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 2024 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 2024 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, utilization 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 2024

With a priority focus for the Committee in 2024 on the efforts to address violence, the following information is reviewed monthly as compared to the Agreement requirements:

1. Average Monthly Census:

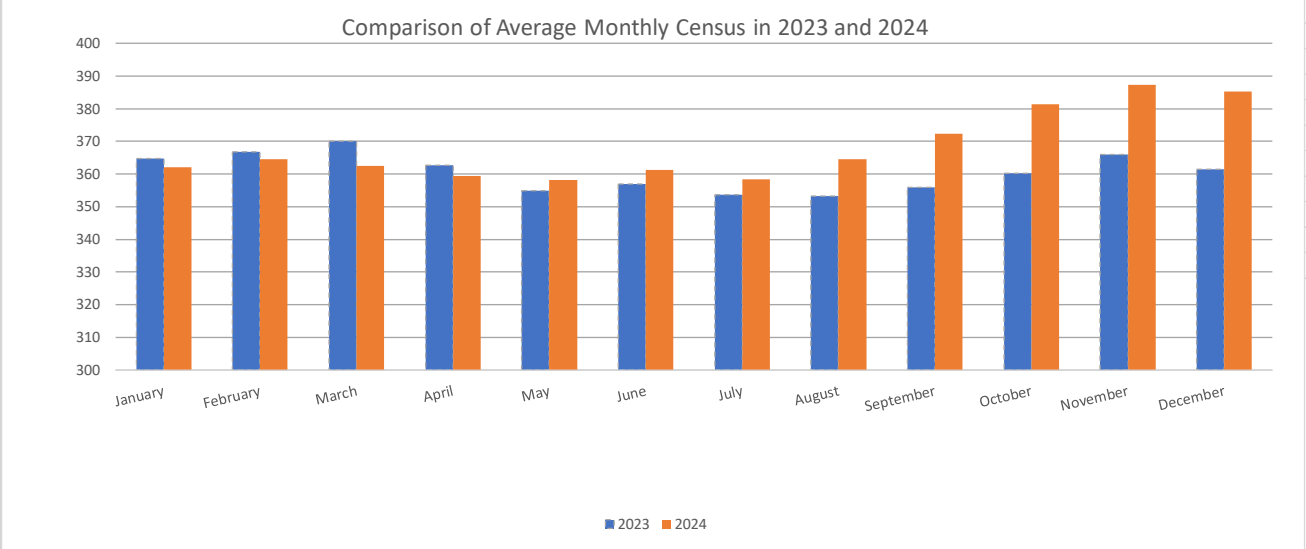
The maximum patient capacity of Greystone Park Psychiatric Hospital is 450 patients in the main hospital building and 56 patients in the cottages, totaling 506 patients. Before December 2018, when the lawsuit was filed, the hospital census was approximately 550 patients. Since 2019, the census has begun to decrease and has since stabilized.

Between January 2024 and December 2024, the average monthly census ranged from a low of 362 to a high of 387, with an overall average of 368. The increase in the 2024 census can be attributed to the loss of "Diversion Beds," which were funded by DMHAS to help manage the

surge of admissions to the four (4) psychiatric hospitals immediately following the pandemic. In May 2024, this funding was depleted.

Nevertheless, GPPH has intensified its focus on discharges—preparing patients resistant to discharge for community reintegration and utilizing unoccupied beds for patients requiring single rooms. Furthermore, the DOH removed Union and Middlesex counties from Greystone's catchment area, which will assist in lowering the census. The DOH is also collaborating with community provider agencies by hosting "Community Provider Fairs," where hospital employees and patients can connect with resources to support patients' transitions into the community.

Average Census by Month	January	February	March	April	May	June	July	August	September	October	November	December	Annual Average Census
2023	364.8	366.8	370.1	362.8	354.9	357	353.6	353.2	355.9	360.3	365.9	361.5	360.6
2024	362	364.5	362.6	359.4	358.1	361.3	358.5	364.5	372.3	381.3	387.3	385.3	368.1



2. Staffing Requirements

The focus has been on meeting or surpassing the minimum standards established in the Agreement based upon the actual current census of patients for the year:

- Psychiatry – By the end of 2024, Greystone had thirty (30) psychiatrists and advanced practice nurses to provide psychiatric care to their patients. Based on the daily census of at that time of 385 (76% of the full census), the staffing in this area exceeds the minimum requirements of the Agreement. This continues the trend from 2022 and 2023 with a greater level of psychiatric care than projected, beneficial to the current patients. The

Hospital continues to actively recruit for psychiatrists to fill any vacancies and to be in compliance should the census grow further.

