Greystone Park Psychiatric Hospital
Settlement Agreement Oversight Committee
2025 Annual Report

INTRODUCTION

The Office of the Public Defender and the Department of Health entered into an agreement to settle the lawsuit filed by the Public Defender *In Re J.M., S.C., A.N., P.T., J.L., R.H., "John Doe," "Robert Doe," T.W., M.K., E.A., individually and on behalf of all other persons similarly situated v. Shereef M. Elnahal, et. al.* (Civil Action Case No. 2:18-cv-17303). This agreement was placed on the record in the United States District Court on February 19, 2020. At that time, it was contemplated that many of the provisions of the Settlement Agreement would be implemented by June 1, 2020. However, in March 2020, the Covid-19 pandemic and public health emergency caused OPD and DOH to adjust implementation dates. The Settlement Agreement (hereinafter Agreement) was approved by the Federal Court on April 7, 2021.

OVERSIGHT COMMITTEE

The approved Agreement outlined a method for monitoring the implementation of the Agreement through the formation of an Oversight Committee charged with overseeing the enforcement and implementation of the terms of the Agreement. The Oversight Committee is comprised of seven members. Both the Office of the Public Defender (OPD) and the Department of Health (DOH) appoint three members, and one member is appointed jointly by both agencies. The members of this Committee were given authorization to review the needs of patients, confidential documentation relating to the administration of Greystone, private patient information and personal identifiers, as required to fulfill their responsibilities. Membership for 2025 included:

- Michelle Borden-Jointly appointed member and Committee Chair. Ms. Borden is the Chief Executive Officer at New Bridge Services, a non-profit provider of community behavioral health services in multiple counties throughout northern New Jersey.

- Vivian Schwartz- Appointed to the Committee by the DOH and Committee Co-Chair. Ms. Schwartz retired from a long and distinguished career in the Division of Mental Health and Addictions Services (DMHAS).

- Laurie Becker- Appointed to the Committee by the OPD. Ms. Becker is retired from her position as the Mental Health Administrator for Morris County and is very knowledgeable about the needs of patients at Greystone.

- Robert Davison- Appointed to the Committee by OPD. Mr. Davison is Chief Executive Officer of the Mental Health Association, a provider of behavioral health and advocacy services in counties throughout northern New Jersey.

- Ann Portas-Appointed to the Committee by OPD. Ms. Portas is the Assistant Director of Mental Health Advocacy with the Office of the Public Defender.

- Pauline Simms-Appointed to the Committee by DOH. Ms. Simms is the Chief Executive Director of Serv Behavioral Health, a provider of behavioral health services throughout the state.

- Susan Loughery-Appointed to the Committee by the DOH to fill the position left by Ann Marie Fiory in November 2025. Ms. Loughery is the Assistant Commissioner, Care and Treatment Branch, Department of Health. She has oversight of the DOH Division of Behavioral Health Services (DBHS) for New Jersey state psychiatric hospitals, including Greystone Park Psychiatric Hospital.

The Oversight Committee met in person throughout 2025, with the stipulation that an additional monthly virtual meeting could be held to review complaints, if necessary. Due to the few complaints that were submitted, the Committee did not need to meet virtually.

SETTLEMENT AGREEMENT LIAISON

The Committee continues to work with the assistance of the focused and dedicated Settlement Agreement Liaison, Arlington King, MSW, who was selected by the DOH, along with Praveen Sasi, Nurse and Quality Assurance Coordinator at Greystone. They work together to provide the Committee with detailed monthly reports, complaints that have been brought to the Committee, investigations, and follow up inquiries related to complaints along with an analysis of whether they are substantiated or unsubstantiated as related to the Agreement. Specific areas focused on are patient census, staffing, utilization of the ambulance, violence prevention, unusual incident reports, Patient Information Centers (PICs), code cart, emergency “all available” calls, Special Instruction Services Unit calls, and complaints with feedback. Mr. King and Mr. Sasi have served as liaisons to the leadership at Greystone as well as arranging meetings with representatives that present information to the Committee regarding new or invigorated initiatives at Greystone.

COMMITTEE FOCUS THROUGHOUT 2025

The Committee had prioritized their focus in 2025 on Greystone’s census management. The following information was submitted on a monthly basis, based on the Settlement Agreement:

1) Average Monthly Census

Greystone Park Psychiatric Hospital (GPPH) has a maximum patient capacity of 450 patients in the main hospital building and 56 patients in the cottages, for a total operational capacity of 506 patients. Prior to December 2018, when the lawsuit was filed, the hospital census averaged approximately 550 patients, exceeding the hospital's operational capacity. Since 2019, the census has steadily decreased and has since stabilized at significantly lower levels, remaining well below maximum capacity.

