MINUTES OF THE
STATE HEALTH PLANNING BOARD MEETING
Thursday, February 2, 2012

Members Present:
Judy Donlen, Chairperson
Catherine Ainora
Henry S. Kane
Susan Olszewski
Dr. Joseph A. Barone
Connie Bentley-McGhee, Esq.
Jon Brandt
Michael Baker
Alison Gibson (Representing Commissioner O'Dowd, Department of Health & Senior Services)
Thomas Lind (Representing Commissioner Jennifer Velez)

Excused Absent:
Dr. Poonam Alaigh
Dr. Sharol A. Lewis

Staff:
John Calabria
Susan Brocco
Jamie Hernandez
Michael Kennedy, DAG

CALL TO ORDER

Catherine Ainora, Chairperson opened the meeting at the Department of Health and Senior Services, 369 South Warren St., Trenton, NJ on Thursday, February 2, 2012.

MOTION SUMMARY

1. Approval of November 29, 2011 minutes
   Motion – Dr. Barone, Second – Mr. Kane

2. Approval of Certificate of Need Application for the Closed Acute Care Inpatient Psychiatric Services Warren County – Applicant: Newton Medical Center
   Motion – Ms. Olszewski, Second – Mr. Baker

3. Approval of Certificate of Need Application for the Closed Acute Care Inpatient Psychiatric Services Middlesex County – Applicant: Capital Health System at Fuld and Monmouth Medical Center

   Motion for denial of the application of Capital Health Systems at Fuld
   Motion – Mr. Kane, Second – Ms. Olszewski

4. Approval of Certificate of Need Application for the Closed Acute Care Inpatient Psychiatric Services Middlesex County – Applicant: Capital Health System at Fuld and Monmouth Medical Center

   Motion to accept Monmouth Medical Center's application
   Motion – Ms. Olszewski, Second – Mr. Kane

February 2, 2012

VOTING RECORD

VOTING BOARD MEMBER	ROLL	1	2	3	4
Dr. Donlen	X	Y	Y	Y	Y
Ms. Ainora	X	Y	Y	R	R
Mr. Kane	X	Y	R	Y	Y
Ms. Olszewski	X	A	Y	Y	Y
Ms. Bentley-McGhee	X	A	Y	N	Y
Dr. Barone	X	Y	Y	Y	Y
Mr. Baker	X	A	Y	R	R
Dr. Lewis	-	-	-	-	-
Dr. Alaigh	-	-	-	-	-
Mr. Brandt	X	Y	Y	Y	Y
Ms. Gibson - non voting member	X	-	-	-	
Dr. Lind – non voting member	X	-	-	-	
Mr. Kennedy – non voting member	X	-	-	-	
Total Absent	10 2	5-Y 0-N 3-A 0-R	7-Y 0-N 0-A 1-R	5-Y 1-N 0-A 2-R	6-Y 0-N 0-A 2-R

KEY: Y=YES N=NO A=ABSTAIN R=RESCUE

1 STATE OF NEW JERSEY
STATE HEALTH PLANNING BOARD
2

3 X ------------------------------ X
REGULAR MEETING, *
4 CERTIFICATE OF *
OF NEED APPLICATIONS RE: NEWTON *
5 MEDICAL CENTER; CAPITAL HEALTH *
SYSTEM AT FULD AND MONMOUTH *
6 MEDICAL CENTER *
X ------------------------------ X
7
DEPARTMENT OF HEALTH & SENIOR SERVICES
8 MARKET & WARREN STREETS, FIRST FLOOR
TRENTON, NEW JERSEY
9
FEBRUARY 2, 2012
10
TIME: 9:30 A.M.
11

12 B E F O R E: DR. JUDY DONLEN-CHAIR
DR. THOMAS LIND-MEMBER
13 CATHERINE AINORA-MEMBER
HENRY KANE-MEMBER
14 DR. JOSEPH BARONE-MEMBER
CONNIE BENTLEY-MC GHEE-MEMBER
15 JON BRANDT-MEMBER
MICHAEL BAKER-MEMBER
16 SUSAN OLSZEWSKI-MEMBER
ALISON GIBSON
17
JAMIE HERNANDEZ-STAFF
18
A P P E A R A N C E S:
19

20 JEFFREY S. CHIESA ATTORNEY GENERAL
BY: MICHAEL J. KENNEDY, ESQ.
21 Deputy Attorney General
For the Board
22

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1 (Transcript of proceedings, February 2,
2 2012, commencing at 9:55 a.m.).
3 MS. AINORA: Since Judy is not here
4 yet, I'll call the meeting to order, except I lost
5 Jamie.
6 MS. HERNANDEZ: This is a formal meeting of the State
7 Health Planning Board. Adequate notice of
8 this meeting has been published in accordance with
9 the provisions of Chapter 231, Public Law 1975
10 C-10:4 of the State of New Jersey, entitled Open
11 Public Meeting Act.
12 Notice was sent to the Secretary of
13 State, who posted the notice in a public place.
14 Notices were forwarded to seventeen New Jersey
15 newspapers, two New York newspapers, two wire
16 services, two Philadelphia newspapers and the New
17 Jersey Public Broadcasting Station.
18 Roll call.
19 MR. HERNANDEZ: Alison Gibson?
20 MS. GIBSON: Here.
21 MS. HERNANDEZ: Dr. Lind?
22 DR. BARONE: He just stepped out.
23 MR. HERNANDEZ: Cathy Ainora?
24 MS. AINORA: Yes, here.
25 MR. HERNANDEZ: Mr. Kane?

1 MR. KANE: Here.
2 MS. HERNANDEZ: Ms. Olszewski?
3 MS. OLSZEWSKI: Here.
4 MS. HERNANDEZ: Ms. Bentley-Mc Ghee?
5 MS. BENTLEY-MC GHEE: Here.
6 MS. HERNANDEZ: Dr. Barone?
7 DR. BARONE: Here.
8 MS. HERNANDEZ: Dr. Lewis?
9 No response).
10 Mr. Baker?
11 MR. BAKER: Here.
12 MS. HERNANDEZ: Dr. Alaigh?
13 No response).
14 Mr. Brandt?
15 MR. BRANDT: Here.
16 MS. HERNANDEZ: Dr. Donlen?
17 No response).
18 We have nine members of the Board
19 present, which does constitute a quorum.
20 MS. AINORA: Thank you. We do have a
21 new member, Jon Brandt. Maybe you can introduce
22 yourself.
23 MR. BRANDT: Sure. I'm John Brandt. A
24 little of my background?
25 MS. AINORA: Just a little bit.

1 MR. BRANDT: Sure. I'm president and
2 CEO of an organization called Momentus, which is a
3 venture capital firm. I'm a public member here.
4 My prior background was in the health care industry
5 in career education. Which I was the founder of an
6 organization called National Health Career
7 Association. The company was sold in 2009.
8 I'm here and I'm happy to serve, be of
9 service to the Board.
10 MS. AINORA: Thank you very much. We
11 have another new member, Dr. Alaigh, who was the
12 Commissioner of Health at one point. But she's not
13 here today. So we'll introduce her at the next
14 meeting.
15 Did everyone one get a chance-- we
16 sent-- the minutes of the November 29th meeting
17 were sent to everyone's home. I assume everyone
18 had a chance to read it. Do I have a motion on the
19 floor to accept the minutes?
20 DR. BARONE: So moved.
21 MS. AINORA: Do I have a second?
22 MR. KANE: Second.
23 MS. AINORA: Are there any discussion
24 or corrections on the minutes themselves?
25 (No response).

1 Do you want to take a vote on the
2 minutes of November 29th, for approval?
3 MS. HERNANDEZ: Ms. Ainora?
4 MS. AINORA: Yes.
5 MS. HERNANDEZ: Mr. Kane?
6 MR. KANE: Yes.
7 MS. HERNANDEZ: Ms. Olszewski?
8 MS. OLSZEWSKI: Abstain.
9 MS. HERNANDEZ: Ms. Bentley-Mc Ghee?
10 MS. BENTLEY-MC GHEE: Abstain.
11 MS. HERNANDEZ: Dr. Barone?
12 DR. BARONE: Yes.
13 MS. HERNANDEZ: Dr. Lewis?
14 No response).
15 Not here. Mr. Baker?
16 MR. BAKER: Abstain.
17 MS. HERNANDEZ: And Mr. Brandt?
18 MR. BRANDT: Yes.
19 MS. HERNANDEZ: We have four yes and
20 three abstained, motion approved.
21 MS. AINORA: Yes, thank you. Mr.
22 Conroy is not here, but I see Alison is here. Do
23 you have a report from the Commissioner's office?
24 MS. GIBSON: Yes, I do. Good morning.
25 MR. AINORA: Alison, do you want to

1 introduce yourself, just speak up.?
2 MS. GIBSON: A joint venture application
3 was submitted by Legacy at Hackensack, to reopen
4 the Pascack Valley Hospital and is still under
5 review by the Commissioner.
6 We have received yesterday the transfer
7 of--the application for transfer of ownership of
8 Mountainside to the same joint venture of Legacy at
9 Hackensack. This will be reviewed by the staff.
10 Thirdly, the staff completed the
11 licensing review of the purchase of Warren Hospital
12 by St. Luke's of Bethlehem, Pennsylvania and
13 approved it. That's not subject to CN.
14 Finally, we are-- the Department is
15 monitoring the situation with Christ Hospital.
16 MS. AINORA: Okay. Do you want to
17 explain that? Christ Hospital had a buyer. Why
18 don't you just explain that, so the people on the
19 Board understand that?
20 MS. GIBSON: At the moment Prime Health
21 Care had applied to buy Christ Hospital. That has
22 not gone through as we speak. There have been two
23 other applications to buy-- no formal applications,
24 to buy this facility. Meanwhile, there are
25 significant financial issues with the hospital and

