



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

**MINUTES OF A REGULAR MEETING
 BOARD OF TRUSTEES
 GREYSTONE PARK PSYCHIATRIC HOSPITAL**

- I. The Board of Trustees Meeting at Greystone Park Psychiatric Hospital (GPPH) was held via telephone conference call on Thursday, September 15, 2022, pursuant to the notice duly given. In conformance with the Public Open Meetings law, notices for the meeting were sent to Daily Record and the Star-Ledger.

Board Member Attendance:

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

Hospital Administrators Attendance:

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

CALL TO ORDER at 3:16pm by Chairman, James DiGiulio. It was discussed that since the meeting is being held via telephone conference call that all parties phones are to be muted but at the end of the meeting the line will be opened for any public comments.

II. APPROVAL OF MINUTES:

The July 21, 2022 Board minutes were presented for approval. Louis Modugno gave the 1st motion for approval. Bruce Sisler gave the 2nd motion for approval. All in favor. The July 2022 minutes were adopted.

III. CEO REPORT:

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

Mr. Rosamilia discussed that the census over the last two (2) months (July and August 2022) has fluctuated between three hundred sixty (360) and three hundred sixty-five (365). Admissions and discharges have both been in the mid teens. Overall, discharges have been difficult. Patients who need twenty-four (24) hour supervision are a struggle to place due to lack of resources. A bed opening can take some time so their stay at Greystone is often longer than ideal. Some have rental vouchers and can live independently. The vouchers however are not covering the fair market rate. The feds will need to raise the rates to help with the fair market rate to get patients to be able to be discharged from our hospital.

Another challenge that Greystone is facing is getting enough employees. This is a challenge for the community and Greystone is no different in this area. We have residential providers who can take patients but due to the shortage of staff the patients are having to wait for placement. Direct care staff, rehab, support staff, housekeeping staff, purchasing staff and even human resources staff are all being affected by this. Human Resources had eleven (11) vacancies in the last few months. The challenge of shortage of staff does put pressure on existing staff so we are coming up with new ways to try and show the staff at Greystone that they are appreciated.

A success that should be discussed is we have a new forensic psychiatrist that has started at Greystone. There are a few state employee psychiatrists that we are looking to onboard over the next few months. There are also a few locums psychiatrists that we are also looking to have start to help alleviate some of the coverage for our existing doctors.

We have expanded visitation to afternoons and the length of a visit can be up to one (1) hour now. We have had a good response to the changes with visitation and family members seem to be happy with the changes. Brief visits and day passes have resumed, if clinically appropriate.

Blockhouse furniture for the cottages has been ordered and most has arrived. Cottage 20 is close to being fully renovated. Once Cottage 20 is complete we will be moving to another cottage until all renovations are complete. Over the next few months, Norix Furniture for all inpatient units will be placed in the units for day rooms, studies, and kitchens.

The patients are very excited to have started reward stores on the units and earning points. A2 and B2 units are using it as a great incentive.

Kudos was given to the Infection Prevention staff and the doctors for low infection rates. The rate was 1-1.5 per 1000 patients which is below the norm for psychiatric hospitals. We are very proud of these efforts at Greystone.

Incident Reporting was reviewed as there were 150 incidents in July. There were 58 total assaults whether patient to patient or patient to staff. This is 5.37 incidents per 1000 patient days. This means there was 1.8 incidents per day. We obtain the data from the national organizations and 5.37 per 1000 patient days is about 3 less per patient days than many other hospitals. Our goal is to still do better but wanted to share the data with all attending the meeting.

Seclusions and Restraints were discussed and there were 18 instances of seclusion. There was about thirty (30) hours total which is about .11 hours for every 1000 hours of patient care. Other hospitals are at about three times that number. At Greystone, we use restraint and seclusion as a last resort. There were seventeen (17) falls in seven (7) different units, 1.53 per 1000 patient days. The numbers are 1.9 for other psychiatric hospitals so we are under average.

The infections rate is 1.4 per 1000 patient days for August. There were 65 assaults in August. Most assaults were from two female patients. There were 21 total falls in August which is 1.88 per 1000 patient days.

We are in the finalizing stage of revising our Memorandum of Understanding for our ambulance/EMT's on site with Morris County Office of Emergency Management (OEM). We made one modification and that was to have the EMT's respond to code blue overhead calls which should allow for a faster response. We sent Morris County OEM our Code Blue policy so they can educate their staff on our processes.

Covid is currently contained, staff are still wearing masks on site if still critical. The positives from mid March to recent are mostly staff. There have been about 40 staff from mid March to September. We have had units on isolation for this reason but have not had to open a covid unit during these months. We have one (1) positive patient on A2. Symptoms are mild. A few patients have gone to the hospital and one patient was admitted due to low oxygen level. We have not had any serious symptoms during these months.

The Board of Trustees did not have any questions in regard to the CEO's report. The Board did ask for the Interim CEO to keep an eye on the data presented today and to advise the Board of any outliers or issues that may arise. The Board also advised that they received the information in regard to the Labrynth and if Greystone comes across any issues moving forward with the project or with funds to please advise them.

IV. FINANCIAL REPORTS:

The patient welfare fund information for July and August 2022 was reviewed by the Board of Trustees prior to this meeting. The beginning balance for July 2022 was reviewed as \$61,865.96 with \$7,506.22 deposited and \$892.27 in disbursements. The ending balance was \$68,479.91. Balance of cash management fund was \$483,327.23 and the total patient welfare fund available balance ended at \$551,807.14.

