

N.J.A.C. 10:31

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM

Title 10, Chapter 31 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

[N.J.S.A. 30:1-12](#) and [30:4-27.1](#) et seq., specifically 30:4-27.5; and Reorganization Plan No. 001-2018.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

Effective: November 4, 2024.

See: [56 N.J.R. 2293\(a\)](#).

CHAPTER HISTORICAL NOTE:

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

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

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

Chapter 31, Screening and Screening Outreach Program, was readopted as R.2004 d.373, effective September 9, 2004. See: [36 N.J.R. 1691\(a\)](#), [36 N.J.R. 4468\(a\)](#).

Pursuant to Executive Order No. 1(2010), the chapter expiration date was 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 was readopted pursuant to the Administrative Procedure Act, [N.J.S.A. 52:14B-1](#) et seq.

Chapter 31, Screening and Screening Outreach Program, was readopted as R.2010 d.175, effective July 21, 2010. As a part of R.2010 d.175, Subchapter 4, Emergency Service Personnel Requirements, was renamed Affiliated Emergency Service Personnel Requirements; former Subchapter 6, Planning, was recodified to Subchapter 10; former Subchapter 7, Termination of Services, was recodified to Subchapter 6; former Subchapter 8, Police Involvement, was recodified to Subchapter 7; former Subchapter 9, Client's Rights, was recodified to Subchapter 8 and renamed Consumers' Rights; and Subchapter 9, Continued Quality Improvement, Subchapter

Title 10, Chapter 31 -- Chapter Notes

11, Waiver, Subchapter 12, Confidentiality of Consumer Records and Appendices A through D were adopted as new rules, effective August 16, 2010. See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 31, Screening and Screening Outreach Program, was scheduled to expire on July 21, 2017. See: [43 N.J.R. 1203\(a\)](#).

Chapter 31, Screening and Screening Outreach Program, was readopted as R.2018 d.067, effective December 20, 2017. As a part of R.2018 d.067, Subchapter 12, Confidentiality of Consumer Records, was repealed, effective January 16, 2018. See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Chapter 31, Screening and Screening Outreach Program, was readopted with technical changes, effective November 4, 2024. See: Source and Effective Date. See, also, section annotations.

Annotations

Notes

[Chapter Notes](#)

Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 31, Screening and Screening Outreach Program, expires on November 4, 2031.

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N.J.A.C. 10:31-1.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
1. GENERAL PROVISIONS

§ 10:31-1.1 Scope

(a) The Screening and Screening Outreach Program is designed to provide screening and crisis stabilization services, 24 hours per day, 365 days per year, in every geographic area in the State of New Jersey. These services may be provided at a designated screening location or wherever the individual who may be in need of such services is located. 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 service, designated by the Division.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

In (a), deleted "on and off site" following "provide", substituted "24 hours" for "24-hours" and inserted the second sentence; and in (b), substituted the second occurrence of "Screening Outreach" for "Screening-Outreach" and "service" for "center" following "screening".

Annotations

Notes

[Chapter Notes](#)

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N.J.A.C. 10:31-1.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
1. GENERAL PROVISIONS

§ 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, in a manner that is culturally competent, trauma-informed, and recovery-oriented and assists the consumer in achieving a self-directed transition to wellness;
2. To provide outreach to individuals who may need involuntary commitment and are unable or unwilling to come to the screening service location, as stipulated in [N.J.S.A. 30:4-27.5\(d\)](#);
3. To provide outreach for the purpose of crisis intervention and stabilization;
4. To assure referral and linkage, which is voluntary in nature, to appropriate community mental health and social services;
5. To coordinate access, where appropriate, to the publicly affiliated acute care system serving a designated geographic area;
6. To screen individuals, so that only those persons who are in need of involuntary commitment, as set forth in N.J.S.A. 30:4-27.2m, 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, law enforcement and mental health providers in the geographic area;
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; and
10. To provide leadership within the acute care network of services and advocate for services to meet consumers' needs and encourage the system to respond flexibly.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

In the introductory paragraph of (a), substituted "Screening Outreach" for "Screening-Outreach"; rewrote (a)1 through (a)4; in (a)5, inserted "hospitalization/" and substituted "housing or" for "house,"; in (a)6, inserted a comma

§ 10:31-1.2 Purpose

following "individuals" and "commitment" and substituted "are in need of" for "meet the standard for" and "30:4-27.2m," for "30:3-27.2m"; in (a)8, inserted ", law enforcement" and deleted "and" from the end; in (a)9, substituted "; and" for a period at the end; and added (a)10.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

In (a)1, inserted ", trauma-informed,"; in (a)4, inserted a comma following "nature"; and rewrote (a)5.

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
1. GENERAL PROVISIONS

§ 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-based outpatient and inpatient psychiatric services designed to provide stabilization during the acute phase of psychiatric illness.

"Acute care system" means those services either contracted for or identified by the Division of Mental Health and Addiction Services, in consultation with the appropriate county mental health board, as part of a geographic area's acute care services. They may include, but are not limited to, the screening service, affiliated emergency services, short-term care facilities, inpatient psychiatric services, adult acute partial hospital services, partial hospital services, partial care services, crisis housing, integrated case management services (ICMS), programs of assertive community treatment (PACT), and peer support, self-help, and acute family support services.

"Adult acute partial hospital" means an intensive and time-limited acute psychiatric service for beneficiaries 18 years of age or older who are experiencing, or are at risk for, rapid decompensation. This mental health service is intended to minimize the need for hospitalization.

"Affiliated emergency service (AES)" means a mental health provider that is under contract with the Division of Mental Health and Addiction Services and has an affiliation agreement with the designated screening service in its geographic area and is responsible for the provision of services to people in psychiatric crisis. Emphasis is on stabilization, so that the consumer can actively participate in needs assessment and service planning.

"Affiliated emergency service coordinator" means an individual employed by an affiliated 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\(b\)](#).

"Assessment" means evaluation of the individual in psychiatric 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.

"Commissioner" means the Commissioner of the Department of Human Services.

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

"Consensual admission" means a voluntary admission specifically to a short-term care facility from a screening service.

"Consumer" means an individual 18 years of age or older receiving assessment or treatment in a screening service or any ambulatory mental health service.

§ 10:31-1.3 Definitions

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

"Crisis housing" means a community-based crisis residential stabilization program providing an alternative setting for stabilization of individuals who are assessed by a screening service as being in acute psychiatric crisis, but who do not meet the standard for commitment.

"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 service or an affiliated 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 a screening service or an affiliated emergency service for the purpose of crisis stabilization. It does not include the screening process.

"Crisis stabilization" means intensive crisis intervention efforts toward or the result of a significant reduction of positive symptoms and some improvement in level of functioning, bringing the individual closer to the level of functioning demonstrated prior to the crisis.

"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, threat, or serious psychiatric deterioration.

"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 harm 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. This determination shall take into account a person's history, recent behavior and any recent act, threat, or serious psychiatric deterioration.

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

"Enhanced screening service" means interventions that are made available to assist consumers who are hearing impaired to meaningfully access screening services. Enhanced screening services may also include consultative services for consumers who are developmentally disabled.

"Extended crisis evaluation bed (ECEB)" means a bed provided in a secure area where an individual can be held for up to 24 hours while being assessed and receiving intensive psychiatric supervision and medication monitoring.

"General hospital" means any hospital that maintains and operates organized facilities and services for the diagnosis, treatment or care of persons suffering from acute illness, injury or deformity and in which all diagnosis, treatment and care are administered by or performed under the direction of persons licensed to practice medicine or osteopathy in the State of New Jersey.

"Geographic area" means a geographically distinct area designated by the Commissioner to be served by one screening service. 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.

"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

§ 10:31-1.3 Definitions

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.

"Integrated case management service (ICMS)" means personalized, collaborative and flexible outreach services, offered primarily off-site, designed to engage, support and integrate individuals with serious mental illness into the community of their choice, and facilitate their use of available resources and supports in order to maximize their independence.

"Least restrictive environment" means the available setting and form of treatment that appropriately addresses a person's need for care and the need to respond to dangers to the person, others, or property and respects, to the greatest extent practicable, the person's interests in freedom of movement and self-direction.

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

"Medical 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.

"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 health care representative" means the individual designated by a consumer pursuant to the proxy directive part of the consumer's advance directive for mental health care for the purpose of making mental health care decisions on the consumer's behalf, and includes an individual designated as an alternate mental health care representative who is acting as the consumer's mental health care representative in accordance with the terms and order of priority stated in an advance directive for mental health care.

"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 as described in this definition. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment as described in this definition.

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

"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 services, outpatient counseling and psychotherapy, and medication treatment.

"Outpatient treatment provider" means a community-based provider, designated as an outpatient treatment provider pursuant to [N.J.S.A. 30:4-27.8](#), that provides or coordinates the provision of outpatient treatment to persons in need of involuntary commitment to treatment.

"Partial care" means an individualized, outcome-oriented mental health service, which provides a comprehensive, structured, non-residential, interdisciplinary treatment and psychiatric rehabilitation program in a community setting to assist consumers who have serious mental illness in increasing or maximizing independence and community living skills and enhancing the quality of their lives. Partial care services are offered to an individual age 18 or older with a primary psychiatric disorder that is accompanied by an impaired ability to perform living, learning, working, or social roles. Partial care services support consumer stabilization and community integration and are alternatives to more

§ 10:31-1.3 Definitions

intensive acute interventions. Partial care services provide active treatment and psychiatric rehabilitation for consumers who do not require inpatient hospitalization, but require support and structured programming.

"Partial hospital" means an individualized, outcome-oriented psychiatric service which provides a comprehensive, structured, non-residential, interdisciplinary treatment and psychiatric rehabilitation program to assist beneficiaries who have a serious mental illness in increasing or maximizing independence and community living skills and enhancing the quality of their lives.

"Peer advocate" means a person who works for a screening service and is or has a family member who is a consumer of mental health services. The responsibilities of a peer advocate are to raise awareness, provide education and serve as a resource to other consumers and family members on issues related to the effective management of mental illness in areas, such as symptom reduction, relapse prevention, stress management, social skills, depression, anxiety and healthy relationships. The peer advocate may resolve conflicts, and document and refer consumer concerns and complaints to professional staff, where appropriate. Peer advocates also serve as positive role models and demonstrate positive decision-making skills in both their personal and professional lives.

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

"Physician" means a person who is licensed to practice medicine in the State of New Jersey.

"Plan of outpatient treatment" means a plan for recovery from mental illness approved by a court pursuant to [N.J.S.A. 30:4-27.15](#), a that is to be carried out in an outpatient setting and is 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.

"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.

"Programs of assertive community treatment (PACT)" means the community mental health program that provides comprehensive, integrated rehabilitation, treatment and support services to individuals with serious and persistent mental illness, who have had repeated psychiatric hospitalizations, and who are at serious risk for psychiatric hospitalization. PACT, provided *in vivo* by a multi-disciplinary service delivery team, is the most intensive program element in the continuum of ambulatory community mental health care. Services to an individual may vary in type and intensity.

"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.

"Psychiatric unit of a general hospital" means an inpatient unit of a general hospital that restricts its services to the care and treatment of persons with mental illness who are admitted on a voluntary basis.

"Psychiatrist" means a physician licensed to practice medicine in the State of New Jersey who has completed the training requirements of the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

"Psycho-education" means information dissemination, professional guidance and consultation and skill development to families of consumers and consumers themselves, aimed at assisting families and consumers in becoming essential contributors and participants in the rehabilitation process.

