

SENATE, No. 2069

STATE OF NEW JERSEY
214th LEGISLATURE

INTRODUCED JUNE 10, 2010

Sponsored by:

Senator RICHARD J. CODEY

District 27 (Essex)

Senator MICHAEL J. DOHERTY

District 23 (Warren and Hunterdon)

Co-Sponsored by:

Senator Ruiz

SYNOPSIS

Establishes State Mental Health Facilities Evaluation Task Force.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 6/29/2010)

1 AN ACT establishing the State Mental Health Facilities Evaluation
2 Task Force.

3

4 BE IT ENACTED *by the Senate and General Assembly of the State*
5 *of New Jersey:*

6

7 1. As used in this act:

8 “Commissioner” means the Commissioner of Human Services.

9 “County psychiatric facility” means a psychiatric facility that is
10 operated and maintained by the governing body of a county, or such
11 a facility for which the State has assumed the operation and
12 management thereof pursuant to an agreement with the governing
13 body of the county, in accordance with State and federal law and
14 regulations.

15 “Department” means the Department of Human Services.

16 “Screening service” means a screening service as defined in
17 section 2 of P.L.1987, c.116 (C.30:4-27.2).

18 “Short-term care facility” means a short-term care facility as
19 defined in section 2 of P.L.1987, c.116 (C.30:4-27.2).

20 “State psychiatric facility” means a State psychiatric hospital
21 listed in R.S.30:1-7.

22

23 2. a. There is established the State Mental Health Facilities
24 Evaluation Task Force.

25 b. The purpose of the task force shall be to study a number of
26 specified issues relating to the care and cost of persons who are
27 currently patients in one of the State psychiatric facilities and to
28 develop a plan for the effective functioning of these facilities that
29 will ensure that the current and long-term needs of these patients
30 are met in the setting most appropriate to their individual
31 circumstances, to which end the task force, in accordance with the
32 provisions of subsection c. of this section, shall review all relevant
33 past and current patient data for the State psychiatric facilities and
34 examine those issues which serve the purpose of the task force and
35 relate to the State psychiatric facilities, short-term care facilities,
36 county psychiatric facilities, and community-based care for persons
37 with mental illness throughout New Jersey.

38 c. In order to effectuate the purposes of subsection b. of this
39 section, the task force shall, at a minimum:

40 (1) evaluate the current and long-term needs for inpatient
41 psychiatric beds in New Jersey, including those in the State
42 psychiatric facilities, short-term care facilities, and county
43 psychiatric facilities;

44 (2) assess the availability of appropriate and adequate
45 supportive services in the community, including, but not limited to,
46 housing, case management, medication, and treatment;

47 (3) evaluate the effects of patient displacement from the State
48 psychiatric facilities on general hospital emergency departments,

- 1 correctional facilities, and homeless shelters, including in that
2 evaluation data gathered from the closure of Marlboro Psychiatric
3 Hospital and overcrowding at Ancora Psychiatric Hospital;
- 4 (4) assess the long-term psychiatric care needs of special
5 populations, including, but not limited to, the geriatric, forensic,
6 and culturally/linguistically diverse populations, and persons with
7 developmental disabilities;
- 8 (5) compare the readmission rates at State psychiatric facilities,
9 short-term care facilities, and county psychiatric facilities, by
10 category of facility, during Fiscal Year 2010 with the readmission
11 rates for those facility categories during the prior three fiscal years,
12 and compare the rate of referrals for treatment from screening
13 services during Fiscal Year 2010 with the rate of referrals during
14 the prior three fiscal years;
- 15 (6) analyze and estimate projected cost savings that may be
16 realized if ancillary services at the State psychiatric facilities are
17 outsourced;
- 18 (7) provide a complete analysis of the costs of caring for
19 patients at all State psychiatric facilities, including, but not limited
20 to, a comparison among the State psychiatric facilities of their
21 respective: costs of care; staffing ratios; overtime costs; and costs
22 of renovations and capital expenses projected over the next five
23 years, including the total cost of bringing Ancora Psychiatric
24 Hospital into compliance with federal standards;
- 25 (8) examine the feasibility of partial closures at each State
26 psychiatric facility and actions needed to allow for utilization of the
27 most modern facilities; and
- 28 (9) analyze The Joint Commission survey results for each of the
29 State psychiatric facilities and the cost-effectiveness of making
30 changes recommended by The Joint Commission.
- 31 d. The task force shall include 21 members, as follows:
- 32 (1) the Commissioner of Human Services and the Directors of
33 the Divisions of Mental Health Services, Medical Assistance and
34 Health Services, and Developmental Disabilities in the department,
35 or their designees, as ex officio members;
- 36 (2) two members each from the Senate and the General
37 Assembly, to be appointed by the President of the Senate and the
38 Speaker of the General Assembly, respectively, who in each case
39 shall be members of different political parties; and
- 40 (3) 13 public members who are residents of this State, as
41 follows:
- 42 (a) 11 public members to be appointed by the Governor,
43 including: one person who is a county health administrator; one
44 person appointed upon the recommendation of the New Jersey
45 Association of Mental Health and Addiction Agencies; one person
46 appointed upon the recommendation of NAMI New Jersey; one
47 person appointed upon the recommendation of the Mental Health
48 Association in New Jersey; one person appointed upon the

