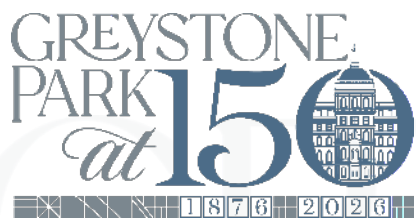


Division of  
Behavioral  
Health  
Services



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**Annual Report 2025**



# AGENDA:

## ■ About Us:

- Greystone Park Psychiatric Hospital Leadership
- History
- Mission
- Admissions and Commitment Process
- Patient Demographics
- Unit & Service Description
- Treatment Teams
- Greystone Park Psychiatric Hospital Departments
- Visitation
- Advocacy and Patient Rights

## ■ 2025 Data:

- Census
- Admissions
- Discharges
- Staffing

## ■ 2025 Initiatives:

- Year Highlights
- Transition in Leadership
- Violence Reduction
- Initiatives (Safewards, TREVR, Trauma Informed Care)
- Programming and Patient Care Initiatives
- Special Events
- Strengthening Community Relationships

## ■ 2026 Initiatives:

- 150-year Anniversary Celebration & Events
- Continue 2025 Initiatives
- The Joint Commission
- Improve Internal and External Customer Service
- Increase Patient Community Reintegration
- Staff Recruitment, Retention, and Management
- Improve Emergency Response
- Strategic Plan



## ABOUT US:

- Greystone Park Psychiatric Hospital Leadership
- History
- Mission
- Admissions and Commitment Process
- Patient Demographics
- Interdisciplinary Treatment Teams
- Greystone Park Psychiatric Hospital Departments
- Advocacy and Patient Rights



## GREYSTONE'S BOARD OF TRUSTEES:

- James DiGiulio, Esq., Chairman
- Sheriff James Gannon, Vice Chairman
- Louis Modugno, Esq.
- Tomika Carter, MSW
- Christine Dahlgren
- Mayor Jason Karr
- Lisa Vara, MA





# GREYSTONE'S EXECUTIVE TEAM

- Chief Executive Officer
- Deputy Chief Executive Officer
- Chief Operating Officer
- Chief Clinical Officer
- Medical Director(acting)
- Chief of Psychiatry(acting)
- Chief Nursing Officer
- Director of Quality Assurance
- Settlement Agreement Liaison
- Business Manager
- Manager of Human Resources
- Administrative Analyst
- Executive Assistant to the CEO
- Secretary to the DCEO
- Secretary to the COO

Joshua Belsky, LCSW

Eric Madurki, MBA

Quinzell McKenzie, MPA

Christopher Dorian, LCADC, CCS

Harlan Mellk, MD

Peter Mehta, MD

Julie Van Houten, MS, BSN, RN

Dorothea Josephs-Spaulding, PhD

Arlington King, MSW

Jack Frey, BA, BS, CCM

Melissa Ballard

Timothy Dimitrios, MAS

Maria Jazenback, BA

Andrea Hunnighan

Michelle Lucas



# HISTORY



In the 1870s the New Jersey Legislature appropriated 2.5 million dollars to purchase over 700 acres of land to build New Jersey's second psychiatric hospital. This was as a result of lobbying done by a former teacher, Dorothea Lynde Dix.

From 1876 until 2008, Greystone served as many as 7,700 patients (in 1947). Greystone was known for its massive Main building, designed by Thomas Kirkbride, that had the largest single foundation of any building in America until the Pentagon was built. It was named "Greystone Park" after the superior building stone of light gray gneiss, resembling granite, that was quarried on site for construction. In 1924 it was renamed, "Greystone Park Psychiatric Hospital". The hospital was a self sustained community, post office, farm & piggery, providing 100% of the foodstuff for patients & staff who lived on grounds. However, the need for treatment expanded. The Dormitory building was opened in 1901, followed by the Curry Complex (featuring patient housing, power plant, barns, greenhouses and a fire station) in 1927, Chest Building and 30 Ellis Drive in 1930, 10 & 50 Ellis Drive in 1940, Central avenue Complex in 1975 and 20 new independent living cottages in 1982.

On July 16, 2008, patients moved from the old campus to the a newly constructed state-of-the-art hospital building featuring 450 beds. Many Stakeholders had a hand in its design, from the J-Wing Treatment Mall area, outdoor courtyards, Park Place Café, outdoor pool and picnic space along with the innovative interior layout.



# DEPARTMENT OF HEALTH



source: NJDOH Strategic Plan 2025-2030

## Core Values and Guiding Principles:

- Integrity: Strengthen New Jersey's public health and health care infrastructure by adopting best practices, inspecting and monitoring health care facilities and services, and improving the delivery system.
- Equity: Strive to eliminate disparities in access to health care, treatment, and clinical outcomes.
- Diversity: Deliver services that are inclusive and diverse and strengthen public health engagement through cultural humility and education.
- Transparency: Use data and metrics to drive decision making and provide information to the public.
- Innovation: Promote access to services through technology and innovative strategies.
- Partnership: Partner with members of the public health ecosystem to promote wellness and activities related to the prevention of illness and the management of chronic diseases.
- Community: Strengthen the state's local public health system and improve the performance and practice of local health departments.
- Credibility: Engage stakeholders to strategically focus on evidence-based prevention and treatment programs.

## Vision Statement:

Ensure that all New Jerseyans live long, healthy lives and reach their fullest potential.

## Mission:

Protect the public's health, promote healthy communities, and continue to improve the quality of health care in New Jersey.



# Greystone's Vision:

## *“ Foster Hope, Practice Wellness, Live Recovery ”*



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.

### Areas of concentration

- ✓ Integrated Health - addressing the physical, mental and substance use health issues
- ✓ Active Treatment
- ✓ Violence Reduction
- ✓ Workforce Development





# ADMISSIONS AND COMMITMENT PROCESS

Patients are referred to GPPH via Centralized Admissions, from STCFs, County Hospital, Ann Klein Forensic Center, Trenton Psychiatric Hospital and Ancora Psychiatric Hospital.

Patients referred from Centralized Admissions have usually been in a short-term care facility, a private hospital, or a county hospital for a period of time but require further stabilization. We do not accept walk-ins.

Upon admission, patients are seen by a psychiatrist, an internist, and a nurse. Assessments are completed and an initial treatment plan is created based on the issues that brought the patient to the hospital. Over the next few days, the patient will meet other treatment team members from the departments of social work, rehab, nutrition, chaplaincy, and co-occurring disorders. Their assessments in collaboration with the initial assessments from psychiatry, medicine and nursing are utilized in addition to the patient's input to formulate the Comprehensive Treatment Plan which is discussed in a meeting with the patient by the seventh day. Patients are encouraged to follow a daily patient schedule based on their individualized treatment goals. The goal is always to stabilize and be discharged as soon as is safe.

Most patients are admitted on a regular involuntary commitment status and will have a court hearing within 21 days if they have not already had one in the community hospital they came from. A very small group of patients may be here on voluntary status. Some patients have been adjudicated Not Guilty by Reason Insanity (NGRI) and fall under the jurisdiction of the superior court. Commitment status is periodically reviewed either by the civil or superior court judge.

