

**MINUTES OF A REGULAR MEETING
BOARD OF TRUSTEES
TRENTON PSYCHIATRIC HOSPITAL**

A meeting of the Board of Trustees of Trenton Psychiatric Hospital was held on **Thursday, June 16, 2022**, pursuant to notice duly given. In conformance with the Public Open Meetings Law, notice of the meeting has been sent to The Trenton Times, The Trentonian, Newark Star-Ledger and the Secretary of State and a notice placed on the bulletin board of Trenton Psychiatric Hospital.

Present:

***Neil Weisfeld - Chairperson
***Patricia Carr – Vice Chairperson
***Maureen Lebel – LSW, PhD.
***Carolyn Torre - RN, MA APN
*****Board Member Via Microsoft Team and Via call in on Microsoft teams**

Excused:

***Susan Rubino, MD

TPH Staff Attendance:

Maria Christensen, CEO.
James Hollen, Acting Deputy Chief Executive Officer-Operations (ADCEO).
Faith Johnson, Acting Deputy Chief Executive Officer-Clinical (ADCEO).
Intikhab Ahmad, M.D., Clinical Director; Donald Pattershall, Director of Nursing (DON);
Michelle Senni, Executive Assistant to the CEO; Frank Miller, QI Director; Colleen Birkhofer, Chief Nursing Officer (CNO),
Sheila Kwoka, Medical Services Assistant/Board Secretary
Mary Jean Inman, Director of Pastoral Services

Guest:

Mary Jean Weston-DMHAS

Excused:

Towana Wilkins, Acting Business Manager
Dr. Heshman Soliman, Director of Medicine
Meghan Henry-MacLeod, Legal Liaison
Troy Hood – DMHAS

ROLL CALL/CALL TO ORDER/MINUTES APPROVAL:

Roll call was conducted via Microsoft Teams and Microsoft Teams Call-in. The Board of Trustees meeting was called to order at 9:30 a.m. Minutes from the April 21, 2022, meeting was approved with the correction to Page 2 bullet ten from “**psychiatric to psychology**” was corrected.

BOARD REPORT:

April Monthly Report:

- Dr. Lebel noted that the Substance Abuse Clinic is now open, and the new name of the clinic is “**Stepping Stone.**”
- Dr. Lebel favorably noted that assaults are down for the month of April.
- Dr. Lebel asked about the Geriatric Assessment and how it is being used. It is used to assess patients who are being transferred to nursing homes. It was asked whether the assessment takes into consideration the patient's behavior. Ms. Faith Johnson provided an example of the assessment. The example is appended to these minutes.
- Dr. Lebel noted the evening and weekend programming and said she was very happy with the programs being held.
- Dr. Lebel asked about the status of the pilot program for cell phones. It was explained that the pilot program for Supportive Employment has ended. Under a new program as proposed by the Division, every patient would receive a cellphone upon discharge.
- Ms. Carr inquired about the Patient Government meetings. There was a meeting on April 29, 2022. The client services representatives oversee the meeting. They receive information from the patients about their treatments. The meeting occurs quarterly and is part of the patient’s program schedule. Ms. Johnson will check on the latest trends with the Client Services Representatives.
- Ms. Carr inquired about Psychology Intern Programs. The interns also go to other facilities for training, mainly to a facility in Middlesex County.
- Ms. Carr noted that the discharge summary for April is low. It was explained that discharges tend to trend low during the Spring.
- Ms. Carr inquired about the Census. It was noted that we are in the desired range for the census.
- Ms. Torre inquired about the two different tablets that are being used by the patients.
- Ms. Torre inquired about a recent visit by the Patient Services Compliance Unit (PSCU). The report is still pending.
- Ms. Torre favorably noted that there were no 30-day readmissions.

