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# *Public Hearing*

before

## SENATE TASK FORCE ON GREYSTONE PARK PSYCHIATRIC HOSPITAL

*“Testimony from administrative staff of Greystone  
Park Psychiatric Hospital and the Department of Human  
Services, local officials and community organizations”*

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**LOCATION:** Parsippany Municipal  
Building  
Parsippany, New Jersey

**DATE:** February 27, 1996  
2:00 p.m.

**MEMBERS OF TASK FORCE PRESENT:**

Senator Robert J. Martin, Chairman  
Senator C. Louis Bassano  
Senator Richard J. Codey

**ALSO PRESENT:**

Irene M. McCarthy  
Norma Svedosh  
Office of Legislative Services  
Aides, Senate Task Force on  
Greystone Park Psychiatric Hospital



*Hearing Recorded and Transcribed by*  
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**SENATOR ROBERT J. MARTIN (Chairman):** My name is Senator Bob Martin. I represent the 26th Legislative District, which includes Eastern Morris County and, with some specificity, the area including Parsippany-Troy Hills Township where we are currently situated, which also houses Greystone Park.

I was appointed earlier this year by Senate President Donald DiFrancesco to head up a three-person Task Force which would explore some of the incidents that have occurred at Greystone Park over the last several months.

The members of the-- (microphone malfunction) First of all, can everybody hear me? (affirmative response from audience) The members of the Task Force are Senator Richard Codey, to my immediate left, Senator Louis Bassano, from Union County, who should be arriving momentarily, as well as myself. That's the three persons on the Task Force. Senator Codey and Senator Bassano have previously served as Chairs of the committee that has jurisdiction over human services.

I just have a couple of opening comments. I volunteered for this assignment because I, like many persons, have been disturbed by some of the incidents that have occurred at Greystone Park over the last few months. We will look at questions in the way that I think those who have family members would want us to proceed. We have questions, I believe, that should be directed at the Department of Human Services, as well as those who supervise immediately at Greystone Park.

While these incidents are disturbing, I have not at this point tried to prejudge whether the incidents themselves show a pattern of abuse, or

whether they are just unrelated coincidences, or something else which perhaps this questioning will be able to assist us with.

I might just add that the gentleman now to my immediate right is Senator Bassano, who has joined us.

The nature of today's questioning will be directed primarily at those who are supervisors within the Department and those who manage at Greystone Park. My original assessment is that what we will concentrate on primarily deals with the supervision at Greystone, as well as the training for employees, and thirdly, the security which is provided for the protection of the patients as well as the neighboring towns and their residents.

So, with that, I would ask if either of my two colleagues have any brief opening remarks at this point in time.

Senator Bassano.

SENATOR BASSANO: I apologize for being late. I unfortunately got lost. I'm hopeful that from the hearing that is going to take place today that information will be gathered and some very positive recommendations can be made to improve what has been happening at Greystone. Many of us are concerned about what happened during the last six or eight months at the institution. I'm sure the Commissioner -- I see him nodding his head -- is in agreement. That's the reason why we're here. We're here not on a witch hunt, but to come back with some positive recommendations which can only improve what services we are trying to provide at the institution. (feedback throughout hearing)

SENATOR MARTIN: Senator Codey.

SENATOR CODEY: Thank you, Mr. Chairman. As elected officials, we have a moral obligation to ensure that the State does everything in its power to protect our loved ones at State psychiatric facilities. Sadly, no one can make this claim right now. During the past few months, reports of patient neglect coming out of Greystone Park Psychiatric Hospital have both shocked and appalled the residents of this State.

We have seen at least six alleged incidents of sexual assault that employees have committed against patients. We have seen a patient commit suicide while the two employees charged with his care slept instead. We have seen some medical staff members work two and three other jobs, some with hours that conflict with their work schedule at Greystone.

We have seen a doctor deemed grossly deficient in his general medical knowledge continue to treat patients unsupervised, despite orders that Greystone not let him work without supervision. We have seen some physicians photocopy the same identical page on a patient physical examination, then place that one sheet in 22 different patient files.

We have seen an environment that sometimes permits criminal activity to occur and allows employees to make physical threats and intimidation in order to keep incidents quiet and unreported.

I ask you, is this the best we can do for New Jersey's mentally ill? We have to do better.

Since I learned of these and other incredible incidents at Greystone, I have made several visits there, mostly unannounced. What I saw would likely shock everyone in this State. I saw patients in urine soaked and soiled clothing. I saw patients watching a television with a scrambled test

pattern on the screen. At times, I saw a general lack of cleanliness. I also saw magazines filled with children's photos in the ward housing sex offenders. I ask you, is this the best we can do for New Jersey's mentally ill? We have to do better.

As I began to prepare for today's hearing, I reviewed a great deal of information. I would like to read to you part of a statement from Greystone Park's Nursing Administrator for Psychiatric Service, Ms. Merle Hoagland, (phonetic spelling) who writes, "What I have found at Greystone are some disturbing instances of cover-up, which have been compounded by efforts to destroy evidence.

"Records have been destroyed which might have helped to understand and explain some misplaced supplies. Records have been altered or filled in after an event, and statements have not been statements of fact."

She continued, "In any of the above, if people had left things alone, we would have been able to understand what had happened. Now we are left with confusion and suspicion. This is not a good feeling. It effects one's assessment of everything else that happens in our organization."

Unfortunately, many share that confusion and suspicion of everything now taking place at Greystone Park. Again, I ask you, is this the best we can do for New Jersey's mentally ill? We have to do better, in fact, much better.

As a society, we have made great strides in the way we treat individuals with disabilities, but we have far, far to go. As long as some would prey on the disadvantages of individuals with mental illnesses, we must do better.

Nearly a decade ago, I went undercover at another one of our psychiatric facilities, Marlboro, and uncovered patient abuse there. As the recent death of Regina Killian (phonetic spelling) at Marlboro shows, we have not completed our work at Marlboro either.

After I went undercover at Marlboro, the State began a series of reforms designed to protect the patients at our State Hospitals. Almost 10 years later, few people would disagree that we have reached the need for a second round of reforms.

Mr. Chairman, I again thank you for convening this hearing today and look forward to hearing from the many individuals scheduled to testify, both today and at our March 12 hearing. All of us must remember this, the State has an obligation to protect the patients at our State Hospitals and guarantee their families that they can receive the best treatment and care that we can provide. I think we can do a better job than we have, and we must.

Thank you.

SENATOR MARTIN: Is the sound-- Is that something that is going to be with us, do we know? (referring to feedback)

**JUDY SILVERS:** It might be, because I don't normally have that, but of course, you have extra mikes. Maybe they're feeding each other. When I run a council meeting, I don't have that. Do you want to take a minute and have this young lady use my equipment? That's the only thing I can think of. I have no technical knowledge.

SENATOR CODEY: I think the mikes are not used to hearing a Democrat up here, that's the problem. (laughter)

SENATOR MARTIN: With that, let me thank the Township Clerk, Judy Silvers, the woman over there. We'll try to go forward and see how the hearing works. Let me, before we go any further, let me introduce the Mayor of Parsippany-Troy Hills Township, a Democrat as I recall, (laughter) who wanted to say a few words of welcome.

Mayor Letts.

**MAYOR MIMI LETTS:** Thank you. I would particularly like to welcome some fellow Democrats. It's not too often that we have them here.

But I would like to welcome all of the State officials, Senators, Assembly people, Commissioners, and our officials and representatives from Greystone.

Since I was elected, I have been attending the security meetings at Greystone and have been learning a lot more about the way the Hospital operates.

Those of us in Parsippany, because the Hospital is located here, are concerned with all of the issues that Senator Martin mentioned before, but of particular interest to us here is the interest of security. I hope that the discussions here today will be enlightening and will bring forth information and maybe help us make some better decisions going forward.

I've been tracking the elopements, as they call them, over the past year, and while a lot of the elopements are normal happenings of patients who have access to leave the grounds, there have been a significant number of them by patients who should not be leaving the grounds and who are at a level where there is concern to the neighbors who live in that area.

I look forward to the discussions today. I am very pleased that you are having them here instead of in Trenton, so that some of us could hear and participate in these. Thank you for having them and I hope they are good discussions.

SENATOR MARTIN: Before asking the Department spokespersons to speak, I wanted to give an opportunity to our legislative colleagues to say a few words. We'll begin with the senior Assembly member from the 26th District, Assemblyman Alex DeCroce.

**ASSEMBLYMAN ALEX DeCROCE:** Thank you, Senator.

SENATOR MARTIN: Alex, I might add, is a resident of Parsippany-Troy Hills Township.

ASSEMBLYMAN DeCROCE: I assume this is on. (referring to microphone) Thank you, Senator Martin. On behalf of the constituents and the elected officials in my Legislative District, the patients, and their families, I want to thank all of you, Senator Bassano, Senator Codey, along with Senator Martin, for investigating the recent tragic events at Greystone Psychiatric Park.

I anticipate through discussion that there will be changes produced which will improve the Hospital for patients, staff, and administration. In this process, we must concentrate on fixing the problem, not on fixing the blame. That is to say we must not ignore what has happened. We do need to determine the causes behind these tragedies if we are to prevent any reoccurrence.

Most importantly we need to look at ways to improve staff, particularly at the patient-care level. I urge this Task Force to direct the

Department of Human Services to develop and institute a program of on-site training for existing staff, as well as any new hires, using health care professionals and consultants.

Employees need to know what is expected of them. They need training to ensure that they are sensitive to patients' needs, and management must expand their ability to interact with professionals who can give them guidance. The Department of Human Services needs to abate the bureaucratic edges that cut into the ability to deliver superior health care.

In fact, there seems to be some systemic weaknesses. Evidence indicates staff doctors were and perhaps continue to work outrageous hours and are permitted to moonlight at other institutions. Physical exhaustion and fatigue contribute heavily to mistakes. Indications are that some physicians actually were on duty at one or more hospitals for as many as 32 consecutive hours. That certainly should not be permitted. It's management's responsibility to eliminate that.

Some reports indicate that staff members may have been asleep in a television room during the period that suicide recently took place. That, too, is a management problem, one where improved training can possibly help.

Properly trained and properly motivated personnel bring an enthusiasm and excitement to their work. They, frankly, don't have time to fall asleep. Merely throwing money at the problem is not the answer. But I have to tell you the proposed budget cut of nearly \$2 million for Greystone Park may be impossible for this facility in Parsippany.

We in the Legislature have a responsibility to make sure budget cutting is prudent. Patients in our State Hospitals are among the most

vulnerable of our citizens. We have a responsibility to ensure their safety and certainly to protect them against assault by those we employ to provide for their care.

The patients, the staff, the community, and the taxpayers deserve better. In the action that begins today, this Task Force takes the first step on the road to improvement. I applaud you as you begin what undoubtedly will be the review of many hours of testimony. I urge you to hear all who can help, particularly the staff and management who are personally familiar with the challenges faced on a daily basis. Your efforts can produce proactive, positive improvements that make life better for patients and more rewarding for those who serve them.

The Mayor just a few minutes ago mentioned that we seem to have a concern for the so-called elopements. Well, that's true, and we noticed that in the past there have been Greystone Park Psychiatric Police on duty, and though they do a great job up there and they do, they sometimes concentrate on the area of traffic, as opposed to, possibly, containment. I think, frankly, they should be looking more at maintaining and containing those who are residents of Greystone Park Psychiatric. I would ask that you look at that particular area of responsibility along with the administration.

Thank you very much for having me here today.

SENATOR MARTIN: Next we'll hear from Assemblywoman Carol Murphy, from the 26th District.

**ASSEMBLYWOMAN CAROL J. MURPHY:** Thank you very much, Senator Martin and ladies and gentlemen. Alex has spoken to you

about the issue, particularly, of training at the facility. I think one of the things that I wanted to talk to you about goes back a little further than that.

In 1984, I was elected to the board of freeholders. Shortly after that, the State sold part of the land from the Greystone Park Psychiatric facility, and we anticipated, myself as a freeholder in Morris County, and the other sending counties anticipated seeing the dollars, the revenue from those sales being directed to services back to those who were being deinstitutionalized and put back into the community.

Community dollars were very much needed then. We were very sure that the State would understand this, and that the dollars would be directed to provide direct services for those who were being deinstitutionalized. We were terribly disappointed, and probably in the long term maybe not so surprised, but extraordinarily disappointed to find that those dollars did not find their way back to the population who sorely needed the services to be delivered.

The whole concept of developing a plan for the utilization of the land at Greystone and a plan for the revitalization of that entire site -- the buildings that are there are decaying. They are falling. They are old and clearly need to be remediated. There is a lot of work that needs to be done at Greystone. The interior of those buildings, I would submit to you, leaves a great deal to be desired for staff, for residents, and for those who are to care for those people who are there.

I, frankly, feel that as you review this you need to review the entire land mass, and you need to review your master plan for the utilization of that

entire facility. There is no point to picking one piece apart and looking at only one segment of it. They are all part of the whole.

Here in this county we did develop a committee to review the master plan of the State and to establish a master plan for that land. We were very fortunate to find that the Department of Human Services and the State joined with us in looking at that. That is too much land. There are too many old buildings there. There is too much that goes on in that facility that requires far too much policing and far too much attention that is unnecessary to the benefit of the patients who are located in the facility.

I would sincerely hope that before this Task Force is done you will have not only looked at the services as they are delivered, but the surroundings in which the services must be delivered. I say to you gentlemen, I believe they have a direct effect on what finally is the outcome of the entire proceeding for the constituency there. Thank you very much.

SENATOR MARTIN: Thank you, Carol. Just as an observation, when you were talking about the facilities, 21 years ago when I moved to Morris Plains, which is the adjacent downtown community, I remember walking up Central Avenue with my wife and was struck by the exterior of the facilities at Greystone. It looked very much like a college campus. As you've noticed, over time, what is in the interior of those buildings-- Many of them are in disrepair and have lots of problems, much of which is not the Department's fault. It's been a decision of the State to just let them go. We will take a look at some of those issues.

ASSEMBLYWOMAN MURPHY: I can't help but feel that a lot of what happens in the physical plant is a lot of the things that are shown, if

you will, in other ways for the patients and for the persons who are to care for them there. It is a real shame, has long been a problem here in the county. We, unfortunately, as a county are not able to do anything about it, nor are the other sending counties. But we did with them, working with us, all the counties who send people there, we all worked together to develop a new plan. It wasn't unilateral, it was a real joint movement.

I do think that, not that plan necessarily, but the concept of deciding what you are going to do with all of that and then diverting the money back into the institution to be used for the institution itself is something you really should consider very strongly. Thank you.

SENATOR MARTIN: Senator MacInnes from the 25th District has asked to be heard.

**SENATOR GORDON A. MACINNES:** Thank you, Senator Martin and Senators Bassano and Codey. I'd like to thank and commend the President of the Senate for establishing this Task Force. I think the fact that we are meeting here this afternoon validates the concerns that Senator Codey and myself expressed in early November about what was going on at Greystone.

Senator Codey has enumerated the events that lead up to our expression on November 2, the subsequent events which have been added to that. I would add to the list that he gave us the escape of a very dangerous person in early January, and I think person is still at large.

I would like to commend the people who work at Greystone Park. It's true that we have had allegations of criminal misconduct and vicious abuse

by some employees. We shouldn't overlook the fact that the large majority of people who work there are devoted to effective patient care and attention.

This is a dangerous job. It's a dangerous place. It has troubled people there. They deserve to be treated fairly, effectively, and safely. I would urge the Task Force to look at some, I think, obvious and very simple questions.

First, we need to find out what emboldened four long-time employees to commit the abuse of the patients that they did. It's been offered that these are isolated incidents. It seems to me that the coincidence is too powerful, that there must be something about either the level or the quality of supervision that should be looked at.

We should also look at the question of staffing. I know that more staff is frequently the answer of people in any government situation. But I think it's fair to ask whether we're not reaching some dangerously low levels in the staffing that is maintained shift after shift after shift at Greystone.

I urge the Task Force to take a look at the actual records, the personnel records of selected or random shifts over a several month period to see if Greystone is meeting its own operating standards in the staff who were actually on the job. I've seen evidence that is not the case, but it's limited evidence. I think that you have the opportunity to see if this is a pattern that is continuing week after week at Greystone.

Assemblyman DeCroce and others have mentioned the training question and the question of employee standards. I think we need to look at that in terms of whether the standards are clearly spelled out, whether they are

high enough in terms of the recruitment of people, whether there is training available, and whether it's consistent and whether it's effective.

Second, I would urge the Task Force to examine the Department of Human Services. Start with a basic question: Does the Department have the basic expertise to assess the quality of services being provided at Greystone? Do they know enough about running a psychiatric Hospital? Do they have the people in place whose judgment can be valued in evaluating what is going on in Greystone and at other mental health institutions?

I would like to know when the last unannounced visit was paid by qualified representatives from the Department to the Greystone campus. I would like to know how carefully the Department monitors Greystone's own operating standards and whether there is any random checking of either staffing on particular shifts, qualifications of people, whether it's in the medical staff or on the patient care, direct care staff.

I think that the Department has got the responsibility here, and we need to find out if it's up to that responsibility. I would finally ask whether we have adequate representation for the families and the patients themselves.

I don't know the day-to-day impact of abolishing the Department of the Public Advocate. I don't know if whatever replacement has been put in place is -- whether the services that are available are widely known, whether the services are effective.

I'll tell you, last week I was contacted by a family who was facing an involuntary commitment at Greystone. The family wanted to fight the placement because they had already lost a family member as a result of negligent treatment at Greystone. You can imagine the nightmare that having

a second family member might represent. Yet they couldn't even get the name of the committing attorney. They couldn't get the names of the doctors who had certified the commitment. So I'm not sure that the families who are affected by Greystone are being adequately represented.

One final plea, let's do it right this time. Let's just not wring our hands, have the hearing, look grim before the cameras, say all the right things, and be back here in one, two, or five years. That has been the pattern. I mean, you can go back and there is a long history of cycles, up and down, of attention and then inattention. I hope that this time we can get it right, and that we can guarantee patients, employees at Greystone, and their families safety and effective service.

Thank you very much for your time.