1 the Department is dealing with that.
2 MS. AINORA: Okay. Any questions of
3 Alison representing the Commissioner's office?
4 MS. AINORA: Thanks, Alison. We have
5 a couple of Certificate of Needs today.
6 For the people in the audience, the
7 process will be, the Department will give a
8 presentation. We have all seen information sent to
9 our homes. We have read your full applications,
10 your completeness questions, et cetera.
11 We would then ask if there are is any
12 public comment. Then for them to speak for three
13 minutes, either for or against the application.
14 We then ask the applicant to come up.
15 You have ten minutes to speak on behalf of the
16 project. Then we'll have a Board discussion. We
17 may call you up to answers our questions. We may
18 do the same with the Department of health.
19 So with that being said, we'll start
20 with the Newton Medical Center application, John?
21 MR. CALABRIA: Sue.
22 MS. AINORA: Oh, Sue.
23 MR. KANE: I need to recuse myself.
24 MS. AINORA: Okay.
25 MS. BROCCO: Susan Brocco, B-r-o-c-c-o.

1 Just as background, the Department of Health worked
2 on this project in collaboration with the
3 Department of Human Services, Division of Mental
4 Health Addiction services.
5 The CN call aims to have a facility of
6 shorter involuntary admissions for general acute
7 care hospitals. Thereby reducing the number of
8 direct admissions to State psychiatric hospitals.
9 The Division of Mental Health developed
10 the new methodology for the project, which
11 considered the most recent utilization of existing
12 closed beds in general acute care hospitals and the
13 geographic origin of direct admission to State
14 psychiatric hospitals.
15 So on February 22nd, 2011 the
16 Department issued a CN call for the establishment
17 or addition of adult closed acute inpatient
18 psychiatric services, also referred to as short
19 term care facility beds. I'm going to refer to
20 them as STCF beds from now on.
21 The following geographic areas are be
22 to served. In Middlesex County we have six beds,
23 Warren County there were four beds.
24 (Whereupon, Dr. Donlen enters the
25 room).

1 When Muhlenberg Regional Medical Center
2 closed in 2008, six of its Middlesex STCF beds were
3 temporarily allocated to Princeton House
4 Behavioral Health. The remainder of the Muhlenberg
5 beds were incorporated into the 2008 CN call and
6 they were allocated in that manner.
7 In 2010 Princeton House notified the
8 Department it could no longer maintain the six
9 temporary Middlesex beds. The Department and
10 Division of Mental Health then awarded Kimball
11 Medical Center temporary licensure of six Middlesex
12 beds, subject to approval during the next CN call.
13 The Warren County beds were previously
14 CN approved to Warren Hospital in an earlier CN
15 call. Warren Hospital notified the Department and
16 Division of Mental Health that it was unable to
17 implement the CN approved beds, which leads us to
18 this call.
19 The Department staff carefully reviewed
20 the applications received, in collaboration with
21 the Department of Human Services, Division of
22 Mental Health and Addiction Services and now
23 presents its recommendation.
24 These recommendations are guided by
25 county specific bedding methodology, the statutory

1 criteria for CN review set forth in the Health Care
2 Facilities Planning Act and the rules governing the
3 CN process.
4 We gave the relative merits of the
5 application, gave particular consideration to the
6 recommendations provided by the Division of Mental
7 Health.
8 Applications were invited from
9 hospitals seeking to meet the bed need identified
10 in their county of origin and contiguous counties.
11 Applicants were able to propose plans
12 to expand their STCF bed complement, either by
13 increasing the total number of inpatient beds or by
14 expanding the number of STCF beds through
15 conversion of their open or non STCF beds.
16 Now we'll go to the Warren County bed
17 need call for four beds. There was one applicant
18 that applied, Newton Medical Center, which is a
19 member of Atlantic Health System. They proposed to
20 convert four existing open non STCF beds to four
21 Warren County STCF beds.
22 Upon implementation of the project,
23 Newton's bed complement would consist of ten STCF
24 beds, which four are from Sussex County and six
25 from Warren County. They will also have six non

1 STCF or open beds. So their total inpatient bed
2 complement wouldn't change. They would still be
3 sixteen.
4 Newton provided a justification of
5 need, which is detailed in your handout. We found
6 that Newton was in compliance with statutory
7 criteria as set forth in the Health Facilities
8 Planning Act.
9 Newton also provided documentation in
10 compliance with the requirements for initiation of
11 inpatient services pursuant to the Certificate of
12 Need application review process.
13 The Department staff is recommending
14 approval of four of the four beds as requested.
15 Our rationale for approval of this application
16 addresses the identified need for four STCF beds in
17 Warren County.
18 Newton has documented compliance with
19 the statutory requirements contained in the Health
20 Care Facilities Planning Act.
21 Newton is an existing provider of STCF
22 bed services in Sussex County and currently is
23 licensed for two Warren County STCF beds.
24 Newton is in a contiguous county, which
25 is Sussex County, to Warren County.

1 Finally, the Department of Human
2 Services' Division of Mental Health and Addiction
3 Services endorses Newton's application for four
4 STCF beds for Warren County.
5 We just have one condition which we are
6 recommending be placed on that CN award. That the
7 applicant shall maintain psychiatric outpatient
8 clinic services sufficient to serve its inpatient
9 population.
10 They can also maintain formal written
11 agreements with third party providers to perform
12 this service.
13 That's the Department's position.
14 DR. DONLEN: I did have one question.
15 I don't know if anybody else did. I'm sorry that I
16 was late, but I'm glad you started the meeting
17 without me.
18 The occupancy rate for the non STCF
19 beds in 2010 and annualized for 2011 is seventy-two
20 percent. So what's the Department of Human
21 Services projecting relative to what the conversion
22 of the four beds will mean to the occupancy for the
23 open beds.
24 MS. BROCCO: The Department did not do
25 a projection. The applicant may be able to speak

1 to that.
2 DR. DONLEN: We'll get to them then.
3 Is Human Services here?
4 MR. BORICHEWSKI: Yes.
5 DR. DONLEN: Did you have a response to
6 that or are you concerned about that at all?
7 MR. BORICHEWSKI: Sure.
8 DR. DONLEN: You have to give us your
9 name?
10 MR. BORICHEWSKI: Roger Borichewski,
11 from the Department of Human Services,
12 B-o-r-i-c-h-e-w-s-k-i.
13 DR. DONLEN: The conversion of the four
14 open beds, the last two years the occupancy rate
15 was seventy-two percent. Are you expecting any
16 problem relative to that or are there other open
17 beds in the area that could be utilized? I
18 understand that these necessarily come under your
19 jurisdiction, but in terms of reimbursement; right,
20 do they, the open beds?
21 MR. BORICHEWSKI: Not the open beds,
22 no.
23 DR. DONLEN: Have you looked at that in
24 terms of what this will mean for those?
25 MR. BORICHEWSKI: We did not

1 specifically address the occupancy rate in the
2 voluntary beds. Again, I would defer to Newton to
3 describe, you know, their expectation for their
4 volume moving forward.
5 DR. DONLEN: Okay. We're going to do
6 this one first. Then take a vote and go on to the
7 next one.
8 Anybody in the public hearing-- anyone
9 from the public that wants to speak about these
10 beds?
11 (No response).
12 How about the applicant, somebody--
13 MR. CHERNEY: Yes. I'm Roger Cherney,
14 the manager of Behavioral Health. Let me spell
15 that, C-h-e-r-n-e-y, and Roger without a D.
16 DR. DONLEN: You have ten minutes to
17 present, but you can certainly use a lot less than
18 that.
19 MR. CHERNEY: I'm actually-- I didn't
20 come to do a presentation. I think the information
21 contained in the application and the completeness
22 response kind of said it all. I can speak to the
23 occupancy rate.
24 DR. DONLEN: Let me ask you another
25 question before you do that, okay?

1 MR. CHERNEY: Okay.
2 DR. DONLEN: Just by the description of
3 it, it looks like you didn't come-- you didn't
4 respond to the first call, you responded to the
5 second one. Was there any reason for that?
6 MR. CHERNEY: We didn't respond to the
7 first call because at that point we were still
8 involved in the process of the merger with the
9 Atlantic Health System. There were so many moving
10 parts that we weren't in a position to do so.
11 DR. DONLEN: That makes sense. I was a
12 little concerned in terms of two calls and then the
13 response. I just wanted to get some sense of that,
14 that's fine. Now talk to us about the application.
15 MR. CHERNEY: I think the statistics
16 are changed, modified in the completeness review.
17 The initial database that I got for the analysis
18 that we did from IT, we recognized after the fact
19 had some issues.
20 We reran the data. The occupancy rates
21 for the involuntary beds for 2010, were just a
22 little over ninety-two percent. Which conform to
23 our anecdotal sense of the bed use. The occupancy
24 rate for the voluntary beds averaged sixty percent.
25 So from the point of view of

1 accommodating typical needs, most of the time we'll
2 be able to do so. Certainly being part of the
3 Atlantic system in terms of access to open beds
4 and, frankly, the proximity of St. Clare's with
5 respect to that. You know, our feeling is that we
6 will be able to do that.
7 As was mentioned in the CN application,
8 we're looking at the-- you know, the potential for
9 an eighteen--the expansion of an eighteen bed
10 unit. To take into account the fact that Sussex
11 County is a rapidly growing county.
12 While we'd be able to meet the current
13 typical needs with an eye toward the future, we're
14 considering expansion to eighteen beds, to increase
15 the complement to eight voluntary beds. But that
16 will require, you know, further exploration.
17 DR. DONLEN: Right now this will be how
18 many beds?
19 MR. CHERNEY: Sixteen beds.
20 DR. DONLEN: You'll just be expanding
21 to eighteen for growing-- if the area is growing
22 there might be a need for a couple in the future?
23 MR. CHERNEY: We're looking at that,
24 yes. Also, we're also considering that from a
25 strategic prospective, yeah.

