



FOR YOUR INFORMATION. These minutes will not become official until they are formally acted upon at the next Board meeting.

**MINUTES OF THE ANNUAL PUBLIC MEETING
 BOARD OF TRUSTEES
 GREYSTONE PARK PSYCHIATRIC HOSPITAL**

- I. The Board of Trustees Annual Public Meeting at Greystone Park Psychiatric Hospital (GPPH) was held in the GPPH Auditorium on January 19, 2023, pursuant to the notice duly given. In conformance with the Public Open Meetings law, notices for the meeting were sent to the Daily Record and the Star-Ledger.

Board Member Attendance:

| <u>Present:</u> | <u>Excused</u> |
|-------------------------------------|----------------|
| Chairman James (Jim) DiGiulio, Esq. | |
| Sheriff James M. Gannon | |
| Peter Simon, Esq. | |
| Bruce Sisler, Esq. | |
| Louis Modugno, Esq. | |
| Tomika Carter, MSW | |

Hospital Administrators Attendance:

| <u>Present:</u> | <u>Excused</u> |
|--|----------------|
| Thomas Rosamilia, Interim Chief Executive Officer | |
| Eric Madurki, Deputy Chief Executive Officer | |
| Dr. Ritesha Krishnappa MD, Interim Medical Director | |
| Dr. Laura Romano, Chief Nursing Officer | |
| Jack Frey, Business Manager | |
| Dorothea Josephs-Spaulding, Director of Quality Management | |
| Timothy Dimitrios, Administrative Analyst 4 | |
| David Hutchinson, Director of Nursing | |
| Maria Jazenback, Secretary to the Board | |
| Stephanie Gabelmann, GPA Liaison | |
| Chris Botta, GPPH Fire Chief | |

CALL TO ORDER at 3:15pm by Chairman, James DiGiulio.

II. FIRE SAFETY ANNOUNCEMENT:

The meeting began with the GPPH Fire Chief, Chris Botta explaining the emergency exit for those in attendance at the meeting. If the strobes go off with an announcement you must evacuate the Auditorium. If the strobes go off without an announcement it means it is a sister unit and you do not have to evacuate the Auditorium. When evacuating please exit the double doors in the back of the room and head to the lobby and then to the gym area.

III. CHAIRMAN'S ADDRESS TO THE PUBLIC:

Chairman, James DiGiulio welcomed and thanked all in attendance for coming today and apologized for having to cancel last month due to weather. This is the first time that we were able to meet in person in a few years due to the pandemic and there is nothing quite like in person. Chairman, James DiGiulio discussed that the public received question forms when signing in for the meeting. Please fill those out and submit the questions to the Board's Secretary. The questions that can be answered today will be answered at the end and if there are any questions that cannot be answered today they will be answered at the next meeting.

IV. CEO REPORT:

Mr. Tom Rosamilia, Interim Chief Executive Officer at Greystone Park Psychiatric Hospital presented the CEO Report for the meeting.

The Interim CEO, Tom Rosamilia thanked the members of the GPPH Board of Trustees for everything they do for Greystone. Mr. Rosamilia discussed that Clinical Services Management (CSM) which consists of Charles Higgins, Louis Cassaro, Roy Wilms, and Tom Rosamilia have been working with Greystone leadership over the last year and will continue to do so for another year. Mr. Rosamilia stated that Eric Madurki, Deputy CEO has been an excellent source of knowledge to the CSM team and is an asset to GPPH. Mr Rosamilia thanked Mr. Madurki and the GPPH Leadership team for their hard work over the last year. Evaluations that CSM has been conducting include working with and evaluating leadership, work performances, processes, bylaws, and policy and procedures.

