks before we continue.

SENATOR ALLEN: Just that I had an Education Committee hearing, and I apologize. That's the reason I'm late. Thank you.

ASSEMBLYWOMAN VAINIERI HUTTLE: I--

SENATOR CODEY: Valerie, if you don't mind.

I notice that Jennifer said she couldn't come here; the Commissioner refused or whatever.

SENATOR VAN DREW: We talked about that.

ASSEMBLYWOMAN VAINIERI HUTTLE: Yes, we read the letter. She announced-- I guess, she sent the letter at 5 o'clock on Friday; she said she could not attend, and we were hoping that at least we would get a designee from the Department. But we do not have anyone from the Department as well.

SENATOR CODEY: That speaks volumes. And I sat on that committee -- okay? -- along with Pat Diegnan and Assemblyman DiMaio, Senator Doherty; and then the others were all hand selected by the Governor and instructed how to vote. We had a vote; we voted to keep it open. The Administration thumbed its nose at that committee, which was

bipartisan. All four legislators voted the same way. And yet here we stand, months later from the issuing of that report, and the Administration is doing the exact opposite of their Task Force. Shame on them, shame on them, shame on them.

ASSEMBLYWOMAN VAINIERI HUTTLE: And I just want to ask one last question, and then I'll turn it over my Co-Chair. And I will ask the other speakers as well: What is the criteria, if you do believe there should be any closure for any-- I think-- I don't know if you're committed to saying that there shouldn't be any closure at all, but if there is supposed to be a closure, what would you base -- the criteria?

MR. DAVISON: That's a great-- I would never say that there should never be a closure -- I don't know that. But certainly while there's, on average, a 48-hour waiting time in community psychiatric hospitals in the emergency room, and some patients wait as long as five days -- that needs to come down. The number of homeless individuals with mental illness -- it needs to come down. The number of individuals living in boarding homes or residential health care facilities -- that needs to come down. The number of people incarcerated for nonviolent crimes who have mental illness -- that needs to come down. What the exact numbers are, I'm not prepared to say, but they would certainly be benchmarks that I would recommend that this Committee take a look at.

ASSEMBLYWOMAN VAINIERI HUTTLE: Assemblyman Greenwald.

ASSEMBLYMAN GREENWALD: I just thought-- Jeff, I apologize, but my question is along the line of Valerie's.

Mr. Davison, I don't have the experience that you do or that Governor Codey does in the area of mental health facilities. My background on this has been more around the developmental centers, so my first question would be: Are your comments pretty much solely limited to the mental health facilities like Ancora and Hagedorn, or--

MR. DAVISON: Yes, sir, I don't have the background to speak on developmental facilities.

ASSEMBLYMAN GREENWALD: Okay. I think it's important as we go through these hearings that we have this distinction between the two. And the second is, I've listened now -- on phone calls, I watched the news clips, and again today -- to Governor Codey's passion around what some of the alternatives are in New Jersey, and I trust his judgment on that because of his background and his work on this over the years. My limited experience on the mental-health side has been dealing with Ancora, and I took a page out of Governor Codey's book and did a surprise visit down there, and it was everything that Governor Codey has said has been around the state.

SENATOR CODEY: Hope you didn't eat the food. (laughter)

ASSEMBLYMAN GREENWALD: No, but I mean -- and Governor, what I saw would not surprise you: A woman who was laid out on a concrete floor against a wall who was asleep; no one watching her. And the justification was that because I was there on a surprise visit, I don't know what had existed prior to; maybe she hadn't slept for 48 hours, and maybe that's true. Medical experts would decide that. But why nobody was watching her -- because another patient could come over, assault her, kick her in the face, knock her teeth out. It could be other, much more

worse circumstances that were transpiring. And you truly couldn't tell the staff from the patients. And what ultimately happened was, through a cooperative effort with the Camden County health facility, that's how they were able to reduce the census and they started to transition people there. But of course now those beds are filled.

So, you know, we're going to see many of the same tragedies that were taking place 18 months ago. So my one point is: I think we need to have a distinction as we go through these hearings, between the DCs and the mental health. And my second would be, along Valerie's question -- and I heard your answer very clearly -- not that you would never advocate closure; but is there a national model of excellence? Is there something that we could look to, or are there combinations of other states -- something in Maryland, something in Massachusetts, maybe? I'm not saying there are.

MR. DAVISON: Right.

ASSEMBLYMAN GREENWALD: Is there a national model of excellence, or a puzzle that you would put together that you would recommend that we follow?

MR. DAVISON: There are studies out there -- and I'm not prepared, I don't remember them off the top of my head -- that gives the number of psychiatric beds that should -- both community beds and public beds -- that should be available in a state. And New Jersey, in many peoples' opinion, clearly doesn't meet that. And if I might: Any idea in the extreme is troubling. I've spent my whole career in community mental health; I believe that the vast majority of people with mental illness can thrive in the community. It's what I do, it's what I believe in. But we've gone past the tipping point.

ASSEMBLYMAN GREENWALD: Mr. Davison, if you could -- because I'm not familiar with those studies and I don't want to hold you to any comments here today -- if you could provide those studies, through the Chair, so the members--

MR. DAVISON: Certainly.

ASSEMBLYMAN GREENWALD: --of the Committee-- That might be helpful for us to take a look at.

MR. DAVISON: I'd be happy to, sir.

ASSEMBLYMAN GREENWALD: Thank you.

ASSEMBLYWOMAN VAINIERI HUTTLE: And I just want to clarify on the Assemblyman's question, that today, Lou, we are focusing more on the psychiatric-- Well, we are focusing on the psychiatric centers, and the next meeting will be on developmental.

Senator Van Drew.

SENATOR VAN DREW: Governor Codey had a question first. Go ahead, Governor.

SENATOR CODEY: To Mr. Greenwald -- Lou -- the biggest difference with the two groups, as I see it: with the developmentally disabled you have intact a support system of a family; with the mentally ill, more often than not, you don't have that. And that's a big plus for the developmentally disabled.

And let me ask you: At Ancora, do they have air conditioning in patients' rooms?

ASSEMBLYMAN GREENWALD: They did. But Governor, as you can imagine, that facility was so antiquated and so old. I mean,

literally, when you walked in there was lead paint chipping off of the ceilings. It was deplorable.

SENATOR CODEY: Well, think of this: I'm Governor in '05, and I say to the staff, "I want to go to Greystone and see if they have air conditioning." And I get there -- there's no air conditioning in the patients' rooms. Can you imagine in the year 2005, visiting your loved one in an acute care hospital and they don't have air conditioning, and that's acceptable? Of course not. But in the year 2005, that was acceptable.

The other thing I just wanted to mention, Bob: Correct me if I'm wrong -- hasn't the Christie Administration sent out new guide rules diminishing the number of staff-to-patient ratios?

MR. DAVISON: Yes, in many community mental health programs -- I think you're referring to partial hospitalization -- the patient-staff ratio was 1:12; and the Christie Administration, as of January 2012, wants to change that to 1:15. They've also done that with a couple other selective programs.

SENATOR CODEY: Okay, thank you.

SENATOR VAN DREW: Thank you, Governor Codey.

And as we start out setting this thing, we really want to try to get down to how we can make this better in a bipartisan way here. So we're looking for some real answers.

I-- As Assemblyman Greenwald mentioned, I'm much more familiar with developmental centers as well; I have two large facilities in my district. Many, many, many years I have been involved with them, so I need to be educated a little bit about psychiatric hospitals. I served-- I was an intern in Lyons VA Hospital -- and I'm sure you're very familiar with it --

and what I saw there as an intern was that -- always trying to get people out if you possibly could, and it depended upon the medications. Is that correct? In other words, some particular diagnoses lend themselves to medicating people and they can function on the street, and others do not? Is that correct?

MR. DAVISON: I'm not a psychiatrist, but that has been my anecdotal experience. That has been my observation.

SENATOR VAN DREW: And then it would be your observation that through this process individuals are being released who are diagnosed with conditions where they are not very successful, probably because their compliance rate is not--

MR. DAVISON: I think for the last several years that -- and to be fair, the Corzine Administration was doing this too, and the Christie Administration is continuing it -- there are people being discharged from the hospital who are not ready for release, who are--

SENATOR VAN DREW: Possibly because of compliance with meds?

MR. DAVISON: Compliance with meds, or they're too sick.

SENATOR VAN DREW: Okay.

MR. DAVISON: Mental illness is an illness. Yes, we don't allow people with untreated Alzheimer's disease to wander the streets.

SENATOR VAN DREW: This may sound like a silly question, but I'm going to ask it. Is there money to be saved within the system? In other words, obviously we have to commit resources here and we do have an obligation to take care of these people. Is there anything in the process currently -- because part of this is always fiscal -- is there anything in the

process now where you believe, from your observation, that the money is not spent effectively, or we spend too much, or it doesn't reach the goal?

MR. DAVISON: In regards to the hospital systems?

