INTRODUCTION

The Office of the Public Defender and the Department of Health reached an agreement to settle the lawsuit filed by the Public Defender *J.M., S.C., A.N., P.T., J.L., R.H., "John Doe," "Robert Doe," T.W., M.K., and E.A., individually and on behalf of all other persons similarly situated v. Shereef M. Elnahal, et. al.* (Civil Action Case No. 2:18-cv-17303). This agreement was placed on the record in the United States District Court on February 19, 2020. At that time, it was contemplated that many of the provisions of the Settlement Agreement would be implemented by June 1, 2020. However, in March 2020, the COVID-19 pandemic and public health emergency caused OPD and DOH to adjust implementation dates. The Settlement Agreement [hereinafter Agreement] was approved by the Federal Court on April 7, 2021.

OVERSIGHT COMMITTEE

The approved Agreement outlined a method for monitoring the implementation of the Agreement through the formation of an Oversight Committee charged with overseeing the enforcement and implementation of the terms of the Agreement. The Oversight Committee is comprised of seven (7) members. Three (3) members each appointed by the Office of Public Defender (OPD) and the Department of Health (DOH), and one (1)member appointed jointly by both agencies. The members of this Committee were given authorization to review confidential documentation relating to the administration of Greystone, private patient information and personal identifiers as required to fulfill their responsibilities. Membership for 2023 included:

- Michelle Borden – Jointly appointed member and Committee Chair. Ms. Borden is the Chief Executive Officer at NewBridge Services, a non-profit provider of community behavioral health services in multiple counties throughout northern New Jersey.
- Vivian Schwartz – appointed to the Committee by DOH and Co-Chair. Ms. Schwartz retired from a long and distinguished career in the Division of Mental Health and Addictions Services (DMHAS).
- Laurie Becker – Appointed to the Committee by OPD. Ms. Becker is retired from her position as the Mental Health Administrator for Morris County and is very knowledgeable about the needs of patients at Greystone.
- Robert Davison – Appointed to the Committee by OPD. Mr. Davison is the Chief Executive Officer of the Mental Health Association, a provider of behavioral health and advocacy services in counties throughout northern New Jersey.
- Ann Portas – Appointed to the Committee by OPD. Ms. Portas is the Assistant Director of Mental Health Advocacy with the Office of the Public Defender.

- Pauline Simms – Appointed to the Committee by DOH. Ms. Simms is the Chief Operating Officer of Serv Behavioral Health, a provider of behavioral health services throughout the state.
- Ann Marie Flory – Appointed to the Committee by DOH to fill the position left by Chris Morrison in April 2023. Ms. Flory is the Assistant Commissioner, Division of Behavioral Health, DOH, and oversees the DOH Division of Behavioral Health Services (DBHS) for the New Jersey psychiatric hospitals, including Greystone Park Psychiatric Hospital.

The Oversight Committee met in-person throughout 2023 with an additional monthly virtual meeting scheduled each month for the review of complaints, as needed.