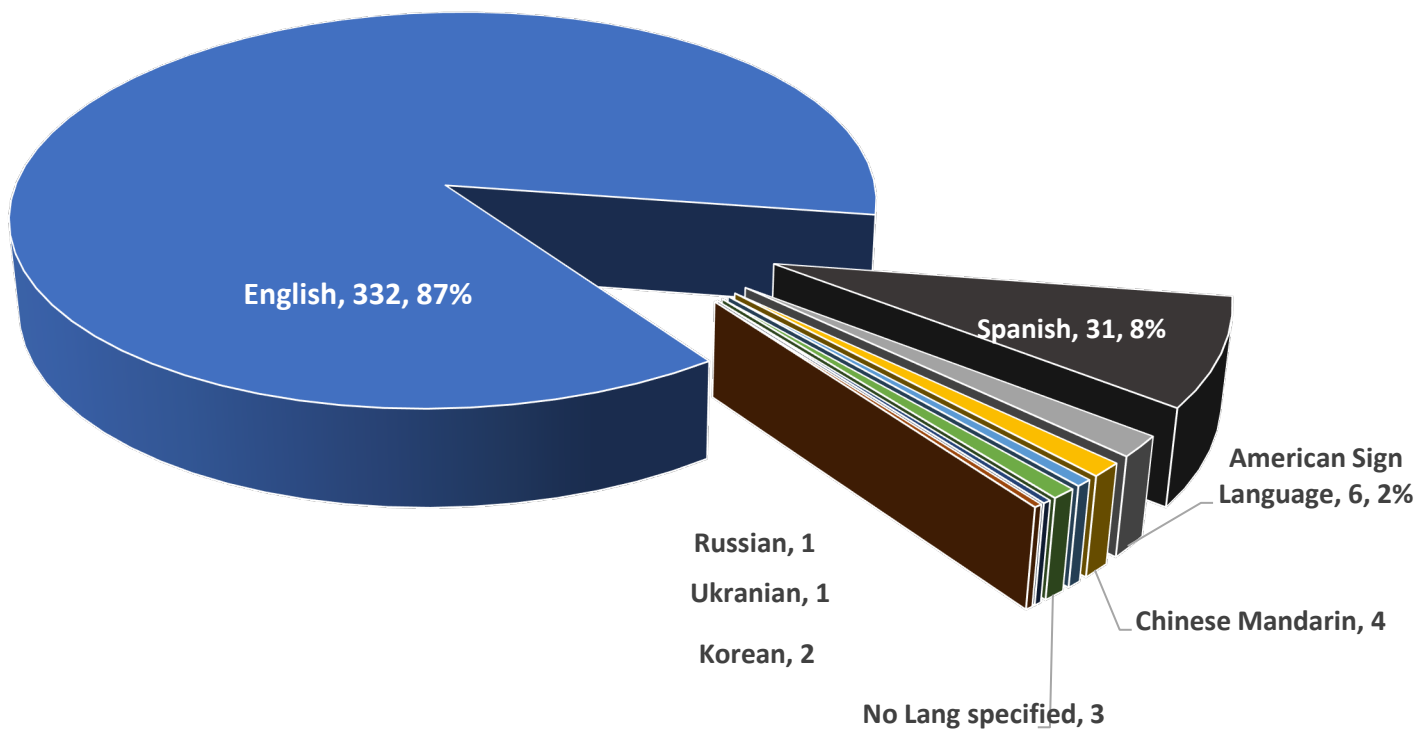
When civil patients are no longer deemed to be an imminent danger to themselves, their commitment status can be changed by the court to Conditional Extension Pending Placement (CEPP). This allows them to remain at the hospital until appropriate placement is found.

Civilly committed patients do not require a court order to be discharged by the treatment team. NGRI patients require court and other approvals prior to discharge.

Patients will be transferred out of admissions to other areas of the hospital based on clinical appropriateness and bed availability.

# PATIENT DEMOGRAPHICS

GPPH current patients by primary Language spoken

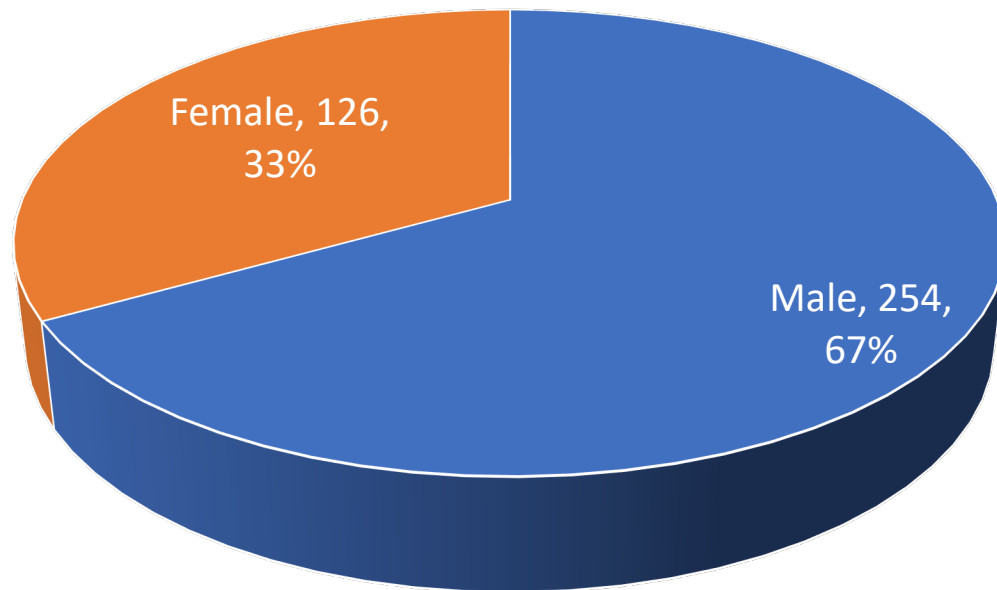


Current patients by Age and Gender

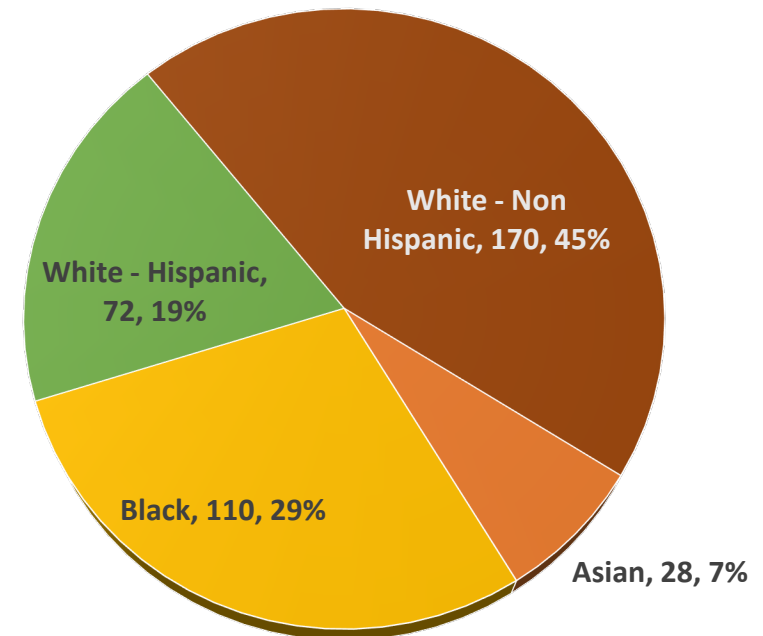
		254	126		
		Male		Female	
Teen	56%	1		0	41%
20s		33		8	
30s		58		19	
40s		50		25	
50s	44%	46		24	59%
60s		54		36	
70s		12		13	
80s		0		1	

# PATIENT DEMOGRAPHICS, cont'd

current patients by Gender



current patients by Race





# UNIT AND SERVICE DESCRIPTION

Greystone Park Psychiatric Hospital is composed of Four Areas and the Mountain Meadow Cottages. These include Area One, Area Two, Area Three, Area Four as well as the Mountain Meadow Cottages. All admissions to the hospital are processed through the Area Four Admissions, designated as (A1) and (B1), according to an established intake procedure. A brief description of each Area follows:

- Area 1 is comprised of four secure units that provide continuous psychiatric care to our patients. Most geriatric patients are located in Area 1. In addition, Area 1 is located on the first floor in close proximity to Ancillary Services, and the Civil Court.
- Area 2 is comprised of four secure units with legal status patients that provide continuous psychiatric care to patients in need of a secure therapeutic environment.
- Area 3 is comprised of 6 secure units that provide continuous psychiatric care to patients in need of a secure therapeutic environment.
- Area 4 is comprised of 4 secure units. Admissions who meet the New Jersey Screening Law, commitment process that are eighteen (18) and older from the counties of Morris, Passaic, Bergen, Hudson, Hunterdon, Essex, Somerset, Sussex, Union, and Warren. In addition, Mercer, Monmouth, and Ocean counties have been added for the over 65 age population only. A2 is a specialized unit serving all Deaf and hard of hearing patients in the state.
- The Mountain Meadow Cottages are comprised of 7 Cottages which have patients who are mostly CEPP status. Each Cottage has 8 beds.