SENATOR VAN DREW: Yes, through the hospital system and how we treat the mentally ill in general. Or are we just committing enough resources to it, and there's--

MR. DAVISON: Well, I-- I'm more expert on the community side, and there are probably too many community contracts. I mean, there's another hundred guys out there -- or ladies and gentlemen -- who have the job that I have and there are probably too many agencies. It probably could be done more efficiently in the community.

SENATOR VAN DREW: And going to Assemblyman Greenwald's question, and Co-Chair Valerie Vainieri Huttel's question: Making the system better, in other words, that's always the goal. You know, part of this process here with the developmental centers are -- and I'm supportive of the people there, and the people who work there and the job that they do -- but part of the idea was, "Well, we want to put people in the least restrictive setting. We don't want to warehouse people." And I know the psychiatric hospitals are different, but is there a model, is there a state, is there somewhere where they do it better than just having them in the hospitals? Or, quite frankly, is it necessary in the case of these psychiatric hospitals that there just has to be a good number of individuals, because of their condition, who need to be hospitalized?

MR. DAVISON: I think because we haven't cured mental illness as of this date, there will always be a number of individuals who require inpatient care. Might that change in 10 years with psychiatric

advances? Certainly; but at this time and for the foreseeable future, I would say that the next five years there's going to be a need for inpatient psychiatric hospital beds.

SENATOR VAN DREW: This is, I guess, the point I'm trying to get to. We haven't cured it, yet we've been able to do a great deal through medications. But the compliance is not good out in the community sometimes, in these boarding homes and other places, when they're on the street. Is there a system in place where we're sure the compliance when people are out on the outside, anywhere -- in New Jersey or anywhere?

MR. DAVISON: Currently, there's no system that could ensure compliance -- you know, constitutional liberties and different things like that, that are very important and they need to be balanced. But also, particularly with schizophrenia, some individuals are so impaired by schizophrenia they don't realize they're sick, and there's really not much argument on that. Everyone acknowledges that that condition exists and those individuals in particular often stop taking their medication or take it inconsistently.

SENATOR VAN DREW: And just -- and maybe you answered this, and I apologize if I didn't hear it -- is there a model out there that you like -- another state?

MR. DAVISON: Not particularly.

SENATOR VAN DREW: Okay.

And last question: The boarding homes -- and I'm sure the Governor could educate me, and I'm sure you can too -- what process do they go through? They're inspected by DCA inspectors--

MR. DAVISON: They're inspected on an annual basis by DCA inspectors. And you know, I imagine they meet those minimal, bureaucratic requirements, but I would encourage the Committee to go out and visit these facilities. First let me say some are well run; I want to be fair about that. But many, I would say the vast minority, if not a majority, are really in deplorable shape. And as Governor Codey colorfully said, I wouldn't put a dog there.

SENATOR VAN DREW: So your sense is of the number of boarding homes out there, the vast majority of them are not up to standards that most would find acceptable?

MR. DAVISON: I would say the vast minority -- I would say about 50 percent are substandard. There are some that are run well, to be fair. But some are-- I mean, you wouldn't believe it: open sewer pipes, medications cabinets open. I mean just--

SENATOR VAN DREW: So perhaps as part of this process of this Committee -- and I know we can't get into the details of it other than simply saying, which we might, "Gee, we shouldn't close" -- also part of that process would be a better system to ensure that if boarding homes are going to be allowed to exist they have to achieve certain standards.

MR. DAVISON: That's correct. And I think there is a role for boarding homes and resident health care facilities as long as they're appropriately run.

SENATOR VAN DREW: I would suggest that would be one of the recommendations we make.

SENATOR CODEY: I just want to point out: Remember, Bob -- and you were with me when we made a surprise visit down in Newark, in

the South Ward, and they had up on the wall a satisfactory inspection just recently. After I left there they re-inspected it and shockingly found 47 violations.

MR. DAVISON: I think it was the week prior they had inspected it, prior to your being there.

SENATOR CODEY: Yes, they inspected and passed it, and then the following week failed it.

SENATOR VAN DREW: What happened?

SENATOR CODEY: I guess they sent Ray Charles; I don't know. (laughter) But, I mean, that's pretty pathetic -- very pathetic.

SENATOR VAN DREW: That's probably not politically correct. (laughter)

ASSEMBLYWOMAN VAINIERI HUTTLE: No.

MR. DAVISON: Governor, if as you may recall, during your visit the owner actually ran out and bought a hot water heater.

SENATOR CODEY: Yes.

MR. DAVISON: And while you were inspecting the facility--

SENATOR CODEY: There was no hot water--

MR. DAVISON: --there was no hot water.

SENATOR CODEY: They had a stove that my grandmother would have told me was old. It was just sad and absolutely pathetic.

SENATOR VAN DREW: Just one quick comment, then: That's why I would really think, maybe, one of the things we can really recommend here is that we improve this system. That shouldn't be. I'm sure there are many good-- Let's model these places after the ones that are

successful and are clean and are decent, and look to doing that. I think that could be productive.

ASSEMBLYWOMAN VAINIERI HUTTLE: And that's exactly -- I just want, before I call on my colleagues -- I do want to clarify: You know, we spoke about Ancora and the deplorable conditions, and I know the Governor had seen -- you have seen deplorable conditions as well. But when we were on the road, so to speak -- the Human Services Committee -- we went and saw every developmental center. Now, obviously, they were prepared for our visits; we did not go unannounced like the two of you. But what we saw in particular -- and I think maybe Assemblyman Peterson would back me up on this or agree. I mean, we all should agree -- Hagedorn, to me, was a model. Hagedorn was spotless; Hagedorn was bright and cheery when we walked in. We had a welcoming-- There was a welcoming entrance atmosphere; there was a grand piano in the entrance. The caregivers were spectacular from what I witnessed. Again, we were there announced, but -- and I think, Cleo, you can -- I think you agree with me. From what we saw, in particular with Hagedorn, I was very surprised because I went in-- When I went to-- Before I visited each center, I prepared myself for the worst, thinking that I would go in and see an institutional-like setting. I was pleasantly surprised; I did not see that with Hagedorn and many of the others that we toured.

So I want to make that clear because, you know, when we talk about our State psychiatric and developmental centers, we have some very good centers that care for the individuals. And what I saw were patients connecting with their caregivers and those -- the employees -- at the centers. And I felt like it was a family atmosphere. So that's the impression I got.

SENATOR CODEY: Yes, but Valerie--

ASSEMBLYWOMAN VAINIERI HUTTLE: And again-- But that's the impression I got, and when I spoke to the family members-- You know, again, we have to balance the issue here. It's not black and white. The family members wanted their family members there; they trusted the care there. So again, I want to play devil's advocate here as well, because some of these centers, especially Hagedorn -- I think, Governor, you agree -- spectacular.

SENATOR CODEY: I agree with you 100 percent.

ASSEMBLYWOMAN VAINIERI HUTTLE: Right.

SENATOR CODEY: So instead of closing the boarding homes that are rotten as hell, we're closing Hagedorn.

ASSEMBLYWOMAN VAINIERI HUTTLE: Right.

SENATOR CODEY: This is the shining light, the beacon of hope -- hello.

ASSEMBLYWOMAN VAINIERI HUTTLE: Right, okay.

Assemblywoman Tucker, did you have any comments or questions?

ASSEMBLYWOMAN TUCKER: Yes. My only comment on this issue is, especially for the boarding homes, we have to raise our standards as a whole to make sure that our boarding homes and all our facilities be upgraded. Because if we have lower standards, they're only giving us the minimum of whatever standards we have now. So it's up to us to increase the quality and make the standards higher for them to operate. Because minimum standards don't work, because they just get around that. I was there; I saw all of the bad conditions that these people had to live in,

and still they can pass a minimum inspection because-- And then the other thing is, we need to come out more than once a year. This is an ongoing thing -- every day life for these people -- and we should not just limit our inspections to once or twice a year. We should be there on unannounced visits on an ongoing basis, because they will clean up because they know you're coming for inspection. As soon as you leave they go back to business as usual.

So I think, first of all, we have to raise our quality of standards because these are our people, who we have to care for, and we wouldn't want our family members treated like that. So we should, first of all, look into what the standards are that we have and raise the quality of standards for these facilities: the boarding homes, the hospitals, and everything. And we should be more proactive in these inspections because the minimum things, they just get away with it and they think they can get away with it. They know you're not coming but once a year, or maybe twice a year. They know when you're coming, so they're going to clean up a little bit. And I think they should have more surprise visits.

And we just have to revisit this whole situation, because it's really bad the conditions that we are sending our people to.

SENATOR CODEY: Through you, Ms. Speaker: Assemblywoman Tucker, the day before Governor McGreevey announced his resignation, myself and some people, including Mr. Davison, raided a boarding home at 7:00 a.m. in East Orange. While we were there, the owner called the cops on me. (laughter) The cops came, put me in a room and said, "Do your stuff; don't worry about us. We'll protect you. These are hell holes." And every month when these patients get the personal

needs checks, the drug dealers are lined up -- it's as simple as that. They wanted it closed as much as I did -- the police in East Orange.