1 DR. DONLEN: Okay. Any other
2 questions?
3 (No response).
4 Thank you very much. Any discussion?
5 MS. OLSZEWSKI: I'm glad that we were
6 able to clear up the non STCF beds. Because that
7 was a concern to me. It looked like they would be
8 at over a hundred percent occupancy. So I'm glad
9 to hear that that's not going to be an issue.
10 DR. DONLEN: Anybody else? Somebody
11 want to offer a motion? How about you, Susan?
12 MS. OLSZEWSKI: I move that we accept
13 Newton Medical Center's application to convert
14 twelve of its no--to convert four of its STCF
15 beds to four STCF beds, in response to the call
16 from the State.
17 They have adhered to all the State
18 legal requirements, statutory and regulatory
19 requirements. This is based on one condition. Which
20 is, the applicant shall maintain psychiatric
21 outpatient clinic services, sufficient to serve its
22 inpatient population in accordance with NJAC
23 8:43G-2.12(a) and 5.21(a). In the alternate the
24 applicant may maintain formal written agreements
25 with third party providers to perform this service

1 on its behalf.
2 I, for one, am pleased that Newton was
3 able to come forward and provides these beds. As
4 they are much needed. They provide a critical
5 service in their area and we appreciate their
6 support.
7 DR. DONLEN: Second?
8 MR. BAKER: I'll second, for the same
9 reasons as stated by Susan.
10 DR. DONLEN: Roll call.
11 MS. HERNANDEZ: Ms. Ainora?
12 MS. AINORA: Yes.
13 MS. HERNANDEZ: Mr. Kane?
14 DR. DONLEN: He abstained.
15 MS. HERNANDEZ: Ms. Olszewski?
16 MS. OLSZEWSKI: Yes.
17 MS. HERNANDEZ: Ms. Bentley-Mc Ghee?
18 MS. BENTLEY-MC GHEE: Yes.
19 MS. HERNANDEZ: Dr. Barone?
20 DR. BARONE: Yes.
21 MS. HERNANDEZ: Mr. Baker?
22 MR. BAKER: Yes.
23 MS. HERNANDEZ: Mr. Brandt?
24 MR. BRANDT: Yes.
25 MS. HERNANDEZ: Dr. Donlen?

1 DR. DONLEN: Yes.
2 MS.HERNANDEZ: We have seven voting
3 yes, motion approved.
4 DR. DONLEN: The next item is the
5 closed acute care inpatient psychiatric services
6 Middlesex County applicants: Capital Health System
7 at Fuld and Monmouth Medical Center.
8 MR. BAKER: Judy, I'd have to recuse
9 myself. But now Henry is back, so you have a
10 quorum.
11 MS. AINORA: I have to recuse myself as
12 well.
13 DR. DONLEN: Can you put the reason for
14 your recusals on?
15 MR. BAKER: Yes. Capital Health is a
16 client of mine.
17 DR. DONLEN: Can you put the reason on
18 the record?
19 MS. AINORA: Monmouth Medical Center is
20 part of the St. Barnabas system.
21 DR. DONLEN: Thank you. Department
22 presentations?
23 MS. BROCCO: There were two competing
24 applications filed in response to the call for the
25 six Middlesex County STCF beds; Capital Health at

1 Fuld which is in Mercer County and Monmouth Medical
2 Center in Monmouth County.
3 First I'll give you Capital Health
4 System. Capital Health proposes to convert five
5 existing non STCF beds and one Hunterdon County
6 STCF bed to six Middlesex County STCF beds.
7 Upon implementation of the project,
8 Capital's bed complement would consist of
9 twenty-one STCF beds, fifteen from Mercer County
10 and six from Middlesex County, and seven non STCF
11 beds.
12 The total inpatient psych bed
13 complement of twenty-eight will not change. There
14 are no project costs related to this project.
15 Alternately, Capital further requests
16 that due to staffing ratio requirements, it would
17 request approval of either eighteen or twenty-one
18 total STCF beds, versus the twenty-eight.
19 If it's proposed for all six Middlesex
20 STCF beds and the elimination of the one Hunterdon
21 County bed were not approved, Capital would also
22 consider the following application: If the six
23 Middlesex County beds will be split up, the
24 applicant would request three of the Middlesex
25 beds and to eliminate the one Hunterdon County STCF

1 bed. Or if the Hunterdon STCF bed cannot be
2 eliminated, then the applicant requests either two
3 or five of the Middlesex STCF beds.
4 Capital provided a justification of
5 need. They provided that it is in compliance with
6 statutory requirements as set forth in the Health
7 Care Facilities Planning Act. Details of which are
8 in the staff write-up.
9 Capital has also provided documentation
10 in compliance with the requirements of the
11 initiation and expansion of closed inpatient psych
12 services, pursuant to the Certificate of Need
13 application review process.
14 The Department staff recommends denial
15 of six of the STCF Middlesex beds as requested and
16 denial of the one Hunterdon County bed elimination.
17 The rationale is that the Division of
18 Mental Health and the Department are concerned that
19 there will be a loss of non STCF bed capacity
20 within the Capital Health at Fuld application.
21 The Division of Mental Health and the
22 Department are concerned over the potential loss of
23 the Hunterdon County STCF bed within the system of
24 care. There are only three Hunterdon County STCF
25 beds in the system. The loss of one bed would be a

1 thirty-three percent reduction in bed availability
2 for this service area.
3 The Department is also concerned that
4 the applicant's alternative proposal of
5 apportioning the beds in this CN Call is not the
6 most cost effective or the most efficient
7 allocation of services in comparison to awarding
8 all beds to one provider.
9 The Division of Mental Health does not
10 endorse this application's allocation of six STCF
11 beds.
12 DR. DONLEN: Does anybody want to wait
13 until the end to have questions after both
14 applications or do you want to-- can we just
15 proceed with both presentations, then ask questions
16 related to both?
17 (Positive response).
18 Thank you. Go ahead, sorry about that.
19 MS. BROCCO: The second applicant was
20 Monmouth Medical Center. It is a member of the
21 Barnabas Behavioral Health network. And it
22 proposes to add the six Middlesex County STCF beds
23 that are temporarily licensed at Kimball Medical
24 Center, which is also a Barnabas Behavioral Health
25 Network member.

1 The proposed project would involve
2 renovation of existing space on the Behavioral
3 Health unit at Monmouth Medical Center. Currently,
4 the applicant has nineteen STCF beds and
5 twenty-five non STCF beds. Upon implementation of
6 the project, the applicant's bed complement would
7 be twenty-five STCF beds and twenty-five non STCF
8 beds.
9 The temporarily licensed Middlesex beds
10 at Kimball would return to their previous non STCF
11 or open bed status. The project would create six
12 new beds with no elimination of beds in the
13 inpatient psychiatric service system. The project
14 will be financed through cash from operations.
15 The applicant provided a justification
16 of need, which is detailed their packet. It is
17 stated that it's in compliance with the statutory
18 criteria in accordance with the Health Care
19 Facilities Planning Act.
20 Monmouth has provided documentation
21 that it is in compliance with the initiation and
22 expansion of closed patient psychiatric services
23 pursuant to the Certificate of Need application and
24 review process.
25 As far as the Department staff

1 recommendation, the staff is recommending approval
2 of six of the six beds as requested. The rationale
3 being that Monmouth's application addresses the
4 identified need for six closed beds in Middlesex
5 County.
6 Monmouth has documented compliance with
7 the statutory requirements contained in the Health
8 Care Facilities Planning Act.
9 Monmouth is an existing provider of
10 STCF bed services in Monmouth County.
11 Also, Barnabas Behavioral Health
12 Network, of which the applicant is a member,
13 already has the system in place to operate the
14 Middlesex County beds, having been given temporary
15 licensure at Kimball Medical Center on February
16 8th, 2011.
17 Barnabas can seamlessly relocate the
18 six Middlesex beds to Monmouth Medical Center,
19 which can operationalize the beds after it
20 reconfigures one of its units, adapts the policies
21 and procedures developed by Kimball, and fosters
22 the relationships with the Middlesex County Mental
23 Health System that Kimball Medical Center
24 initiated.
25 Also, there will be an increase in non