- Ms. Carr favorably noted an increase in revenue for the Schulley Trading Post. Prices on the menu have been updated.
- Mr. Weisfeld inquired about the vulnerabilities for the Joint Commission. Infection prevention policies have all been updated and now appear to comply with Joint Commission Standards.
- Mr. Weisfeld inquired about the Business Center. The Business Center in the Stratton Building helps patients develop office skills. The patients handle all the photo copying for TPH. The hospital relies on several products of the Business Center.
- Mr. Weisfeld favorably noted an increase in programs conducted by the Nursing staff. The Rehabilitation Department is supporting the Nursing Department in conducting programs on nights and weekends.
- Mr. Weisfeld and Ms. Torre recognized Ms. Colleen Birkhofer for her record of accomplishment and hard work for the Nursing Department and for TPH. Ms. Birkhofer will be retiring at the end of this month. Ms. Birkhofer told the Board that the Nursing Residency Program just has its first graduation from the program.

May Monthly Report:

- Ms. Torre noted the increased in assaults for the month of May. Ms. Torre would like the monthly report to identify the units where assaults occur and where restraints are applied. Dr. Ahmad will add this information on his monthly report.
- Ms. Torre favorably noted that Dr. Soliman is continuing to track Emergency Department visits.
- Ms. Torre said the Rehabilitation Department is doing a great job conducting programs.
- Ms. Torre favorably noted the Nursing Residency Program. The Nurses in the program make a final presentation to the NRP Committee before graduation. They meet with a Clinical Nurse Specialist on a weekly basis and learn a great deal. Ms. Birkhofer would like more nursing staff to take part in the NRP. Rutgers University is reviewing the program and intends to create a Power Point Presentation about it.
- Dr. Lebel noted that 12 patients were referred for a Suicide Assessment after being placed on precautions by Psychiatry.

- Dr. Lebel inquired about the meeting that the Social Work Department is planning with Rutgers University to review the curriculum for the Social Skills program that is to be implemented at TPH. The meeting has not yet been scheduled.
- Dr. Lebel noted the Delinquency Rate for May from Health Information Management stands at 138%.
- Mr. Weisfeld noted that Violence Prevention will be discussed in the September meeting.
- Mr. Weisfeld inquired about the Community Meeting Plus which began on March 28.
- **Auxiliary Report:**

Ms. Senni reported that the Auxiliary currently is accepting donations. Items are requested to be clean and in good condition. Large Items also being accepted.

COMMITTEE REPORTS:

- **Incident Committee - Dr. Maureen Lebel**

Dr. Lebel will be invited to the Violence Prevention meeting. The Violence Prevention Committee meets the last Tuesday of each month.

- **Legislative Committee – Ms. Carolyn Torre**

Several mental health-related bills are making progress in the NJ Legislature:

- A2008/S353: Conaway, Herb/Verrelli, Anthony S./Benson, Daniel R.Senate: Gopal and Madden.

Requires health insurance carriers to provide coverage for treatment of mental health conditions and substance use disorders through collaborative care. Reported out of Assembly Appropriations on 6/13; now goes to full Assembly for a vote. In the Senate, S352, was reported out of Senate Health Committee to Senate and referred to Senate Budget and Appropriations on 6/6/22.

- A3713/S2195: Jaffer, Sadaf F./Stanley, Sterley S./Verrelli, Anthony S.; Senate: Corrado; Cunningham.

"College Mental Health Services Act"; establishes grant program for public institutions of higher education and requires public institutions of higher education to report certain information concerning mental health treatment and suicides: Reported out of Assembly Higher Ed. Committee on 6/13/22 and referred to Assembly Appropriations; also reported out on 6/13; headed to full Assembly for a vote. S2195, has not yet been heard in Senate Higher Ed. Committee.