- Psychology – This department is comprised of psychologists, behavioral analysts, and behavioral support technicians. The number of psychologists has been maintained since 2023. GPPH has remained at approximately 76% capacity, so this ratio exceeds the Agreement's minimum requirement. Behavioral analysts and support technicians consistently meet or exceed the agreed upon numbers.
- Medical Staff – the patient ratio for Internists is 1:35.5, with twelve (12) full time and five (5) part time Internists on staff, exceeding expected staffing ratio for the reported census.
- Dental Staff – The dentist, dental hygienist, and dental assistant positions have been consistently filled throughout 2024, as per the Agreement.
- Nursing Staff – With 869 Nursing Staff, Greystone continues to exceed the number of nursing staff agreed upon, including registered nurses (RN) and practical nurses who work under a variety of titles defined by the Civil Service Commission (CSC). This also includes the Human Service Assistants (HSA) and Human Services Technician (HST) staff. The Hospital continues to actively recruit for HSA, HST and RN positions.

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.). At this time the ratio is 2:25.9. There are thirty (30) social work staff as of December 2024 for 385 patient: twenty-five (25) Master's level, four (4) Bachelor's level, and one (1) Administrator. Three (3) Masters level social workers are in the process of licensure and two (2) are unlicensed (as allowed by the CSC) and the remainder are Bachelor's level. Recruitment efforts, updating job descriptions to identify the licensing requirements, and working with the CSC to effect changes that align with the licensing requirements from the Board of Social Work Examiners have been monitored throughout the year. <u>As noted in 2022 and 2023, Greystone is substantially in compliance with this requirement based upon census, and this does not pose an inherent risk to the health or safety of the patients at the hospital.</u>

- Therapy Aides – Staffing in this area remains at thirty-three (33) this year, but based upon the 2024 census data it is below the required minimum. To meet the requirement for 385 patients, the staffing should be at forty-two (42). The Hospital continues to actively recruit for therapy aids to fill vacancies, and is in the process of upgrading the Therapy Aid position to allow for patient escort duties and co-lead group facilitation.

- 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:

   This year saw the engagement of a new CEO for the Hospital, Josh Belsky, who worked through a transition from Clinical Services Management (CSM) to his oversight and management of Greystone to sustain and carry forward the success for changes made that improve conditions for patients and employees. Mr. Belsky presented to the Oversight Committee several times during the year to respond to questions and to provide updates on tasks set in place prior to his engagement. His structured approach to change management helped to smoothly guide the Hospital system through the transition maximizing successful adoption of change, crucial for ensuring that the organization continues to achieve the goals set out by the Agreement.

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

5. Patient Information Centers (PICs):

   The Patient Information Centers [PIC] in each unit were a focus of the lawsuit because patients would frequently climb onto the PICs, take down ceiling tiles and wires from above, and attempt to harm themselves. This is addressed in the Settlement Agreement (Section IX). DOH has still not remedied this issue, even though the Settlement Agreement has been in effect for almost four years. Currently, only three units have been fully refurbished. Because the PIC clips that had formerly been utilized were found not to be substantial enough to further minimize incidents, the PICs will now be enclosed in plexiglass, allowing patients to communicate with staff but not have access to the PIC counters. This should eliminate PIC incidents. DOH is behind schedule with this project.

   The PICs are staffed from 8 AM to 8 PM, allowing patients' access to a staff person even when they are not engaged in formal treatment. This has significantly reduced the number of incidents at the PICs where there is potential for harm. The two categories of PIC incidents are referred to as "non-reportable incidents," in which staff intervention results in the patient not crossing the PIC, and "reportable incidents," in which patients are able to cross the PIC. DOH and the Committee are informed of all incidents. There number of PIC incidents per month ranges from ten (10) to sixteen (16), across all units. Of these, only a small number are reportable and no significant injuries occurred.

   Although there has been improvement in PIC issues as of December 2024, Greystone remains out of compliance with the Settlement Agreement with regard to the PICs.