1 STCF or open beds with this application, versus a
2 decrease in the open beds with the alternative
3 application. The applicant states that its
4 affiliate, Kimball Medical Center, which
5 temporarily operates the six Middlesex beds,
6 intends on returning these existing beds to their
7 former voluntary or open status.
8 There will be no other county STCF beds
9 impacted in this application, as there are in the
10 competing application.
11 Monmouth Medical Center is in a
12 contiguous county, Monmouth, to Middlesex County.
13 The proposed transfer of STCF beds from Kimball
14 Medical Center in Ocean, to Monmouth Medical
15 Center, will more efficiently serve patients and
16 families.
17 The Division of Mental Health and
18 Addiction Services endorses Monmouth Medical
19 Center's application of six STCF beds for Middlesex
20 County.
21 The Department staff is just
22 recommending one condition. That's that the
23 applicant provide attestation that it will work
24 with Kimball Medical Center to ensure that the
25 relocation occurs seamlessly and that Kimball

1 Medical Center will continue operating the six
2 Middlesex STCF beds until Monmouth Medical Center
3 receives CN approval, permanent designation and is
4 licensed to operate the beds.
5 DR. DONLEN: Can you just--and we'll
6 talk to the applicant as well. But can you talk a
7 little bit about the decision not to split the
8 beds, not to do the two and four? Capital's
9 application would have still maintained the
10 Hunterdon bed. I understand the reason for not
11 wanting the Hunterdon bed eliminated.
12 But what that would mean. They talked
13 about staffing ratios, that staffing ratios have
14 something to do with the number three?
15 MS. BROCCO: Right.
16 DR. DONLEN: So that if you can talk a
17 little bit about why that that was not a cost
18 effective model to give two to Capital and four to
19 Monmouth.
20 MS. BROCCO: Someone else want to
21 address that? It is just a matter of, there are so
22 many beds to be allocated. If we gave some to one
23 and hospital and one to the other, it would be more
24 cost effective to put the beds in one facility
25 versus the other.

1 DR. DONLEN: That's related-- neither
2 one of them are adding new beds. As a matter of
3 fact, there are beds being added at Monmouth, which
4 is a cost, although it is a cost of operations.
5 The other is a conversion and addition of only two
6 beds. It sounded like it had more to do with
7 the staffing ratios. If you added two to
8 accommodate their staffing ratios, to bring it up
9 to eighteen or five to bring it up to twenty-one,
10 then you'd be allocating four to Monmouth. Maybe
11 the applicants can comment? John, do you have
12 anything?
13 MS. BROCCO: The staffing ratios?
14 DR. DONLEN: Your recommendation was
15 also for not-- your recommendation had been to deny
16 the beds for Capital and not to accept their
17 recommendation or their offer to take either-- if
18 the beds were split, to take either two or five.
19 So the idea of putting two there to bring their
20 the complement up to eighteen and four at
21 Monmouth, why was that not seen as a viable
22 alternative or an equal alternative? Why was the
23 Monmouth six beds chosen as the best?
24 MR. BORICHEWSKI: Well, operationally,
25 the Division from its prospective, it's more

1 efficient to have the beds as co-located in a
2 single facility versus a bifurcated model. As
3 providers as referring beds to one facility or
4 another, they are able to do so in a more efficient
5 fashion and have those beds located in one site for
6 that reason.
7 DR. DONLEN: It is my understanding,
8 for instance, if somebody from Middlesex County was
9 in an acute situation in Bergen County and went to
10 an ER, they wouldn't necessarily have to be
11 transferred to someplace with a Middlesex bed. If
12 there was a bed closer and their extended family
13 was in the Bergen County area, even though their
14 residence was in Middlesex, couldn't they be
15 admitted to a bed in another county?
16 MR. BORICHEWSKI: Operationally on a
17 case by case basis, referring screening services
18 could decide to make a request for a bed anywhere
19 within the state complement of short term care.
20 But you do look to go within the available--you
21 know, as close to the county as possible.
22 DR. DONLEN: Are there any beds right
23 now in Capital for Middlesex?
24 MR. BORICHEWSKI: No.
25 DR. DONLEN: That was interesting. I

1 thought there would be. Thanks.
2 DR. DONLEN: Any other questions?
3 MR. KANE: Not right now.
4 MR. DONLEN: Okay. Let's take the
5 applicant Capital. First is there any public
6 comment, anybody from the public that wants to
7 speak? We don't have any sign-ups.
8 (No response).
9 Can you give your name and spell it?
10 DR. BROWN: Dr. Gary Brown, just like
11 the color brown. I'd like an opportunity to
12 address some of the questions, if at all possible?
13 DR. DONLEN: If we can have the
14 presentation first, then you can go right into the
15 questions that we already asked.
16 DR. BROWN: Yeah. So it is going to
17 seem a little bit odd, but anyway, dear new and
18 existing members. Thank you for giving me the
19 opportunity to speak before you. My comments will
20 be brief.
21 I am Dr. Gary Brown, the Chairman of
22 the Department of Psychiatry at Capital Health.
23 During my ten years of leadership in my current
24 position and twenty-five years of leadership
25 overall, I've been privileged to partner with the

1 Division of Mental Health and Addiction Services.
2 I've been asked to participate in such
3 projects as crisis intervention training, as a
4 member of the executive committee for Mercer
5 Council, as a member of the advisory committee of
6 the involuntary outpatient commitment process, as
7 well as at the forefront of the Division, with the
8 Division, in establishing the triage process
9 allowing only the most appropriate patients to go
10 to-- access the State hospitals.
11 I've kept as a focus high quality
12 patient centered system based cost effective care.
13 With that in mind Capital Health has submitted a CN
14 application that speaks to all of those values.
15 That said, we realize that our
16 application is a very complicated application on
17 the surface. We have reviewed the State's
18 recommendation. While we hold an opposing opinion,
19 we are respectful in accepting their
20 recommendations.
21 Moving forward we at Capital are
22 committed to maintaining a close partnership with
23 the State and will continue to provide the highest
24 quality care for the patient population that we
25 serve, especially during these hard financial

1 times.
2 Thank you for your time and
3 attention. I'd be happy to respond to a lot of
4 questions, because I'm actually in the trenches
5 with all of this stuff. So I'm kind of--
6 DR. DONLEN: We need that prospective,
7 thanks.
8 DR. BROWN: The staffing ratios are
9 based on three. That's really very important.
10 I've been before this Board on three separate
11 occasions now. I think this is the second occasion
12 in a row where we asked for the removal of the
13 Hunterdon bed. That's for a variety of reasons,
14 but primarily for access. It's all about patient
15 access. It is all about getting the people in the
16 right place where they need to be. It's about cost
17 effectiveness.
18 The Hunterdon bed is under utilized. We
19 even have a letter of support from Princeton
20 Medical Center indicating that. The State has a
21 very good system for being able to allow a consumer
22 to get into a bed in an area where it is convenient
23 for them and their family.
24 By eliminating the Hunterdon bed, not
25 only would we give money back to the State, which

1 is a significant amount of money that can be used
2 elsewhere, but also we are not hamstrung by the
3 access which is restricted by the screening center
4 coordinator of Hunterdon County.
5 This way, if Middlesex beds were
6 awarded to Capital Health, not only would we have
7 Mercer County beds and Middlesex beds, but we also
8 have the fluidity with which we would be able to
9 adjust according to anything.
10 We will not deny a Hunterdon patient,
11 nor do we deny any patient access to beds. Our
12 occupancy rate supports the opportunity to do
13 that. We have the ability through our screening
14 center and our relationships, in order to be able
15 to allow the flux of patients that are necessary to
16 do so.
17 We have no construction costs. We can
18 operationlize these beds within three to four
19 months with just a simple affiliation with PAC,
20 ICMS and their screening center. We have already
21 shown and demonstrated that we have routinely lent
22 beds to other counties for other consumers to be
23 able to accommodate the needs of those patients.
24 From that prospective, while it seems
25 complicated from a much larger view to include, I

1 can mention some of the projects that are coming
2 forth, such as involuntary outpatient commitment,
3 that's going to go ahead and actually divert
4 patients from going inpatient. Which will then
5 reduce census on the STCF beds. Because those
6 people will be in outpatient treatment programs.
7 Therefore, there will be more occupancy available
8 under the STCF beds.
9 So I hope that was a fairly quick
10 summary.
11 DR. DONLEN: That last one went by real
12 quick.
13 DR. BROWN: Involuntary outpatient
14 commitment basically says that right now when a
15 patient comes into our screening center, we have
16 the obligation of looking to see, do they meet the
17 commitment criteria for involuntary outpatient
18 commitment. If they do, is there an outpatient
19 treatment provider who can actually accept
20 that patient, keep that patient safe and help them
21 with their treatment program?
22 That being said, that patient would
23 then be diverted from an inpatient bed into an
24 outpatient treatment facility. Keeping the
25 patients in the least restrictive setting possible,

1 but also providing them with the highest quality
2 care that's most appropriate for their individual
3 situation.
4 DR. DONLEN: These sessions are always
5 the most--provide the most learning for me. There
6 is always a new wrinkle.
7 Let me ask you a question. You've got
8 ninety-one percent occupancy on your closed beds.
9 I'm just going to use that vernacular. My tongue
10 gets wrapped around the STCF. You said the
11 Hunterdon bed is under utilized. You don't
12 necessarily keep that open or do you? Do you have
13 to have it open?
14 DR. BROWN: We have to have it
15 open--well, we have to have it open unless the
16 screening center coordinator allows us to borrow
17 that bed. If the screening center coordinator says
18 no and they are very conservative because they only
19 have three beds and they don't trust the 211
20 process, then what happens is that bed will remain
21 open. Because what they'll say is, we don't know
22 who's going to be walking through the door.
23 Therefore, we don't know that we're not going to
24 need that bed. We tried to reassure them that that
25 really is an insignificant point. Because whether