Between January 2025 and December 2025, the average monthly census at GPPH ranged from a low of 375 patients to a high of 391 patients, with an overall annual average census of 384 patients. Although census levels increased during portions of 2025, the hospital continued to operate substantially below its maximum capacity. The elevated census throughout much of 2025 continued to reflect the impact of the loss of "Diversion Beds" at Carrier Clinic and Buttonwood Behavioral Health, resulting in a greater number of individuals requiring inpatient psychiatric hospitalization at GPPH. During this same period, the hospital also experienced an increase in admissions, further contributing to higher census levels.

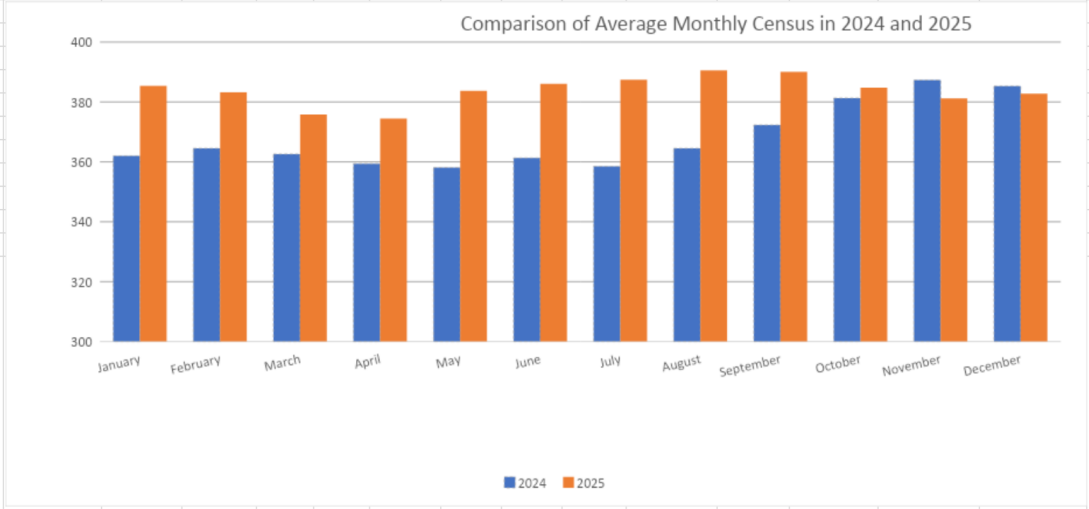
In response to the sustained increase in patient volume, GPPH continued to strengthen its focus on discharge planning and patient flow initiatives. Hospital leadership and treatment teams intensified efforts to prepare patients for successful community reintegration, particularly individuals who were resistant to discharge or required extensive community support services.

Although census levels remained elevated during much of the year, a decline was observed during the final months of 2025, with the census decreasing from 390 patients in September to 381 patients in November and 383 patients in December. This reduction suggests that the hospital's discharge planning strategies and community transition efforts began to demonstrate positive results in reducing overall census levels.

Additionally, the Department of Health (DOH) and the Division of Mental Health and Addiction Services (DMHAS), collaborated with community provider agencies to strengthen partnerships and identify additional community resources and housing opportunities to support patient discharge from State hospitals. The DOH also continued supporting initiatives such as "Community Provider Fairs" which connected hospital staff and patients with community-based resources to facilitate successful discharge planning and community reintegration. These combined efforts reflect GPPH's ongoing commitment to maintaining patient-centered care while actively working to stabilize and reduce hospital census.

Please see census charts on the following page.

Average Census by Month	January	February	March	April	May	June	July	August	September	October	November	December	Annual Average Census
2024	362	364.5	362.6	359.4	358.1	361.3	358.5	364.5	372.3	381.3	387.3	385.3	368.1
2025	385.4	383.2	375.8	374.5	383.7	386.1	387.4	390.5	390	384.8	381.2	382.7	383.8



2) Staff Requirements

The Settlement Oversight Committee has been reviewing staffing levels monthly to ensure Greystone meets or surpasses the minimum standards developed in the Settlement Agreement using the current census of patients for the year.

- **Psychiatry**-The end of the calendar year, December 2025, Greystone had 29 psychiatrists and Advance Practice Nurses (APN). There were 18 psychiatrists and 2 APNs on the day shift. The hospital meets the agreed upon standard for the Settlement Agreement of a staffing minimum of one psychiatric care provider to be assigned to each unit, two psychiatric care providers assigned to the admissions units, and two psychiatric care providers assigned to the cottages. The evening and night shift Medical Officer on Duty (MOD) also meets the agreed upon standard in the Settlement Agreement. This is based on the maximum census capacity of 506 patients. Greystone had a patient census of 384 patients (75.6% of census capacity), so the minimum staffing requirement for the Settlement Agreement was exceeded. The patients have received the benefit of a higher level of psychiatric care. **The hospital is continuously recruiting psychiatrists and APNs to fill vacancies and to hire more medical providers should the census increase**.

