

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
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. "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.
- B. "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)
- C. "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)
- 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. "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)
- F. "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).

- G. "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)
- H. "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)
- I. "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)
- J. "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.
- K. "Telepsychiatry option" - psychiatric evaluation which is accomplished through technologically assisted means if the screening service has been granted a waiver by the Division of Mental Health and Addiction Services in accordance with N.J.A.C. 10:31-11 to utilize telepsychiatry in psychiatric evaluations. *See also*, N.J.A.C. 10:31-2.3(f)(2).
- L. "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)
- M. "Consensual" means the type of admission applicable to a person who understands and agrees to be admitted to a short-term care facility (STCF) for stabilization and treatment (*see* N.J.A.C. 10:37G-1 et seq) but otherwise meets the standards for commitment in that she/he is dangerous to self, others or property by reason of mental illness.

This document is to be used only by a certified screener to document a person's eligibility for involuntary commitment to either inpatient or outpatient commitment or consensual hospitalization.

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. 10:37G-1 et seq.)

B. Telepsychiatry will be used to complete the screening certificate ___Yes ___ No. (Pursuant to N.J.A.C. 10:31-2.3(f)(2)). Complete the telepsychiatry certifications on Attachment A (attached).

C. Name of Client _____

D. Date of Birth _____

E. Sex: ___M ___F

F. English language abilities:

Speaks English as primary language: _____Yes _____No

Speaks English but it is not primary language:

_____Few Words _____Con 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:

G. 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. Identify whether commitment to outpatient treatment is an appropriate option for treatment. Check at least one column for each alternative.

Type of intervention	Appropriate	Not appropriate	Available	Not available
Existing support System				
Referral & Linkage to Community Services				
Crisis Intervention Counseling				
Outpatient Services Medication Monitoring				
Acute Partial Care				
PACT				
ICMS				
Extended Crisis Evaluation Bed with Medication Monitoring				
Voluntary Admission to Non-STCF Inpatient Unit				
Crisis Housing				
Referral to other non-mental health 24 hour facility				
Other (describe) _____ _____ _____				

IV. DISPOSITION

A. Recommendation for involuntary 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 inpatient hospitalization 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. Certification

I am a NJ Certified Mental Health Screener and an employee of _____.

I have interviewed _____ on this date and reviewed the available clinical records. It is my opinion that at this time the named person shows evidence of mental illness and because of that mental illness is:

_____ Dangerous to self

_____ Dangerous to others or property

(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

Attachment A

TO BE COMPLETED WHEN TELEPSYCHIATRY IS UTILIZED:

Initial one sentence in each numbered section.

1. ____ Telepsychiatry was used in the screening of this consumer and the use of telepsychiatry for this consumer was in accordance with the approved plan by DMHAS.
(e.g., telepsychiatry was used on a weekend, holiday or other condition, specify below.)

2. ____ The consumer was afforded the opportunity to have a face-to face assessment with a psychiatrist rather than a telepsychiatry assessment and elected to have the telepsychiatry assessment OR

____ The clinical circumstances as documented by the psychiatrist on his or her certification required a more timely assessment such that waiting to conduct a face to face assessment was not clinically appropriate. (Provide brief explanation below).

3. ____ The consumer consented to the telepsychiatry OR

____ Emergent circumstances made consent to telepsychiatry inappropriate.
(Provide a brief explanation below.)

5. ____ A screener or registered nurse was available to the consumer at all times during the telepsychiatric assessment. Screener or nurse must sign at the end of the document.

I. Certification:

I am a NJ Certified Mental Health Screener and an employee of _____.

I have interviewed _____ on this date and reviewed the available clinical records. I certify that the telepsychiatry was utilized in the manner described above. It is my opinion that at this time the named person shows evidence of mental illness and is

____ Dangerous to self

____ Dangerous to others or property

I certify that the patient was screened through telepsychiatry and the above statements are true.

Type or print name

sign