ASSEMBLYWOMAN VAINIERI HUTTLE: Assemblyman Peterson.

ASSEMBLYMAN PETERSON: Yes. I didn't mention this in my statement earlier, but in my district -- actually in my home county of Hunterdon, we have Hagedorn, obviously; we also have a developmental center which is just up the street from my home. Actually, I drive by it on a regular basis. We have two prisons as well. And these issues are very important. We have a very active Arc in our county, and some very active people in the development and disability area, as well as the psychiatric. So these issues come up and my experiences have been a little bit different than some of yours.

And to go to the Chairwoman's point about Hagedorn: Several years ago I had to do a pro bono guardianship and the woman was in Hagedorn -- and I had never been to a psychiatric hospital before and I didn't know what to expect. I had grown up in South Jersey where I had heard about Ancora, and that was my expectation. And I was enormously surprised by the quality of Hagedorn. It was clean, it didn't have smells, it was better than most high-quality nursing homes I've been in -- private nursing homes. And I was just-- And at the same time, it wasn't over the top; it was very appropriate for a State facility, as far as the furniture and some of the other amenities that were there. And I came away very impressed with the quality of the care, and the way it was run, and the condition of it. And I was-- I've always been impressed ever since.

Now, that being said: I do have a question; I had a couple questions for you. When you say boarding homes, are you talking about group homes?

MR. DAVISON: No, I'm talking about boarding homes that are licensed under the Department of Community Affairs. There are three levels that basically pertain to individuals with mental illness: that's A, B, C -- C being the one with the most supervision. And I'm also talking about residential healthcare facilities, which are supposed to be a higher level of supervision, but to the eye it looks like a boarding home.

The phrase *group home* generally refers to a facility that's often run by a nonprofit organization like the Mental Health Association of Essex County or the Arc -- as you referred to -- that is staffed and supervised by people who have an expertise in providing those types of services to that targeted disabled population.

ASSEMBLYMAN PETERSON: And, again, where does a boarding home fit in? Is it the lowest level of supervision?

MR. DAVISON: Yes.

ASSEMBLYMAN PETERSON: Okay.

MR. DAVISON: And a boarding home isn't necessarily for only those with disabilities; it's often open to the general public.

ASSEMBLYMAN PETERSON: Okay. Now, Assemblywoman Tucker had asked about standards. Are there set standards for a boarding home?

MR. DAVISON: There are, and those standards are minimal; as evidenced by my observation in at least 50 percent of them, they're not kept.

ASSEMBLYMAN PETERSON: And who sets those standards?

MR. DAVISON: The Department of Community Affairs.

ASSEMBLYMAN PETERSON: Now, are part of the programs run at the county level, or are they all from the State level?

MR. DAVISON: They're all licensed by the State. Some of them have an interaction with county boards of welfare, but they're licensed by the State. I mean, in my view, a wink is as good as a nod to a blind horse; I mean, the State has been using this insufficient housing capacity for generations, and we've shifted people from the more expensive inpatient setting to these deplorable facilities as a way of saving money. And that's, you know, that's bipartisan; that's been going on for several administrations in New Jersey and throughout the nation.

ASSEMBLYMAN PETERSON: Now, I listened to your testimony about closing down psychiatric centers and, as you know, there's a settlement agreement that sets out a kind of timeline, where the Federal government has kind of demanded this. Can you square these two issues for me?

MR. DAVISON: Yes, I think what-- In my judgment, what the Federal government demands is that someone who shouldn't be in a hospital shouldn't be there -- they should be in the least restrictive setting. And I have no doubt there are some individuals currently institutionalized or hospitalized at the State psychiatric hospitals that should be in the community.

Having said that, I think the Department is overselling it. There are many-- The vast majority of people who are in State hospitals, in my judgment, need to be there. There are also hundreds, if not thousands,

of individuals in the community in the conditions that I described that would medically benefit, in my judgment, from a psychiatric inpatient bed. And it would certainly be a far more humane way of treating them.

ASSEMBLYMAN PETERSON: Okay.

MR. DAVISON: Did that answer your question?

ASSEMBLYMAN PETERSON: Well, part-- And this is-- I'm just trying to understand; I'm not being argumentative. (laughter) I'm not taking one side or the other on this. But the actual settlement agreement has a goal on the number of people to be put into a less restrictive area. And I'm concerned how we meet the settlement agreement, and under your circumstances. Or does this need to be revisited?

MR. DAVISON: Well, I think it needs to be revisited, but the settlement agreement also makes the faulty assumption you can close the front door. I mean, I spent the last 25 years working on getting people discharged from hospitals. I think that's a good public policy to do as long as it's not overdone. But you can't close the front door, either. There are still going to be people coming in who need that care.

ASSEMBLYMAN PETERSON: Now, I just have one more -- maybe two more questions. You talked about compliance being a problem when they're in the boarding homes or out in the limited care. Is the compliance issue the-- As far as the people being able to stay out in the community, you had talked about medication. Is it the access to medication? Is it oversight to ensure that they're taking the medication? Or is it just people making a -- you said schizophrenics, I think, were the ones who don't think there's anything wrong with them and they just don't take the medications -- a personal choice.

MR. DAVISON: Well, first: The vast majority of people with mental illness, they can manage their condition with community supports well; and they do well. And they should live in our communities, they should be our neighbors, they should be our employees, they should be our friends. Having said that, there are some individuals who are so impaired with mental illness, many of those individuals having schizophrenia, who don't realize that they're sick. And with those individuals there are serious compliance issues. I happen to take a non-steroid anti-inflammatory, and I take it because I know I have a herniated disc. If I didn't believe I had those herniated discs I wouldn't take it. And that's the issue we have with some people who suffer from schizophrenia.

ASSEMBLYMAN PETERSON: Okay. But most of the time the access and the oversight isn't as much of a problem; it's more of a choice?

MR. DAVISON: I think for-- Well, they're so impaired by schizophrenia I don't think it's a choice. I don't think they're able to make the decision.

For individuals who suffer from severe and persistent mental illness -- and I'm worried about this eroding with Medicaid changes and other changes -- currently in New Jersey I don't think there's an access problem. I think there's an access problem for other mental health disorders, but in regards to schizophrenia and bipolar disorder we do a pretty good job of making sure that those individuals get access to medication.

ASSEMBLYMAN PETERSON: One last question. I think we're pretty much in agreement from everything everyone's said, that

Hagedorn is a cost-effective, well-run facility and that it should stay open because it's one of those jewels of government that we see -- a success story. What is it, if you know -- if you can answer this -- what is it about Hagedorn that's made it such a success and that we have a place like Ancora which is the exact opposite?

MR. DAVISON: Well, I think Hagedorn -- generally I can't say anything is the case 100 percent of the time; I'm not there seven days a week, 24 hours a day -- but generally speaking Hagedorn has a culture of caring and professionalism. It's also, and I think this is no accident, is the smallest State hospital. Trenton Psychiatric Hospital and Ancora -- they're probably too large. While I believe there's a place for inpatient care, our State hospitals are too large; and I don't think it's an accident that Hagedorn, being the smallest facility, is probably by all measurements the best run facility.

ASSEMBLYMAN PETERSON: So would it be fair for me to say that, in your opinion, in this type of facility you don't get the same economies of scale by going larger, but actually the smaller is actually more efficient and better?

MR. DAVISON: Yes.

ASSEMBLYMAN PETERSON: Thank you.

MR. DAVISON: Thank you, sir.

ASSEMBLYWOMAN VAINIERI HUTTLE: And one last question before-- Because I-- We have two other-- And Senator Allen has a question. But you did mention too many community agencies as an issue. What did you actually mean by that? Because if the members of the

centers would go out into the community, they would need these agencies. Do you mean that they need to be consolidated?

MR. DAVISON: That's what I mean.

ASSEMBLYWOMAN VAINIERI HUTTLE: Okay. Just for -- strictly cost.

MR. DAVISON: Right. I think the State--

ASSEMBLYWOMAN VAINIERI HUTTLE: Are they vying for the State dollars? Is that--

MR. DAVISON: I think the State spends too much, in general, on administrative costs.

ASSEMBLYWOMAN VAINIERI HUTTLE: Okay.

MR. DAVISON: I wouldn't put a dime in direct care.

ASSEMBLYWOMAN VAINIERI HUTTLE: Okay.

Senator Allen.

SENATOR ALLEN: Thank you.

I don't know whether you addressed this earlier or not, but I have seen a number of group homes that have just been phenomenal. And I wonder if there are -- if you would support having more good group homes, and if you have seen some that are good that we could look at, and if you have seen some that don't work that we should look at; and, finally, what are the problems with the ones that aren't working?

MR. DAVISON: Certainly I would support more supportive housing, more group homes -- many of those facilities, as you noted, are wonderful facilities. Having said that, though, there are some people who are so impaired by mental illness that they're not able, as of yet, to benefit from those facilities and, in my judgment, should be in an inpatient facility.