- S311/A2036: Senate: Vitale, Joseph F./Gopal, Vin; Assembly: Benson; Verrelli; Conaway. Establishes Statewide behavioral health crisis system of care. Reported out of Senate Health Committee on 6/6; headed for a full vote in the Senate: 6/16/2022 2:00:00 PM. Reported out of Assembly Appropriations on 6/13/22-headed to full Assembly for a vote.
- Medicaid Issue:
- In Mary Jean's Weston's Report, Ms. Torre saw reference to a coming announcement from Medicaid and sent her the following message on 6/13/22: "I am concerned about the forthcoming announcement by Medicaid that they will not accept billing for telehealth Partial Care Services after 8/15/22. Doesn't this contradict the following public law?: **P.L. 2021, c. 310**: Revises requirements for health insurance providers and Medicaid to cover services provided using telemedicine and telehealth; appropriates \$500,000. https://pub.njleg.gov/bills/2020/S3000/2559_R5.HTM **Bill was signed into law late December, 2021.**"

- **Schulley Trading Post – Mr. Neil Weisfeld**

The Schulley Trading Post increased food prices to reflect increased costs. Revenues have increased. Payments to the Welfare Fund are properly occurring on time. Staff is attempting to develop an initiative to increase traffic to the Schulley Trading Post, such as birthday discounts.

- **Therapeutic Environment Committee – Ms. Patricia Carr**

Ms. Carr forwarded photographs to the Board for gazebos that are being purchased. The Raycroft Complex soon will obtain a new gazebo. Requirements for social distancing at the Gazebo are being researched.

- **Welfare Fund – Mr. Weisfeld**

The Welfare Fund Committee proposed to the Board a budget for state fiscal year 2023 of \$31,500. The Board unanimously approved the proposal. The committee also reported that the new bus will be used June 21 to transport patients to the wonderful Cape May County Zoo for the day. A banner on the bus will say **"On the way to the Cape May Zoo."**

**Report from Ms. Mary Jean Weston, MSW, Regional Coordinator
Office of Community Services, Division of Mental Health & Addiction Services
(DMHAS)
(June 16, 2022)**

1. According to a Medicaid newsletter that will be going out soon, Medicaid will announce that billing for Partial Care telehealth service will end effective 8/15/22. DMHAS will stop billing for this service effective 7/1/22.
2. The NJ Department of Community Affairs utility assistance program is now accepting applications at this link: <https://njdca-housing.dynamics365portals.us/en-US/>
3. DMHAS has awarded approximately \$3.2 million to current NJ Lifeline centers for the purpose of building their capacity to answer mental health crisis calls in preparation for the transition to 988 in July.
4. DMHAS is partnering with the State Parole Board and 13 Provider Agencies to offer mental health services through Intensive Outpatient Treatment and Support Services (IOTSS) for persons who are under parole supervision. The target start date is July 1st.
5. The Mental Health Association (MHA – Essex & Morris Counties) has established a Ukrainian Response Team of counselors who offer phone support to people feeling anxious, angry or overwhelmed by the Russian Invasion of Ukraine.” Call 973.509.9777.

Feeling anxious, angry, or overwhelmed by the Russian invasion of Ukraine?

MHA has a team of empathetic and trained counselors available for emotional support.

There are no fees, insurance, or commitment necessary.

Just call **973-509-9777** and ask to be connected to our Ukrainian Response Team, Monday to Friday, **8:30am - 4:30pm** for free confidential counseling and support.

Українська допомога. Ви відчуваєте занепокоєння, гнів чи пригнічення через вторгнення Росії в Україну?

MHA має команду чуйних і навчених консультантів, які надають емоційну підтримку.

Допомога безкоштовна.

Просто зателефонуйте за номером **973-509-9777** та попросіть зв'язатися з нашою українською командою реагування з понеділка по п'ятницю, **8:30 - 16:30 (15:30-24:30)** для безкоштовної конфіденційної консультації та підтримки.



COMMUNICATIONS – There were no communications this month.

OLD BUSINESS –

- Ms. Carr submitted the report of the Task Force on the Hospital's Image, as follows:

The issue of improving a positive image is already well underway due to the mere fact that by addressing the issue we begin to awaken folks to the notion. The community begins to think differently and is able to feed the positive image into everyday activities, events, and decisions. **Update: June 16, 2022:** It was suggested that we set up a meeting to talk about the Task Force Image further.