- **Psychology**- There are 19 psychologists at Greystone as of the end of calendar year 2025. The Settlement Agreement had a staffing minimum of 20 psychologists based on the 506 maximum patient capacity at Greystone. Since the hospital has a census of 384 patients (75.6% of the maximum total census), the total number of psychologists could be 15 based on the current census. The 19 psychologists currently employed at the hospital is 26.7% higher than the required number based on the current census. Greystone is in compliance and exceeds the Agreement's minimum requirement. **The hospital is continuously recruiting psychologists to fill vacancies.**

- **Behavioral Analysts and Support Technicians** are in the same department as the psychologists. Greystone has seven Behavioral Support Technicians (BST) and one Board Certified Behavioral Analyst. The staffing minimum in the Settlement Agreement, which is eight, has been met.

- **Internists-**Greystone has 12 full time and 3 part time Internists on staff. The Internist to patient ratio is 1:38.6 (10 day-shift Internists/384 patients). The hospital is fully staffed for evening and night shifts.

- **Dentists-**Dentist, Dental Hygienist, and Dental Assistant positions remained filled through the calendar year 2025 meeting the requirements of the Settlement Agreement.

- **Nurses-**At the end of December 2025 Greystone had a total of 944 nursing staff which includes Registered Nurses (RN), and Practical Nurses (PN) which the New Jersey Civil Service Commission (CSC) has under several titles. This exceeds the number of agreed upon nursing staff. This includes 147 charge nurses, 30 per diem charge nurses, eight staff nurses, and four per diem staff nurses. Also included are 443 Human Services Assistants (HSA), Human Service Technicians (HST), and Senior HST. Additionally, there are 193 HSA per diem staff. **The hospital continues to recruit RNs, HSAs, and HSTs to fill positions.**

- **Social Workers-**There are 33 social work staff at Greystone. Of those 25 met the Settlement Agreement definition of a Social Worker with licensure and two social work staff are in the process of getting licensure. The ratio of social work staff to patients is 2:23.3, (33 Social Work Staff/384 patients). **The hospital is recruiting licensed Social Workers on an ongoing basis and is working to try to increase the salary of entry level staff to be more competitive in the market.**

- **Occupational Therapists**-There are ten Occupational Therapists, a 25% higher number than what the current census of 384 patients requires. For this census only eight occupational therapists would be required to maintain an appropriate ratio.

- **Therapy Aides-**The Settlement Agreement requires 55 therapy aides based on the maximum census capacity at Greystone of 506 patients. The hospital has 36 therapy aides with a census of 384, which does *not* meet the ratio agreed upon in the Settlement Agreement. **The hospital is recruiting Therapy Aides on an ongoing basis through job postings to fill the job vacancies**.

- **Additional Clinical Disciplines -**The following disciplines at the hospital either meet or exceed the agreed upon staff to patient ratios: physical therapists, speech/hearing therapists, art therapists, and teachers.

3) **Hospital Administration -** Josh Belsky has been the Chief Executive Officer at Greystone for just over two years. DOH Administration, Mr. Belsky, and his leadership team help to provide an atmosphere where patients can succeed. Mr. Belsky presents to the Oversight Committee several times a year responding to questions from the Committee and providing updates on projects, initiatives, and/or the status of any major changes at the hospital,

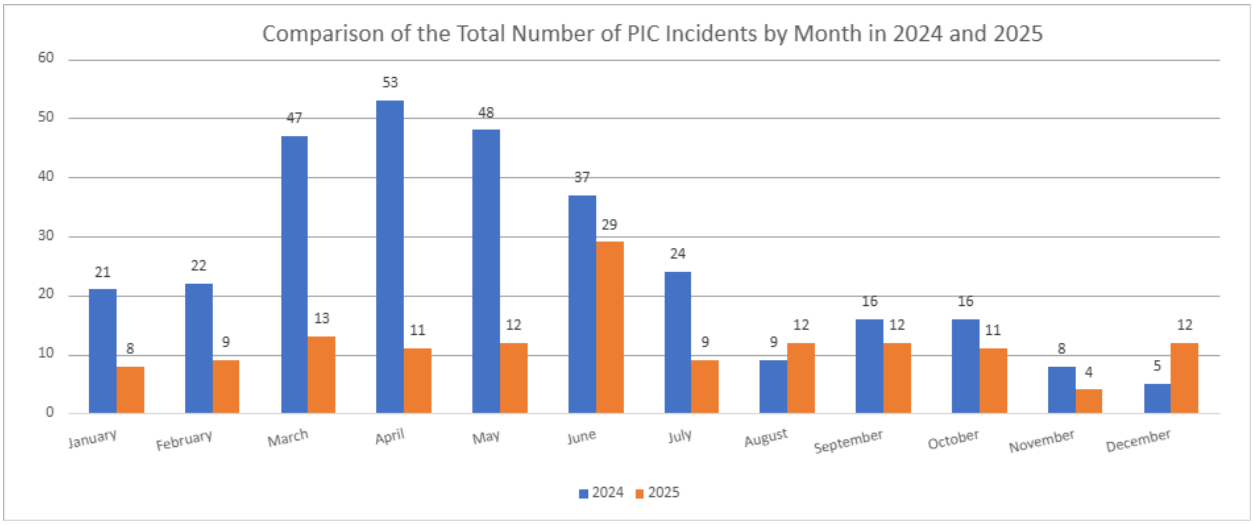
4) **Code Carts, Emergency Service Kits and Choke Kits -** No issues in Calendar Year 2025

