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

Pursuant to Executive Order No. 1(2010), the chapter expiration date is extended from March 8, 2010 until the completion of the review of administrative regulations and rules by the Red Tape Review Group, and until such time as the extended regulation or rule is readopted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

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 re-adopted as R.2004 d.373, effective September 9, 2004. See: Source and Effective Date.

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 31, Screening and Screening Outreach Program, was scheduled to expire on March 8, 2010. See: 41 N.J.R. 4014(a).

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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.

"Crisis intervention specialist" means an individual employed by a screening center or emergency service who meets the educational and experiential requirements set forth in N.J.A.C. 10:31–3.4 and 4.3, and provides assessment, crisis stabilization services, hotline coverage, outreach and referral to people who are in crisis.

"Crisis outreach" means outreach provided by an emergency service for the purpose of crisis stabilization. It does not include screening.

"Crisis stabilization" mans that intensive crisis intervention efforts have resulted in a significant reduction of positive symptomotology and some improvement in level of functioning, bringing the individual closer to the level of functioning demonstrated prior to the crisis.

"Crisis stabilization services" means acute care services.

"Dangerous to self" means that, by reason of mental illness, the person has threatened or attempted suicide or serious bodily harm, or 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; however, no person shall be deemed to be unable to satisfy his or her need for nourishment, essential medical care, or shelter if he or she is able to satisfy such needs with the supervision and assistance of others who are willing and available.

"Dangerous to others or property" means that, by reason of mental illness, there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination takes into account a person's history, recent behavior and any recent act or threat.

"Designated screening center" means a public or private ambulatory care service designated by the Commissioner, which provides mental health services including assessment, screening, emergency and referral services to mentally ill, persons in a specified geographic area. A designated screening center is the facility in the public mental health care treatment system wherein a person believed to be in need of commitment to a short-term care, psychiatric facility or special psychiatric hospital undergoes an assessment to determine what mental health services are appropriate for the person and where those services may be most appropriately provided.

"Division" means the Division of Mental Health and Hospitals, Department of Human Services.

"Emergency service (ES)" means a mental health provider responsible for the provision of service to people in crisis. ES includes mental health and social service provision or procurement and advocacy. Emergency services offer immediate crisis intervention services and service procurement to relieve the client's distress and to help maintain or recover his or her level of functioning. Emphasis is on stabilization, so that the client can actively participate in needs assessment and service planning.

"Emergency service coordinator" means an individual employed by an emergency service who meets the educational and experiential requirements set forth in N.J.A.C. 10:31–4.2(a) and fulfills the duties set forth in N.J.A.C. 10:31–4.2(b).

"Geographic area" means a geographically distinct area designated by the Commissioner to be served by one screening center. This area may be a county, portion of a county, or a multi-county area.

"Hotline" means a telephone line answered directly by a clinical worker 24 hours per day for the purpose of providing telephone crisis intervention counseling, information and referral.

"Holding bed" means a bed provided in a secluded secure area where an individual can be held for up to 24 hours while being assessed and receiving intensive supervision and medication monitoring.

"Involuntary commitment" means the procedure for enacting treatment of an adult who is mentally ill, whose mental illness causes the person to be dangerous to self or dangerous to others or property, and who is unwilling to be admitted to a facility voluntarily for care, and who needs care at a short-term care facility, psychiatric facility or special psychiatric hospital because other services are not appropriate to meet the person's mental health care needs.

"Linkage" means voluntary referral to and enrollment in a mental health and/or non-mental health program.

"Medication monitoring" means the provision of a variety of medication-related services which may include assessment for appropriateness of medication, titration of dosage, prescription, administration, evaluation and management of side effects and education related to psychotropic medication.

"Mental health board" means the county board appointed by each county board of freeholders or county executive or governing body, to review progress in the development of comprehensive community mental health services in the county.

"Mental illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgement, behavior or capacity to recognize reality, but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment as defined herein.

"Natural support system" means the patient's family, friends, neighbors, or significant others who are willing and able to provide emotional, financial or other help.

"Off site" means service provided in any location other than the screening center.

"On site" means service provided at the screening center.

"Personal contact" means either face-to-face or telephone contact.

"Program" means a set of related organizations, resources and/or services directed to the accomplishment of a defined set of objectives or missions for a specific target group(s). A program may include the activities of more than one agency, program element, division or department.

