

HEALTH

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

Screening and Screening Outreach Program

Readoption with Amendments: N.J.A.C. 10:31

Adopted Repeal and New Rule: N.J.A.C. 10:31 Appendix A

Adopted Repeals: N.J.A.C. 10:31-12

Proposed: August 21, 2017, at 49 N.J.R. 2675(a).

Adopted: December 20, 2017, by Christopher R. Rinn, Acting Commissioner,
Department of Health.

Filed: December 20, 2017, as R.2018 d.067, **with non-substantial changes** not
requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 30:4-27.1 et seq., specifically 30:4-27.5; and Reorganization Plan
No. 001-2017.

Effective Dates: December 20, 2017, Readoption;

January 16, 2018, Amendments, New Rule, and Repeals.

Expiration Date: December 20, 2024.

Take notice that Reorganization Plan No. 001-2017, "A Plan for the Transfer of
Mental Health and Addiction Functions from the Department of Human Services to the
Department of Health," effective August 28, 2017, reallocated the Division of Mental
Health and Addiction Services (DMHAS) from within the Department of Human Services
(DHS) to the Department of Health (DOH). N.J.A.C. 10:31 will remain within Title 10

pending the development and promulgation of an anticipated notice of global administrative recodification of chapters that DMHAS administers from within Title 10 to Title 8, which will appear in a future issue of the New Jersey Register.

Summary of Public Comments and Agency Responses:

Comments were received from Debra L. Wentz, Ph.D., President and CEO, New Jersey Association of Mental Health and Addiction Agencies, Inc. (NJAMHAA), Neil Eicher, VP Government Relations & Policy, New Jersey Hospital Association (NJHA); New Jersey Mental Health Emergency Services Association (NJMHESA); Sandra Y. Coleman, President, State Association of County Adjusters; and Randy Chadwick, Program Manager, Rutgers Health, University Behavioral Health Care, Technical Assistance Center (UBHC-TAC).

General Comments

1. COMMENT: NJHA acknowledges the DMHAS' work to engage stakeholders regarding the proposal and applauds the end result with one minor exception with respect to N.J.A.C. 10:31-3.6(b)4.

RESPONSE: The Division appreciates the commenter's overall support for the proposal and provides a response to its specific comment under the section addressing N.J.A.C. 10:31-3.6, below.

Subchapter 1. General Provisions

N.J.A.C. 10:31-1.3 Definitions

2. COMMENT: NJMHESA and NJMHAA commented that it is overly restrictive to define physicians and psychiatrists as individuals “licensed to practice only in the State of New Jersey.” The commenters noted that physicians may be licensed to practice in multiple states and it should be sufficient for the purpose of screening that the psychiatrist hold “a full unrestricted medical license in New Jersey” as required under the telepsychiatry provisions at recodified N.J.A.C. 10:31-2.3(i)7.

RESPONSE: The commenters have misquoted the amended definitions for physicians and psychiatrists in the notice of proposal. The amended definitions require that these professionals be “licensed to practice medicine in the State of New Jersey.” The commenters have inserted the word “only,” which does not appear in the amended definition. Thus, the amended definition does not exclude professionals who have a medical license from another state or states in addition to New Jersey and is entirely consistent with the requirements for psychiatrists performing a telepsychiatric assessment at relocated N.J.A.C. 10:31-2.3(i)7.

3. COMMENT: The State Association of County Adjusters commented that the definition of “reasonably foreseeable future” is too vague and asks specifically how much time is reasonable.

RESPONSE: Prior to this rulemaking, these rules did not include a definition of “reasonably foreseeable future.” The definition of “reasonably foreseeable future” in the rulemaking mirrors the definition of the term at N.J.S.A. 30:4-27.2, which was added pursuant to P.L. 2009, c. 112, §2. That definition is “a time frame as to which reasonably certain judgments about a person’s likely behavior can be reached.”

Consistent with that definition, a determination of the specific length of time falling within “the reasonably foreseeable future” is informed by clinical judgment and varies depending on the specific circumstances of the case. As such, it is not amenable to a more specific definition.