SENATOR MARTIN: Thank you, Senator MacInnes.

We are now going to hear from representatives from the Department of Human Services. I would ask that Commissioner Waldman come forward. Would you prefer that Mr. Kaufman join you at this time or--

**COMMISSIONER WILLIAM WALDMAN:** Sure.

SENATOR MARTIN: That may be the best.

COMMISSIONER WALDMAN: Good afternoon, Senator Martin, and members of the Task Force, Senator Bassano, Senator Codey.

SENATOR MARTIN: Just so everyone knows, and I'm sure many of you do, this is Commissioner William Waldman, who is Commissioner of the Department of Human Services, and to his right is Alan Kaufman, the Director of the Division of Mental Health Services, which has jurisdiction over Greystone and the other psychiatric Hospitals.

Thank you, Commissioner.

COMMISSIONER WALDMAN: Senator, if it meets with your approval, today what I would like to do, rather than have everyone speak individually out of respect for the time of the Task Force, I want to make some opening remarks and have all the principals that you have liked here and whose names are listed as speakers available to answer any questions.

SENATOR MARTIN: I know you handed us some prepared remarks, which are somewhat lengthy. If you want to somehow make those a little bit shorter--

COMMISSIONER WALDMAN: They're not terribly lengthy.

SENATOR MARTIN: --it would be helpful to us. Then we will obviously have some questions for you and Mr. Kaufman.

COMMISSIONER WALDMAN: Sure. These may be a little long, but I would just remind the Chair that no one else has any prepared remarks from all of the list of the speakers we have, so they are relatively short. I would like to get through the statement because I tried to carefully craft it to give an overview of the entire situation.

The other thing I would like to say is that I certainly appreciate your commitment and interest. I appreciate the opportunity to testify. You know the Task Force, and the members of the Task Force know that you have our full cooperation in supplying any information, review anything that is necessary.

I would like to also bring to the table, if it pleases the Chair, my Deputy Commissioner, Michele Guhl.

Michele, if you could join us at the table.

The head of the management team for Greystone will come forward, please, Joe Jupin and Colonel George Waters, CEO at Greystone. If you would join me, I would appreciate it. (witnesses comply)

SENATOR MARTIN: Mr. Jupin is also the head of Trenton Psychiatric Hospital.

COMMISSIONER WALDMAN: Yes, he's taking a rest from that position and doing something else. I'll explain.

I come before you today to discuss a matter of foremost importance to all of us -- as citizens, as taxpayers, and as public officials -- that's the matter of the protection, treatment, and care of the persons entrusted to us who reside at Greystone Park Psychiatric Hospital.

I really consider it one of my gravest responsibilities as Commissioner to keep the public trust in our institutions, to ensure the safety of our patients and our employees and the productivity of our employees, and to use every tax dollar -- limited tax dollar -- to the maximum benefit.

This is an awesome task. This is not just one Hospital that we run as a Department. We have seven psychiatric Hospitals. Our average daily census in these Hospitals is approximately 2500 patients. Annually, we admit and discharge approximately 4400 patients each year.

The full- and part-time staff of all these Hospitals exceeds 5000 employees, and the overall operating budget for all of them approaches a quarter of a billion dollars.

At Greystone, we have an average daily census that right now hovers between 615 and 630 patients, although clearly our preferred census for this Hospital is lower. We'll probably talk later about some plans to get the

census down to a more manageable level. Greystone annually admits and discharges about 475 patients. The administrative and direct care staff -- the total staffing complement is over 1000 -- it's 1154.

This is a daunting responsibility, to run seven psychiatric Hospitals with a large patient population and increasingly demanding clinical needs. I believe, although certainly there are problems at Greystone that vex us that we are going to struggle with, that we have continuously held a record of achievement in this area, not without problems, but over the long haul.

For quite some time, six of our Hospitals have continuously met the very stringent requirements of the Joint Commission on Health Care Organizations and the Federal Health Care Financing Administration. Gaining this accreditation and certification, which is really a national benchmark of quality and brings us in \$153 million in Federal funds, is no small task.

We are one of a minority of states that have achieved this record. When viewed in the context of difficult economic conditions over the past years, it's clear, in my mind, that we have achieved and maintained that certification, that benchmark of quality, in a way that balances quality and cost control.

As the Task Force knows, we've moved ahead with our strategic planning initiative to expand our community mental health center -- I'm going to summarize a bit, Senator -- to permit more patients who have the opportunity, who have the ability to reside in the community.

As you know, we have a plan to phase out Marlboro Hospital that is underway, but we still believe one of our fundamental charges is that as long

as we run psychiatric Hospitals in this State, we will work as hard as we can to make them the very best that they can be. That's our bottom line.

We will leave no stone unturned when it comes to the care and safety of patients, the safety and productivity of our employees, and the efficient use of tax dollars.

That's why I am frankly concerned and absolutely outraged with the series of events that have taken place at Greystone Park Psychiatric Hospital over the past eight months.

Let's inventory: These incidents include four cases of sexual abuse, between August 5 and October 25. The Greystone administration, along with the Human Services Police, who operate independently of the Greystone administration, investigated each incident.

The Hospital investigations led to suspensions and internal charges for dismissal of each of the accused employees. Two of the men chose to resign in not good standing. The police arrested the employees and filed criminal charges that are now being pursued by the Morris County Prosecutor. Since these incidents, one of the employees has had a second criminal charge against him.

We did a review. We shared that review of the incidents with the public. We found no organized collusion among large employees, but we did find a number of employees acting alone in each incident, abused their trust, violated clear policy, violated expectations, and, frankly, violated common decency. There was no evidence that we found that people were looking the other way. It was obvious, at the same time, that circumstances must have

existed at the Hospital that led people to believe that such actions were permissible or they were unlikely to bring retribution.

The steps recommended in our report on these incidents, dated in December, spelled out the Hospital's high expectations for our staff. Among other things, it called for intensified supervision of weekend and night employees. It called for strengthened training. It called for screening. Issues that we have pursued and will continue to pursue we might want to discuss later. It also called for perhaps more security measures inside the facilities, apropos one of the legislators mentioned.

We have been in discussion with the Division of Criminal Justice, and we intend to start forthwith a variety of things including but not limited to security cameras and undercover operatives, if you will, people to go undercover and work and do covert investigations.

In addition to this, on February 3, tragically, a patient committed suicide at the facility. In this instance, two staff slept while a patient hanged himself. Like one of the sexual abuse cases, the suicide occurred in a cottage at night.

As a result of that investigation -- again, a full investigation -- we fired a part-time nurse and a part-time psychiatrist and have taken steps to remove a full-time residential living specialist.

I believe, having a Department of almost 20,000 employees, that the vast majority of our staff at Greystone are responsible, dedicated, and compassionate employees. I believe these traits dominate the literally millions of patient/employee human interactions that occur every day morning, noon, and night. We provide treatment and care to people. We assist them in the

activities of daily living. In some instances we dress them, we bathe them, and we feed them. I think the vast majority of work by the Department is reflected by qualities of compassion, professionalism, and concern.

I am appalled that these incidents occurred and, particularly, occurred in so short a period of time. It is deeply troubling that employees engaged in such deviant behavior, behavior that violated policy and clear expectations.

Mr. Chairman, I'm sure you'll agree, a suicide at a psychiatric hospital cuts to the core of why we have psychiatric hospitals, that is, to protect vulnerable people with mental illness from harming themselves or others.

Coupled with the other incidents over the past number of months, and particularly in light of the recently increased supervision of employees in the cottages at night, we were concerned that the Hospital's corrective actions may not have been fully implemented or may not have gone far enough.

For all those reasons, and those reasons cited by the legislators who made introductory statements, and to assure we were doing everything that we could to safeguard our patients, I decided to send a management team to Greystone. My experience -- there's a lot of controversy about the management team -- my experience with them is, frankly, that they work. We used these successfully to turn around problematic situations in the Arthur Brisbane Child Treatment Center, Malboro Psychiatric Hospital, and at other times and other places in the Department of Human Services.

The team has assumed direct oversight of the Hospital's operations and is already at work closely examining all facets of its policies and procedures. The team has full authority to make changes as it sees fit to run

the Hospital. We've included professionals from private as well as our State psychiatric programs. With their different perspectives, I believe they will provide us all with an oversight and the changes we need at the Hospital and not just at the Hospital. I am sure that there will be implications for our entire system.

The team consists, and I want to describe who they are, as Joe Jupin who is to my left. As you mentioned, Mr. Chair, Joe's employment with us has been as the Chief Executive Officer at Trenton psychiatric facility. He has extensive experience in this field in our Division and in running mental health programs.

We've also included on the team, however, Dr. Linda Goldwater Gochfield, of the University of Medicine and Dentistry Community Mental Health Center at Piscataway. She is a practicing psychiatrist with outstanding credentials. She is President of the New Jersey Psychiatric Association and a noted researcher and practitioner.

We've also, from the outside, invited Mary Meehan, who is Executive Vice President and Chief Operating Officer of St. Mary's Hospital in New York. She's a highly respected and renowned mental health administrator and is recognized in both New York and New Jersey, and from inside the Division of Mental Health Services, Floretta Graham, who is Deputy Assistant Director for the central region of the Division, who has many years of experience.

The management team has two roles. First and foremost, it will directly control the day-to-day operations of the Hospital and take whatever action is needed for improvements, corrective actions, and safeguards. We're

not going to ask you to wait for reports or analysis. They're going to fix things as they find them.

Further, it will review all aspects of Hospital functioning, including staffing, training, screening, direct clinical treatment, admissions, discharge procedures, staff scheduling, business practices, even land use -- perhaps, indeed, all areas to identify and improve the services provided at Greystone.

I am confident that this management team will restore confidence in Greystone and in the State's ability to continue to manage its institutions well.

Greystone is a Hospital that has experienced a rash of unfortunate incidents in a very short period of time, sexual assaults, a suicide, and other allegations of improprieties that are still under review. But New Jersey's psychiatric Hospitals have maintained national standards of care for many years and 1996 will see us restore Greystone's reputation and high level of care.

Greystone has got to refocus so that patients are its first priority. Greystone must look within itself to understand what went wrong in the past eight months and correct the problems. We must learn from this experience what needs to be fixed and adjusted in our entire psychiatric Hospital system.

The issues of employee screening and training have been raised. They are legitimate issues that deserve our fullest attention.

Mr. Chair, and members of this Task Force, I believe that we can and will make Greystone a better Hospital. Further, I believe that we have done everything possible to ensure a rational, orderly response to these incidents and the safe operation and the safety of patients.

We have done nothing to attempt to paint a rosy picture in anticipation of this or any other hearing, nor will we do that. Rather, let me assure you that there is the ability and there is the will to fix what is wrong at Greystone. As I said at the beginning of my testimony, we want to ensure the safety of our patients, the productivity of our employees, the safety of our employees, and to be accountable in this financial environment for every dollar that we get to spend on it.

In this context, we will continue to do everything in our power to ensure that we make the changes that are needed to be made in all the aspects that we are discussing today.

All of you, Mr. Chairman, members of the Task Force, you really have distinguished yourselves, not just by today, but by your past actions for your advocacy for issues involving patient safety, sound Hospital operations, and public safety -- the communities around our institution -- not only in connection with Greystone, but the entire system. I think together we can make Greystone the best Hospital it can be.

I've already introduced, I believe, the members at the table today. We also have some additional members of the Department that you have requested to be here. I also wanted to mention Dr. Jack Singer, who is behind me. He is Director of Medical Operations at Greystone, and Anne DeMuro, who is Assistant Director for the Northern Region of Mental Health Services.

Rather than, again, having other individuals present written statements or verbal statements, we thought our time would best be used to answer you questions, respond to your concerns, elucidate the issues.

We stand ready to answer your questions and concerns in this regard. Thank you for this opportunity.

SENATOR MARTIN: Here's what I propose doing-- I just want to make sure -- Colonel Waters, did you want to make any statement at this point in time or just respond to questions?

**COLONEL GEORGE A. WATERS JR.:** I'll just respond to questions, sir.

SENATOR MARTIN: That being the case, then we will take our time. For those of you who are going to testify later, we do acknowledge that. You have to understand that most of our concentration has to be centered on the gentlemen, lady, and their staff who are in front of us now. So there will be a large amount of questioning I do believe at this point in time. Since you are all up here, we may go back and forth as between, directly, Greystone operations as well as departmental.

So it will be somewhat freewheeling. As far as I'm concerned, as long as it's on the subject, it can be somewhat informal between the three of us. I will try to rotate it so that at least it isn't monopolized by one person. However, I want to let my colleagues know, at least it's my view, that we should pursue this as far as we feel that needs to be.

Senator Bassano has a question, so we'll open it with him.

SENATOR BASSANO: You mentioned earlier in your testimony that on February 7, the special management team was appointed. Today's the 27th, so we're about three weeks into that management team. Can you fill us in as to what you have found? Have any changes been made or have suggestions been made for changes during that three week period?

COMMISSIONER WALDMAN: I don't think they have quite been there three weeks. We did appoint them three weeks ago, but I'll ask Joe Jupin, who is head of the team, to give you a brief overview of what he has done, how he's organized his work, and so forth.

**JOSEPH JUPIN JR.:** Senator, what we've done at Greystone is to divide the management team into a number of work teams and to shore up their ability to look at various aspects of the Hospital through adding a number of other individuals into the process. We've used Dr. Islers (phonetic spelling) from Ancora Psychiatric Hospital. I've used one or two of my staff from Trenton Psychiatric Hospital, and we may add others as time goes on.

We're focusing primarily on safety and security issues. The three work teams that we have are in the areas of the medical staff, the nursing staff, and administrative and leadership issues. We have identified a number of key operational factors that Hospitals must conduct in order to have operational integrity. We have developed a specific list in each of those areas of nursing, medicine, and administration to evaluate, gather information from a variety of sources, and make determinations about what conditions exist, the reasons why those conditions exist, and what recommendations the team has and issues the team has in order to address those issues.

In terms of some of the things that we have done directly, we have put together a listing of staff positions that we will be hiring over the next several weeks to augment the staffing that exists. That is a temporary measure, and we are going to be doing an in-depth staffing analysis as part of the nursing issues and the medical staff issues. However, it is clear that we need

additional staff in certain areas, and we have been given the go ahead to move on recruiting a number of staff to add them to the institution.

We are looking at a number of administrative processes or functions within the organization and all of the processes inherent in those functions, which will include incident reporting, investigation, evaluation, disciplinary action, and other types of actions that are necessary in order to restore integrity to the institution.

So we have begun with administratively taking direct control of the human management function of the organization. We feel that will facilitate not only communication and intergration with the three separate teams that I have set up, but it will also give us more direct access to the documents, the individuals, and the parts of the Hospital that we need to adequately assess the issues that are inherent in the key functions that I mentioned.

SENATOR BASSANO: Through the Chair.

SENATOR MARTIN: Yes.

SENATOR BASSANO: Are you going to concentrate exclusively on the areas that you just outlined, or are you going to take a look at the general operation of the facility, how it operates on a day-to-day basis, and make some suggested changes in that area also?

MR. JUPIN: Senator, I think a simple answer to your question is, yes, we are going to do both. We're starting in those areas that we consider to be critical to safety and security within the institution. We will be broadening our view, over time, to look at things like the integrity of clinical programming, a variety of different procedures in the Hospital that are perhaps less critical

to issues patient safety and security on the grounds of the institution. We will be looking at training issues which we have begun to do.

We are assessing these different issues or these situations that exist with regard to each of these issues in a variety of different methodologies and processes which does include interviews with staff. It does include direct observation of ward, change of shift, communication at the change of shift in all operational units and all hours of the day and night. My team has literally been involved in the Hospital at 3:00 a.m. or 4:00 a.m. During the week, we have been given free rein in the institution, and my staff has been developing schedules to look at these various different types of things.

Once we are confident that we have a good handle on those issues that are really related to safety and security, we will move to some broader issues that have been presented here already.

SENATOR MARTIN: Related to that, am I given to understand that you are there on a full-time capacity, the entire management team? These people, including yourself, all have other job titles and functions. I'm not quite clear the extent to which all or some of you are working full-time as a management team at Greystone. Could you explain that?

COMMISSIONER WALDMAN: Again, yes, all the Department employees, including Joe, are working on a full-time basis. That is their full-time expectation and responsibility from the Department. The two individuals I mentioned that are from outside the Department are not there on a full-time basis. They are working out as many hours as they can contribute to help us.

So this isn't a part-time effort for Joe and the members of the team, but it is less than full-time effort for the outside members.

SENATOR BASSANO: Do you have a time frame as to when you think this commission is going to be able to give you a thorough report and have suggestions on the table for you to consider?

COMMISSIONER WALDMAN: I think its going to be an evolving issue. My view now, and I can't stress the strong determination I have, they are going to be there for as long as it takes, Senator. I don't have an exact number, but whatever it takes, they will be there to fix it. They've already, as Joe has indicated, gotten their hands into things.

I expect that they will be giving me recommendations and Director Kaufman, Deputy Commissioner Michele Guhl as they proceed with their work, and we will probably fix things as we find them. But I have not fixed a term. I've just told them, you will be there as long as it is necessary until we are satisfied.

MR. JUPIN: May I add, Senator, that the members of the management team have been very generous of their time. Most of the members of the management team have been able to sacrifice a day-and-a-half or two per week and supplement that by evening work and weekend work as well.

The full-time basis, from my perspective, on my behalf, is a 24/7 kind of responsibility. I have been staying locally to the Hospital for most of the time and working throughout the night on occasion and on weekends as well. So there is a lot of time being devoted to this responsibility, especially during the initial phase as we become more familiar with the staff, the Hospital, the layout, and the issues we are looking for.

SENATOR MARTIN: Senator Codey.

SENATOR CODEY: Mr. Jupin, you report to Mr. Waldman and Mr. Kaufman, is that correct?

MR. JUPIN: That's essentially correct, Senator.

SENATOR CODEY: You work for them?

MR. JUPIN: Yes.

SENATOR CODEY: Now you're heading up a management team to look at how his facility is being run. Do you think that's a conflict?