"Psychiatric facility" means a State psychiatric hospital listed in N.J.S.A. 30:1–7, a county psychiatric hospital, or a psychiatric unit of a county hospital.

"Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.

"Psycho-education" means information dissemination, professional guidance and consultation and skill development to families in becoming essential contributors in the rehabilitation process.

"Quality assurance (QA)" means the ongoing objective and systematic monitoring and evaluation of a service's or system's components to ensure quality, effectiveness, and appropriateness of care and the pursuit of opportunities to further improve the care.

"Referral" means services which are voluntary in nature and which direct, guide, and link a recipient with appropriate services provided by community resources outside of the organization itself.

"Screening" means the process by which it is ascertained that the individual being considered for commitment meets the standards for both mental illness and dangerousness as defined in P.L. 1987, c.116 (N.J.S.A. 30.4–27.1 et seq.), and that all stabilization options have been explored or exhausted.

"Screening center coordinator" means an individual who is employed by a designated screening center, who meets the educational and experiential requirements set forth in N.J.A.C. 10:31–3.2(a) and fulfills the duties set forth in N.J.A.C. 10:31–3.2(b).

"Screening outreach" means an evaluation provided off site by a certified screener, wherever the person to be screened may be located, when clinically relevant information indicates the person may need involuntary commitment and is unable or unwilling to come to a screening service.

"Short-term care facility (STCF)" means an inpatient, community-based mental health treatment facility which provides acute care and assessment services to a mentally ill person whose mental illness causes the person to be dangerous to self, or dangerous to others, or property.

"Stabilization options" means treatment modalities or means of support used to remediate a crisis. They may include, but are not limited to, crisis intervention counseling, acute partial care, crisis housing, acute in-home services, holding bed with medication monitoring or emergency stabilization regimes, voluntary admission to local inpatient unit, referral to other 24–hour treatment facilities, referral and linkage to other community resources, and use of natural support system.

"Treatment facility" means a legal entity, public or private, providing mental health, mental retardation and/or drug and alcohol services.

10:31–1.4 Waiver

(a) Under no circumstances will waiver of this subchapter in its entirety be allowed. If, in the judgment of the Division, sufficient contract funding from the Division is available to the designated screening center or emergency service to comply with all rules of this subchapter, the designated screening center or emergency service shall comply with all rules of this subchapter. If, however, in the judgment of the Division, sufficient contract funding from the Division is not available to the designated screening center or emergency service to comply with any rule of this subchapter, the Division may act to relax or waive, with or without conditions, such rule in the specific circumstances presented if the Division is satisfied that:

1. The rule is not mandated by any provision of N.J.S.A. 30:4–27.1 et seq.;

2. The provision of screening services in accordance with the purpose and procedures contained in N.J.S.A. 30:4–27.5 would not be compromised if the waiver was granted; and

3. No significant risk to the welfare and safety of individuals subject to screening services or the staff of designated screening centers or emergency services would result from the granting of the waiver.

(b) The following procedures will be employed regarding the request for and approval of waivers.

1. Whenever a screening center is requesting that a specific provision of this chapter be waived, it shall submit a written request to the appropriate Divisional Regional Office citing that provision and the basis for the waiver request. Waiver requests may be made at the time of the annual renewal of their contract or at the bi-annual designation of their status as a screening center. At the time a waiver request is sent to the Division, screening centers shall also send copies of their waiver requests to their county's Mental Health Board and Systems Review Committee, as well as any locally active, mental health family, consumer and advocacy organizations as determined by the county Mental Health Board. The copies shall indicate that the waiver request may be discussed at a future county Mental Health Board meeting and include the name of the county mental health administrator and Divisional representative to whom comments may be addressed and that the deadline for such comments shall be 30 days from the date of the waiver request.

2. All waiver requests must be reviewed and approved by the appropriate Regional Assistant Director, who will review the proposed basis for the waiver and determine whether the request meets the standards set forth at (a) above.

3. Each grant of a waiver may be for a maximum time period of one year, subject to renewal upon request.

4. The Division shall communicate in writing to the screening center indicating which provisions, if any have been waived, the expiration date of the waiver and any conditions or limitations which have been placed on the waiver.