5) **PATIENT INFORMATION CENTER (PIC)**

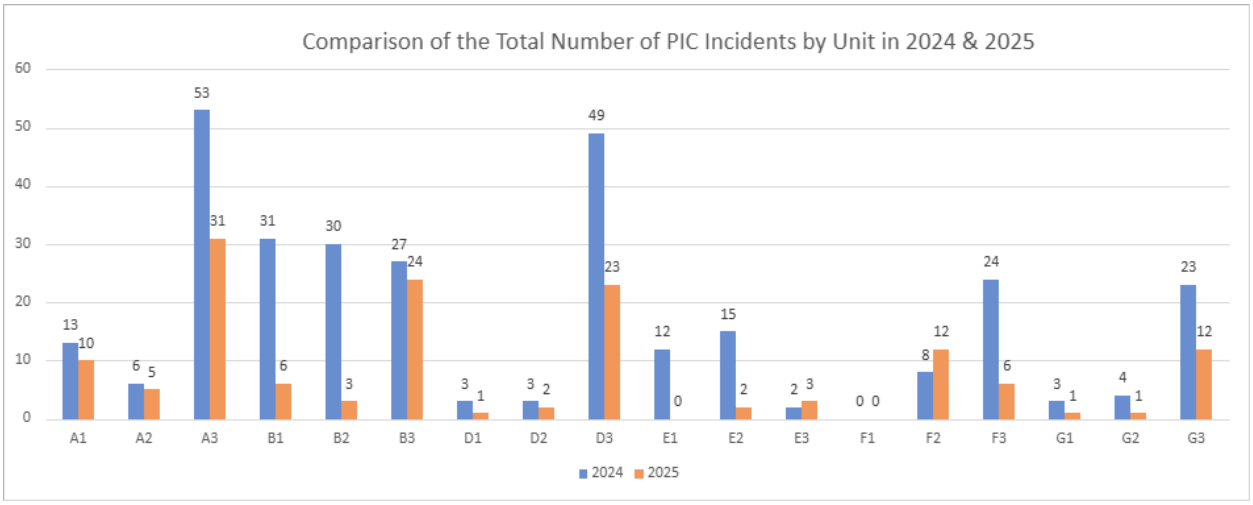
2025 PIC Incidents

The Patient Information Centers (PICs) across all units have remained a primary focus of the Oversight Committee due to the patient safety risks identified in the Settlement Agreement and the Hospital's ongoing noncompliance through 2024. Analysis of 2025 data demonstrate notable improvement. Completing the PIC project and maintaining the increased monitoring and analysis of incidents has enabled Greystone staff to identify trends over time and to proactively determine when additional resources are necessary to support patient safety. Based on monthly reporting, there has been a significant year-over-year reduction in patient safety incidents, with total reported incidents declining by 54%, from 306 in 2024 to 142 in 2025.

A month-by-month review of the data further underscores this progress. In 2025, only one month recorded more than 20 incidents, compared to seven months in 2024 exceeding that threshold. Additionally, a downward trend observed late in 2024 continued into 2025, with multiple months reflecting fewer than 15 incidents.



Additionally, although two units were identified as having comparatively higher incident rates in both 2024 and 2025, the frequency of incidents within these units declined significantly in the most recent year, reflecting the impact of improved PICs, targeted interventions, and oversight.



Collectively, these results indicate meaningful progress in mitigating identified safety risks and strengthening compliance efforts.

6) Violence Prevention

Assault Data, 2024/ 2025 Comparison (see charts):

No Injury/Minor Injury—increase of 9.86%

- A factor for increase could be higher 2025 census (total average 2024 was 368; total average 2025 was 383)

Moderate Injury—decrease 60%

- 15 assaults in 2024, 6 in 2025

Major Injury—no injuries/decrease 100%

- One major assault in 2024, none in 2025

Violence Prevention

The level of violence at Greystone**, patient to patient and patient to staff,** was one of the factors leading to the lawsuit against Greystone and the subsequent Settlement Agreement. The Committee continues to spend a significant amount of time reviewing monthly data related to assaults, emergency interventions, and strategic planning that shows Greystone's efforts to reduce violence.

