

**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, April 17, 2025**, pursuant to public notice duly given of the meeting to Department of Health, Division of Behavioral Health Services, Office of the Commissioner.

<u>Present:</u>	<u>Excused:</u>
Dr. Maureen Lebel, MSW, PhD., Vice-Chairperson Mr. Thomas H. Pyle, MBA, MS, CPRP, Chairperson Dr. Mark Rosenberg, DO, MBA, CEP, FAAHPM	Ms. Carolyn Torre, RN, MA, APN, FAANP Mr. Neil Weisfeld, Esq.

TPH Staff Attendance:

Dr. Maria Christensen, CEO
Dr. Intikhab Ahmad, M.D., Clinical Director
Ms. Faith Johnson, Deputy Chief Executive Officer, Clinical
Mr. James Hollen, Deputy Chief Executive Officer, Operations
Ms. Karen Magarelli, Chief Nursing Officer
Ms. Mary Lou Graves, Quality Improvement Director
Ms. Towana Wilkins, Business Manager/General Support
Ms. Ann Marie Flory, Assistant Commissioner, Dept. of Health, Div. of Behavioral Health Services

Guests:

Ms. Angela Wairimu, Program Analyst, Office of Community Services, Dept. of Human Services, Div. of Mental Health and Addiction Services.

Public Guests (all parents of current TPH patients):

Dr. Sheree Bennett, MD, MS
Ms. Elizabeth Borden, Retired
Mr. Barry Haimer, Retired
Prof. Laxman Kanduri, MS
Ms. Annie Stowers, Real Estate Agent

Excused:

Ms. Michelle Senni, Executive Assistant to the CEO
Ms. Sheila Kwoka, Secretarial Assistant to the CEO and Secretary to the Board of Trustees (for jury duty)

ROLL CALL/CALL TO ORDER/MINUTES APPROVAL

The meeting was called to order at 9:37 a.m. The minutes from the March 20, 2025, meeting minutes were approved upon the motion of Dr. Lebel and second of Dr. Rosenberg.

Discussion Highlights about the CEO's March Monthly Report:

- The Board noted that TPH had 26 discharges last month.
- The Board noted that staffing remains an issue.
- The Board was pleased to hear about increases in the weekend and evening programming.
- The Board noted the increase in staff hirings.
- The Medical Doctors documentation outliers increased.
- The Assistant Commissioner, Ms. Ann Marie Flory, reported to the Board that the Peer Program with Beck Institute will be expanded to include TPH. The contract is in progress. A team cohort is trained to deal with discharge-hesitant patients.
- The Board acknowledged staff who participated in Nutrition Month and the March Madness event.
- The Steppingstone Clinic and Rise and Shine program are located in the Travers Complex.
- The Sex Offender Groups has 8 patients enrolled.
- The Board asked how many patients celebrate Ramadan. There was a total of 9.
- There are 14 patients with DDD status. Needs are unique for the population.
- Attendance at pastoral group is 60%, . based on the number scheduled and those who actually attended.
- March Madness is now an annual event.
- Skills Up Training: there are 2 groups, on Monday and Wednesday. Each had nine attendees.
- TPH held a Job Fair: TPH has a nominal bed capacity about 400 beds, with a practical capacity of 350. The most recent monthly census is about 320, suggesting availability of 30 further beds if needed. But TPH's ability to take increase its capacity utilization is constrained by staffing constraints.
- Noting the discharge data on p. 8 of the report, the Board requested further data as to the discharge destinations.
- Dr. Rosenberg inquired about ways to improve the monthly report data presentation and receive more analysis from staff.

AUXILIARY REPORT:

- April 28, 2025, the Board has scheduled an appointment with the Auxiliary members.

COMMITTEE REPORTS:

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

Dr. Lebel attended the March 25 in-person meeting at which Dr. Ahmad presented the **Annual Violence Prevention Report Initiatives and Road Map to Future**.

Members of the Board subsequently received a copy of the Power Point presentation from that meeting.