"Reasonably foreseeable future" means a time frame that may be beyond the immediate or imminent, but not longer than a time frame as to which reasonably certain judgments about a person's likely behavior can be reached.

"Referral" means services, which are voluntary in nature, that direct, guide, and link a consumer with appropriate services, which promote the achievement of the goals of wellness and recovery and which include diversion from hospitalization, as clinically appropriate.

§ 10:31-1.3 Definitions

"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 consumer's need for involuntary commitment to treatment.

"Screening" means the process for determining whether an individual is in need of involuntary commitment to treatment.

"Screening certificate" means a form developed by the Division and approved by the Administrative Office of the Courts that is executed by a psychiatrist or other physician affiliated with a screening service who has examined the consumer and which states that the consumer designated therein is in need of involuntary commitment to treatment. The form shall also state the specific facts upon which the examining physician has based his or her conclusion and shall be certified in accordance with the Rules of Court. The certificate may not be executed by a person who is a relative, by blood or marriage, of the person who is being screened.

"Screening coordinator" means an individual who is employed by a screening service, 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 document" means a form developed by the Division and completed and signed by a screener after that screener has assessed the consumer. The screening document serves as the first step of the involuntary commitment process.

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

"Screening psychiatrist" means a psychiatrist employed by a screening service or a psychiatrist affiliated through a written agreement with a screening service. The written agreement shall minimally outline a supervisory procedure consistent with [N.J.A.C. 10:31-3.6](#).

"Screening service" means a public or private ambulatory care service with mobile capacity designated by the Commissioner, which provides mental health services, as specified in [N.J.A.C. 10:31-2.1](#).

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

"Short-term care facility (STCF)" means a closed acute care adult psychiatric unit in a general hospital for short-term admission of individuals who meet the legal standard for commitment and require intensive treatment. The STCF shall be designated by the Division to serve residents of specific geographic areas within the State. All admissions to short-term care facilities shall be referred through a designated screening service.

"Special psychiatric hospital" means a public or private hospital licensed by the Department of Health to provide voluntary and involuntary mental health services, including assessment, care, supervision, treatment, and rehabilitation services to persons with mental illness.

"Stabilization options" means treatment modalities or means of support used to remediate a crisis. They may include, but are not limited to, early intervention programs, crisis intervention counseling, acute partial hospital services, adult partial hospital services, partial care services, crisis housing, acute in-home services, extended crisis evaluation bed with medication monitoring, or emergency stabilization regimes, admission on a voluntary basis to a psychiatric unit in a general hospital, 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, developmental disability, nursing, rehabilitative and/or drug and alcohol services.

"Voluntary admission" 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 is willing to be admitted to a facility voluntarily for care, needs care at a short-term care or psychiatric facility because other facilities

§ 10:31-1.3 Definitions

or services are not appropriate or available to meet the person's mental health needs. A person may also be voluntarily admitted to a psychiatric facility if his or her mental illness presents a substantial likelihood of rapid deterioration in functioning in the near future, there are no appropriate community alternatives available, and the psychiatric facility can admit the person and remain within its rated capacity.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

In definition "Acute care", inserted "out-patient"; rewrote definitions "Acute care system", "Crisis housing", "Crisis intervention specialist", "Crisis outreach", "Crisis stabilization", "Linkage", "Mental illness", "Psychiatrist", "Psycho-education", "Referral", "Stabilization options" and "Treatment facility"; deleted definitions "Acute in-home service", "Certified screener", "Client", "Clinical case management program (CCMP)", "Clinical certificate", "Clinical director", "Crisis companion", "Crisis stabilization services", "Designated screening center", "Emergency services (ES)", "Emergency service coordinator", "Holding bed", "Involuntary commitment", "Off site", "On site", "Quality assurance (QA)" and "Short-term care facility (STCF)"; substituted definition "Acute partial hospitalization/care" for definition "Acute partial care"; in definition "Acute partial hospitalization/care", inserted a comma following "interventions"; added definitions "Affiliated emergency service (AES)", "Affiliated emergency service coordinator", "Commitment", "Consensual admission", "Consumer", "Consumer protected health information (consumer PHI)", "Continuous quality improvement", "Covered entity", "Enhanced screening service", "Extended crisis evaluation bed (ECEB)", "General hospital", "In need of involuntary commitment", "Integrated case management service (ICMS)", "Medical director", "Mental health care representative", "Peer advocate", "Physician", "Programs of assertive community treatment (PACT)", "Psychiatric unit of a general hospital", "Psychotherapy notes", "Screener", "Screening certificate", "Screening document", "Screening service", "Short-term care facility" and "Special psychiatric hospital"; in definition "Assessment", inserted "psychiatric" and deleted a comma following "crisis"; substituted definition "Community referral source" for definition "Community gatekeeper"; in definition "Community referral source", inserted a comma following "individual"; in definition "Division", substituted the first occurrence of "Services" for "and Hospitals"; in definition "Geographic area", substituted "service" for "center" and deleted a comma following "county"; substituted definition "Screening coordinator" for definition "Screening center coordinator"; in definition "Screening coordinator", substituted "screening service" for "designated screening center"; and in definition "Screening outreach", deleted "off site" following "provided".

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Rewrote the section.

Notice of readoption with technical change, effective December 2, 2024.

See: [56 N.J.R. 2293\(a\)](#).

Annotations

Notes

[Chapter Notes](#)

§ 10:31-1.3 Definitions

NEW JERSEY ADMINISTRATIVE CODE

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End of Document

N.J.A.C. 10:31-1.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
1. GENERAL PROVISIONS

§ 10:31-1.4 (Reserved)

History

HISTORY:

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).

Repealed by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Waiver".

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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End of Document

N.J.A.C. 10:31-2.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
2. PROGRAM REQUIREMENTS

§ 10:31-2.1 Functions of a screening service

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

1. Assessment of the crisis situation and identification of stabilization, diversion, and support services needed and/or screening for commitment. This shall take place throughout the geographic area served by the service, including such sites as other emergency services, jails, and nursing homes.
 - i. When evaluation of suicide risk is indicated, the assessment shall include an evidence-based, structured, or standardized tool designed to assess suicide risk;
2. Provision of emergency and consensual treatment to the person receiving the assessment;
3. Crisis/early intervention counseling;
4. Referral via personal contact to the most appropriate, least restrictive treatment setting indicated, linkage and follow-up in order to maintain contact with all consumers until they are engaged in another service licensed by the appropriate authority, where applicable, or are no longer in crisis;
5. Initiation of involuntary commitment proceedings, where appropriate and pursuant to [N.J.S.A. 30:4-27.10](#) and [N.J.A.C. 10:31-2.3](#);
6. Operation of a 24-hour hotline, which shall be answered at all times directly by a certified screener, crisis intervention specialist, or other clinical personnel under the supervision of the screener or crisis intervention specialist and which shall receive calls that have been forwarded from an AES during off hours;
7. Maintenance of 24 hour per day screening outreach capability, which shall include provision of 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, others or property due to mental illness;
 - ii. Whenever the individual is unable or unwilling to come to the screening service or when transporting the individual may put him or her or others at further risk; and
 - iii. If the consumer's history, behavior or location presents safety concerns that cannot be resolved through consultation by the screening outreach team with the police and coordination of transportation to the screening service with the police;
8. Provision of extended crisis evaluation bed(s) (ECEBs) with 24-hour capability, for the purpose of assessment, intensive supervision, medication monitoring and crisis stabilization;
9. Provision of, or arrangement for, appropriate medical services for consumers who are receiving screening services;

§ 10:31-2.1 Functions of a screening service

- 10.** Provision of medication monitoring, which shall include medication for the purpose of crisis stabilization. Medication shall be administered in accordance with [N.J.S.A. 30:4-27.11e](#).a(1) and shall not be given to consumers in non-emergency situations without their consent;
- 11.** Arranging transportation of consumers in need of involuntary commitment to inpatient treatment to the receiving facility;
- 12.** Provision of face-to-face follow-up visits and/or telephone calls until the crisis is resolved or linkage completed.
 - i. Consistent with the agency's policies regarding informed consent, the designated screening service shall make referral for aftercare services with mental health care providers who are licensed by the appropriate authority, as applicable.
 - ii. Affiliation agreements shall be developed and maintained with other community agencies to ensure priority access to psychiatric evaluation for medication within seven days of referral and to other mental health services within 14 days of referral. The screening service shall be responsible for medication until this responsibility is transferred to another agency;
- 13.** In accordance with the procedures set forth at [N.J.A.C. 10:31-2.4](#), determine if a consumer brought to the screening service pursuant to a court order issued as the result of the consumer's failure to comply with the terms of their conditional discharge from involuntary commitment to treatment is in need of involuntary commitment to treatment;
- 14.** Psycho-educational and/or supportive services to consumers and family members who are involved at time of initial crisis;
- 15.** Advocate, in conjunction with affiliated mental health care providers, for services to flexibly meet consumer needs;
- 16.** Maintain a written affiliation agreement with the designated STCF(s) serving the screening services' geographic area;
- 17.** Develop and maintain a written plan to provide training or technical assistance for police and other community referral sources directly or through affiliations with other agencies.
 - i. The screening service may accomplish police training through presentation of a Division-approved curriculum at the police academy and through periodic consultation and advisement to the police and other community referral sources.
 - ii. Training shall be provided on a continuing basis and shall include, but not be limited to, orientation to the screening system, provisions contained within the screening law, explanation of mental illness, crisis intervention skills, systems interaction and transportation;
- 18.** Develop a plan, in collaboration with the general hospital that houses the screening service, where applicable, for transporting consumers in crisis, in accordance with all applicable Federal and State laws. This plan shall include transportation between an AES or screening service and transportation from these services to an appropriate treatment facility (for example, psychiatric facility, psychiatric unit of a general hospital, special psychiatric hospital or STCF), once identified;
- 19.** Provide, as needed, crisis intervention training and consultation for AES providers, other community referral sources and police, in the geographic area;
- 20.** Develop and coordinate a mechanism for acute care system review in accordance with N.J.A.C. 10:31-5;
- 21.** Maintain a system for tracking currently available treatment openings in the acute care system for which the screening service is granted access either directly, by subcontract or by affiliation; and
- 22.** Ensure that screening services are made known to the community at large through, among other modalities, publication of services in the local telephone directory.

§ 10:31-2.1 Functions of a screening service

- (b) Enhanced screening services shall perform additional duties, as negotiated and agreed to in their contracts with the Division.
- (c) A screening service shall maintain a physical environment that is cognizant of, and responsive to, the varying needs and vulnerabilities of the diverse population it serves, especially children and older persons. When such vulnerable individuals are presented, screening staff shall take steps to ensure that they are protected from exposure to dangerous, potentially upsetting or inappropriate stimuli.
- (d) Each screening service shall submit to the appropriate Division regional office and have approved by the Division a plan for prioritizing response to screening outreach calls. The plan shall include the following provisions:
1. Response timeframes that reflect the unique characteristics of the geographic area;
 2. A requirement that outreach shall be provided in a timely manner when the screener determines, based on clinically relevant information, that the person is dangerous by reason of mental illness and unable or unwilling to come to the screening service;
 3. A protocol for the involvement of the police, other emergency response personnel and other professionals; and
 4. A plan for the expansion of screening services to provide additional prevention, intervention and stabilization services, when resources are available.

