

Greystone Park Psychiatric Hospital  
Board of Trustees Meeting  
July 2025 Meeting Minutes



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

**MINUTES OF A REGULAR MEETING  
BOARD OF TRUSTEES  
GREYSTONE PARK PSYCHIATRIC HOSPITAL**

- I. The Board of Trustees Meeting at Greystone Park Psychiatric Hospital (GPPH) was held in person on Thursday, July 17, 2025, pursuant to the notice duly given. In conformance with the Public Open Meetings law, notices for the meeting were sent to Daily Record and the Star-Ledger. Roll Call is as follows:

**Board Member Attendance:**

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

**Hospital Administrators Attendance:**

<u>Present:</u>	<u>Excused</u>
Joshua Belsky, Chief Executive Officer	X
Eric Madurki, Deputy Chief Executive Officer	
Quinzell McKenzie, Chief Operating Officer	
Julie VanHouten, Chief Nursing Officer	
Christopher Dorian, Chief Clinical Officer	X
Dr. Harlan Mellk, MD, Acting Medical Director	X
Jack Frey, Business Manager	
Dorothea Josephs-Spaulding, Director of Quality Assurance	
Arlington King, Associate Hospital Administrator 2	
Timothy Dimitrios, Administrative Analyst 4	X
Maria Jazenback, Secretary to the Board	X
Stephanie Gabelmann, GPA Liaison	X

**CALL TO ORDER** at 3:15pm by Vice Chairman, Sheriff James Gannon.

## II. APPROVAL OF MINUTES:

The May 15, 2025, GPPH Board Meeting Minutes were presented for approval. Mayor Jason Karr gave the 1<sup>st</sup> motion to approve the minutes. Christine Dahlgren gave the 2<sup>nd</sup> motion to approve the minutes. All in favor. The May 15, 2025, GPPH Board Meeting Minutes were adopted.

## III. CEO's PRESENTATION

*Mr. Eric Madurki, Deputy Chief Executive Officer (CEO) at Greystone Park Psychiatric Hospital (GPPH) presented the CEO Report during this meeting.*

**May 2025:** The average census was 382 at the end of the month and the average for the month was 378.6. There was a total of seventeen (17) admissions and eight (8) discharges for the month of May. There were sixty-one (61) patients on CEPP status in May which is about 15.7% of the patient population. There were seventy-three (73) KROL patients in May. The violence data was reviewed during this meeting. There were sixty-eight (68) patient-to-patient incidents in May. The total is 5.79 per 1000 patient days which is higher than the 2024 average of 3.9. There was (1) incident with moderate injury, and twenty-one (21) incidents with mild injuries. There were twenty-one (21) patient-to-staff incidents in May. The total is 1.79 per 1000 patient days and 1.4 which is lower than the average in 2024. There were no (0) incidents with moderate injury, and zero (0) incidents with severe injury. There were fifteen (15) seclusions in May which is about the same from the prior month. Restraints increased from the prior month. The number of holds also increased from the prior month. There were three (3) contraband issues, of which, none were related to substances, tobacco or weapons. There is a slight decrease from the prior month of four (4).

**June 2025:** The average census was 382 at the end of the month and the average for the month was 382.5. There was a total of thirteen (13) admissions and eleven (11) discharges for the month of June. There were fifty-three (53) patients on CEPP status in June which is about 13.6% of the patient population. There were seventy-two (72) KROL patients in June. The violence data was reviewed during this meeting. There were fifty-eight (58) patient-to-patient incidents in June. The total is 5.05 per 1000 patient days which is higher than the 2024 average of 3.9. There was (1) incident with moderate injury, and eleven (11) incidents with mild injuries. There were twenty-one (21) patient-to-staff incidents in June. The total is 1.83 per 1000 patient days and 1.4 which is lower than the average in 2024. There was one (1) incident with moderate injury, and zero (0) incidents with severe injury. There were twenty-six (26) seclusions in June which is about the same from the prior month. Restraints increased from the prior month. The number of holds also increased from the prior month. There were five (5) contraband issues, of which, three (3) were related to substances, tobacco or weapons. There is a slight decrease from the prior month of three (3).

**Departmental Reports May 2025:** **Human Resources:** There were seven (7) new hires in May, ten (10) employees departed, this is a total decrease of minus eight (-8) employees' year to date. **Nursing:** Interviewing for Director of Nursing (DON). Continuing training for roll out of POESv2. Twenty-one (21) RN leaders attended a preplanning disaster drill training. **Quality Assurance (QA):** The Joint Commission returned to GPPH one week prior than anticipated. Corrective actions were started but not fully rolled out, the hospital was placed on conditional status. **Rehabilitation Services:** Patient program attendance is at 71%. 38,825 patient attendance at groups on the Month of May which is doubled in comparison to January 2024. **Psychiatry/Medicine:** A temporary psychiatrist was hired for a fulltime permanent position.

**Major Happenings/Events/Projects:** The hospital held a chili contest with outside emergency response agencies. Clinical staff attended a presentation on TORT coverage and Ethics. Coordinated 150<sup>th</sup> Anniversary planning. Updated and restructured the recruitment plan for Information Technology (IT).