- There is a new garden for everyone to enjoy the name of the garden is:
 - **The Hope Garden**

NEW BUSINESS: No new business this month

COMMENTS FROM THE PUBLIC – There were no comments from the public.

ADJOURNMENT

The meeting was adjourned at 11:15 a.m. The next meeting is scheduled for Thursday, July 21, 2022, at 9:30 a.m., via Microsoft Teams.

Respectfully submitted,

Sheila Kwoka
Secretary Board of Trustees

Neil Weisfeld
Chairperson

NW/sk

**SAMPLE GERIATRIC ASSESSMENT
GEROPSYCHIATRIC POSITIVE SUPPORTS (GPS)**

DATE: 00/00/0000
D.O.B.: 00/00/0000

CLIENT NAME: John Doe
AGE: 6?-years-old

BACKGROUND AND PRESENTATION:

Mr. Doe is a 6?-year-old, single, white male of ????? faith. Mr. Doe has a significant history of psychiatric treatment and inpatient hospitalization beginning in 19??. Additionally, Mr. Doe has a significant history of violent criminal behavior. On 00/00/0000 he was found Not Guilty by Reason of Insanity (NGRI) for charges of homicide and assault of his girlfriend and her daughter. He was committed to State Psychiatric Hospital A (SPH) on 00/00/0000, where he resided until he was transferred to State Psychiatric Hospital B (SPH) on 00/00/0000. During his time at SPH A, Mr. Doe attempted to force his "girlfriend," another patient at the hospital, to perform oral sex on him. He was charged with aggravated sexual assault on 00/00/0000, subsequently convicted, and incarcerated for 7 years. From prison, Mr. Doe was admitted to Ann Klein Forensic Center (AKFC) on 00/00/0000, transferred to SPH B on 00/00/0000 and then State Psychiatric Hospital C on 00/00/0000. Since his admission in 19?? Mr. Doe has resided on multiple units, most recently a co-ed older adult unit (?). Since his transfer he has exhibited no signs of physical aggression towards others.

Mr. Doe's health has significantly declined over the course of his hospitalization. He now requires a wheelchair, as well as assistance transferring in and out of the wheelchair and several activities of daily living (ADL). Physical therapy services have not helped Mr. Doe improve his gait. In 20?? Mr. Doe participated in psychological testing to assess his intellectual functioning. According to his records, his performance on the WAIS IV indicted a full scale IQ (FSIQ) in the Extremely Low range (FSIQ=??). This represents a significant decline from scores reported in the 1980's on a different psychological assessment which placed his intellectual functioning in the Borderline range (FSIQ= ??). The decline may be explained by Mr. Doe's extended exposure to psychotropic medication, declining health, and age. He has no documented history of being connected to the Department of Developmental Disabilities (DDD).

Overall, Mr. Doe appears to have adjusted well to SPH C Older Adult Unit. He has not expressed any aggression towards staff or peers. He has had brief episodes of frustration related to unanswered questions regarding his discharge and life after SPH C. Since his transfer to ?? there has been one incident of inappropriate sexual behavior. According to records, Mr. Doe attempted to "test" an unfamiliar female member of the nursing staff by asking her to hold his urinal for him. The treatment team counseled him regarding this behavior and there have been no further incidents or reports. Mr. Doe engages appropriately with other patients and appears to have made a few close friends. He enjoys sitting with these peers in the day room, playing cards, and completing puzzles. Additionally, Mr. Doe enjoys therapeutic programs and will attend groups and activities if a staff member assists him (pushes his wheelchair).