MR. JUPIN: I can certainly understand, Senator, how it would appear to be a conflict. But I can honestly tell you that my obligation is to the patients in the Hospital. While I respect the lines of authority, I have been given free rein, and I have been given respect by Mr. Kaufman and the Commissioner to do my thing as a Hospital administrator, and in my perception and my history that is that the patients come first.

SENATOR CODEY: Don't you think that the general inclination would be to be less critical knowing full well that they are your bosses, and, in fact, the other people who are working there full-time are employees of both Mr. Kaufman and Mr. Waldman as well. The people who are not there full-time are the people who are not employees of these two gentlemen.

MR. JUPIN: I think there is certainly an amount of balance, Senator. I can appreciate that perception. But having worked in the State for 25 years, one of the things I do not have is a reputation of being quiet. So I will call it as I see it, I assure you of that, and I have been given free rein to do that.

SENATOR CODEY: During 1995, sir, how many investigations have you had at Trenton State regarding sexual abuse?

MR. JUPIN: Senator, I think there were two. They were allegations, but they were not substantiated.

SENATOR CODEY: They were not? Allegations of abuse by employees regarding patients?

MR. JUPIN: I believe that's the case.

SENATOR CODEY: How many regarding other sexual abuse investigations?

MR. JUPIN: Senator, I'd have difficulty answering that question without looking at the actual data.

COMMISSIONER WALDMAN: Just bear with us for a second.

SENATOR MARTIN: Are you looking at statistics, Commissioner Waldman, of incidents throughout the seven psychiatric Hospitals?

COMMISSIONER WALDMAN: Yes, we are. I'm particularly looking at alleged sexual abuse and assaults for the seven Hospitals that we operate.

SENATOR CODEY: Okay. We see in the year 1995, three at Trenton State, two that involved employees with patients. Is that correct, Mr. Waldman?

COMMISSIONER WALDMAN: In 19-- Yes, employee to patients, I actually have four, Senator.

SENATOR CODEY: Four, okay. The chart I have says three.

COMMISSIONER WALDMAN: Okay, we may have updated some material.

SENATOR CODEY: This chart does not include December. There may have been another one at Trenton State during December 1995.

Mr. Jupin, at Greystone, we see, of course, 27, 8 of which are employees with patients. Do you think that's any kind of a standard for a psychiatric Hospital?

MR. JUPIN: I think it's troubling, Senator, and I think we have to get to the bottom of it.

SENATOR CODEY: Is that all you can say, "is troubling"? Is that what you would say to a family member whose loved one was raped or sexually assaulted by an employee who is supposed to be taking care of them? That it was just troubling?

MR. JUPIN: No, Senator-- Excuse me, Senator, we have an obligation to do the right thing for all of our patients and their families.

SENATOR CODEY: So you would say, based on these statistics, obviously we're not.

MR. JUPIN: I certainly agree that it requires an investigation and an evaluation, Senator.

SENATOR CODEY: Just an evaluation.

COMMISSIONER WALDMAN: I think what--

SENATOR CODEY: I asked Mr. Jupin, Bill.

MR. JUPIN: I think wherever the investigation leads, Senator, actions have to be taken to remedy the situation and ensure that it doesn't happen again.

SENATOR CODEY: Let's talk about action that has been taken over events that have happened.

We saw the death of a woman in Malboro, who was allowed to lay on the floor for 12 straight hours, partially naked, lay in her own urine. She

died as a result of a broken neck and seven fractured ribs. I'll read you the last sentence of the report of the Prosecutor's Office of Monmouth County: "The common factors which surround injury events are related to the overall general level of incompetent care and patient neglect suffered by this woman throughout the course of the morning hours of November 1, 1995." In effect, saying she died as a result of incompetent care and blatant patient neglect.

Commissioner, as a result of this incident, you fired one person and then suspended some others for anywhere from 10 to 20 days. As a result of their conduct, she is now dead. A family has lost their mother, grandmother, so forth and so on. All we can say is one person was fired, when nearly 12 individuals were involved over the course of those 12 hours, supposedly taking care of her.

COMMISSIONER WALDMAN: Senator, let me just back up for a minute, because I need to show you my feeling. One of these incidents is too many. One of these incidents -- none of them are acceptable.

But the fact is that we do run a system with 2500 patients on any given day. We do have a flow of 4500 people, in and out, and to the best of our ability in the best Hospitals sometimes-- The situation you are describing is inexcusable, I would agree. We carefully reviewed the prosecutor's findings, met with him, reviewed our own findings, had a clinical review board. We applied progressive discipline based on the individuals culpability and failure to act in some of those things.

I think we fixed the responsibilities fully and fairly. There was a wave of disciplines, I think six or seven at least in total. You may not be aware of all of them, but my recollection is, you're correct. There was a head nurse

that was terminated, another was suspended a considerable amount of time, a doctor that was also suspended for a considerable length of time, and various lower level employees were also disciplined.

SENATOR CODEY: Is it true, Commissioner, that the doctor reported that he attended to the patient when, in fact, he did not?

COMMISSIONER WALDMAN: That appears to have been what our findings are. We are still reviewing that particular discipline.

SENATOR CODEY: Do you think a physician -- these patients are entrusted into his care -- who writes in a report that he had, in fact, seen the patient, who, in fact, had been laying on the floor in her own urine, when he did not, should be suspended for 10 days or 20 days?

COMMISSIONER WALDMAN: There are other factors involved. We are still studying that particular discipline, and it may change. But that was the recommendations of everyone involved in it based on level of culpability. I think these are outrageous conduct. I think a suspension is serious. I think the discipline showed that we did not take it lightly. It was certainly a tragic, wrong situation. I think we made a statement with the discipline that we made, based, again, on the levels of culpability. The one with the doctor is not finished yet.

SENATOR CODEY: He lied on a report.

COMMISSIONER WALDMAN: Right, well some additional information came out that might strengthen our position and further discipline on that one.

SENATOR CODEY: Bill, in your own statement you say and I quote, "At the same time it is also obvious that circumstances must have existed" -- talking about Greystone --

COMMISSIONER WALDMAN: Yes.

SENATOR CODEY: "--at the Hospital, which contributed to employees believing such actions were either permissible or unlikely to bring retribution."

COMMISSIONER WALDMAN: That's right.

SENATOR CODEY: We're talking about sexual assault. You admit that there is a mentality there that says, "Maybe it's all right," and, "Maybe you don't have to worry about getting punished for it." Now, Colonel Waters is the head of that institution that allowed this mentality to exist. If he didn't know about it, he wasn't doing his job, and if he knew about it and allowed it to continue, he wasn't doing his job. He's still here.

COMMISSIONER WALDMAN: Yes he is.

SENATOR CODEY: But by your own words, this existed.

COMMISSIONER WALDMAN: Yes, that's right, those are my words and I stand by those.

SENATOR CODEY: Well, whose fault is that? Is it yours, is it Kaufman's, is it Waters'?

COMMISSIONER WALDMAN: It's all of our fault. There is a collective responsibility. But, let me say, that's why you have to look into the cause. It's not unusual -- you saw it at Marlboro when you were there -- to have a small, not a widespread group of employees that represent part of a small subculture that are criminal in nature. That happens from time to time,

and you try to root it out, and I'll tell you, members of the Task Force, there is no training and no requirements that is going to absolutely prevent that from happening. You don't train people not to sexually assault other people. It's a small hardened element that apparently existed there. That's the only thing I can think of why there were four of them in such a period of time. Those individuals must have thought that way. We have to change that. That does not say that the rest of the Hospital thought that way.

SENATOR CODEY: But what does it say about the institution itself? That would never be tolerated at an acute care hospital or any other setting of care that we know of -- none of them. What does it say about your personnel people? What does it say about the people running the Hospital?

SENATOR MARTIN: I think it is an appropriate time to rotate through here.

I want to ask Colonel Waters: Senator Codey has made some suggestions that your performance as a supervisor has been less than satisfactory. Can you respond to that in any way? You didn't have any knowledge of-- Or, let's just talk about this potential atmosphere at Greystone.

To your knowledge, is there some atmosphere that says that acts that are illegal and harmful to patients are permitted?

COLONEL WATERS: Senator Martin, I would like to say that I am very disturbed that these incidents happened. I have been making it very clear, since I have been at Greystone, that I will not tolerate such incidents.

I would also like to say that when I came to Greystone, administrators were going through that organization like water through a faucet. We have been trying to bring some order to Greystone.

In 1990 when I came to Greystone, we had 87 disciplinary actions. Last year, we had better than 400 disciplinary actions. I have focused on security and protection for our patients. We have been very strong in our patient advocacy. In the past two years, we have terminated 35 employees, four of them because of abuse of patients. That does not include the four sexual incidents that are in the paper.

We have been very clear to all of our staff that we will not tolerate any sort of abuse. We have established a patient hot line, wherein the patient can call and let us know what is going on. We have been able to improve the environment. The incidents that were reported, each one of them came to us by the patient reporting it at the staff level, and it was not short-circuited along the way, as had been customary and will happen sometimes.

I would also like to say, Greystone was not satisfied with it only being reported and being unsubstantiated. We want to get to it and determine whether it is substantiated or not. That is why we have worked very closely with the Prosecutor's Office.

The first incident occurred on August 1. The second incident occurred on September 9. The second incident occurred before an arrest of the individual who conducted the first incident. When the second incident occurred, our antennae went up and we got in contact with the Prosecutor's Office. We said, "We want to focus the energy on finding out what is going on." I brought the noose around my neck, because I was very clear that we were not going to tolerate it.

We went and sat with the Prosecutor's Office, and we made it very clear that we wanted a full investigation. They came in and we actually saw

the individual who committed the first offense, and then being arrested on September 14. When the third incident occurred, we, too, worked very closely with the Prosecutor's Office. That individual was arrested within three days. When the fourth incident occurred, the staff member was arrested within five days.

Now, let me share with you what we have done with patient advocacy at Greystone.

SENATOR MARTIN: Before you do that, since you brought up these incidents, would you say that this is the tip of the iceberg, in the sense that there are many unreported incidents that persons either have not come forward with -- patients -- or you have not been able to uncover? I mean, to have four, especially the last two in which there was some knowledge that the prosecutor was now involved, and yet there were still two other ones-- What makes us wonder is whether there are many that go unreported, for whatever reason. What is your take on that?

COLONEL WATERS: I think what I am saying, Senator Martin, is, if these incidents had been spread out over a year, I probably would not be here today. I think the fact that we saw them occur so close, we focused our attention, and we made sure that we got a full investigation on all of these incidents. Diane Sawyer went into three states with hidden cameras and found things that were going on that were atrocities in state hospitals.

SENATOR MARTIN: Let's leave Diane Sawyer out of this, if you don't mind.

COLONEL WATERS: Yes, sir.

SENATOR MARTIN: What I am curious about is, from your best belief, it seems to me that you are suggesting that this was an unfortunate timing coincidence, what might have been spread over many months just happened to have occurred within a relatively short period of time. Is that what you believe happened?

COLONEL WATERS: I believe we have incidents going on and we have reported them in the past. We have taken action on them in the past. But I don't think that we have had patients cooperating in the past to the extent that they cooperate now, because of the way we have empowered our patients.

I think another thing that is very clear, Senator Martin, is that when patients report things-- When they reported things when I first got to Greystone, they would see me two or three days later, or a week later, because I make myself visible throughout the Hospital, and they would ask me about these events, I could check into it and I would not have received a report on it. Neither of these incidents had been short-circuited along the way. We feel that we have a good system in place now.

I feel that some of the things that we have been able to do to let the patients know that they have been empowered and they should not be intimidated have helped us tremendously. When the individual reported the incident of staff sleeping, I went back to him a few days later and said, "Has anyone put pressure on you to not report anything?" He said, "No, sir, Mr. Waters. They have not come to me. They left me--" I said, "Well, I don't want you--" He said, "Sir, I know that if they do, I can come and tell you."

I also went to the president and asked him if he were aware of any pressure being placed on patients not to talk. He, likewise, said, "Mr. Waters, if that occurs, I will come to you, but nobody has put pressure on me either." He lives in the same cottage where the incident occurred.

I think we have empowered our patients. I am pleased that we have done that and we have patients who will come forward and speak about what has happened.

SENATOR MARTIN: Colonel Waters, I want to say that I commend you for that facet of Greystone operations. I think it is fairly clear that there is now much more of a willingness to come forward on the part of patients, and perhaps employees as well, with abuses. I grant you that. We saw that when we made our unannounced visit. I saw it over phones. I saw notices throughout Greystone that encouraged people to come forward.

What I am asking is not quite that issue. Given the fact that there is now a willingness, by you, too, as you said, you sort of stick your own neck out, there has been more reported incidents. What concerns me is: Does that suggest that there are a lot -- that the situation is one where there are a lot of incidents that go unreported? Now that we have this sort of much more open system, we are finding out that there were events that none of us were aware of. Are there still more? You have not seemed to have addressed that, and it is a concern that we all share.

COLONEL WATERS: I think that is a very good question, Senator Martin. I feel I am getting a reasonably good sense that my patients are reporting these incidents now. I would say that had you asked me this question three years ago, I would have said, "No, they are not reporting

everything.” But I am pretty comfortable that they are reporting and telling us what is going on.

I was walking through the Hospital today and a patient came to me and gave me a letter. He said, “This is something I want to give to you only. I want you to see this.” I don’t think they are afraid to come to me and to talk to me. I think they will let us know if things are going on that they don’t like. I don’t think this was the case before.

SENATOR CODEY: Colonel Waters, let me remark on two things you said: One, you basically said that if these sexual attacks -- incidents -- had been spread out over a year, we would not be here today. That’s sad.

COLONEL WATERS: That is sad, sir.

SENATOR CODEY: Right, that you would say that -- that you would make that remark. Because they were all clustered together, we are more concerned, as opposed to having them spread out. We would not have had a hearing.

The other thing is: These four incidents, and these others, they are atrocities, too, just as much as whatever you saw with Ms. Sawyer -- just as much so, sir. No different.

Colonel Waters, what was the reason for your sending a letter to one of your risk managers with regard to your threats to recently turn his desk over? Will you please explain that to the Task Force?

COLONEL WATERS: There was a situation wherein I was in the office and I was asking about information I was supposed to get, Senator Codey. There are two expressions I commonly use throughout the Hospital. People will tell you that when I am very jubilant, I say, “I am so happy I could

stand on the desk and shout.” If I am upset about something, or disturbed, I have an expression, “I am so upset I could flip a desk over.” I use those expressions occasionally. You will not hear me yell at individuals. You will not hear me use profanity.

SENATOR CODEY: Did you say you would flip his desk over?

COLONEL WATERS: I said, “I am so upset I could flip a desk over.” I did not say, “I could flip your desk over.” I said, “I could flip a desk over.”

SENATOR CODEY: Why did you feel your comment was such that you had to send a formal letter of apology?

COLONEL WATERS: Because he felt he had been threatened.

SENATOR CODEY: By you?

COLONEL WATERS: By me. I want to make it very clear that it was not my intent to threaten anyone. I wanted to apologize to him personally, and I wanted to make it very clear that that particular statement was not directed to him as a threat, and that I was only saying this as a matter of speech, because of my anger, but not as a threat to him. I don’t make threats to individuals, Senator Codey.

SENATOR CODEY: Well--

SENATOR MARTIN: Did Senator Bassano hear that question?

SENATOR BASSANO: I was real disappointed.

SENATOR CODEY: Please let me continue.

SENATOR MARTIN: Okay.

SENATOR CODEY: The first incident, which was early August--

COLONEL WATERS: August 1, yes, sir.

SENATOR CODEY: Right. When was it reported to the Prosecutor's Office?

COLONEL WATERS: We reported it to the Prosecutor's Office the very same week that it occurred, and it was probably the second--

SENATOR CODEY: Good. How many days transpired from the time of the forwarding of the incident, that you knew, until such time as the Prosecutor's Office knew?

COLONEL WATERS: It was probably around three days before we reported it to the Prosecutor's Office.

SENATOR CODEY: Why?

COLONEL WATERS: We do our investigation, and while we are doing our investigation we will then--

SENATOR CODEY: Is that what you are supposed to do, sir? Aren't you supposed to report it immediately? Am I correct, Mr. Waldman?

COLONEL WATERS: I am talking about the results of our investigation.

SENATOR CODEY: I'm talking about--

COLONEL WATERS: Oh, informed of it?

SENATOR CODEY: Right. They informed the Prosecutor's Office right away.

SENATOR CODEY: You just said three days.

COLONEL WATERS: But I am saying the results of our investigation.

SENATOR CODEY: Is Mr. Dangler here? (affirmative response from audience) How long did it take from August 1 until your Prosecutor's Office was notified?

**JOHN DANGLER, ESQ.:** It was notified on the 5th of August.

SENATOR CODEY: On the fifth? Four days later, sir. So you did not notify them immediately as you said. You did not notify them of the fact until some four days later. That sounds like malfeasance to me, sir.

COLONEL WATERS: Senator, if you will permit me, let me explain.

We get many allegations in the Hospital system. We do not report all of them the same day, or we would inundate the Hospital. The Hospital, through an investigative routine, reviews to determine if there is reasonable credibility to pursue something by having the doctor, often, interview the patient to see if it is something that is worthy of pursuit. So it is not automatic.

SENATOR CODEY: In other words, you think it is your job to determine whether or not this report of sexual attack is supposed to go to the Prosecutor's Office -- whether you should notify the authorities or not?

COLONEL WATERS: We should notify it immediately, but oftentimes--

SENATOR CODEY: He didn't do what he was supposed to do. Is that correct?

COLONEL WATERS: Well, it depends. You know, you have to review each situation. Let's not oversimplify here.

Let me get back to your question, too, Senator Martin. You have to understand the nature-- You have been to these facilities. You know, for example, when you say it is the tip of the iceberg, that these are large facilities, with a lot of staff, with a lot of buildings, and with a lot of places. The reality of it is that there are a lot of opportunities, with very vulnerable people, for them to be abused if employees have it in their minds that they are going to do it and try to get away with it. You try to do everything. Every Hospital in the country has these types of incidents. They are not acceptable. Each one is an atrocity, and you do everything you can to try to prevent it.