History

HISTORY:

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.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Functions of a screening center". Rewrote the section.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Rewrote (a).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-2.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
2. PROGRAM REQUIREMENTS

§ 10:31-2.2 Functions of an affiliated emergency service (AES)

(a) In addition to the screening service, a geographic area may include one or more affiliated emergency services (AESs). All AESs shall be affiliated by written agreement with the geographic area's screening service. All AESs shall operate in accordance with contractual agreements with the Division and affiliation agreements with the designated screening service. Each AES shall provide all of the following services:

1. Crisis intervention counseling for consumers, family members and/or significant others;
2. Provision of or arrangement for appropriate medical services for consumers receiving care at the AES;
3. Provision and monitoring of medication 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 [N.J.S.A. 30:4-27.11e](#).a(1) and shall not be given to consumers in non-emergency situations without their consent;
4. Assessment, referral, linkage, and follow-up, which shall include maintenance of contact with all consumers until they are engaged in another service or the crisis has been resolved. The AES shall also:
 - i. Refer the individual to the most appropriate and least restrictive treatment setting, licensed by the appropriate authority, where applicable, in the consumer's county of residence unless contraindicated. The AES records shall document these efforts;
 - ii. Facilitate linkage to services in the acute care system; and
 - iii. Provide linkage to, and necessary follow-up regarding, other mental health and non-mental health services;
5. When an AES believes that a consumer might be in need of involuntary commitment, arrange for screening of the consumer as set forth at [N.J.A.C. 10:31-2.3\(m\)](#); and
6. A hotline, answered directly by clinical staff during peak hours, and forwarded to the designated screening service at other times.

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

1. Extended crisis evaluation beds with 24-hour capacity;
2. Follow-up visits to ensure stabilization;
3. Crisis intervention outreach; and
4. Follow-up visits off-site.

History

§ 10:31-2.2 Functions of an affiliated emergency service (AES)

HISTORY:

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.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Functions of an emergency service (ES)". Rewrote the section.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

In (a)2, deleted "and" from the end; in the introductory paragraph of (a)4, inserted a comma following "linkage", and substituted "crisis" for "emergency"; rewrote (a)4ii; in (a)4iii, deleted "and" from the end; added new (a)5; and recodified former (a)5 as (a)6.

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-2.3

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NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
2. PROGRAM REQUIREMENTS

§ 10:31-2.3 Screening process and procedures

(a) In accordance with [N.J.S.A. 30:4-27.5](#).a, upon entry of a consumer to the screening service, staff at the screening service may detain the consumer for up to 24 hours from entry for the purpose of providing emergency and consensual treatment, medical clearance and conducting an assessment.

(b) The screening service or affiliated emergency service shall provide a thorough assessment of the consumer and his or her current situation to determine the meaning and implication of the presenting problem(s) and the nature and extent of efforts that have already been made.

1. The screening service or affiliated emergency service, consistent with State and Federal laws regarding patient confidentiality, shall contact the consumer's family, spouse, civil union partner or significant others and current or previous service providers to determine what the clinical needs of the consumer are and what services are in the best interest of the consumer.
2. The screening service or affiliated emergency service staff shall consult with each adult consumer, significant others as permitted by law, and the Division Registry established pursuant to [N.J.A.C. 10:32-2.1](#), to determine whether the consumer has executed an advance directive for mental health care, 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.
3. The screening service or affiliated emergency service procedures shall require recording of pertinent consumer information, where available, including, but not limited to:
 - i. Basic identifying data as it relates to the presenting crisis;
 - ii. The history and nature of the presenting problem;
 - iii. The psychiatric and social history;
 - iv. The medical history, including current medical status problems, allergies and current medication;
 - v. The mental status and level of functioning;
 - vi. Any drug and alcohol use and history;
 - vii. Any indication of dangerousness;
 - viii. Exploration of available resources and natural support system;
 - ix. Preliminary diagnosis; and
 - x. Whether or not the consumer has executed an Advance Directive for Mental Health Care.

(c) All stabilization options shall be fully explored before involuntary commitment is considered. Such options shall include, but shall not be limited to:

1. Use of natural support system;

§ 10:31-2.3 Screening process and procedures

2. Referral and linkage to community resources;
3. Crisis intervention counseling;
4. Outpatient services for medication monitoring and follow-up;
5. Adult acute partial hospital, partial hospital, or partial care services;
6. Acute in-home services;
7. Extended crisis evaluation bed with medication monitoring;
8. Crisis housing;
9. Referral to other 24-hour treatment facility;
10. Admission on a voluntary basis to a psychiatric unit of a general hospital; and
11. Voluntary admission.

(d) After exploring the appropriateness of, and exhausting all options listed in (c) above, the screener shall ascertain whether the consumer is in need of involuntary commitment to treatment. In making this determination, the screener shall consider whether the individual:

1. Has a mental illness;
2. Is dangerous to his or her self, others or property because of mental illness; and
3. Understands the nature of the recommended treatment and is unwilling to voluntarily accept appropriate, available outpatient treatment or inpatient care at an STCF, psychiatric facility, or special psychiatric hospital after it has been offered.

(e) If the screener determines that the individual is in need of involuntary commitment to treatment under the standard referenced in this section, the screener shall fully complete, within 24 hours of the individual's presentation for screening services, all sections of the screening document found at [N.J.A.C. 10:31 Appendix A](#), incorporated herein by reference, after exhausting all reasonable efforts to stabilize the individual or divert him or her to less restrictive care. Through the screening document, the screener shall certify that the individual is in need of commitment.

1. The screener shall also complete the relevant sections of the screening document if the screener determines that the individual meets the criteria for a consensual admission.

(f) After fully completing the screening document, the screener shall contact the screening service psychiatrist for further assessment of the individual.

1. The screening psychiatrist shall review the screening document and consult with the screener.
2. The screening psychiatrist shall conduct and document a thorough psychiatric evaluation of the consumer.
 - i. The psychiatric evaluation may be accomplished through technologically assisted means, also known as "telepsychiatry," when the conditions set forth at (i) below are met.
3. If the psychiatrist determines that the consumer is in need of involuntary commitment, the psychiatrist shall complete all applicable sections of the screening certificate (on the form approved by the Administrative Office of the Courts, designated a "screening/clinical certificate," and also known as the "physician's certificate").
 - i. The screening certificate shall be completed by the screening psychiatrist, except in those circumstances where the Division's contract with the screening service provides that another physician may conduct the assessment and complete the certificate.
 - ii. Where the consumer is dangerous by reason of a mental illness, but is willing and able to consent to treatment, the screening certificate should not be completed. Instead, the psychiatrist shall document those findings in the consumer's medical record and recommend that the consumer

§ 10:31-2.3 Screening process and procedures

be admitted voluntarily to treatment. That documentation will become part of the referral packet for admission to the short-term care facility.

4. Upon the psychiatrist's determination that the consumer is in need of involuntary commitment to treatment and completion of the applicable sections of the screening certificate, screening service staff, in consultation with the psychiatrist or another physician, as appropriate, shall determine the least restrictive environment for the appropriate treatment to which the person shall be assigned or admitted, taking into account the person's prior history of hospitalization and treatment and the person's current mental health condition. Screening service staff shall designate:

- i. Inpatient treatment, if the consumer is immediately or imminently dangerous or if outpatient treatment is deemed inadequate to render the person unlikely to be dangerous to self, others, or property within the reasonably foreseeable future; or
- ii. Outpatient treatment, when outpatient treatment is deemed sufficient to render the consumer unlikely to be dangerous to self, others, or property within the reasonably foreseeable future.

5. Upon determination of the designation in (f)4 above, the remainder of the screening certificate shall be completed.

(g) In accordance with [N.J.S.A. 30:4-27.9.c](#), within 72 hours of the psychiatrist's completion of the screening certificate, the following events must occur:

- 1. The consumer must be admitted to a designated outpatient treatment provider, a short-term care facility, psychiatric facility, or special psychiatric hospital;
- 2. A psychiatrist on staff at the designated outpatient treatment provider or the admitting facility must complete the clinical certificate; and
- 3. Staff at the designated outpatient treatment provider or the admitting facility must commence court proceedings for involuntary commitment by filing with the court both the screening certificate (completed by the screening psychiatrist) and the clinical certificate (completed by the treating psychiatrist on staff at the admitting facility).

(h) The screening psychiatrist completing the assessment delineated in (f) above shall not be the consumer's treating psychiatrist.

1. The screening service's policies and procedures shall specify that the psychiatrist who assesses the consumer in the screening service and who completes the screening certificate shall not be the psychiatrist who treats the consumer in the STCF, psychiatric facility, special psychiatric hospital, or designated outpatient treatment provider and who completes the clinical certificate, unless, and only after, reasonable but unsuccessful attempts were made to have another psychiatrist conduct the assessment and execute the certificate.

- i. The screening service policies and procedures shall stipulate that the "reasonable attempts" referred to in (h)1 above shall include, but not be limited to, reassignment, scheduling changes, or any other mechanism that may result in another psychiatrist treating the patient in the STCF, psychiatric facility, special psychiatric hospital, or designated outpatient treatment provider.
- ii. The screening service policies and procedures shall require the documentation in the consumer's medical record of all reasonable but unsuccessful attempts made to avoid the same psychiatrist completing both the screening and clinical certificates.

(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. The consumer shall be afforded, in all instances, the opportunity to have a face-to-face assessment with a psychiatrist rather than a telepsychiatric assessment, unless clinical circumstances require a more timely assessment;

§ 10:31-2.3 Screening process and procedures

2. Telepsychiatry shall not be used where it is clinically contraindicated;
 3. Screening staff shall obtain and document the consumer's valid consent to being assessed through the means of telepsychiatry;
 4. A screener or registered nurse shall be with or available to the consumer at all times during the telepsychiatric assessment;
 5. Pursuant to State and Federal laws, confidentiality shall be preserved by both electronic safeguards and through the training of on-site and off-site staff;
 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 credentialed psychiatrists to perform any other duties or services required by this chapter;
 7. The psychiatrist performing the telepsychiatric assessment shall hold a full, unrestricted medical license in New Jersey;
 8. The psychiatrist performing the telepsychiatric assessment shall be capable of performing all the duties that an on-site psychiatrist can perform, including prescribing medication, monitoring restraints, and other related interventions that require a physician's orders or oversight;
 9. As appropriate, the screening service shall ensure that the telepsychiatrist performing the assessment maintains privileges with the general hospital affiliated with the screening service, and is actively and routinely involved in the quality improvement process of the screening service;
 10. The psychiatrist performing the telepsychiatric assessment shall be considered an active part of the treatment team and shall be available for discussion of the case with facility staff, or for interviewing family members and others, as the case may require;
 11. The technology used in the telepsychiatric assessment shall be consistent with the current technological state of the art acknowledged in the profession; and
 12. The psychiatrist performing the telepsychiatric assessment shall receive training based on a Division-supplied curriculum that will address the New Jersey commitment standards and the local mental health system of care including, but not limited to, information about all least restrictive community treatment settings.
- (j) If the assessment reveals that a consumer is not in need of involuntary commitment, the screening service shall refer the consumer to the least restrictive, appropriate treatment or social service agency(s).
- (k) After the screening psychiatrist has completed the screening certificate, the screener shall:
1. Determine the appropriate facility in which the consumer shall be placed taking into account the consumer's prior history of hospitalization and treatment and the least restrictive level of care that is locally available.
 - i. If a consumer has been admitted three times or has been an inpatient for 60 days at a short-term care facility during the preceding 12 months, consideration shall be given to not placing the consumer in a short-term care facility.
 - ii. The consumer shall be admitted to the appropriate facility as soon as possible;
 2. Arrange for the transport of the consumer to the receiving facility; and
 3. Ensure compliance with the medical clearance requirements of the accepting facility for the transfer.
- (l) Screening staff shall ensure that the screening process is documented in the clinical record.
1. Clinical decision-making and rationale for decisions must be clearly delineated in documentation included in the clinical record.