The following are risk factors that may trigger behavioral changes that are related to medical conditions/delirium:

Acute infection (e.g., UTI)

Dehydration

Fever

Malnutrition

Medical condition: constipation, anemia, COPD, Seizure Disorder

Medication side effects

Metabolic imbalances

Pain

Pneumonia

Recent medication change

Severe emotional distress

Sleep deprivation

DIAGNOSTIC IMPRESSIONS:

Schizoaffective Disorder, Bipolar Type

Antisocial Personality Disorder

Intellectual Disability, Mild

Gait Dysfunction, wheelchair dependent, assistance with all transfers

Degenerative Joint Disease

Dysphagia

COPD

Hyperlipidemia

Seizure Disorder

Anemia

Constipation

Macular Degeneration

Alcohol Use Disorder, in sustained remission, in a controlled environment

Cannabis Use Disorder, in sustained remission, in a controlled environment

Stimulant Use Disorder, amphetamine-type substance, in sustained remission, in a controlled environment

IDENTIFIED PROBLEM BEHAVIORS/RECOMMENDATIONS:

1.) Mr. Doe has significant medical issues and requires assistance to complete most ADLs. He is a high risk for falls and requires the use of a wheelchair and support in transferring from the wheelchair to the toilet as well as from the bed to the wheelchair.

- Mr. Doe should continue to be monitored regularly by a medical doctor and encouraged to attend all medical appointments. If he is being treated by a female physician or APN, it is important that clear boundaries are expressed to him before the physical examination. Additionally, it is important to have a male staff present during the physical examination, because Mr. Doe is more likely to follow and respect appropriate boundaries.
- Mr. Doe should be placed in a long term care facility that can provide, 24-hour care and oversight for his medical needs. He will require assistance with transferring in and out of bed to his wheelchair, wheelchair to toilet, and wheelchair to chair. He will also require assistance with dressing, toileting, bathing, and feeding. He is cooperative with staff and will respond to assistance. He may attempt to cross boundaries and make sexually inappropriate comments with female staff that are “new” on the unit. Clarify boundaries before providing assistance, “Mr. Doe, I will be assisting transferring you from your wheelchair to the toilet. I need you to hold onto the grab bar to keep you safe.” Provide instructions that are direct and concrete that allow him to participate in his care while preventing him from using his hands to grab staff inappropriately.
- Mr. Doe should be reminded regularly by his treatment providers of the importance of remaining compliant and adherent to his medical and psychiatric treatment. Psychoeducation regarding his medical and psychiatric issues should be provided on an on-going basis as needed.

2.) Mr. Doe is a high risk for falls. He may ask for his roommate’s assistance if he is unable to access immediate support from staff. Provide him with a urinal that is close to his bed and a safe, convenient place for him to return it to avoid a spill.

- Mr. Doe should be encouraged to ask for assistance when transferring into and out of his wheelchair. He would benefit from having a wheelchair alarm and a conveniently located call button by his bedside. He should be discouraged from attempting these tasks without assistance or supervision.
- Mr. Doe will benefit from ongoing intervention from the physical therapy department, to reduce/ slow physical decline and gait dysfunction. He should be encouraged to build lower body strength with appropriate supervision. He enjoys the interactions that he has with the physical therapy staff, and he is motivated to exercise during sessions.

3.) Mr. Doe has limited intellectual functioning. Speak clearly and provide him with time without rushing. He is patient and will wait for you to be available. Although make sure to follow through with the time that you designated to speak with him about his concerns.

- When speaking with Mr. Doe keep verbal interventions short, simple, and direct. “Mr. Doe, I hear your concern. I will call and make sure to tell you the answer. I need to find out the time of your appointment.”
- Mr. Doe may benefit from having commands, directions, or specific interventions written down. This way he can reference the information as necessary. He will often fixate on a location or name and have difficulty remembering it. Write down the name on a piece of paper large enough that he can easily read it. Shorten names of staff that might be difficult to remember ex. Dr. A., Ms. B., Mr. C. etc.
- Mr. Doe would benefit from having complex tasks broken down into smaller, more manageable parts.

4.) Mr. Doe has a history of criminally violent behavior. He also has a history of sexually inappropriate behavior towards other female patients and staff.