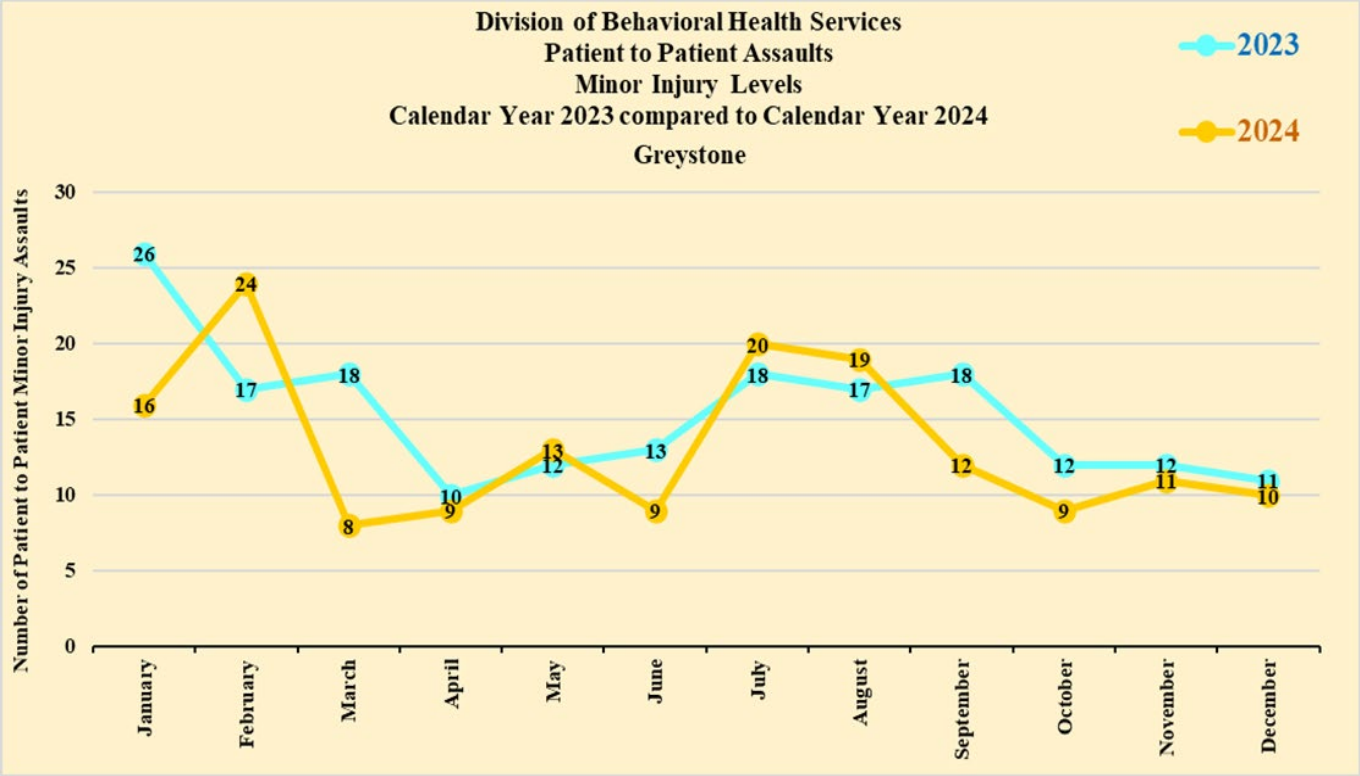
6. VIOLENCE PREVENTION

The level of violence at Greystone a major factor 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 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 2024, the supervisory level two (2) MSOs were on board and two (2) recruits ready for onboarding.
- The MSO team responds to 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.
- The continued implementation of a new risk assessment protocol, Therapeutic Response to Elevated Violence Risk (TREVR), assists 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.
- Trauma Informed Care Universal Precautions (TICUP) provide each employee and all new hires universal precautions encouraging empathetic and care with insight. Current instruction is at 90% of all direct care providers.
- Safewards was introduced to Greystone as a more proactive form of positive interaction between patient and staff. Currently Safewards has been rolled out to four units and will continue through 2025.