4. COMMENT: The State Association of County Adjusters objects to definition of screening outreach, particularly with respect to the requirement that the evaluation be done wherever the person is. The commenter claims that the requirement is not safe and should be more limited in scope.

RESPONSE: The Division disagrees that this is an unreasonable requirement. The definition of screening outreach as an evaluation provided “wherever the person may be located” has been part of the screening regulations since 1989 and there is no substantive revision to that definition in this proposal. Furthermore, the definition is substantively identical to the statutory definition of “screening outreach visit” at N.J.S.A. 30:4-27.2aa. With respect to safety concerns, the Division notes the provisions regarding police involvement at N.J.A.C. 10:31-7.1 and the requirement at N.J.A.C. 10:31-2.2(d)3 that the screening service have a Division approved outreach plan that includes a “protocol for the involvement of the police, other emergency response personnel and other professionals.”

5. COMMENT: The State Association of County Adjusters requests that the reference to a psychiatric facilities’ rated capacity in the definition of a voluntary admission be further defined.

RESPONSE: The Division believes that the phrase “and the psychiatric facility can admit the person and remain within its rated capacity” in the definition of a voluntary admission is sufficiently clear and does not require further definition.

Subchapter 2. Program Requirements

N.J.A.C. 10:31-2.1 Functions of a Screening Service

N.J.A.C. 10:31-2.1(a)22

6. COMMENT: The State Association of County Adjusters commented that methods in addition to publication in a local phone directory are needed to ensure that communities are informed about screening services.

RESPONSE: This provision requires screening services to ensure the community is informed about their services through publication in the local telephone directory “among other modalities.” As such, the Division believes it is clear that screening services are expected to employ methods in addition to publication in the telephone directory as necessary to ensure public awareness.

N.J.A.C. 10:31-2.3 Screening Process and Procedures

N.J.A.C. 10:31-2.3(i)2

7. COMMENT: The State Association of County Adjusters requested that the Division define “clinically contraindicated,” which is referenced in this paragraph.

RESPONSE: N.J.A.C. 10:31-2.3(i)2 prohibits the use of telepsychiatry if it is clinically contraindicated. The Division believes that “clinically contraindicated” is a well-

understood term and that its meaning is clear within the context used in this paragraph. The Division further notes that this requirement is not new, but has been in the screening regulations since August 2010.

N.J.A.C. 10:31-2.3(i)6

8. COMMENT: The State Association of County Adjusters commented that there is a typographical error in this paragraph, specifically that the “and” between “hire and credential” should be removed in the following sentence: “A screening service that contracts for telepsychiatry shall still be required to hire and credential psychiatrists to perform any other duties or services required by this chapter.”

RESPONSE: Upon adoption, the Division will change this sentence to read as follows: “A screening service that contracts for telepsychiatry shall still be required to hire credentialed psychiatrists to perform any other duties or services required by this chapter.”

N.J.A.C. 10:31-2.3(i)12

9. COMMENT: NJMHESA commended the Division for requiring psychiatrists performing telepsychiatric assessment to receive training based on a Division supplied curriculum that describes New Jersey commitment standards and its mental health system of care. NJMHESA and NJAMHAA suggested that the curriculum be available on-line to improve accessibility and that it emphasize the values of the New Jersey system as based on integration, wellness, and recovery and providing care in the least restrictive setting.

RESPONSE: The Division appreciates NJMHESA's support. The Division intends to address the values identified by the commenters in the curriculum and will explore making the curriculum available online.

Subchapter 3. Screening and Screening Outreach Personnel Requirements

N.J.A.C. 10:31-3.3 Screener Certification Requirement, Qualifications, and Duties

N.J.A.C. 10:31-3.3(b)

10. COMMENT: UBHC-TAC requests that this provision be revised to include a requirement that an applicant seeking temporary screener certification and the designated screening center that employs the applicant submit a joint application that verifies that the applicant has the educational and work experience as set forth in paragraphs (b)1 through 4.

RESPONSE: The Division believes that specific procedures for documenting that an individual possesses the requirements for participating in the screener certification course is a level of detail more appropriately addressed through contract and guidelines rather than through regulations and, as such, declines to make the requested change.