There are several organizations, in terms of group homes and supportive housing -- I'm familiar with North Jersey, so pardon me. Project Live does a great job in Essex County; Advance Housing in Bergen County does a wonderful job; NewBridge Services in Passaic and Morris County -- they would certainly be positive examples.

SENATOR ALLEN: Give me some examples of the kind of things that you have seen that are not good in a group home, or some issues that we should look at as we, perhaps, examine how some folks may move into the community in greater numbers.

MR. DAVISON: I think what you want to look at in terms of supportive housing and group homes is to make sure that they're run by licensed and accredited agencies that have performance improvement programs, that take the privileging and the credentialing of staff seriously. What you don't want is a group home with 15 individuals in it with -- and I was 22 once; nothing against 22-year-olds -- with a 22-year-old staff person working the overnight by themselves. That does happen on occasion; that's not good practice.

In regards to supportive housing, which I believe is the preferred model for most -- not all -- but for most individuals, you want to make sure that they're also well-run facilities, particularly in regards to the environment of care, and that the services that the consumer needs to thrive there are available in the community and that they know where they are.

SENATOR ALLEN: Are there SROs that are available throughout the state, and do you support that concept -- single-room occupancy (indiscernible)?

MR. DAVISON: I'm just not as familiar with that.

SENATOR ALLEN: It's done, to a large extent, in Philadelphia--

MR. DAVISON: And in New York City as well.

SENATOR ALLEN: --which is where I've been involved.

MR. DAVISON: They seem to work well in the big urban settings, where it's part of the urban landscape. I don't know how Cherry Hill would react to 150-bed SRO, whether that would work there or not. I just don't know.

SENATOR ALLEN: And then I'd like to speak -- or ask, actually -- about the homeless situation. I have seen -- again, this is primarily in Philadelphia -- some wonderful work done with bringing the homeless mentally ill off the streets. Sister Mary Scullion does a spectacular job. I don't know if you're familiar with Project Home--

MR. DAVISON: Sure.

SENATOR ALLEN: --and I've had the privilege of working with her for some years. And seeing the kind of work that's done there, I'm wondering why in New Jersey we haven't seen different organizations go out on the street and try to make that difference.

MR. DAVISON: I think in New Jersey there are many organizations that do that. I think there's a lot of quality people working very seriously with the issue, particularly in regard to youth homelessness.

But if you don't have enough inpatient care, you're kicking the can and the patient down the road. I mean, there is only so much that can be done. Preparation and forethought can only go so far.

SENATOR ALLEN: Would you see that-- If we were able to really tackle this problem of the homeless mentally ill, would you see that

the majority of them would need to be put into a large psychiatric hospital situation -- more likely?

MR. DAVISON: Probably the 3,400 individuals that were identified by the Corporation for Supportive Housing in January -- probably the majority of them probably would do well in supportive housing or a group home; however, a significant portion of those are so impaired by mental illness that I believe they should be in an inpatient facility. That's why I said it's not an either/or proposition earlier in my testimony. You know, I have friends of mine who support community mental health at all costs, and I have other colleagues who I respect who support the State hospitalization system at all costs. It's not an either/or; we need both.

SENATOR ALLEN: Thank you.

MR. DAVISON: Thank you.

ASSEMBLYWOMAN VAINIERI HUTTLE: I just want to clarify for Senator Allen as well: Today's hearing is highlighting the need for these psychiatric centers; the second meeting will be on developmental centers; and the third one will be on community housing, in which I think we will delve more into the group home issue as well.

SENATOR ALLEN: I appreciate it. I just wanted to see percentages.

SENATOR VAN DREW: And I agree, and that's why I didn't want to spend too long on this either. But I think you're on track and I think that's the whole point, when we're all done with this whole task force here, is that there's absolutely people who shouldn't be out of these facilities who are. But the ones who are out of the facilities we should eventually ensure that there's a good system in place that is clean and

decent for them, that they're properly maintained. And that's something, Senators and Assembly people, I think we could do -- I mean as a State. It seems to me we have standards for other types of facilities that are generally abided by, for hospitals and other community settings; we should be able to have it for this as well. The conditions that I am being told exist in some of these group homes, I don't know how, in the year 2011 in New Jersey they are allowed to exist. And you're right: that's bipartisan, it's been under multiple administrations, this is not a political issue -- this is a public policy issue that should be addressed and should be corrected. Regardless of how you feel, how many people you feel should be put in the community, that should not exist.

SENATOR ALLEN: Point of clarification: I'm hearing that the horrible situations are boarding homes, not group homes.

SENATOR VAN DREW: They are different, right.

SENATOR ALLEN: Did I miss that?

MR. DAVISON: That's right.

SENATOR VAN DREW: I mean, for community settings in general, whether they be boarding-- We shouldn't have those types of boarding homes.

ASSEMBLYWOMAN VAINIERI HUTTLE: Thank you very much.

MR. DAVISON: Thanks for having me.

ASSEMBLYWOMAN VAINIERI HUTTLE: And we'll call up our next speaker -- let's see who's next -- Kenneth Gill, Dr. Kenneth Gill, Founding Chair and Professor, Department of Psychiatric Rehabilitation and Counseling Professions, UMDNJ, School of Health Related Professions.

Welcome, Dr. Gill.

KENNETH J. GILL, Ph.D: Good morning.

ASSEMBLYWOMAN VAINIERI HUTTLE: Good morning.

DR. GILL: As is mentioned, I'm Professor and Chair of Psychiatric Rehabilitation and Counseling Professions at UMDNJ. My comments today are actually my own comments, not the University's comments on the issue -- just to clarify.

I've been in the community mental health field for over 25 years, and for many years I've worked in Newark at the Community Mental Health Center. And many of the clients I served were people living in boarding homes or residential healthcare facilities that have been referenced.

After that, when I moved to the University, what I've been doing for most of the last 20 years is training and educating staff to work in both the community mental health and the hospital system; it's primarily an educational department -- training all levels of the direct care staff, as well as administration.

So my comments will primarily be about taking into account the needs of the person served by the institutions, and try to come up with some general criteria, or propose some general criteria, about whether or not to close an institution.

I do want to mention that I was a member of the mental health facilities Task Force, or the Hagedorn Task Force, and I'm a little sorry Governor Codey left because I want to clarify: I was a gubernatorial appointment, and I can't speak for anyone else -- nobody told me how to

vote or do anything on there. I was in a similar role to this Committee; I was asked to bring my expertise to the table and I tried to that.

So anyway, among the considerations I think are you have to do a comprehensive study of the admissions, discharges, and census of the hospital, system-wide, not just a single institution. I think that point has kind of already been made. What I mean by system-wide is not just State hospitals; I think you ought to include the county hospitals that serve psychiatric patients and the short-term care facilities that serve people; and look at the patterns of those admissions, discharges, and see whether the census is actually going down or not, or whether it's just being shifted around.

Secondly, I think before our institutions should be closed there should be individualized assessment of each individual to determine their needs. This was actually done for the Marlboro closing, where there was an individualized assessment on each client or each patient -- not only psychiatric assessment but a psycho-social assessment -- what they need socially, where they would like to live, what their home community was like, and a comprehensive assessment of any other needs. Many of the people in the hospitals today have multiple needs. They often have serious medical conditions secondary to a psychiatric illness; they often have-- Some have both a developmental disability and mental illness; many have an addiction as well. Many have criminal histories as well, and many have immigration problems. There are all kinds of issues about the folks who are still in our hospitals, and they all have to be addressed. And you can't assume-- It's not particularly to criticize the Department, but we can't assume that all the issues are known.

The purpose of this individual needs assessment of everybody in an institution that might be closed is both for the individual discharge planning but also for systemic planning. So if there's a pattern of what's seen, we can determine what sort of services are needed and whether they should be delivered by the State or whether these services should be delivered in a community.

So we find, for example, there's a need for a program with co-occurring addiction and mental illness. We go out there and check if that program is available in a geographic area we need.

So following up the individualized assessment, I think there has to be a system assessment, a resource assessment, that-- What services do we have, actually, out there? There are more than 130 community mental health providers, and on top of that there are many voluntary hospitals, many programs. We have to really match to see whether those programs can meet the needs of the people who are still hospitalized.

And if we find gaps, then that's when the Department has to research other models that might be available, research what approaches can be taken, and then make the resources available to deliver those models.

So the new service is identified to be implemented. I would consider all the services needed: treatment, rehabilitation, and housing in particular. Stable housing -- stable, affordable relatively good quality life housing -- over and over again has been found to be the best predictor of remaining successfully in the community. People think it might be medication compliance, people think it might be certain treatment programs. But actually, research shows that housing -- stable housing-- And we -- housing problems have already been gone into detail.

Separate from the hospital issue, we need an initiative about the residential healthcare facilities and boarding homes, and developing alternatives. Keeping 200 or 300 hospital beds on line -- I mean, Hagedorn is less than 300 beds -- will not solve that problem. I could say the same thing about the jail issue and the homelessness issue. Keeping a hospital open will not solve those problems; those problems are-- Check the numbers that Bob was saying -- Mr. Davison from the Mental Health Association -- those numbers are large. There are hundreds and thousands of people involved in all those problems. A couple of hundred more hospital beds aren't going to solve those problems. We need initiatives in all those areas.