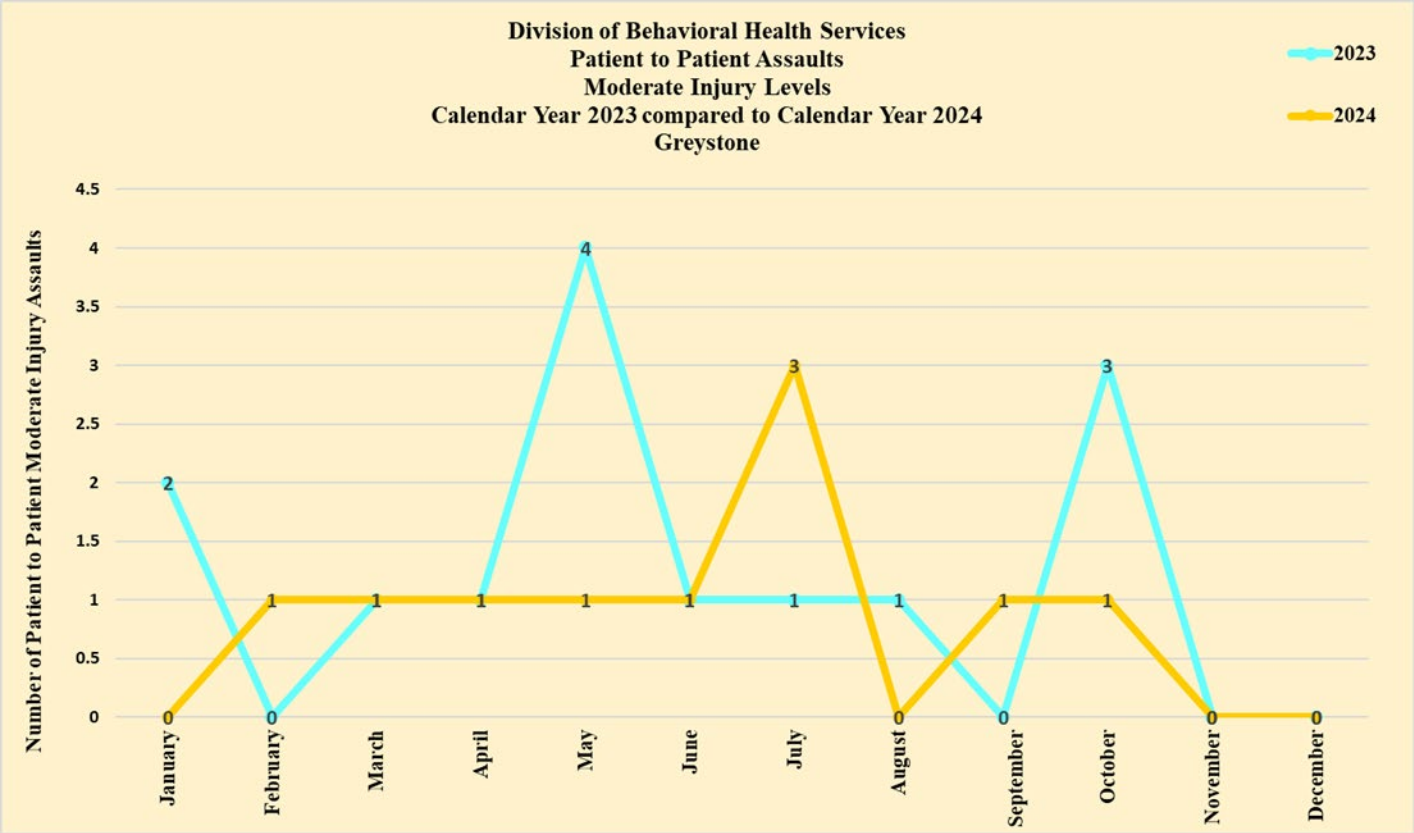
The Committee reviewed data on assaults each month to track the impact of violence prevention activities.

Please see the charts on the following pages.