# INTERDISCIPLINARY TREATMENT TEAMS

Consists of the patient and/or guardian and the clinical staff responsible for supporting the recovery of the patient. Team members are responsible for facilitating the patient's development of skills and abilities needed to foster full participation in community life, guided by the patient's goals, abilities, strengths, and preferences.

**Team Leader/Psychiatric Care Provider (Psychiatrist or Advanced Practice Nurse)** - The Treatment Team Leader is the psychiatric care provider (psychiatrist or advanced practice nurse) who oversees and coordinates the provision of clinical care provided to the patient

**Assistant Team Leader (Psychologist)** - The Assistant Team Leader, in the absence of the psychiatric care provider (psychiatrist or advanced practice nurse), is the Psychologist who assures that appropriate psychological services are provided to each patient, and through the Team process:

Assists the Team in specifying recovery-oriented, objective, measurable, realistic and time-specified ICTP objectives that address the patient's identified problems, and embody relevant personality theories, learning theories, behavior modification theories and practices, symptom management techniques, evidence-based practices and other psychological principles.



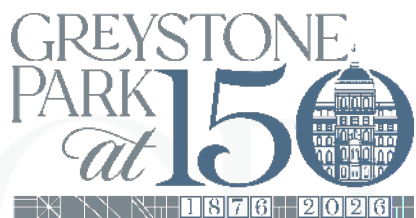
# INTERDISCIPLINARY TREATMENT TEAMS

**Unit Administrators (Program Coordinator)** - assists team members in entering the team-developed strengths, goals, objective, and psychiatric interventions into the computerized treatment plan system, establishes deadlines and related procedures for the team to participate in the creation of treatment plan contents, and maintains a schedule of treatment plan review dates and disseminates the same to all stakeholders. The Unit Administrator monitors the timely completion of the treatment plan by all clinical disciplines, and the delivery of specified interventions. The Unit Administrator also notifies the Clinical Discipline Directors of any problems in their staffs' participation and cooperation in the treatment planning process and/or delivery of interventions.

**Social Worker** is responsible to provide updates on discharge planning, including any factors that may impact a successful discharge, at all scheduled treatment plan team meetings. The social worker will ensure this information is explained to the family, guardian and/or significant other.

**Departments of Medicine, Rehabilitation, Pastoral Services, Co-Occurring and Nutrition** - Maintain awareness of changes in the patient's condition, behavior, and response to interventions. Communicate in real time with each other information regarding the patient's problems, status, progress, and outstanding issues by completing regular progress notes relating to these issues. Contribute timely assessments as required by standards and policies, discipline specific observations (related to the patient's condition, behavior, and response to treatment), and recommendations to be incorporated into the treatment plan. Ensure that discipline-specific input is made available to the Team, even if unable to attend the team meeting.





# GPPH DEPARTMENTS

- Administration
- Ancillary Services
- Area Administration
- Business Office
- Chaplaincy
- Client Services
- Clinical Administration
- Co-Occurring
- Communications
- Court Coordination
- Dental Services
- Employee Relations
- Engineering
- Fire
- Food Services
- Housekeeping
- Human Resources
- Infection Prevention
- Information Technology
- Language Services
- Medicine
- Medical Records
- Medical Security Office
- Nursing
- Nutrition
- Physical Therapy
- Psychiatry
- Psychology
- Quality Assurance
- Rehabilitation Services
- Safety
- Security
- Settlement Agreement
- Social Services
- Statewide Specialized Inpatient Program
- Storehouse
- Training and Development
- Transportation

# VISITATION

Greystone Park Psychiatric Hospital staff encourages families and other loved ones to visit with patients.

**In person** visits must be scheduled via the in-person visitation line (973) 889-4389. The line is monitored Monday through Friday 8:30am - 2pm excluding state holidays.

- Please note that we are not able to accommodate same day visit requests.
- Visiting hours are Monday through Friday 6-8pm and on weekends and state holidays 1-3pm and 6-8pm
- All visits must be scheduled no later than 2pm the business day prior to the visit.
- All visits for the weekend and Monday must be scheduled before Friday at 2pm. Visits for state holidays must be scheduled by 2pm the business day prior to the holiday.
- All visits are scheduled in one-hour blocks.
- Two visitors are allowed per patient per visit.
- In order to schedule a visit, we ask that you leave the name of the patient you would like to visit, the unit they are on, first and last name of the visitors, the day and time you would like to visit, and a telephone number so we can contact you to confirm that your visit has been scheduled.
- There is no clinical information available on the visitation line. Any patient specific questions must be directed to the treatment team.
- No items can be brought to visits. Coats, cell phones, and other personal items should be left in the car or stored in a locker in the lobby for the duration of the visit. No photos are allowed to be taken during visits.
- Visitors must go through screening procedures.

Please note that the safety of our patients, staff, and visitors is our first priority. As such, we reserve the right to cancel visits in the case of inclement weather, clinical concerns, or other emergent situations which may arise. Cancelled visits can be rescheduled when it is safe to do so.

**Virtual visits** (rare) can be scheduled via the unit Program Coordinator via Microsoft Teams.

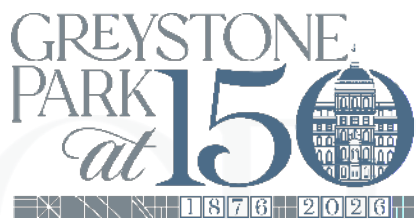


# ADVOCACY AND PATIENT RIGHTS

When people receive mental health services in a New Jersey State Psychiatric Hospital, their rights are guaranteed by State laws, GPPH policy and the “Patient’s Bill of Rights.”

At GPPH, if a patient has an issue, idea, or complaint then the Client Services Representatives can be contacted at 1-888-670-6408.

If the patient believes that he/she is being physically or mentally abused, then he/she should contact and report these complaints to the Patient Service Compliance Unit (PSCU) 24 hours a day, 7 days a week at: 1-888-490-8413.