5. Waiver denials by Regional Assistant Directors may be appealed to the Division Director upon request by the screening center. The screening center which originally requested the waiver and other interested parties may communicate their opinions about the appeal of the waiver denial to the Division Director prior to his decision. The Director shall uphold or reverse the original waiver denial by the Regional Assistant Director and communicate the decision to the screening center.

6. The Division shall maintain on file a copy of the waivers which have been granted and a copy of its response to all waiver requests. Copies of these materials shall be made available to the public upon request.

Repeal and New Rule, R.1993 d.607, effective December 20, 1993.
See: 25 N.J.R. 1324(a), 25 N.J.R. 5945(b).

SUBCHAPTER 2. PROGRAM REQUIREMENTS

10:31–2.1 Functions of a screening center

(a) A screening center shall perform the following direct service functions:

1. Assessment of the crisis situation, and the need for stabilization and support services and/or screening for, involuntary commitment. This shall take place throughout the geographic area served by the center including other emergency service (see N.J.A.C. 10:31–2.2);

2. Crisis intervention counseling;

3. Assessment, referral via personal contact, linkage and follow-up in order to maintain contact with all clients until they are engaged in another service, accepted for clinical case management, or are no longer in crisis (see N.J.A.C. 10:31–2.1(d)9.);

4. A 24–hour hotline which shall be answered directly by a certified screener, crisis intervention specialist, or other clinical personnel under the supervision of the screener or crisis intervention specialist, which hotline shall receive calls which have been forwarded from other ES during off hours;

5. Twenty-four hour per day screening outreach capability, which shall include provision of mobile screening services in any location in the geographic area, under the following circumstances:

i. Whenever there is indication that there may be a reasonable likelihood of dangerousness to self, or others, or property due to mental illness;

ii. Whenever the individual is unable or unwilling to come to the screening center or transporting the individual may put him or her or others at further risk; and

iii. If the client's history, behavior or location presents safety concerns, consultation by the screening outreach team with the police, if necessary, and coordination of the outreach with them;

6. Operation of holding bed(s) with 24–hour capability, which shall be used for crisis stabilization;

7. Provision of protocol and procedures for use of various medication techniques, including emergency stabilization regimes;

8. Provision of medication monitoring, which shall include medication on-site for the purpose of crisis stabilization. Medication shall be administered in accordance with P.L. 1991, c.233 and shall not be given to clients in non-emergency situations without their consent;

9. Provision for face-to-face follow-up visits (either on site or off site) until the crisis is resolved or linkage completed;

10. Psycho-educational and/or supportive services to family members who are involved at time of initial crisis.

(b) Each screening center shall submit and have approved by the Division a plan for prioritizing response to screening outreach calls and provide time frames for response. Time frames shall reflect the unique characteristics

of the geographic area. The plan shall also include a protocol for police involvement.

(c) The center shall maintain responsibility for medication until this responsibility is transferred to another agency according to the procedure set forth in an affiliation agreement. Linkage shall be completed within seven days.

(d) Screening outreach services may be expanded to provide additional prevention, intervention, and stabilization services. This is strongly encouraged when resources are available.

(e) One or more functions of a screening center may be delegated in accordance with a county plan approved by the Division.

(f) In addition to the direct service functions listed in (a) above, for the geographic area's acute mental health services, the screening center shall:

1. Have exclusive access, assured by the Division through its contracting process, to a specifically designated portion of Division-funded acute care services in its geographic area. The intent of this provision is to ensure that acute care services are prioritized for use by persons in crisis, and that equitable utilization of resources occurs throughout the geographic area. These services shall include acute partial care, crisis housing (including a crisis house, foster home or crisis bed model), acute in-home services and crisis companions. The following options may be utilized:

i. The screening center may itself operate the acute care services;

ii. The screening center may sub-contract all or a portion of the acute care services; and/or

iii. The screening center may affiliate with another provider which is under contract to the Division to provide some or all acute care services within the geographical area;

2. Maintain an affiliation with the STCF(s) serving the geographic area which will be utilized for involuntary hospitalization and screen admissions to the STCF;

3. Notify the provider of liaison services whenever an individual is involuntarily hospitalized at a STCF or State or county psychiatric hospital;

4. Develop written affiliation agreements with other community agencies which ensure immediate access to psychiatric evaluation for medication and other mental health support services;

5. Provide training or technical assistance for police and other community gatekeepers as needed, directly or through affiliation with other agencies;

6. Assure that a plan for transporting clients in crisis be developed, which includes transportation to an emergency service or screening center and from these services to an appropriate treatment facility once identified;

7. Provide crisis intervention training for ES providers in the geographic area as needed;

8. Develop and coordinate mechanism for acute care system review for all acute care services listed in N.J.A.C. 10:31-2.1(a);

9. Maintain a system for tracking currently available treatment openings in acute mental health services for which the screening center is granted access either directly, by subcontract, or by affiliation; and

10. Comply with N.J.A.C. 10:37-6.79 regarding records of all persons seen by the center and compile information regarding disposition of such persons for review by the systems review committee (N.J.A.C. 10:31-5.).

