

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, May 15, 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:**

Excused	
X	2
	£6
X	
	Excused X

**Hospital Administrators Attendance:** 

Present:	Excused
Joshua Belsky, Chief Executive Officer	
Eric Madurki, Deputy Chief Executive Officer	
Quinzell McKenzie, Chief Operating Officer	
Julie VanHouten, Chief Nursing Officer	
Christopher Dorian, Chief Clinical Officer	G.
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	
Maria Jazenback, Secretary to the Board	
Stephanie Gabelmann, GPA Liaison	
Elizabeth Dimitrios, Director of Rehabilitation Services	

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

## II. APPROVAL OF MINUTES:

The April 17, 2025, GPPH Board Meeting Minutes were presented for approval. Tomika Carter 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 April 17, 2025, GPPH Board Meeting Minutes were adopted.

#### III. ETHICS PRESENTATION:

Rachel Hammond, Chief Ethics, Data, Privacy and Research Integrity Officer for the Department of Health and all its Associated Boards and Councils, including Members of the Boards of Trustees for the hospitals, presented the Ethics Training. (See attached presentation)

#### IV. CEO's PRESENTATION

Mr. Joshua Belsky, Chief Executive Officer (CEO) at Greystone Park Psychiatric Hospital (GPPH) presented the CEO Report during this meeting.

April 2025: The average census was 378 at the end of the month and the average for the month was 373.6. There was a total of fifteen (15) admissions and fifteen (10) discharges for the month of April. There were sixty-three (63) patients on CEPP status in April which is about 16.7% of the patient population. There were seventy-two (72) KROL patients in April. The violence data was reviewed during this meeting. The patient-to-patient incidents were presented for April. The total is 4.5 per 1000 patient days which is higher than the 2024 average of 3.9. There was (1) incident with moderate injury, and eight (8) incidents with mild injuries. The patient-to-staff incidents were reviewed for April. The total is 0.72 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. Seclusions in April 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 four (4) contraband issues, of which, none were related to substances, tobacco or weapons. The is the same from the prior month of four (4).

Departmental Reports: Human Resources: There were no (0) new hires in April, fifteen (15) employees departed, this is a total increase of fifteen (15) employees' year to date. Nursing: David Hutchinson long time Director of Nursing (DON) retired. We have started interviews for a new DON. We also had five nurses attend a supervisory training. We are reassessing our nursing groups, and we had nine interviews for different nursing positions over the month, leading to six new hires. The Nursing Department also did a lot of planning last month for Nurses Week, which occurred this month, and it was a very successful nurse a week. Quality Assurance (QA): QA has been working with nursing to help correct and improve our face check policy and to re-educate staff based on findings of a recent Joint Commission visit. The policy was redone. Nursing and QA as well as Training Departments are working on steps to implement the policy and train all the staff on the policy. We do expect the Joint Commission to return in about 45 days just to check on our progress. Rehabilitation Services: Rehab staff coordinated and helped get 16 patients to attend the Coalition of Mental Health Consumer Organizations (COMHCO) Conference, a peer advocacy conference. It was great that that many patients were able attend this successful conference. Rehab continues to focus on migration and well as improving services in Park Place. Unfortunately, the plans made last month to revitalize our greenhouse had some setbacks due to some staffing issues. Revitalizations plans will continue at a later date. On Friday, May 16th the Greenhouse will have a sale to the public, in efforts to sell items before they go bad. Social Services: Social Services Department was tasked with identifying a member of their department to attend each of our county's Professional Advisory Committees (PAC). They are in the final steps of determining a representative for those committees and making those assignments. They will be giving to those committees a monthly report from Greystone, which will include several different statistical factors, including the number of patients in Greystone for specific counties. GPPH representative can also bring back any questions that the PACs may have, or any of information PAC has to share with us regarding what's happening in each town. Social Services are in the final steps of determining those assignments and reaching out to those PAC coordinators to make connections for psychiatry and medicine, while we continue to interview for state psychiatrists. Two potential candidates have been identified and are

currently being processed. Dr. Anthony Gotay has taken over as the Interim President of the Medical Staff. There will be more information shared once the medical staff election cycle begins next month. We are still seeking a Chief of Psychiatry and Medical Director. The hope is the Governor's Office will address the salary situation which is a barrier to filling these positions. Co-Occurring: Had a goal for the past eight years of trying to get their assessments completed within five (5) days. They have been at 100% for the past three (3) months. Kudos to them for making the effort and getting it done. Medical Security Officers (MSO) Department: has been interviewing for Director, and our court of court coordination and Social Services Department is now working with the Office of the Public defender to work on improving handling immigration issues, getting replacement green cards, and updated visas for clients they share.