Meeting highlights:

- 1. The Use of Restraints**

Depicted in the **Annual Violence Prevention Report** as a rate comparison with NJ and National information, the TPH rate is lower than the comparison data and stable.

- 2. Forensic Population**

The Annual Violence Prevention Report noted the “Changing landscape of TPH, meaning that there is an increase in the percentage of TPH patients with legal detainers (now about 32 percent of the total). This mirrors a national trend evident in most state psychiatric hospitals across the country.

- 3. Assaults**

A small number of patients are apparently responsible for a large percentage of recorded assaults. The top ten outliers contributed 39 percent of the hospital’s total assaults.

- 4. Staff and Discipline Reports**

Staff panels from various units and disciplines made presentations that emphasized the individuality of treatment plans and violence prevention interventions. Most impressive was the compassion with which the staff report on their efforts to know and understand their patients. There is a solid recognition of each patient as an individual with specific triggers, experiences, and goals.

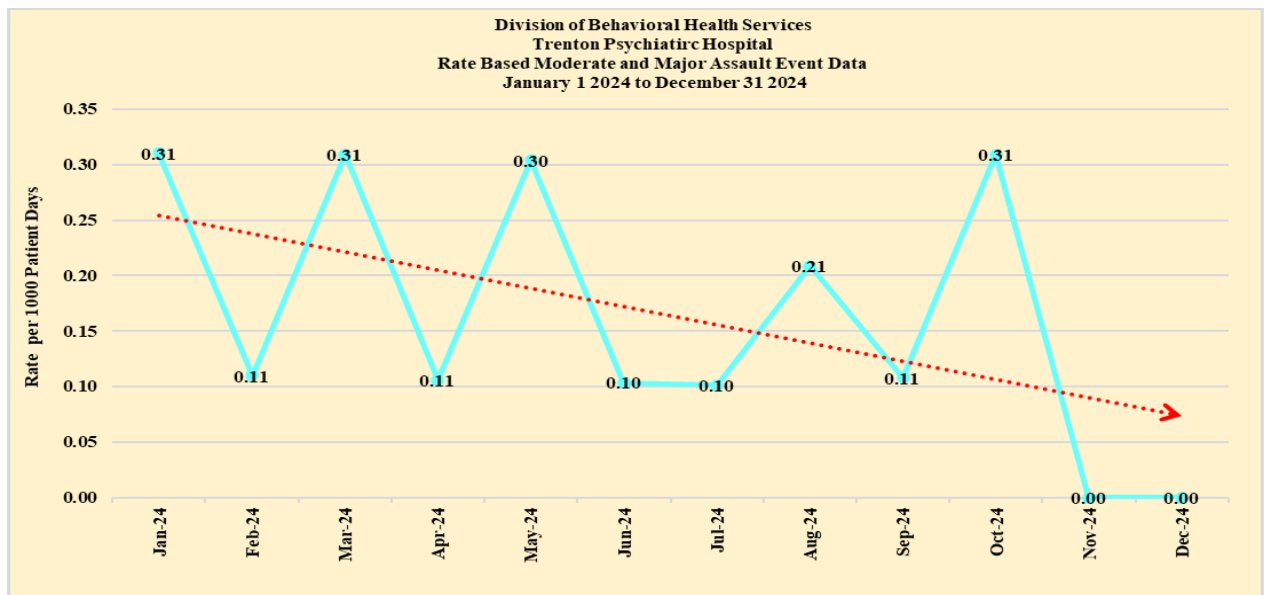
- 5. Competency Restoration Unit**

The data show a relatively low incidence of assault and restraint use among the patients engaged in the CRU programming.