The Oversight Committee was put into place due to the Settlement Agreement. Membership includes the public defender's office, Department of Health, and one member mutually agreed upon by both parties. The Oversight Committee has a Settlement Agreement Liaison assigned to them and some items the committee focuses on includes census information, onsite ambulance and emergency medical technicians, violence prevention committee statistics, treatment parameters pertaining to medications and activities, training, and maintenance infrastructure and safety. Staffing and recruitment issues have been a continuous struggle at GPPH over the last year. We are trying to meet or exceed the ratios but staffing numbers continues to be a concern. Due to the staffing issues we have realized we cannot be at a census of 506 while still trying not to cause any backage in the community but there are some systemic issues and we must continue to ensure the safety of patients and staff. Nursing Stations (PICs) ceilings are currently on hold due to the hospital not having an empty unit for patients to go on due to needing a quarantining unit and work being done on B2. When a unit opens up for movement, we will begin fixing the nursing stations ceilings again. We predict this may occur in the next few weeks pending covid outbreaks and the supplies needed for B2 to move back to their home unit.

Business now resembles normal with all visitors screened at the front desk upon entry. Patient visits are personally scheduled by a dedicated staff member. These visits are in-person and event outdoors in nice weather. Families and patients alike have reacted with positive feedback. Resumption of day passes and field trips has occurred. The following programs have all resumed: J-Wing Programming, Creative Employment Center, Park Place Café, Patient Library, Patient Government, Pet Therapy, AA/NA in person evening groups.

Federal Money (HRSA) was given to Greystone for COVID related expenses. In 2022, we purchased the following:

- High grade clothing washers and dryers for patient use.
- Repare and upgrade of our Xray machine.
- Hands free faucets and soap dispensers.
- New sterilization equipment in the dental and medical clinics.
- Housekeeping equipment and supplies.
- Blockhouse wipeable and anti-ligature furniture for cottages.
- Norix dining room and socialization room furniture for the main hospital.
- Medication Carts.

Safety and Violence reduction efforts have been established which include:

- Chief Clinical Officer
- Patient Information Centers (PICs)
- Staff Trainings
- Medical Security Officers
- Special Instructions Services Unit (SISU)
- Behavior Analyst
- Patient Programming
- Norix Furniture
- Equipment
- Promotion of Recovery Concepts
- Evidence Based Practices
- Culture of Respect and Dignity

Census at GPPH is now 360. Assault rates are higher than we want them to be but they will never be at zero because if they are then there would be no need for our hospital. We are looking to just reduce our numbers as best as we can. One-to-one numbers were reviewed during this meeting averaging about 20 or less most months. October and November were the worst months at 22.6 (October) and 23.1 (November). Admissions and Discharges numbers were reviewed during the meeting to reflect continuous increases and decreases throughout the year.

Patient Information Centers/Nursing Stations were discussed as we are hardening the ceilings so patients can't pull wires and ceiling tiles down. About half of our units have hardened ceilings and once completed with this project we will be moving to full enclosures of the nursing stations.

The Department of Medicine has hired a full-time Dentist, a second Gynecologist, a Dermatologist, and an Ophthalmologist as consultants in our Medical Clinic.

Nursing supervisors and Clinical Nurse Specialists led intensive hospital mock code drills. These have afforded staff opportunities to practice and be prepared to respond to medical and cardiac arrest emergencies. By end of November 2022, the nursing staff participated in 460 mock code/real code events.

Court Coordination had fifteen (15) patients with immigration issues that were discharged through assistance from the Immigration Coordinator. Eighteen (18) patients in need of a guardian were assigned a guardian through coordination and submission of guardianship applications by Court Coordination Staff. There were 1,294 virtual civil commitment hearings were coordinated by Court Coordination staff. Coordination of these virtual hearings was an arduous task as Court Coordination staff had to move from unit to unit to facilitate patients' virtual appearances. On average, there were 13 virtual hearings per scheduled court date (civil commitment hearings occur twice per week). In addition to the weekly virtual civil commitment hearings, 156 virtual Krol hearings were coordinated by Court Coordination staff.