§ 10:31-2.3 Screening process and procedures

2. Copies of the screening document and screening certificate shall be maintained in consumers' charts.

(m) Screening staff shall maintain, review and update annually written policies and procedures concerning the screening process. Specifically, these policies and procedures must be located in a manual and must:

1. Clearly describe the procedures and contain those individuals authorized to complete screening documents;
2. Delineate individual responsibilities and authority of the members of the screening team, including a process that addresses conflict resolution between screeners and psychiatrists; and
3. Include copies of all forms used in the commitment process.

(n) Each screening service shall have the capability to provide mobile screening outreach in the community, 24 hours per day. Outreach teams shall be utilized, when it is appropriate to do so after an evaluation of clinical and safety considerations. Such outreach shall take place whenever clinically relevant information indicates that a person may be mentally ill and a danger to himself, herself or others, and is unwilling and/or unable to come to the screening service for evaluation. The mobile team shall determine priority. Screening outreach shall take place wherever the consumer 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 consumer is found to meet the commitment standard.

(o) The screening of consumers seen in an AES may be accomplished in any of the following ways, in accordance with affiliation agreements developed between the screening service and the AES, based upon the best interest of the consumer, and with the goal of avoiding the transportation of the consumer, except where necessary for treatment purposes:

1. Outreach by a screener to the AES: If this option is utilized, the screener shall be available within the timeframe stipulated in the affiliation agreement to provide the outreach. There shall be sufficient staff and space at the AES to care for the consumer until the screener arrives.
2. By a screener stationed in the AES: If AES utilization justifies this option, a screener, employed by the designated screening service and credentialed by the host AES, shall be stationed at the AES during peak hours.
3. By transportation of a consumer to the screening service: This option shall be utilized only after a telephone consultation with the screening service confirms that there is reason to believe that the consumer 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 service if the consumer does not require commitment; that is, the consumer shall not be transferred back to the AES 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 (m)1 and 2 above, if the screener has seen the consumer, explored all options and involuntary commitment is needed, the screener shall fill out the screening document and the consumer may be seen by the AES psychiatrist for assessment and, if necessary, the completion of a screening certificate, prior to admission to an inpatient service. The AES psychiatrist who completes the screening certificate shall not be the consumer's treating psychiatrist, unless the procedures described in [N.J.A.C. 10:31-2.3\(g\)](#) are followed.
 - i. If the consumer is in an inpatient unit at the hospital, the screening certificate cannot be completed by the consumer's treating psychiatrist.
 - ii. This process must be delineated in a Division approved affiliation agreement between the AES and the screening service.

History

HISTORY:

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.

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Rewrote the section.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Rewrote the section.

Annotations

Notes

[Chapter Notes](#)

Case Notes

Despite technical mootness of their civil actions as a result of being discharged, appellants established that the trial judge erred in refusing to vacate their civil commitment orders solely because they had already been released from confinement. [In re Civil Commitment of C.M., 2019 N.J. Super. LEXIS 50 \(2019\)](#).

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N.J.A.C. 10:31-2.4

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NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
2. PROGRAM REQUIREMENTS

§ 10:31-2.4 Procedures for the rehospitalization of consumers who violate their conditions of release

- (a) A consumer who has been involuntarily committed may be discharged from that commitment by a court subject to conditions recommended by the facility and mental health agency staff, with the consumer's participation.
- (b) The mental health agency designated in the court order has the responsibility to notify the court if the consumer fails to meet the order's conditions.
- (c) The judge may authorize the mental health agency or the police to transport the consumer to the appropriate screening service for further assessment and evaluation. If the order is a verbal one, the judge will subsequently sign a written order containing the same information as set forth in the verbal order.
- (d) If the consumer is unable or unwilling to go to the screening service, the mental health agency shall contact the screening service to request a mobile outreach. If the screener determines that the consumer is in need of further assessment, or other services provided by the screening service, the screening staff shall arrange to have the consumer transported to the screening service. Transportation procedures shall comply with the screening standards and existing affiliation agreements.
- (e) Upon presentation of the consumer at the screening service, a screener shall assess the consumer's condition and, if the screener determines that the consumer meets the standard for commitment delineated at [N.J.S.A. 30:4-27.1](#) et seq., the screener shall complete the "Certification for Return Following Conditional Release" found at [N.J.A.C. 10:31](#) Appendix B, incorporated herein by reference, indicating that the consumer is in need of involuntary commitment.
- (f) The screener shall complete the certification in a manner that will enable the judge to have all required findings of fact including: a description of the violation of condition(s); evidence of mental illness and dangerousness, including facts, observations and the basis for recommending rehospitalization; and a recommendation for the appropriate type of facility for psychiatric treatment (that is, STCF, county hospital, State hospital).
- (g) The screener shall convey, via telephone call or fax, to the committing judge, the information included on the "Certificate for Return Following Conditional Release." If the information is conveyed verbally, a written, signed certification with the same information shall be sent to the judge as soon as possible.
- (h) Upon review of the findings of fact and conclusions of law supported by the information provided by the screener's certification, the judge may complete an "Order for Temporary Rehospitalization Following Conditional Release" found at [N.J.A.C. 10:31](#) Appendix C, incorporated herein by reference, ordering the consumer to be committed to an STCF or other inpatient setting without a screening certificate or any further court order until the 20-day hearing required by [N.J.S.A. 30:4-27.10](#) is held.
- (i) If the judge provides a verbal order or faxes the completed order to the screening service, the time, date and name of the person receiving the order shall be documented on the order and in the chart.

§ 10:31-2.4 Procedures for the rehospitalization of consumers who violate their conditions of release

(j) The screening service shall arrange to transport the consumer to the appropriate facility for rehospitalization, which may be the place from which the consumer was conditionally released or any other appropriate inpatient treatment facility the screening service identifies that has the capacity to accept the consumer. Both the certification and the order must be sent to the receiving facility along with the consumer.

History

HISTORY:

Repeal and New Rule, R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Confidentiality".

Annotations

Notes

[Chapter Notes](#)

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N.J.A.C. 10:31-2.5

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NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
2. PROGRAM REQUIREMENTS

§ 10:31-2.5 Availability of staff

(a) A screening 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. Psychiatrist availability may be accomplished through telepsychiatry when the conditions set forth at [N.J.A.C. 10:31-2.3\(i\)2](#) are met.
 - i. The amount of on-site coverage should be appropriate to the amount of volume experienced by this service.
 - ii. A written protocol shall indicate the procedures, timeframes and circumstances under which a psychiatrist is to respond. The psychiatrist must be on scheduled duty as the screening service psychiatrist while performing the screening process;
2. Screeners who shall be available 24 hours per day, 365 days per year, to provide screening as needed on site at the screening service and off-site through mobile screening outreach services.
 - i. A written protocol shall indicate the procedures, circumstances and timeframes within which screeners will respond to off-site locations.
 - ii. When screeners are available via on-call system, agency protocol shall indicate the timeframes and circumstances under which screeners will be required to respond on-site;
3. Qualified personnel who shall be on-site to provide continuous monitoring of the patient in the ECEBs and administration of medication, as needed;
4. A screening service or affiliated emergency service 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.
 - i. A written agency protocol shall delineate the chain of command and procedure for contacting the coordinator or designee 24 hours per day.
 - ii. A written protocol shall indicate situations when the coordinator or designee must be contacted;
5. A medical director who shall be a psychiatrist, who shall be available on either a full-time or part-time basis to provide/coordinate medical services; and
6. Qualified personnel, as specified in the contract between the screening service 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 affiliated 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. Psychiatrist availability may be accomplished through telepsychiatry when the conditions set forth at [N.J.A.C. 10:31-2.3\(i\)2](#) are met;

§ 10:31-2.5 Availability of staff

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 that have ECEBs and administer medication must have personnel qualified to treat and monitor patients, as specified in the contract between the center and the Division.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Rewrote the section.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Rewrote the introductory paragraph of (a)1, and (b)1.

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-2.6

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NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
2. PROGRAM REQUIREMENTS

§ 10:31-2.6 Written policies and procedures

(a) Written policies and procedures shall be developed to ensure that the screening service/affiliated emergency service system complies with Federal and State law ([N.J.S.A. 30:4-27.1](#) et seq.) and rules and regulations governing these services for persons with mental illness.

(b) Each policy and/or procedure shall be designed to ensure accessibility to services and to ensure that consumers receive treatment in the least restrictive, clinically appropriate setting, as close to their own community as possible, with the achievement of wellness and recovery as its goal. Service provision shall balance the value of liberty with the need for safety or treatment.

1. The policy and procedures manual shall be reviewed and revised annually, and updated as necessary. The review and revision process shall be documented.
2. Provider policy and procedures shall require attempts to obtain informed patient consent to receive treatment, except where involuntary treatment is legally authorized and consistent with State law.
3. The policy and procedure manual shall include policies and procedures setting forth confidentiality standards and procedures that are to be followed in all aspects of the screening services or AES's provision of services to consumers that are consistent with all applicable Federal and State law, including, but not limited to, the Privacy Rule implementing the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, [N.J.S.A. 30:4-24.3](#), and [N.J.A.C. 10:37-6.79](#).
4. The policies shall require, to the extent permitted under applicable confidentiality laws, contact with the consumer's family, spouse, civil union partner, or significant other and current or previous service providers to determine what the clinical needs of the consumer and what services would best meet those needs in the best interest of the consumer. Agency policy shall require that the extent of these efforts be documented in the consumer's record.
5. The screening service shall develop written protocols that describe the role of the screening service staff with police at the scene of an outreach.
6. The screening service shall have written policies and procedures for providing outreach services.
7. Written policies and procedures regarding the provision of extended crisis evaluation services shall include, but not be limited to, the following: admission criteria, intensive observation and continuous monitoring of consumers, use of physical restraints, administration and monitoring of medication, and documentation of all treatment interventions provided to consumers while in extended crisis evaluation beds.
 - i. Policies and procedures for the use of physical restraints and the administration and monitoring of medication shall be consistent with Division and Department of Health requirements, and any other applicable Federal and State laws.

§ 10:31-2.6 Written policies and procedures

- ii. Screening services shall submit aggregate data on restraint use to the Division on a quarterly basis.
- 8. The screening service shall develop and maintain written protocol and procedures for use of various medication techniques, including emergency stabilization regimes.
- 9. Interventions on behalf of the consumer shall be documented in a clinical record.
- 10. The screening service shall develop and maintain policies and procedures that address clinical supervision of screeners possessing temporary certification in the completion of their assessment process.
- 11. All duties to be performed by psychiatrists shall be described in the screening service's policies and procedures.
- 12. Records of the certification of screeners and completion or fulfillment of recertification requirements shall be maintained in the screening service.

History

HISTORY:

New Rule, R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Rewrote (b).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-3.1

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NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
3. SCREENING AND SCREENING-OUTREACH PERSONNEL REQUIREMENTS

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

Screening service and screening outreach staff shall include psychiatrists, certified screeners and a screening service coordinator. The screening staff may also include crisis intervention specialists, social workers, registered professional nurses, psychologists, and/or other mental health professionals, as well as peer advocates. Each screening service shall have, on each shift, one or more screeners who are certified by the Division.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Rewrote the section.