- In 2023, Greystone added Medical Security Officers (MSOs) onto the units to work alongside unit staff and the Special Instruction Services Unit (SISU). MSOs are specially trained to use verbal and physical de-escalation techniques to diffuse crises. MSOs are assigned to units based on acuity/needs. The MSO team also responds to pre-psychiatric emergencies, requests for medication assistance, need for escorting patients, contraband searches, incident debriefing, rounds, and emergency calls to assist with patient engagement and de-escalation.

  Since December 2023, the MSO team has grown from two supervisors and two recruits to a total of 33 MSOs spread across all three shifts. In November 2025, the Committee met with the Chief Clinical Officer, MSO Supervisor, and a lead MSO for an overview and update on this violence prevention program.

- Therapeutic Response to Elevated Violence Risk (TREVR), assists treatment teams to identify elevated risk for violence and facilitates communication and coordination of the units' therapeutic response across all staff and shifts. A representative from Nursing Leadership is being named to co-lead the transition of the hospital from the Brose Scoring System used by most units to the TREVR system of assessing risk. A work group is being identified to plan and execute the transition, including training of staff, and hospital-wide launch.

  The TREVR tools that will be employed hospital wide are:

1. The TREVR board, which is posted in each unit in the staff hallway before the PIC entry, has all patient names aligned under columns for assessed level of risk (low, medium, and high). After a review of previous shift nursing reports, treatment teams decide each patient's assessed violence risk and assure that patient names are positioned within the correct category. Only treatment teams may move a patient to lower level of risk.

2. The Nursing Report for each shift also reflects the assessed risk level. Because of the work done by the Nursing department and the pilot units, it was possible to determine which TREVR tools were the most useful and practical in communicating risk levels. TREVR board does require engagement of the treatment team in the assessment process and is a useful tool for staff going onto the unit at each shift.

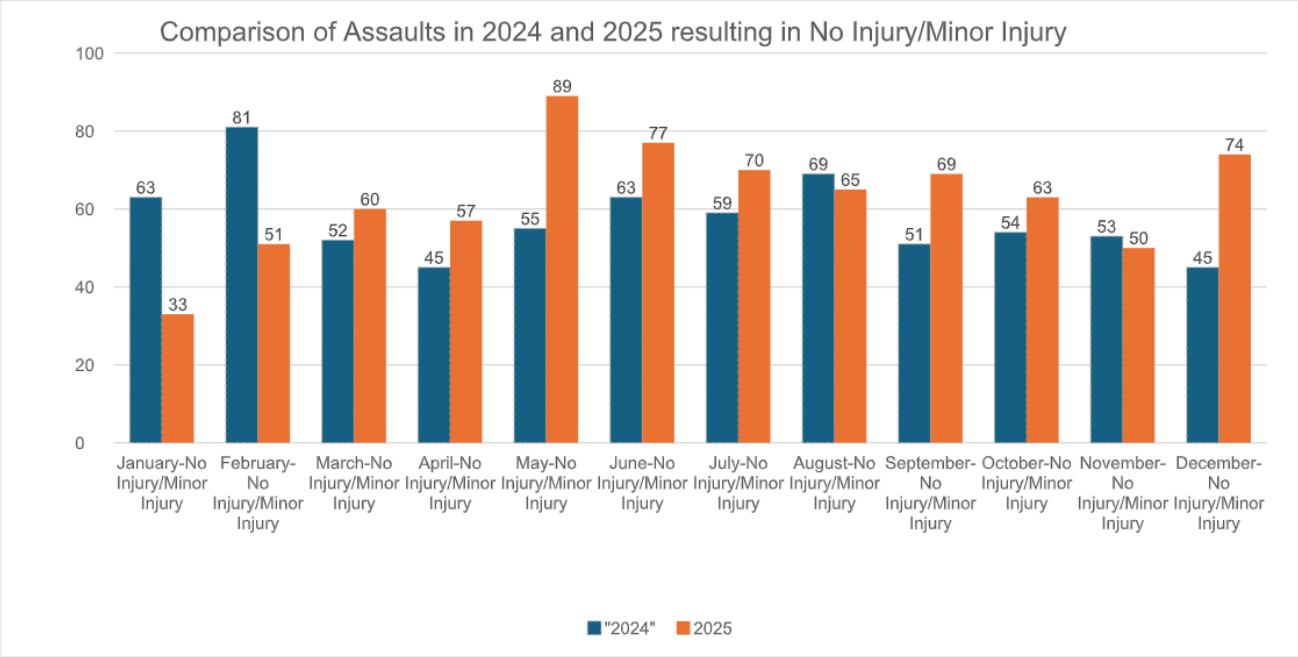
- Trauma Informed Care Universal Precautions (TICUP) provide each employee and all new hires universal precautions encouraging empathetic care with insight. Current instruction is at 97% of all direct care providers.