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

10:31-2.2 Functions of an emergency service (ES)

(a) In addition to the designated screening center, a geographic area may include one or more ES's. All emergency services shall be affiliated by written agreement with the geographic area's designated screening center. Each ES shall provide all of the following services:

1. Crisis intervention counseling for clients, family members, and/or significant others;

2. Provision and monitoring of medication on site for the purpose of crisis stabilization and provision for medication until this responsibility is transferred to another agency or service; medication shall be administered in accordance with P.L. 1991, c.233 and shall not be given to clients in non-emergency situations without their consent.

3. Assessment, referral, linkage, and follow-up, which shall include maintenance of contact with all clients until they are engaged in another service or their problem has been resolved;

4. A hotline, answered directly by clinical staff during peak hours, and provision for calls to be forwarded to the designated screening center at other times;

5. Linkage to acute care services (such as crisis housing, acute partial, and acute in-home services), facilitated through the designated screening center; and

6. Provision of linkage and necessary follow-up to other mental health and non-mental health services;

(b) The following services may also be directly provided by the emergency service:

1. Holding bed(s) with 24 hour capacity;

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 shall consult with each adult client, significant others as permitted by law, and the DMHS Registry established pursuant to N.J.A.C. 10:32-2.1, to determine whether the client has executed an advance directive, has a guardian, or has executed a durable power of attorney, and shall take no action that conflicts with those documents, insofar as they exist and compliance is required by law. 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 screening 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.
See: 25 N.J.R. 1324(a), 25 N.J.R. 5945(b).
Amended by R.2007 d.187, effective June 18, 2007.
See: 38 N.J.R. 3407(a), 39 N.J.R. 2346(a).
In (a), inserted the third sentence.

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

3. Those emergency services which have holding bed(s) and administer medication must have personnel, as specified in the contract between the center and the Division.

SUBCHAPTER 3. SCREENING AND SCREENING-OUTREACH PERSONNEL REQUIREMENTS

10:31-3.1 Composition of screening and screening outreach staff

Screening and screening outreach staff shall include psychiatrists, registered professional nurses and screeners. The Division recommends that the staff also include social workers, psychologists, and/or other mental health professionals.

10:31-3.2 Screening center coordinator requirement, qualifications and duties

(a) Each screening center shall have a coordinator possessing a minimum of a master's degree in social work, psychology, nursing, or a related field, who shall have a minimum of three years post master's work experience in the provision of mental health services. Previous supervisory experience is desirable but not necessary. The coordinator shall have completed the Division's Crisis Training Course, level 1 and 2.

(b) The duties of the screening center coordinator shall include, at a minimum, the following:

1. Ensuring appropriate staff availability 24 hours per day, 365 days per year;

2. Ensuring adequate levels of clinical staff supervision, skill development and support;

3. Completion and monitoring of affiliation agreements with police, corrections, other mental health, social service, and health service systems;

4. Provision of formal liaison with police and sheriff departments regarding interface issues, transportation, screening outreach escort/accompaniment, etc.;

5. Monitoring fulfillment and appropriate documentation of the various screening center functions listed in N.J.A.C. 10:31-2.1 and 2.2;

6. Participation of the screening service in local mental health, health and human services planning activities;

7. Coordination between the screening center and short term care facility, State psychiatric hospital and county psychiatric hospital;

8. Responsibility for ensuring access to all acute services in the screening center's geographic area;

9. Coordination of the Systems Review Committee; and

10. Coordination of emergency service education in the geographic area.

10:31-3.3 Screener certification requirement, qualifications and duties

(a) Each screening center shall have one or more screeners available on each shift, who shall be certified by the Division.

(b) Screener certification shall be granted to individuals who have completed the Division's screener certification course.