1 it be Hunterdon County, we lent beds to Middlesex
2 County, we lent beds to other counties.
3 Basically speaking, we have a bunch of
4 ways of decompressing the STCF unit. One way is
5 through the triage process. We have patients who
6 are on the waiting list to go to the State
7 Hospital. If we need a bed, we can enact that
8 process that allows us to get a bed.
9 We can step a patient down from an STCF
10 bed to an open bed. Again, creating an opportunity
11 for another STCF bed. We can actually, even with
12 permission, utilize that bed from whatever
13 screening center coordinator gives us permission.
14 And also we have the ability, if we know there is a
15 pending discharge the following morning, we have
16 the ability to go ahead and take that STCF patient
17 with permission from the Division, on an open bed.
18 Knowing that the following day they are actually
19 going to get converted into that STCF bed.
20 So in the basic operational stuff, all
21 of this stuff is very fluid. It takes, you know,
22 organization to be able to mix and match all of
23 that stuff. It really doesn't make senses to have
24 a cog in the wheel which is actually stopping the
25 process from actually benefiting the good of the

1 all.

2 That's one of the reasons why several

3 years ago there was asked permission for relief of

4 the Hunterdon bed. Similarly I asked for the same

5 kind of thing in our proposal now. I'm sorry, you

6 had a question?

7 MS. BENTLEY-MC GHEE: I don't have

8 really a question.

9 DR. DONLEN: I do. I know I saw it in

10 your application, that you do have Middlesex

11 admissions?

12 DR. BROWN: Absolutely, we allow that.

13 DR. DONLEN: Did you see a change in

14 that when the beds opened in Bayside--Bayview--

15 Bayside?

16 DR. BROWN: Basically what happens is,

17 wherever the beds are designated, they usually try

18 to go ahead and make a referral to that county's

19 beds. Because the beds were in Ocean County, the

20 referrals were going to Ocean County.

21 However, when Ocean County was full, as

22 well as all the other Middlesex beds, we would be

23 called and we would always--

24 DR. DONLEN: Has it dropped off since

25 the beds had opened in Ocean County on an emergency

1 basis?

2 DR. BROWN: No. If anything, we
3 continued to see the same volume. Because, again,
4 once the system is saturated, then the request for
5 the ability to occupy that bed comes through.

6 DR. DONLEN: So the opening of the beds
7 didn't change the demand to be increased at the
8 same time as the dormant beds?

9 DR. BROWN: Remember, these beds were
10 originally were taken by Princeton Medical Center
11 on an emergent basis. They were literally next
12 door to where we were, you know, on a logistics
13 standpoint.

14 When they moved out, that didn't change
15 at all from the standpoint of where these--

16 DR. DONLEN: They weren't new added?

17 DR. BROWN: No, they weren't new
18 added. They are beds that existed from that
19 standpoint.

20 The other argument about access is
21 simply if you look at Google or Map Quest, things
22 like that, since Princeton Medical Center is now
23 moving into Middlesex County, then what happens is,
24 all the patients in the Princeton emergency room,
25 as well as on their medical and surgical floors who

1 need psychiatric care, if the Princeton Middlesex
2 beds are full, we are talking about UBAC, which is
3 the screening center, which is about an hour away,
4 coming down to evaluate that patients, but also
5 then turning around and having that patient placed
6 at a bed which is very distant from where that
7 consumer is actually at.
8 So we're ten minutes away. The
9 potential bed could be forty-five, fifty minutes
10 away from the consumer.
11 Again, I realize there are a lot of
12 moving pieces here. It is hard to describe all of
13 this stuff in a ten minute time period. But
14 really, it makes a lot more sense, not only for the
15 way the system exists now, but also how the system
16 is going an evolve over time.
17 DR. DONLEN: Connie asked first.
18 MS. BENTLEY-MC GHEE: I'm glad Judy has
19 got it, okay. I'm trying to understand. I
20 understand the concept. Can you give an example of
21 how that screening process works and why it would
22 be beneficial to take a bed from Hunterdon to
23 somewhere else? I'm quite understanding what's
24 going on, so an example would help me.
25 DR. BROWN: Sure. As Roger was

1 mentioning, one of the things that we like not to
2 do if at all possible, is fragment beds. I know
3 that it is important. Because in addition to being
4 responsible for those beds, we have systems review
5 committees that meet all together to oversee those
6 beds.
7 That being said, right now there are
8 two beds of Hunterdon that are at Princeton House.
9 There is one bed that exists at Capital Health
10 System. Utilization of all of those three beds, if
11 combined, add up to two beds. So the elimination
12 of one bed does not mean that a Hunterdon County
13 resident wouldn't have a place to go. They can go
14 to the two designated Hunterdon beds, if it were
15 eliminated at Capital, over at Princeton. And if
16 Hunterdon should then get another need for STCF
17 beds, what would happen is they would call us as a
18 contiguous county. And also having a relationship
19 with them and they would say can we borrow a
20 Middlesex bed, can we borrow a Mercer bed kind of
21 thing.
22 We would be able to do that. So that
23 the Hunterdon patient could stay in a contiguous
24 county, with a provider that has had a relationship
25 with them, and be able to go ahead and care for

1 that patient.

2 But ideally, the patient should be
3 going into that designated bed. And with there
4 being an excess of bed spaces, if you will, then
5 mostly their business would be with Princeton
6 House. Therefore, at the systems review committee,
7 if there were inter-system issues, they could more
8 easily work them out one system to one system,
9 rather than one system to three systems. Does that
10 clarify that?

11 MS. BENTLEY-MC GHEE: I got it now.

12 MR. KANE: Two questions. I think I
13 may have just misunderstood something you said. You
14 said you accepted the State's recommendations as
15 they are here? I don't know if I heard you right.

16 DR. BROWN: We accepted them here,
17 because I didn't think we would have the
18 opportunity to kind of go through all this. We've
19 been through this before. We've kind of gotten
20 not--Monmouth Medical Center's proposal is
21 certainly a very viable proposal. We understand
22 that.

23 We don't think it is the best proposal,
24 which is why we share an opposing opinion. That
25 being said, unless the body believes differently

1 based on the information provided here, then
2 certainly it makes sense to go one with provider in
3 that direction.
4 However, if you look at the overall
5 picture, not only for patient care system flow but
6 also cost savings, the plan that we actually
7 propose is actually more comprehensive of all of
8 those. It still maintains high quality care for
9 all of these consumers.
10 MR. KANE: The second question, what's
11 the utilization of the Hunterdon bed by-- your
12 Hunterdon bed not the other two?
13 DR. BROWN: Okay. Our Hunterdon bed is
14 actually sixty-seven percent. However, we had it as
15 low as thirty-three percent. Also, when we meet at
16 the systems review committee to look at those kind
17 of statistics, one of the problems that we had was
18 that Princeton House was not accurately recording
19 the occupancy of the Hunterdon bed.
20 Because when they were able to borrow
21 the bed for a consumer who wasn't a Hunterdon
22 County consumer, they were counting that as an
23 occupancy for Hunterdon County. So there were some
24 skewed statistics.
25 But everything all broken down, trying

1 to remove out those outliers, those two beds, as is
2 evidenced by a letter from Princeton House
3 indicating the ability to utilize that capacity,
4 there is plenty of room to be able to accommodate
5 and existing Hunterdon patients in two remaining
6 Hunterdon beds. And should there be a circumstance
7 warranted for additional Hunterdon County resident
8 to need assistance, we would have the ability to go
9 ahead and do that, particularly if awarded the six
10 Middlesex beds.
11 MR. KANE: But correct me if I'm wrong,
12 you just said that your bed, not the Princeton
13 House beds, your bed bid is sixty-seven percent
14 utilized, the Hunterdon bed?
15 DR. BROWN: It is sixty-seven percent
16 utilized, the statistics. More often than not
17 we're running lower than that as an average daily
18 census on the bed.
19 MR. KANE: That's utilization by a
20 Hunterdon County resident, not sharing.
21 DR. BROWN: Right. If you look at the
22 vacancy in the Princeton existing Hunterdon beds,
23 there is the ability to shut our bed down and still
24 get the difference there.
25 MR. KANE: I got you. Thank you.

1 DR. DONLEN: Except for one thing. I
2 thought I heard you say when you considered all
3 three bids, the total occupancy was sixty-six,
4 sixty-seven percent?
5 DR. BROWN: No. That was our occupancy
6 rate.
7 DR. DONLEN: Do you know what the
8 occupancy rate is when all three are grouped
9 together?
10 DR. BROWN: Like I said, it is kind of
11 unclear, because we're just finding out about--
12 DR. DONLEN: That was never--you
13 weren't clear on that.
14 DR. BROWN: Even with the statistics
15 there, we are extremely confident that the
16 utilization rate was also low. Again, part of the
17 importance on owning these beds, is that we fill
18 the beds, we fill the beds appropriately. We-- you
19 know, that we are not going to be reimbursed on ten
20 percent occupancy. So why have a bed that sits open
21 when there is a consumer who might need it and we
22 don't have access to it? It really doesn't make
23 sense, when there is also a place for those
24 consumers to go, which are designated beds, which
25 are hooked directly into the county of origin.