- Mr. Doe’s risk for violence was determined to be in the Low to Moderate range when last assessed (??/??/20??). Upon discharge, he will need to be in a supervised environment where his risk can be appropriately monitored and managed. His medical and psychiatric issues substantially limit his current risk for violence or sexual recidivism.
- If Mr. Doe exhibits any tendency towards aggression, violence, or sexually inappropriate behavior it should be made clear to him that this behavior is inappropriate and unacceptable.

5.) Mr. Doe has a history of substance abuse

- Although Mr. Doe has been able to successfully refrain from using substances during his hospitalization at SPH, he should be reminded of the importance of remaining abstinent in the community.
- He should be encouraged to continue attending Alcoholics Anonymous and programs utilizing a 12-step model.

Please contact the SPH Unit treatment team (???-???-????) with any questions regarding the patient’s behavioral difficulties.

SIGNATURE: _____
????????????, Psychology Intern

SIGNATURE: _____
????????????, Clinical Psychologist 2

Pastoral Services Presentation:

Following the Board meeting, the Rev. MaryJane Inman delivered a presentation to the Board on the TPH Pastoral Services Department. She discussed the broad scope of services, pastoral care programming (including individual and group programming), assessments (including the newly revised Spiritual Assessment), connecting patients with community congregations and religious leaders, hospital-wide programming (including Sunday Services, Memorial Services, and Tablet programming), department meetings, and clinical supervision within the Pastoral Services Department. During the presentation, MaryJane answered Board Members' questions regarding the Spiritual Assessment, community clergy / congregation connections, and Pastoral Services integration in the Multi-disciplinary Treatment Teams.

The below attachment is the Pastoral Services Assessment that was discussed. Double click on the attachment and will open it. The attachment is a PDF.



Pastoral_Services_Assessment_PS09 (1).pdf

Overview of Pastoral Services

Staffing

- State Chaplains
- Contract Chaplains
 - Professional Clergy
 - Graduates of Intern program
 - New Interns – Academic Year and Summer Programs

Rounds on Units

- Follow up on referrals
- Provision of religious resources

Assessments

- Referred through IIA
- Completed within 5 days of admission
- Newly revised Assessment Form

Programming / GSA

- Individual Pastoral Counseling
- Church Services on Units
- Spirituality Groups
 - Spirituality Group
 - Trauma-Informed Yoga Group (TLU SUD Clinic)
 - MDLE (Managing Difficult Life Experiences) Group
 - DBT (Dialectical Behavioral Therapy) Skills Group and Individual
- Readiness Check-In Individual

Hospital-Wide Programming (Non-GSA)

- **Weekly Church Services** -- Recorded by TPH Chaplains, burned onto disk, and aired by TPH Telephone Operators on Channel 1979 each week at 9:30. Chaplain's design bulletins that are printed by the TPH Business Center and then distributed to each unit
- **Special Services** – Religious Holiday Services –Recorded by TPH Chaplains, burned onto disk, and aired by TPH Telephone Operators on Channel 1979
- **Memorial Services** – For staff on Microsoft Teams; for patients or patients loved ones in person on units
- **Tablet Programming** – All church services and special religious services are uploaded onto the TPH Tablets for patients. Pastoral Services has also uploaded other free resources onto the tablets for patients to access
- **Annual Pastoral Services Wellness Event**

Staff Support

- Member of SEA and attend SEA EAS programming on Units
- Call injured / assaulted staff and offer support
- Offer support to staff on units as appropriate / requested

Departmental Meetings

- Department meets each week via Teams to discuss referrals, hospital initiative, hospital announcements, consultation and problem-solving, environmental concerns, PPE information – Normative, Formative, and Restorative

Clinical Supervision

- Intern Program
- Chaplain Assistant Group
- Open Door policy / scheduled consultation time
- Fidelity Supervision for Readiness Check-In
- Supervisor attends META supervision through Rutgers each month
- Hospital-wide CME attendance