- The Safewards model is an evidence-based framework designed to create calmer, safer environments in inpatient mental health and healthcare settings. It was introduced to Greystone as a more proactive form of positive interaction between patients and staff. Safewards has been rolled out to four units and will continue through 2026. New work groups are meeting to schedule and implement treatment team training. The goal is for hospital-wide training to begin in June 2026.

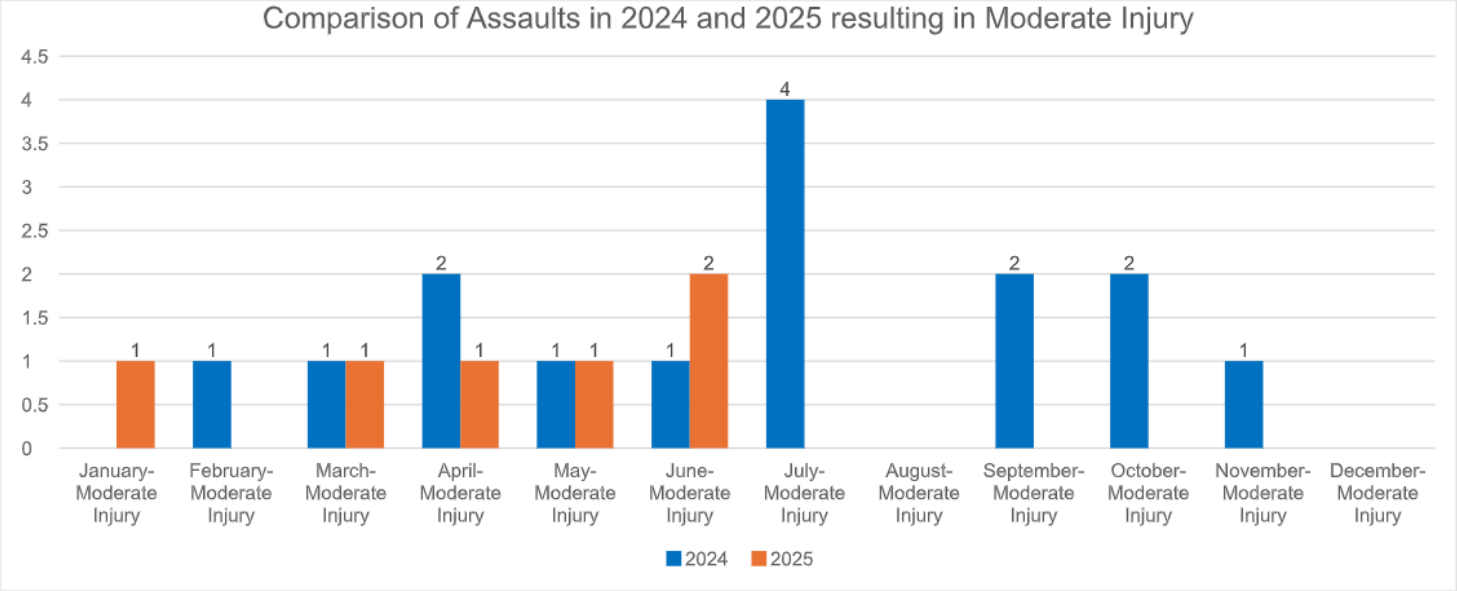
- The hospital also continued utilizing available single-room accommodations to address patient safety and clinical needs when available. This allowed patients to remain on a unit without the stress of having a roommate. This helped to maximize operational efficiency.

The Committee reviews assault data and violence prevention programs each month to track the impact on reducing violence.