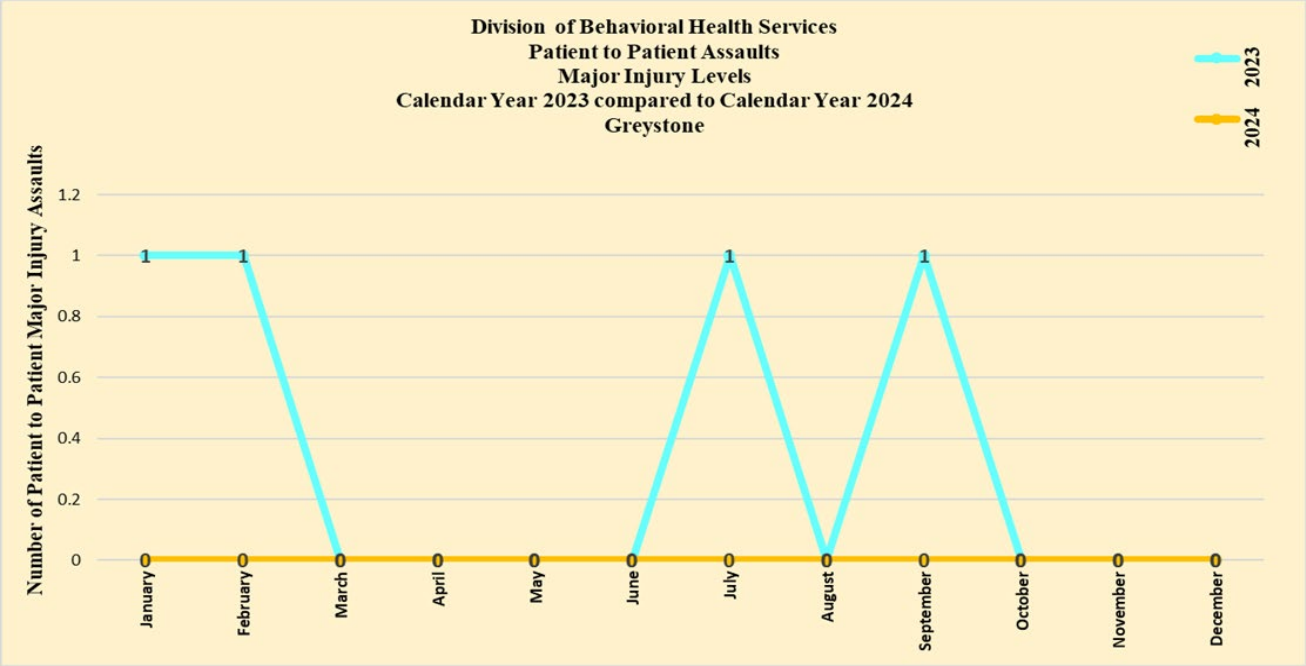
Assault Injury Level	Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
Patient to Patient Assaults Minor Injury Levels	2023	26	17	18	10	12	13	18	17	18	12	12	11	184
Patient to Patient Assaults Minor Injury Levels	2024	16	24	8	9	13	9	20	19	12	9	11	10	160
Percentage Change 2023 to 2024		-38.46%	41.18%	-55.56%	-10.00%	8.33%	-30.77%	11.11%	11.76%	-33.33%	-25.00%	-8.33%	-9.09%	-13.04%

Assaults resulting in minor injuries decreased by 13.04 % in 2024.



Greystone System Wide Injury Assaults (Moderate Injury Level)													
Year	January	February	March	April	May	June	July	August	September	October	November	December	Year End Total and Year End 2023 to 2024 Percentage Change
Patient to Patient Assaults Moderate Injury Level 2023	2	0	1	1	4	1	1	1	0	3	0	0	14
Patient to Patient Assaults Moderate Injury Level 2024	0	1	1	1	1	1	3	0	1	1	0	0	10
Percentage Change 2023 to 20244	-100%	0%	0%	0%	-75%	0%	200%	-100%	100%	-67%	0%	0%	-29%

Assaults resulting in moderate injuries decreased by 29% in 2024.



Assault Injury Level	Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
Patient to Patient Assaults Major Injury	2023	1	1	0	0	0	0	1	0	1	0	0	0	4
Patient to Patient Assaults Major Injury	2024	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage Change 2023 to 2024		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-100%

In terms of major injuries, Greystone showed a 100% decrease, having no assaults resulting in major injuries in 2024.

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 had to examine issues regarding safety or maintenance, and there were 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 at Greystone. Having an ambulance stationed at Greystone, along with EMS technicians, has contributed to the well-being of patients at Greystone. The ambulance is used for both non-emergent and emergent calls, in which calling for an ambulance is determined by a physician based on their assessment of the patient's medical condition. Prior to the Settlement Agreement, it was not unusual for a patient to wait up to 24 minutes or more for an ambulance to arrive. Currently, during an emergency call, the ambulance arrives within ten to thirteen minutes and is sometimes there more quickly. This is well within the time frame established by the National EMS Management Association for an area with the population density of Morris Plains, in which Greystone is located.