The beginning balance for August 2022 was reviewed as \$68,479.91 with \$7,554.87 deposited and \$8,353.42 in disbursements. The ending balance was \$67,681.36. Balance of cash management fund was \$484,070.95 and the total patient welfare fund available balance ended at \$551,752.31.

V. OLD BUSINESS

There was no old business discussed at this meeting.

VI. NEW BUSINESS

There was no new business discussed at this meeting.

VII. OFFICE OF COMMUNITY SERVICES REPORTING

Ms. Theresa Wilson presented the Office of Community Services Report during this meeting. Ms. Wilson presented the following:

1. **Opioid Summit** – Please join us for the annual DMHAS Virtual Opioid Summit, The Evolving Opioid Crisis: A Collaborative Approach on Wednesday, September 21st.
<https://njopioidsummit2022.vfairs.com/en/registration>.
2. **Justice Involved Mental Health Pilot Program (Update)** – The goals of this program include: Identifying individuals with a likelihood of a serious mental illness as early as possible after an Order for Pretrial Release is issued by the judge; Ensuring defendants are linked to community-based treatment and support services as soon as possible; Assisting defendants with seeking admission

to/successful completion of a voluntary MH diversion program integrated with the County Prosecutor's office and the courts.

3. **Public Input re: Opioid Settlement funds** – The State of New Jersey is seeking public input on how the opioid settlement funds should be used. Please see the link below, provide your thoughts, and share with your contacts.

https://www.nj.gov/opioidfunds/?utm_campaign=20220902_nwsltr&utm_medium=email&utm_source=govdelivery

4. **988 Update** – The transition to 988, the new 3-digit dialing code for suicide prevention, mental health and substance use crisis, occurred on July 16th. Since then, NJ's five Lifeline centers have been receiving and handling an increasing volume of calls (in July, approximately 35% over the previous year). Plans include additional expansion of the network capacity as 988 also responds to chats (<https://988lifeline.org/chat>) and texts (to 988). DMHAS will be issuing a monthly update on 988 which will be available on its website at

<https://www.state.nj.us/humanservices/dmhas/initiatives/988/index.html>.

5. **NARCAN Training (Update)** – The NJ Department of Health has a website dedicated to Naloxone (Narcan ®), access, training and use. <https://www.nj.gov/health/integratedhealth/home/naloxone.shtml#2>. Halfway down the page is a section titled Opioid Overdose Prevention Program which lists agencies in the 3 regions of the state (North, Central, South) that provide individuals at-risk for overdose, their family members, friends, and loved ones with naloxone rescue kits, and educate and train them on how to prevent, recognize and respond to an opioid overdose.

6. **Recent RFPs** –

- a. **Prevention Services for Lesbian/Gay/Bisexual/Transgendered or Queer/Questioning (LGBTQ) youth in New Jersey middle or high schools.** DMHAS anticipates making two \$225,000 awards - one in the central, and another in the southern region of the state as indicated below. DMHAS currently funds a program that serves LGBTQ youth in northern New Jersey.
- b. **Special Populations-**This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to provide direct services, reach specialized populations that are often underserved, help to assist those that may benefit from services, and those that may be in crisis. The total annualized funding is \$1,800,000 for mental health and \$1,650,000 for substance use disorder services subject to appropriations. DMHAS anticipates awarding up to 12 grants of up to \$150,000 each for the provision of mental health services and 11 grants of up to \$150,000 each for the provision of substance use disorder services. DMHAS anticipates awarding this grant for 1 year with possible additional years.
- c. **Whole Health Learning Collaborative for Wellness/Self-help Centers**
This Request for Proposals (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) to develop a state-wide Whole Health Learning Collaborative (WHLC) that serves the NJ Wellness/Self-help Center Peer Workforce and member participants. The WHLC will be supported by a one-time award of \$375,000 that is made available through Mental Health Block Grant supplemental funding. All funds must be expended by March, 2023. By providing access to trained peer practitioners

that are focused on the concept of whole health and the eight dimensions of wellness, the award will support a state-wide learning initiative for Wellness/Self-help centers. It will function both in-person and virtually.

VIII. 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:

Are there any patients who went to the hospital in July 2022?

The Interim CEO, Thomas Rosamilia discussed that one (1) patient went to the hospital in July 2022.

Are there any NGRI patients on any other units other than Area 2?

The Interim CEO, Thomas Rosamilia discussed that there are NGRI patients in other areas of the hospital. The Interim CEO asked what the reasoning for the question was as he may be able to provide more information if he understands the reasoning of the question however Ms. Weber did not provide a reason.

How many seclusions and restraints were there in July 2022 and August 2022?

The Interim CEO, Thomas Rosamilia discussed that there were 2 seclusions and 16 restraints in July 2022. There were 21 seclusions and 1 restraint in August 2022.


IX. ADJOURNMENT:

Bruce Sisler gave the 1st motion to adjourn the meeting and Peter Simon provided the 2nd motion to adjourn the meeting. The meeting was adjourned at 3:50pm.

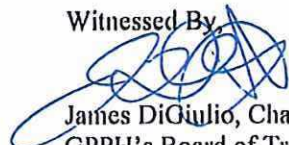
X. NEXT MEETING:

The next meeting of the Greystone Park Psychiatric Hospital Board of Trustees will be held on Thursday, October 20, 2022 at 3:15pm

Respectfully Submitted,


Maria Jazenback, Secretary
GPPH's Board of Trustees

Witnessed By


James DiGiulio, Chairman
GPPH's Board of Trustees