But if we were to sit here and say that these incidents never happen, then we would not be being honest. Also, with respect--

SENATOR MARTIN: I understand that.

With respect to Senator Codey's questions, he is asking -- and I am curious now -- what is departmental procedure with respect to an incident that a patient reports? Admittedly, it may be unsubstantiated, but how is that handled both internally and then with respect to the Prosecutor or any other police who might be called to the scene?

COLONEL WATERS: Mr. Chairman, I would ask Director Kaufman to answer that.

**ALAN G. KAUFMAN:** Mr. Chairman, let me clarify, looking on this particular incident. While the first incident sexual abuse allegation occurred on August 1, the Hospital was actually not made aware of it until August 5, by the patient herself. Where, in fact, the report showed that she had barricaded herself in her room, she was upset, and she then reported to one of the therapists what had happened. Then it was reported.

The procedures, according to all of the Hospitals, should be that as soon as there is any possibility that a report like that would be substantiated, from any source, even reasonable suspicion, then it would be reported to the Human Services Police Department, which is independent of the Hospital. They would then investigate that -- which was done almost immediately -- and they, in turn--

SENATOR CODEY: Colonel Waters was incorrect when he said August 1?

MR. KAUFMAN: That is correct. The record we have is that it was not reported -- that we did not know until August 5 that that incident occurred, until it was reported by that patient.

SENATOR CODEY: That would make a mistake, right now?

MR. KAUFMAN: That's right.

SENATOR CODEY: Is that correct, Colonel Waters?

COLONEL WATERS: That is correct. We reported it as soon as we knew about it.

SENATOR CODEY: Which was not August 1, as you just said.

COLONEL WATERS: It was not August 1, yes, sir.

SENATOR CODEY: You just said--

SENATOR MARTIN: We established that, and I have another question.

SENATOR CODEY: (indiscernible comment; Senator speaking off mike)

SENATOR MARTIN: Well, yes, I am, and you can come back to it. He said it was a mistake. If you want to pursue that, go ahead.

SENATOR CODEY: Colonel Waters, your bosses just said that you allowed the mentality of the Hospital, which, in employees' terms, in some way promoted the aspect -- the mentality that sexual assaults were either permitted or were unlikely to be punished. How do you respond to that?

COLONEL WATERS: I feel that when we find out about these, we take action, very strong action, to punish individuals. We do not condone it, and we do not allow it to happen, Senator Codey, without taking action.

SENATOR CODEY: But how could you not know that what your boss said exists, you didn't know it existed, when you did?

COLONEL WATERS: I knew that it existed, Senator Codey, but I was not--

SENATOR CODEY: What did you do to stop the mentality that exists at your Hospital? What did you do to change it? Did you go to Commissioner Waldman and say, "I have a situation here where these kinds of incidents can happen, do happen, and I cannot tolerate it"? Did you go to him? Did you know that this mentality existed in your Hospital?

COLONEL WATERS: We knew we were having incidents and we knew that we were reporting them. We also knew that we were taking action on it. Mr. Kaufman, as well as Commissioner Waldman, knew that we were empowering our patients to come forth to tell us about what was going on.

SENATOR CODEY: Colonel Waters, in many cases, they cannot. It is up to you to do for them. How did you allow this kind of mentality to either develop or continue?

COLONEL WATERS: Senator Codey, I tried to explain earlier.

SENATOR CODEY: I don't think you have answered it, sir.

COLONEL WATERS: For about five years--

SENATOR CODEY: All you say is that you do not want it to happen, and I know you don't want it to happen.

COLONEL WATERS: Yes, sir.

SENATOR CODEY: But I'm asking you when you -- if, in fact, you did know that this existed, what did you do to stop it? This was an incredible situation. What have you done to stop this, other than saying you reported the incidents?

SENATOR MARTIN: Senator Codey--

SENATOR CODEY: Obviously, if you had these kinds of employees on the grounds--

SENATOR MARTIN: --if you want to ask questions, you will get answers. Later on, if you want to categorize them, you can. But I want to hear from them--

SENATOR CODEY: So do I.

SENATOR MARTIN: --and I don't think at this point you are giving them a chance to respond. You may not like the answer and you may want to comment on it at that time, but give Colonel Waters an opportunity to be heard.

SENATOR CODEY: Obviously, you knew then that this mentality existed on the grounds. Is that correct?

COLONEL WATERS: We knew we had situations that we didn't like. We knew we were taking appropriate action when it was called to our attention. We knew, as I indicated, that we needed to take more disciplinary action, and I think we have demonstrated that we have gotten very much into

that, and that we had around 400 disciplinary actions in the last two years. And we have terminated 35 individuals in the last two years.

SENATOR CODEY: How many employees do you have full-time?

COLONEL WATERS: We have 1240.

SENATOR CODEY: Full-time?

COLONEL WATERS: Full-time.

SENATOR CODEY: Okay. So, roughly, 10 percent of them, every year, are disciplined for incidents that you know of? Then there are how many other incidents, 50, 100, that we don't know about, of course. Correct?

COLONEL WATERS: I don't know.

SENATOR CODEY: What does that tell you about your employee force?

SENATOR BASSANO: May I get a couple of questions in here, Senator?

SENATOR MARTIN: Well, you will.

But did you respond to that?

COLONEL WATERS: I would like to say, Senator Codey, we feel we have some very good employees. We feel our employees, in general, are doing a good job. We feel that those individuals, as you have said, that are bad apples, we ought to be getting rid of them.

I would also like to go a bit farther and say we are looking for the bad apples, rather than just letting them surface to the top. We are taking firm action. I wish I could predict when an employee was going to do something like that. If I could predict that, then I would make a determination right away on those employees I would like to get rid of.

SENATOR CODEY: Colonel Waters, would you agree that the most important people at the institution are HSAs and HSGs?

COLONEL WATERS: That is correct.

SENATOR CODEY: Okay.

SENATOR MARTIN: We will get back to you. Lou is chomping at the bit, and I have a question I just wanted to follow up on before. That question deals with the Human Services Police. Are they employees of the Department?

COMMISSIONER WALDMAN: Yes, they are employees of the Department, but they do not report to the Hospital or to Director Kaufman. They report up a different chain of command to me.

SENATOR MARTIN: Do they have any responsibility independently to report incidents to the County Prosecutor or any other law enforcement officer?

COMMISSIONER WALDMAN: Absolutely. They are like any other police force in any other municipality. They have general police powers. They have full authority and criminal jurisdiction on the grounds of our institutions. They then conduct investigations, and they will confer with the Prosecutor, just as a local police department would.

SENATOR MARTIN: My concern is this and maybe it is unfounded, so you can enlighten me.

COMMISSIONER WALDMAN: Sure.

SENATOR MARTIN: If there is an incident reported, since the patients, by definition, have deficiencies and may be incompetent, your personnel is acting for them in some respects.

COMMISSIONER WALDMAN: Yes.

SENATOR MARTIN: Are you telling me that the determination as to whether an incident is substantiated or not is ultimately a departmental decision? Is there some independent means of checking that without it coming only from departmental sources?

COMMISSIONER WALDMAN: If it is a noncriminal matter, we investigate it ourselves entirely. And, yes, the Department fully makes a determination. Any disciplines that Colonel Waters referred to may be lateness, and things of that nature.

On the criminal side, yes, we have police who do the investigations, who, through a different chain of command, report to me and independently verify if it is an indictable type of an offense. If it is one that is supposed to go to the Prosecutor, then they will send it over to the Prosecutor. That's right.

SENATOR MARTIN: Do you think one of our recommendations might be that there should be some outside review of any incident reported? We have the Chief of Parsippany's Police Department here. We have the County Prosecutor. It strikes me that maybe there should be somebody else taking a look at it who does not answer to the Department.

COMMISSIONER WALDMAN: Let me say this: I would welcome any other additional reviews that the Committee thinks are necessary and appropriate. But I also -- and I want to say this sincerely -- think that a mayor of a town has the responsibility for what goes on in the town, and the policemen from that town go on to investigate.

I am not pleased with the implication -- and I don't think you are making it -- that we would cover something up or try to close it up.

SENATOR MARTIN: I am not suggesting a cover-up, but there may be some reasons why the Department's Police Department may-- They may get used to the fact that some of these are just patient grumblings, or when a particular patient cries wolf, they may not treat it with the sensitivity that someone else on the outside might. You only have to be wrong once in order to have a serious problem. You are going to tell me it is the reverse.

COMMISSIONER WALDMAN: I think it is the opposite of that. I think we are very proud of our Police Department. They have expertise with the patients. They get trained with the patients. They know them. They work with them. They work with the communities that surround them. We think they do a pretty good job. They have my full faith when conducting investigations.

SENATOR MARTIN: But they also have an interest in seeing that law enforcement is considered to be of a very high standard for them.

COMMISSIONER WALDMAN: Right.

SENATOR MARTIN: So, I mean, there is a slight conflict to the extent that where there are no incidents, they look better. I understand and appreciate the fact that no news is good news.

COMMISSIONER WALDMAN: No, I really don't think so, Senator. It is independently-- The number of incidents at a facility does not reflect on them. They are there to investigate the incidents, but in no way-- The way we think about it, or evaluate police performance, it would not be on the number of incidents that occurred at a particular place. They are very

independent, just like any police force. They conduct their investigations independently. I don't think if you had our Chief or anyone else from the force here, they would say there has ever been any interference with it. They are open to the press for inquiries about cases, just like any other police department. We are satisfied with that arrangement.

SENATOR MARTIN: I don't quite have the confidence you do. In part, when we created the Security Task Force about 10 years ago, in my view, that was pretty much the prodding of the municipalities surrounding Greystone--

COMMISSIONER WALDMAN: Yes, it was.

SENATOR MARTIN: --to get information about the elopements, the escapes, and so forth. There was some hesitation in the Department about releasing information for a number of reasons, one of which, I think, was embarrassment.

COMMISSIONER WALDMAN: I hope we are beyond that. That very likely may have occurred 10 years ago, but I think the Committee has continued since then. I have attended several Committee meetings through the years. My sense is that there is a positive open relationship between the police, the Hospital, and the larger community, that has evolved over time.

COLONEL WATERS: Senator Martin, may I make a comment?

SENATOR MARTIN: I am not disputing that. I think it has been improved a great deal because of that particular pride.

Colonel Waters, and then we will have Senator Bassano.

COLONEL WATERS: Getting back to the investigations on patient abuse, on our Patient Abuse Committee we added a family member. We think that no one would be more objective and more critical than the family member. Because we wanted this out in the open, and we did not want it to be perceived that we were sweeping it under the rug, we added a family member to that process. That helps us to demonstrate our honesty and our commitment to deal with the issue.

SENATOR MARTIN: Who else is on this decision-making process, a family member and who else?

COLONEL WATERS: We have other staff from Greystone on that Committee. In addition to that, we have a Human Rights Committee that will review these. The Human Rights Committee will have individuals from the community, as well as from the Hospital.

SENATOR MARTIN: Senator Bassano.

SENATOR BASSANO: Senator, thank you.

A lot of what Senator Martin questioned was an area that I was going to explore with regard to the Human Services Police Department, so maybe what I will do is pick up on a few of the areas that he has not touched on.

With regard to the notification of the Prosecutor's Office when an alleged crime has taken place, who makes the determination that the Prosecutor should be brought in, from the Police Department?

COMMISSIONER WALDMAN: Our police make that determination.

SENATOR BASSANO: They make that determination solely on what they see?

COMMISSIONER WALDMAN: And what are the results of their investigations. Just like any other police force, they will interview the parties, the witnesses, and determine if it needs to be brought forth for prosecution.

SENATOR BASSANO: They possess that type of training to be able to do that?

COMMISSIONER WALDMAN: Yes, they do. They are all graduates of the Police Academy. We have done some special training with them. That is one of the things that has occurred over time. We sent some of them for special schooling on security matters at times, and we tried to work cooperatively to upgrade skills. But it is basically that they work like a police department in a town does. Our institutions, frankly, as you know, are the size of towns.

Our Chief is here. He might, if you care to-- He would certainly be welcome. I would be delighted to have him answer.

SENATOR BASSANO: Thank you.

SENATOR CODEY: Colonel Waters, with regard to the people I mentioned before Mr. Martin had a question -- Senator Martin -- you agreed that they are the most important people. Correct?

COLONEL WATERS: Senator Codey, I said, "Yes." I agree that they are very important, but I think the nursing staff -- and they are nursing staff-- I think the R.N. is very key, because the R.N. is the individual who really has accountability on that ward, and who really coordinates with the other disciplines in moving patient care along.

SENATOR CODEY: But the bulk of the employees and the bulk of the people who do the day-to-day direct care are HSPs.

COLONEL WATERS: That is why I said they are important, yes, sir.

SENATOR CODEY: We both know they start at about \$16,000 -- \$16,500, I think.

COLONEL WATERS: That is correct, sir, yes.

SENATOR CODEY: And we would agree that if you try to raise a family on that, it is one heck of a stretch, so it is very tough to get qualified people. Correct?

COLONEL WATERS: Correct.

SENATOR CODEY: Of those people presently employed at Greystone, how many of them have a formal education in nursing?

COLONEL WATERS: Most of them will not have a formal education in nursing at the time we hire them. We would like them to have some experience, but many of them have not had formal education in nursing. So we have to give them the training they need.

SENATOR CODEY: Roughly, about 99 percent have no education whatsoever in nursing care.

COLONEL WATERS: That is correct.

SENATOR CODEY: They have no education in caring for the mentally ill and, in fact, have no education in the behavioral sciences.

COLONEL WATERS: That is correct.

SENATOR CODEY: Yet, we are asking them to care for people who are so tough to care for, who are mentally ill. Do you think it is fair to them to ask them to do that, and is it fair to the patients?

COLONEL WATERS: I think they should have more training, Senator Codey, but I think we also recognize the fact that they work under the direct supervision of the head nurse, who has the degree in nursing and has the experience and training that she needs to guide them along and show them what they are supposed to do.

Undoubtedly, we benefit from additional training, but I think it is key that they do work under a supervisor who has had training.

I think another thing that is very important is that we place such emphasis on the R.N. and the accountability in the ward. We have been able to increase our number of R.N.s when we first came here in 1990, up to around 100 today. We are continuing to try to increase the number of R.N.s that we have, to give that direct supervision to the HSAs, because it is so important and so critical.

SENATOR CODEY: Colonel Waters, in an acute care setting, we would not allow a nurse without -- somebody called a "nurse" to work under a doctor, because a doctor has a license. Yet, when we look at the educational background of the people you ask to do this work, almost all of them have no formal education. In fact, a very large percentage have not even the bare basic GED. Yet, they are asked, for eight hours a day, to understand the incredible complexity of mental illness and deal with these people every day.

Do you think that could attribute to what your boss says is the mentality at Greystone?

COLONEL WATERS: We agree that it would be better for them to have more training. I am not sure that having the additional training would eradicate what we are seeing here today.

The individuals we saw commit those offenses had been at Greystone for several years and had received a lot of training. I would say that the amount of training that those individuals received would equate to good nursing experience at a two-year level. They had received considerable training. We are not talking about individuals who had just come to Greystone and were starting out as journeymen receiving training.

SENATOR BASSANO: Can we ask a question regarding the background checks you do on the individuals, and I know you do background checks on the people you hire?

COLONEL WATERS: Yes, sir, we do.

SENATOR BASSANO: Do you look into the background of individuals to see if that person was ever charged with sexual abuse in any way, shape, or form?

COMMISSIONER WALDMAN: What we do, and this is the law that Senator Codey sponsored a number of years ago-- We are required to do a full criminal history records investigation which reflects the full information from both the FBI and the State Police. So we check that in every instance to screen it.

If I might elaborate, because I think it is fair that I elaborate on Senator Codey's question, there is a difference between us and an acute care hospital. We are a Psychiatric Hospital. We are comparable both in salaries,

relatively, and educational requirements to public psychiatric hospitals in our region. It is a different issue than an acute care hospital.

Is it time for us, perhaps, given all of the changes that have occurred, to look into asking for greater qualifications? Have our patients changed over the last 10 years? The answers are probably “yes,” we do need to look at that. We have different patients. We need to continuously do the screening. That is a good law. It protects patients. Maybe we need to develop some new kinds of screening. I mean, it is very hard to be predictive of what people are going to do when you hire them.

SENATOR BASSANO: Do you ever put people on pending final approval or final screening, before they are actually approved?

COMMISSIONER WALDMAN: I think we have a situation in several parts where the State check is very easy to get. That is only a very few days. There are some instances, I know, in some places, where the Department will hire somebody after the State check, have him sign an affidavit further, and keep him under very close supervision until the Federal check comes in. But, generally, we uniformly implemented that law.

One thing we might want to do, which is interesting, and we may need some statutory authority for it, but we may not, is not just to do them once for an employee on hiring, but continue to do them over time. Although it is likely we would find out if an employee had a difficulty with the law working for us, that may not always be the case. So I am not sure. We are reviewing whether or not we can just do it ourselves, or that we would need additional statutory authority to recheck. I hope we can do it ourselves.

SENATOR MARTIN: Senator Codey was pursuing a line of questioning before.

SENATOR CODEY: Colonel Waters, with regard to employees, there was an employee who, not too long ago -- it is my understanding, correct me if I am wrong -- took a van belonging to the State unauthorized. She then proceeded to drive into a car which contained a patient and a family member--

COLONEL WATERS: Correct.

SENATOR CODEY: --and there were some serious injuries that occurred. I forget what particular town on the grounds it was. But in any event, she was arrested for drunk driving. It turned out that her record for driving contained many DWIs, suspensions, accidents, and so forth and so on.

She is then -- correct me if I am wrong -- suspended without pay.

COLONEL WATERS: Yes, sir.

SENATOR CODEY: She was allowed to continue to live on the grounds. She did not appear at her court case and was, therefore, a fugitive. At no point, to my understanding, did you or the people who run the institution even know about it or follow up on a person who, obviously, you would not want to be on your staff.

Number two, she should not have been in the position to have gained the van. She should have been fired before that. Then you continued to "harbor a fugitive." Please explain that to us.