    Non-emergency reasons for use of the ambulance include transporting patients for treatment in the community. Patients may be transported to and from treatment at doctors' offices or local hospitals for illnesses that are not considered emergencies but do require treatment. There are typically 18-25 non-emergencies incidents of usage monthly. This provides greater safety for the patients and frees staff from having to accompany patients on these trips.

11. Staff qualifications and training – An intensive program of staff training continues 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

    During 2024, a total of 48 complaints were received, an increase over the number received in 2023. Of the 48 complaints received, 36 were submitted by two individuals (24 and 12 complaints submitted respectively). 46 complaints were found to be unsubstantiated, and two cases were found to be substantiated.

    Five of the 48 cases were found to require further investigation from other investigatory bodies due to alleged patient abuse. The others were substantiated but resolved during the investigatory process, did not fall under the purview of the committee, or found to be unsubstantiated with recommendations to resolve the concern. The following is a breakdown of the complaints received and the relevance to the Settlement Agreement:

2024 Settlement Agreement Complaint Statistics			
Month	Number of complaints submitted	Number of substantiated complaints	Number of unsubstantiated complaints
January	0	0	0
February	0	0	0
March	1	0	1* Case was investigated further by the Office of Investigations
April	4	1* Case was investigated further by the Office of Investigations	2 unsubstantiated 1* with recommendations for treatment team
May	13	0	13
June	1	0	1
July	0	0	0
August	2	1* Complaint was valid and resolved by the treatment team	1* Did not fall under the committee's purview. Forwarded to Risk Management for further investigation
September	0	0	0
October	6	0	6
November	15	0	15
December	6	0	6
Total	48	2	46

Summary of partially substantiated complaints during 2024, findings and recommendations:

Complaint March-2024-01: The complaint was submitted by an Investigator from the Office of Public Defender on behalf of a patient. The complaint contained an allegation of patient abuse against a nurse. Due to the nature of the allegation, the complaint was forwarded to Greystone's Risk Management for further investigation. The case was referred to the Office of Investigations (OI) to conduct an independent investigation which found the allegation to be unsubstantiated. However, OI did recommend that the nurse be retrained on how to properly hold a patient in a crisis. The outcome of OI's investigation was shared with the Oversight Committee.

Complaint April-2024-01: The complaint was submitted by an Investigator from the Office of Public Defender on behalf of a patient. The complaint contained an allegation of patient abuse against a Human Service Technician. During the investigatory process, it was found that the case had already been referred to OI for further investigation. OI substantiated the allegation of patient abuse. Disciplinary action was taken against the Human Service Technician and a recommendation of retraining in Crisis Intervention was made for the nurse that responded to the incident. The Oversight Committee was advised of the outcome.

Complaint April-2024-02: The complaint was submitted by a patient. The complaint was regarding noise levels on the unit. The case was found to be unsubstantiated but there was a recommendation made to reassign the two staff members that the patient complained about in an attempt to resolve the concern. The Oversight Committee was advised of the findings of the investigation as well as the recommendation that was made.

Complaint August-2024-01: The complaint was submitted by a patient. The complaint was regarding the noise levels on the unit as well as staff banging and slamming doors. The complaint did not fall under the purview of the Oversight Committee, therefore; it was forwarded to Greystone's Risk Management to further investigate. Risk Management found the complaint to be unsubstantiated. The Oversight Committee was advised of the outcome.

Complaint August-2024-02: The complaint was submitted by the significant other of a patient. The complaint centered on the significant other's desire to be included in treatment team meetings and to take her loved one on off-ground visits in the community. The concerns raised in the complaint were valid as they related to the settlement agreement, however; her concerns were appropriately addressed by the assigned treatment team during the investigative process. The Oversight Committee was advised of the outcome.

CONCLUSION

Throughout 2024 this Committee saw evidence of continued 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. Having the CEO position filled with someone dedicated to not only continuity of improvements, but also to further transformation on behalf of patients and employees has brought added confidence in further positive outcomes for all.

Overall, positive changes in all areas have continued: 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 continue to be observed concurrently with the 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 these past few years. 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 2024