11. COMMENT: NJMHESA expressed appreciation of the amendments allowing for "full-time equivalents," noting that it had difficulty recruiting professionals who qualify using the narrower requirement in the current regulations.

RESPONSE: The Division thanks the commenter for its support.

12. COMMENT: NJAMHAA requested the addition of language to N.J.A.C. 10:31-3.3(b)1 through 4 stating that any staff person's (full or part time) completion of 2,080 hours, which are required for a full-time equivalent (FTE), may be included in agencies' FTE counts and that a director of crisis services or screening should be authorized to sign off on these completed hours.

RESPONSE: The Division does not understand the relevancy of the commenters request with respect to inclusion in an agency's FTE counts. This addresses a count of FTEs at the agency level. That is not what is addressed in this subsection. On the contrary, this subsection specifically identifies the educational and work experience prerequisites for admission to the screener certification course and status as a certified screener. In response to requests from screening centers, the Division has proposed amending the work experience requirements to allow for full-time equivalents. For example, N.J.A.C. 10:31-3.3(b)1 currently requires one year of full-time professional experience in a psychiatric field after receipt of the master's degree, which means that part-time employees are unable to meet the post-degree work requirements. The proposal to amend the requirements to include full-time equivalent experience will allow part-time employees to obtain the required work experience over a longer time period, which will provide additional flexibility when identifying candidates for screener certification training and employment. Accordingly, the Division declines to make further revisions to this subsection in response to this comment.

N.J.A.C. 10:31-3.3(b)3

13. COMMENT: UBHC-TAC recommended that the prerequisites for participation in the screener certification course listed at paragraph (b)3 be revised to specify that the individual must be enrolled in a mental-health related master's program rather than just a master's program.

RESPONSE: The Division has continually interpreted the educational credentials requirements at N.J.A.C. 10:31-3.3(b)3 as requiring the individual to be pursuing a master's degree in a mental health profession. Consistent with that interpretation, the Division will revise this provision in a future rulemaking to specifically state that enrollment must be in mental-health related master's program.

N.J.A.C. 10:31-3.6 Medical Director Requirement, Qualifications, and Duties

N.J.A.C. 10:31-3.6(b)4

14. COMMENT: NJHA and NJMHESA commented that the requirement for periodic face-to-face meetings of screening service medical directors with telepsychiatrists is burdensome and unnecessary. NJMHESA contended that the requirement is impractical because screening centers may contract for telepsychiatry services which could result in physicians working over large geographic areas and multiple time zones rendering in-person meetings impractical. Both NJMHESA and NJHA commented that the requirement is unnecessary because contracted telepsychiatry providers will have their own internal supervision, reporting structures, quality assurance, and utilization processes. NJHA requested that this provision be amended to reflect a practical approach to contractual oversight in the form of provider-specific policies and practice as they relate to contractual agreements with telepsychiatry services.

RESPONSE: The Division continues to believe that a more direct form of oversight is required to protect the rights of consumers being assessed via telepsychiatry for involuntary commitment to treatment. That said, the Division recognizes that in-person meetings might be challenging given that telepsychiatrists could be located over a large geographic area. As such, the Division interprets the “face-to-face” requirement as being met through video-conferencing or a similar type of technology that permits for real time, visual, and sound communication.

Appendices

15. COMMENT: NJMHESA supported changes to the Screening Document that improved layout and readability facilitating the communication of screening compliance with mandated inquiries regarding psychiatric advanced directives, and specific information regarding in what manner the consumer evidences meeting the standard for involuntary commitment. The commenter noted that this is helpful to both the receiving facility and the judicial system.

RESPONSE: The Division appreciates the commenter’s support.

Summary of Agency-Initiated Changes:

1. The Division is changing N.J.A.C. 10:31-1.3: Definition of “Commissioner” upon adoption by replacing “Department of Human Services” with “Department of Health.”

2. The Division is changing N.J.A.C. 10:31-1.3: Definition of “Division” upon adoption by replacing “Department of Human Services” with “Department of Health.”