(c) The following shall be prerequisites to the Division's screener certification course:

1. Evidence of the following educational/experiential background. Although a master's degree is preferable, any of the following is acceptable:

i. A master's degree in a related field plus one year of experience in a psychiatric setting; or

ii. A bachelor's degree plus three years mental health experience, one of which is in a crisis setting; or

iii. A bachelor's degree plus two years mental health experience, one of which is in a crisis setting and currently enrolled in a master's program; or

iv. A registered professional nurse designation with three years of mental health experience, one of which is in a crisis setting.

2. Completion of the Division's Crisis Training Course.

(d) Screener certification shall be valid for two years from the date of certification, with recertification in accordance with (e) below.

(e) Biannual recertification shall be granted after a screener has submitted evidence of:

1. Completion of 15 continuing education hours relevant to emergency or screening services. These may include courses, conferences, or inservice training; and

2. Completion of periodic updated emergency service training provided by the Division (not to exceed eight hours per year). These training hours can be applied towards the 15 continuing education hours required in (e)1 above.

(f) Temporary certification may be granted at the discretion of the Division. Temporary credentialing may be granted to those individuals who are eligible for the screener certification course. Individuals receiving temporary certification must enroll in the screener certification course within one year of receiving the certificate. Persons receiving a temporary certification who have not taken the crisis training course shall register in the next available session and

within one year shall enroll in the screener certification course. Those individuals who possess either a bachelors degree or are registered professional nurses, plus four years of acute psychiatric experience, or a master's degree plus two years of acute psychiatric experience, and have met the necessary training requirements, may be granted temporary certification for a period of up to two years.

(g) The duties of a screener shall include, but not be limited to, the following:

1. Assessment, referral and linkage;
2. Hotline coverage;
3. Crisis stabilization;
4. Development of alternative treatment plans;
5. Consultation, training and technical assistance to other clinical staff;
6. Consultation with the psychiatrist;
7. Supervision and monitoring of patients;
8. Screening outreach;
9. Screening of patients who may be in need of commitment; and
10. Screening for admission to STCF's.

10:31-3.4 Crisis intervention specialist qualifications and duties

(a) A screening center may employ one or more crisis intervention specialist(s).

(b) The crisis intervention specialist shall possess, at a minimum:

1. A master's degree in a related field;
2. A bachelor's degree, plus two years of experience in a psychiatric setting; or
3. Licensure as a registered professional nurse.
4. For good cause and upon review of a formal request, the Division may grant a waiver in regard to the credentials in (b)1, 2 and 3 above.

(c) The duties of the crisis intervention specialist shall include, but are not limited to, the following:

1. Crisis intervention counseling, on and off-site;
2. Monitoring and supervision of patients;
3. Assessment, referral and linkage;
4. Hotline coverage; and
5. Crisis outreach.

(d) The screening center utilizing certified screeners shall orient and provide training for all new crisis intervention specialists, prior to unaccompanied and unsupervised performance of their duties.

(e) The Division recommends, but does not require, that at least one of the crisis intervention specialists employed by the screening center be a registered professional nurse, who, in addition to the duties listed above shall:

i. Provide medication monitoring;
ii. Provide nursing assessment; and
iii. Provide education to staff regarding health care issues.

10:31-3.5 Psychiatrist requirements, qualifications and duties

(a) Each screening center shall employ one or more psychiatrists. The psychiatrist shall be a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.

(b) The duties of the psychiatrist shall include, but not be limited to, the following:

1. Psychiatric assessment and management;
2. Prescription and monitoring of medication;
3. Completion of screening certificates;
4. Participation in the planning of alternatives to hospitalization; and
5. Consultation with screeners.

10:31-3.6 Clinical director requirement, qualifications and duties

(a) Each screening center shall employ a clinical director in a full or part time capacity. The clinical director shall be a psychiatrist; however, those persons serving in a clinical director position as of the effective date of this chapter shall not be affected by this requirement.

(b) The duties of a clinical director shall include, but not be limited to, the following:

1. The organization of medical services provided by the screening center;
2. The organization and participation in clinical training for the screening center staff; and
3. The ensurance of availability of psychiatric services.

SUBCHAPTER 4. EMERGENCY SERVICE PERSONNEL REQUIREMENTS

10:31-4.1 Composition of emergency service staff

The ES staff shall be made up of an appropriate balance of representatives from the following disciplines: medicine, nursing, social work, and psychology, or related field.