Quality Management (QM) had five (5) site visits which were conducted by Patient Services Compliance Unit (PSCU). QM met with the department heads and successfully developed and implemented Plans of Correction to address deficiencies. Seven (7) Root Cause Analysis' were assigned to QM. Four (4) Intense Analysis' were successfully completed. Two (2) new Performance Improvement Projects were initiated to increase success in patients outside clinic appointments and manage limited space in the kitchen freezer. Conducted sixteen (16) Mock tracers to review team members knowledge and compliance of regulatory standards. Conducted a Joint Commission Standards Gap Analysis with Fire and Engineering Departments to ensure compliance. All members

of the Safety team were trained on OSHA10 training, Active Shooter Training, HAZ-Com, Confined Space, Lockout/Tagout, and Electrical Safety as well as participation in all Joint Commission webinars.

Treatment plans were changed to quarterly. There were changes in discharge planning documentation that occurred and changes in aspects of medical documentation as well. Four (4) units have opened up rewards stores, token economy encourages good program participation in key areas. G1 is now an all Continued Stay Pending Placement unit. Several cases of successful discharges of very challenging patients who have been here many years.

Psychiatry:

- Improved our documentation processes and our psychiatry-to-psychiatry communication.
- Offered team specific supports/mentoring in order to strengthen teams to tackle barriers to patient care.
- Solidified a Zyprexa Relprevv Policy.
- Continue with a strong CME program offering up-to-date standards on psychiatric topics.
- Along with the office of court coordination, streamlined the guardianship process.
- Increased the time psychiatry has for patient care by cutting down on admin burden.
- Continues to recruit more psychiatrists to assist in daytime, weekend, and holiday coverage to improve patient care and reduce burnout.
- Offer more in house education/training to psychiatry department (psychopharm, capacities, leadership).

Barriers:

- Need of a more comprehensive HER to lower the paper burden and duplication of paperwork to stay in compliance with regulatory.
- Developing a competitive recruitment plan in an environment of limited resources.

Nursing:

- The Nursing Department is the largest department in the hospital and staff take the lead in promoting hospital-wide infection prevention strategies. Safety practices upheld include social distancing, hand washing, donning appropriate personal protective equipment (PPE), i.e., surgical masks, face shields/goggles, and gowns as appropriate.
- The Nursing Staff are utilized as frontline staff in promotion of hospital safety by providing patient visitor contraband screening and Covid Binax testing as necessary.
- Hospital off unit patient care programs and activities have re-opened. Nursing actively participated in encouraging and escorting patients to off-unit activities such as Jwing Rehab Programs, Library, Gym, Auditorium Events, Summer Outdoor Swimming Pool, Park Place. Patients have been enjoying the diversity of program activities.
- Intensive hospital mock code drills were led by the nursing supervisors and clinical nurse specialists. The intensive mock code drills have afforded staff opportunities to practice and be prepared to respond to medical and cardiac arrest emergencies. Nursing staff have participated in approximately 501 mock code/real code events.

Psychology:

- Expanded our behavior services with a behavior analyst and three additional behavior support technicians.
- One psychologist vacancy has been filled.
- Received 77 applications for our APA-accredited internship and are in the process of interviewing 40 of them for our 4 spots.

- Received institutional review board approval to conduct two research studies examining violence risk communication between psychologists and psychiatrists and examining violence risk factors in our Not Guilty Reason Insanity (NGRI) patients.

Rehabilitation:

- Developed a plan to ensure that Recreational and Rehabilitative Activities are available to patients seven (7) days per week on day, evening, and weekend shifts.
- Thirteen (13) patients connected with Supported Employment prior to their discharge from the hospital.
- Fourteen (14) patients received a cell phone and training on the use of the cell phone prior to their discharge.

Chaplaincy:

- A wide variety of Religious and Spiritual needs are met through our Chaplaincy department and our contracted partners. Patient's discharge planning process aided with continued presence and support, offering outings and opportunities to connect with outside religious and spiritually based entities.

Clinical Nutrition:

- In September, when the new Fall and Winter diet menu began, the manual was updated on Dysphagia and Altered Consistency Diets. Dysphagia and altered consistency training was provided in person for food service department and available online and on the GPHWeb for other departments.