COLONEL WATERS: This particular employee, Senator Codey, when this incident occurred, was suspended without pay -- correction, with pay. Then we did the Loudermill hearing and suspended her without pay. She continued to live on the grounds, because as she is an employee, she is entitled

to the housing we had given her. We checked this out to see if we could move her. Legitimately, as long as she is still an employee, we need to provide her with housing.

We also indicated that we would take appropriate action to move her from the grounds as soon as her particular case was adjudicated.

That particular employee receives mail directly from the court, not through us, so we had no way of knowing that she was being scheduled. She is just like an independent employee. They get notices that they are supposed to appear in court, and they let their supervisor know that they are going to be in court. But the notification does not come to the CEO -- does not come to the supervisor.

When we found out that that individual did not appear in court, we were upset. We checked, and she indicated that she did not get notification, because her mailing address was incorrect.

SENATOR CODEY: Colonel Waters, in all due respect, sir, if you were doing your job, you would have known, because it is public information, when she was scheduled to be in court and that she had not, in fact, appeared in court, and was now a fugitive. It is not a private matter. It is a public matter. You did not do your job, and the people underneath you did not do their job. If we had not said anything, you would still not know that she was, in fact, a fugitive, sir. That's fair, but it is a fact.

COMMISSIONER WALDMAN: Senator, could you clarify for me, because this is a point-- You're right, criminal matters are public information, but there are not always, given our work force, ways that we learn

about them. I mean, maybe there is something you are thinking about that has not struck me yet.

SENATOR CODEY: No, he knew, obviously he knew. He admits he knew about Janson (phonetic spelling). What he is saying is, he did not know when she was scheduled for the court case, which is a matter of public record, sir.

COMMISSIONER WALDMAN: Right.

The other thing I want to get across is an understanding of our disciplinary action. I assume that if we move forward for a Loudermill-- What was the charge? In other words, what was the--

COLONEL WATERS: Endangering the life of a patient.

COMMISSIONER WALDMAN: Termination was proposed?

COLONEL WATERS: Right. With the hearing, that is what we are proposing.

COMMISSIONER WALDMAN: Actually, the way it works is, George doesn't and nobody in State government has the authority to say, "Go home, you're fired. You are not getting anymore pay." What has to be done is, you have to have charges. Then there has to be a hearing. This is a Loudermill. It is based on a court case. In that court case, the hearing determines whether or not there is sufficient evidence to suspend you with pay or without pay.

So what George is saying is, they lodged charges of termination, went through the appropriate legal process, but, Senator, you have to understand, he does not have the authority, none of us do, to say, "Get out of

here. You're fired. You are not going to get anymore pay." So he is saying, as I hear him, that he went through the process.

SENATOR CODEY: In all due respect, Bill, this lady didn't even have a license. How did she get the van?

COMMISSIONER WALDMAN: I don't know that.

SENATOR CODEY: How was she allowed to continue employment there as someone who had her license suspended many times because of drunk driving? She never had any action taken against her. If we had not said anything, she would still be doing the same kinds of things. She would still be there today, and he wouldn't know that she was a fugitive.

COLONEL WATERS: Senator Codey, when an individual gets a ticket for driving while intoxicated, we do not receive word of that. This is really personal information on that individual. If I were to be driving and get a ticket, Commissioner Waldman would not hear about that. I don't think I hear about these incidents when they happen with our staff.

We do check their records. We check back periodically. We have indicated that as we get on-line with automation, we should be able to check more frequently. We agree with you that we need to check this more often. We need to do a better job with that. But we have no knowledge of all of the incidents that occur with an individual. If it did not occur on the grounds, and if it wasn't in connection with her duties, we would have no knowledge of it.

SENATOR MARTIN: I just want to say, at this point -- it is about 10 of 4 -- that I want to hear from the other, or at least have the opportunity for our members to ask questions of the other persons who are here from both the Department and, particularly, Greystone -- Dr. Siddiqui, a psychiatrist, Dr.

McGuire, the Chief of Medicine, Dr. Singer, Director of Medical Operations, and also Lieutenant DeMarco.

I am going to take the prerogative of saying that for the next 10 or 15 minutes, if you have questions to those persons and/or their supervisors, who are sitting at the table, please do so, because slightly after 4:00 I do want to hear from the other representatives, about 10 in number, from the community.

It may well be, and I am sure we are going to agree that there should be additional questions to Greystone staff, as well as-- I want to at least have an opportunity to cover as many bases as possible if there are any pressing questions you may have with respect to those particular persons we have invited.

Could we ask the three doctors and Lieutenant DeMarco to come up to the head table, please? Please identify yourselves so we know who is sitting where. Let's start with the gentlemen on the end.

**I M T I A Z U D D I N S I D D I Q U I, M.D.:** Senator, I am Dr. Siddiqui, from Greystone.

**L I E U T E N A N T R O B E R T D e M A R C O:** I am Lieutenant Robert DeMarco, Human Services Police.

**J A C K M. S I N G E R, M.D.:** I am Dr. Jack Singer, Director of Medical Operations at Greystone.

**G E O R G E M c G U I R E, M.D.:** I am Dr. George McGuire, Chief of Medicine at Greystone.

**SENATOR MARTIN:** Let me begin with Lieutenant DeMarco, since there were some questions raised before.

Could you explain your procedures with respect to an incident regarding a patient who has come forward with some information about potential abuse by an employee?

LIEUTENANT DeMARCO: Yes, I can. The minute that information is imparted to the Police Department, an officer is assigned to conduct an interview. He goes up and conducts an interview and tries to develop evidence. He interviews all persons that may be witnesses in the case. If we can develop enough evidence on that, we proceed to the next stage, which is always to consider it a sexual assault case. The Prosecutor's Office is notified immediately, that day. Many times, invariably, he always offers assistance.

SENATOR MARTIN: In all four of the assaults we have been talking about today, was the Prosecutor's Office notified on the same day that your Department became aware of it?

LIEUTENANT DeMARCO: Absolutely, absolutely, the same day. It is standing orders. The Prosecutor knows about it before I do. It may happen when I am not on duty. It is standing orders that the Prosecutor is notified. Invariably, the answer is, "If you need any assistance, let us know." In many cases, they do respond. In other cases, they say, "Make sure that you fax us the report as soon as it is complete."

The next day we always talk to the Police Adviser: "What kind of a case do we have? What additional work must be done?" We have never failed to receive anything but tremendous cooperation from the Prosecutor's Office.

SENATOR MARTIN: What you are also saying is that they rely upon your Department to conduct the initial investigation and, based upon your report -- written report, and perhaps oral report -- to a representative in the Prosecutor's Office, they may or may not intervene.

LIEUTENANT DeMARCO: Sir, they always talk to us. They always have our reports faxed to them.

SENATOR BASSANO: Where is the determination made that the Prosecutor's Office comes in to investigate, at what point?

LIEUTENANT DeMARCO: If evidence is developing that makes it appear that a crime may have been committed, the Prosecutor will always volunteer. If we are managing the witnesses, they will oversee and supervise our work.

SENATOR BASSANO: Who makes that determination? Do you ask them to come in, or do they say to you, "We think there is enough there that we should be there"?

LIEUTENANT DeMARCO: Sometimes I ask for them, and sometimes they come in by themselves. In fact, in these cases we are referring to, it was their work that brought them to a successful conclusion -- in the cases we are talking about now.

SENATOR MARTIN: Dr. Siddiqui, I think you are aware that there has been some concern with respect to your staff, the type of hours that physicians who are psychiatrists work at Greystone and what other outside employment they have. Can you give us, in your view, a summation of how that scheduling is performed, whether it is stretching people too much. How would you describe its nature?

DR. SIDDIQUI: Outside employment is allowed at Greystone. Right now, I have 13 full-time psychiatrists. I am talking about until the beginning of February, because right now I don't know what the situation is. Out of the 13 psychiatrists, 9 of them have outside employment. What they are supposed to do about that outside employment is-- They have to let the Hospital know where they have that outside employment, and what hours they put in, just so it does not create any conflict with their hours at Greystone.

SENATOR MARTIN: Now, do they have to report that to Dr. McGuire as the Chief of Medicine, or does it go to you as Chief of Psychiatry? How does that work?

DR. SIDDIQUI: It goes to the Discipline Head.

SENATOR MARTIN: That being you?

DR. SIDDIQUI: I was Chief of Psychiatry until the 7th of February, and it came to me. Physicians will do that to Dr. McGuire. Eventually, it goes to Dr. Singer, who is the Director of Medical Operations.

SENATOR MARTIN: Does the Department have any policy about what might be absolutely prohibited, or is it discretionary? Commissioner Waldman?

COMMISSIONER WALDMAN: We have an Ethics Form for doctors and others. It is a standard form that when any employee in the Department has a second job, he must report that on this form. It is traditionally reviewed by the supervisor, and it is determined whether or not there is a conflict between that position in terms of interests or in terms of actual time, and whether or not it is reasonable -- the hours being worked -- in

that case. So there is a requirement that it be reported and reviewed individually by the supervisor. Common sense should be the guide on it.

SENATOR MARTIN: Assuming that there is not a conflict of interest, does the amount of workload-- There is no hard and fast rule that says that 80 hours of employment is excessive?

COMMISSIONER WALDMAN: No, it is not hard. I am going to ask Dr. Singer to answer if it is different for doctors.

DR. SINGER: Obviously, this is a terribly important question. I think, as the Committee knows, physicians in general, either those who are State employed or in private practice, generally work well above 35 hours a week. The physicians at Greystone also work well beyond 35 hours a week.

We get concerned if we can make a determination that, in fact, those excessive hours can interfere or compromise patient care. Now, that is a judgment call. But when we look at that, clearly that is our primary concern, and we have looked at that. It is something that we will continue to look at.

SENATOR MARTIN: Certain information was reported in the paper. I know there were some looking at the hours performed by some of the physicians and psychiatrists at Greystone. Has there been any change in policy? Frankly, I was surprised at the number of hours and the engagements some people were performing. Was that okay at that point in time, from your point of view, or was it, in fact, something that raised some concerns?

DR. SINGER: Let me reiterate. It is okay insofar as it does not compromise what they are supposed to be doing at Greystone. I think, thanks to Senator Codey, who made us very much aware of this situation -- we had been aware in general about it -- we were able to look with more specificity at

this. I think that in some cases we, indeed, came to the conclusion that perhaps there are too many hours being spent elsewhere. To the extent that we continue to see that, we will make recommendations about modification of schedule at Greystone. We have done that in one or two cases thus far.

Again, it is hard for us to preclude competent, licensed physicians from working in other institutions, just like we can't go to your local obstetrician and say, "We don't want you working beyond 40 hours a week." I mean, that is not within, I don't think, our prerogative to do. But again, I think this is something that we will continue to keep abreast of. We take it seriously, and we will monitor it.

SENATOR CODEY: Are you saying, Doctor, that until such time as I disclosed Dr. Siddiqui and his wife, Mrs. Siddiqui's outside employment, you were not knowledgeable of the full range of his outside employment? Is that correct, sir?

DR. SINGER: No. I think, based on his conflict of interest form, we certainly were advised as to where he was working outside of Greystone and the general number of hours. I mean, that was on his form. I think Commissioner Waldman told you that everyone is required to complete that form.

SENATOR CODEY: You were just aware of the general knowledge. Is that what you're saying?

DR. SINGER: We were aware of what was on the form, that is correct.

SENATOR CODEY: So you were aware, and you were in agreement that he would be working at Greystone at the end of a 32-hour shift. Is that correct?

DR. SINGER: We were aware of that information.

SENATOR CODEY: And you didn't feel that at any time that jeopardized patient care, or may have hindered his ability to make sound judgments?

DR. SINGER: Again, Dr. Siddiqui was not, at that time, in the direct patient care arena. He was working in the administrative arena, really in a managerial capacity, so I don't think it was of that much concern to us at that point.

SENATOR CODEY: Is it at this point?

DR. SINGER: The time of every physician in the Hospital is of concern to us and his is being looked at in great detail at this point in time.

As the Chief of Psychiatry, was Dr. Siddiqui allowed to set his own hours basically?

DR. SINGER: His hours were set, I think, pretty much in compliance and in agreement with the administration of Greystone. That is correct.

SENATOR CODEY: It seems rather odd to me -- correct me if I am wrong -- that the Chief of Psychiatry for Greystone Park, with its hundreds and hundreds of patients and employees, works only basically three full days there, during the day, Tuesday, Wednesday, and Friday.

DR. SINGER: Senator, that situation has now been remedied.

SENATOR CODEY: So you felt that what you had allowed in the past was wrong?

DR. SINGER: Not specifically on that alone, but in evaluation, I think the totality of the performance, and looking specifically at the needs of Greystone at the moment, a decision was made to make a change, yes.

SENATOR CODEY: Was Dr. Siddiqui also allowed the freedom to set his wife's hours? Is that correct -- as Chief of Psychiatry? Wasn't that his assignment?

DR. SINGER: Dr. Siddiqui's wife is a licensed, competent psychiatrist who passed the Credentials Committee and has been an employee at Greystone. During the last five years, there has been a variety, a different number of people who have supervised her. But as Chief of Psychiatry, indeed, Dr. Siddiqui did have some responsibility over his wife's time. That's true.

SENATOR CODEY: Okay. Thank you for finally answering the question.

Now, do you think he might have had a conflict, that he might have set her hours around her secondary and other jobs, so that she could make income from those other jobs as well?

DR. SINGER: I think, Senator, there is always that perception, but I want to distinguish perception from reality. I don't really know what the reality is. We have not been able to find anything particularly wrong that was done or any patient who was compromised by any kind of scheduling at all, as we have looked at it thus far. But we think there is a perception problem and we want to correct that, clearly.

SENATOR CODEY: Perception? You think it is normal that the Chief of Psychiatry at a State psychiatric facility would work on Monday, 8:30 to 10:30, on Thursday, 8:30 to 10:30--

DR. SINGER: Senator, I told you--

SENATOR CODEY: Excuse me, sir.

DR. SINGER: --that we had remedied that situation.

SENATOR CODEY: Why was it allowed?

DR. SINGER: I can't answer that, Senator. I think this has been going on for awhile. We know we had some shortages in psychiatry, and the institution did what was pragmatic and what seemed to make the most sense at the time, as long as patient welfare was not compromised.

SENATOR CODEY: Okay. Well, if you had a shortage, why was he also a shortage in terms of being on the grounds Mondays -- three days a week. Of the five workdays, he was basically only there for two hours of those three days. Of the five workdays, he was only there for two hours. This is the Chief of Psychiatry.

DR. SINGER: I'm having trouble following your question.

SENATOR CODEY: My question is: Why, then, was he allowed-- Since you say there was a shortage, a tremendous shortage, why was he allowed on three of the five workdays to only work two hours of each of those days?

DR. SINGER: Dr. Siddiqui maintained a 35-hour-a-week schedule, like all of the psychiatrists at Greystone. The fact that some of them were at different times is not unusual at Greystone. We have many psychiatrists who work evenings, and so forth, and so on. In an institution the

size of Greystone, in fact, it is beneficial to have psychiatrists there at hours other than the normal 8:30 to 4:30.

SENATOR CODEY: Doctor, do you think you might have arranged his hours, those rather odd hours, to accommodate his other means of income?

DR. SINGER: As I said, this is no secret. Dr. Siddiqui had informed us of his other job. We knew about it. It is obvious that the schedule was arranged so that he could be in other places at other times. That is clear.

SENATOR CODEY: You felt there was no conflict in that?

DR. SINGER: I think I testified to that.

SENATOR CODEY: Okay.

With regard to Dr. Turgut, okay, the materials I think we have all seen have shown that Dr. Turgut -- not my words -- was shown to have a gross, general, deficient knowledge of general medicine at the State Board and he would not be allowed to practice there without supervision.

Now, I think to the layman, supervision is Senator Martin next to me. Is that the way he was allowed to practice at Greystone?

DR. SINGER: Let me first say that our evaluation of Dr. Turgut has been a comprehensive one, extensive, and we have looked at all the facts. His evaluation has not been based on rumor, nor has it been based on prejudice, nor has it been based on information that has been obtained illegally by internal documents from disgruntled employees who had a personal vendetta against this Doctor.

Dr. Turgut has passed two major licensing examinations, one in February 1972 and one in December 1983. He has been licensed in six states. He had 11 years of experience working in a psychiatric institution. He was hired at Greystone in November 1992. We have been fully compliant with the State Board in his case. We have met with the State Board. We have complied with the kind of supervision that they have required us to do. All his work has been reviewed on a regular basis.

I can tell you, we have reviewed over 3000 specific case interventions that Dr. Turgut has been involved with over the last two years. Frankly, Senator, we have not found a problem. That is the reality.

SENATOR CODEY: Doctor, is it correct that when he went to a particular state for a license, he was sent for an evaluation, and the evaluation -- I will quote it -- said, "He was grossly deficient in his knowledge of general medicine." Is that correct?

DR. SINGER: That is true.

SENATOR CODEY: Was he then put under some form of supervision by the State Board?

DR. SINGER: That is correct.

SENATOR CODEY: Do you think they did that for a reason, sir?

DR. SINGER: Absolutely. We have complied with that request, and we are still doing so.

SENATOR CODEY: But is that the kind of physician where we would want to say to the parents, or the families of the mentally ill, "This is what you get"? Is it someone that you or I would go to if we had a sickness in

our family, someone who is found to be grossly negligent of the general knowledge of medicine, sir?

DR. SINGER: Senator, we reviewed the specific details, the questions he was asked, the nature of the questions, the oral hearing that he was given and, frankly, based on what he is asked to do at Greystone, those questions were inappropriate. Again, I remind you of what I just said. We have thoroughly evaluated his current performance and have not found a problem with it.

I want to also indicate to this Committee that we have taken action against three physicians this year. So if we find a physician who is negligent or deficient, we have, and will, and are prepared to take appropriate action. So there is no reason that we would keep Dr. Turgut on board if his performance was inadequate.

SENATOR CODEY: How many physicians do you have at Greystone, sir?

DR. SINGER: Forty-eight.

SENATOR CODEY: Forty-eight. Those are part-time and full-time?