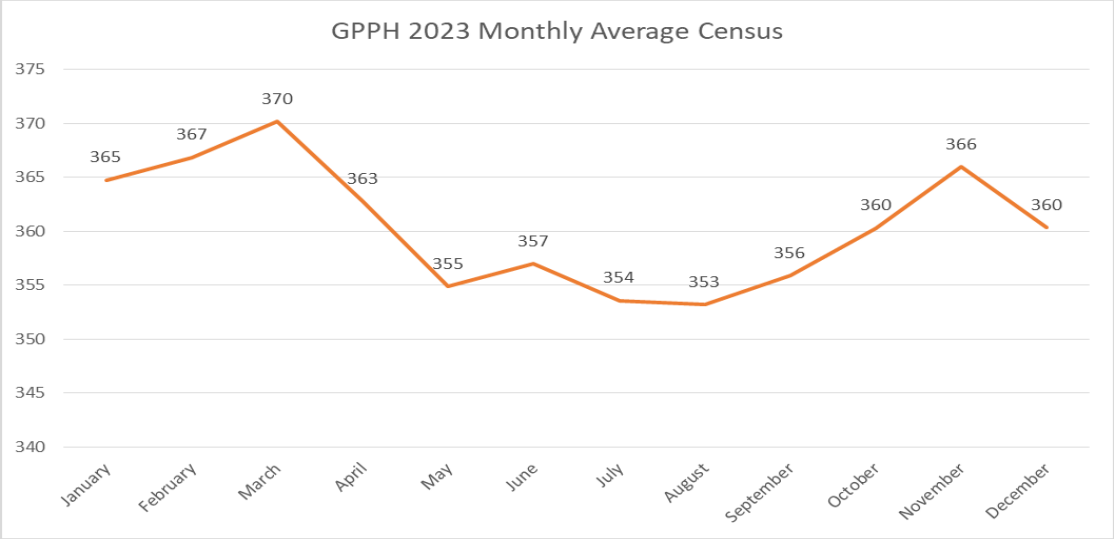
SETTLEMENT AGREEMENT LIAISON

The Committee continues to work with the focused and dedicated assistance of the Settlement Agreement Liaison, Arlington King, MSW, selected by the DOH as the Settlement Agreement Liaison, and Praveen Sasi, Nurse and Quality Assurance Coordinator at Greystone. Together they provide the Committee with detailed monthly reports, complaints that have been brought to the Committee, and investigations and follow up inquiries related to complaints with an analysis of substantiated or unsubstantiated as related to the Agreement. Key focus areas are census, staffing, use of ambulance, violence prevention and unusual incident reports, Patient Information Centers (PICs), code cart, emergency "all available" calls, Special Instruction Services Unit calls, and complaints and feedback. Mr. King and Mr. Sasi have served as liaisons to the Greystone leadership as well as, arranging for meetings with representatives who can outline new or invigorated initiatives.

COMMITTEE FOCUS THROUGHOUT 2023

With a priority focus for the Committee in 2023 on the efforts to address violence, the following information is reviewed monthly as compared to the Agreement requirements:

1. Average Monthly Census: between January 2023 and December 2023 the total census has ranged from a low of 353 (August 2023) to a high of 370 (March 2023) with an average census of 360 for the year. (Numbers are rounded)



2. Staffing Requirements:

- Psychiatry – Both psychiatrists and advanced practice nurses provide psychiatric care to patients at Greystone. The Settlement Agreement states that the provider to patient ratios will average 1:15 on Admissions Units and Developmental Disability Units, 1:25 on all other units and an additional two (2) psychiatrists assigned to Cottages (Section VI.2.) The DOH continues to struggle to meet these requirements. However, these averages were based on a census of no more than five hundred six (506) in total. With the low average monthly census, and the successful hiring of three (3) additional psychiatric staff for a total of twenty-nine (29) during the latter part of 2023, the provider to patient ratio has been maintained at approximately 1:13, well below the agreed upon standard. This continues the trend from 2022 with a greater level of psychiatric care than projected, beneficial to the current patients. Recruitment for additional staff continues.

- Psychology – This department is comprised of psychologists, behavioral analysts, and behavioral support technicians. The number of psychologists decreased in 2023 from twenty (20),as per the Agreement, to eighteen (18) which puts the number out of compliance based upon a census of five hundred six (506).Behavioral analysts and support technicians consistently meet the agreed upon numbers.

- Medical Staff – the patient ratio for internists is 1:33, exceeding expected staffing ratio.

- Dental Staff – The dentist, dental hygienist, and dental assistant positions have been consistently filled throughout 2023, as per the Agreement.

- Nursing Staff – Greystone continues to exceed the number of nursing staff agreed upon, including registered nurses and practical nurses who work under a variety of titles defined by the CSC.

- Social Work Staff – The Settlement Agreement states that Greystone will staff and maintain the hospital with no fewer than two (2) full time social work staff per twenty-five (25) patients each day (Sec. VI.7.c.). This is a ratio of 1:12.5. There are thirty (30) social work staff as of December 2023 with sixteen (16) licensed, four (4) in the process, four (4) unlicensed (as allowed by the Civil Service Commission) and the remainder Bachelor level. Recruitment efforts, changes to job descriptions identifying the licensing requirement, and work with the CSC to effect changes that align the licensing requirements with the Board of Social Work Examiners, the CSC, the Agreement, and the Department of Health have been monitored throughout the year. <u>As noted in 2022, while Greystone is not in compliance with this requirement, this does not pose an inherent risk to the health or safety of the patients at the hospital.</u>

- Therapy Aides – As reported for 2022, the number of therapy aides has increased to thirty-three (33). This provides a ratio of 1:11, with a census of three hundred sixty (360), which exceeds the ratio identified in the Agreement with a census of five hundred six (506).