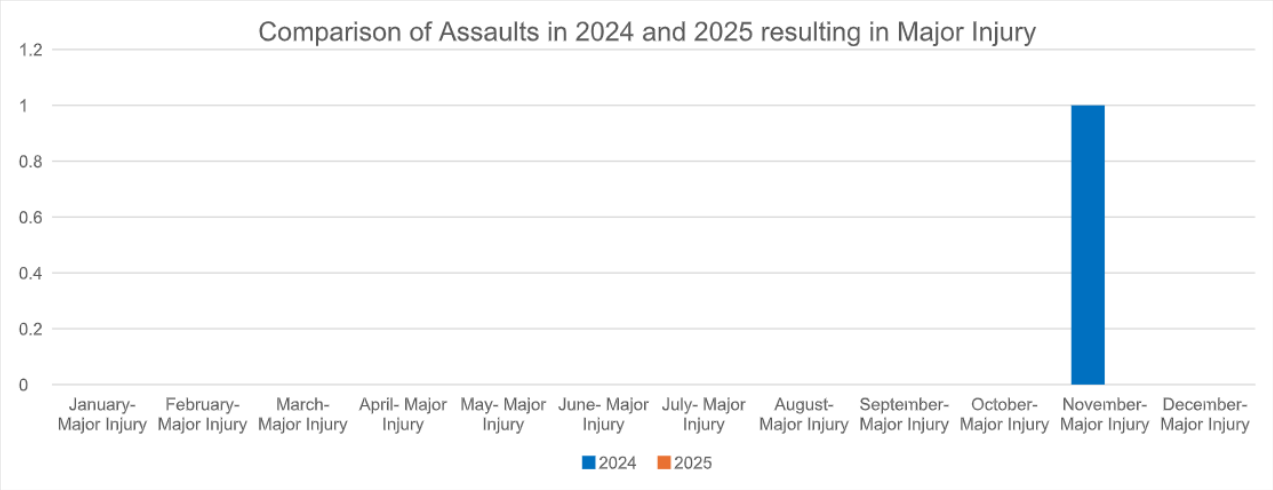
Month/Assault Type	January-No Injury/ Minor Injury	February-No Injury/Minor Injury	March-No Injury /Minor Injury	April-No Injury/ Minor Injury	May-No Injury/ Minor Injury	June-No Injury/ Minor Injury	July-No Injury/ Minor Injury	August-No Injury/ Minor Injury	September-No Injury/Minor Injury	October-No Injury/Minor Injury	November-No Injury/Minor Injury	December- No Injury/ Minor Injury	Yearly total: No Injury/ Minor Injury
2024	63	81	52	45	55	63	59	69	51	54	53	45	690
2025	33	51	60	57	89	77	70	65	69	63	50	74	758



Month/Assault Type	January-Moderate Injury	February-Moderate Injury	March-Moderate Injury	April-Moderate Injury	May-Moderate Injury	June-Moderate Injury	July-Moderate Injury	August-Moderate Injury	September-Moderate Injury	October-Moderate Injury	November-Moderate Injury	December-Moderate Injury	Yearly total: Moderate Injury
2024	0	1	1	2	1	1	4	0	2	2	1	0	15
2025	1	0	1	1	1	2	0	0	0	0	0	0	6



Month/Assault Type	January- Major Injury	February - Major Injury	March - Major Injury	April- Major Injury	May- Major Injury	June- Major Injury	July- Major Injury	August - Major Injury	September - Major Injury	October- Major Injury	November- Major Injury	December- Major Injury	Yearly total: Major Injury
2024	0	0	0	0	0	0	0	0	0	0	1	0	1
2025	0	0	0	0	0	0	0	0	0	0	0	0	0



7) **Medical Security Officers**

- Greystone has completed the implementation of bringing Medical Security Officers (MSOs) onto the units to work with unit staff. As of December 2025, there was a full complement of MSOs (8-10 per shift) on day, evening, and night shifts. Staff willingness to engage the MSOs and training nursing staff on the role of the MSO and what constitutes as appropriate call led to an increase in the number of pre-psychiatric emergency calls in 2025.

- The MSO team responds to pre-psychiatric emergencies, offers medication assistance, escorts patients throughout the hospital as needed, conducts contraband searches, provides incident debriefing, and responds to emergency calls for de-escalation. Staff, hospital administration, and the Oversight Committee agree that the MSO model has led to a reduction in violence and an increase in patient and staff safety.

8) **Civil Commitment Hearings -** No issues regarding the hearings has been presented.

9) **Safety and Maintenance of Infrastructure -** There have been no substantiated complaints regarding issues of safety or maintenance, other than the PIC concerns.

10) **Programs and Services -** Greystone is in compliance with this section of the Settlement Agreement.

11) **Ambulance Services**

The contract with the Morris County Office of Emergency Management continues to be a successful approach to managing the availability of the ambulance service at Greystone. Having an ambulance stationed at Greystone, along with trained EMS technicians, has contributed to the well-being of patients at Greystone. Both emergency and non-emergency response trends are reviewed at regular intervals. The number of emergency ambulance calls in year 2025 was 28, representing a decrease from the 34 calls in year 2024. The highest call volume in 2025 was the month of August, with 6 reported calls. The average response time for calls in 2025 was 6.42 minutes, which is a significant decrease from 2024, and below the national average of 7 minutes as reported through the National Institute of Health. The number of non-emergent calls in 2025 was 195, compared to 187 calls in 2024. Non-emergent arrival times trended downward, with an average response time of 10.5 minutes, compared to11.2 minutes in the prior year. Non-emergent use of the ambulance involves transporting patients for treatment in the community at local hospitals for illnesses that are not considered emergencies but do require treatment. See the following charts.