1 DR. DONLEN: Just as a point, I was
2 interested in talking to you about--and you did
3 clarify it and we'll follow up with the Monmouth
4 application.
5 I was interested in the efficiency
6 factor on the Middlesex beds. Based on past
7 history, I find myself also guided by DMHAS'
8 recommendation. And certainly as it relates to the
9 Hunterdon bed, I would bow to them on that, even
10 though with your assurances.
11 So we had quite a bit of discussion,
12 which I think helps us all understand. Just-- I
13 still have some questions about efficiency of
14 splitting the allocation. That's really where I
15 was coming from.
16 DR. BROWN: Splitting in the sense of
17 two and four?
18 DR. DONLEN: Your recommendation.
19 DR. BROWN: Again, certainly that would
20 allow us to have beds for Middlesex County, to be
21 able to filter off some of that.
22 DR. DONLEN: With your staffing?
23 DR. BROWN: That would fit with the
24 staffing ratio. I'm not quite sure what that would
25 do to Monmouth Medical Center's ratio and things

1 like that. But, again, it works out best for any
2 system at a ratio of three.
3 DR. DONLEN: Which begs the question of
4 six versus adding four, so that's where we're
5 going.
6 DR. BROWN: Okay. Again, the concept
7 from our standpoint would be if you want to be able
8 to disburse the entire Middlesex beds amongst an
9 area. Because it is such--the way the beds are
10 spread out right now, they are spread out. So if
11 you wanted to give more opportunity for more
12 geographic coverage, then three and three would
13 certainly be a reasonable thing to do, if not all
14 six. But that still leaves us in a position of not
15 being able to accommodate a ratio on the
16 persistence of the Hunterdon bed.
17 The only thing that I would just ask,
18 that if there are any questions to the Division
19 with regards to either our history of lending beds
20 to other counties that are not Mercer or Hunterdon
21 Counties, I think that would be an important
22 question. Certainly if you need a clear
23 understanding of the 211 process and how that
24 works, you know, I'm sure they can speak to that,
25 too. That we wouldn't be, you know, denying

1 anybody access.

2 DR. DONLEN: Thank you.

3 DR. BROWN: Thank you very much.

4 DR. DONLEN: Anybody else have any

5 questions? I'm sorry.

6 DR. BROWN: Sure.

7 MS. OLSZEWSKI: A few years ago when--

8 a couple of years ago, I guess, when the temporary

9 beds were housed at Kimball, did the State ask you

10 about taking on some of those beds or did you--

11 DR. BROWN: That was done-- that was a

12 done deal by the time we found out about it. It

13 was allocated there. Then we knew that the

14 Certificate of Need process would be coming in the

15 future. We were preparing for that.

16 DR. DONLEN: Thank you. Anybody else,

17 no questions--

18 MR. KANE: I have a question of the

19 State, actually. The State's reviewed this single

20 Hunterdon County bed. Your opinion is that it

21 should stay where it is--the allocation as it is;

22 correct?

23 MR. CALABRIA: Yes. My name is John

24 Calabria, C-a-l-a-b-r-i-a. Yes, that's right. We

25 discussed-- as Susan mentioned, we discussed these

1 applications quite extensively with the Division of
2 Mental Health Services. It is our concerted
3 opinion that the way they are allocated at the
4 present time, obviously, it is bifurcated. Part of
5 the things they did was to make sure we don't
6 bifurcate even more in the future.
7 MR. KANE: Thank you.
8 MS. OLSZEWSKI: I have some follow-up
9 questions to the State or perhaps the Department.
10 You had mentioned that you wanted to keep the beds
11 together, because it is difficult to split them
12 from the point of the perspective of the sending
13 organization, Middlesex' PESS, P-E-S-S. Is that
14 correct?
15 MR. BORICHEWSKI: Correct.
16 MS. OLSZEWSKI: When I was reading the
17 applications I kept looking at the map of New
18 Jersey. I'm going, the locations and places in
19 either cases, people could from Middlesex, a person
20 in Middlesex wanting needing one of-- needing one
21 of these two locations, it could be a very long
22 journey to either place.
23 DR. DONLEN: I think the other question
24 is where the other Middlesex beds are, the beds
25 that already exist for Middlesex?

1 MR. BORICHEWSKI: For Middlesex County,
2 there are currently ten beds in Perth Amboy, at
3 Raritan Bay Medical Center. Those are in Middlesex
4 County proper. Then there is the six beds that are
5 currently down at Kimball Medical Center in Ocean
6 County, on an emergent basis.
7 DR. DONLEN: What about Princeton
8 Medical Center?
9 MR. BORICHEWSKI: Princeton Medical
10 Center has twelve beds.
11 DR. DONLEN: Are any of them allocated
12 for Middlesex or are they all Mercer beds? They are
13 moving from Mercer to Middlesex County, do you know
14 where they actually are?
15 MR. BORICHEWSKI: They actual are the
16 twelve based on CN call. They took on six
17 additional on an emergent basis. Much like we took
18 on Hunterdon, as an emergent basis, they gave up
19 those six emergent beds, but they have twelve
20 remaining.
21 DR. DONLEN: Those twelve are Mercer
22 allocated?
23 MR. BORICHEWSKI: No, they are
24 Middlesex allocated.
25 DR. DONLEN: Princeton's?

1 MR. BORICHEWSKI: Princeton; right.
2 DR. DONLEN: So Princeton has beds.
3 Middlesex beds that are at Raritan, at Princeton
4 Medical Center and at Kimball. That's the ones that
5 we're talking about now, in terms of where they are
6 going to be located subsequent?
7 MR. BORICHEWSKI: Yes.
8 MR. KANE: Those Princeton beds when
9 Princeton moves will physically be in Mercer?
10 DR. DONLEN: In Middlesex, they are
11 moving.
12 MR. BORICHEWSKI: The hospital proper
13 is moving into Middlesex. The Princeton House is
14 remaining in Mercer County. The Princeton House
15 campus remains in Mercer County.
16 DR. DONLEN: I was forgetting about
17 Princeton House. I was thinking about the Medical
18 Center. Does that answer your question?
19 MS. OLSZEWSKI: Yes.
20 DR. DONLEN: Thank you.
21 MR. BORICHEWSKI: Thank you very much,
22 appreciate it.
23 DR. DONLEN: Monmouth Medical Center.
24 MR. HICKS: Joe Hicks. I don't need to
25 spell that, do I?

1 That was a great presentation. I'm
2 ready to give half the beds to them right now.
3 Good morning, members of the State
4 Health Planning Board. My name is Joe Hicks, I'm
5 the Chief Executive Officer of the Barnabas
6 Behavioral Health Network. I am grateful to have
7 this opportunity to express to you the importance
8 of approving Monmouth Medical Center's Certificate
9 of Need application for six Middlesex short term
10 care beds. Much of what I'm going to say you
11 already heard, unfortunately.
12 The CN that you are reviewing today is
13 from a February 2011 call, which was prompted by
14 Princeton House's request to no longer accommodate
15 the six Middlesex short term care beds.
16 At that time there were no other
17 facilities in Middlesex or Mercer County willing to
18 absorb the six Middlesex beds. The Division of
19 Mental Health Services and the Department of Health
20 approached us, the Barnabas Behavioral Health
21 Network.
22 We immediately agreed to temporarily
23 transition the beds to Kimball Medical Center,
24 which is an integral part of the Barnabas
25 Behavioral Health Center, a one hundred bed facility in

1 Toms River.
2 From February 2011 to January 2012, we
3 have treated 160 short term care patients from
4 Middlesex County. During this periods the
5 occupancy rate has been 85.2 percent. Although
6 Kimball could continue to serve Middlesex County
7 residents, it is located in Ocean County which does
8 not adjoin Middlesex County. The better fit is
9 Monmouth Medical Center, another Barnabas Health
10 facility.
11 Monmouth Medical Center is located in
12 Monmouth County, which is contiguous to Middlesex
13 County. Thus allowing patient services to be
14 provided closer to home.
15 Monmouth Medical Center has been
16 providing adult psychiatric services for more than
17 fifty years and is the primary provider of
18 behavioral health services in Monmouth County.
19 It is comprised of a nineteen bed short
20 term care unit, a twenty-five bed adult voluntary
21 unit and a nineteen bed child and adolescent unit.
22 Further, Monmouth is the designated
23 psychiatric emergency screening service for
24 Monmouth County. Moreover, the facility offers a
25 comprehensive continuum of outpatient support

1 services. And as a central component of the
2 Barnabas Behavioral Health Network, Monmouth is
3 supported by access to referral centers which reach
4 statewide.
5 We propose to increases the number of
6 short term care beds available at Monmouth Medical
7 Center from nineteen beds to twenty-five beds. Six
8 of which will be designated for Middlesex County
9 residents. Providing six additional short term care
10 beds will enable us to serve Middlesex patients who
11 are unable to be admitted elsewhere because no beds
12 are available.
13 The relocation of six short term care
14 beds from Kimball to Monmouth Medical Center will
15 help Middlesex County manage patient demand and
16 avoid receiving services far from home.
17 Currently Middlesex County providers
18 have high occupancy levels, which are anticipated
19 to continue after CN approval.
20 Monmouth Medical Center will benefit
21 from a seamless transition with its affiliate
22 Kimball, through shared behavioral health
23 leadership, policies and procedures, best
24 practices, as well as existing linkages to the
25 Middlesex County mental health system where Kimball