Annotations

Notes

[Chapter Notes](#)

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
3. SCREENING AND SCREENING-OUTREACH PERSONNEL REQUIREMENTS

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

- (a) Each screening service shall have a coordinator possessing the following minimum requirements:
1. A master's degree from an accredited institution in social work, psychology, nursing or a related field;
 2. A minimum of three years post master's work experience in the provision of mental health services;
 3. At least one year of post-master's supervisory experience in the mental health field; and
 4. Successful completion of the Division-sponsored screener certification course and passage of the proficiency exam within six months of the date of hire.
- (b) The duties of the screening service coordinator shall include, at a minimum, the following:
1. Devise and implement a written staffing plan that:
 - i. Ensures appropriate staff availability 24 hours per day, 365 days per year.
 - (1) A certified screener shall be available on-site or on-call at all times;
 - ii. Provides appropriate coverage in the event of unscheduled absence of staff; and
 - iii. Ensures adequate levels of clinical staff supervision, skill development and support;
 2. Facilitate access to all acute services in the screening service's geographic area;
 3. Devise, implement and document compliance with a written plan for the completion and monitoring of affiliation agreements with acute services, police, corrections, other mental health, social service and health service systems;
 4. Create and document formal liaison activities with police agencies, sheriff departments, and human services organizations regarding intersystem issues, transportation, screening outreach, escort/accompaniment and similar matters;
 5. Establish a procedure for monitoring and documenting the performance of all screening service functions listed in [N.J.A.C. 10:31-2.1](#) and [2.2](#);
 6. Ensure the participation of the screening service in local mental health, health and human services planning activities;
 7. Ensure coordination between the screening service and short-term care facility, psychiatric facility and special psychiatric hospital.
 - i. This process must be delineated in a Division-approved affiliation agreement;
 8. Coordinate the systems review committee; and
 9. Coordinate the required emergency service training and education in the geographic area.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Screening center coordinator requirement, qualifications and duties". Rewrote the section.

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-3.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
3. SCREENING AND SCREENING-OUTREACH PERSONNEL REQUIREMENTS

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

(a) Screener certification shall be granted to individuals who possess the qualifications delineated in (b) below who have completed the Division's screener certification course and who have passed the screener certification proficiency examination.

1. The screening service shall maintain records of the certification of screeners and their completion or fulfillment of re-certification requirements.

(b) Individuals who apply for status as a certified screener after August 16, 2010, shall possess at least one of the following educational credentials, which shall serve as prerequisites to admission to the Division's screener certification course and to subsequent status as a temporary or fully certified screener:

1. A master's degree in a mental-health-related field from an accredited institution, plus one year of postmaster's, full-time equivalent, professional experience in a psychiatric setting;
2. A bachelor's degree in a mental-health-related field from an accredited institution, plus three years post-bachelor's, full-time equivalent, professional experience in the mental health field, one of which is in a crisis setting;
3. A bachelor's degree in a mental-health-related field from an accredited institution, plus two years post-bachelor's, full-time equivalent, professional experience in the mental health field, one of which is in a crisis setting and currently enrolled in a master's program; or
4. A licensed registered nurse with three years full-time equivalent, post-RN, professional experience in the mental health field, one of which is in a crisis setting.

(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. Temporary screener certification entitles a mental health professional to perform emergency screening in a screening service for one year from the issuance of the "T" number.
2. While a temporary screener may perform all the functions of a certified screener during this one-year period, a certified screener must review and approve the screening document completed by the temporary screener.
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. Screeners who have not attended and completed every class in the training series shall not be allowed to sit for the proficiency exam.
 - ii. Temporary screeners who fail to complete each class in the training series must make up the missed class(es) in the next Basic Screener Training Certification series.
 - iii. Temporary screeners who fail to pass the proficiency exam must pass a make-up exam.

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

- 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 (f) below.
 - v. Temporary screeners who have successfully completed all basic certification classes and passed the proficiency exam shall be issued a permanent screening (or "S") number, which shall be valid for two years.
- (d) Screener certification shall be valid for two years from the date of certification, with recertification in accordance with (e) below.
- (e) Biennial recertification shall be granted after a screener has submitted evidence of completion of 15 continuing education hours approved by the Division on a case-by-case basis, with regard to the relevance of the subject matter to emergency or screening services. These may include courses, conferences or in-service training. At a minimum, six of those 15 hours shall be provided by the Division-sponsored screener training course.
- (f) A temporary screener who fails to complete the basic certification training series and pass the screener proficiency exam within the required one-year period or, a certified screener who fails to complete the recertification requirements set forth at (e) above, shall be placed on conditional or "C" status.
- 1. Screening documents and police transport forms completed by a screener on conditional status shall be co-signed by the screening coordinator within one working day of the screener's completion.
 - 2. All documents signed by a screener on conditional status shall indicate that status.
 - 3. A screener on conditional status shall have six months from the date of conversion to such status to satisfy all outstanding certification requirements.
 - 4. Failure to remediate the conditions resulting in conditional status within six months shall result in the loss of all screening status until these requirements are met. In addition, the screening coordinator, agency director, Division regional coordinator, and the Department's Office of Licensing shall be notified as to this loss of screening status.
- (g) The duties of a screener shall include, but not be limited to, the following:
- 1. Screening of consumers who may be in need of commitment;
 - 2. Assessment, referral and linkage;
 - 3. Hotline coverage;
 - 4. Crisis stabilization;
 - 5. Development of alternative treatment plans;
 - 6. Consultation, training and technical assistance to other clinical staff;
 - 7. Consultation with the psychiatrist;
 - 8. Supervision and monitoring of consumers;
 - 9. Screening outreach;
 - 10. Screening for admission to STCFs;
 - 11. Arranging for a consumer's discharge or transfer out of the screening service;
 - 12. Arranging for a consumer's appropriate transport to a receiving facility; and
 - 13. Determining whether the consumer has executed an Advance Directive for Mental Health Care.

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

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Rewrote the section.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Section was "Screener certification requirement, qualifications and duties". In (b)1 through (b)4, inserted "equivalent"; and in (c)3iv, substituted "(f)" for "(g)".

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-3.4

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
3. SCREENING AND SCREENING-OUTREACH PERSONNEL REQUIREMENTS

§ 10:31-3.4 Crisis intervention specialist qualifications and duties

- (a) A screening service may employ one or more crisis intervention specialist(s).
- (b) The screening service shall maintain records concerning the educational and experiential background of all crisis intervention specialists.
- (c) The crisis intervention specialist shall possess, at a minimum:
 - 1. A master's degree in a mental-health-related field from an accredited educational institution;
 - 2. A bachelor's degree in a mental-health-related field from an accredited educational institution, plus two years of experience in a psychiatric setting; or
 - 3. Licensure as a registered professional nurse.
- (d) The Division may waive the educational requirements delineated in (c) above to allow a peer advocate to serve as a crisis intervention specialist.
- (e) 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. The monitoring and supervision of consumers;
 - 3. Assessment under the supervision of a certified screener;
 - 4. Referral and linkage, including referral to a screening service, if indicated;
 - 5. Hotline coverage; and
 - 6. Crisis outreach.
- (f) The screening service utilizing crisis intervention specialists shall have written policies describing orientation and training for all new crisis intervention specialists, prior to unaccompanied and unsupervised performance of their duties, except for assessment.
- (g) The Division recommends that at least one of the crisis intervention specialists employed by the screening service be a registered professional nurse, who, in addition to the duties listed above shall:
 - 1. Provide medication monitoring;
 - 2. Provide nursing assessment; and
 - 3. Provide education to staff regarding health care issues.

History

HISTORY:

§ 10:31-3.4 Crisis intervention specialist qualifications and duties

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Rewrote the section.

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-3.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
3. SCREENING AND SCREENING-OUTREACH PERSONNEL REQUIREMENTS

§ 10:31-3.5 Psychiatrist requirements, qualifications, and duties

- (a) Each screening service shall employ one or more psychiatrists.
- (b) The duties of the psychiatrist shall include, but not be limited to, the following activities with documentation:
 - 1. Psychiatric assessment to determine if the consumer meets the standard for commitment, regardless of consensual or involuntary status.
 - i. The assessments in (b)1 above may be accomplished by means of a Division-approved telepsychiatry program, upon grant of a waiver under N.J.A.C. 10:31-11 and in accordance with the telepsychiatry standards in [N.J.A.C. 10:31-2.3\(f\)](#);
 - 2. Psychiatric evaluation and management;
 - 3. Prescription and monitoring of medication;
 - 4. Completion of screening certificates;
 - 5. Participation in the planning of alternatives to hospitalization;
 - 6. Consultation with screeners;
 - 7. Consultation with other treating psychiatrists and physicians, as needed; and
 - 8. Consultation with emergency room doctors involved in the case and those at the receiving facility.
- (c) The psychiatrist(s) shall receive training based on a Division-supplied curriculum that will address the New Jersey commitment standards and the local mental health system of care including, but not limited to, information about all least restrictive community treatment settings.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Rewrote the section.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Section was "Psychiatrist requirements, qualifications and duties". In (a), deleted the second sentence; and added (c).

Annotations

Notes

[Chapter Notes](#)

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
3. SCREENING AND SCREENING-OUTREACH PERSONNEL REQUIREMENTS

§ 10:31-3.6 Medical director requirement, qualifications, and duties

- (a) Each screening service shall employ a medical director in a full- or part-time capacity. The medical director shall be a psychiatrist.
- (b) The duties of a medical director shall include, but not be limited to, the following:
1. The organization of medical services provided by the screening service;
 2. The organization and participation in clinical training for the screening service staff;
 3. The assurance of available psychiatric services;
 4. Assuming a leadership, supervisory role over all clinical operations and quality improvement activities of the screening service, including, but not limited to, supervision of any telepsychiatric services to ensure that the telepsychiatrist adheres to the quality standards and clinical practices of the screening service and completes all duties required for the clinical management of consumers in the screening service, as described at [N.J.A.C. 10:31-3.5\(b\)](#). To insure compliance, supervision of telepsychiatrists shall include periodic face-to-face meetings to review the telepsychiatrist's role in managing patients; and
 5. The medical director shall assume responsibility for quality improvement activities in regard to documentation, which shall include review of screening certificates and other clinical documentation to insure compliance with content-based criteria issued by the Division.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Clinical director requirement, qualifications and duties". Rewrote the section.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Section was "Medical director requirement, qualifications and duties". In (b)3, deleted "and" from the end; rewrote (b)4; and added (b)5.

Annotations

Notes

§ 10:31-3.6 Medical director requirement, qualifications, and duties

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
4. AFFILIATED EMERGENCY SERVICE PERSONNEL REQUIREMENTS

§ 10:31-4.1 Composition of affiliated emergency service (AES) staff

The AES staff shall include psychiatrists and other mental health professionals, such as registered nurses, social workers and psychologists and may include peer and family advocates.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Composition of emergency service staff". Rewrote the section.

Annotations

Notes

[Chapter Notes](#)

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N.J.A.C. 10:31-4.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
4. AFFILIATED EMERGENCY SERVICE PERSONNEL REQUIREMENTS

§ 10:31-4.2 AES coordinator requirements, qualifications, and duties

(a) Each AES shall have a coordinator. The coordinator shall possess the following minimum requirements:

1. A master's degree from an accredited institution in social work, psychology, nursing or a related field;
2. A minimum of three years post-master's work experience in the provision of mental health services;
3. One year of post-master's supervisory experience in the mental health field; and
4. Successful completion of the Division-sponsored screener certification course and passage of proficiency exam within six months of the date of hire.

(b) The duties of the AES 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 AES functions.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "ES coordinator requirements, qualifications and duties". Rewrote (a); and in the introductory paragraph of (b) and in (b)4, substituted "AES" for "ES".