1 recommendation of a New Jersey affiliate of Mental Health
2 America other than the Mental Health Association in New Jersey;
3 one person upon the recommendation of the Institute for Health,
4 Health Care Policy and Aging Research at Rutgers, The State
5 University of New Jersey; one person upon the recommendation of
6 the New Jersey Psychiatric Association; one person upon the
7 recommendation of the New Jersey Hospital Association; one
8 person upon the recommendation of the Coalition of Mental Health
9 Consumer Organizations of New Jersey; one person who is a
10 member of the board of trustees of a State psychiatric facility; and
11 one member of the general public with an interest or expertise in the
12 work of the task force; and

13 (b) two additional members of the general public with an
14 interest or expertise in the work of the task force, who in each case
15 have, or have had, a family member who is, or has been, a patient in
16 a State psychiatric facility, one of whom shall be appointed by the
17 President of the Senate and one of whom shall be appointed by the
18 Speaker of the General Assembly.

19 e. The legislative members of the task force shall serve during
20 their terms of office. Vacancies in the membership of the task force
21 shall be filled in the same manner provided for the original
22 appointments.

23 f. The commissioner or the commissioner's designee shall serve
24 as chairperson of the task force. The task force shall organize as
25 soon as practicable following the appointment of its members and
26 shall select a vice-chairperson from among the members. The
27 chairperson shall appoint a secretary who need not be a member of
28 the task force.

29 g. The public members shall serve without compensation, but
30 shall be reimbursed for necessary expenses incurred in the
31 performance of their duties and within the limits of funds available
32 to the task force.

33 h. The task force shall be entitled to call to its assistance and
34 avail itself of the services of the employees of any State, county or
35 municipal department, board, bureau, commission or agency as it
36 may require and as may be available to it for its purposes.

37 i. The task force may meet and hold hearings at the places that
38 it designates during the sessions or recesses of the Legislature, but
39 shall hold a minimum of three public hearings, one each in the
40 southern, central, and northern regions of the State.

41 j. The department shall provide staff support to the task force.

42 k. The task force shall report its findings and recommendations
43 to the Governor, and to the Legislature pursuant to section 2 of
44 P.L.1991, c.164 (C.52:14-19.1), along with any legislative bills that
45 it desires to recommend for adoption by the Legislature, no later
46 than February 1, 2011. The report shall contain the plan provided
47 for in subsection b. of this section.

1 3. This act shall take effect immediately and shall expire upon
2 the issuance of the task force report.

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STATEMENT

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7 This bill establishes the State Mental Health Facilities Evaluation
8 Task Force.

9 The bill provides specifically as follows:

10 • The purpose of the task force is to study a number of specified
11 issues relating to the care and cost of persons who are currently
12 patients in one of the State psychiatric facilities and to develop a
13 plan for the effective functioning of these facilities that will
14 ensure that the current and long-term needs of these patients are
15 met in the setting most appropriate to their individual
16 circumstances, to which end the task force is to review all
17 relevant past and current patient data for the State psychiatric
18 facilities and examine those issues which serve the purpose of the
19 task force and relate to the State psychiatric facilities, short-term
20 care facilities, county psychiatric facilities, and community-based
21 care for persons with mental illness throughout New Jersey.

