NJ Health
New Jersey Department of Health

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 19, 2024, 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.

Board Member Attendance:

Present:	Excused
Chairman James (Jim) DiGiulio, Esq.	
Sheriff James M. Gannon	
Louis Modugno, Esq.	
Tomika Carter, MSW	
Christine Dahlgren	

Hospital Administrators Attendance:

Present:	Excused
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	
Stephanie Gabelmann, GPA Liaison	
Ann Marie Flory, 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. FIRE SAFETY:

Fire Chief, Christopher Weiss reviewed the emergency exits and evacuation process for those attending the meeting in the event of an emergency. There were no questions from the public regarding the evacuation procedures.

III. 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 Board of Trustees members were introduced to the public and it was discussed that Christine Dahlgren was previously a patient of GPPH and was added to the Board of Trustees within the last year. On the Board of Trustees, we also have Vice Chairman, Sheriff James Gannon who has served on the board for about six (6) years; former Chief Executive Officer at GPPH, Tomika Carter who has served about two (2) years; Louis Modugno who also served on the board for about six (6) years and is a lawyer in the community. We currently have two (2) vacancies on the board. Post covid, we have seen more and more events coming back to GPPH for patients which in turn requires additional funds. The Board of Trustees is responsible for ensuring the patient welfare funds are managed and used appropriately.

The Chairman reviewed that starting in April 2024, a new Chief Executive Officer (CEO), Josh Belsky, was added to the team at GPPH and has been a great addition thus far. Tom Rosamilia and the Clinical Services Management (CSM) team were thanked for helping GPPH after the loss of former CEO, Tomika Carter. The Chairman also thanked the Board of Trustees Secretary for helping prepare for the meetings each month and for helping keep the Board on track for meetings during the year. 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 CEO, leadership team, and all staff for all you do each day for our patients.

IV. PUBLIC ADDRESS FROM THE ASSISTANT COMMISSIONER:

The Assistant Commissioner (AC) of the Division of Behavioral Health Services (DBHS), Ann Marie Flory thanked everyone for attending the annual public meeting and advised that Deputy Commissioner, Deborah Hartel could not be at the meeting due to having to attend another meeting, but that AC Flory would provide some information on what is currently being worked on for the last several months. AC Flory then acknowledged that the CEO, Josh Belsky has been at GPPH for about eight (8) months and appears well liked by his staff. Josh Belsky has been hiring the right people for the right positions in these last few months has been spearheading some big projects with his team. The Oversight Committee as part of the Settlement Agreement has been following up with GPPH in regard to the ceiling tiles being enclosed and GPPH is working on finishing that project within the next few months.

AC Flory thanked Tom Rosamilia and his team for continuing to assist GPPH with the Safewards Program, TREVR, and Lou Cassaro from Clinical Services Management for his assistance with programming being more vibrant. The last two (2) years have been very busy for the four (4) state hospitals which have about 4600 employees. Trauma Informed Care was implemented and about 90% of the staff have completed the training. Violence incidents have decreased by 14% and a total of 20% of the patients are responsible for the violence incidents in the hospitals. Due to some of the jail closures occurring additional admissions have come into the psychiatric hospitals. Assaults are down 28%, restraints down 14%, and complaints are down 50%.

AC Flory advised that PowerDMS is being looked at as a policy tracking program for DBHS. By end of January, we may know if we will be able to purchase an electronic health record (EHR). Ancora Psychiatric Hospital and Trenton Psychiatric Hospital now have the Physician Order Entry System (POES) v2. We are currently working on getting Greystone Park Psychiatric Hospital POES v2.

Chairman, James DiGiulio advised he is aware that the Commissioner has been pushing hard for an EHR and hopes to get it finalized in the next year.

V. CEO 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 and there are currently two (2) vacancies.

Greystone's Executive Team: Josh Belsky, CEO; Eric Madurki, Deputy CEO; Quinzell McKenzie, Chief Operating Officer; Christopher Dorian, Chief Clinical Officer; Dr. Harlan Mellk, Acting Medical Director; 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; Maria Jazenback, Executive Assistant to the CEO; and Tim Dimitrios, Administrative Analyst.

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.

Mission: "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 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, and in rare occasions, via the Interstate Compact. 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 shows in regard to primary language spoken at GPPH which is English at 87%, Spanish at 10%, Chinese/Mandarin is 4%, American Sign Language is 2%, Korean is 2%, No language specified is 2% and Hindi is 1%. Gender is 67% male and 33% female. Race is 67% white, 26% black, 6% Asian, and 4% unable to determine.

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.

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.
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. Virtual Visits can be scheduled via the unit program coordinator via Microsoft Teams. 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.

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.

Transition in Leadership: New CEO, New Chief Clinical Officer, Accountability, Reliability, Consistency and Transparency information was reviewed during this meeting.

Violence Reduction: Patient to Patient Assaults Timeline by month and Patient to Staff Assaults Timeline by month graph was shown. 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. These interventions help staff manage patient frustration and provide useful tools for patients and staff to work together. Currently there are multiple safewards units in various stages These units are Admissions, G2, F3/G3, G1 and the Cottages.

Therapeutic Response to Elevated Violence Risk (TREVR) – establishes strong, two-way communication between the treatment team and all three shifts of nursing. TREVR is being piloted on A3 and 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?"

Programming and Patient Care Initiatives: include migration, brief visits and day passes as well as an increase in patient outings.

Strengthening Community Relationships: Partners, Mutual Aid, Professional Advisory Committee (PAC), Providers, and Increasing Visibility was discussed during the meeting.

2025 Initiatives: Continue 2024 Initiatives, Improve Internal and External Customer Services, Increase Patient Community Reintegration, and Improve Emergency Response are all initiatives that will be worked on in 2025.

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.

Ms. Ann Weber asked the following questions:

Q: Are nursing home placements pursued for geriatric patients?

A: Yes, they are pursued for anyone with that clinical need, placements are based on the individual care of the person.

Q: When patients are admitted, are they sent right away to geriatric units as well as forensic units? My family member was unable to have a walker unless on a geriatric unit.
A: If there is an open bed then yes, they are sent to those areas however, if not, they would go to an admissions unit. We try to accommodate as best as possible.
Q: What is the salary for Chief of Medicine and Medical Director?
A: This information will be reported at the meeting in January.

VIII. ADJOURNMENT:

The meeting was adjourned at **4:12pm.**

IX. NEXT MEETING:

The next meeting of the Greystone Park Psychiatric Hospital Board of Trustees will be held on Thursday, January 16, 2025, at 3:15pm via virtual meeting on Microsoft Teams.

Respectfully Submitted,

Malia Jazenback, Secretary
GPPH's Board of Trustees

Witnessed By,

James DiGiulio, Chairman
GPPH's Board of Trustees