Major Happenings/Events/Projects: The shed and trailers on the back of the property have been demolished. The project is not 100% complete as one shed did have some power issues underneath it that wasn't noticed. We are working with the contractors to come up with a permanent solution and as we move forward, we may build more sheds more to accommodate storage needs. Our pool has one more inspection to go. We are making plans to get it open this summer. We are working on staffing and are looking forward to the pool passing its final inspection, which is believed to be good for five years. We've been working on a project to secure the ceiling tiles over our nurse's stations, as part of the settlement agreement. We only have two more units left to complete. In the month of April, we held a J-Wing celebration for six months of migration. A great time was had by both patients and staff. We strive to keep up the momentum and continue to encourage patients to attend regularly. In May, there was a programming fair where a lot of patients got to go down and see what programs are available to them in the J-Wing. Many new patients and new faces showed up and we're looking forward to getting them enrolled. We are also planning an open house, next week, for outside community members and programs to come in to present to clients the different programs and services available to them when they get discharged. We plan on holding these types of events twice a year. We decided not to do it in the winter, not wanting to cancel, because of the weather. We felt it was better to do one in the spring, and we'll look forward to doing one in the fall as well. We celebrated Volunteers Week with the Greystone Park Association (GPA), who run our on grounds thrift store. We held a presentation with them, as well as got some of their ideas on how we can move forward. We went live with POES2, which is our order entry system between doctors and nursing. We have completed phase one. We're now working on phase two of the project. Kudos goes to our CNO, Julie and her team for doing a great job with getting things up and running. As the CEO, I continued the one-on-one meetings with all full-time psychiatrists and internists. I received a lot of great feedback with them. I met with the Oversight Committee fill them in on some information that I reported to the Board in the executive session last month. We reviewed plans for the possibility of enclosing the pic stations, which turned out to be very expensive. I've met with both my internal team and some external folks. We are now moving forward with redesigning what we're going to do to make the nurses station safer and less available for patients who jump over them. Thus, we are no longer going to be enclosing the pics, but we are having architects redesign plans for us to raise the height of them. Many ad hoc meetings were held because of an unexpected death last month. Meetings were held with senior leadership, treatment teams, the doctors, union meetings, as well as we brought in crisis counselors, thanks to our partners at DMOS who helped talk with the staff. Chaplaincy worked with all our patients, including having held a memorial service in Park Place. This was very helpful for all our patients who wanted to attend, not just the ones on the unit, but other friends that he had in other parts of the hospital. On May 1st, we held our first annual chili cookoff competition. This was sort of a meet and greet for our local law enforcement, emergency responders, and local fire departments. The chili cookoff panel had wonderful judges on it, and I thought we picked a winner but ended up with a tie between two and had to have a tie breaker. It was very positive to interact with our external stakeholders, to really go through that exercise and really to have a chance to get to know each other. Hopefully we won't have to meet again in a disaster, but we want to be able to know each other, should there be one and not meet for the first time at that point. Deputy Commissioner Hartel join us for a day during the month where she got to tour around the facility, meet with senior leadership. It was a very positive experience. Ongoing concerns of the federal government and changes to Medicaid on a more local level, have been causing some concerns with some of our discharges to the community. We have faced some resistance from community providers, such as a more stringent selection process for providing living accommodations for patients; finding programs for patients

that speak limited English; ongoing issues with some legal status patients that need treatment providers to testify in court for them, which current NJ laws prohibit nurse practitioners' ability to testify. Due to the national psychiatry shortage, many agencies are utilizing nurse practitioners to provide services for patients.

#### V. PATIENT WELFARE FUND:

The patient welfare fund is a trust fund, that is maintained by the Board of Trustees, through the GPPH Business Office. This account is utilized to benefit the general welfare, of all patients, at this facility. Most of the revenue comes from interest received from our Cash Management Fund and rent received from our High Mountain Tower receiver antenna. The GPPH budget is primarily based on money received from these sources. The patient welfare fund information for April 2025 was reviewed by the Board of Trustees prior to this meeting. The beginning balance for April 2025 was reviewed as \$75,997.67 with \$8,075.68 deposited and \$7,581.00 in disbursements. The ending balance was \$76,492.35. Balance of cash management fund was \$548,587.24 and the total patient welfare fund available balance ended at \$625,079.59.