DR. SINGER: That is correct.

SENATOR CODEY: All right. Of those who had action taken against them, how many were full-time and how many were part-time?

DR. SINGER: Two were full-time; one was part-time.

SENATOR BASSANO: What was the action taken?

DR. SINGER: They were all terminated.

SENATOR CODEY: Would that be a general rule, that roughly 6 percent--

DR. SINGER: No, I don't think there is a general rule.

SENATOR CODEY: Six percent in the past year.

DR. SINGER: I think when action is required, we will take it. There is no rule.

SENATOR CODEY: Is that any commentary on the type of physicians who have been hired, Doctor?

DR. SINGER: Well, we will let you make that judgment.

SENATOR CODEY: I am asking you, sir.

DR. SINGER: I do not think it is a commentary at all. I think we have physicians in the State of New Jersey, and in every state, who from time to time do not do what we would like. I don't think this is unusual. I think the key thing is that we are prepared to take action when action is required, and we will continue to do so.

SENATOR CODEY: Correct me if I am wrong, but are Dr. Bloom and Dr. Goldberg still employed at the Hospital?

DR. SINGER: Yes. Dr. Goldberg is a very fine neurologist. I must tell you that we are very concerned about the way he has been demeaned, the way he has been misrepresented in the newspapers. We continue to support him, because we believe he has done a very good job.

SENATOR CODEY: With regard to a memo from Greystone Hospital to Dr. McGuire from the Director of Quality Assessment in the program-- It is with regard to duplicated physical health assessments. He goes on to say that 22 records have been identified, with portions of the second

page prewritten. It is photocopied. Okay? I will read you what he said: “(indiscernible, tape malfunction) be authentic and reflect individual evaluations and treatments.”

DR. SINGER: Again, this matter was picked up internally by our own utilization and review group. So in looking at these records, we caught something -- I think this goes back a number of years, it is not a recent event -- that was anomalous. We found this to be anomalous. Clearly, it should not have been done. In no way was fraud committed. In no way were physicals not done. The examinations took place, as they should have. In fact, there was an error in procedure, bad judgment in the way the forms were used. They used some standard forms that essentially revealed negative findings, which we do not accept. It should not have been done, and it has been corrected.

SENATOR CODEY: Right. They gave the same negative findings for all 22 people.

DR. SINGER: All 22 had the same negative findings.

SENATOR CODEY: We hope.

DR. McGUIRE: Let me say that they were all normal findings. When a normal finding was elicited, they used the photocopy, handwritten responses to those items. They were not fraudulently done. They were done in front of witnesses -- these examinations.

DR. SINGER: Senator, please remember, as a psychiatric institution, the primary reason the patients are there is for obvious psychiatric reasons. We have many who have normal physical findings. They are young and healthy. This is not to be unexpected. Again, we think this is a procedural anomaly. It was wrong, it was corrected, and it will not happen again.

SENATOR CODEY: But, Doctor, in all due respect, when we are dealing with people who are mentally ill, very often they do not have the ability to communicate to you as a physician the exact nature of their physical ailments, as well as their mental illnesses. So the physical is much more important on those individuals, sir, than it would be on you or I, and our ability to communicate verbally with the physician. Is that correct?

DR. SINGER: Absolutely.

SENATOR CODEY: So when 22 pages are all written with the same negative findings, all duplicated, Xeroxed, there is an impression, at the very least, that maybe these questions were not asked, but were just checked off and then photocopied.

DR. SINGER: I agree with what you said before that impressions and perceptions are one thing. I want to deal with the reality. If the reality suggests wrongdoing, we will correct that.

SENATOR CODEY: What was the disciplinary action taken?

DR. SINGER: These physicians were asked to redo the forms and see that they were corrected. I do not believe there was any specific disciplinary action, because this was bad judgment. There was nothing intentional, no wrongdoing that the physicians had preconceived. Actually, in terms of their work, their work has been fine, both of them.

SENATOR CODEY: Doctor, I happened to have visited Greystone back about the 27th or 28th of December. At the time I was there, most of the physicians who were supposed to be on duty-- In fact, all four who were supposed to be on duty, I think, at the Abell Building, were not present.

DR. SINGER: As you know, Senator, that was the holiday season. I think a visit to almost any Hospital in this State, or any other state, during the holiday season would find a lower complement than usual, just as if you visit on a Saturday or Sunday, or at 2:00 in the morning. The information we have is that there was sufficient coverage. It was a holiday coverage schedule, so I really do not accept what you said.

SENATOR CODEY: Then I do not accept what you said, Doctor, because mental illness does not take a holiday.

DR. SINGER: I agree, you know, but we have a staff there 8 hours a day -- 16 hours a day. We have a small contingent of physicians.

SENATOR CODEY: Right.

DR. SINGER: You don't expect us to have 48 physicians 24 hours a day.

SENATOR CODEY: No, but your organizational chart, Doctor, called for four physicians on those particular areas who were not present that day, sir. They were all on holiday.

DR. SINGER: I told you, you chose to come on a holiday schedule, where if you visited any private hospital, you would have found the same kind of coverage, the same as if you came to the Hospital on a weekend.

SENATOR CODEY: Respectfully, I disagree, Doctor.

DR. SINGER: Why don't you come during the regular working hours? I would like to say also--

SENATOR MARTIN: Let's just respond to the questions.

I have a follow-up on Senator Codey's question. I am not clear. He is suggesting that if your chart on a given day says "X," do we have a right

to expect that that would be correct on that day? We all know that there may be a relaxed schedule, less persons, more vacations during Christmas and New Year's. Was this a schedule that was for a regular weekday, or was this supposed to be on that day and four people were not there who should have been there? I am not clear about that.

DR. McGUIRE: Senator Codey, I think you are talking about the Abell Building. You are talking about the Abell Building. There are normally four to six physicians there. Two were out, one recovering from cardiac surgery, the other from an orthopedic injury. During that absence, we provided coverage from another unit for the wards that were uncovered by those illnesses.

SENATOR CODEY: Senator Martin's question was, "Were there four people supposed to be working physicians there that day?"

DR. McGUIRE: That is correct. A physician was sent from another unit to cover when the two illnesses occurred.

SENATOR MARTIN: At this juncture, we thought we were losing our minds. That is not a pun, that is literally. At least I have four physicians in front of me.

I am constrained to try to follow a schedule. We have group representatives whose testimony is extremely important to us. I would ask that if you have one or two questions of this particular group, please ask them now, with the understanding that we may request that they be called back.

Otherwise, the last part of our hearing today will be that we hear from the nine group representatives who have agreed to be here.

Senator Bassano, do you have any other questions at this time?

SENATOR BASSANO: No, thank you.

SENATOR MARTIN: Senator Codey?

SENATOR CODEY: The disclosure in the conflict of interest form, where Dr. Siddiqui signs off on his wife, and so forth, and so on--

COMMISSIONER WALDMAN: Yes?

SENATOR CODEY: They were never filed as required by law. Why not?

COMMISSIONER WALDMAN: The forms themselves were not filed? The forms were filed. One thing I do want to say is that as a matter of policy, the Department forbids people who are related to supervisors. I just wanted to tell you, that is a general policy we have.

SENATOR CODEY: So that was a violation?

COMMISSIONER WALDMAN: Yes. It should not have happened. If you visit our facilities in South Jersey where there are small employee bases, often you have that situation. People meet their spouses at the Hospice. We try to be vigilant to make sure there is not a relation. Even though it doesn't mean that there is favoritism shown, you're right, there is a perception, which we try to avoid at all costs in those situations.

SENATOR MARTIN: With that, I would ask-- We are going to have the group representatives who have been kind enough to come. I will ask them to try to keep their remarks at approximately -- at about five minutes each. We will hear from all of you if we can follow that schedule, and we will be out sometime shortly after 5:00.

I say this sincerely: It may well be that you will have additional remarks. Just let us know. These hearings will continue for as long as we think

there is something to be gleaned from anyone and everyone. But we did want to have the group representatives have at least several minutes to make their strongest point, if they would like to do so.

We will begin with Dorothy Hurley-Thaller, Chairwoman, Concerned Families of Greystone Park Hospital.

**DOROTHY HURLEY - THALLER:** Do you want me to come there?

SENATOR MARTIN: Would you, please? Why don't you tell us about the Concerned Families and what your impressions are of the care of patients at Greystone?

MS. HURLEY-THALLER: Concerned Families is a group of parents or family members who come together once a month with the administration to voice their concerns, if they have any, to better educate themselves and know what is going on at the Hospital. Many of us volunteer there on different committees or in different areas, and most of us have been there for several years, because our loved one has not been able to come out of the Hospital and be placed at home or in the community.

SENATOR MARTIN: All of the representatives of Concerned Families have a family member who is presently a patient at Greystone?

MS. HURLEY-THALLER: With the exception of one or two, yes. Some of them do have members out in the community. I should not say one or two. It is more than that now, I believe.

SENATOR MARTIN: Speaking for either yourself or the group, if there is a group opinion, could you give us some indication of how you feel the services are being rendered at this time for the patients?

MS. HURLEY-THALLER: We feel that since Colonel Waters has come to the Hospital there has been an improvement in the environment. There has been an improvement in the social programs, the medications that have been brought in, the supervision of the areas, as far as we know it. We feel there has been an attempt to get the patients to go out into the community more on trips and things, so that they feel more comfortable.

They have been allowed their own patient government, so they are allowed to complain or ask for changes. Of course, with the hot line that was instituted by the Human Rights Committee, they are allowed to bring up any abuse issues without being known. I mean, they can be questioned.

SENATOR MARTIN: Among your group, is there any feeling that there are a large number of abuses which may be going on which are unreported? Or, are you not in a position to know?

MS. HURLEY-THALLER: We know there are, perhaps, some abuses which are not reported, yes. We know there is a strong union there. We know it is a difficult job. These are difficult people to work with. You cannot always get them to participate in programs, because they will refuse. We do know that on some of the wards some parents feel there is not enough time taken to work with these people.

I myself volunteered in the Abell Building on a ward a few years ago. I would go to visit and try to get patients to play checkers or get involved in something. Most of them refused. I was grateful when patients did agree to get involved. If they didn't, then I would just talk to them.

We have to abide by the rules. At the time, I wanted to take patients out, but I was not allowed to do that, because it was a locked ward situation.

SENATOR MARTIN: My last question is this: We are a Senate Task Force trying to understand whether we should be making any recommendations either to the Department or statutorily to improve Greystone. Do you have any advice you would like to convey to us about how to improve Greystone?

MS. HURLEY-THALLER: I think there should be more training programs for the staff. I think the members of the staff should be educated at least through high school, and perhaps two years beyond, if possible. I believe there should be an attempt to hire competent physicians and, certainly, enough of them to be able to cover the Hospital adequately without them being overburdened, or with such a high patient load they cannot do their jobs properly.

SENATOR MARTIN: Questions? (no response)

Thank you.

I would now like to hear from Deputy Chief of Police Dennis Dowd, from Parsippany.

I am going to take the liberty of asking Ralph Rotando, who is a Councilman in my hometown of Morris Plains, who is also the Chairman of the Greystone Security Council, to join Chief Dowd, because I think some of the questions would be relative to both of you.

Maybe we could begin with you, Councilman Rotando. Could you tell us about how you think security has been performing at Greystone,

especially relative to the safety and security of the residents in the neighboring towns, which is what your committee is all about.

**COUNCILMAN RALPH R. ROTANDO:** Okay, Senator.

First of all, I would like to explain that, as Senator MacInnes verbally stated it many years ago, people looked at Greystone and it was on an escalation up and down. About five years ago, a committee was formed called the Greystone Security Council, which finally decided to have formal meetings. Prior to that, the administration at Greystone would handle a situation on an “as is” basis. But when Colonel Waters came, he requested that we form a Security Council. It is made of Morris Plains, Morris Township, Parsippany, and the Police Department representation from Morristown.

The Council has membership from governing bodies and from the Police Department. We do not look into internal affairs, nor are we empowered to take any action internally. But we are concerned with the escapes or the elopements that have occurred from time to time.

We meet twice a year, and in between that we have police chiefs’ meetings. So there are four meetings scheduled. We also meet as needed, when anything else occurs where we feel it is necessary.

The Council deals with the staff at Greystone. We average about 25 people who attend these meetings. The Greystone staff, in the last five years, has been very cooperative. They have been very open about what has happened with elopements, and actually, even though they report all the numbers and, in some cases-- In the past, I can tell you that there were no reports. The only time the surrounding communities knew about an elopement was when they saw the police car from Human Services riding

around. That has changed within the last five years. Everyone is notified immediately.

The numbers have decreased, even though every elopement-- You might want to note that if a person returns late from a pass, that is considered an elopement, because they are not there. They have to report. The current administration reports all cases, and yet from 1992 until 1995, the numbers have actually decreased.

Deputy Chief Dowd is a member of the Council. Maybe he would like to comment on some of those also.

**DEPUTY CHIEF DENNIS DOWD:** Well, as a member of the Greystone Security Council -- I have been on it since 1991 -- I have been pleased with the responsiveness I have seen from the staff at Greystone. Our meetings, initially, were quarterly, but have now become semiannual meetings.

I tracked, on my own, elopements and I segregated the regular elopements from the Krol escapes. When I lumped in my numbers, in the Krol numbers I also put ISTs -- incompetent to stand trial -- and detainees. I have seen a significant decrease along the way, tracking back to 1990 all the way through 1995. The numbers have consistently gone down, with one, I guess, statistical blip between 1993 and 1994.

Colonel Waters has addressed the concerns of the Council, I think appropriately, yet he has given me and all of the people up at the meetings a bit of an understanding, in that Greystone is a Hospital. It is not a detention facility. Being a police officer, I tended to get my wires crossed in ways that I would view a problem and possibly sought remedies for it. With that in

mind, the implementation of security measures that has been done in 10 Ellis, which is their more secure building, seems to be adequately responsive.

Things have happened. I have a dual concern here, not only as a member of the Council, but I am also Deputy Chief of the municipality in which Greystone resides, and I have community concerns also that have to be addressed. We, as a Police Department, want to be responsive to the people in our community who are affected by elopements and escaped and CROL patients. So I have been trying to balance the two, and I laud what the Council is attempting to do.

Thank you.

SENATOR MARTIN: Senator Codey, questions?

SENATOR CODEY: Yes. Officer -- correct me if I am wrong -- you said there are not detainees at Greystone. Is that correct what you said?

DEPUTY CHIEF DOWD: No, I didn't say that. What I said was, in the numbers I have tracked on my own-- I put into effect a policy in our Police Department that whenever a fax comes in it gets forwarded to me the next morning. The Greystone Police Department sends out a fax any time there is an elopement or an escape of a Krol, an IST, or a detainee. I keep those faxes and tract the pure numbers. When I do my numbering, which is only for my own purposes, I segregate normal elopements from CROL, IST, and detainees. I put those three in my--

For example, in 1990, there were 364 elopements. There were 15 Krol. They might not actually reflect 15 Krol patients. It might be three ISTs, 12 Krol, whatever it might be. That is just one more number that I use for my own tracking purposes.

SENATOR CODEY: With regard to the Krol patients, there are some there who are sex offenders. If that correct?

DEPUTY CHIEF DOWD: I believe so, yes.

SENATOR CODEY: Under normal law, sir, in your community, in which they are located, would you not be under Megan's law, and therefore, be notified that they are within the borders of your community?

DEPUTY CHIEF DOWD: To the best of my knowledge, right now, the notification with Megan's law is very, very much up in the air, as I am sure you are aware.

SENATOR CODEY: Based on the law as it presently stands, in operation, you would have to be notified? Correct?

DEPUTY CHIEF DOWD: Should be, yes.

SENATOR CODEY: But because these individuals are at Greystone, you have not been notified, or you would not be notified under operational law. Is that correct?

DEPUTY CHIEF DOWD: As I understand it, Greystone is not either under an obligation to notify or permitted to notify under the current--

SENATOR CODEY: They would be exempt?

DEPUTY CHIEF DOWD: --criteria or parameters of the law. That was explained to me by Mr. O'Brien, I think, who is a Freeholder within this county, and who is intimately involved with Megan's law.

SENATOR CODEY: Officer, knowing and understanding that particular unit, there are people who have been convicted of some heinous sexual crimes. There are also people there who have, by virtue of the fact of insanity, also committed some serious heinous crimes.

Would you, as a police officer, have allowed take-out people to walk in and out to service the patients?

DEPUTY CHIEF DOWD: That is a difficult question, Senator. I do not choose to get involved with passing judgment or comment on Greystone's internal affairs.

SENATOR CODEY: But certainly it affects you in your community, sir.

DEPUTY CHIEF DOWD: It certainly does. Do I suppose to interject myself at this point, right now, in the way Greystone -- whether they order Domino's, or Chicken Delight, or whatever it might be, that might be a policy decision they have to look at and remedy or rectify as they see appropriate. I don't know that I would allow that to go on within my own Police Department, I can tell you that.

SENATOR CODEY: Would you think it would be possible that they could circumvent some security measures there, number one, or number two, insert something within the packages that they so deliver, or within the food they would deliver to these very serious criminals that all of society would fear?

DEPUTY CHIEF DOWD: I think anything is possible. Absolutely.

SENATOR CODEY: Thank you, sir.

SENATOR MARTIN: Dennis, just one other related question. You may not be the person to ask. It probably should have been asked of Greystone representatives or Commissioner Waldman.

I am bothered by the fact that the Abell Building has both persons who are in these different categories-- To put it in the most simple layperson's terms, persons who have committed crimes, or at least they would be crimes if they were considered sane, and persons who have not committed crimes.

Is that done because we don't have the ability -- or additional facilities to separate them, or is it from a medical point of view and a treatment point of view acceptable that they can be commingled together?

COMMISSIONER WALDMAN: What I think -- and I am going to ask Director Kaufman to elaborate if I want to answer it completely-- In working with the community and being concerned about the number of escapes, particularly escapes with the elements of CROL, IST, and detainees -- as the officer has indicated--

HEARING REPORTER: Excuse me, Mr. Chairman, I am not picking him up.