22 • The task force is directed, at a minimum, to:

23 -- evaluate the current and long-term needs for inpatient
24 psychiatric beds in New Jersey;

25 -- assess the availability of appropriate and adequate supportive
26 services in the community;

27 -- evaluate the effects of patient displacement from the State
28 psychiatric facilities on general hospital emergency departments,
29 correctional facilities, and homeless shelters;

30 -- assess the long-term psychiatric care needs of special
31 populations;

32 -- compare the readmission rates at State psychiatric facilities,
33 short-term care facilities, and county psychiatric facilities, by
34 category of facility, during Fiscal Year 2010 with the readmission
35 rates for those facility categories during the prior three fiscal years,
36 and compare the rate of referrals for treatment from screening
37 services during Fiscal Year 2010 with the rate of referrals during
38 the prior three fiscal years;

39 -- analyze and estimate projected cost savings that may be
40 realized if ancillary services at the State psychiatric facilities are
41 outsourced;

42 -- provide a complete analysis of the costs of caring for patients
43 at all State psychiatric facilities, including, but not limited to, a
44 comparison among the State psychiatric facilities of their
45 respective: costs of care; staffing ratios; overtime costs; and costs
46 of renovations and capital expenses projected over the next five
47 years, including the total cost of bringing Ancora Psychiatric
48 Hospital into compliance with federal standards;

- 1 -- examine the feasibility of partial closures at each State
2 psychiatric facility and actions needed to allow for utilization of the
3 most modern facilities; and
- 4 -- analyze Joint Commission survey results for each of the State
5 psychiatric facilities and the cost-effectiveness of making changes
6 recommended by the Joint Commission.
- 7 • The task force is to include 21 members, as follows:
 - 8 (1) the Commissioner of Human Services and the Directors of
9 the Divisions of Mental Health Services, Medical Assistance and
10 Health Services, and Developmental Disabilities in the Department
11 of Human Services, or their designees, as ex officio members;
 - 12 (2) two members each from the Senate and the General
13 Assembly, to be appointed by the President of the Senate and the
14 Speaker of the General Assembly, respectively, who in each case
15 are to be members of different political parties;
 - 16 (3) 13 public members who are residents of this State, as
17 follows:
 - 18 (a) 11 public members to be appointed by the Governor,
19 including: one person who is a county health administrator; one
20 person each appointed upon the recommendation of the New Jersey
21 Association of Mental Health and Addiction Agencies, NAMI New
22 Jersey, the Mental Health Association in New Jersey, a New Jersey
23 affiliate of Mental Health America other than the Mental Health
24 Association in New Jersey, the Institute for Health, Health Care
25 Policy and Aging Research at Rutgers University, the New Jersey
26 Psychiatric Association, the New Jersey Hospital Association, and
27 the Coalition of Mental Health Consumer Organizations of New
28 Jersey, respectively; one person who is a member of the board of
29 trustees of a State psychiatric facility; and one member of the
30 general public with an interest or expertise in the work of the task
31 force; and
 - 32 (b) two additional members of the general public with an interest
33 or expertise in the work of the task force, who in each case have, or
34 have had, a family member who is, or has been, a patient in a State
35 psychiatric facility, one to be appointed by the President of the
36 Senate and one by the Speaker of the General Assembly.
 - 37 • The Commissioner of Human Services or the commissioner's
38 designee is to serve as chairperson of the task force.
 - 39 • The task force is to hold a minimum of three public hearings, one
40 each in the southern, central, and northern regions of the State.
 - 41 • The Department of Human Services is to provide staff support to
42 the task force.
 - 43 • The task force is to report its findings and recommendations to
44 the Governor and the Legislature, along with any legislative bills
45 that it desires to recommend for adoption by the Legislature, no
46 later than February 1, 2011. The report is to contain the plan
47 provided for in the bill.
 - 48 • The bill expires upon the issuance of the task force report.