- Other clinical disciplines – Greystone meets or exceeds the agreed upon staff/patient ratios for Occupational Therapists, Art Therapists, Teachers, Physical Therapists, and Speech/Hearing Specialists.

3. Hospital Administration
   The Committee routinely reviewed the status of the Clinical Services Management (CSM) engagement with the DOH to oversee and manage Greystone through the changes necessary to exceed the Agreement and create improved conditions for patients and employees. CSM created a Functional Assessment at the end of 2022 for DOH that provided both outcomes of the changes implemented to date, and the proposed further changes for Greystone. DOH shared this with the Committee, enabling the Committee to review the plan and understand it through the perspective of the Agreement. The change efforts continued throughout 2023 along with a plan to recruit a permanent CEO.

4. Code Carts, Emergency Drug Kits, and Choke Kits: no problems observed.

5. Patient Information Centers (PICs): Structural changes to the PICs have not yet been implemented. Plans to secure the ceilings have been changed a couple of times to make sure the changes will be effective. It has also been difficult to obtain the DOH approvals needed to start work on the units for the Plexiglas enclosure project. In the meantime nine (9) of eighteen (18) units within the Hospital have had “hardened ceiling tiles” above the PICs

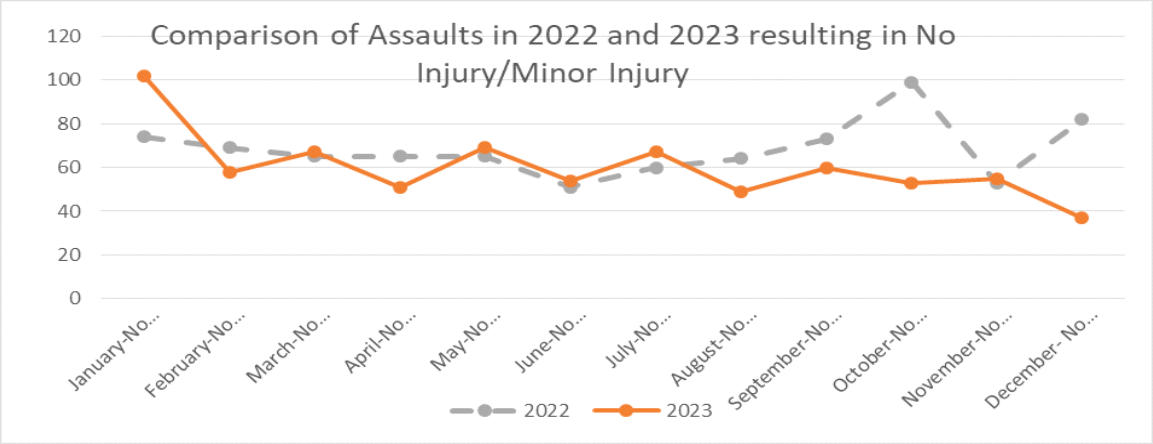
installed. The PICs continue to be staffed from 8 AM to 8 PM providing access to a staff person even when not engaged in formal treatment. Monthly PIC incidents in 2023 varied widely from a high of fifty-.one (51) to a low of twenty (20). Of note is the fact that the total of "non-reportable" incidents (those where staff intervention prevented the patient from crossing the PICs) were significantly fewer that the reportable incidents, sixty-six per cent (66%) of the total incidents were "non-reportable".