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Section was "AES coordinator requirements, qualifications and duties". In (a)4, substituted "and" for a comma, and deleted ", and maintenance of recertification credentials" following "hire".

Annotations

Notes

[Chapter Notes](#)

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
4. AFFILIATED EMERGENCY SERVICE PERSONNEL REQUIREMENTS

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

- (a) Each AES may employ one or more crisis intervention specialist(s).
- (b) The crisis intervention specialist shall possess, at a minimum, the requirements listed at [N.J.A.C. 10:31-3.4\(c\)](#), with the exception provided for under [N.J.A.C. 10:31-3.4\(d\)](#) (peer advocates).
- (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. The monitoring and supervision of patients;
 - 3. Assessment, referral and linkage, including referral to a screening service, if indicated; and
 - 4. Hotline coverage.
- (d) At a minimum, one crisis intervention specialist shall 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 AES staff regarding health care issues.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

In (a), substituted "AES" for "ES" and deleted the second sentence; added new (b); recodified former (b) and (c) as (c) and (d); in the introductory paragraph of (c), substituted "are not" for "not be"; in (c)3, inserted ", including referral to a screening service, if indicated"; in the introductory paragraph of (d), substituted "At a minimum," for "The Division recommends, but does not require, that at least" and inserted the first occurrence of "shall"; and in (d)3, substituted "AES" for "ES".

Annotations

Notes

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

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
4. AFFILIATED EMERGENCY SERVICE PERSONNEL REQUIREMENTS

§ 10:31-4.4 Psychiatrist requirements, qualifications, and duties

- (a) Each affiliated emergency service shall employ one or more psychiatrists.
- (b) The duties of the psychiatrist shall include, but not be limited to, the following activities with documentation:
1. Psychiatric evaluation and management;
 2. The prescription and monitoring of medication;
 3. Participation in the planning of alternatives to hospitalization;
 4. Consultation with screeners and crisis intervention specialists, when appropriate;
 5. Consultation with and provision of support for families and/or significant others regarding emergency services received by clients;
 6. Consultation with other treating psychiatrists;
 7. Consultation with emergency room physicians involved in the case and those at the receiving facility;
 8. Completion of the screening certificate; and
 9. As appropriate, other duties as defined in a Division-approved affiliation agreement.
- (c) The AES psychiatrist(s) shall receive training based on a Division-supplied curriculum that will address the New Jersey commitment standards and the local mental health system of care including, but not limited to, information about all least restrictive community treatment settings.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Rewrote (a); in the introductory paragraph of (b), inserted "activities with documentation"; in (b)1, substituted "evaluation" for "assessment"; in (b)4, inserted "and crisis intervention specialists," and deleted "and" from the end; in (b)5, substituted a semicolon for a period at the end; and added (b)6 through (b)9.

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

§ 10:31-4.4 Psychiatrist requirements, qualifications, and duties

Section was "Psychiatrist requirements, qualifications and duties". In (a), deleted the second sentence; and added (c).

Annotations

Notes

[*Chapter Notes*](#)

NEW JERSEY ADMINISTRATIVE CODE

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
5. SYSTEMS REVIEW IN THE ACUTE CARE SYSTEM

§ 10:31-5.1 Acute care system review

(a) The screening service in each geographic area, in consultation with the Division, shall monitor the provision of acute care services.

1. The monitoring process shall be accomplished by a committee, known as the systems review committee, which shall meet monthly.
2. The screening service shall coordinate with the systems review committee to ensure the discussion of relevant issues and follow-up with the Division and the county mental health board.
3. The screening service shall compile information regarding the disposition of persons seen in the screening service for review by the systems review committee to the extent permitted by any applicable confidentiality laws.
4. Technical assistance shall be provided by the Division as necessary.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Development of acute care system review". Rewrote (a); and deleted (b).

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Added new (a)3; and recodified former (a)3 as (a)4.

Annotations

Notes

[Chapter Notes](#)

End of Document

N.J.A.C. 10:31-5.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
5. SYSTEMS REVIEW IN THE ACUTE CARE SYSTEM

§ 10:31-5.2 Composition of the systems review committee

- (a) The systems review committee shall be made up of 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, as well as special psychiatric hospitals;
 3. The county mental health board and the Division;
 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; and
 5. Any additional entity who is deemed appropriate and necessary by the Systems Review Chair, who shall be a screening coordinator, and upon prior approval of the Division.
 - i. The Division shall base its decision upon a determination that the additional entity would contribute a perspective that is unique or without existing representation on the Systems Review Committee and that the additional party is knowledgeable and experienced in issues relating to the screening system.
- (b) All committee members shall comply with all State and Federal laws regarding confidentiality of consumer records.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

In the introductory paragraph of (a), substituted "be made up of" for "include"; in (a)2, inserted ", as well as special psychiatric hospitals"; in (a)3, deleted "and" from the end; in (a)4, substituted "; and" for a period at the end; added (a)5; and rewrote (b).

Annotations

Notes

§ 10:31-5.2 Composition of the systems review committee

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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End of Document

N.J.A.C. 10:31-5.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
5. SYSTEMS REVIEW IN THE ACUTE CARE SYSTEM

§ 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 accessed;
3. Ensure that clients receive the highest quality of care in the most appropriate, least restrictive environment, including the effectiveness of referrals and linkages to other mental health and social services;
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 the Division 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 the Division and county mental health boards;
8. Study the medication monitoring services within the geographic area and make recommendations for change when necessary;
9. In a case conferencing subcommittee, review disputed or problem cases, which are indicative of possible service gaps and need systems change.
 - i. The composition of the case conferencing subcommittee shall be limited to relevant parties and dependent upon the prior approval of the systems review chair; and
10. Conduct data analysis.

History

HISTORY:

Amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

§ 10:31-5.3 Role of the systems review committee

In (a)2, substituted "accessed" for "distributed"; in (a)3, inserted ", including the effectiveness of referrals and linkages to other mental health and social services"; in (a)8, deleted "and" from the end; in (a)9, substituted "In a case conferencing subcommittee, review" for "Review", and inserted a comma following "cases"; and added (a)9i and (a)10.

Notice of readoption with technical change, effective December 2, 2024.

See: [56 N.J.R. 2293\(a\)](#).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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End of Document

N.J.A.C. 10:31-6.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
6. TERMINATION OF SERVICES

§ 10:31-6.1 Standards for termination of services

- (a) Consumers will be terminated from the screening service for any of the following reasons:
1. The consumer does not meet the standard for involuntary commitment and refuses further services;
 2. The crisis has been resolved;
 3. The consumer has an appointment with another service or accepted for ICMS or PACT;
 4. The consumer has been voluntarily admitted to a hospital or other treatment facility;
 5. The consumer has been involuntarily committed to treatment; or
 6. The consumer does not meet the standard for involuntary commitment and is a current patient of a facility that can stabilize or treat the consumer or can arrange for transport of the individual to an appropriate treatment setting.
- (b) Consumers will be terminated from the affiliated emergency service for any of the following reasons:
1. The consumer has been transferred to the screening service for further evaluation or commitment;
 2. The consumer does not meet the standard for involuntary commitment and refuses further services;
 3. The crisis has been resolved;
 4. The consumer has been successfully linked to another service or accepted for ICMS or PACT; or
 5. The consumer has been voluntarily admitted to a hospital or other treatment facility.

History

HISTORY:

Recodified from [N.J.A.C. 10:31-7.1](#) and amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Substituted "consumer" for "person" throughout; in the introductory paragraph of (a) and (b), substituted "Consumers" for "Persons"; in the introductory paragraph of (a) and in (b)1, substituted "service" for "center"; in (a)3 and (b)4, substituted "ICMS or PACT" for "clinical case management"; in (a)3, substituted "an appointment with" for "been successfully linked to"; in (a)5, substituted "an" for "a"; and in the introductory paragraph of (b), inserted "affiliated". Former [N.J.A.C. 10:31-6.1](#), Designation of screening centers, recodified to [N.J.A.C. 10:31-10.1](#).

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

§ 10:31-6.1 Standards for termination of services

In (a)4, deleted "or" from the end; rewrote (a)5; added (a)6; and in (b)1, substituted "transferred" for "linked".

Annotations

Notes

Chapter Notes

Case Notes

Decision of the New Jersey Department of Human Services, Division of Mental Health Services granting a mental health services center a psychiatric screening center location waiver, pursuant to [N.J.A.C. 10:31-1.4](#), was upheld on appeal as the statutes governing screening services did not obligate a designated screening center to be physically located in a hospital and issuance of the location waiver constituted a valid agency action. The location waiver issued to the mental health services center was the result of a comprehensive and thoughtful analysis of the relevant clinical and programmatic regulatory criteria and was not violative of the involuntary commitment statutes and, because the statutes governing screening services did not obligate a designated screening center to be physically located in a hospital, issuance of the location waiver constituted valid agency action, and was neither arbitrary nor capricious. [Warren Hosp. v. N.J. Dep't of Human Servs., Div. of Mental Health Servs., 407 N.J. Super. 598, 972 A.2d 449, 2009 N.J. Super. LEXIS 137 \(2009\)](#).

Involuntary psychiatric commitment law, [N.J.S.A. 30:4-27.1](#) to -27.23, does not require the designated screening center that conducts psychiatric screening services to be located in a hospital, so long as the statutorily required psychiatric assessment is accomplished in a setting where screening center staff can explore whether involuntary psychiatric commitment is actually necessary. [Warren Hosp. v. N.J. Dep't of Human Servs., Div. of Mental Health Servs., 407 N.J. Super. 598, 972 A.2d 449, 2009 N.J. Super. LEXIS 137 \(2009\)](#).

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-7.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
7. POLICE INVOLVEMENT

§ 10:31-7.1 Transportation of consumers

- (a) A screener may request that a law enforcement officer transport an individual to a screening service if the screener has, as part of a screening outreach visit, evaluated the individual and signed the form prepared by the Division for this purpose found at [N.J.A.C. 10:31](#) Appendix D, incorporated herein by reference, indicating that the individual may meet the commitment standard and requires further evaluation at the screening center.
- (b) The screening service shall maintain written policies and procedures delineating the circumstances under which a police response to a mental health crisis or outreach is to be considered and the procedures to be followed in such a case. The fact that a location is a private residence shall not be, without additional factors, a justification for police involvement.
- (c) When a screener has reasonable cause to believe that an individual may be in need of involuntary commitment, the screener may 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 service by the law enforcement officer for further evaluation. The screening service staff shall maintain contact with the law enforcement agency to determine the outcome of the investigation for those consumers who are not brought to the screening service.

History

HISTORY:

Amended by R.1993 d.607, effective December 20, 1993.

See: 25 N.J.R. 1324(a), 25 N.J.R. 5945(b).

Recodified from [N.J.A.C. 10:31-8.1](#) and amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Transportation of clients". In (a) and (c), deleted "certified" preceding the first occurrence of "screener" and substituted "service" for "center"; in (a), substituted "the" for "a" preceding "form" and "this" for "the" preceding "purpose", and inserted "found at [N.J.A.C. 10:31](#) Appendix D, incorporated herein by reference"; added new (b); recodified former (b) as (c); and in (c), inserted the last sentence. Former [N.J.A.C. 10:31-7.1](#), Standards for termination of services, recodified to [N.J.A.C. 10:31-6.1](#).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31-7.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
7. POLICE INVOLVEMENT

§ 10:31-7.2 Police request for evaluation

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

History

HISTORY:

Recodified from [N.J.A.C. 10:31-8.2](#) and amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Substituted "center" for "service" throughout; and in (b), substituted "service shall" for "center should", and inserted "that" following "screening,".