It's interesting, New Jersey does have model jail diversion programs, it does have model homeless outreach, it does have model residential programs -- including residential intensive service teams, which is kind of a special New Jersey model. Do we have enough? We definitely do not have enough of all those. We have good examples; we have good models right within our own state, but they are not widely implemented enough.

I mean, essentially-- Essential to any plan also has to be the commitment -- the long-term commitment of financial resources to develop these. This was the strength of the Marlboro closing, actually, when it happened. The money that was formerly used to operate Marlboro Psychiatric Hospital was transferred to both the State and community facilities that served the people for the future. It was an enormous injection of money into the community mental health system at the time. At the

time, it actually increased the community mental health budget by 50 percent. It was some -- it was a very large increase.

And also at that same time, for future closings, Governor Codey and then-Senator Bagger co-sponsored a bill, the Community Mental Health and Developmentally Disabilities Investment Act, which said when we close a facility the resources, both capital and operating resources, should be transferred to serve those people -- that the money should follow the people. And that's the law.

It's interesting; when I served on Hagedorn Task Force, nobody seemed to be aware of that law. I raised it a number of times, and I put it in my comments. There are regulations written about that law. I mean, I think it's still on the books. But anyway, it is a mechanism-- I guess they can always-- The budget can always override any other law, but it is a mechanism to fund these services and it's been on the books since 1997 or 1998.

So the services then, of course, have to be established. I also think, critical to the whole process is the discussion of cost benefit. And sometimes cost benefit, people think, "Oh, you're talking economic issues, and it's not just economic." No, I mean cost benefit also involves non-economic outcomes and non-economic factors. A true cost-benefit study has to look at that.

And I think whatever's done or whatever's implemented, there should be a true evaluation of it by an independent third party, because that will be very useful for the future. With the Marlboro closing there was a small third-party evaluation. It was helpful; it still provided information. I would have done it more comprehensively.

So anyway, those are the general considerations with any closing. The rest is details.

ASSEMBLYWOMAN VAINIERI HUTTLE: Dr. Gill, I just want to interrupt. I wish Governor Codey was here; he stepped out to testify and he will be back, and he will say that although there is a law where the money follows the patient, he will say that the budget does override that.

DR. GILL: Yes.

ASSEMBLYWOMAN VAINIERI HUTTLE: And unfortunately that has happened, and that potentially could happen with the cost savings with Hagedorn, which I think is of a main concern. But I did want to ask you: Your vote then was to close Hagedorn, correct?

DR. GILL: I voted to close Hagedorn.

ASSEMBLYWOMAN VAINIERI HUTTLE: And could you just-- You gave us a wonderful report, but can you simply tell us simply why?

DR. GILL: Sure. It was a provisional "yes." You know, it was one of the most trying experiences of my life, actually, sitting on that Task Force, without exaggeration, because I thought the charge to the Task Force, from reading the legislation, was to comment on the plan to close. So I commented on the plan to close. The legislators sitting on the Task Force wanted to vote, wanted to give a specific vote, recommendation. So anyway, given all the provisos I put in about-- I don't think the plan was that great; I don't think it was perfect, but I thought they actually had identified a number of things according to these criteria that I actually mentioned. I thought they had pretty much shown that system-wide the

census was going down and that they didn't need as many beds as they have.

ASSEMBLYWOMAN VAINIERI HUTTLE: Can I-- I have to interrupt.

DR. GILL: Yes.

ASSEMBLYWOMAN VAINIERI HUTTLE: Forgive me.

DR. GILL: Sure.

ASSEMBLYWOMAN VAINIERI HUTTLE: The census is going down but that's because they were not accepting new patients.

DR. GILL: System-wide census has been going down. The figures they provided to us-- Several years ago non-forensic patients was about 2,100 patients, system-wide. In the months before the Task Force, it had gone down to about 1,600 patients, system-wide. So yes, they changed their-- And that's my point about, you can't just look at one institution. But overall in the four hospitals -- in the four non-forensic hospitals -- the census was down overall. Those are the figures they shared with us.

ASSEMBLYWOMAN VAINIERI HUTTLE: And again, Hagedorn was, I think, studied within a vacuum without looking at the other four centers. In your professional opinion -- and you've had an opportunity to review Hagedorn; I don't know if you're familiar with the other centers -- out of the five, would that be your first choice to close Hagedorn?

DR. GILL: Close Hagedorn? Well, this is an answer that will get me in trouble any way I say it, because I actually-- We have projects-- My department actually has projects in each State hospital to improve services there. They all have their problems; I'm not-- They all have

significant quality of care problems. I've been to Hagedorn when I was a Task Force member, and I've been to Hagedorn as a civilian, so to speak. And I have two different impressions when I went there. So, I mean, there are a lot of problems at Ancora; there are a lot of problems at all of them. They all have had accreditation issues, they've all had Center for Medicare--

SENATOR VAN DREW: If I could just drop in. I don't mean to interrupt you; forgive me.

They do, but it seems to be the general consensus that of the facilities, as far as being a nicer, better run -- and I can't even quite find the words that I want to really deduce to describe it, not even necessarily in scientific terms -- Hagedorn seemed to be a facility that is better, for lack of a better term. Would that be your choice of those facilities? That was the only question. It kind of interests me. I mean, we can go through this with the developmental centers. It seems to me that, when we go through these processes of closing -- which I'm not necessarily opposed to closing all facilities everywhere and getting people in the community -- that *a)* we have to have enough facilities for them to go in the community that are acceptable levels; and secondly, that we've looked at all of them and ensured that we're keeping the best ones open and closing the ones that should most appropriately be closed because of facility issues, because of treatment issues, because of location, etc. And was it your opinion, in the process of that Task Force and in general, that that is, again, under both Administrations -- I'm not being political here -- that that's the process that took place?

DR. GILL: No, we didn't look at--

SENATOR VAN DREW: Did we look at everything and say, “Hey, this is the place that should be closed?”

DR. GILL: No, we didn’t look at the quality of care at each institution.

SENATOR VAN DREW: Right. And that’s the point here, ladies and gentlemen, whether it’s developmental centers or psychiatric hospitals, that we should be looking at this as a whole, and that’s the purpose of this Task Force. But that’s the part that concerns me.

DR. GILL: A part of the issue on that is there are good quality of care indicators available. They’re really not readily collected. I mean, what is presented as quality of care indicators--

SENATOR VAN DREW: But, Doctor, you and I know, I mean-- You could go, I could go into a dental clinic -- you know, I’m a dentist -- I can go into a dental clinic and I can pretty much take a good look around, and if I spend a few days there get a sense of the type of treatment that’s being rendered based on a whole host of issues; and you can, as a psychiatrist, as well. So, I mean, if we look at these, and have the appropriate panel, and look at all of them in aggregate rather than individually just choosing one and saying we’re going to close it, doesn’t that make more sense? And some of them might even be receiving institutions where, if you’re closing one, you’re making sure that wherever you’re sending the people who are not appropriate for the community are going to the best facility. Wouldn’t that be-- Does that not seem to be an appropriate way to go?

DR. GILL: Sure, sure. I mean, that’s common sense.

SENATOR VAN DREW: Right, I know, which is something usually you don't abide by in the Legislature, but-- (laughter)

DR. GILL: It seems like common sense to me. I'm just saying that--

SENATOR VAN DREW: Thank you, Doctor.

DR. GILL: --we weren't asked to make that decision. We weren't asked to make the call.

SENATOR VAN DREW: I know; I'm not blaming you.

DR. GILL: Yes, I mean, and the Department of Human Services did not ask us to say Hagedorn was better or worse than anywhere else. I mean, they did not. They based it on: We have extra capacity, we don't need to maintain as many hospitals as we have. That was their basic argument.

SENATOR VAN DREW: And I understand that it was chosen, but my-- I guess -- and I didn't sit on it, so it's unfair for me to make this judgment, but -- I probably, if I was sitting on it, my concern would have been, "Well, gee, maybe we're not-- Maybe we should close one, but this may not be the right one, so I'm not going to approve or vote for this one to be closed." And that's perhaps why the legislators did not vote for that. When you look at it all, again, in aggregate, there might be a more appropriate facility elsewhere, and that we should look at this as a system-wide issue around the entire state.

DR. GILL: Right. And I think the issue -- I mean, (indiscernible) should speak for themselves; it's really bad that they're not here -- I think Hagedorn was closing because it was the one that could be closed; that the capacity of 200 or 300 beds, or 250 beds, was not needed.

To close any other hospitals would be far more difficult -- they have much larger censuses: 450, 500, 550. According to the data they gave us they need that capacity, so--

SENATOR VAN DREW: So, Doctor, would it be in a sense correct to say -- and I'll say it -- that we might be closing one of the better, nicer facilities because it's easier to do and has a smaller census?

DR. GILL: You know, the consensus is it's a nicer facility. I've been to all of them; I'm not that-- I'm not that impressed. I was not that impressed at Hagedorn.