COMMISSIONER WALDMAN: (after making microphone adjustment) You have to struggle with what security measures are effective in protecting the community. I mean, these are 1000-acre facilities, like Greystone, in some instances. It is impractical and ineffective to do fencing. So what was done at Greystone, and at several other Hospitals, was to group together, in a more secure building in one environment, all the patients who have presented security problems, or by virtue of their behavior or experience in the Hospital represent a threat to themselves or others, or who are under a type of legal status, as the officer mentioned.

So more and more we have been going to that, and it has been effective for us at Greystone, one building, with greater security, putting people

who have by virtue of their legal status, or not, demonstrated themselves as security problems. That has actually worked for us. I think people have been pleased. The elopements of people and legal detainer have been minimized over time by doing that.

But you are right, Senator, it could involve the mixing of people who have some type of legal status and those who do not. It is done more on a functional basis in terms of if there are risks, if there are assaults, or whatever.

SENATOR MARTIN: My final question to you, Councilman Rotando and Deputy Chief Dowd: Is it your view that at Greystone nothing is 100 percent guaranteed, but you think it is safer as far as the neighborhoods are concerned -- the communities outside? It is safer today than it has been in the past?

COUNCILMAN ROTANDO: As far as we are concerned on the Council, yes. However, there could be steps to be taken that go a little bit further. You have to remember, and it has been said before, Greystone is not a prison, it is a Hospital. So you have a catch-22.

We are concerned with security, but if you try to maximize the type of fencing that would be used, let's say, in a prison, your advocate's office would say, "No, you cannot do that." So I think you have to look at something, perhaps giving them a little bit more leeway, with enhancing some of the fence, which has been discussed and looked at different meetings. But I think they have to be given a little bit more leeway as to how they might provide fencing for a little bit better security.

SENATOR MARTIN: Senator Codey has a question.

SENATOR CODEY: Officer Dowd, would you be concerned if sexual offenders were given ground privileges?

DEPUTY CHIEF DOWD: Yes, I would.

SENATOR CODEY: Do you know whether or not that is occurring at Greystone, sir?

DEPUTY CHIEF DOWD: No, Senator, I do not know.

SENATOR CODEY: Do you have any kind of an agreement with Colonel Waters' administration that they would notify you if they granted such privilege?

DEPUTY CHIEF DOWD: No. The only notification we receive is in the event of an elopement or an escape.

SENATOR CODEY: Okay. So you have no knowledge whatsoever of sexual offenders being granted ground privileges?

DEPUTY CHIEF DOWD: What their privileges are, no, I do not.

SENATOR CODEY: Thank you, sir.

DEPUTY CHIEF DOWD: I do have knowledge, however, of the people who are being housed at Greystone, but I get that from the Morris County Prosecutor's Office, and I am the only one that has it.

SENATOR MARTIN: Thank you. That is a good segue.

Waiting patiently has been our County Prosecutor, John Dangler. Mr. Dangler, please come forward.

After John, we will call Maureen Mayer to testify. Is she here now? (affirmative response)

MR. DANGLER: Good afternoon. For the record, I am John Dangler, Prosecutor of Morris County. I have with me Lieutenant Chris

Lynne, one of the attorneys in our office, and one of his areas of responsibility is sex crimes. He has been in our office for a number of years and has quite a bit of experience with Greystone, as well as sex crimes in general. So I thought he would be of assistance, perhaps, with any questions you might have from a background standpoint.

SENATOR MARTIN: Maybe we could clarify with respect to Megan's law. Is there an exception for psychiatric Hospitals?

MR. DANGLER: The Megan's law, as it is written now with patients-- It deals with the residence of the patient, which is not deemed necessarily to be the Hospital. It is the community they came from. So, for instance, if we had a sex offender who was Hospitalized in St. Clare's Hospital for a period of time, would that mean that we would have to notify everyone in the Denville area? The answer is, "No." Right now, the law is such that they are looking at the residence of that individual.

SENATOR CODEY: With respect to some of these patients who are criminals at Greystone, haven't some of them served a certain amount of time and been deemed rehabilitated? Is that correct?

MR. DANGLER: Yes.

SENATOR CODEY: So, I mean, it is a little different situation as opposed to if they were at Avenel?

MR. DANGLER: It is, but again that is the way we understand currently the law is. They are primarily trying to address an individual who would move back into a community and resume a somewhat normal course of lifestyle, and the people within that community are to be notified.

SENATOR MARTIN: The question that Senator Codey raised before about privileges on the grounds, is that something that the law enforcement agencies should be concerned about, or are of any obligation right now, or is that more or less outside of the general jurisdiction of law enforcement?

MR. DANGLER: We serve, as you know, on the Security Council which Councilman Rotando and Deputy Chief Dowd do as well. Oftentimes, if we are asked for comments as to tightening up security, whether or not certain conduct is appropriate or inappropriate dealing with patients, we will respond, but some of those decisions are basically administrative. If we felt allowing certain deliveries of products into certain restricted areas would perhaps jeopardize security for those areas in some way, we would be concerned, yes.

SENATOR MARTIN: Would you be willing to assume some role which would be independent of the Human Services Police as far as being able to provide some type of independent review of allegations of abuse at Greystone? That is a loaded question, I know, but--

MR. DANGLER: You might have to talk to the Freeholders about that. We have quite a bit of caseload to deal with, with the people we have. I don't know what the manpower requirements would be to address that. We have had a good rapport with Human Services Police. They have provided us, to our knowledge, with prompt notification. They do a respectable job in the initial investigation.

Earlier, questions came up as to who determines how a matter is investigated. The answer is, our office does. We are advised immediately, and

we make the determination whether or not we will handle the entire investigation or whether we will seek cooperation from their Department. We have had no difficulties to date, at least in recent years, with the Police Department. Several of their officers participate in training exercises, particularly in the area of sex crimes and abuse type situations. We found them to be very responsive.

Whether situations exist that we are not aware of, I cannot comment on that. We only know what is reported to us.

SENATOR MARTIN: Questions?

SENATOR CODEY: Mr. Prosecutor, you just said you are notified immediately. Do you mean that you are notified when they feel there is a crime, or when it is reported to them?

MR. DANGLER: Earlier, you raised a case in which apparently an incident occurred around the 1st of August. Yet, we received notification on the 5th of August, according to our records. That appears to be the time at which the Police Department was also notified -- on the same day. Whether there were several days during which they conducted an investigation before we were notified, I have not found that to be the case. When they are alerted -- and maybe several of these occur on a weekend, at odd hours -- we are notified within a reasonable time. We have not found any situations where they sat on a matter for several days.

You are dealing with a population here of patients who may not come forward for several days with an incident. So whether or not someone within the immediate staff should or should not have learned the situation, I cannot comment on. But when they have brought matters forward and the

police are brought in, that is the time that we are notified. I have not had any circumstances that I am aware of in which matters have been withheld from our office.

SENATOR CODEY: Mr. Dangler, as the Prosecutor from Morris County, are you concerned about the number of incidents involving employees at Greystone?

MR. DANGLER: Absolutely, yes. I agree with the comments that were made here earlier. I think one incident is one too many. I don't think anyone can ever say there are not areas for improvement. We all need to continually look at what our work is and see that changes are made for the better. Whether enhanced background checks would be of help, perhaps, as was mentioned earlier, some type of follow up where the employee who has been there for a period of time -- where there is a follow up on the employee so that the administration knows what his or her conduct has been since they became employed. These are things which can occur.

I don't know whether there is insufficient staff in some circumstances. There are just so many staff members for the patients. But again, we are concerned any time we have an incident, and there were a number of them, as you know, over the last few months. We are very much concerned with that. I can't put a finger on a particular situation. I have asked my office to analyze whether we are seeing any common factors. The occupations, or the assignments of the various defendants were varied. There doesn't appear to be, at this point, any particular comment on the grounds that we would say, "Well, was everybody working in a particular building, or in a particular area, or do they seem to be having problems?" It differs. It is just

individuals. You cannot often predict who is going to commit what kind of an abuse.

SENATOR CODEY: Sir, could you explain to us the nature of the arrests of some of the employees at Greystone for the intimidation of other employees or the reporting of wrongdoing of fellow employees?

DEPUTY CHIEF DOWD: We had a recent incident, I believe -- and it may still be under investigation -- in which we had two employees allegedly attempting to tamper with a witness in a case. I will ask Lieutenant Lynne to perhaps comment a little bit more on that.

**LIEUTENANT CHRISTOPHER LYNNE:** This case resulted after an employee of the Hospital was arrested for committing a simple assault upon a patient. It was determined, through an investigation by the Human Services Police Department, as they conferred with our office, that there was a group of employees at the facility who were intimidating the eye witness to the simple assault of the patient. A staff member saw something occur and reported it appropriately. The person who assaulted the patient physically was suspended and action was taken. He was charged in a complaint summons to appear in Parsippany Municipal Court.

The incident of intimidation did occur. This employee was followed home on the interstate highway to her residence -- to her town of residence. She was confronted by people. She wasn't physically assaulted by these people, but it was charged that they did, in fact, intimidate and try to interfere with the person's cooperation. Those people were charged in complaints by the Human Services Police back in November -- I'm sorry, back in December.

SENATOR CODEY: Officer, how long have you been in the Prosecutor's Office?

LIEUTENANT LYNNE: Since 1985.

SENATOR CODEY: Do you feel there is a reluctance on the part of some employees at Greystone to report incidents of wrongdoing based on a fear of intimidation by other employees, such as the one you just described, sir?

LIEUTENANT LYNNE: I don't personally know too many people who work at Greystone to get a sense to answer that appropriately. The only people I pretty much deal with are the Human Services police officers, and maybe they can shed some more light on that. I really don't know enough people up there that I interact with that I could answer that question.

SENATOR CODEY: Thank you, sir.

SENATOR MARTIN: I would only say, on that note, that I think it is very important to try to track, because if there is some sense that there might be intimidation, even on a small scale, this could be a very, very serious area, some of which might never come to light. That is something which I would-- Since you have seen one incident, to the extent to which there might be any type of collusion of even a small segment of the employees, it is obviously something we should pursue with vigor.

Are there any other questions? (no response)

John, thank you. Thank you, Lieutenant.

MR. DANGLER: Thank you.

LIEUTENANT LYNNE: Thank you.

SENATOR MARTIN: I am going to ask Maureen Mayer to come forward. She is representing Mr. Mills, who is the Chair of the Doe v. Klein Monitoring Committee. We have had the good fortune, the three members of the Task Force, of meeting with Mr. Mills, as well as representatives of the Doe v. Klein Monitoring Committee, before. For those of you who are not familiar, this was a committee that was formed on the basis of a court decision in the 1970s, where the assignment judge of Morris County agreed, as part of a settlement, that there would be an ongoing committee whose job it would be to review Greystone and keep the court updated with respect to patient treatment at Greystone. This committee has continued to do that type of monitoring on a regular basis since that time.

Ms. Mayer.

**MAUREEN MAYER:** Good afternoon. I am Maureen Mayer, speaking for the Doe v. Klein Monitoring Committee, which was appointed by the court to oversee the implementation of court-ordered standards of staffing and treatment at Greystone Park Psychiatric Hospital. Our communications with Hospital and Division personnel, review of Hospital data, and ward visits have led us to some observations and conclusions which we believe will be of help to you in your investigation.

While we are impressed with the dedication of many staff at Greystone, and while we have had reason to compliment administrative efforts on several occasions, we also have some serious concerns which are relevant to your investigation.

In our report to Judge Stanton last year, we called attention to the issue of abuse. We believe that abuse arises in an institutional context. The

occurrence of several allegations of sexual abuse in a short period of time is not a coincidence, nor does it stem merely from the actions of a few particular people or the policies of a few particular administrators.

We must focus our attention on the environment which makes abuse more or less likely and find ways to change that environment. The solution to the problem of abuse lies not just in identifying and punishing particular individuals, but in changing the environment in which people live and work.

The DvK Committee has long been concerned with staffing, patient activities, and staff training at Greystone. Staffing is minimal at best, failing to meet court-ordered standards. The Hospital's own records regularly document this failure. When the majority of staff on a given ward are engaged in office duties, restricted in movement by the necessity to maintain constant contact with one particular patient, or off the ward on errands or other duties, there are very few left to be actively engaged with the patients.

While a large number of activity programs are envisioned by the Hospital, when we visit the wards we regularly find the majority of patients inactive, sitting or lying in the wards or hallways. Greystone staff receive training, but we find no evidence that this training is comprehensive enough. For example, the paraprofessionals tell us of their yearly training in CPR and record keeping, but say nothing of training on how to understand and relate to psychiatric patients. To these concerns we must add the problem of overcrowding, which continues in spite of efforts to reduce the population at the Hospital.

Each of these concerns contributes to the environment in which Greystone patients must live. We urge the Task Force to look into other concerns more specific to the issue of abuse:

- \* Are workers who have contact with patients properly trained and supervised to understand, deal with, and prevent abuse?

- \* Do we have sufficiently high standards for worker selection, and do we have salaries at a level which permits the recruiting of such appropriately qualified personnel?

- \* Is there an atmosphere of respect and concern for patients throughout the Hospital at all levels?

- \* How are patients adequately informed of actions they can take when they experience or witness abuse?

- \* How are patients supported and treated when they take such action?

- \* Is there a code of silence, or do reprisals exist which make reporting of abuse difficult?

Attempts to eliminate abuse from Greystone cannot be limited to orders issued “from the top,” and efforts to catch and punish a few offenders. A full program of prevention must include methods designed to educate and empower employees and patients, giving them an active and responsible role so that they, too, may recognize that the inclination to engage in abusive behavior is the effect, rather than the cause of the problem.

We call for efforts directed at creating and maintaining an atmosphere at Greystone which openly addresses fundamental issues

concerning what individuals in a residential Hospital setting may and may not do or expect of one another.

A comprehensive program of prevention would include such activities as discussions in ward community groups concerning abuse, rights of staff and patients, and procedures for handling abuse. Both patients and staff ought to be asked for their insights into life on the ward and conditions affecting or contributing to abuse. Staff attitudes ought to be shaped which lead to an understanding of abuse not as a behavior which is forbidden, but as an action which is unthinkable.

Most of the citizens hospitalized at Greystone are there against their will. We who have put them there have a special responsibility to protect them. While recognizing the dedicated work and fine efforts of many who are now at the Hospital, we believe that much more can be done. We trust that increased staffing, improvements in staff training, expanded patient activities, and an open, community-based program which empowers both patients and staff, and which changes fundamental attitudes, will contribute to an environment which prevents, rather than merely punishes abuse.

We would like to note that we are a volunteer committee with absolutely no budget. Our attempts to obtain funds to cover our expenses have been blocked by the Division, leaving us the only monitoring committee we know of without such support. Any assistance the Task Force can provide in meeting this need will be greatly appreciated.

Thank you.

SENATOR MARTIN: How long have you served on the committee, Ms. Mayer?

MS. MAYER: How long have I served? Approximately two years.

SENATOR MARTIN: Would you say that Greystone, as far as patient treatment, is better, worse, the same? How would you evaluate it over the last two or three years?

MS. MAYER: Actually, I have been involved with Greystone since 1991 on a personal basis. I would say that there has been a great improvement in the past five years. I think Colonel Waters has made great strides in some of the programs he has put into effect. I do believe, unfortunately, that a lot does go on that is unreported. There is a lot that still has to be done.

SENATOR MARTIN: Is that something you feel supervision can correct, or is it the nature of the circumstances? Why aren't a well-meaning Chief of Staff and his immediate underlings able to correct the problems you are suggesting?

MS. MAYER: I don't know about staff reporting things, but I do know that as far as patients reporting things, some patients are threatened with reprisals. These people are in a situation where they trust the people caring for them. They believe in their control over them. So a lot of times things happen, and they are told to keep their mouths shut or there will be reprisals, and they do, because they are afraid. I understand where they are coming from. You know, I personally have been there.

SENATOR MARTIN: Questions?

SENATOR BASSANO: You mentioned earlier the need for additional personnel. Do you know what the ratio is, patient/staff, right now?

MS. MAYER: No, I don't know the exact ratio. I do know that there have been times when we have done ward visits-- We did one just

recently at the Abell Building. I believe it was Ward 70 that we visited. It was an evening shift that we visited on. There happened to be-- Besides the nursing staff that was on, in the patient care staff that was on there were only three people. One was on his dinner break, one was sitting one to one with a particular person, and the other one was responsible for the other 40 patients that were housed on that particular ward.

SENATOR BASSANO: Do you believe there should be some guidelines as to a ratio?

MS. MAYER: Yes, I do, especially -- particularly in the Abell Building, because they have the most chronic patients there.

SENATOR BASSANO: In your testimony, you started to talk a little bit about the need for training, and you talked about the need for understanding psychiatric patients. Can you elaborate a little further on that?

MS. MAYER: Well, when we have done our ward visits, we have failed to observe any one-to-one contact with the patients. The patients have just been wandering around the ward, with staff sitting either in nurses' stations or in the dayrooms at a table, but having no personal contact with the patients at all.

SENATOR BASSANO: Do you think there should be more contact?

MS. MAYER: I believe that there should be, yes. I happen to be a former patient of the Hospital. At one time, I was on one of the wards at Abell. For a couple of weeks, I did not have ground privileges, so I was restricted to the ward for 24-hour periods, you know, 24 hours a day. It would have been nice to be able to sit with a HST in the Abell Building. It would

have been nice to sit with them and be able to talk to them and have some personal contact with them and, you know, have a feeling that they understood you, that you could talk to someone and say, "This is how I feel," and have them say, "Yes, I understand that." You do not get that, unfortunately. On a rare occasion you may see it, but not generally.

SENATOR BASSANO: Do you think training would help to bring that along?

MS. MAYER: Yes, I do. I think training would help a lot. I think if they were given the training to understand the psychiatric patient a little bit more, they would know a little bit more where the patients were coming from. It might even enhance their jobs, too, enhance their ability to handle the patients.

SENATOR CODEY: I have been trying to go over some of your testimony. Is it your testimony -- that which you have previously given -- that when you were there as a patient, there were patients there who were fearful of reporting abuse or incidents of neglect, or whatever, on the part of employees to the administrative offices because of a fear of physical intimidation or retribution in some way?