3. The Division is changing N.J.A.C. 10:31-3.3(c)3iv upon adoption to correct an internal citation in that subparagraph. More specifically, the citation to the subsection addressing temporary screeners that fail to meet the training and examination requirements within one year should be subsection (f), not subsection (g).

4. The Division is changing the headings in N.J.A.C. 10:31 Appendices A, “Screening Document for Adults,” and B, “Certification for Return Following Conditional Release” upon adoption by replacing “Department of Human Services” with “Department of Health” and adding “Integrated Health Services Branch.”

Federal Standards Statement

The adopted new rule, repeals, and amendments do not contain any standards that exceed those established by Federal law, and therefore, a Federal standards analysis is not required.

Full text of the adoption follows (additions to proposal indicated in boldface with asterisks ***thus***; deletions from proposal indicated in brackets with asterisks *[thus]*).

SUBCHAPTER 1. GENERAL PROVISIONS

N.J.A.C. 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.

...

"Commissioner" means the Commissioner of the Department of *[Human Services]*
Health.

...

"Division" means the Division of Mental Health Services, Department of *[Human
Services]* ***Health***.

...

SUBCHAPTER 2. PROGRAM REQUIREMENTS

N.J.A.C. 10:31-2.3 Screening process and procedures

(a)-(h) (No change from proposal.)

(i) The psychiatric assessment may be completed through use of telepsychiatry, provided that the screening service has a Division-approved plan setting forth its policies and procedures for providing a psychiatric assessment via telepsychiatry that meets the following criteria:

1.-5. (No change from proposal.)

6. The psychiatrists involved in telepsychiatry may be employed as staff of the screening service or may be under contract with the screening service. A screening service that contracts for telepsychiatry shall still be required to hire *[and credential]****credentialed*** psychiatrists to perform any other duties or services required by this chapter;

7.-12. (No change from proposal.)

(j)-(o) (No change from proposal.)

SUBCHAPTER 3. SCREENING AND SCREENING OUTREACH PERSONNEL REQUIREMENTS

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

(a)-(b) (No change from proposal.)

(c) Prior to achieving full status as a certified screener, an individual shall serve as a temporary screener and shall receive a "T" number.

1.-2. (No change from proposal.)

3. Within one year of submitting an application for temporary status, the temporary screener shall attend and successfully complete a Division-approved Basic Screening Certification Training Series and shall pass the Screener Proficiency Exam.

i.-iii. (No change from proposal.)

iv. Temporary screeners who fail to either complete each class in the basic training series or pass the exam before the one-year expiration of their temporary status will be placed on conditional status, pursuant to the terms of *[(g)]* **(f)*** below.

v. (No change from proposal.)

(d)-(g) (No change from proposal.)

APPENDIX A
STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
INTEGRATED HEALTH SERVICES BRANCH
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

SCREENING DOCUMENT FOR ADULTS
(Pursuant to N.J.S.A. 30:4-27.1 et seq)

I. DEFINITIONS

- A. "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 as qualified to assess eligibility for involuntary commitment to treatment. (N.J.S.A. 30:4-27.2p)
- B. "Consensual admission" means a voluntary admission specifically to a short-term care facility from a screening service.
- C. "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 shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2i)
- D. "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 need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical harm or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. This determination shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration. (N.J.S.A. 30:4-27.2h)
- E. "In need of involuntary commitment" or "in need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self, or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A. 30:4-27.2m).
- F. "Least restrictive environment" means the available setting and forms of treatment that appropriate address a person's need for care and the need to respond to dangers to the person,

others or property and respect, to the greatest extent practicable, the person's interests in freedom of movement and self-direction. (N.J.S.A. 30: 4-27.2gg)