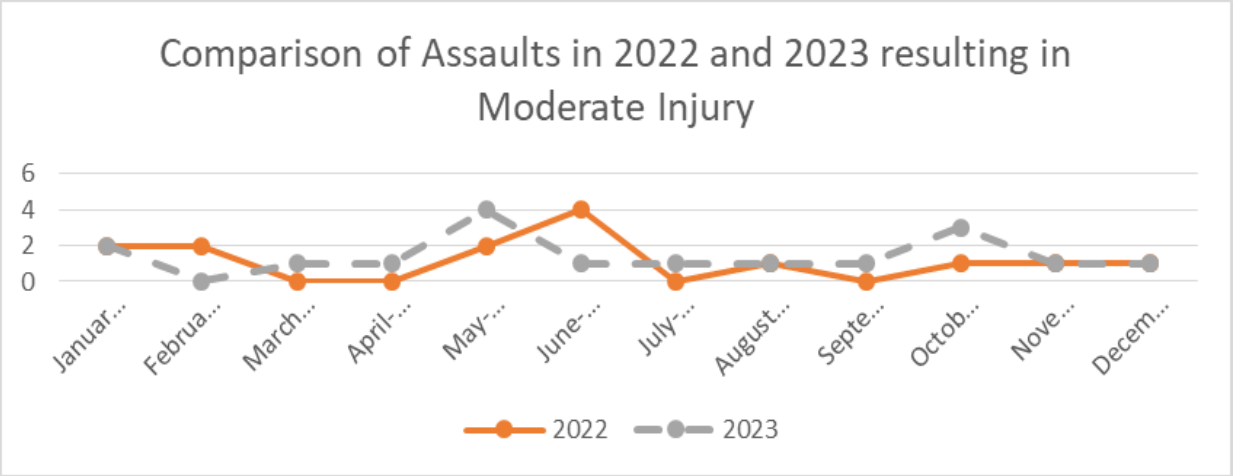
At this time Greystone remains out of compliance with the Settlement Agreement with regard to the PICs.

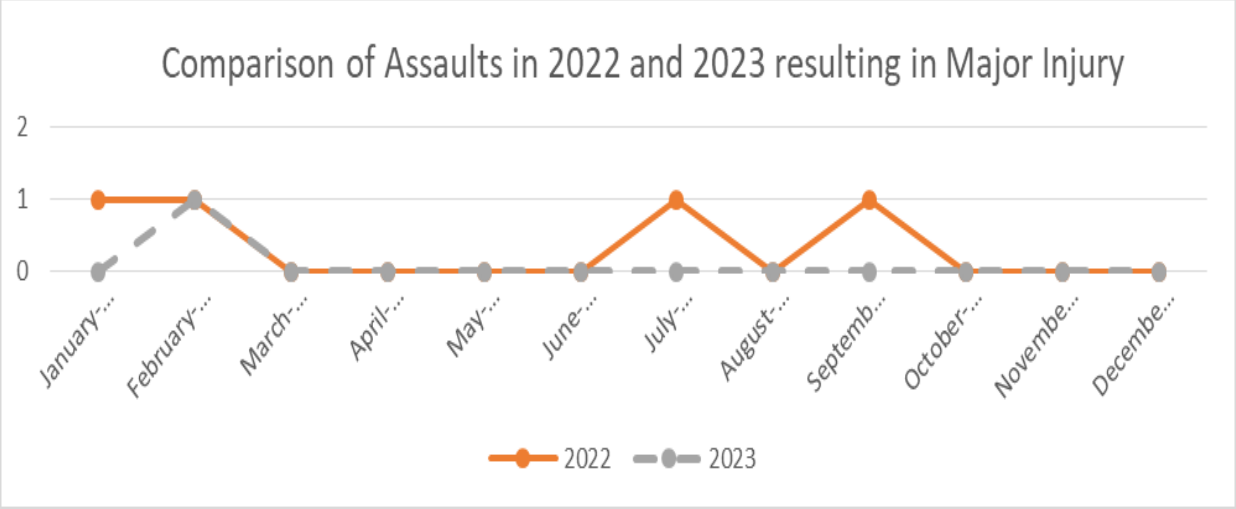
6. **VIOLENCE PREVENTION** – the level of violence at Greystone was one of the factors leading to the lawsuit against Greystone and the subsequent Settlement Agreement. The Committee and Liaisons spend a significant amount of time reviewing data related to assault and emergency interventions and planning that shows Greystone's and CSM's efforts to implement change strategies to reduce violence.