**Concerning Issues:** Census, morale in the aftermath of loses, and Medicaid cuts.

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**Departmental Reports June 2025:** **Human Resources:** There were eleven (11) new hires in June, no (0) employees departed, this is a total decrease of increase three (+3) employees' year to date. HR continues to target recruiting, focusing on Nursing, Rehabilitation Services, Engineering and Housekeeping Departments. **Nursing:** Implemented and updated Q15 policy. Achieved 98% Q15 training rates. Nursing is working with Human Resources to increase staffing. **Quality Assurance (QA):** The Joint Commission returned to GPPH as a follow-up. GPPH completed Q15 training and is no longer on conditional status. **Rehabilitation Services:** Working with Engineering and IT Departments to complete gym renovations, which are scheduled to begin in July. The pool opened on June 23<sup>rd</sup>. **Social Services:** Continues to decrease the CEPP census. 64% of discharges are CEPP. Reinvigorating the Safewards Committee and are seeking new members. **Psychiatry/Medicine:** Decision made to move Dr. Peter Mehta into the role on Interim Chief of Psychiatry. **Psychology:** Achieved 91% compliance with completing risk assessments in a timely manner.

**Major Happenings/Events/Projects:** The 2024 Badge Performance Improvement (PI) Project has been completed. We are waiting for the final report to be submitted. The GPPH Medical Staff elected Dr. Tanya Schineller as President of the Medical Staff, Dr. Rebecca Tennis and the Vice President of the Medical Staff. Thank you is extended to Dr. Walter Bakun and Dr. Anthony Gotay for their years of service and leadership on the Medical Staff. New Medical Staff Bylaws will be changed again. Security Screening meetings conducted. Screenings are going well and have been implemented at the back door without incident. The pool is now open.

**Concerning Issues:** Rising census; rising 1:1's; discharge challenges; ongoing federal budget and bills effecting Medicaid.

**IV. PATIENT WELFARE FUND:**

The 2026 Fiscal Year Welfare Fund Budget was previously approved by the Board of Trustees. The June 30, 2025, Patient Welfare Financial Report was provided to all Board of Trustee Members for review.

**VI. OFFICE OF COMMUNITY SERVICES:**

**New Jersey FamilyCare Behavioral Health Integration Updates:** The next meeting of the Behavioral Health Integration Advisory Hub will be on Wednesday, July 23 from 10:00-11:30 am EST. The link to register for the meeting is: <https://chcs.zoom.us/meeting/register/XEgCKKycQAKam6NLeygBkg#/registration> This workgroup, convened by the Division of Medical Assistance and Health Services (DMAHS) and the Division of Mental Health and Addiction Services (DMHAS), provides feedback to inform the design and implementation of the integration of select behavioral health services into managed care.

**Recent Funding Announcements:** Regional Legal Services for Individuals with a Substance Use Disorder (SUD) This Request for Proposal (RFP) is issued by the New Jersey Department of Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for legal and navigation services for individuals with a substance use disorder (SUD). Services will help address legal and social issues that present as barriers to accessing needed services (medical, behavioral health, housing, insurance, entitlements, etc.) for individuals with a substance use disorder and to reduce the burden of outstanding legal issues that negatively impact an individual's recovery process and ability to successfully live in the community of their choosing. The goal is to avoid incarceration whenever safely possible and to address any social inequities from a legal perspective. DMHAS plans to fund four (4) regional legal service providers that will cover four (4) regions of the state. It is anticipated that all 21 counties in the state will be served through this initiative with one award in each region. More information is available at: <https://www.nj.gov/humanservices/dmhas/provider/funding/>

**Mobile Crisis Outreach Support Team (MCORT):** Effective July 7, MCORT hours are expanding from 24/7 weekdays to include Sat/Sun, first shift (7am-3pm). Depending on staffing, hours will expand to full 24/7 availability in upcoming weeks.

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**VII. NEW BUSINESS:**

There was no new business to address.

**VIII. OLD BUSINESS:**

GPPH discharge challenges and the increase in assaults will be focused on at the September 2024 meeting.

**IX. COMMENTS FROM THE PUBLIC:**

Chairman, James DiGiulio opened the floor for questions and/or comments. Members of the public were reminded that they have five (5) minutes to state their question(s)/comments.

**DCEO Response:** When GPPH patients are transferred to AKFC the Teams connect and conduct hand-off communications and the same occurs when AKFC patients are sent to GPPH.

**Public Member:** Ms. Webber asked are meetings held with AKFC regarding best practices for forensic patients? Ms. Webber also queried about the current statistics of the number of patients sent to AKFC by GPPH and the number of patients received by GPPH from AKFC.

**DCEO Response:** We will provide this data at the next meeting in September 2025.

**X. ADJOURNMENT:**

The meeting was adjourned at 3:38pm.

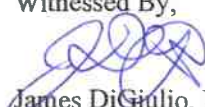
**XI. NEXT MEETING:**

The next meeting of the Greystone Park Psychiatric Hospital Board of Trustees will be held in person on September 18, 2025, at 3:15pm.

Respectfully Submitted,

  
Michelle Lucas, Management Assistant  
GPPH's Board of Trustees

Witnessed By,

  
James DiGiulio, Esq., Chairman  
GPPH's Board of Trustees