1 already established by temporarily housing these
2 beds.
3 Monmouth's short term care program has
4 a highly skilled staff who are familiar with this
5 level of care and have already begun establishing a
6 working relationship with the Middlesex County
7 Psychiatric Emergency Screening Service.
8 Accommodating the six additional short
9 term care beds at Monmouth will be done cost
10 effectively and efficiently with minimal
11 construction and capital costs.
12 Kimball will continue operating the six
13 Middlesex County short term care beds until
14 Monmouth receives CN approval, permanent
15 designation and is licensed to operate the beds.
16 I am confident that Monmouth Medical
17 Center is the best suited provider to operate these
18 six Middlesex short term care beds.
19 Therefore, I urge you to approve our
20 application so we can continue these necessary
21 services for the residents of Middlesex County.
22 Thank you for your time and
23 consideration. If you have any questions?
24 DR. DONLEN: Can you talk a little bit
25 about the efficiency issue in terms of adding four

1 beds, as it would be if we looked at what Capital
2 was asking for, only two beds, adding four beds to
3 the complement at Monmouth as opposed to six.
4 MR. HICKS: Well, you look at the
5 ratios that you have to maintain in terms of your
6 licenses. It is one of the three. So it's much more
7 efficient to have a larger unit rather than a
8 smaller unit. Although I really have to admit
9 right now, that moving the six short term care beds
10 out of Kimball will give some relief to the acuity
11 that we've been experiencing.
12 The patients that we experienced in the
13 last year coming out of Middlesex County have been
14 rather acute. The pattern really needs to go-- it's
15 hard to run a short term care unit unless there are
16 more than fifteen beds. You need twenty,
17 twenty-five beds and thirty in order to make it
18 work from a staffing point of view and just a
19 financial point of view.
20 DR. DONLEN: This gives you twenty-five
21 beds?
22 MR. HICKS: This gives us twenty-five.
23 DR. DONLEN: Any other questions?
24 DR. BARONE: Yes. Mr. Hicks, as you
25 mentioned, Dr. Brown made a very compelling

1 argument for their proposal in terms of the issue
2 of access to-- I understand about efficiency and
3 usually more in one location is better. I do think
4 it is good that you are actually adding beds and
5 not just moving beds around.
6 How would you respond to the whole
7 issue of access for patients in this area?
8 Intuitively it would make sense for people in this
9 area to be able to come down here. Even though the
10 counties are contiguous, some people would consider
11 Monmouth another country as far as travel times.
12 How would you react to that? I'm not
13 putting you on the spot.
14 MR. HICKS: I don't mind being on the
15 spot, that's fine. The reality is, if they found
16 their way to Ocean County, Toms River, pretty
17 easily and out of six beds, I think average the
18 average capacity, I said 85.25 percent. That
19 really means that we have 5.11 patients in those
20 six beds.
21 We had an agreement with the State that
22 if the beds weren't filled, could we fill them with
23 Ocean County residents when we needed voluntary
24 beds, because we gave them voluntary beds for
25 that. We've never been able to do that.

1 So the demand coming out of Middlesex
2 County is significant. So I don't really see an
3 issue in terms of practicality of the patients
4 getting to Monmouth County. It will be easier than
5 getting to Toms River. Quite frankly, from the
6 pressure that we've been able to see, I think there
7 needs to be a call for more beds and not just
8 splitting up the six that are there.
9 DR. DONLEN: We hear that every time,
10 every time.
11 MR. HICKS: I know. You'll continue to
12 hear it, too.
13 DR. DONLEN: I think that what helped
14 me to understand it, too, I think that given the
15 geography, I was never great at geography, but
16 Mercer County, having the twelve beds at Princeton
17 and the beds at Raritan, this is like a circle
18 having them in Monmouth. It certainly is better
19 moving them up from Ocean County. I hadn't quite
20 realized that.
21 Certainly with other services, the
22 movement between Monmouth and New Brunswick, part
23 of Middlesex County is very fluid. I can
24 understand what you are saying. I think that the
25 access there would be a good complement to what's

1 already available. That had answered some
2 questions for me.
3 MR. KANE: Mr. Hicks those closed beds
4 currently go back to open Ocean County beds?
5 MR. HICKS: Yes. That's what I meant
6 earlier. Actually in terms of that facility, it
7 will be welcomed for us to get the six open beds
8 back. Because we end up with-- Community Medical
9 Center has the highest number of ED visits in the
10 state. It is around 100,000. It is not uncommon
11 for Community to be holding fifteen to twenty-five
12 patients in the emergency department. The average
13 length of time they are being held is, like,
14 twenty-eight hours. It goes up to as high as
15 forty-three.
16 Kimball Medical Center and our
17 Behavioral Health Center, the 100 bed facility,
18 which Kimball has sixty of their beds, is
19 in-between those two facilities. We are all sister
20 hospitals of St. Barnabas Health. Kimball will also
21 be holding ten to fifteen.
22 DR. DONLEN: Kimball is between
23 Community and Monmouth Medical Center, is that what
24 you are saying?
25 MR. HICKS: Kimball is between

1 Community-- it's different. Monmouth is a little
2 bit north.
3 DR. DONLEN: You said it is between
4 two. Which two were you talking about?
5 MR. HICKS: Route 9, Kimball Medical
6 Center in Lakewood. And you've got the Barnabas
7 Behavioral Health Center, where Kimball--the
8 Kimball psych beds are located in the Community
9 Medical Center which is in Toms River. Then
10 Monmouth is a little bit north of us.
11 We need more capacity all the way
12 around. As we agreed to take the six Middlesex
13 beds, we knew this was going to be on a temporary
14 basis and that was discussed at the very beginning.
15 Actually, it has turned out to be a
16 challenging experience. But, again, I think from
17 the provision of services overall in the region,
18 moving the beds to Monmouth and creating additional
19 capacity at Monmouth with short term care, giving
20 us back our six voluntary beds, I think is the best
21 plan all the way around?
22 DR. DONLEN: How can you operationalize
23 these?
24 MR. HICKS: We have to go through some
25 slight modification of the units that aren't

1 updated and haven't been used. The sketches are
2 already done. We have to go through the design
3 period, get approvals where they fall with the
4 budget. One would hold that we can get this done,
5 I would hope, in three or four months. Depending
6 on the licensing process, which sometimes is slow.
7 DR. DONLEN: It wouldn't be slow;
8 right?
9 MR. HICKS: Our friends will help us
10 back there.
11 MS. OLSZEWSKI: Just one more.
12 Regardless of how the decision goes today, your
13 Kimball beds will be freed up; right, those six
14 beds will be freed up?
15 MR. HICKS: Yes, they will be.
16 DR. DONLEN: Okay. Any other
17 questions?
18 (No response).
19 Thank you. Any discussions?
20 I did have significant concerns, as you
21 recognized from my questions early on. Given what
22 I learned as we talked about here at the table, I
23 can conceptualize better where the current beds are
24 located and what this renovation means in moving
25 them closer from Kimball to Middlesex County. That

1 Route 9 display actually was very helpful, although
2 I caught it before that.
3 The recommendation from the Division
4 has made it much more clear to me that this is--
5 that the approval of the six beds for Monmouth is
6 probably a very good location for the beds.
7 Connie, you look--
8 MS. BENTLEY-MC GHEE: I'm not a doctor,
9 so I tend to listen to staff recommendations and
10 also the medical people on our Board here, to get a
11 better understanding. I'm a lawyer. I try to
12 read.
13 DR. DONLEN: You're forgiven.
14 MS. BENTLEY-MC GHEE: I just wanted to
15 be clear on the bed allocations and whether people
16 are going to be really served I heard geography
17 mentioned. I know going from Monmouth to Mercer
18 County is not-- to me it is not that difficult.
19 571 I think is the highway the Department of
20 Corrections uses. But anyway, I just wanted some
21 understanding of what was going on. So I think I
22 have that.
23 MS. OLSZEWSKI: I would say that two
24 things that I got from the discussion today is that
25 there wasn't an issue with Hunterdon County having

1 three beds allocated. The issue was with how
2 they-- how that county held onto those beds, was an
3 issue. And enabled the flexibility that wasn't
4 being allowed with alternative uses of those beds,
5 you know. That there is something there that
6 deserves some follow-up, I would think. But that
7 is not on issue for us here.
8 I'm going to have to think about the
9 second point. I also do appreciate that Kimball
10 did take the Middlesex beds. I do understand that
11 splitting them could create some other problems. I
12 too was glad to hear about the closeness around
13 Route 9. That makes me feel better about
14 allocating all the beds to Monmouth.
15 DR. DONLEN: Mr. Brandt, welcome.
16 MR. BRANDT: Thank you.
17 DR. DONLEN: Do you have any questions?
18 MR. BRANDT: No questions. A lot of
19 them have been answered through listening.
20 DR. DONLEN: Okay. Are we ready for a
21 motion?
22 MR. KANE: Sure. I guess we need a
23 motion to deny the first application?
24 DR. DONLEN: Yes.
25 MR. KANE: I'll a make a motion to deny

1 the application for six-- let me just find the
2 page. I'll make a motion for denial of the
3 application of Capital Health System at Fuld for
4 six STCF beds. Based on the testimony given, the
5 rationale of the State, as well as the testimony
6 given by applicant, as well as the applicant's
7 comments that they were in acceptance of the
8 recommendations of the State. So moved.
9 DR. DONLEN: A yes vote is a vote for
10 denial.
11 MS. OLSZEWSKI: Second.
12 DR. DONLEN: Roll call, Jamie.
13 MS. HERNANDEZ: Mr. Kane?
14 MR. KANE: Yes
15 MS. HERNANDEZ: Ms. Olszewski?
16 MS. OLSZEWSKI: Yes.
17 MR. HERNANDEZ: Ms. Bentley-Mc Ghee?
18 MS. BENTLEY-MC GHEE: No.
19 MS. HERNANDEZ: Dr. Barone?
20 DR. BARONE: Yes.
21 MS. HERNANDEZ: Mr. Brandt?
22 MR. BRANDT: Yes
23 MS. HERNANDEZ: Dr. Donlen?
24 DR. DONLEN: Yes.
25 MS. HERNANDEZ: Five yes and one no.

