

**CHAPTER 31**

**SCREENING AND SCREENING  
OUTREACH PROGRAM**

**Authority**

N.J.S.A. 30:4-27.1 et seq., specifically 30:4-27.5.

**Source and Effective Date**

R.2004 d.373, effective September 9, 2004.  
See: 36 N.J.R. 1691(a), 36 N.J.R. 4468(a).

**Chapter Expiration Date**

Chapter 31, Screening and Screening Outreach Program, expires on September 9, 2009.

**Chapter Historical Note**

Chapter 31, Screening and Screening Outreach Program, was adopted as R.1989 d.284, effective June 5, 1989. See: 20 N.J.R. 2427(d), 21 N.J.R. 1562(a).

Pursuant to Executive Order No. 66(1978), Chapter 31, Screening and Screening Outreach Program, was readopted as R.1994 d.291, effective May 13, 1994. See: 26 N.J.R. 1424(a), 26 N.J.R. 2271(a).

Pursuant to Executive Order No. 66(1978), Chapter 31, Screening and Screening Outreach Program, was readopted as R.1999 d.153, effective April 20, 1999. See: 31 N.J.R. 596(a), 31 N.J.R. 1334(a).

Chapter 31, Screening and Screening Outreach Program, was readopted as R.2004 d.373, effective September 9, 2004. See: Source and Effective Date.

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**SUBCHAPTER 1. GENERAL PROVISIONS**

**10:31-1.1 Scope**

(a) The Screening and Screening Outreach Program is designed to provide on and off site screening and crisis stabilization services, 24-hours per day, 365 days per year, in every geographic area in the State of New Jersey. The mode of stabilization will depend on the seriousness of the impairment, degree of potential dangerousness and the availability of appropriate services. The locus of treatment will be as close to the individual's home as circumstances permit.

(b) The Screening and Screening Outreach Program shall be established in every geographic area as a new program or as an expansion of an existing emergency service. The Screening and Screening-Outreach Program shall be provided by a screening center, designated by the Division.

**10:31-1.2 Purpose**

(a) The purposes of the Screening and Screening Outreach Program are as follows:

1. To provide clinical assessment and crisis stabilization in the least restrictive clinically appropriate setting, as close to the individual's home as possible;
2. To provide, at a minimum, outreach to individuals who may need involuntary commitment and are unable or unwilling to come in to the screening center as stipulated in P.L. 1987, c.116;
3. To expand outreach to include other crisis and emergency situations whenever possible;

4. To assure referral and linkage which is voluntary in nature to persons provided screening and/or screening outreach services to appropriate mental health and social services;

5. To coordinate access, where appropriate, to the publicly affiliated acute care psychiatric resources serving a designated geographic area, that is, acute partial care, crisis house, voluntary inpatient services;

6. To screen individuals so that only those persons who meet the standard for involuntary commitment as set forth in N.J.S.A. 30:3-27.2(m) are committed;

7. To serve as the admission screener and primary route of access to the short term care facility, county psychiatric hospital, and State psychiatric hospital;

8. To provide training and technical assistance concerning psychiatric emergencies to other social service and mental health providers in the geographic area; and

9. To coordinate a system for review and monitoring of the effectiveness and appropriateness of screening and screening outreach service use, including impact upon admissions to State and county psychiatric hospitals.

### 10:31-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Acute care” means community and in-patient psychiatric services designed to provide stabilization during the acute phase of psychiatric illness.

“Acute care system” means those services either contracted for or designated by DMH & H as part of a geographic area’s acute care services. They include, but are not limited to, the screening center, emergency services, short term care facility, affiliated voluntary inpatient service, acute partial care, crisis housing, clinical case management, and crisis companion service.

“Acute in-home service” means family or significant other focused interventions provided on an outreach basis in the consumer’s residence (for example, boarding home, own home, etc.) to prevent a more restrictive placement by assisting all individuals in the client’s living situation.

“Acute partial care” means a day treatment program whose purpose is to promote stabilization and acute symptom reduction through structured individual and group activities and interventions which are provided throughout the day and early evening.

“Assessment” means evaluation of the individual in crisis in order to ascertain his or her current and previous level of functioning, psychosocial and medical history, potential for dangerousness, current psychiatric and medical condition factors contributing to the crisis, and support systems that are available.

“Certified screener” means an individual who has fulfilled the requirements set forth in N.J.A.C. 10:31-3.3 and has been certified by the Division to assess a patient’s eligibility for involuntary commitment.

“Client” means an individual 18 years of age or older receiving assessment or treatment in a screening center or any ambulatory mental health service.

“Clinical case management program (CCMP)” means the case management program provided to mentally ill individuals who do not accept or engage in facility-based mental health programs and/or have multiple service needs and require extensive service coordination. The CCMP ensures a coordinated and integrated client service system for the targeted mentally ill individual.

“Clinical certificate” means a form developed by the Division of Mental Health and Hospitals and approved by the Administrative Office of the Courts that is completed by a psychiatrist or other physician, which states that the person designated therein is in need of involuntary commitment.

“Clinical director” means the person who is designated by the director or chief executive officer of the screening center to provide medical leadership in a screening center. This may be a full or part-time position.

“Commissioner” means the Commissioner of the Department of Human Services.

“Community gatekeeper” means an individual such as a police officer, religious leader, family member or other person, who may refer an individual for mental health services.

“Crisis companion” means an individual who is trained and experienced in the care of the acutely mentally ill patient and provides supervision on an as-needed basis on a variety of settings.

“Crisis housing” means a community-based crisis stabilization program providing an alternative setting for stabilization of individuals who are assessed by an emergency screening service as being in acute psychiatric crisis.

“Crisis intervention counseling” means an attempt to facilitate crisis stabilization through the use of specific, time-limited counseling techniques. Crisis intervention counseling focuses on the present, providing pragmatic solutions to identified problems.