



**New Jersey Department of Health
Division of Behavioral Health Services
New Jersey State Psychiatric Hospitals'
Family Resource Handbook**

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Introduction

The Division of Behavioral Health Services (“DBHS” also herein references as the “Division”) created this book to familiarize you with the New Jersey (“State”) Psychiatric Hospitals (“Hospitals”). Within these pages you will find a description of the Hospitals including the treatment and discharge process, resources available, and some of the rules and regulations by which the Hospitals must operate. The DBHS recognizes the important role families play in the recovery of relatives with mental illness. With the consent or assent of the patient as required by law, the Hospitals will actively encourage family members and significant others identified by the patient to participate in the inpatient treatment and discharge planning process. To this end, please make sure you notify the Hospital of any changes in your contact information.

DBHS Mission Statement

DBHS, in partnership with consumers, family members, providers, and other stakeholders, promotes wellness and recovery for individuals managing a mental illness, substance use disorder, or co-occurring disorder through a continuum of prevention, early intervention, treatment, and recovery services delivered by a culturally competent and well-trained workforce.

DBHS Vision Statement

DBHS envisions an integrated mental health and substance abuse service system that provides a continuum of prevention, treatment, and recovery supports to residents of New Jersey who have, or are at risk of, mental health, addictions, or co-occurring disorders. At any point of entry, the service system will provide access to appropriate and effective person-centered, culturally-competent services delivered by a welcoming and well-trained workforce. Consumers will be given the tools to achieve wellness and recovery, a sense of personal responsibility, and a meaningful role in the community.

DBHS Values

DBHS' work is driven by its values. Staff within the Division and its partner agencies value:

- Consumers' dignity and belief that services should be person-centered and person-directed;
- The strength of consumers, their families and friends because it serves as a foundation for recovery;
- The commitment of its partner agencies to professionalism, diversity, hope and positive outcomes;
- Evidence-based practices that show consumer-informed and peer-led services improve and enhance the prevention and treatment continuum;
- The public trust and belief that it is essential to provide effective and transparent services; and
- A culturally diverse workforce.

Guiding Principles

DHBS believe that people have strengths and can grow, change, and achieve recovery in part through exercising their rights and responsibilities to participate in making decisions about their own lives. As a recovery-oriented system, DBHS strives to be inclusive and collaborative as well as to instill hope. Each participant in the mental health system -- patients, primary support persons, Hospital staff, and community providers -- is empowered and holds distinct and valuable knowledge and experience. The Hospitals incorporate recovery principles into every policy and program. As providers of inpatient mental health services, our Hospitals recognize that we are one (1) important step in the continuum of care towards the recovery of the individuals we serve. The goal is to stabilize psychiatric symptoms, reduce harm, and link persons with mental illness to less restrictive settings in which recovery will continue. The discharge process begins upon admission so that discharge to an integrated community setting can occur in as expeditious a manner as possible.

The following are guiding principles to support the treatment and recovery of persons with a serious mental illness:

- Leadership provides structure, accountability, resources, and services to support staff and facilitate patient recovery through a foundation of a caring and therapeutic relationship;
- Planning, implementation, and provision of integrated, patient driven, recovery-focused treatment;
- Provision of strengths based, individualized, person centered care, encouraging patient involvement and peer support;
- Embrace a culture of a safe and therapeutic environment, focusing on mutual respect for both patients and staff; and
- Hope, empowerment, empathy, and compassion are central to DBHS achieving its mission.

The Division fully supports the Substance Abuse and Mental Health Services Administration (SAMHSA) National Consensus Statement on Mental Health Recovery: “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” DBHS is dedicated to assisting persons with mental illness by facilitating personal growth through varied stages of change. Recovery, which begins upon admission, is facilitated by the caring, therapeutic relationships that develop between each patient, his/her Treatment Team and family.

Wellness and Recovery

All aspects of daily treatment reflect the DBHS’ principles of Wellness and Recovery. This approach considers patients’ individual goals and interests as the doorway to effective treatment. Highlighted strengths help patients find their own motivation to work toward improved health. Symptom management constitutes one (1) aspect of the overall reconstruction of life and community re-entry, but reclaiming a future includes other interests and needs as well. Your involvement enhances the process through advocacy and consultation.