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE
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N.J.A.C. 10:31-7.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
7. POLICE INVOLVEMENT

§ 10:31-7.3 Provision of security

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

(b) The screening service shall have written procedures describing the circumstances under which a screener may request continuation of police involvement at a screening service.

History

HISTORY:

Recodified from [N.J.A.C. 10:31-8.3](#) and amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Inserted designation (a); in (a), substituted "service" for "center" twice and substituted "consumer" for "client"; and added (b).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE
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N.J.A.C. 10:31-8.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
8. CONSUMERS' RIGHTS

§ 10:31-8.1 Consumers' rights

P.L. 1991, c. 233 establishes rights for consumers 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 all applicable statutory and regulatory provisions.

History

HISTORY:

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).

Recodified from [N.J.A.C. 10:31-9.1](#) and amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Client rights". Substituted "P.L. 1991" for "P.L.1991", "consumers" for "certain clients" and "all" for "those", inserted a comma following "services" and inserted "and regulatory".

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE
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[N.J.A.C. 10:31-8.2](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
8. CONSUMERS' RIGHTS

§ 10:31-8.2 (Reserved)

History

HISTORY:

Recodified to [N.J.A.C. 10:31-7.2](#) by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Police request for evaluation".

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE
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N.J.A.C. 10:31-8.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
8. CONSUMERS' RIGHTS

§ 10:31-8.3 (Reserved)

History

HISTORY:

Recodified to [N.J.A.C. 10:31-7.3](#) by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Provision of security".

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE
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N.J.A.C. 10:31-9.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
9. CONTINUED QUALITY IMPROVEMENT

§ 10:31-9.1 Continued quality improvement

(a) The quality and appropriateness of care and services provided by the screening service/affiliated emergency service are monitored and evaluated in accordance with the agency's continued quality improvement plan and Division standards for continued quality improvement as defined at N.J.A.C. 10:37-9.

1. The screening service or AES coordinator or designee is responsible for implementing the monitoring and evaluation process.
2. Information analyzed shall include, but not be limited to, access to screening, appropriateness of commitment, use and frequency of mobile outreach, including police involvement, quality of telepsychiatry services, if applicable, provision of telepsychiatry services in adherence to requirements enumerated in [N.J.A.C. 10:31-2.3\(i\)](#)1, and systems review data.

History

HISTORY:

New Rule, R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Former [N.J.A.C. 10:31-9.1](#), Client rights, recodified to [N.J.A.C. 10:31-8.1](#).

Amended by R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Rewrote (a)2.

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE
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N.J.A.C. 10:31-10.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
10. PLANNING

§ 10:31-10.1 Designation of screening services

(a) Pursuant to [N.J.S.A. 30:4-27.4](#), the Division shall designate a screening service 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.

(b) Beginning in 2011, and in each year thereafter, the Division shall designate a screening service for each of the State's geographic areas for a period of up to seven years at the conclusion of the process concerning the awarding of public contracts through public solicitation of bids or, in accordance with emergency designation procedures delineated in [N.J.A.C. 10:31-10.2](#).

1. In the year prior to the year of designation, the Division shall notify the public, through a notice published in the New Jersey Register and news media and posted on its website, that it is accepting applications for screening service designation in certain geographic areas.

(c) Once designated, the screening service shall have, for the period of designation, 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](#).

1. Screening contracts shall be funded on a yearly basis, consistent with the Legislature's annual funding appropriation.

(d) In order to maintain its designation status, a screening service shall demonstrate compliance with the standards of this chapter and satisfactory performance of the screening functions in the region, including, but not limited to:

1. Clinical assessment, crisis stabilization, referral, linkage and mobile outreach services;
2. Documentation and recordkeeping requirements, such as data reporting and performance measurement specifications;
3. State and Federal confidentiality laws;
4. Implementation of wellness and recovery and cultural competency principles;
5. Maintenance of appropriate working relationships with all components of the Statewide acute care system; and
6. Maintenance of appropriately trained and credentialed staff.

(e) The Department shall ensure the participation of the county mental health board in the designation of the geographic areas and screening services:

1. Geographic areas: Whenever the Division is considering a change to the existing designated geographic areas, the Division shall so notify the affected counties and each county mental health board shall make a recommendation to the Division regarding the boundaries of the geographic area to

§ 10:31-10.1 Designation of screening services

be covered by the screening service. The Division shall designate the geographic area after consideration of this recommendation; and

2. Screening service designation: The Division shall include in the competitive designation process participation by the relevant county mental health board(s). Specifically, prior to Division designation, the county mental health board shall review all proposals and at a public meeting, take and make a record of all public comments concerning the entities that applied for designation before making a written recommendation of an agency to be designated as the screening service, 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.

(f) The Division shall designate a screening service after reviewing all public comments and the mental health board's recommendation considering the ability of all entities applying to comply with this chapter, as identified in the Request for Proposal.

History

HISTORY:

Recodified from [N.J.A.C. 10:31-6.1](#) and amended by R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Section was "Designation of screening centers". In (a), substituted "[Pursuant to N.J.S.A. 30:4-27.4](#), the Division shall designate a" for "A designated" and "service" for "center shall be named"; and rewrote (b) through (f).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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End of Document

N.J.A.C. 10:31-10.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
10. PLANNING

§ 10:31-10.2 Withdrawal of designation as screening service

(a) The Division may act to withdraw designation status before expiration thereof if one of the following occur:

1. The screening service notifies the Division of its intent to terminate its contract for no cause;
2. The Division notifies the screening service that the contract will be terminated for cause or because of default.
 - i. For purposes of this provision, "default" shall mean that the screening service has materially failed to fulfill or comply with the terms and conditions of its contract with the Division to provide screening services for a geographic area;
3. The screening service has failed to comply or is no longer able to comply with the screening law ([N.J.S.A. 30:4-27.1](#) et seq.) or this chapter;
4. The screening service has made a willful misstatement of, or omitted revealing, a material fact or facts in its dealings with the Division or the public that have or could have impacted on its receipt of designated status in the first instance;
5. The screening service failed to provide all information required by this chapter or requested by the Division;
6. The screening service acted or failed to act in a manner that was or could have been detrimental to the Department, consumers, screening service or hospital staff or the general public including, but not limited to, adjudged criminal activity that has been committed by the screening service staff, board members or officers;
7. Continued designation threatens the efficient and expeditious operation of the screening service's mission in the Statewide acute care system, such that it interferes with the delivery of vital psychiatric services to consumers; or
8. Continued designation presents a risk of harm to the health, safety or welfare of consumers, staff or the general public.

(b) The screening service shall be advised of the following in the Division's written notice:

1. That its designation status is being withdrawn;
2. The effective date of the withdrawal;
3. That within five days of its receipt of the notice, the screening service may request a meeting with the appropriate regional assistant director and regional coordinator to informally review the grounds for the withdrawal; and
4. That a request for an informal review of the withdrawal does not stay the withdrawal of designation.

§ 10:31-10.2 Withdrawal of designation as screening service

(c) After conclusion of the informal review process, the screening service may request further review by the Assistant Commissioner for Mental Health Services or his or her designee.

1. The decision of the Assistant Commissioner or the designee shall be the final agency decision.
2. Any challenge to the Division's final agency decision applying the criteria in [N.J.A.C. 10:31-10.2\(a\)](#)3 through 8 may be appealed to the Appellate Division of the Superior Court of New Jersey.
3. Any challenge to the Division's decision to withdraw designation based on [N.J.A.C. 10:31-10.2\(a\)](#)1 or 2 may be challenged by bringing an action pursuant to the New Jersey Contractual Liability Act.

History

HISTORY:

New Rule, R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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[N.J.A.C. 10:31-10.3](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
10. PLANNING

§ 10:31-10.3 Emergency termination or suspension of designation status and interim designation

(a) The Division may act immediately to suspend or terminate the designation status of a screening service without following the procedures delineated in [N.J.A.C. 10:31-10.2](#), in the event that the Division determines that one of the following emergent circumstances exist and threatens public health, safety and welfare:

1. A screening service has failed to perform its responsibilities in a manner that is consistent with the screening law ([N.J.S.A. 30:4-27.1](#) et seq.) and this chapter, including, but not limited to, failure to comply with the terms of a waiver or waiver conditions;
2. A screening service has lost the capacity to comply with the screening law ([N.J.S.A. 30:4-27.1](#) et seq.) and this chapter; or
3. A significant change in conditions has occurred since designation of the screening service that has impaired its ability to perform its responsibilities as a designated screening service.

(b) A screening service whose designation status has been suspended or terminated on an emergency basis may appeal such suspension or emergency termination by complying with the following procedures:

1. The screening service and other interested parties may request a meeting with the appropriate regional assistant director and regional coordinator within three business days of the suspension or emergency termination to resolve the issues;
2. If the parties fail to timely resolve the dispute by mutual agreement, the screening service may submit, within three business days of its meeting with the regional Division representative, a written appeal request to the Assistant Commissioner for Mental Health Services. In this written appeal request, the screening service shall justify its position that its screening designation should not be suspended or terminated;
3. The Assistant Commissioner for Mental Health Services shall issue a final agency decision within seven days after receiving the request, upholding the suspension or termination or reversing it and reinstating the screening designation; and
4. An adverse final agency decision may be appealed to Appellate Division of the Superior Court of the State of New Jersey.

(c) Where the emergent termination or suspension of screening service status leaves a geographic area without a requisite screening service, the Division may designate screening service status, on an interim basis, to an entity that meets the qualifications of [N.J.S.A. 30:4-27.1](#) et seq. and this chapter, without invoking the full process for designation delineated at [N.J.A.C. 10:31-10.1](#).

1. Interim designation shall be of a duration sufficient to provide screening services to the relevant area until a new screening service can be designated under the procedures set forth in [N.J.A.C. 10:31-10.1](#).

§ 10:31-10.3 Emergency termination or suspension of designation status and interim designation

2. Where necessary and according to the Division's determination, interim designation may be issued with one or more waivers in accordance with the standards delineated at [N.J.A.C. 10:31-11.1](#).

History

HISTORY:

New Rule, R.2010 d.175, effective August 16, 2010.

See: [41 N.J.R. 4014\(a\)](#), [42 N.J.R. 1872\(a\)](#).

Annotations

Notes

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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[N.J.A.C. 10:31-11.1](#)

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > SUBCHAPTER
11. WAIVER

§ 10:31-11.1 Waiver standards

(a) The Division, in accordance with the intent and purpose of [N.J.S.A. 30:4-27.1](#) et seq., and this chapter, may act to relax or waive, with or without conditions, sections of this chapter in the specific circumstances presented, if the Division finds the following:

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 were to be granted; and
3. No significant risk to the welfare and safety of individuals subject to screening services or the staff of designated screening or emergency services or the general public, would result from the grant of the waiver.

(b) Every waiver granted by the Division shall state the specific provision(s) waived, all conditions placed on the waiver and the time period for the waiver. The Division shall not permit the waiver of this chapter in its entirety.

Annotations

Notes

[Chapter Notes](#)

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N.J.A.C. 10:31-11.2

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NJ - New Jersey Administrative Code > ***TITLE 10. HUMAN SERVICES*** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > ***SUBCHAPTER***
11. WAIVER

§ 10:31-11.2 Procedures for all but personnel-related waivers

(a) A screening service seeking a waiver shall submit a written request at the time of the annual renewal of its contract, at the designation of its status as a screening service, or at any time, should circumstances arise that necessitate a waiver.