Emergency Ambulance Calls by Month	January	February	March	April	May	June	July	August	September	October	November	December	Annual Total of Emergency Ambulance Calls
2024	1	5	6	2	0	2	3	2	1	4	5	3	34
2025	0	3	1	4	0	2	2	6	3	2	4	1	28

Emergency Ambulance Calls, Average Unit Arrival by Month	January	February	March	April	May	June	July	August	September	October	November	December	Annual Average of Unit Arrivals for Emergency Ambulance Calls
2024	9 minutes	8.4 minutes	9.3 minutes	8 minutes	0 minutes	9 minutes	8.67 minutes	9.5 minutes	9 minutes	9.75 minutes	8.4 minutes	9.3 minutes	8.2 minutes
2025	0 minutes	7.7 minutes	5 minutes	8.75 minutes	0 minutes	7 minutes	8.5 minutes	8 minutes	8.3 minutes	8 minutes	7.75 minutes	8 minutes	6.42 minutes

Non-Emergent Ambulance Calls by Month	January	February	March	April	May	June	July	August	September	October	November	December	Annual Total of Non-Emergent Ambulance Calls
2024	12	10	13	13	16	14	17	21	12	23	16	20	187
2025	19	16	16	16	19	19	15	16	12	14	21	12	195

Non-Emergent Ambulance Calls, Average Unit Arrival by Month	January	February	March	April	May	June	July	August	September	October	November	December	Annual Average of Unit Arrivals for Non-Emergent Ambulance Calls
2024	12.1 minutes	10.1 minutes	9 minutes	11.3 minutes	10.6 minutes	9 minutes	10.2 minutes	12.6 minutes	10.75 minutes	11.3 minutes	14.7 minutes	12.75 minutes	11.2 minutes
2025	12 minutes	10.6 minutes	10.5 minutes	9.6 minutes	10.5 minutes	9.4 minutes	11.1 minutes	11.2 minutes	10.7 minutes	10.5 minutes	10.2 minutes	9.5 minutes	10.5 minutes

12) Staff Qualifications and Training

There is an intensive program of training which continues for all employees of the hospital beginning with new staff orientation, orientation on assigned units, and continuing modules throughout the year. This includes in the classroom sessions, on the job training, and virtual online instruction. The hospital has ongoing recruitment in all areas of employment, with an emphasis on qualifications and licensing requirements.

13) Complaints and Investigations

As per the terms of the Settlement Agreement, the Oversight Committee continues to work with Settlement Agreement Liaison, Arlington King, MSW, and Praveen Sasi, Nurse and Quality Assurance Coordinator at Greystone. It is through the efforts of Mr. King and Mr. Sasi, who are both dedicated and highly knowledgeable employees of DOH, that the Committee is provided with complaints that have been made. Mr. King and Mr. Sasi investigate these complaints and bring them to the Committee, along with investigation reports and a thoughtful analysis of each complaint. In addition to investigating each complaint, they provide the Committee with any necessary follow-up information and indicate which complaints are substantiated or unsubstantiated as required by the Settlement Agreement.

During each meeting, the Committee focuses on the elements outlined in the Settlement Agreement. Patients, their families and representatives, and staff may all use the complaint forms to make a formal complaint. Forms are available throughout the hospital and may also be requested from staff.

During calendar year 2025, there was a very significant decrease in the number of complaints received, from a total of 48 complaints received in 2024 to only 12 complaints received in 2025. This is a decrease of 75%, which is extraordinary. This was due in large part to having one patient, who was the subject of many complaints from other patients, transferred back to Ann Klein Forensic Center.

As detailed in the following pages, of the 12 complaints submitted, two cases were found to be substantiated, and one case was found to be partially substantiated. All other cases were found to be unsubstantiated.

It should be noted that while Mr. King and Mr. Sasi investigate each case, the members of the Oversight Committee pose questions to them and may disagree with their assessments. Although this did not happen in 2025, if this occurs, Committee members may request further information or further investigation, per the Settlement Agreement. Any complaints which are determined not to fall within the parameters of the Settlement Agreement are still reviewed by the Patient Services Compliance Unit [PSCU] of the Department of Health.

Month	Number of complaints submitted	Number of substantiated complaints	Number of unsubstantiated complaints
January	1	0	1
February	3	0	3
March	3	0	2 unsubstantiated 1* Case was unsubstantiated as it related to the settlement agreement but, there were areas of concern that were addressed with the treatment team.
April	1	1 Case was substantiated based on a violation of the settlement agreement and investigated by the Office of Investigations	0
May	1	1* Case was substantiated for failure to properly communicate a scheduled meeting to a patient	0
June	1	0	1
July	0	0	0
August	1	0	1
September	0	0	0
October	0	0	0
November	1	1* Case partially substantiated due to issues regarding dietary selection and a portion was investigated by the Office of Investigations	1* Case was partially unsubstantiated as it related to the settlement agreement
December	0	0	0
Total	12	2.5	9.5

CONCLUSION

During 2025, the Oversight Committee was able to determine there was continued progress in most areas noted in the Settlement Agreement. After reviewing and discussing data related to violence prevention, staffing patterns, and development and implementation of new positions, positive changes and trends were identified. Members of DOH administration as well as hospital staff have contributed to these improvements.