- G. "Mental illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control 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 described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r)
- H. "Outpatient treatment" means clinically appropriate care based on proven or promising treatments directed to wellness and recovery, provided by a member of the patient's treatment team to a person not in need of inpatient treatment. Outpatient treatment may include, but shall not be limited to, day treatment services, case management, residential service, outpatient counseling and psychotherapy, and medication treatment. (N.J.S.A. 30:4-27.2hh)
- I. "Outpatient treatment provider" means a community-based provider designated as an outpatient treatment provider pursuant to Title 30 of the New Jersey statutes P.L. 1987, c. 116 (c.30:4-27.8), that provides or coordinates that provision of outpatient treatment to persons in need of involuntary commitment to treatment. (N.J.S.A. 30: 4-27.2ii)
- J. "Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to N.J.S.A. 30:4-27.15b prepared by an outpatient treatment provider for a patient who has a history of responding to treatment. The plan may include medication as a component of the plan; however, medication shall not be involuntarily administered in an outpatient setting. (N.J.S.A. 30:4-27.2jj)
- K. "Screening service" means a public or private ambulatory care service designated by the commissioner, which provides mental health services including assessment, emergency and referral services to persons with mental illness in a specified geographic area (N.J.S.A.30:4-27.2z). Screening is the process by which an individual being considered by commitment meets the standards for mental illness and dangerousness as defined herein.
- L. "Stabilization options" means treatment modalities or means of support used to remediate a crisis and avoid hospitalization. They may include but are not limited to crisis intervention counseling, acute partial care, crisis housing, voluntary admission to a local inpatient unit, referral to other 24 hour treatment facilities, referral and linkage to other community resources, and use of natural support systems.
- M. "Telepsychiatry option" – means a psychiatric evaluation which is accomplished through technologically assisted means that fully comports with the requirements of N.J.A.C 10:31-2.3(i)

This document is to be used only by a certified screener to document a person's need for involuntary commitment to treatment or for a consensual admission to a Short Term Care Facility.

II. SCREENING INFORMATION

A. This document is being prepared as a:

- Screening document recommending inpatient treatment (Pursuant to N.J.S.A. 30: 4-27-1 et seq.)
- Screening document recommending outpatient treatment (Pursuant to N.J.S.A. 30: 4-27-1 et seq.)
- Consensual admission document (Pursuant to N.J.A.C 10:31-2.3(e)1.)

B. Name of consumer: _____

C. Date of Birth _____

D. Sex: ____M ____F

E. English language abilities:

Speaks English as primary language: ____Yes ____No

Speaks English but it is not primary language:

____ Few Words ____ Conversationally ____ Fluent

If not English, what is the person's primary language? _____

Primary Language Abilities

____ Speaks ____ Reads ____ Writes

Did you interview this person in his or her primary language? ____Yes ____No

If no, was an interpreter present? ____Yes ____No

If an interpreter was present, please give the interpreter's name and title:

F. Psychiatric Advance Directive

- The patient does not have a psychiatric advance directive (PAD)
- I was unable, after reasonable inquiry, to determine at this time whether the patient has a PAD
- The patient has a PAD which is appended hereto.
- The PAD names _____ to act as a Mental Health Care Representative
- The PAD does not name a Mental Health Care Representative.
- The patient claims to have a Psychiatric Advance Directive but it has not, after a reasonable search, been found.

III. FINDINGS

A. Reasons for screening. Describe circumstances that led to the consumer being brought to the screening service. Describe symptoms and behaviors. _____

Attach extra sheets or relevant documents marked "III A." if more room is required for explanation. You may also attach copies of progress notes, records and other relevant documentation if it would be more efficient.

B. Describe the person's mental illness (refer to the definition above and include person's psychiatric diagnoses and mental health history, including his/her recent and past treatment history): _____

Attach extra sheets or relevant documents marked "III B." if more room is necessary for explanation. You may also attach copies of progress notes, records and other relevant documentation if it would be more efficient.

C. Is it likely that this disturbance is a result of simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability?

No ___ Yes ___

If yes, state cause and test results or symptoms supporting this conclusion: _____

D. Does the patient have a history of substance abuse?

No ___ Yes ___

If yes, provide detail:

E. Patient's dangerousness due to mental illness. Check and describe only appropriate items:

Dangerous to self/suicidal

Describe the danger: Include history of recent and past attempts, whether there are current suicidal threats, plans or intent (quote statements made), availability and lethality of means, or recent actions and behaviors indicating serious psychiatric deterioration, that make it more likely than not that serious harm or death will result from this person's actions within the reasonably foreseeable future.