   - Greystone has implemented a plan to bring Medical Security Officers (MSOs) onto the units to work alongside the unit staff and the Special Instruction Services Unit (SISU). As of December 2023, the supervisory level MSOs were on board and two (2) recruits ready for onboarding.
   - The SISU team responds pre-psychiatric emergencies, medication assistance, need for escorting patients, contraband search, incident debriefing, rounds, and to the emergency calls of "all hands on deck" to assist with patient engagement and de-escalation.
   - Implementation of a new risk assessment protocol Therapeutic Response to Elevated Violence Risk (TREVR) to assist treatment teams in identifying elevated risk for violence and facilitating communication and coordination of a unit's therapeutic response across all staff and shifts. This pilot project was initiated in May 2023.

The Committee reviewed data on assaults each month to track the impact of violence prevention activities. Results in 2023 show a decrease of eleven point seven per cent (11.7%) in the number of assaults identified, and a twelve point two percent (12.2%) decrease in those resulting in no/minor injury. See the following charts:


Comparison of Assaults in 2022 and 2023 resulting in No Injury/Minor Injury
120
100
80
60
40
20
0
January-No...
February-No...
March-No...
April-No...
May-No...
June-No...
July-No...
August-No...
September-No...
October-No...
November-No...
December- No...
2022
2023


Comparison of Assaults in 2022 and 2023 resulting in Moderate Injury
6
4
2
0
Januar...
Februa...
March...
April-...
May-...
June-...
July-...
August...
Septe...
Octob...
Nove...
Decem...
2022
2023


Comparison of Assaults in 2022 and 2023 resulting in Major Injury
2
1
0
January-...
February-...
March-...
April-...
May-...
June-...
July-...
August-...
Septemb...
October-...
Novembe...
Decembe...
2022
2023

7. Civil Commitment Hearings – no evidence of issues regarding hearing has been presented.

8. Safety and Maintenance of Infrastructure – Other than the PIC concerns, the Committee has not examined issues regarding safety or maintenance, no substantiated complaints regarding this topic.

9. Programs and Services – Greystone appears to be in compliance with this section of the Settlement Agreement.

10. Ambulance Service – the contract with the Morris County Office of Emergency Management continues to be a successful approach to managing the availability of the ambulance service to Greystone. The amount of time for the ambulance and Emergency Management Teams (EMTs) to reach patients at the hospital averages between eight (8) and eleven point five (11.5) minutes.

11. Staff qualifications and training – An intensive program of staff training is in place for all employees beginning at new staff orientation, orientation on assigned units, and throughout the year for all, in the classroom, on the job, and virtual online instruction. Recruitment in all areas of employment is ongoing, with particular emphasis on qualifications and licensing requirements.

12. Complaints – We received fewer complaints this year than in 2022, having the complaint process in place for patients allowed the Committee to hear about how staff and patients approach problem solving and improvements in overall communication and feedback whether the complaint was related to the Settlement Agreement or not. Even if the complaint was not related to the Settlement Agreement, the patients received added support and attention to their questions and inquiries. Staff also had an opportunity through this process to underscore their work with patients. Having video available to review gave us a literal window into an incident to see just how effectively and appropriately staff managed the situation. The following is a breakdown of the complaints received and the relevance to the Settlement Agreement:

2023 Settlement Agreement Complaint Statistics			
Month	Number of complaints submitted	Number of substantiated complaints	Number of unsubstantiated complaints
January	3	3 *partially substantiated	3 +partially unsubstantiated
February	2	0	2
March	0	0	0
April	0	0	0
May	1	0	1

June	2	1 *partially substantiated	1 unsubstantiated 1 +partially unsubstantiated
July	2	0	2
August	1	0	1
September	1	0	1
October	1	0	1
November	1	1 *partially substantiated	1 +partially unsubstantiated
December	1	0	1
Total	15	2.5	12.5

*Partially substantiated means that some of the allegations contained within the complaint were found to violate provisions of the settlement agreement.

+Partially unsubstantiated means that some of the allegations contained within the complaint were found to not be a violation of the settlement agreement.