## VI. OFFICE OF COMMUNITY SERVICES:

Mr. John Verney commends Josh Belsky, CEO, for having social workers attend PAC at the local county level.

Mobile Crisis Outreach Support Team (MCORT): Starting April 28, MCORT is available to respond to non-emergent mental health/substance use crises, 24 hours a day, 5 days per week (Mon 7A to Saturday 6:59 AM). MCORT includes a 2-person team: Bachelor's level professional and a Peer Support Specialist dispatching in the field, with remote access to a clinical supervisor. Teams will arrive on-scene within an hour of dispatch if possible (e.g., depending on weather/traffic conditions and/or engagement m another outreach) to provide necessary services at a person's home; Follow-up services within a 72-hour window of initial dispatch.

Northern Region Staff Update: Judy Hayletts will be the new Program Analyst for Union and Somerset Counties effective May 19, 2025. Ms. Hayletts has had a lengthy career with NJ Human Services, prior work experience in the Division of Medical Assistance and Health Services (DMHAS) and the Division of Developmental Disabilities (DDD). Ms. Hayletts also has prior professional experience in community mental health settings.

#### Behavioral Health Integration (Division of Medical Assistance and Health Services):

The next meeting of the Behavioral Health Integration Advisory Hub will be held on Friday, May 30 from 10:00am-11:30 am. You will need to register for this meeting to receive the Zoom link. Please use the following link to register: <a href="https://chcs.zoom.us/meeting/register/HgZej-hDQcC-XiMOY4ZTuQ">https://chcs.zoom.us/meeting/register/HgZej-hDQcC-XiMOY4ZTuQ</a> This workgroup, as 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: Medical Legal Partnership (MLP) for Individuals with a Substance Use Disorder (SUD) at Licensed SUD Treatment Agencies. This RFP is funded with settlement payments from major nationwide litigation and settlements that involve the opioid industry. Total annualized funding 1s \$2,750,000, subject to New Jersey's Opioid Settlement State appropriations. DMHAS anticipates making seven (7) awards of up to \$392,857 each. The contract may be renewable for up to two (2) additional one-year terms, at DMHAS' sole discretion, with the agreement of the successful bidder.

This Request for Proposal (RFP) is issued by the New Jersey Department of Human Services (OHS), 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 SUD and to reduce the burden of outstanding legal issues that negatively impact an individual's recovery process and ability to successfully live m 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 medical legal partnerships throughout the state. A medical-legal partnership (MLP) is a collaboration between health care providers and legal personnel (attorneys and legal navigators) to address social needs that impact health. Deadline for receipt of proposals - no later than 4:00 p.m. ET June 11 More information about this funding opportunities is available at: <a href="https://www.nj.gov/humanservices/dmhas/provider/funding/">https://www.nj.gov/humanservices/dmhas/provider/funding/</a>

#### VII. NEW BUSINESS:

There was no new business to address.

#### VIII. OLD BUSINESS:

GPPH Gym Renovations Project Request for Patient Welfare Funding:

The Director of Rehabilitation Services gave a presentation at the April 17, 2025, meeting for a GPPH Gymnasium Renovations request. The request is to replace the existing gym floor, replace outdated projection system, and repaint the gym. The gym floor total costs requested is \$76,508, new project system total costs requested is \$45,545.94 and the repainting of the gym total costs requested is \$38,597.12 making it a grand total of \$160,651.06. The suggested logo for the center of the gym floor was also reviewed and the meaning behind the logo was explained to the Board. The Board of Trustees members asked for time to discuss the request, and any concerns/approvals will be made at the next Board of Trustees Meeting in May. Christine Dahlgren made 1st motion to approve the renovation request and Lou Modugno 2nd the motion. The request was approved.

### IX. COMMENTS FROM THE PUBLIC:

Vice Chairman, Sheriff James Gannon 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. Any questions/concerns that cannot be addressed during this meeting will be addressed during the next meeting.

## Public Member:

There were no questions from the public during this meeting.

#### X. ADJOURNMENT:

The meeting was adjourned at 4:03pm.

## XI. NEXT MEETING:

The next meeting of the Greystone Park Psychiatric Hospital Board of Trustees will be held virtually via Teams on June 19, 2025, at 3:15pm.

Respectfully Submitted,

Michelle Lucas, Management Assistant

GPPH's Board of Trustees

Witnessed By,

Sheriff James Gannon, Vice Chairman

GPPH's Board of Trustees