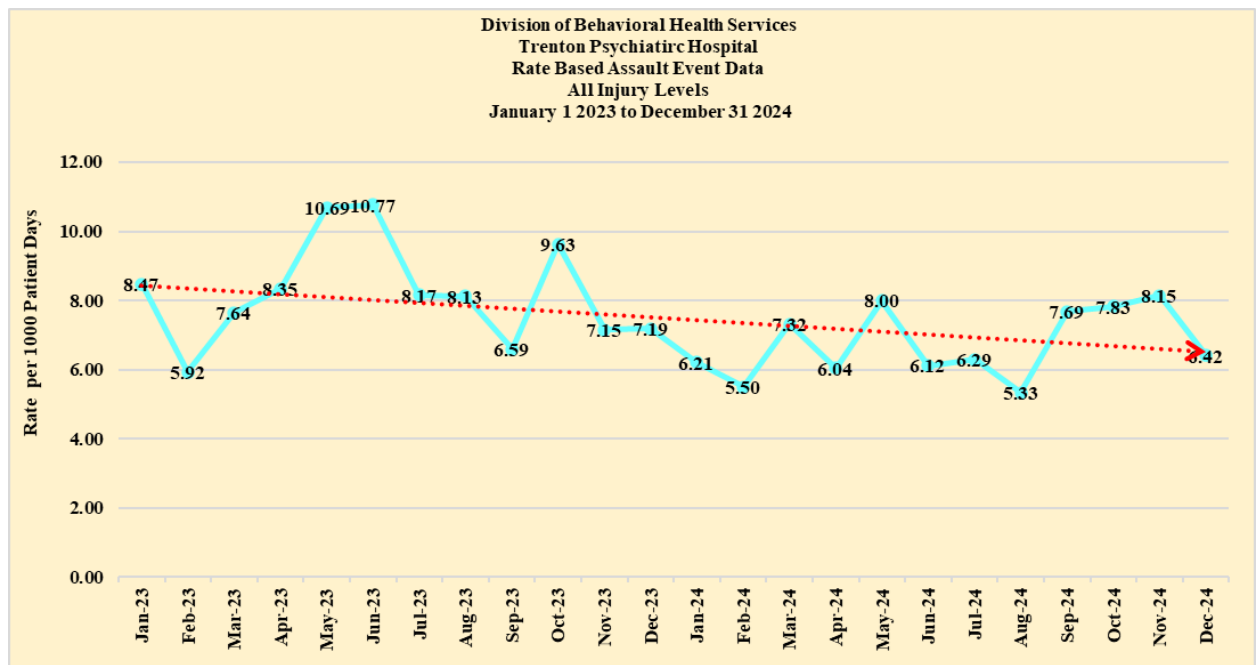
- 6. Future plans** include:

Structured Treatment Unit
Expansion of Addiction Program
Full Scale Dialectical Behavioral Team

All Assaults Patient to Patient and Patient to Staff (Moderate Injury to Major Injury)



All Injury Levels January 1, 2023, to December 31, 2024



- Legislative Committee – Mr. Neil Weisfeld

- No report this month.
- **Schulley Trading Post – Dr. Rosenberg:**
 - Trading Post closed several times the month due to staffing issues in the main kitchen. Revenue is lower but does not affect summer programming concerts.
- **Therapeutic Environment – Mr. Pyle:**
 - No report this month.
- **Welfare Fund – Ms. Torre:**
 - No report this month.

REPORT OF OFFICE OF COMMUNITY SERVICES, DIVISION OF MENTAL HEALTH & ADDICTION SERVICES (DMHAS):

See attached report from Ms. Angela Wairimu, Program Analyst.

COMMUNICATIONS:

There were no communications this month.

OLD BUSINESS:

None at this time.

NEW BUSINESS:

None at this time.

COMMENTS FROM THE PUBLIC:

Dr. Bennett: Spoke about the progress of her 40s something loved one who came to TPH in May 2024, six months after a court-ordered transfer. She asked why six months was required to fulfill the court-ordered transfer to TPH. Ms. Flory responded that delays in court-ordered transfers were a court matter. Travelling frequently from Verona, NJ to TPH, her experience with family visits has been satisfactory, although a “bit of a process”. Staff members were all pleasant during her visits. She also expressed appreciation for the responsive callbacks from her loved one’s doctors. She described her child’s strict Orthodox Jewish beliefs. Noting that her loved one had only received one visit in a year’s time from a Philadelphia-based rabbi, she asked if the loved one could have more frequent and convenient contact with a local rabbi. Her loved one requiring kosher food, she also asked if her loved one could receive a more varied kosher food selection.