10:31–4.2 ES coordinator requirements, qualifications and duties

(a) Each ES shall have a coordinator. The coordinator shall possess a minimum of a master's degree in social work, psychology, nursing, or a related field and have a minimum of three years post master's work experience in the provision of mental health services. Previous supervisory experience is desirable, but not required. The coordinator shall have completed the Division's Crisis Training Course. Completion of the Division's screener certification course is desirable, but not required.

(b) The duties of the ES coordinator shall be to ensure the following:

1. Appropriate staff availability 24 hours per day, 365 days per year;

2. Adequate levels of clinical staff supervision, skill development and support;

3. The completion and monitoring of affiliation agreements with police, other mental health, social service and health service systems; and

4. Monitoring of the fulfillment and appropriate documentation of the various ES functions.

10:31–4.3 Crisis intervention specialist requirements, qualifications and duties

(a) Each ES may employ one or more crisis intervention specialist(s). The crisis intervention specialist shall possess two years of experience in a psychiatric setting and either a master's degree or a bachelor's degree or shall be a registered professional nurse.

(b) The duties of the crisis intervention specialist shall include, but not be limited to, the following:

1. Crisis intervention counseling, on and off-site;

2. The monitoring and supervision of patients;

3. Assessment, referral and linkage; and

4. Hotline coverage.

(c) The Division recommends, but does not require, that at least one crisis intervention specialist be a registered professional nurse. In addition to the duties listed above, the registered professional nurse shall:

1. Provide medication monitoring;

2. Provide nursing assessment; and

3. Provide education to ES staff regarding health care issues.

10:31–4.4 Psychiatrist requirements, qualifications and duties

(a) Each emergency service shall employ one or more psychiatrists. The psychiatrist shall be a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.

(b) The duties of the psychiatrist shall include, but not be limited to, the following:

1. Psychiatric assessment and management;

2. The prescription and monitoring of medication;

3. Participation in the planning of alternatives to hospitalization;

4. Consultation with screeners when appropriate; and

5. Consultation with and provision of support for families and/or significant others regarding emergency services received by clients.

SUBCHAPTER 5. SYSTEMS REVIEW IN THE ACUTE CARE SYSTEM

10:31–5.1 Development of acute care system review

(a) Each geographic area shall develop a process to monitor the provision of acute care services. The development of this process shall be coordinated by the screening center in consultation with the Division. Technical assistance shall be provided by the Division as necessary. The monitoring process shall be accomplished by a committee which meets monthly.

(b) The monitoring process shall be integrated with the system-wide quality assurance process, where the quality assurance process exists.

10:31–5.2 Composition of the systems review committee

(a) The systems review committee shall include representatives from:

1. Each of the separately identifiable programs comprising the acute care services available in a geographic area;

2. The State or county psychiatric hospital, STCF and affiliated voluntary psychiatric inpatient unit;

3. The county mental health board and the Division; and

4. Family and consumer organizations concerned with the quality and provision of acute care services, and/or consumers and family members of consumers who have been recipients of acute care services.

(b) Confidentiality shall be observed by all committee members.

10:31–5.3 Role of the systems review committee

(a) The systems review committee shall perform the following functions:

1. Identify gaps in the acute care system and bring them to the attention of the appropriate county mental health board(s) and the Division;

2. Monitor utilization of acute care resources to ensure that services are fairly and appropriately distributed;

3. Ensure that clients receive the highest quality of care in the most appropriate, least restrictive environment;

4. Review transfers from the STCF to State psychiatric hospitals (as well as direct admissions to State psychiatric hospitals) to monitor appropriateness;

5. Identify those concerns which shall be considered by an agency's internal quality assurance committee, notify that committee, and provide the internal agency committee with any relevant information;

6. Investigate and make recommendations to DMH & H and county mental health boards regarding impediments and obstacles in the acute care system;

7. Discuss additional systems issues within the geographic area, and make recommendations to DMH & H and county mental health boards;

8. Study the medication monitoring services within the geographic area and make recommendations for change when necessary; and

9. Review disputed or problem cases which are indicative of possible service gaps and need systems change.

SUBCHAPTER 6. PLANNING

10:31–6.1 Designation of screening centers

(a) A designated screening center shall be named in each geographic area. Although a geographic area will usually consist of a county, depending on geographic size, population, demographics or other factors, the Division may designate a portion of a county or a multi-county area as a geographic area. The following procedure shall be used for designation of the screening centers:

1. The county mental health board shall make a recommendation to the Division regarding the boundaries of the geographic area to be covered by the screening center;

2. The Division shall designate the geographic area after consideration of this recommendation; and

3. The county mental health board shall recommend an agency to be designated as the screening center, based on, but not limited to, the following factors:

i. Demonstrated history of providing quality services;

ii. Knowledge of, and willingness to provide services to, target populations;

iii. Ability to provide mental health services in a cost effective manner; and

iv. The documented ability to comply with this chapter.