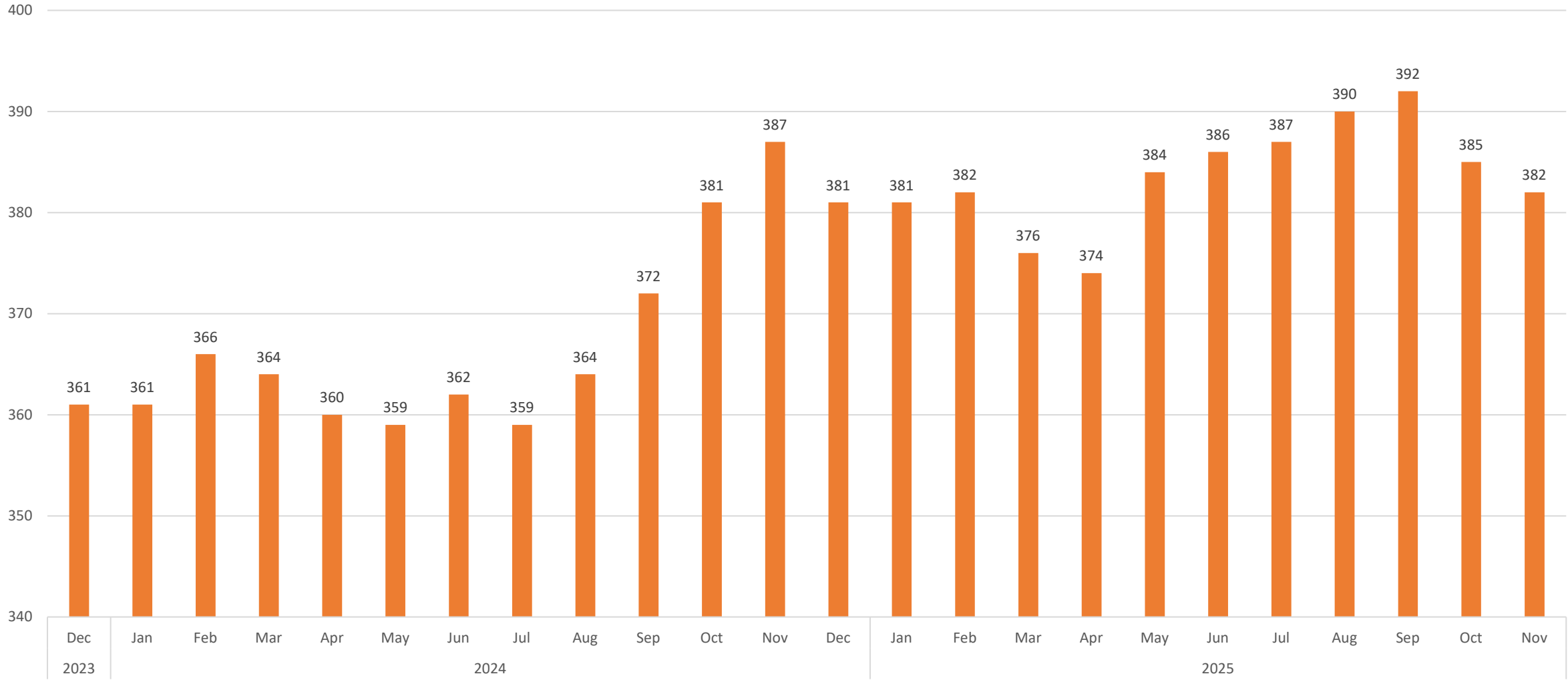
## 2025 DATA

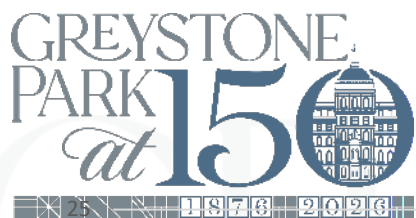
- Census
- Admissions
- Discharges
- Staffing



