

Greystone Park Psychiatric Hospital
 Board of Trustees Annual Public Meeting
 December 2025



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

**MINUTES OF THE ANNUAL PUBLIC MEETING
 BOARD OF TRUSTEES
 GREYSTONE PARK PSYCHIATRIC HOSPITAL**

- I. The Board of Trustees Annual Public Meeting at Greystone Park Psychiatric Hospital (GPPH) was held in person in the GPPH Auditorium on Thursday, December 18, 2025, pursuant to the notice duly given. In conformance with the Public Open Meetings law, notices for the meeting were sent to Daily Record, Bergen Record, and the New Jersey Herald.

Board Member Attendance:

<u>Present:</u>	<u>Excused</u>
Chairman James (Jim) DiGiulio, Esq.	
Sheriff James M. Gannon	
Louis Modugno, Esq.	
Tomika Carter, MSW	
Christine Dahlgren	
Lisa Vara, MA	
Mayor Jason Karr	

Hospital Administrators Attendance:

<u>Present:</u>	<u>Excused</u>
Joshua Belsky, Chief Executive Officer	
Eric Madurki, Deputy Chief Executive Officer	
Quinzell McKenzie, Chief Operating Officer	
Christopher Dorian, Chief Clinical Officer	
Dr. Harlan Mellk, MD, Acting Medical Director	X
Julie VanHouten, Chief Nursing Officer	
Jack Frey, Business Manager	
Dorothea Josephs-Spaulding, Director of Quality Management	
Arlington King, Settlement Liaison	
Timothy Dimitrios, Administrative Analyst 4	
Maria Jazenback, Secretary to the Board	X
Michelle Lucas, Covering Secretary to the Board	
Stephanie Gabelmann, GPA Liaison	
Susan Loughery, Division of Behavioral Health Services Assistant Commissioner	

CALL TO ORDER at 3:15pm by Chairman, James DiGiulio. It was discussed that public comment and questions will occur at the end of the meeting.

II. ADDRESS TO THE PUBLIC FROM THE CHAIRMAN:

Chairman, James DiGiulio thanked everyone for coming to the annual public end of year meeting. The agenda was reviewed with the public at this time

The Chairman discussed that the CEO and the leadership team report every month about what is going on in the hospital and continue to keep the board aware of significant events and data. Thank you to the Board of Trustees, CEO, leadership team, and all staff for all you do each day for our patients.

The Board of Trustees continues to monitor increased census, oversees operations and manages the spending of the patient welfare fund. Two members of the Board of Trustees, Sheriff James Gannon and Mayor Jason Karr are in attendance at this meeting, however, will need to leave shortly to deliver gifts to children at a local hospital.

Greystone's 150th Anniversary will be occurring in August 2026, but the hospital has been holding events to celebrate the Anniversary since August 2025. The Chairman discussed accomplishments for the year which included a hospital wide picnic and a new gym which was funded from the Patient Welfare Fund

III. CEO'S PRESENTATION:

Mr. Josh Belsky, Chief Executive Officer (CEO) at Greystone Park Psychiatric Hospital (GPPH) presented the CEO Report for the Annual Public Meeting which was a PowerPoint presentation that included the following information:

Greystone's Board of Trustees Membership: Jim DiGiulio, Chairman; Sheriff James Gannon, Vice Chairman, Louis Modugno; Tomika Carter; Christine Dahlgren; Mayor Jason Karr; and Lisa Vara.

Greystone's Executive Team: Josh Belsky, CEO; Eric Madurka, Deputy CEO; Quinzell McKenzie, Chief Operating Officer, Christopher Dorian, Chief Clinical Officer; Dr. Harlan Mellk, Acting Medical Director, Dr. Peter Mehta, Acting Chief of Psychiatry, Julie VanHouten, Chief Nursing Officer; Dr. Dorothea Josephs-Spaulding, Director of Quality Assurance; Arlington King, Settlement Liaison; Jack Frey, Business Manager, Melissa Ballard, Human Resources Manager; Tim Dimitrios, Administrative Analyst; Maria Jazenback, Executive Assistant to the CEO; Andrea Hunnighan, Secretary to the Deputy CEO, and Michelle Lucas, Secretary to the Chief Operating Officer

History: In the 1870s, the NJ Legislature appropriated 2.5 million dollars to purchase over 700 acres of land to build New Jersey's second "Lunatic Asylum". This was because 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 and piggery, providing 100% of the foodstuff for patients and 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 newly constructed state-of-the-art hospital building featuring 450 beds. Many stakeholders had a hand in the 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: Core Values and Guiding Principles which includes integrity, equity, diversity, transparency, innovation, partnership, community, and credibility

Mission and 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 include Integrated

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Health – addressing the physical, mental and substance use health issues; Active Treatment, Violence Reduction; and Workforce Development.

