

2. Protocol and procedures for use in various medication techniques, including emergency stabilization regimes;
3. Follow-up visits to ensure stabilization;
4. Crisis intervention outreach; and
5. Follow-up visits off-site.

Amended by R.1993 d.607, effective December 20, 1993.
 See: 25 N.J.R. 1324(a), 25 N.J.R. 5945(b).

10:31-2.3 Screening process and procedures

(a) The screening process shall involve a thorough assessment of the client and his or her current situation to determine the meaning and implication of the presenting problem(s) and the nature and extent of efforts which have already been made. The screening center staff shall make every effort to gather information from the client's family and significant others to determine what the clinical needs of the client are and to determine what services are in the best interest of the client. The screening center staff, in conjunction with affiliated mental health care providers, shall advocate for services to meet client needs and encourage the system to respond flexibly. Throughout the screening process, medication shall not be given to clients in non-emergency situations without their consent.

(b) Whenever possible and appropriate, all stabilization options including the following shall be explored before involuntary commitment is considered.

1. Use of natural support system;
2. Referral and linkage to community resources;
3. Crisis intervention counseling;
4. Outpatient services for medication monitoring and follow-up;
5. Acute partial care;
6. Acute in-home services;
7. Holding bed with medication monitoring;
8. Crisis housing;
9. Referral to other 24-hour treatment facility; and
10. Voluntary admission to local in-patient unit.

(c) After exploring the appropriateness of, and exhausting all options listed in (b) above, the screener shall ascertain whether the individual being considered for commitment:

1. Meets the standard for mental illness as defined in P.L. 1987, c.116 (N.J.S.A. 30:4-27.1 et seq.); and
2. Meets the standard for dangerousness as defined in P.L. 1987, c.116 (N.J.S.A. 30:4-27.1 et seq.) and N.J.A.C. 10:31-1.3. If so, the screener shall complete the screen-

ing document and refer the patient to the psychiatrist for evaluation.

(d) The psychiatrist shall complete a face to face psychiatric evaluation and complete the screening certificate if the client meets the standards for commitment.

(e) A client shall receive a thorough assessment if he or she is referred to a screening center because he or she has behaved in such a manner as to indicate that the person is unable to satisfy his or her need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future.

1. If the assessment reveals that a client does not meet the commitment standard, the screening center shall refer the client to the appropriate social service agency(s). It shall be the responsibility of such agencies to procure needed services. If the client is in need of mental health services, the screening center shall facilitate the necessary linkages to mental health services.

2. If the assessment reveals that a client is mentally ill and has behaved in such a manner as to indicate that the person is unable to satisfy his or her need for nourishment, essential medical care or shelter so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future, it shall be the responsibility of the screening center to arrange the provision of such services for the client.

(f) Each screening center shall have the capability to provide mobile screening outreach in the community, 24 hours per day. Outreach teams are preferable and should be utilized, based on both clinical and safety factors. Such outreach shall take place whenever clinically relevant information indicates that a person may be mentally ill and a danger to himself or others. The mobile team shall determine priority. Screening outreach shall take place wherever the client is located whether in a private home, hospital, boarding home or other location. Police shall be requested to accompany the mobile team when necessary. The outreach screener shall provide appropriate intervention, referral and linkage following a face-to-face assessment whether or not the individual is found to meet the commitment standard.

(g) The screening of clients seen in an ES (other than the designated screening center) may be accomplished in any of the following ways, in accordance with affiliation agreements developed between the screening center and the emergency service, and as determined by the screening center, based upon the best interest of the client and with the goal of avoiding the transportation of the client, except where necessary for treatment purposes:

1. Outreach by a screener to the ES: If this option is utilized, the screener shall be available within one hour to

provide the outreach. There shall be sufficient staff and space at the ES to maintain the client until the screener arrives.

2. By a screener stationed in the ES: If ES utilization justifies this option, a screener, employed by the designated screening center and credentialed by the host ES, shall be stationed at the ES during peak hours.

3. By transportation of a client to the screening center: This option shall be utilized only after a telephone consultation with the screening center confirms that there is reason to believe that the person may meet the criteria for commitment and the screening center has given approval for the transfer. If this option is utilized, alternative treatment planning shall occur at the screening center if the client does not require commitment; that is, the client shall not be transferred back to the ES for such alternative treatment planning. During the telephone consultation, if there is a disagreement about disposition, a face-to-face evaluation by the screener shall take place prior to transport.

4. In the case of (g)1 and 2 above, if the screener has seen the person, explored all options and involuntary commitment is needed, the screener may fill out the screening document and the person may be seen by the emergency service psychiatrist for assessment and, if necessary, the completion of a clinical certificate, prior to admission to an inpatient service.

Amended by R.1993 d.607, effective December 20, 1993.
Sec: 25 N.J.R. 1324(a), 25 N.J.R. 5945(b).

10:31-2.4 Confidentiality

(a) Screening centers shall comply with N.J.S.A. 30:4-24.3, as follows:

"All certificates, applications, records, and reports made pursuant to the provisions of this Title and directly or indirectly identifying any individual presently or formerly receiving services in a noncorrectional institution under this Title, or for whom services in a noncorrectional institution shall be sought under this act shall be kept confidential and shall not be disclosed by any person, except insofar as:

1. The individual identified or his legal guardian, if any, or, if he is a minor, his parent or legal guardian, shall consent; or

2. Disclosure may be necessary to carry out any of the provisions of this act or of article 9 of chapter 82 of Title 2A of the New Jersey Statutes; or

3. A court may direct, upon its determination that disclosure is necessary for the conduct of proceedings before it and that failure to make such disclosure would be contrary to the public interest.

Nothing in this section shall preclude disclosure, upon proper inquiry, of information as to a patient's current medical condition to any relative or friend or to the patient's personal physician or attorney if it appears that the information is to be used directly or indirectly for the benefit of the patient.

Nothing in this section shall preclude the professional staff of a community agency under contract with the Division of Mental Health and Hospitals in the Department of Human Services, or of a screening service, short-term care or psychiatric facility as those facilities are defined in section 2 of P.L. 1987, c.116, from disclosing information that is relevant to a patient's current treatment to the staff of another such agency".

10:31-2.5 Availability of staff

(a) A designated screening center shall have, at a minimum, the following personnel:

1. A psychiatrist, who shall be available 24 hours per day, 365 days per year, to provide telephone consultation, medication orders, and face-to-face evaluation as needed, with the amount of on-site coverage appropriate to the amount of volume experienced by this service;

2. Certified screener(s) who shall be available 24 hours per day, 365 days per year, to provide screening as needed on site at the screening center and off site through mobile screening outreach services;

3. Personnel, as specified in the contract between the center and the Division, who shall be on-site to provide continuous monitoring of the patient in the holding bed(s) and administration of medication as needed;

4. A screening center coordinator, or his or her designee, who shall be available 24 hours per day, 365 days per year, to provide administrative and treatment planning direction as needed;

5. A clinical director, who shall be available on either a full-time or part-time basis to provide/coordinate medical services; and

6. Personnel, as specified in the contract between the center and the Division, sufficient to provide required consultation and education, hotline coverage, psycho-education, and other appropriate services, including coordination of the acute care system review procedures,

(b) An emergency service shall have, at a minimum, the following personnel:

1. A psychiatrist, who shall be available 24 hours per day, 365 days per year, to provide telephone consultation, medication orders, and face-to-face evaluation as needed;

2. A crisis intervention specialist who shall be available 24 hours per day, 365 days per year, to provide assessment, monitoring, and treatment planning as needed; and