Dangerous to self/not suicidal

Describe the danger: Include history, self-injury threats, plans or intent (quote statements made), or recent actions and behaviors, that would make it more likely than not that substantial bodily injury, serious physical debilitation, death or serious psychiatric deterioration will result within the reasonably foreseeable future. If indicated, also describe how person has behaved so as to indicate that he/she is unable to satisfy his need for nourishment, essential medical care or shelter.

Dangerous to others

Describe the danger: Include history, threats, plans or intent (quote statements made) to hurt others, availability and lethality of means, or recent actions, behaviors or serious psychiatric deterioration indicating a substantial likelihood that this individual will inflict serious bodily harm on another person within the reasonably foreseeable future. If known, identify intended victim(s).

Dangerous to property

Describe the danger: Include history, threats, plans or intent (quote statements made), availability of means, person's recent actions or behavior, or serious psychiatric deterioration indicating a substantial likelihood that this individual will cause serious property damage within the reasonably foreseeable future.

F. Documentation of diversion attempts. Identify interventions or services which have been attempted to stabilize the person and avert the need for involuntary or consensual admission. Check at least one column for each alternative.

Type of intervention	Appropriate	Not appropriate	Available	Not available
1. Existing natural support System				
2. Referral & Linkage to Community Services				
3. Crisis Intervention Counseling				
4. Outpatient Services for Medication Monitoring				
5. Adult acute partial hospital, partial hospital or partial care services				
6. Acute in home services (e.g., PACT)				
7. Extended Crisis Evaluation Bed with Medication Monitoring				
8. Crisis Housing				
9. Referral to other non-mental health 24 hour facility				
10. Admission on a voluntary basis to a psychiatric unit of a general hospital				
Other (describe) _____ _____ _____ _____				

IV. DISPOSITION

A. Recommendation for involuntary commitment to treatment (if consensual go to section V)

involuntarily commitment to inpatient facility because (check all that apply)

- the danger presented by this patient is imminent, or
- involuntary outpatient treatment is unavailable, or
- involuntary outpatient treatment is not sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future.

commitment to involuntary outpatient treatment because the danger that is presented by the patient's condition, while reasonably foreseeable, is not at this time imminent, and outpatient treatment is sufficient to render the patient unlikely to be a danger in the reasonably foreseeable future. Patient ___has been or ___will be referred for admission to a functioning outpatient program in this county which has availability provided by:

(provider)

Detail patient's past history of responding to treatment. What treatment modalities were successfully utilized in stabilization and managing safe behavior in the community?

Attach notes or extra sheets marked "IOC recommendation" if needed for full explanation.

I have spoken to _____ at the designated outpatient provider to discuss referral and development of a treatment plan.

Outpatient commitment treatment plan

I recommend the following as essential elements of any treatment plan implemented for this patient by an outpatient treatment provider:

- Medication monitoring @ _____
- Group therapies _____
- Individual therapy @ _____
- Case management _____
- Residential supervision _____
(describe intensity of supervision required) _____
- other services and programs required to maintain or lessen current level of dangerousness
- PACT _____

B. Least restrictive available setting rationale.

If involuntary commitment to an inpatient facility is recommended, briefly explain why no less restrictive intervention/service was appropriate and available and describe why the individual's current mental health condition renders him or her imminently dangerous or why commitment to outpatient treatment is deemed inadequate to render the person unlikely to be dangerous to self, others or property within the reasonably foreseeable future.

V. Signature of Screener Completing this Document

I am a NJ Certified Mental Health Screener and an employee of _____. On the date identified below my signature, I completed a screening assessment of _____ pursuant to N.J.A.C. 10:31-2.3(b)-(e). I assure that the information in this document is a true and accurate record of the information obtained during that assessment and that the findings and recommendations therein accurately reflect my professional opinion based on that information.

(Fill out only one side below)

.....

SCREENING DOCUMENT	:	CONSENSUAL ADMISSION DOCUMENT
	:	
	:	
_____	:	_____
Signature of Screener	:	Signature of Screener
	:	
_____	:	_____
Screener Number	:	Screener Number
	:	
	:	
_____	:	_____
Date	:	Date
	:	
	:	
_____	:	_____
Time	:	Time