# GPPH Census

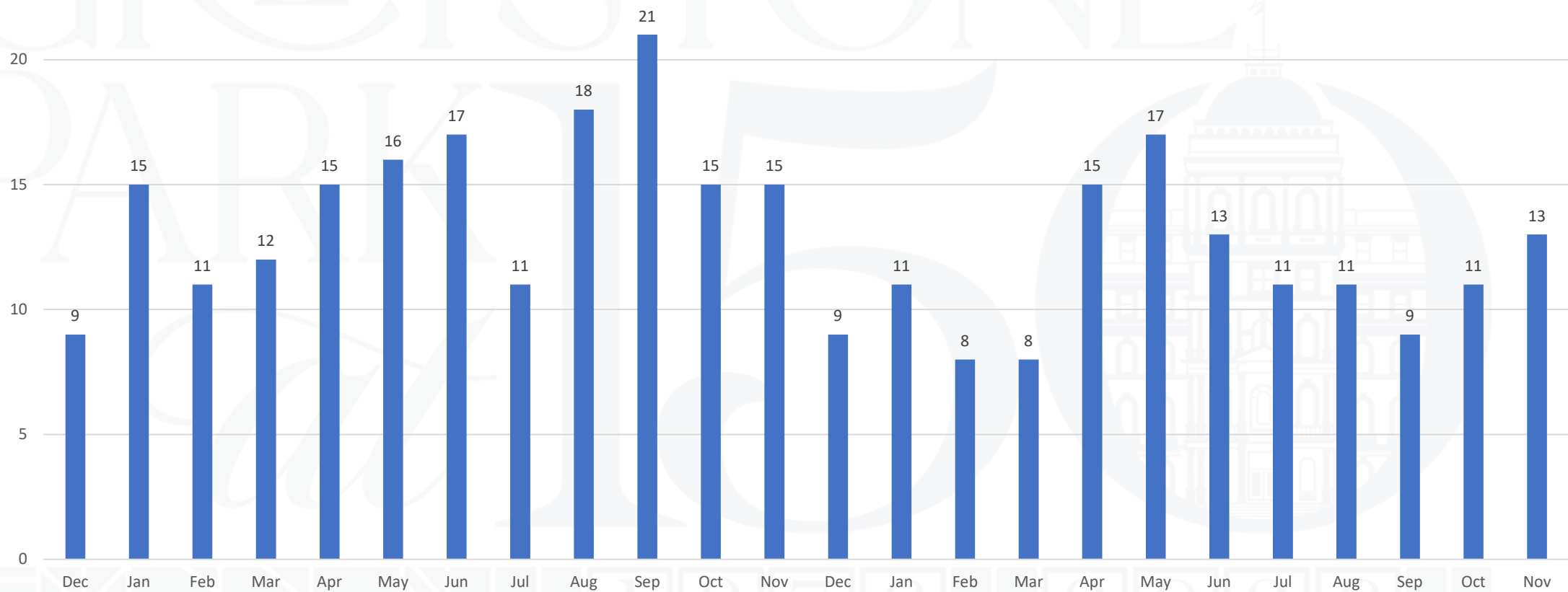
last 24 months



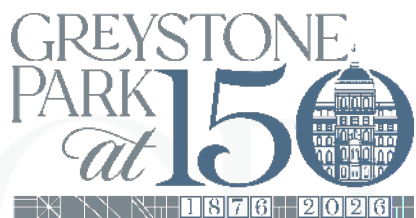


# ADMISSIONS

last 24 months

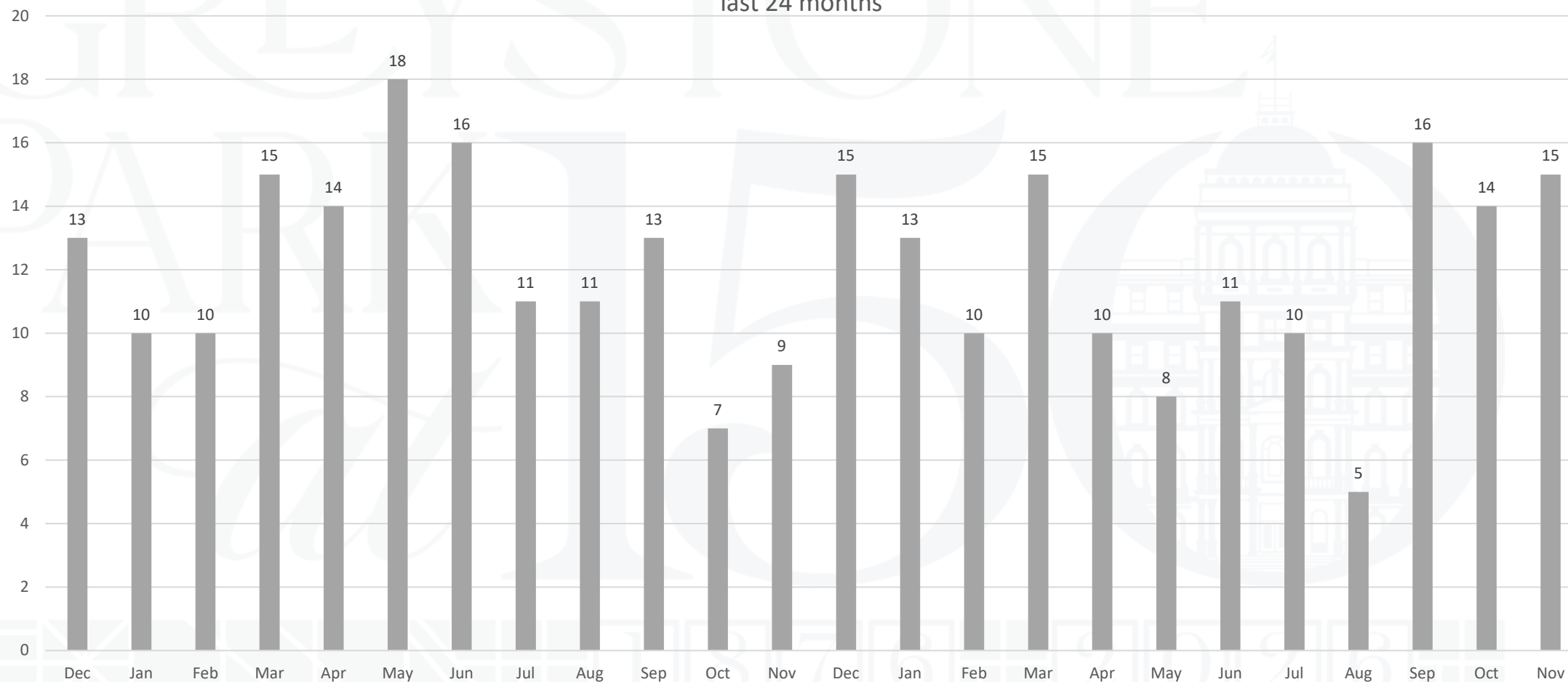


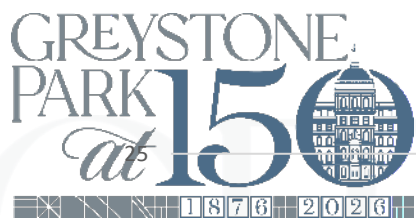




# DISCHARGES

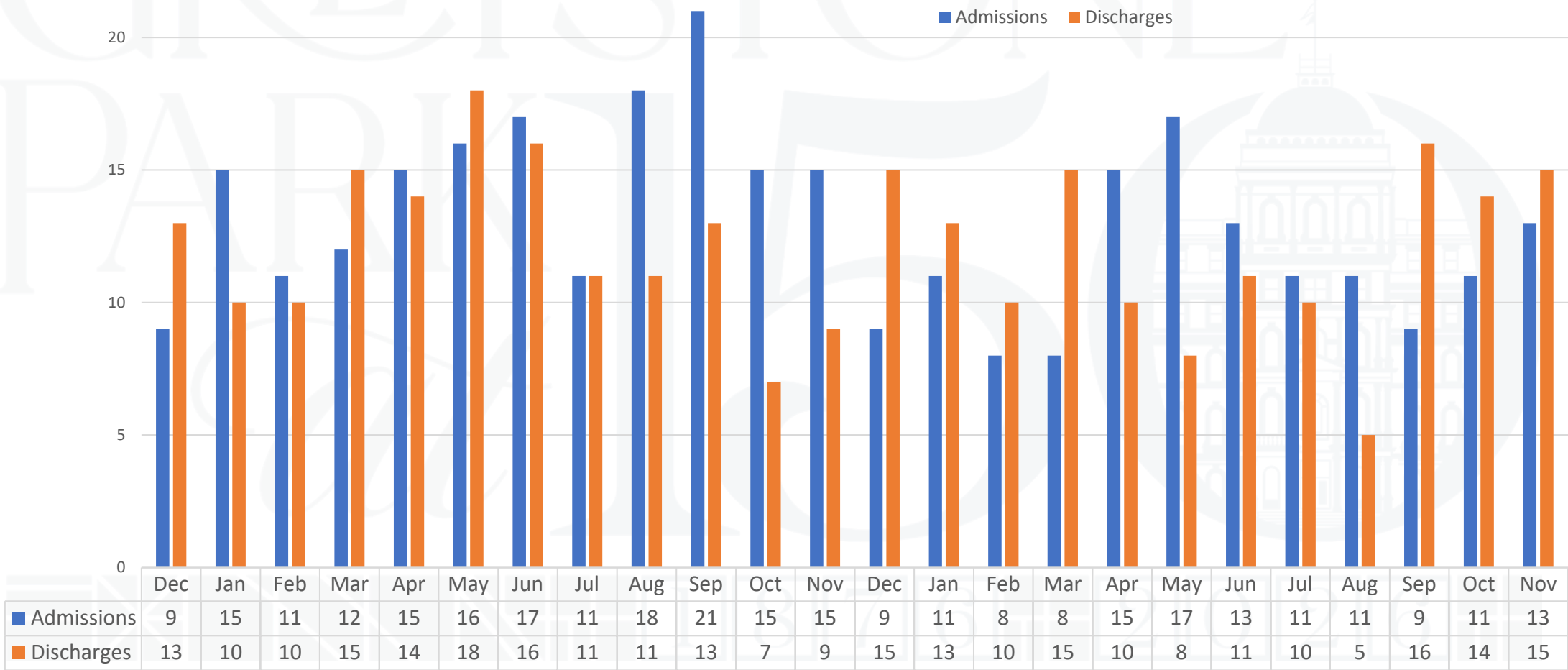
last 24 months





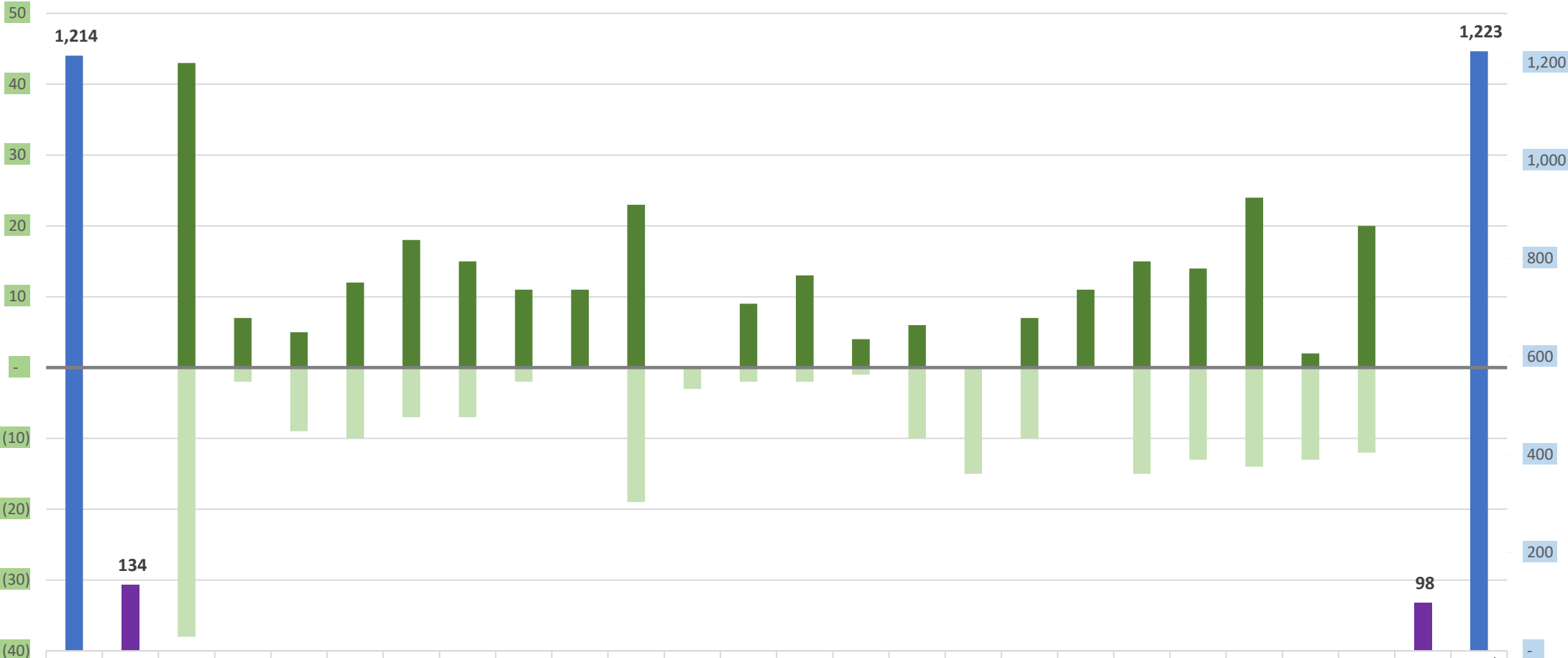
# ADMISSIONS & DISCHARGES

last 24 months



# GPPH STAFFING - 2024 - Present

# Hired # Seperated



	Total Staff	Vacant	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Vacant	Total Staff Nov 30
# Seperated			(38)	(2)	(9)	(10)	(7)	(7)	(2)	-	(19)	(3)	(2)	(2)	(1)	(10)	(15)	(10)	-	(15)	(13)	(14)	(13)	(12)		
# Hired			43	7	5	12	18	15	11	11	23	-	9	13	4	6	-	7	11	15	14	24	2	20		
	1,214	134																							98	1,223