Prof. Kanduri: asked about the long security clearance time (2 to 3 weeks) needed for his loved one to receive books and a calculator he had brought him. He also hoped he could receive more treatment status information from his loved one's doctors.

ADJOURNMENT

The meeting was adjourned at 11:20 am, after a motion from Dr. Rosenberg and second from Dr. Lebel. The next meeting is scheduled for Thursday, May 15, 2025, at 9:30 am.

Respectfully submitted,	
Sheila Kwoka	Thomas H. Pyle – MBA, MS, CPRP
Assistant Secretarial 3 to the CEO Secretary to the Board of Trustees	Chairperson

TP/sk

**Report from Ms. Angela Wairimu, Program Analyst Office of Community
Services, Division of Mental Health & Addiction Services (DMHAS)**

1. Recent Funding Awards (Northern Region)

Temporary Shelter Housing Services for Adults Who Use Substances:

This Request for Proposal (RFP) was issued by the New Jersey Division of Mental Health and Addiction Services (DMHAS), to develop temporary housing services for adults with substance use disorders (SUD). The primary objective of this initiative is to address the housing needs within communities of color. As a result, the following cities were given priority in the selection process to better serve the populations in need: Newark, Camden, East Orange, Atlantic City, Trenton, Ewing, Paterson, Irvington, Plainfield and Jersey City. Total annualized funding is \$2,737,500, subject to New Jersey's Opioid Settlement State appropriations. The total funding for each temporary shelter housing bed is \$18,250 per year multiplied by the number of beds being offered. Up to 150 beds will be dedicated to serve approximately 450 individuals annually as part of this initiative. Awarded Agencies are:

Agency Name	Annualized Amount Funded*	# of Beds	County/ City of Services
Real House, Inc.	\$273,750	13	Essex/ Montclair
Catholic Charities of the Archdiocese of Newark	\$182,500	10	Hudson/ Jersey City
Homeless Solutions, Inc.	\$273,750	15	Morris/ Morris Township
Eva's Village, Inc.	\$821,250	45	Passaic/ Paterson
The Rescue Mission of Trenton	\$182,500	10	Mercer/Trenton
Homeless Solutions Inc.	\$273,500	15	Morris/Morris Township

Case Management Services for Adult Individuals with Substance Use Disorder in Temporary Shelter Bed Housing:

This Request for Proposal (RFP) was issued by the New Jersey Division of Mental Health and Addiction Services (DMHAS), to provide case management services for adult individuals with a substance use disorder (SUD) placed in temporary shelter housing and in need of long-term housing. The primary objective of this initiative is for successful bidder agencies to provide case management services in their region of award for the adults with an SUD who are being housed in the DMHAS Opioid Settlement-funded temporary shelter beds and are in need of long-term housing placement. Case managers will help connect individuals with services/ resources in their area and entitlements and assist them in securing permanent housing as quickly as possible. It is anticipated that individuals will obtain permanent housing within four months of initial engagement. Individuals served in this program will have access to DMHAS funded housing subsidies. Service areas are:

Northern Region: Hudson, Essex, Bergen, Unions, Morris, Passaic, Sussex and Warren Counties

Central Region: Hunterdon, Mercer, Somerset, Middlesex, Monmouth and Ocean Counties

Southern Region: Burlington, Camden, Atlantic, Gloucester, Salem, Cumberland and Cape May Counties.

Agency Name	Annualized Amount Funded*	CEO/Executive Director	Region of Services
Integrity, Inc.	TBD	Robert J. Budsock, President and CEO	Northern
North Jersey AIDS Alliance dba North Jersey Community Research Initiative (NJCRI)	TBD	Brian McGovern, CEO	Northern
The Rescue Mission of Treatment	TBD	Barret Young, CEO	Central
Oaks Integrated Care	TBD	Derry Holland, CEO	Southern

2. Behavioral Health Integration: Division of Medical Assistance and Health Services (DMAHS):

To help address inquiries, DMAHS has compiled a [Phase 1 Implementation FAQ document](#), gathering the most frequently asked questions from trainings, office hours, and other communications.