ASSEMBLYWOMAN VAINIERI HUTTLE: Were you impressed with any of them?

DR. GILL: No. No, I mean, Ann Klein is actually -- the forensic hospital -- is the best-run hospital, I could say. It's very-- It's in the-- I think it's a better hospital than the other four. But I mean, this is just totally my--

ASSEMBLYWOMAN VAINIERI HUTTLE: Senator, I don't want to interrupt your line of questioning.

SENATOR VAN DREW: I'm done.

ASSEMBLYWOMAN VAINIERI HUTTLE: Can we just get, again, simply to what the problems, or why you weren't impressed -- very simply?

DR. GILL: Well, I read this--

ASSEMBLYWOMAN VAINIERI HUTTLE: Was it care? Was it the bricks and mortar? What was it?

DR. GILL: There's nothing particularly wrong with the bricks and mortar.

ASSEMBLYWOMAN VAINIERI HUTTLE: What--

DR. GILL: I mean, North Hall--

ASSEMBLYWOMAN VAINIERI HUTTLE: And what I mean by that is cleanliness, and the facilities, the maintenance, the maintaining-- Was it the physical or was it the care?

DR. GILL: They have many activities scheduled; it was impressive if you look at the schedule. When you actually go to the activity, there's nobody there. They don't attend. There are some services we would help to start, called *Balanced Life* -- it's about integrating mental health and physical care. When they talked to me about it, they talked about it as if everybody in the hospital was attending it. The most people who ever attended it is 12 people. And at the time I visited, nobody was attending it. I read the center for Medicaid and Medicare services reports -- CMS reports -- for all the institutions. They all had problems. Hagedorn had problems on some very basic things that they should not have problems on. They shouldn't have problems with the black box warnings on psychotropic medications; that they're not explaining the side effects to -- which, particularly, elderly people are particularly at risk for -- both the patients and their families. That's a very basic level of care.

ASSEMBLYWOMAN VAINIERI HUTTLE: Wouldn't that be the same thing, though, in a community setting -- the black box warnings? Wouldn't those same problems exist whether you're in a center or outside a center?

DR. GILL: Well, you asked me about Hagedorn; I--

ASSEMBLYWOMAN VAINIERI HUTTLE: No, I know, but I'm trying to figure out a way where we can best deliver services and care to

our most vulnerable, and if the centers-- If you see that they're, in your opinion, they're not doing this -- whether there are 12 people attending or not -- what would they be doing in an outside setting? I'm trying to understand how we can best help the community, again, whether in a center or outside a center. And you're raising concerns, and I'm asking: Is it the same concern for outside a center as well? If you can answer that.

DR. GILL: I think it depends on the center. I mean, I haven't visited the centers and checked, and I haven't read their monitor reports, etc. I was very concerned about it. If the quality of care is adequate, that should not be, at a center or in the hospital. That's a fairly basic treatment thing, that the side effects be explained, especially if there are significant side effects. You know, there are other issues and they corrected them, but there were issues with restraining patients in wheelchairs improperly -- that was the big issue. They were cited by CMS for that; supposedly it's fixed. But that was not that long ago.

The violence statistics -- the incidents in the hospital -- are not really lower than the other hospitals; we looked at that. Whether it's better or worse than Ancora, better or worse than Trenton, I don't know if it's fair to either institution to say that. The institution that I'm most concerned about would be Ancora.

SENATOR VAN DREW: And just, again, to-- And I think that's the point, you make the point: We don't know. And the issue is we should be looking at this as a statewide system as we go through any sort of closure process, whether it be in psychiatric hospitals or in developmental centers, as a matter of fact. I know we're not speaking about them now. Whichever it is, we should be looking at a system-wide process and

determine what we're going to do for the State on delivering the best service, system-wide, throughout the entire state and not looking at a vacuum to any one of them. Which is-- Again, we've done in the past under -- this is nothing new. We've done this before as well. So I think, again, Co-Chair, that's one of the issues I think we should look at when we're making recommendations -- is no longer do this, "Hey, we're just going to isolate, make a decision, decide how we're going to do it best, even though the decision may not be the very best decision to begin with."

I know you don't have the answer to that -- that's the point. If you could have definitely said, "Hey, we know without question Hagedorn's the place that should be closed; it was the facility that delivered the services -- the least services, or delivered the services in a way that were the least beneficial to those who were using them and we absolutely close -- out of the five, that was the one to close," that would make sense. But we don't know that. And we need to look at all of it together; whether it's a little better or a little worse at this point doesn't even matter. We need to determine that we're doing what's best for the entire State.

ASSEMBLYWOMAN VAINIERI HUTTLE: And--

DR. GILL: I would just say that I have a slightly different take on it. I have a slightly different--

ASSEMBLYWOMAN VAINIERI HUTTLE: I'm sorry; go ahead.

SENATOR VAN DREW: The red button.

DR. GILL: Okay, sorry.

There's a slightly different take on it. Sometimes the discussion is all about the institutions themselves. A lot of discussion's about the

buildings; what I mean -- about the facility, whether it should-- And I know the Task Force is examining that -- or the legislative body is examining that -- but I think there should be a system-wide assessment, but I think it should be a system-wide assessment of the patients' needs and strengths, because these facilities were developed in a time and for purposes that has kind of moved on. I mean, Hagedorn was originally opened as a sanitarium for tuberculosis. The other hospitals are all-- They're not necessarily up-to-date in what they're doing. And I think you're supposed to have a facility-based look at it. What I'm thinking would be best -- and that was what one of our ideas was, and which was asked if it had been done -- do the individualized assessment. If we find, for example, that we have a growing number of geriatric patients, then we're going to need specific geriatric facilities. If we find that we have people -- a growing number of forensic patients, we might need more forensic beds than we have now.

The point is that-- And sometimes the conversation is driven by "Let's keep this place open, or let's close that place." What I was trying to say was I don't really-- I think that's almost the wrong conversation. It's what does today's patient need? And I think it should go beyond the State facilities, in fact. It should be taken into account what people live in the community need as well, which was raised by the previous witness.

So to me, the criteria for closing would be it's no longer needed -- that would be the bottom-line criteria. And the way to assess that is to assess the needs of the people who are being served, or who should be served.

ASSEMBLYWOMAN VAINIERI HUTTLE: I think we agree with that, and I think your criteria for closing -- it's no longer needed -- I

would disagree that the people, or the patients, or the members in Hagedorn no longer need that facility. That would be my own opinion but, again, that's why we're asking the professionals to suggest.

I just want to welcome Senator Vitale. Senator, I don't know if you want to-- If you have any remarks for your opening, and then we can continue with the hearing.

SENATOR VITALE: Not yet, Madam Co-Chair. Thank you.

ASSEMBLYWOMAN VAINIERI HUTTLE: Thank you.

Any other questions for Dr. Gill? (no response)

Okay; any closing comments? I didn't want to conclude you, but I think you're concluded, correct, Doctor?

DR. GILL: I'm concluded. (laughter)

ASSEMBLYWOMAN VAINIERI HUTTLE: Okay, you're concluded. Thank you very much.

Our third witness, or speaker, for the day is Phillip -- or Phil -- Lubitz, the Associate Director for the National Alliance on Mental Illness of New Jersey. And we have certainly heard you before our committees and we thank you again for testifying this morning.

Welcome, Phil.

PHILLIP LUBITZ: Thank you for inviting me.

I've submitted written testimony, so I'll try to just touch on the high points here.

My name is Phil Lubitz, and I'm the Associate Director of NAMI New Jersey -- the National Alliance on Mental Illness. I'm here to talk a little bit about the hospital census, something about geriatric services,

a little bit about New Jersey's Olmstead Settlement and, perhaps, some recommendations.

Projecting census has been something difficult to do over the years. You know, go back to 2000 -- 1999, actually -- when Marlboro was closed. And looking back at the plan to close Marlboro -- and it was a good deal more extensive than what's being presented in the plan to close Hagedorn -- the projected census at that time with the closing of Marlboro, and the reconfiguration of the hospital and some additional community supports, the hospital at that time was projected to be at 1,557. So over a decade after the closing of Marlboro, we're yet to reach that projected census.

We're hearing a lot about the hospital census going down, and it did peak in about 2007 at about 2,200, 2,300 people. And, of course, that's really what led to the horrific conditions at Ancora Psychiatric Hospital -- with the overcrowding -- just the terrible stories of patient abuse that resulted in the Department of Justice coming in and doing an investigation. Of course, they're still there; there is still not a settlement at Ancora.

But it's important to realize that although there had been -- and to the Department's credit -- there had been a pretty substantial reduction in the total hospital census, that's pretty much ended. So for the last about 12, 13, or 14 months the census at both the State hospitals and particularly at the county hospitals -- which are part of the consolidated system -- has about remained the same. In fact, the county system, I think, over that period, I think there's a two-patient reduction.

So if -- you know, my way of thinking: If we had so dramatically improved the community system of statewide, we should be seeing pretty dramatic reduction in the county beds. Quite frankly, there's been no reduction in county beds over the last decade.