Admissions: Patients are referred to GPPH via Centralized Admissions, Ann Klein Forensic Center, sister hospitals such as 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 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 issue 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 7th 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.

Commitment Process: 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 of 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: Patient demographics were shown regarding primary language spoken at GPPH which is English at 87%, Spanish at 8%, Chinese/Mandarin is 4%, American Sign Language is 2%, Korean is 2%, No language specified is 3%, Ukrainian is 1% and Russian is 1%. Gender, Race, and Age statistics were also reviewed.

Unit and Service Description: GPPH is composed of four areas and the mountain meadow cottages. These include area one, area two, area three, area four, as well as 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 was reviewed.

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 function as independently as possible, 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.

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 or treatment plan contents, and maintains a schedule of treatment plan review dates and disseminates the same to all stakeholders. 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.

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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 – maintains awareness of changes in the patient's condition, behavior, and response to interventions. Communicates 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. Contributes 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. Ensures that discipline specific input is made available to the Team, even if unable to attend the 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, and Transportation.

Visitation: GPPH 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 6pm-8pm and on weekends and state holidays 1pm-3pm and 6pm-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 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 NJ 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.

Data: GPPH Census, Admissions, Discharges, Restraints, Holds, Seclusions, and Staffing data graphs for the last twelve (12) months was shown to the public.

2025 Highlights: Remaining PIC ceiling tiles secured. Second televisions installed on every patient unit. New home base for Medical Security. Security screenings began March 11th. Swimming pool was open all season. Implemented Q15 patient monitoring on June 1st. Backdoor screenings began June 3rd. Commissioner visited July 24th. Anniversary party occurred August 15th. Gym projected was completed in September. Free calls for all patients as all payphones have been replaced with non-pay phones in October. Emergency drills occurred. Patient J-Wing Migrations has occurred since October 2024. Sheds and trailers were removed. Emergency Management Director position was filled. Greystone history presentation was given. Key additions were two (2) Directors of Nursing, and a Nursing Informatics Supervisor position was filled. Transitioning to POES v2 and upgraded to iNovar v3 Scheduler in October.

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Transition in Leadership: New Acting Chief of Psychiatry, New Director of Emergency Management, Realigned Medical Staff in conjunction with the new bylaws. Strengthen unity of Executive Team. Continued monthly Senior Leadership Meetings.

Violence Reduction: Patient to Patient Assaults and Patient to Staff Assaults per 1000 patient days averages by year were reviewed.

Safewards: Safewards is a program that promotes staff and patients working together to make the hospital a calmer, more positive place for everyone. Safewards interventions are strategies developed to manage sources of conflict on the unit. Currently there are multiple Safewards units in various stages. These units are admissions, cottages, G2, F3/G3, and G1. Teams are being coached by GPPH Safewards workgroup members.

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 and B2.

Programming and Patient Care Initiatives: include migration, brief visits as well as an increase in patient events

Strengthening Community Relationships: Opening up GPPH, CBH Care, Mutual Aid, Professional Advisory Committee, Providers, Increasing Visibility, Academic Partnerships; students and interns.

2026 Initiatives: Continue 2025 Initiatives, 150th Anniversary Events, The Joint Commission Readiness, Improve internal and external customer services, Increase patient community reintegration, Improve Emergency Response, Strategic Plan, and Staff Recruitment, Retention and Management.

VI. COMMENTS FROM THE PUBLIC

Chairman, James DiGiulio opened the floor for questions and/or comments. Members of the public were reminded that they had five (5) minutes to state their question(s)/comments. Any questions/concerns that cannot be addressed during this meeting will be addressed during the next meeting.

There were no questions from the public during this meeting.

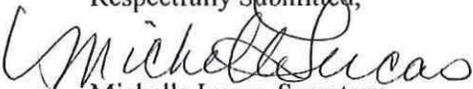
VIII. ADJOURNMENT:

The meeting was adjourned at **4:10pm**.

IX. NEXT MEETING:

The next meeting of the Greystone Park Psychiatric Hospital Board of Trustees will be held on Thursday, January 15, 2026, at 3:15pm via virtual meeting on Microsoft Teams.

Respectfully Submitted,


Michelle Lucas, Secretary
GPPH's Board of Trustees

Witnessed By,


James DiGiulio, Chairman
GPPH's Board of Trustees