Issues related to contracting & credentialing, claims & reimbursement, or prior authorizations, you may contact dmahs.providerinquiries@dhs.nj.gov

Issues related to policies & guidelines, access to services, or general questions, please reach out to the at dmahs.behavioralhealth@dhs.nj.gov

Transition period requirements have been extended to **June 30, 2025**. Managed Care Organizations (MCO) are required:

- To make payment of valid claims at the FFS floor to all out-of-network providers.
- Auto-approve off all prior authorizations for all phase 1 BH services.

3. Mobile Crisis Outreach Support Team (MCORT):

Starting April 3, MCORT is available to respond to non-emergent mental health/substance use crises, initially, between the hours of **7am-7 pm** (Mon-Friday). MCORT includes a 2-person team: Bachelor's level professional and a Peer Support Specialist dispatching in the field, with remote access to a clinical supervisor. Teams will arrive on-scene within an hour of dispatch, if possible (e.g. depending on weather/traffic conditions and/or engagement in another outreach), to provide necessary services at a person's home; Follow-up services within a 72-hour window of initial dispatch.

4. New Lock Feature on EBT Cards to Protect Against Theft:

On April 4, 2025, Human Services announced a new security feature that allows individuals who receive cash and food assistance benefits to lock their Electronic Benefits Transfer (EBT) cards to protect against the national problem of skimming. Residents who receive Supplemental Nutrition Assistance Program (SNAP) and Work First New Jersey (WFNJ) benefits can use the new EBT Lock/Unlock tool on the NJFamiliesFirst.com website or the Connect EBT app to lock their EBT cards when they are not in use. Choosing the "Lock My Card Everywhere" option blocks all purchases while your card is locked. Residents will still receive benefits or refunds — even if their card is locked — but no online or in-store purchases can be made.

5. American Rescue Plan Act (ARPA):

Certain federal grants and block grant funds appropriated under ARPA are being terminated by the Trump administration. Providers will not be reimbursed by the state beyond March 31, 2025. All providers were notified via letters from the Deputy Commissioner, Valerie Mielke, on 3/31/25 to halt operations immediately. Note that contracts are not being terminated, but funding has been terminated. The NJ Attorney General's office entered into a suit with 23 states and Washington D.C. to put a hold on this. The funding cuts involve 350 million in federal funding for NJ, and 11 billion nationwide. Examples of ARPA cuts (not all-inclusive) are Expanded Hours Outpatient; Crisis Diversion Homes; Crisis Receiving and Stabilization Centers; PESS Peer Support; Older Adults Outpatient.

6. RLIs (Request for Letters of Interest):

Improving Access to 988 Suicide & Crisis Lifeline Services

This RLI is issued to the 2 current 988 Lifeline center agencies that have state contracts expiring as of March 31, 2025. This RLI is focused on providing funds for increasing capacity of staff and response structure to improve access to 988 services, with the goal of increasing the in-state response to 988 Lifeline calls, texts and chats. This funding is specifically dedicated to maintaining and adding to the number of staff qualified to answer contacts and make follow-up contacts related to suicide prevention and mental health and substance abuse crisis. Up to 2 awards will be available for a combined total of \$4,600,000.

The RLI is available at www.state.nj.us/humanservices/providers/grants effective March 11, 2025. Letters of interest must be received by April 8, 2025.

(Two current 988 Lifeline Centers are MHANJ and Rutgers)

7. Project Connect:

This project is through DCF for youths under 18 and screened in ED, but not being admitted to hospital. The purpose is to ensure appropriate linkage and not “fall through the cracks” - To bridge the gap between assessment in the ED and obtaining services in the community. Teams are dispatched to the ED with permission of the ED to connect with youths to ensure quality service. Now in 11 hospitals within 5 hospital systems throughout the state. (Follow up is within 30 days.)



Bilingual Mental
Health Clinician Stip