Co-Occurring:

- Celebration of Alcohol Awareness Month via informational campaign and held associated patient events. Celebration of Recovery Month via multiple activities, groups, and mini events. Celebration of Overdose Awareness Day, Opioid and Substance Awareness Day, National Sober Day, Addiction Professionals Day Staff attended Peer Recovery Summit, Opioid Summit, Suicide Prevention Conference for better patient care.

Training:

- On-line material went live in September for compliance with cognitive topics to meet our annual competency/refresher training requirements.
- The capstone event was held the last two weeks in October to wrap up the yearly annual competencies and re-training requirements. Based on "in pay" eligible employees as well as contractors whose duties require attendance in the annual event, GPPH is 95% compliant.

Operations:

- Business Office – attained "no findings" in DOH audits.
- Storehouse – purchased 24 more appropriate task chairs for staff in each unit's chart rooms.
- Housekeeping – successfully coordinated delivery and set up of new Blockhouse and Norix furniture as well as removal and disposition of surplus.
- Fire Department – completed all fire alarm, sprinkler, and suppression system quarterly and annual Division of Fire Safety Inspections. It is a goal to get the fire system in the cottages to report to the Onyx reporting system in the main hospital.
- Updated to honeywell's current control platform – Electronic Building Integration (EBI).
- Replacement of old underground electrical cables to grounds building.
- Power to "C" elevator was replaced.
- 2nd Greenhouse installation completed.
- All Digital Video recorders were upgraded to Network Video Recorders (NVR).
- Lactate room (H-126) has been completed.

Department of Property Management and Construction (DPMC) Projects:

- Substantial completion of fire stopping HWAT Life Safety Project.
- Substantial completion of water infiltration project – resealed all sub-terranean electrical conduit penetrations into the basement.

Mechanical Electrical Plumbing (MEP) Projects:

- Installation of a new water softener in the main building.
- New water softener in cooling tower to go online soon.
- Addition of six (6) new transfer switches to place hospital on 100% generator power.

Future Projects:

- Upgrades to the heating and ventilation system.
- Upgrades to the hospital wide uninterruptible power supply system.
- Shed replacements for communications and information technology equipment.
- Communications and information technology equipment and speed updates.
- Cottages Upgrades – interior and exterior.
- Outdoor freezer for food service department.
- Update hospital signage.

V. OFFICE OF COMMUNITY SERVICES REPORTING

John Verney, Office of Community Services reported the following:

1. Request For Proposal (RFP): The New Jersey Division of Mental Health and Addiction Services (DMHAS) announces the availability of funding for the following:

Mobile Access to Medications for Substance Use Disorder

This RFP will enable agencies to travel to communities on a regular basis to provide low-threshold medication services to people with a substance use disorder (SUD) who encounter obstacles to receiving services at traditional “brick-and-mortar” treatment agencies. This initiative designed to increase access to medications for SUD, i.e., buprenorphine, methadone, naloxone, naltrexone or acamprosate; medical referral services, case management; and recovery support services.

988 Suicide and Crisis Lifeline Managing Entity

The purpose of this RFP is to provide funds to a single agency to serve as the Managing Entity for the 988 Suicide and Crisis Lifeline in New Jersey. The award recipient will be responsible for: Collaborating with all DMHAS contracted National Suicide Prevention Lifeline centers that are part of the the New Jersey 988 Suicide and Crisis Lifeline system; Data collection and reporting to the federal government’s Substance Abuse and Mental Health Service Administration; • Creating and maintaining a Resource and Referral Database; Assertively monitoring referrals made by 988 contact centers to ensure connections are made during these handoffs to treatment; Dispatching Mobile Crisis Response teams

Residential Services for Individuals Discharged from Nursing Facilities

This RFP will result in a residential service (A+ Group home level of care) for individuals discharged from nursing facilities, who have mental health needs.