1 The motion is approved.

2 MS. DONLEN: Dr. Brown, I just wanted
3 to thank you. It's not often times that we have
4 applicants, while they have a very good argument to
5 make, are willing to go along with the Department's
6 recommendation. You're going along with it I don't
7 think was key in us looking at this.

8 I think we really did take a look at it
9 and considered your point of view on it. I wanted
10 you to understand, so it wouldn't keep you from
11 agreeing in the future.

12 DR. BROWN: As I mentioned before, I
13 just thank you for the opportunity to be able to
14 have that kind of discussion. I'm sure we'll see
15 each other again.

16 DR. DONLEN: I think so.

17 MS. OLSZEWSKI: Judy, before we get
18 onto the second vote, I would like to say I do
19 remember my second point. Which was that based on
20 the occupancy rates for those Middlesex beds,
21 regardless of where they are, it seems very clear
22 that there aren't enough beds for Middlesex County.

23 This isn't going to alleviate the
24 occupancy levels for those beds. It is going to
25 free up some non STCF beds. It is going to help

1 that area. But for the STCF beds, the occupancy
2 levels are high. They are going to remain high.
3 DR. DONLEN: I think what we learned
4 from this in the past is that there is tension in
5 how many funds from the Division to support the
6 beds. Hopefully what we heard about in terms of
7 the involuntary outpatient, that might take some of
8 the stress often of it. If not, I think we'll be
9 back revisiting this. I see some shaking of
10 heads. But that would always be helpful.
11 Okay. Is there a motion for the
12 second, the Monmouth County or the Monmouth Medical
13 Center's application?
14 MS. OLSZEWSKI: I move that we accept
15 Monmouth Medical Center's proposal that they
16 basically take the six temporarily assigned STCF
17 beds that were at Kimball Medical Center and move
18 them to Monmouth Medical Center. Releasing the six
19 temporary STCF beds at Kimball to become non STCF
20 beds.
21 Again, Monmouth has certainly indicated
22 and demonstrated the need shown in compliance with
23 statutory and regulatory requirements. Based on
24 the discussion and additional information obtained
25 during this review process, this does appear of the

1 two applicants to be the stronger applicant and to
2 provide a much more efficient, effective use or
3 assignment of the beds.
4 There is a condition that goes with
5 this. Which is that the applicant must provide
6 attestation that it will work with Kimball Medical
7 Center to ensure that the relocation occurs
8 seamlessly. And that Kimball Medical Center will
9 continue operating six Middlesex STCF beds until
10 Monmouth Medical Center receives CN approval,
11 permanent designation and is licensed to operate
12 the beds.
13 DR. DONLEN: Second.
14 MR. KANE: Second.
15 DR. DONLEN: I got it. I was seconding
16 it.
17 MS. HERNANDEZ: Mr. Kane?
18 MR. KANE: Yes.
19 MS. HERNANDEZ: Ms. Olszewski?
20 MS. OLSZEWSKI: Yes.
21 MS. HERNANDEZ: Ms. Bentley-Mc Ghee?
22 MS. BENTLEY-MC GHEE: Yes.
23 MS. HERNANDEZ: Dr. Barone?
24 DR. BARONE: Yes
25 MS. HERNANDEZ: Mr. Brandt?

1 MR. BRANDT: Yes.
2 MS. HERNANDEZ: Dr. Donlen?
3 DR. DONLEN: Yes.
4 MS. HERNANDEZ: Six yes, motion moved.
5 DR. DONLEN: Thank you very much. We
6 have one other piece of business that was brought
7 to my attention earlier. Mr. Kane, can you put
8 your reason for recusal on the Warren application
9 on the record?
10 MR. KANE: Sure. I just do some work
11 for the Atlantic Health System.
12 DR. DONLEN: Thank you very much. Any
13 other business?
14 MS. AINORA: I'd like to make a
15 comment, since I was not present in the second
16 application.
17 DR. DONLEN: Are you going to rate us?
18 MS. AINORA: Nope. This is a crisis in
19 the State of New Jersey, psychiatric beds. I think
20 before this Board has--I commend the institutions
21 that do the work. Because I think you're going to
22 see more people get out of the psychiatric
23 inpatient business because of reimbursement. The
24 issues are dramatic and it is a money issue.
25 Medicaid budgets X dollars and we can only afford

1 to have-- you do the division, that's how many
2 psychiatric beds we have.
3 I think before this Board reviews more
4 psychiatric bed applications, they need to get a
5 better understanding. You listen to Joe and you
6 listen to Dr. Brown, you know, who live this every
7 day. It is a very complicated issue. Putting two
8 beds there and one bed there makes no sense.
9 We all think we are doing the right
10 thing because of geography. You need to
11 understand how the units operate. You need to
12 understand the complicated flow of patients
13 through screening centers.
14 It is almost unfair that the Board is
15 evaluating these on a piece meal basis without
16 really understanding the state's situation with
17 psychiatry. What's going on in our emergency rooms.
18 Joe mentioned and I'm sure Capital has the same
19 issue.
20 Community Medical Center, which is not
21 a psychiatric hospital, has twenty, thirty patients
22 in their emergency room on any given day, with no
23 active psychiatric treatment. It is a nightmare.
24 They can be staying for forty-eight hours,
25 sometimes longer, days, days.

1 There are some really great things that
2 Mental Health is doing in terms of the EISS
3 program, which I think is what you were referring
4 to, Dr. Brown, trying to move more into the
5 outpatient setting. There is just so much money to
6 do that.
7 Every time we open a bed it is full.
8 I think in people in the psychiatric business in
9 the audience will do that. Now, I understand there
10 are limited funds. I think from the Board's
11 prospective on how we evaluate projects, I think
12 before you piece meal it again, somebody wants to
13 have two beds here and one bed there, that there be
14 an overview of the issue of psychiatry, why we have
15 the psychiatric need, who they are, where they are,
16 the counties that are being served, what counties
17 aren't served. It will would allow us to make
18 better and smarter decisions and where the
19 resources are going. Thank you.
20 DR. DONLEN: That's my agenda. We're
21 moving the chairs tighter.
22 MS. AINORA: Talk to the expert.
23 MR. CALABRIA: This is not a direct
24 response, but Alison and I met yesterday with our
25 colleagues from the Division of Mental Health.

1 Roger was there and representatives of the Hospital
2 Hospitalization. We recognize exactly what Cathy
3 just said. They were trying to organize a planning
4 process amount the departments to begin to become
5 flexible in addressing the situation.
6 I think we agree exactly with what
7 Cathy said. There is a tremendous burden and
8 tremendous need out there. The resources are very
9 difficult right now. So we are trying to think a
10 little bit out of the box.
11 DR. DONLEN: That's sort of what I was
12 trying to ask when I asked whether or not the six
13 beds had taken-- had made any difference in the
14 admissions otherwise. Because certainly we work in
15 these emergency rooms and they are, obviously, over
16 capacity, really being stretched by that.
17 Okay, thank you.
18 MS. AINORA: I'm sorry.
19 DR. DONLEN: That's fine. We should
20 have more of the educational training like we're
21 going to have today. So we have a training that
22 will take place after this meeting, in the closed
23 session.
24 If I get a motion we will adjourn and
25 move to the eighth floor. Nobody gets out.

1 MR. KANE: So moved.
2 DR. BARONE: Second.
3 MS. DONLEN: Thank you.
4 (Whereupon, the matter stands adjourned
5 at 11:15 a.m.)
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1 C E R T I F I C A T E

2

3 I, CHARLES R. SENDERS, a Certified Shorthand

4 Reporter and Notary Public of the State of New

5 Jersey, do hereby certify that prior to the

6 commencement of the examination, the witness was

7 duly sworn by me to testify to the truth, the whole

8 truth and nothing but the truth.

9 I DO FURTHER CERTIFY that the foregoing is a

10 true and accurate transcript of the testimony as

11 taken stenographically by and before me at the

12 time, place and on the date hereinbefore set forth,

13 to the best of my ability.

14 I DO FURTHER CERTIFY that I am neither

15 a relative nor employee nor attorney nor counsel of

16 any of the parties to this action, and that I am

17 neither a relative nor employee of such attorney or

18 counsel, and that I am not financially interested

19 in the action.

20

21

22

23

24 CHARLES R. SENDERS, CSR NO. 596

25

DATED: February 6, 2012

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