

GREYSTONE PARK PSYCHIATRIC HOSPITAL

FACT SHEET

Greystone Park Psychiatric Hospital
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Chief Executive Officer:
Joshua Belsky



Mission Statement: Greystone’s innovative team collaborates to provide quality patient-centered care, based on individual’s strengths, needs, abilities and preferences, to help the patient reach their full potential. We promote a culture of wellness and recovery that starts in the hospital and continues into the community.

Vision: “Foster Hope, Practice Wellness, Live Recovery”.

- ✓ Patients FIRST!
- ✓ Attention to special needs of an increasingly diverse population.
- ✓ Discharge oriented services geared toward resuming life in the community.
- ✓ Explore possibilities
- ✓ Operation Wellness

Value Statement

In the pursuit and attainment of our mission every department/discipline will incorporate these values in their day-to-day operation:

- Safety
- Foster hope
- Compassion
- Culture of respect & dignity
- Evidence based practices
- Promotion of recovery concepts
- Fiscal Responsibility
- Violence free environment
- Effective & efficient customer service
- Patient-centered, recovery-oriented treatment
- Effective communication leading to mutual understanding
- Strength of diversity in culture, religion, gender, orientation, age and ethnicity

General Information: Greystone Park Psychiatric Hospital (GPPH) opened its doors in 1876. The original hospital building, last used as administrative offices in 2008, had the largest single foundation in the United States until the Pentagon was constructed.

For the period, the building had been considered modern, providing humane treatment for the mentally ill. Greystone treated 292 patients in 1876, a census that grew to 7,700 patients in 1947. Changes in the treatment for mental illness as well as available care in the community have reduced our census considerably. Greystone provides inpatient psychiatric services to patients throughout Northern New Jersey.

New Jersey State Laws organize and govern GPPH as a public state psychiatric hospital within the Department of Health (DOH). The hospital meets standards of the Joint Commission. The hospital, in accordance with its objective, provides quality care and treatment for patients in the least restrictive setting and to ensure patient discharges are a seamless transition to the most clinically appropriate community setting.

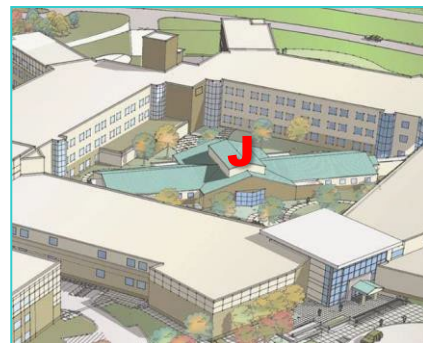
The hospital moved to the current building in 2008. Greystone Park Psychiatric Hospital is a 506-bed psychiatric hospital serving individuals who are 18 years or older from Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Warren, and Union Counties. GPPH also services Mercer, Middlesex, Monmouth, and Ocean Counties for those who are 65 and older.

Greystone's Unit Layout and Programming Areas: Greystone's treatment unit's centers around a Patient Information Counter with on-unit programming rooms also located centrally. Patients eat in dining rooms located on the unit and have access to fresh air through balconies. Central living areas for relaxation are also available. Each unit was designed to allow for flexibility in allowing for two adjoining units to be open to each other for team approved activities.

Patient Bedrooms: On each unit there are 13 semi-private patient bedrooms that each has their own personal closet, desk and bulletin board to post information, pictures, etc. Each room has a bathroom shared by the patients in that room. Clothes can be washed in washers and dryers which are found on the unit.

The **Mountain Meadow Complex (MM)** consists of seven cottages; MM 13, 14, 16, 17, 18, 19 and 20. The cottage program is the least restrictive setting in the hospital. They receive active treatment in the cottages. They are treated by the treatment teams located in the cottages. Programming in the cottages focuses on community and daily living skills. The goal for all patients is to return to the community.

J-Wing programs available in a centralized location called the J-Wing / Treatment Mall. All disciplines provide programs there. Patients can go on their own, or if need be, the unit staff will escort them. Those patients who need closer supervision in treatment will have access to interdisciplinary treatment on the unit.



Types of Treatment Provided at Greystone:

Therapeutic Programming:

Patients have individualized schedules which can include group therapies, provided by all disciplines of the hospital, as well as off unit activities which are meant to maintain and enhance skills that can be helpful upon return to the community. All disciplines offer groups relevant to the presenting needs and preferences of the patients. The treatment team works with each patient to select the most appropriate groups and activities.

Off-unit activities can include Vocational Rehabilitation which assesses and maintains work skills and Activity Therapy programs meant to channel energy and interests in arts, crafts, music, dance, and sports. For patients who are under 21, without a high school degree, there is an Academic Education Program provided on grounds towards, so that they can work towards earning a high school diploma. There is also a program for patients who need to learn how to recover from mental illness and substance abuse. The multidisciplinary teams are prepared to address the specific needs of patients who have mental illness and substance use disorders.

Admissions:

Individuals are usually admitted to Greystone Park Psychiatric Hospital after a short-term care facility stay for a continuation of treatment of mental health problems. Individuals are admitted under civil commitment status.

Conditional Extension Pending Placement (CEPP):

If an individual, otherwise entitled to discharge, cannot be immediately discharged due to the unavailability of an appropriate placement, the Court will enter an Order of Conditional Extension Pending Placement (CEPP), which will extend the individual's hospitalization. The court will then schedule a placement review hearing within sixty days. If the individual is not sooner discharged, a second placement review hearing will be held no later than six months after the initial placement review hearing and thereafter at no greater than six-month intervals. The individual's social worker must testify at the placement review hearings regarding the efforts made towards discharge on the individual's behalf. If the Court is advised at a hearing that an appropriate placement is available, it will order such placement. If a placement becomes available during the time between hearings, the individual may be discharged.

Patient Commitment Hearings:

• Patients have their commitment status reviewed periodically at court hearings held at the hospital. Hearings are scheduled approximately 20 days after admission, and thereafter as ordered by the Judge. Patients are represented, at no cost, by attorneys from the Office of the Public Defender, or as provided by their county of residence. Patients may retain a private attorney if they choose. The Judge may:

- order a patient discharged
- order a patient released with conditions (CR);
- order a Conditional Extension Pending Placement (CEPP) This status is for individuals who no longer meet the standard for involuntary commitment, but for whom there is no present appropriate placement in the community; or
- continue the patient's commitment.

If the Treatment Team feels that the patient is ready for discharge, the patient may be released prior to a hearing. The Judge also sets a review date for a future hearing, if needed. Families are notified of hearings by the County Adjuster's Office, and they may attend.

Patients admitted through the criminal justice system are assigned levels of privilege and/or discharge by court order only. They may be returned to jail or released to the community per the order of the Judge.

Discharge Planning:

How is discharge planned?

Discharge planning begins as soon as a patient is admitted. Patients may be discharged as soon as they are stabilized and participating in their treatment. They must have an appropriate place to live, financial support, and aftercare arrangements. The patient also needs to agree to the discharge plan.

For those patients who cannot return home, residential programs will be explored. The social worker collaborates with the treatment team and the patient as the plan progresses. If you have questions about the discharge plan for your relative or friend, call the social worker.