Summary of partially substantiated complaints during 2023, findings and recommendations:

Complaint January-2023-01: The complaint was submitted by the significant other of a GPPH patient. The portions of the complaint that were found to be substantiated were related to receiving individual therapy and changes in level of supervision. Although the allegations were found to be substantiated, based on the investigation, the patient's treatment team was awaiting the results of psychological testing to determine the appropriate individual therapy modality as well as preparing to present the patient for a decrease in level of supervision.

Complaint January-2023-02: The complaint was submitted by a patient's attorney. The portions of the complaint that were found to be substantiated were related to receiving individual therapy and changes in level of supervision. Although the allegations were found to be substantiated, based on the investigation, the patient's treatment team was awaiting the results of psychological testing to determine the appropriate individual therapy modality as well as preparing to present the patient for a decrease in level of supervision.

Complaint January-2023-03: The complaint was submitted by a patient. The portion of the complaint that was found to be substantiated was related to the requirement for a minimum of 15 hours of scheduled recreational activity per week. Based on the investigation, the patient was receiving less than the required number of hours outlined in the settlement agreement. This information was relayed to the assigned treatment team for correction.

*All three complaints received in the month of January were on behalf of or from the same patient.

Complaint June-2023-02: The complaint was submitted by a patient's attorney. The portions of the complaint that were found to be substantiated were related to a violation of the hospital's policy regarding the completion of an assessment upon admission as well as not having a licensed psychologist assigned to the patient's treatment team. Based on the investigation, the patient was supposed to have a violence risk assessment completed within 30 days of admission. The assessment was completed within 90 days of admission. The patient's assigned psychologist was not licensed at the time of the investigation but, was in the process of applying for licensure and was receiving direct supervision from a licensed psychologist.

The complaint also contained an allegation of verbal abuse by a staff member toward the patient. As this type of allegation does not fall under the purview of the Oversight Committee, the allegation was forwarded to Greystone's Risk Management Department for further investigation.

Complaint November-2023-01: The complaint was submitted by a psychologist employed by Greystone. The portions of the complaint that were found to be substantiated were related to the on-site ambulance not being on hospital grounds for 30 days as well as several cameras not working within the facility. Based on the investigation, the ambulance had been off grounds for a period of 30 days due to environmental issues with the room that the EMTs used as a home base within the hospital. As the issue in their previous location was being addressed and a new location for their base of operations was being prepared, the EMTs responded to all GPPH ambulance calls from OEM's headquarters located at 500 West Hanover Avenue Parsippany, NJ. While the ambulance was off hospital grounds, there were eighteen (18) emergency calls with an average unit arrival time of 13.5 minutes. The hospital agreed to immediately notify the Oversight Committee in the future if the ambulance had to be off grounds for an extended period of time.

The investigation into the cameras revealed that there were several cameras not working at the time of the investigation. The Interim CEO, COO, IT and Security were notified of the areas with affected cameras that required repair.

CONCLUSION

Throughout 2023 this Committee saw evidence of progress in the majority of areas designated for change through the Agreement. Having a focus on viewing and discussing data related to violence prevention, staffing patterns, the development and implementation of new staff positions and responsibilities allowed us to identify trends, evaluate progress, and ask meaningful questions of the Hospital leadership.

Overall, most staffing issues are resolved or they are in process having been impacted by recruitment and retention issues, but they pose no risk to the health and well-being of patients. Changes to staffing responsibilities and increased training are happening concurrently with the observation of improvements seen in the resolution of patient incidents (increased times when staff intervention is sufficient to redirect a patient and provide some de-escalation). There were no issues related to the hospital census, code carts, patient rights, ambulance calls, safety and maintenance, programs and services, or staff training.

The Committee continues to focus on the outcomes of the change process implemented by the Greystone leadership team in 2024. Additionally, complaints from patients and families related to the areas of concern outlined in the Settlement Agreement will continue to be thoroughly reviewed and evaluated for consistency with the standards established by the Settlement Agreement. Key areas of ongoing review by the Committee are Violence Prevention, SISU deployment and responses to All Available Help Calls, Staffing Updates, Ambulance Onsite Availability, Unusual Incidents with Moderate & Major Injury, Incidents related to the PIC and construction for the improvement of the PIC enclosures.

Respectfully Submitted on behalf of the Committee,

Michelle Borden

Michelle Borden, MSW, LCSW
Oversight Committee Chair