So I'll touch on some other reason, I think, maybe that census reduction has occurred and why we should be concerned that it will not continue.

So we strongly do support the settlement with disability rights and Olmstead, but there have been some negative-- Again, I think just to reiterate what has previously been said: That settlement really does not call for closing a hospital. Essentially what it does is it commits New Jersey to preventing unnecessary hospitalizations. But more specifically it requires the State of New Jersey to discharge patients after they have been deemed by the court to no longer need that psychiatric hospitalization.

But with that, what we've seen now is an increase, or we've identified significant problems, at psychiatric emergency rooms. So it's not uncommon now for people to spend 24 to 72 hours in emergency rooms. I think the Legislature acted on that last year and made some requirements of the Department to try to ameliorate that problem. I can't say that the Department has acted on that; in part, to a large extent, it's -- with a reduction in staff they have less capability to do that.

Talking about the placement of people: I did an informal survey myself several years ago where I called dog kennels in my county -- Hunterdon County, in the 23rd District -- and compared the rate that was being charged to board a dog to the rate that was being charged to board a person with a psychiatric illness in a boarding home. In every instance it

was a greater charge -- higher cost -- to board a dog. We were paying more to board dogs than we were to board people with mental illness. And I think that's really the crux of the problem. These are really low-end places -- catch-all places -- where we're placing people with mental illness.

But I think most disturbingly about that, is that we've looked at the discharges that have already taken place with the Olmstead Settlement; and that's been going on now, I think we're -- I believe we're in our third year. The settlement really calls for people to be placed in what's called *supportive housing*. And for most people that's an excellent setting; I believe that it's probably the state-of-the-art for discharges from hospitals and housing people with mental illness. But, quite frankly, we're still discharging under Olmstead at equal number of people to these residential healthcare facilities -- that we've just been talking about -- as we are in the supportive housing; even though that's specifically what the settlement calls for. Really in looking at it we're almost discharging as many people to correctional facilities from our hospitals as we are to supportive housing.

So I think when we look at this--

SENATOR VAN DREW: Explain what you mean by that.

Excuse me, I'm sorry. You mean because people are being discharged prematurely and not properly medicated?

MR. LUBITZ: No, no. Some people enter the hospital with charges--

SENATOR VAN DREW: Oh, okay.

MR. LUBITZ: --and once they're discharged, they're going back to that correctional facility.

SENATOR VAN DREW: So that doesn't necessarily fulfill Olmstead, obviously.

MR. LUBITZ: They are part of Olmstead, because they also would reach-- They can also be, let's call them, *conditionally extending pending placement*. They no longer meet the commitment criteria for being in a State hospital. So there has to be a disposition.

So people who are in a correctional facility -- or a person gets arrested, he's taken to a psychiatric screening center before he's booked in jail. It's determined that he's psychotic, he meets the commitment standard. They go, then, to the psychiatric hospital where they're brought back to capacity. That could take 30 days; it could six months; it could take a year to do that. But when that person does regain capacity or, at least, sufficient capacity to be discharged from the hospital, they still have those pending charges against them. And, at that point, that person then would be returned to a correctional facility.

SENATOR VAN DREW: And in plain English, that qualifies as part of Olmstead, in essence because--

MR. LUBITZ: It would; yes, it does.

SENATOR VAN DREW: Okay, thank you.

MR. LUBITZ: So it looks, at close examination, that some of the census reduction has happened because we've opened additional units at county psychiatric hospitals -- Bergen regional, in particular -- but there's been some--

ASSEMBLYWOMAN VAINIERI HUTTLE: But I have to interrupt. There still isn't enough, Phil, as you know, up in Bergen.

MR. LUBITZ: Right.

ASSEMBLYWOMAN VAINIERI HUTTLE: We still cannot get patients in.

MR. LUBITZ: Then there are some financial disincentives for counties not accepting patients, both outside of their own county or if they have open beds.

In addition we have purchased private beds from several hospitals. And at a certain point we created what are called *additional short-term care beds*. And that's really probably one of the solutions to our State hospital problem -- by developing more psychiatric beds that are in hospitals closer to communities that people are coming from. But, unfortunately, in 2009 we changed the funding on those beds so the creation of those beds has basically hit a standstill. Those are no longer occurring.

So we have been diverting people to those beds but, unfortunately, when we're using those beds -- the beds that people are being diverted to -- they don't necessarily have the kind of specialization we find at Hagedorn. So it's not uncommon now that a person comes to psychiatric screening; we search all around the state to find a bed; and if it's a geriatric patient who might have previously just been sent to Hagedorn where there was an expertise, that person could end up in any hospital bed around the state. And we had a case about a year ago where a 70- or 80-year-old was placed with a 21-year-old, and there was a murder that resulted. It's just bad, unsafe practice to do some of the things we are doing right now in order to divert people, particularly from Hagedorn Psychiatric Hospital.

So we can look around the room at each other and we can see there's a tidal wave of baby boomers coming; in the next decade or decade-and-a-half we're literally going to see the number of seniors double. I think we're going to be 1-in-4, 1-in-5 of the people-- In fact, the psychiatric-- Did I hit a nerve?

The New Jersey Hospital Association just was reporting that in the last five years the number of 55's-and-over who are showing up in emergency rooms with a psychiatric diagnosis has increased from 1-in-5 to 1-in-4. So again, that's that tidal wave that we're seeing. So you really wonder if it's time to back away.

ASSEMBLYWOMAN VAINIERI HUTTLE: I just want to ask that-- One-in-four with a psychiatric diagnosis: Does that include -- I don't want to mix the two -- but would that include dementia or Alzheimer's?

MR. LUBITZ: It may, it may.

So we're seeing more people showing up-- But that's an excellent point. So I think at one hearing there was some point made that people's mental illnesses tend to mitigate themselves over the course of time. But I think what's forgotten is that there are a whole array of psychiatric illnesses that are really age-related so they become sort of -- neurological disease, blood flow, including dementia; but also there are psychiatric problems because of a stage of life -- serious depression is much, much more prevalent in seniors.

So not only are there going to be more people, but there are going to be additional psychiatric overlays that that cohort is going to be experiencing.

So, again--

ASSEMBLYWOMAN VAINIERI HUTTLE: Phil, we wouldn't normally select that population for a center, would that be correct?

MR. LUBITZ: For a community mental health center?

ASSEMBLYWOMAN VAINIERI HUTTLE: No, for a State center -- for a Hagedorn, for a Hagedorn, for a Greystone.

MR. LUBITZ: No, no, some of those people certainly do get hospitalized.

ASSEMBLYWOMAN VAINIERI HUTTLE: I'm talking about the other side, as aging illness could create psychiatric -- depression, dementia -- would they be-- I don't think-- I'm asking; I don't think they would be candidates.

MR. LUBITZ: I think some of these would end up at Hagedorn.

ASSEMBLYWOMAN VAINIERI HUTTLE: They would be?

MR. LUBITZ: You know, one of the problems is that we have so few services, and actually one of my recommendations is going to be that we create a task force. I think one of the most underserved groups of people are aged who are experiencing both mental illness but also dementia, Alzheimer's disease. We're just not prepared for that. And to my way of thinking, it doesn't appear that anyone is even planning for that. I know the Division of Mental Health Services is terribly under-resourced. I don't know that they have a single person who is doing anything more than making sure that seniors meet a specific criteria in order to go into nursing homes. But anything towards a long-term planning -- I just don't think that's occurring.

So again, as I said, the Olmstead decision really is meant to speed up the discharge of people, not necessarily to close a hospital. I think, looking through the plan to close Hagedorn, two things really jumped off the page to me. One was that in reconfiguring the patients in the different hospitals, there's a projection that -- or an expectation that Ancora would grow to, I think it was, 670 patients. Really, that very same level after it's taken it several years to get Ancora down to a level where we can -- where it's somewhat safe, and that we can manage the patients, we're committing ourselves to a plan where we're going to bring that census right back up, that was at disaster. You know, it just doesn't make sense. And really the same holds true for Trenton. Under this plan, Trenton is going to mushroom to about 500.

ASSEMBLYWOMAN VAINIERI HUTTLE: But Phil, if I may interrupt again. Any closure, then, would raise the management plan for another center. In other words, if it was Hagedorn or if it was Ancora, those people would need-- If they're not able to go into a least-restrictive community environment, and they are going into -- again, it's what Dr. Gill said: it's the individual needs of the patient. If those patients, or people -- individuals -- cannot function -- and I don't, I mean -- cannot go into a least-restrictive environment, they need the centers. And that, I guess is the debate, because you have some advocates who will say each member, if they have those wraparound services, can survive in a community setting.

MR. LUBITZ: Right.

ASSEMBLYWOMAN VAINIERI HUTTLE: They don't need the center. I'm trying to--

MR. LUBITZ: I think the problem--

ASSEMBLYWOMAN VAINIERI HUTTLE: --trying to figure that out. If they close the center, half of those people: are they going into the community, or are they going into-- The plan for Hagedorn, those people are being moved into other centers.