(b) A screening service seeking a waiver of any provision of this chapter, with the exception of the standards delineated at N.J.A.C. 10:31-3 and 4, shall submit its request in writing to the appropriate Division regional office and shall comply with the following procedures:

1. A screening service's written waiver request shall:

- i. Specify the rule(s) or part(s) of the rule(s) for which a waiver is requested;
- ii. Explain the reasons for requesting a waiver, including a statement specifying the type and degree of hardship (including, but not limited to, funding limitations) that would result if the waiver is not granted; and
- iii. Include all documentation supporting the waiver request; and

2. The screening service shall simultaneously send copies of its waiver request to its county's mental health board and systems review committee, as well as all mental health providers, hospitals, acute care or long-term care facilities treating mental illness or co-occurring disorders and any locally active, mental health family, consumer and advocacy organizations in the geographic area to be served, as determined by the county mental health board. The screening service shall also inform these parties of the address of the Division regional office and the county mental health board where comments may be sent for at least 30 days from the date of the waiver request. The notice shall also include the time, location and date of the first county mental health board meeting scheduled after the 30-day comment period. The screening service shall submit to the Division, documentation indicating compliance with this provision.

(c) The screening service's waiver request will be reviewed according to the following procedure:

1. The waiver request, and any comments received pertaining thereto, shall be discussed at the first county mental health board meeting after the close of the 30-day comment period, as a part of the regular agenda and in an open public meeting that includes an opportunity for public comment on the waiver request. Public comments shall be recorded. By motion, the county mental health board will either endorse the waiver request or record its objections to the granting of the waiver by the Division;
2. The Division shall review each waiver request, public comments on the waiver request and the mental health board's endorsement or objection to the waiver request, in accordance with the standards delineated in this section. The Division may deny, grant with or without conditions, or grant in part and deny in part a waiver for a period of up to one year. This decision shall be based on the full record, which shall include any public comments and discussion that occurred at the mental health board meeting, the motion approved by the board, and any written comments received by the Division;

§ 10:31-11.2 Procedures for all but personnel-related waivers

3. Within 14 days of its receipt of the county mental health board's recommendation, the Division, through the appropriate regional assistant director, shall communicate in writing to the screening service indicating which provisions of this chapter, if any, have been waived, the expiration date of the waiver and any conditions or limitations that have been placed on the waiver;
4. The screening service may appeal denial by the regional assistant director of its waiver request by submitting an appeal to the Division's Assistant Commissioner. The screening service that originally requested the waiver, and other interested parties, may communicate their opinions about the appeal of the waiver denial to the Division's Assistant Commissioner prior to their final decision. The Division's Assistant Commissioner shall uphold or reverse the original waiver denial by the regional assistant director and communicate the decision to the screening service in a written final agency decision; and
5. Failure to comply with any conditions contained in the waiver shall constitute grounds for emergency suspension of screening service designation, in accordance with [N.J.A.C. 10:31-10.2](#).

History

HISTORY:

Administrative correction.

See: [42 N.J.R. 2321\(d\)](#).

Notice of readoption with technical change, effective December 2, 2024.

See: [56 N.J.R. 2293\(a\)](#).

Annotations

Notes

[Chapter Notes](#)

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[N.J.A.C. 10:31-11.3](#)

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > ***TITLE 10. HUMAN SERVICES*** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > ***SUBCHAPTER***
11. WAIVER

§ 10:31-11.3 Procedures for personnel waivers

(a) Any requested waiver of the screening and screening outreach personnel requirements delineated at N.J.A.C. 10:31-3 or the affiliated emergency service personnel requirements delineated at N.J.A.C. 10:31-4 shall be known as a personnel waiver. In the interests of preserving a job candidate's privacy and to avoid undue delay in the hiring process, a screening service's request for a personnel waiver shall not be required to follow the procedures delineated in [N.J.A.C. 10:31-11.1](#) and [11.2](#), but shall be required to meet the following requirements.

1. The screening service shall submit its written request only to the Division's regional office. The request need not undergo the public review procedures delineated at [N.J.A.C. 10:31-11.2](#).
2. The personnel waiver request shall contain the information delineated in [N.J.A.C. 10:31-11.2\(b\)](#)¹ and shall include clear clinical or programmatic justification.

(b) The Division shall issue a written decision within 14 days of receipt of the personnel waiver request.

(c) The Division shall base its decision to grant or deny a personnel waiver request, according to whether it meets the standards set forth in [N.J.A.C. 10:31-11.1\(a\)](#).

1. A decision granting a personnel waiver request shall indicate which personnel requirements have been waived, the expiration date and any relevant conditions or limitations.
2. A personnel waiver may be for a maximum time period of one year, subject to renewal upon a request made in accordance with the process delineated at [N.J.A.C. 10:31-11.4](#).

Annotations

Notes

[Chapter Notes](#)

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
11. WAIVER

§ 10:31-11.4 Renewal requests and extensions

- (a) To renew a waiver originally granted for one year, a screening service shall submit a written request to the appropriate Division regional office 60 days prior to the waiver's expiration. This request shall meet the standards delineated in [N.J.A.C. 10:31-11.1\(a\)](#) or [11.3](#), as applicable.
- (b) The screening service may request an extension of a waiver granted for less than one year by submitting a written request to the appropriate Division regional office 60 days prior to its expiration. This request shall meet the standards delineated in [N.J.A.C. 10:31-11.1\(a\)](#) or [11.3](#), as applicable.
- (c) Notwithstanding the procedure set forth in (a) and (b) above, the Division, upon written request of a screening service, may issue a new waiver or renew an existing waiver. The Division may also extend a waiver and/or waiver conditions on an emergent basis the Division determines that public health and safety concerns require immediate action. Such an issuance or extension shall be issued prior to public notice and comment and shall be limited to the time period necessary to complete the waiver decision process.

Annotations

Notes

[Chapter Notes](#)

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

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NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM > **SUBCHAPTER**
12. (RESERVED)

Title 10, Chapter 31, Subchapter 12. (Reserved)

Annotations

Notes

[Chapter Notes](#)

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N.J.A.C. 10:31, Appx. A

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM

APPENDIX A

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,

APPENDIX A

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.

APPENDIX A

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.

APPENDIX A

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:

APPENDIX A

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.

APPENDIX A

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)				

APPENDIX A

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 _____

APPENDIX A

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

Signature of Screener

Screener Number

Date

Time

CONSENSUAL ADMISSION DOCUMENT

Signature of Screener

Screener Number

Date

Time

APPENDIX A

HISTORY:

Repeal and New Rule, R.2018 d.067, effective January 16, 2018.

See: [49 N.J.R. 2675\(a\)](#), [50 N.J.R. 537\(a\)](#).

Appendix was "Screening Document for Adults".

Annotations

Notes

[*Chapter Notes*](#)

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:31, Appx. B

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM

APPENDIX B

**DIVISION OF MENTAL HEALTH SERVICES
DEPARTMENT OF HUMAN SERVICES
CERTIFICATION FOR RETURN FOLLOWING CONDITIONAL RELEASE**

I, _____ (Name of Screener), a screener certified by the State of New Jersey to examine individuals to determine if they are in need of involuntary commitment to psychiatric inpatient care, and employed for that purpose by _____ (Name/address of Designated Screening Service) a Designated Screening Service as defined in N.J.S.A. 30:4-27.4, certify the following:

I have interviewed and reviewed all available records for:

1. Consumer's Name: _____
2. Name of hospital from which consumer was conditionally released: _____
3. List of conditions: _____
4. Date of conditional release: _____
5. Name, address, and phone number of designated Mental Health Agency (example: ICMS/PACT or other assigned follow up program): _____
6. Name of case manager (ICMS/PACT) or other designated contact reporting the violation(s): _____
7. Identify the primary source of this information (i.e. mother, police): _____
8. Describe the specific condition violated and the nature of each violation: _____

9. Means by which the patient was brought to the Screening Service (check): Police _____, Family _____, Agency Personnel _____, Self _____, Residential Provider _____. Transport was authorized by Judge _____ by verbal order at ____ pm/am on _____, 20____
10. Evidence of mental illness and dangerousness including facts, observations, and basis for recommending re-hospitalization: _____

11. Recommendations to the court (can include STCF, County Hospital, State Hospital): _____

12. Name of judge receiving certification: _____
13. Date and time sent or phoned to the judge: _____

I certify that the above information is true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Certified Screener

Date

Certification Number

Notes

[Chapter Notes](#)

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N.J.A.C. 10:31, Appx. C

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM

APPENDIX C

In the Matter of the Commitment of

State of New Jersey
Superior Court
County of
Docket No.

ORDER FOR TEMPORARY RE-
HOSPITALIZATION FOLLOWING
CONDITIONAL RELEASE

This matter having been opened to the Court by _____, a certified mental health screener employed by a screening service designated pursuant to N.J.S.A. 30:4-27.4, by submission of a Certification for Re-hospitalization Following Conditional Release executed on _____, 20____, and the Court having reviewed and considered said certification, attached hereto and made part hereof, and it appearing to the Court that:

1. The subject of the certification was transported to the screening service:
by order of Judge _____, which is appended hereto
pursuant to N.J.S.A. 30:4-27.6 a. or b.
other _____

and

2. The subject's clinical condition, as certified by the screener, is such that s/he is mentally ill and the illness causes the subject to be a danger to self, others, or property based on the following facts:

and

3. It further appears that the patient has failed to meet one or more conditions of release, and for good cause shown,

It is on this _____ day of _____, 20____, ORDERED that:

1. The patient shall be hospitalized at _____, pending a plenary hearing within twenty days of admission to the hospital.*
2. This order shall be immediately transmitted to the county adjuster who shall schedule the hearing, and no later than ten days prior to said hearing, serve the patient, and the attorneys, relatives, and other persons who received notice of the next most recent commitment hearing, with notice of the place, date and time of the hearing, and a copy of this Order and attachments; by personal service upon the patient and by regular mail upon all other persons.
3. Nothing herein shall be construed to prohibit the hospital from releasing the patient prior to the hearing, in accordance with N.J.S.A. 30:4-27.17a, either without conditions or upon the same conditions previously ordered by the Court.

(Judge)

Annotations

Notes

Chapter Notes

APPENDIX C

End of Document

N.J.A.C. 10:31, Appx. D

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - New Jersey Administrative Code > **TITLE 10. HUMAN SERVICES** >
CHAPTER 31. SCREENING AND SCREENING OUTREACH PROGRAM

APPENDIX D

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health Services

SCREENING OUTREACH

Authorization for Police Transport pursuant to N.J.S.A. 30:4-27.5

Certification of mental health screener:
I am a New Jersey Certified Mental Health Screener and an employee of _____, a designated screening service. I have
(name of screening service)
interviewed _____ during a screening outreach visit and on the basis of that interview I believe that s/he is dangerous to self,
(name of subject/client)
others, or property as defined in N.J.S.A. 30:4-27.2h., -27.2i, and in the case of a minor N.J.R.Ct. 4:74-7A (3). I certify that therefore s/he may be in
need of involuntary commitment and I request that s/he be taken to the screening service at _____
(name of screening service)

Signature of Screener

{print} name of screener

Date: _____ Time: _____ am/pm

Under N.J.S.A. 30:4-27.6, _____ P.D. is required to take custody of and immediately transport the above-named consumer directly to a screening service, and to remain at the screening service as long as necessary to protect the safety of the person in custody and the safety of the community.
I certify that the above information is true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Certified Screener

Date

Annotations

Notes

Chapter Notes

APPENDIX D

End of Document