Recovery Management Check-Up (RMC) for Individuals Experiencing Substance Use Challenges

The intent of the RFP is to offer a RMC service for discharged clients to support their independent living and success with recovery. The new proposed program will provide more methods of outreach to consumers. These methods will include virtual face-to-face visits, text messaging and chat features, and

the opportunity for in-person contacts. This check-up service will help provide local recovery supports, including information about local resources such as self-help meetings, food pantries, and sober houses, if needed. Problems will be addressed using motivational interviewing techniques, connecting clients to appropriate community resources and/or treatment, if needed. The conceptual framework of RMC is to treat addiction as a chronic disease, with long-term management to minimize the number of acute episodes of substance abuse and with prompt treatment when episodes occur to prevent them from becoming more severe and consequential

Community Psychiatry Residency Training Initiative – Request for Letters of Interest

A Request for Letters of Interest (RLI) is to fully accredited adult psychiatry residency programs in New Jersey. The initiative is supported by State funding to increase access the number of positions in the State's psychiatric residency programs and address the shortage of psychiatrists in the state. Through the RLI, each psychiatric residency program selected will be able to support the four years of training for two new residency positions. Funding will also be provided to offer supplemental support that is lost from other clinical services during care in the community, and will also support dedicated faculty to provide supervision and mentorship of the residents.

More Information on these funding opportunities and the RFP/RLI documenters are is available at:
<https://www.state.nj.us/humanservices/dmhas/provider/funding/>

2. **Section 8 Housing Choice Voucher Program**-Please be advised that DCA will be accepting Section 8 Housing Choice Voucher Pre-Applications **beginning January 17, 2023 at 9 AM EST until Friday, February 3, 2023, at 5:00 PM EST.** For additional information, please visit:
<https://nj.gov/dca/vouchers.html>
3. A bill was passed and signed by Governor Murphy (P.L. 2022, c. 34 (N.J.S.A. 18A:71C-87 et seq.) establishing a loan redemption program for behavioral healthcare providers. The Higher Education Student Assistance Authority, HESAA, has published proposed rules for the program (54 N.J.R. 2360 - 2363). Written comment regarding the rules may be submitted to HESAA by February 17, 2023. Please see the following links for additional information. Please visit www.hesaa.org for more information.
4. DCA's Winter Termination Program can help prevent service discontinuation for eligible residential customers receiving residential electric, sewer, and water service from a local authority, municipal utility, or rural electric cooperative through 3/15. See attached flyer for eligibility information.
5. Effective January 1, 2023, the Northern Region Office Program Analyst assignments are changing to:
Eileen Alexander, Bergen and Special Projects

Cynthia Gatica, Morris and Passaic Counties

Dale Monroe, Essex and Hudson Counties

Denise Davis, Union and Somerset County

Angela Wairimu, Northwestern NJ Tri County (Sussex, Warren and Hunterdon County)

IX. COMMENTS FROM THE PUBLIC

Chairman, James DiGiulio opened the floor for questions and/or comments. Members of the public were reminded that they had five (5) minutes to state their question(s)/comments. Any questions/concerns that can not be addressed during this meeting will be addressed during the next meeting.

Public Member

Ms. Ann Weber asked the following questions:

Greystone Park Psychiatric Hospital
Board of Trustees Meeting
January 2023 Meeting Minutes

Previously at annual meetings the Department Heads also spoke. Will that be resuming next year?
The Interim CEO, Thomas Rosamilia discussed that this will be taken into consideration for next year's annual meeting.

X. ADJOURNMENT:

The meeting was adjourned at 4:10pm

XI. NEXT MEETING:

The next meeting of the Greystone Park Psychiatric Hospital Board of Trustees will be held on Thursday, February 16, 2023 at 3:15pm This meeting will be held via telephone.

Respectfully Submitted,


Maria Jazenback, Secretary
GPPH's Board of Trustees

Witnessed By,


James DiGulio, Chairman
GPPH's Board of Trustees