MR. LUBITZ: Some of them--

ASSEMBLYWOMAN VAINIERI HUTTLE: So that's--

MR. LUBITZ: Some of them will.

ASSEMBLYWOMAN VAINIERI HUTTLE: --defeats the purpose of--

MR. LUBITZ: A good many of them will.

ASSEMBLYWOMAN VAINIERI HUTTLE: --the Olmstead. They're not going into restrictive -- or least-restrictive community. They're going back to another center.

MR. LUBITZ: A good portion of those will. And I think what I haven't seen enunciated is -- think about how this is really going to work. So we have a developmental center that's really not very far from Hagedorn.

ASSEMBLYWOMAN VAINIERI HUTTLE: Is that Hunterdon?

MR. LUBITZ: Hagedorn closes; the State workers at Hagedorn, who have an expertise in treating mental illness, are going to bump the workers in the developmental center who have the expertise in working with people with developmental disabilities. So we're going to have mental health workers working with people with developmental disabilities. And the converse is going to happen when and if we close Vineland. Those individuals are going-- The individuals at Vineland, who have the expertise in working with developmental disabilities, are going to

bump the workers in Ancora, who have an expertise in working with people with mental illness. I mean, that's essentially what happened in Marlboro and it's sure to happen again.

So it really creates a ripple throughout the whole mental health system that takes a couple of years to settle down.

SENATOR VAN DREW: Interesting.

ASSEMBLYWOMAN VAINIERI HUTTLE: Yes. Phil, would you advocate in-- I don't know where you stand on the closure of Hagedorn or the closure of any of the facilities.

MR. LUBITZ: I'd like to see--

ASSEMBLYWOMAN VAINIERI HUTTLE: Because of the ripple effect and--

MR. LUBITZ: Yes, I'd like the State facilities to become smaller. You know, quite frankly, Hagedorn is the only even relatively safe place. And you know, while we're waiting to develop markers about how we're going to judge that-- And you've sat through the hearings and you've heard the same things that I've heard -- you're going to have a lot of family members with firsthand experience, with their family member in each of our psychiatric facilities. And I'm sure-- Those of you who haven't sat through that testimony, you're going to hear the most moving testimony; hear about some of the most horrific things, really in my 35 years in this field, that I've ever heard -- some of the injuries that occurred to people in our hospitals. And then the difference in being treated at Ancora.

ASSEMBLYWOMAN VAINIERI HUTTLE: And just to follow up: I've also heard the same type of testimony from families that have moved into the community homes, and then back into a center because of

the issues that they had in community homes. So certainly we've heard both opinions from families.

MR. LUBITZ: So the second thing that really strikes me about this report to close Hagedorn is the section on evaluation. And literally-- And so it's important to evaluate our plan and how the plan works out. This section on evaluations is two sentences; that's everything that they've given in a 41-page plan. I tell you what: They spend more time in writing about the closing ceremony for Hagedorn than they do on how we're going to evaluate that. I think that's indefensible.

ASSEMBLYWOMAN VAINIERI HUTTLE: And I think that's why we're here -- is to how to evaluate the plan, the criteria; and then, of course, if and when it closes, where are these patients going to get care.

SENATOR VAN DREW: You know, as I have said to Dr. Gill before, wouldn't it make more sense to look at the statewide system as a whole, as an entity -- how we're providing these services from north to south, which facilities are functioning-- And you're right, they all have problems; nobody disagrees with that.

MR. LUBITZ: Every piece of the system affects another piece of the system.

SENATOR VAN DREW: Exactly.

MR. LUBITZ: I mean, the reason the hospital grows in size, it's the safety net. When there is no service, there are no appropriate landing spots for a person. That's where they end up. Just like emergency rooms -- it's the only place that can't turn somebody down.

SENATOR VAN DREW: Okay, and you mentioned something before, and I know that this is not a-- You may not have a

scientific point system for it, but in looking at the facilities, if you were to -- you may or may not want to answer this, or may or may not be able to answer it -- but if you were to rate them in some way, and you were to rate them on the basis of which are providing the best services, have the best infrastructure -- in essence, who are giving the best treatment to their patients on a multitude of factors -- your sense would be that Hagedorn was not the worst.

MR. LUBITZ: You know what? I think over this last year or so I think we've heard so much, so many testimonials from family members, again, who've experienced all the hospitals in the system--

SENATOR VAN DREW: But as a professional.

MR. LUBITZ: I have to believe what I hear. People have been satisfied with Hagedorn. So no, I wouldn't close it, and I think we should be paying particular attention to Trenton Psychiatric Hospital and Ancora where there are significant problems. And I think, disturbingly, this plan to close Hagedorn instead of also addressing some of the problems in Trenton, I think is going to add to them by significantly increasing the census in those two hospitals. And I think we've gone through a couple of years of hearings where the Administration has said the key factor in reducing some of the violence and disorder in our hospitals is to reduce the census. And it seems that this plan is really a prescription for doing just the opposite.

SENATOR VAN DREW: In your opinion, are there a significant number of people who are in these hospital settings that should be out in the community? I know there are some; but is it significant? Do you think we are really overloaded within the system, and that there are

many who are in there, and the only reason they are is because we just don't have the community setting for them?

MR. LUBITZ: I think there's a disconnect between the legal criteria for discharging a person from a State psychiatric or a psychiatric hospital from the commitment status, to what exists in the community to support those people and the needs that they continue to have.

SENATOR VAN DREW: In other words, we would need a much better system in the community if we were to release more people into the community.

MR. LUBITZ: A much richer, fuller system -- yes.

ASSEMBLYWOMAN VAINIERI HUTTLE: And I think we would have to do that first before we close a center. Does that make sense?

MR. LUBITZ: It seems to make sense.

ASSEMBLYWOMAN VAINIERI HUTTLE: Professional common sense.

MR. LUBITZ: Right. You know, that's generally what's done everywhere; it was done in New Jersey when we closed Marlboro. I think if we went to other states that closed hospitals we would generally find that they have a three-year period where they build up resources--

SENATOR VAN DREW: Any states-- We've asked this question to the previous speakers, we'll ask you as well: Any states where you think are good models, something we should look at as a Task Force?

MR. LUBITZ: I think every-- There are a number of states that have pieces of a developed system, but there's no one state that has a fully complete system. You might want to go reference-- NAMI did a grading of the states I think a year or two ago, so it's pretty recent. And it

rates the states in a number of criteria for particular parts of their systems, and that would give you sort of a road map of where you can find the best services preventing people from being incarcerated -- people with mental illness.

SENATOR VAN DREW: Which I would ask the staff to do that for us -- for the entire Committee -- to get us that.

MR. LUBITZ: Or, if you want to contact me, I can give you the URL.

SENATOR VAN DREW: That would be good.

And by the way, which state do you think has the best closure process, forgetting all the other pieces? Is there anywhere-- Do you have a sense of that, or no?

MR. LUBITZ: You know what? I think there's generally a pretty standard closure process, and I think that's one of the reason we're sort of concerned about how we're going about this. There hasn't been a very strong three-year plan put out with milestone -- developmental milestones -- and ways of sort of doing a stress test on the system prior to placing people. You know, Ken, I think, alludes to going in and doing evaluation of the needs of the patients. Well, I think one of the things, again, that disturbs me about this whole process is that we have gone -- or through and asked people -- did a survey with people, an individual survey, of where is it you would like to live. Well, there's no way-- They've asked the people where they want to live, but there's no relationship to the results of that survey and where people are being placed. They just haven't put those things together.

SENATOR VAN DREW: Okay, thank you.

MR. LUBITZ: It worries me.

ASSEMBLYWOMAN VAINIERI HUTTLE: And also, New Jersey-- I don't know if it's a criticism, but they said that New Jersey has the highest, I guess, or the most centers per capita -- developmental centers and psychiatric centers. But others states have the intermediary care facilities, and I believe just Spectrum has that in New Jersey.

MR. LUBITZ: That's correct.

ASSEMBLYWOMAN VAINIERI HUTTLE: So we don't have any of those ICFs to, I guess--

MR. LUBITZ: Yes, there are a lot of other types of facilities--

ASSEMBLYWOMAN VAINIERI HUTTLE: Right.

MR. LUBITZ: --that don't come into our--

ASSEMBLYWOMAN VAINIERI HUTTLE: Interesting.

SENATOR VAN DREW: Which is actually another good recommendation, maybe -- with ICFs -- if we're going to look at this process.

ASSEMBLYWOMAN VAINIERI HUTTLE: Questions for Phil? (no response)

Okay, we thank you very much--

MR. LUBITZ: Yes, thank you for the opportunity.

ASSEMBLYWOMAN VAINIERI HUTTLE: --for your expertise. We have your materials.

I don't believe there are any more speakers for today, but I know that this Committee will continue to meet and discuss this. And our next meeting we will schedule sometime in October, and we will, of course, highlight the developmental centers.

If there are no other comments, then I will ask that the meeting is adjourned.

Thank you again for coming; thank you.

(HEARING CONCLUDED)