MS. MAYER: Yes. Actually, as a matter of fact, I witnessed some abuse when I was in Abell. When I started talking about it, I was told that if I knew what was good for me, I would keep my mouth shut and not say anything about it.

SENATOR CODEY: This was from an employee of Greystone?

MS. MAYER: Yes. It was from staff on the ward that I was on.

SENATOR MARTIN: May I ask how long ago this was, Ms. Mayer?

MS. MAYER: That would have been the summer of 1991.

SENATOR MARTIN: Are there any other questions? (no response)

I really appreciate your testimony.

MS. MAYER: Thank you.

SENATOR MARTIN: Is Deborah Taggart here? (affirmative response from audience) And Carolyn Beauchamp -- is she here also? (no response)

Deborah Taggart is the Executive Director of the Mental Health Association of Morris County. Carolyn Beauchamp, who I believe was here earlier--

**DEBORAH TAGGART:** Yes, she's here.

SENATOR MARTIN: Is she? Carolyn is the Executive Director of the Mental Health Association in New Jersey.

For the sake of trying to move things along at this late hour, I would ask if you both would come up. We would appreciate it. Thank you for your written remarks.

We will begin with you, Ms. Taggart.

MS. TAGGART: Okay. As you have introduced me, I am Deborah Taggart. I am Executive Director of the Mental Health Association of Morris County.

The Mental Health Association is a nationwide advocacy organization that was founded in 1908 by Clifford Beers, who himself was a

patient in the Connecticut State Hospital and who, after his recovery, set out to reform the care and treatment of people with mental illnesses. So over the years, the Mental Health Association has been very concerned about the quality of care provided by state hospitals.

I came here today originally to testify in support of the efforts that Colonel Waters has made to involve patients and family members in a process of continuing improvement -- quality improvement at Greystone Hospital. But what is most disturbing to me is that despite those efforts, we continue to hear about atrocities. It has really been the conclusion of the Mental Health Association that large State institutions like Greystone ultimately need to be replaced by smaller, community-based programs and services. The size of the institution and the institutional environment are such that it is virtually impossible to provide the kind of quality care that we are all working toward.

So I think the movement of the State toward replacing Marlboro Hospital with smaller, community-based services is a good one, and the kinds of programs that are being proposed in the redirection plan are the kinds of programs we need to continue to support. We really need the State Legislature to make a commitment of ongoing, long-term financial support for those kinds of programs, if we are going to see, really, I think, the kind of impact and the kind of change in the system that we are all working for.

But in the interim, we have Greystone, and Greystone is an important resource in Morris County. We hear, continually, from family members about the importance of Greystone for their loved ones, so I think Greystone really belongs to all of us. We really need to pool our resources, and

we really need to work together to ensure that while Greystone exists we are doing the best job we can for our residents in this area.

The Mental Health Association would like to offer itself and its resources to assist in any way in developing different kinds of training. Perhaps we have community programs that have some training resources that can be shared with the Hospital. Perhaps consumers and family members who have had experience with Greystone can be involved on an ongoing basis in offering their experiences in training the direct care staff at the Hospital, so that the staff is more sensitive to the needs of people with a mental illness.

Basically, that is what I came to offer.

**SENATOR MARTIN:** I think that is a good suggestion with respect to possibly utilizing existing resources we have for training. It seems clear from when we made our investigations that the issue of training for employees is critical. There was some evidence that suggested that there should be site-based training. There is now, but we need even more of it.

Greystone was concerned about the resources they have right now because, in essence, they are pulling people off -- as I understood it -- of actual shifts in order to provide training to other employees. Maybe we should explore this idea of resources outside of Greystone, which may also give a different dimension to some of the training as well

Maybe we could have Ms. Beauchamp speak, and then I will leave it to my colleagues to ask questions. Ms. Beauchamp, do you have some remarks?

**C A R O L Y N B E A U C H A M P:** Yes, thank you.

I will follow up with what Debbie has been saying. I am Carolyn Beauchamp. I am the Executive Director of the State Mental Health Association in New Jersey. I wanted to start by telling you what our position is about institutions. Debbie has pretty much done that.

I don't think there is any question -- and I want it to be very clear -- that we are very aware and we support the fact that there is a percentage of adults with chronic mental illness who are going to need long-term care in a structured, supervised setting. That is something we have to learn to deal with, and perhaps Greystone is not the best way to deal with it.

We work with families, with consumers, with professionals. There is a broad spectrum of people that we are involved with. When we deal with families and with consumers, it is very clear that they are very grateful for the existence of our State Hospitals, especially if they have had a child who has not been able to stabilize with a brief hospitalization and they move in and out of hospital settings, in and out of the community. They end up in a place like Greystone, seem to stabilize, and are doing well. So we know it plays a very important role.

We also know that families are supportive of the administration at Greystone, that they feel there has been a real concern and a determination to improve conditions there. I was hearing that repeatedly as people were talking today amidst all of the horror and the problems. It is just not an easy situation to deal with.

What we are suggesting is that-- I have several recommendations. Let me skip to those.

Staff training is critical, and I want to talk a little bit about that. Clinical training for line staff is nonexistent. I am talking about clinical training, not other kinds of training.

In the late 1980s, Commissioner Drew Altman held regional hearings. Some of you were a part of them, I am sure. They were in response to a number of deaths that occurred at State Hospitals. One of the strong recommendations was that we needed to have a Training Institute and we needed to do a lot of training at all of the institutions. That was proposed. The Training Institute was designed, it was ready to go.

Unfortunately, something else was going on at about the same time. That was that training dollars were removed from each department and put under the Department of Personnel. It had a particular name. It is called the Human Resources Development Institute, which is where all of the training dollars now sit. It is a wonderful site to take money from, because it is very general. It is a big pot of money, and it has crossed all departments. There is no way you can say, "We understand that people really need training who work with people with a mental illness. Therefore, we will leave that part of the money alone." It doesn't happen that way. So, over the years, those training dollars have been cut, and cut, and cut.

In 1992 and 1993, Greystone Hospital lost 24 training positions due to budget cuts made in the Department of Personnel. There has to be an emphasis placed on training in our State institutions. What we are recommending is if this body can look at HRDI, that funding, and see if there is any way to extract some of that money, and perhaps take a look at the fact that it may have been more economical, and it may have been smarter to keep

those training dollars separate under different departments, so that the departments would have a better ability to control those training dollars.

My understanding is that there is another cut to training dollars in this year's budget, another \$2.1 million cut in training yet again. If we don't start realizing, just across the system, that training is an integral part of what we are doing, I don't think problems like this are going to go away. I think training is really a key.

The second issue is bringing the public into our public system and into our public institutions. That is our second recommendation. I think we tend to forget that we are the ones who pay for these institutions, and it is us who are supposed to be benefiting from them, particularly with mental health, because we all believe we will never have to deal with it. We tend to see it as another problem. It is somebody else's problem, some other family's problem, so we are not too concerned.

When we get upset is under crisis, when we have to move in and do something. I hope that this time we just don't do a quick fix or take a quick look, but that we take a much longer look.

One of our thoughts was that it might be very helpful to have a community advisory body that would be assigned to each of our State Hospitals, because I am really talking about all of our State psychiatric Hospitals. We need to draw on the resources that are out in the community. Building on what Debbie was saying, with a slightly different look, if we tapped business, education, students, family members, consumers and brought together an advisory body that was going to go into Greystone, for instance, and not sit and listen to reports for two hours, the way voluntary boards

usually work-- I know. I have a volunteer board, and my folks are very active, but it is tough to keep people active as volunteers.

There needs to be an understanding that you will use their resources. So, for instance, you might have a businessman who is really good at management, and you may say to him, "Take a look at the Abell Building. Talk to the staff. Talk to the people who live there. Find out what you can bring back to us, to the administration, and then talk to us about a better way of handling this. Can you bring resources from the community to the Hospital, not just money resources?"

The same thing with family members. They need to be able to talk with other family members who are involved. Find out what the problems are. Are they involved in treatment team planning? Are they satisfied? What are some of the issues? Bring it back to the administration and work with them.

The third issue is community resources. We know that about 50 percent of Greystone's patients are declared CEPP. That means "Continuing Eligible Pending Placement," which I always forget. I had to write that out. Now, that does not mean that 380 people are ready to go and live in the community. All of that 50 percent are not ready to leave tomorrow. There are different levels of functioning that people have who are CEPP. Some of them need to stay for a very long time in the Hospital. But if we said even 20 percent to 30 percent of them were ready to leave, they still couldn't, because there is no place for them to go in the community.

Because we have not invested, we have had a very inadequate community system, as well as a very inadequate Hospital system -- because we do not have the resources. It contributes to the creation of behaviors for

people that make them dependent on the Hospital and on the system, instead of preparing them to go out and live in the community.

If we could discharge more people, if we could prepare them as they try to do in the cottages for discharge, move them out more quickly to the right setting, and we had those settings out there, the census could be lowered and you wouldn't have as many people rotating through, because folks would not be so, what we call "institutionalized," they would not become so dependent on how they live in the Hospital.

Closing facilities that are too large, too old, too impersonal is just one part of our message. The more important part is that we have to have the capacity for providing long-term care. We have some thoughts on how to explore and where to explore. This may be an opportunity to look at some very different ways of providing long-term care.

We recommend exploring the creation of a very specialized residential health care facility, somewhere between a nursing home and the existing RHCF system. These facilities would be licensed, probably, under the Department of Health. They would have staff that would have special training requirements. They would have to be trained in mental health and behavioral therapies. But it would not be a mini-hospital. You would not staff it like a hospital. It would be staffed very differently. The cost would be much lower. The standards would be very different, and yet you could provide very long-term care for people in a setting that would be more homelike and where their behaviors would be addressed, so that eventually some of them maybe could move on to something else.

We also recommend that the State explore the possibility of privatizing direct care at State institutions. We also recommend that the State explore the possibility of community hospitals, going to community hospitals and seeing if there could not be a contract struck with them so that they would expand their care to intermediate and long-term care, so that when you need long-term psychiatric hospital care, you have an agreement with the hospital that is already in the community that can provide that care.

All of these things have problems attached to them. I don't think that they are insurmountable. The problems we already have speak for themselves. I think we need to look for some new solutions.

Thank you.

SENATOR MARTIN: Thank you.

SENATOR BASSANO: Your proposal on privatizing direct care, could you elaborate on that?

MS. BEAUCHAMP: What I would suggest is that as we--

SENATOR BASSANO: Define direct care.

MS. BEAUCHAMP: Oh! All who care for patients -- nurses, doctors, all direct staff positions.

SENATOR BASSANO: Psychiatric?

MS. BEAUCHAMP: Yes.

SENATOR BASSANO: I find that intriguing because, along with staff, we did some work on the Avenel Diagnostic Center -- the sex offenders -- and one of the recommendations from that commission was to privatize the psychiatric care. And now we are getting the same thing here. Maybe it would be worthwhile exploring.

MS. BEAUCHAMP: I think it is worth exploring. I think the danger is that you have to be very careful who you hire, who you bring in.

SENATOR BASSANO: Yes, but you can also remove people a lot easier--

MS. BEAUCHAMP: That's right.

SENATOR BASSANO: --not being tied to Civil Service. One of the things we found with the Center in Avenel was that they had people on staff who had master's degrees in history, and they said, "Well, they meet all the qualifications." The qualifications they met were Civil Service.

MS. BEAUCHAMP: Right.

SENATOR CODEY: To the two ladies: Do you have any idea of the recidivism rate at Greystone compared to the private institutions?

MS. BEAUCHAMP: Compared to private institutions? No. No, I don't.

SENATOR CODEY: Are you aware of the rate at Greystone?

MS. BEAUCHAMP: Excuse me?

SENATOR CODEY: Are either one of you aware of the rate at Greystone?

SENATOR BASSANO: The rate of recidivism.

MS. BEAUCHAMP: I should be, but right off the top of my head I can't tell you.

ENATOR CODEY: When was the last time that you were at Greystone?

MS. TAGGART: Last month.

MS. BEAUCHAMP: Within the last six months.

SENATOR CODEY: How often do you go?

MS. BEAUCHAMP: I go if there is a meeting. I do not go on a regular basis. I worked at Greystone for three years.

SENATOR CODEY: Do you, in any way, have knowledge of the employees at private facilities, such as Carrier, in terms of how they would stack up against Greystone, Marlboro, or Trenton State in terms of requirements?

MS. BEAUCHAMP: Requirements of staff?

SENATOR CODEY: Yes, in terms of the level of nursing, education level, formal education, the level of pay?

MS. BEAUCHAMP: No, I think that would have to be checked out. The context I have is New York State, in terms of privatization.

MS. TAGGART: In terms of quality of care, however, we get a lot of feedback from family members who have had experience with Carrier, Fair Oaks, and Greystone. Reports from families are that Greystone is of superior quality when compared to some of the private hospitals. I think that is primarily because they feel more security in their relationship with Greystone. The private hospitals, of course, once insurance money runs out, oftentimes find that it is time to discharge the patient.

Greystone Hospital has worked very hard, over the years that I have been involved with Greystone, to really increase family involvement in treatment planning and in discharge planning for patients. You know that over 60 percent of the patients who are discharged from the Hospital do return to families. So families are really one of the best sources of information we have about the treatment at Greystone.

I have staff that go into Greystone daily. The local chapter's involvement in the State Hospital is much more intimate than the State Association at this period of time.

MS. BEAUCHAMP: I think the other issue is that the private hospitals in our State, for the most part, are doing more short-term care as insurance money has begun to shorten the stays. That is not what I would consider privatization. My thought about how to privatize would be to set the standards you want people to meet, make it clear that it is long term, and bring in your managed care entity to establish your criteria -- to meet your criteria.

SENATOR MARTIN: Thank you.

Is Bernice Isaacson here?

**BERNICE ISAACSON:** (speaking from audience) I am here, but I don't know if it is appropriate for me to testify. I am just a family member, and that may be for March 12's hearing.

SENATOR MARTIN: If it is okay with you, we will--

MS. ISAACSON: Thank you, sir.

SENATOR MARTIN: No, I was going to say maybe we could dispense and have you testify at the March 12 hearing.

MS. ISAACSON: I won't be here March 12, but I will write a letter to--

SENATOR MARTIN: Well, come on up here. This is another segue. She is with the Concerned Families of Greystone Park Hospital from Passaic County.

MS. ISAACSON: This was, I think, a snafu. I just called up for information and I got my name--

SENATOR MARTIN: I didn't mean to put you on the spot. Would you prefer to submit something in writing?

MS. ISAACSON: I'll give you my two cents. All right?

SENATOR MARTIN: Is Liz Bitterman here? (affirmative response from audience) Do you want to say something today as well?

**ELIZABETH BITTERMAN:** (speaking from audience) Let her finish, and then I'll speak.

SENATOR MARTIN: Okay.

MS. ISAACSON: Mental illnesses can constitute one of our country's most serious public health problems. Each year, they affect 20 percent of our population over 18, and combined with alcoholism and substance abuse, they cost the nation more than \$273 billion. So there mental illness is estimated to affect 2.8 (sic) percent of the adult population, or approximately five million adults.

A mental illness is any illness that affects the way a person thinks, acts, and feels. Like most illnesses, mental illnesses have intertwined biological, psychological, and environmental roots. That is just my beginning.

In 1982, my 18-year-old son, around Halloween, said, "Don't give any kids trick or treat. They may be carrying guns in their trick or treat bags." At that point, I realized that this young man could possibly hurt a child, thinking that the little child had a gun. He was, through my channels, committed to Greystone.

In 1982, whenever I said to anyone, "My son is in Greystone," each one said, "Get him out, get him out, get him out." Within three days, I had to go to court, and whatever, and he went to a private psychiatric hospital

in New Jersey known as the County Club. There he was given all kinds of medication. As a family member, this was-- You know, we were devastated.

As has been stated, when the insurance ran out, he came home. The cyclical nature of a severe mental illness, it happened again. Again he went into the private hospital. This time when they realized that the insurance was ending, they said, "Let's give him ECT." That scared us. I am giving you a kind of personal discussion here. We went to Greystone, and we spoke to, at that time, Dr. Craig, and our son came to Greystone.

During this past 13 years, he has been a revolving-door patient. He has been in and out of Greystone many times. I cannot sit here and give you a value judgment of how good the Hospital is. I cannot give you a value judgment of how bad the Hospital is. I know -- and I have had experience with many CEOs -- that the families feel that Colonel Waters is open to them, he is accessible, he is trying to help things along in the Hospital.

Is the Hospital ideal? No. Is everything perfectly fine? No. I thank you, Senators, for your Task Force, for opening communication to help things along.

It has been stated that the funding is quite poor. Each year, I know there are so many social services that need funding within our State. But just let me say that I ask for increased funding.

Another issue that I can speak personally on-- You know, I have so many editorials from The Bergen Record, from The Star-Ledger, from our Wayne Today. What upsets me, as a family member, as an advocate-- I am only speaking for myself at this point, but I am a Trustee on the New Jersey Alliance for the Mentally Ill, I am part of the redirection plan, I am a family

member for the State, for the northern region, and I am one of the people who have started a residential Aim for Success in Passaic County, so, you know, if we can't help our own, maybe we can help somebody else and try to make this world a little better place.

The stigma of mental illness has not been turned. The editorials read, "Horror at Greystone." One editorial said, "The NIMBY syndrome. Because of what is going on at Greystone, nothing will be put into communities." Maybe it is not practical, you know, talking about training and talking about the things that have happened with direct patient care, but the stereotypical stigma of mental illness is still out there, and I beg all of us to try to -- what's the word? -- just to get rid of it. That would be utopia.

I thank you for listening to me.

SENATOR MARTIN: Thank you, Ms. Isaacson.

Ms. Bitterman?

MS. BITTERMAN: I can wait.

SENATOR MARTIN: I would appreciate it. I think the hour is late.

The next hearing is scheduled for March 12, 4:00 to 7:00 p.m. We will especially be looking to hear from family members, employees, and other persons who are not of the establishment, to get a different voice.

Thank you.

**(HEARING CONCLUDED)**