# 2025 INITIATIVES

- 2025 Highlights
- Transition in Leadership (Accountability, Reliability, Consistency and Transparency)
- Violence Reduction
- Initiatives (Safewards, TREVR, Trauma Informed Care)
- Strengthening Community Relationships



# 2025 HIGHLIGHTS

- Remaining PIC ceiling tiles secured
- Second Televisions installed on every patient unit
- New home base for Medical Security
- Security Screenings began March 11
- Swimming Pool open all season
- Implement Q15 patient monitoring June 1
- Backdoor screenings began June 3
- Commissioner Visit July 24
- Anniversary Party August 15
- Gym project completed in September
- Free calls for all patients as all payphones have been replaced with non-pay phones in October



# 2025 HIGHLIGHTS

- Emergency Drills
- Patient J-Wing Migration (since Oct 2024)
- Sheds and Trailers removed
- Emergency Management Director position filled
- Greystone History Presentation
- Key Additions
  - 2 DONs
  - Nursing Informatics supervisor
- Technology
  - Transitioning to POES v2
  - Upgraded to iNovar v3 Scheduler in October





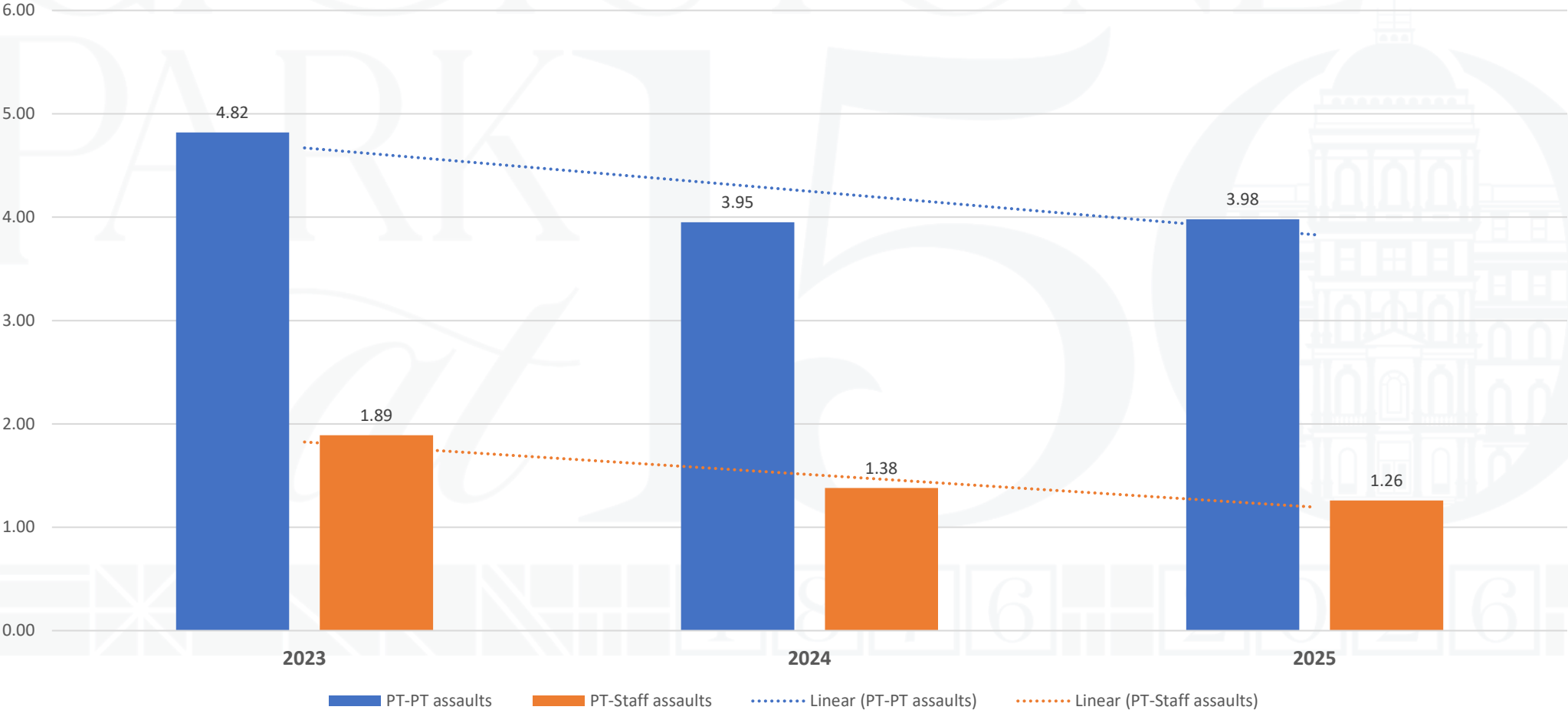
# TRANSITION IN LEADERSHIP

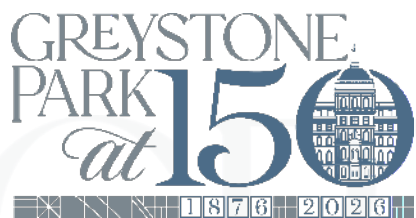
- New Acting Chief of Psychiatry
- New Director of Emergency Management
- Realigned Medical Staff in conjunction with new Bylaws
- Strengthened unity of Executive Team
- Continued monthly Senior Leadership Meetings



# VIOLENCE REDUCTION

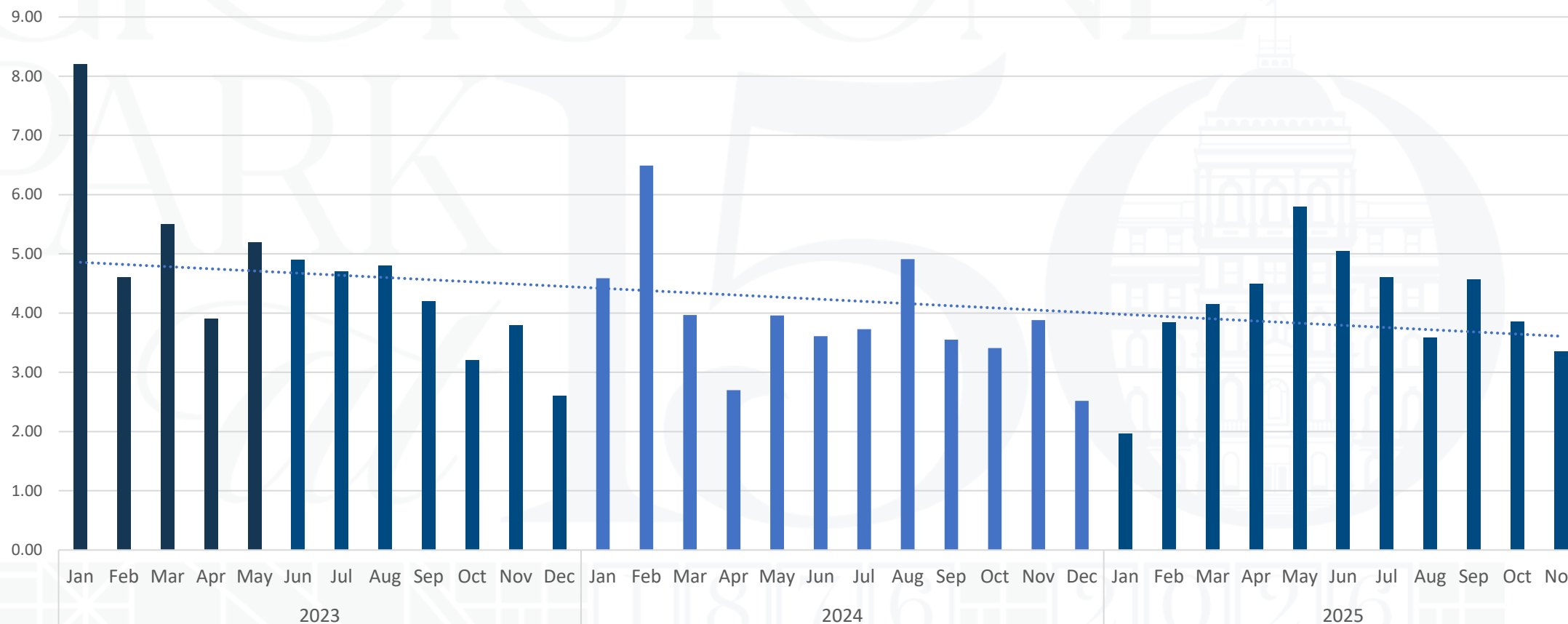
GPPH Assaults per 1000 Patient Days  
Averages by year