(b) In order to assure the availability and provision of necessary medical services, a designated screening center shall be physically located in a hospital, and shall be either directly operated by or formally affiliated by written agreement with said hospital.

(c) The Division shall designate a screening center after reviewing the mental health board's recommendation and evaluating the proposed agency or hospital's ability to comply with this chapter. Continued designation is contingent upon the center's ability to perform mandated functions.

(d) Re-designation shall be required after the first year of operation and every two years thereafter.

(e) Once designated, the screening center shall have the sole authority to provide screening in, and for, the geographic area in which it is located, and shall assume all of the functions listed in N.J.A.C. 10:31–2.1.

(f) If capital construction costs exceed Certificate of Need thresholds, a Certificate of Need (CN) may be required. The New Jersey Department of Health Certificate of Need program staff should be contacted regarding applications for CN.

SUBCHAPTER 7. TERMINATION OF SERVICES

10:31–7.1 Standards for termination of services

(a) Persons will be terminated from the screening center for any of the following reasons:

1. The person does not meet the standard for involuntary commitment and refuses further services;

2. The crisis has been resolved;

3. The person has been successfully linked to another service or accepted for clinical case management;

4. The person has been voluntarily admitted to a hospital or other treatment facility; or

5. The person has been involuntarily committed to a STCF, State psychiatric hospital or county psychiatric hospital.

(b) Persons will be terminated from the emergency service for any of the following reasons:

1. The person has been linked to the screening center for further evaluation or commitment;

2. The person does not meet the standard for involuntary commitment and refuses further services;

3. The crisis has been resolved;

4. The person has been successfully linked to another service or accepted for clinical case management; or

5. The person has been voluntarily admitted to a hospital or other treatment facility.

SUBCHAPTER 8. POLICE INVOLVEMENT

10:31–8.1 Transportation of clients

(a) A certified screener may request that a law enforcement officer transport an individual to a screening center if the screener has, as part of a screening outreach visit, evaluated the individual and signed a form prepared by the Division for the purpose, indicating that the individual may meet the commitment standard and requires further evaluation at the screening center.

(b) When a certified screener has reasonable cause to believe that an individual may be in need of involuntary commitment, the screener may also request that a law enforcement officer investigate the situation, but shall not state or imply to the officer that transport is being authorized by the screener. If, on the basis of personal observation, the law enforcement officer has reasonable cause to believe that the individual is in need of involuntary commitment, the individual shall be transported to the screening center by the law enforcement officer for further evaluation.

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

10:31–8.2 Police request for evaluation

(a) A screening center shall evaluate an individual who is brought to the screening center by a law enforcement officer if, based on personal observation, that officer has reason to believe that the individual meets the commitment standard.

(b) A screening center should provide, whenever possible, mobile screening outreach at the request of a law enforcement officer if the screening center determines that, based on clinically relevant information provided by a law enforcement officer with personal knowledge of the individual subject to screening, the person may need involuntary commitment and is unwilling or unable to come to the screening center for an assessment.

10:31–8.3 Provision of security

A screener may request that a law enforcement officer shall remain at the screening center whenever his or her presence is necessary to protect the safety of the client or other individuals. He or she shall request that the officer remain at the screening center until the situation is secured.

SUBCHAPTER 9. CLIENT'S RIGHTS

10:31–9.1 Client rights

P.L.1991, c. 233 establishes rights for certain clients receiving screening services including psychiatric emergency services provided in a general hospital unit pursuant to a written affiliation agreement with a screening service. These services shall be provided in compliance with those applicable statutory provisions.

Repeal and New Rule, R.1993 d.607, effective December 20, 1993.
See: 25 N.J.R. 1324(a), 25 N.J.R. 5945(b).