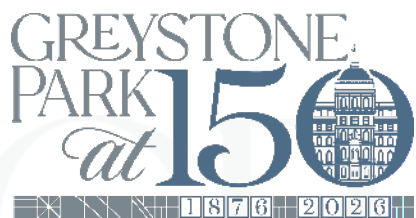




# Patient to Patient Assaults

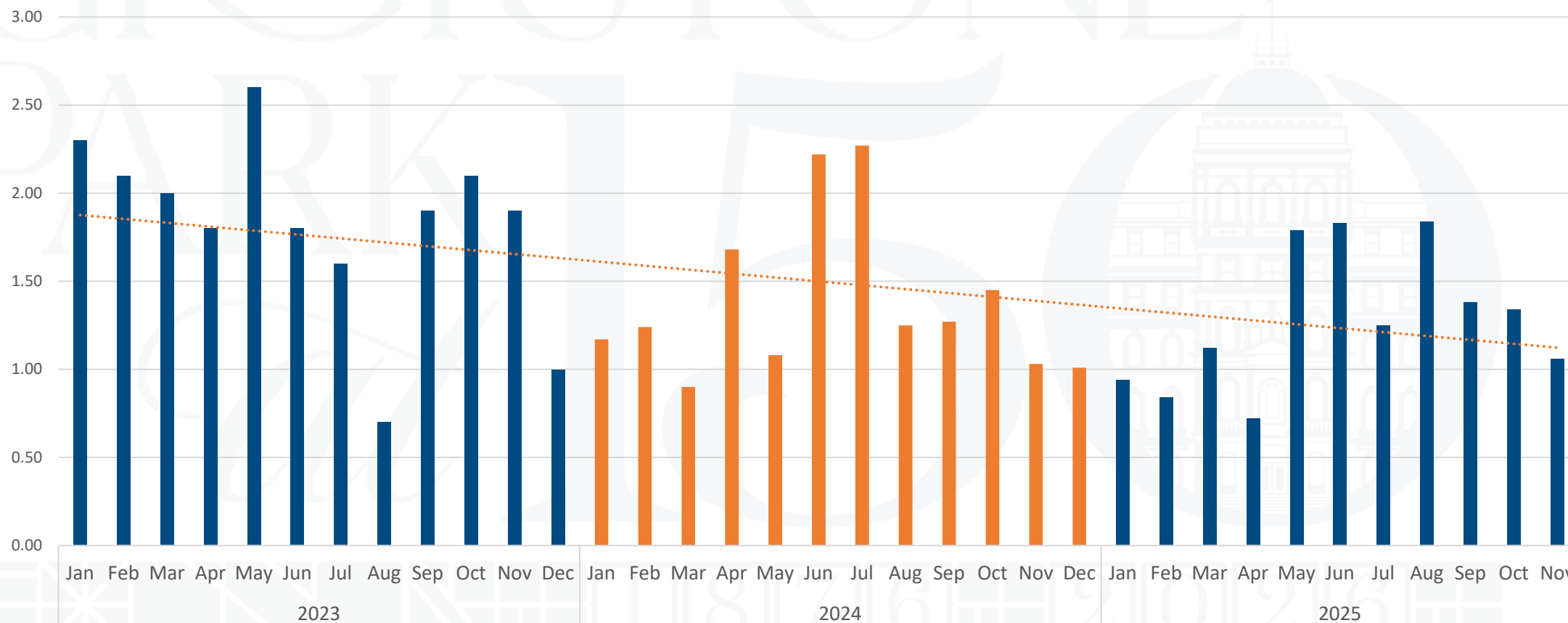
per 1000 Patient Days





# Patient to Staff Assaults

per 1000 Patient Days





# SAFEGUARDS

- Safeguards is a program that promotes staff and patients working together to make the hospital a calmer, more positive place for everyone.
- Safeguards interventions are strategies developed to manage sources of conflict on the unit.
- These interventions help staff manage patient frustration and provide useful tools for patients and staff to work together.
- Currently there are multiple Safeguards units in various stages: Admissions, Cottages, G2, F3/G3, and G1.
- Teams are being coached by GPPH Safeguards workgroup members.
- Expanding Safeguards Committee to train for full hospital implementation



# THERAPEUTIC RESPONSE TO ELEVATED VIOLENCE RISK (TREVR)

- TREVR establishes **strong, two-way communication** between the treatment team and all 3 shifts of Nursing.
- Communication includes sharing the team's identified tools to assist a patient at risk for violence and clear descriptions of the outcome when a therapeutic response is used.
- TREVR continues to be piloted on A3 & B2





# TRAUMA INFORMED CARE

Care that recognizes the impact of trauma upon people seeking services and also upon people providing services.

*Shifting focus from  
“What’s wrong with you?”  
to  
“What happened to you?”*



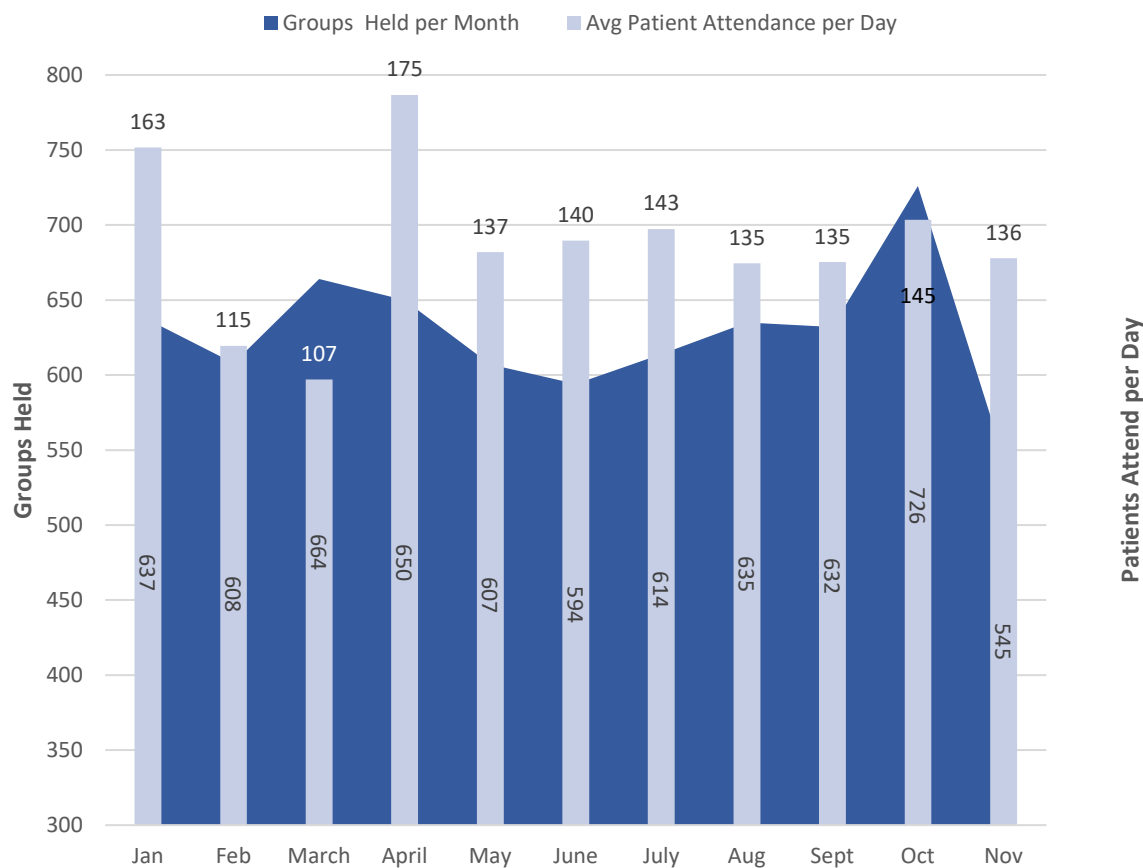
# TRAUMA INFORMED CARE

## Universal Precautions

- Precautions we must take to prevent trauma from occurring, to prevent re-traumatization, and/or prevent triggering trauma responses.
- We create a safe environment for both the people we serve and staff.
- We create a healing environment for the people we serve .
- We must apply precautions in every situation and with everyone (patients, staff, and visitors).
- Initial training provided by Rutgers Canvas online, follow up/refreshers done at our annual training event.

# Programming and Patient Care Initiatives

J-Wing Migration stats 2025



- Since the start of the Migration initiative in summer 2024, scheduled programming has increased 20% adding between 100-150 groups monthly.

- Rehab - 7% increase
- Co-Occurring - 53% increase
- Nursing - 54% increase
- Chaplaincy - 55% increase
- Social Work - 71% increase
- Psychology - 100% increase

On average:

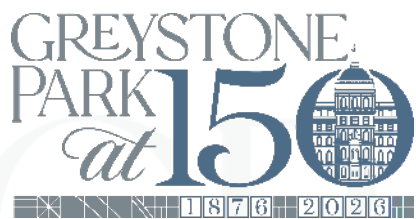
- 140 patients present for migration each Day
- 628 groups held each month
- 93% of groups ran as scheduled



# Programming and Patient Care Initiatives

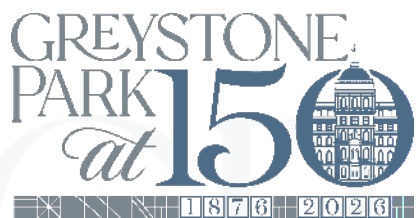
## 2025 patient Brief Visits – BVs

- 63 instances
- 35 from main hospital
- 28 from Mountain Meadow cottages
- 33 different patients



# Patient Care Special Events

- For the following State Holidays activities were provided in the Gymnasium, Weight room as well as ensured that Park Place Café was available for patients. New Year's Day, Martin Luther King, Jr. Day, Presidents' Day, Good Friday, Memorial Day, Juneteenth, Independence Day, and Columbus day
- Multiple parties with music, dancing, karaoke, and refreshments – Valentine's day, Pride Event, Halloween
- Patient and staff Pickleball Tournament, March Madness basketball tournament, Talent Shows
- Double Dutch Jump Rope Troupe exhibition
- Multiple Guest Speakers including Community Providers
- Local Units celebrating being Violence Free
- Program Fair in the Jwing Treatment Mall
- Mental Health Awareness Walk with refreshments
- Multiple Concerts featuring Owls and Lions, The Kootz, Gypsy Jazz & Swing, Genevieve Faivre, Miss Maybelle and her Ragtime Romeos, and more
- Pool officially opened in June for the Summer Season!
- Kick-Off Picnic to our 150th Anniversary celebration
- Circus comes to Greystone!



# Patient Outings

- Patient Outings totaled more than 92 trips off campus so far this year.
- Cottage patients went on most trips
- Pastoral Services escorted an Average of 55 patients each month

	OUTING
Shopping	Rockaway& Willow brook Malls, Walmart, Barnes & Noble
Food	Olive Garden, Cheesecake Factory, others
Tx Related	AA meetings
	MHA Awareness Fair
	A+ Group home Visits
Fun	Bowling
	Movies, MPAC
	Apple Picking
	Minor league baseball
	Liberty State Park
	Morris Museum
	Mini-Golf
	BBQ Picnic
	Egg Hunt
	Special Chaplaincy trip
	Arboretum
	County Library



# STRENGTHENING COMMUNITY RELATIONSHIPS

- Opening Up GPPH
- CBH Care
- Mutual Aid
- Professional Advisory Committee
- Providers
- Increasing Visibility
- Academic partnerships; students and interns





# 2026 INITIATIVES

- 150th Anniversary Events
- Continue 2025 Initiatives
- The Joint Commission Readiness
- Improve Internal and External Customer Services
- Increase Patient Community Reintegration
- Staff Recruitment, Retention, and Management
- Improve Emergency Response
- Strategic Plan

# Anniversary Celebration Kickoff August 15, 2025





HONORING THE PAST.

GREYSTONE  
PARK  
*at* 150  
— 1876 — 2008 —

INSPIRING THE FUTURE.

OPENED  
AUGUST 17  
— 1876 —



OPENED  
JULY 16  
— 2008 —





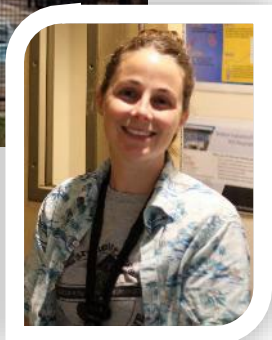


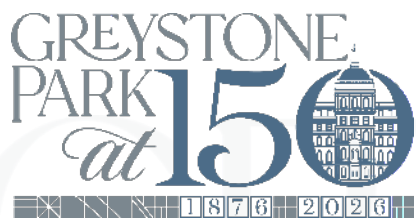
GREYSTONE PARK

ESTABLISHED 1876

PRACTICE WELLNESS







# 150<sup>th</sup> ANNIVERSARY CELEBRATION EVENTS

Date	Event
August 8/15/25	Kick off Ceremony
August 8/15	Kick off Picnic
September	Circus
October	Octoberfest retro
October	Halloween Dance
October	CLIP history webinar
November	Robert Kirkbride
December	Chapel Installation
January	Greystone in Film
February	Linda Russell (Music)
March	CEO Roundtable
April	OT Month Fair
April	CME Psych treatment
May	Carnival
May - June	Grover Kemble (Music)
June	Field Day
July	250 <sup>th</sup> US anniversary
August	Closing Event
Future	History lecture on the road





# CONTINUE 2025 INITIATIVES

- Leadership Transitions
- Violence Reduction
- Expand Safewards
- Revitalize and expand TREVR
- Continue to have all staff trained in Trauma Informed Care
- Expand Migration
- Expand Patient Outings
- Expand peer supports





# THE JOINT COMMISSION

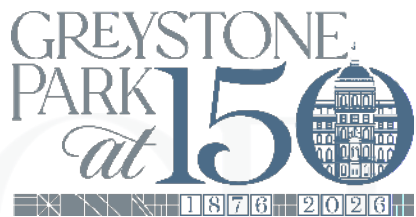
- Rounding
- Barrin's Mock Survey
- Central Office Patient Services Compliance Unit



# IMPROVE INTERNAL AND EXTERNAL CUSTOMER SERVICE

## 2025 Hospital Wide Performance Improvement Project

- Improve Customer Service initiatives
- Staff Surveys
- Topics on Customer Service Tips
- Octoberfest and Customer Service Awareness Week
- Develop module for NEO
- Customer Service Recognition



# INCREASE PATIENT COMMUNITY REINTEGRATION

- Expand Community Contacts
- Increase Offsite Activities
- Community Agency CEO/Executive Director Summit
- Increase Outside Speakers



# Staff Recruitment, Retention, and Management

- Targeting Specific Areas
- Customer Service Initiatives
- Improve Communication
- Safety
- Address Negativity
- Monitor and Address Callouts
- Reduce Overtime



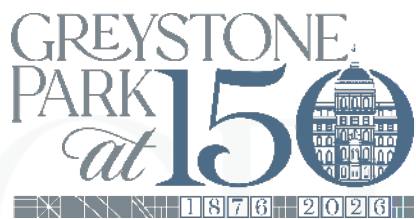
# IMPROVE EMERGENCY RESPONSE

- 2026 Safety Trainings
- Internal and External Mutual Aid and Collaboration



# Strategic Plan

- Development of new Strategic Plan for GPPH



# Thank you!