The DBHS recognizes that the most effective treatment planning occurs with the patient, family, and significant others collaborating with various clinical disciplines, social supports, and community providers. Therefore, effective treatment and discharge planning originate from the patient’s goals and strengths that she/he and her/his family identify.

Who We Are and Who We Serve

New Jersey state laws organize and govern the Hospitals within the DBHS, which operates under the auspices of the New Jersey Department of Health (NJDOH). The Hospitals meet Joint Commission standards and/or Centers for Medicare and Medicaid Services (CMS) regulations. The Hospitals provide quality care and treatment for patients and ensure that patient discharges are a seamless transition to the most clinically appropriate community setting.

The Hospitals provide inpatient psychiatric services for adults and their communities are comprised of patients and staff from a myriad of cultural, ethnic, and religious backgrounds, which adds to the richness of their shared diversity. We serve several distinct patient populations:

- Individual who are 18 years of age or older who are civilly committed;
- Individuals on forensic status (NGRI: Not Guilty by Reason of Insanity, IST: Incompetent to Stand Trial, patients who fall under the provisions of Megan's Law, and individuals on a detainer from a county jail);
- Individuals with developmental disorders/neurological impairment who also have a mental illness; and
- Individuals with co-occurring substance abuse disorders.

The Hospitals provide many programs to promote recovery and community reintegration. Therapeutic services are provided by psychologists, psychiatrists, medical physicians, Master's-level social workers, and advanced practice nurses. Nursing, Social Services, Rehabilitation Services, Chaplaincy Services, Addiction Services, and Nutrition Services provide additional counseling and programs. The three (3) non-forensic State Hospitals also offer consumer run Self-Help Centers.

There are three (3) regional Hospitals located in the north, south, and central regions of New Jersey and one (1) forensic center:

- Ancora Psychiatric Hospital is a 425-bed Hospital located near Hammonton in southern NJ;
- Greystone Park Psychiatric Hospital is a 552-bed Hospital located in the north in Morris Plains;
- Trenton Psychiatric Hospital is a 400-bed Hospital located in West Trenton in central NJ; and

- Ann Klein Forensic Center is a 200-bed facility located on the grounds of Trenton Psychiatric Hospital.

Admissions Process

Upon arrival to the Hospital, your loved one is greeted by staff and interviewed by the Admissions Treatment Team, which includes a physician and a registered nurse. In most cases, the newly admitted patient receives treatment on one (1) of our admissions units. Most patients admitted are under regular commitment status and will have a court hearing scheduled within 21 days (see Commitment Hearing section for more information).

Business Office/Payment

If it is determined that the patient is required to contribute to the cost of care, and if for some reason the patient is unable to meet this obligation, New Jersey law provides the Commissioner with the authority to compromise debts owed for client charges in Hospitals. A compromise may include a reduction, or full forgiveness of the debt depending on circumstances.

Requests for compromise for settlement of the obligation are granted by the Commissioner and shall promote the person requesting a compromise with the opportunity to maintain the person's or parent's housing and usual standard of living in the community, provide for any medical expenses or special needs, support any minor, disabled, elderly or other dependent, and provide for any other genuine financial needs.

Requests to compromise for settlement of the obligation shall be liberally granted by the Commissioner and shall promote the person's opportunity to obtain and maintain employment, purchase property, both real and personal, and achieve full reintegration into the community, as applicable.

The patient (or Guardian, in the case where a court has adjudicated that a patient is incapacitated) will be asked to complete a Compromise Offer Fact Sheet, a copy of the patient's most recent federal income tax return, and a separate written statement which includes reasons for requesting a compromise and how approval of the compromise will benefit the patient. The whole packet should be sent to the Business Office of the Hospital in which the patient was admitted.

Upon the request of a person treated at a psychiatric facility or that person's legally responsible relative, against whom a lien was recorded prior to the effective date of P.L.2005, c.55, the Department shall arrange for the discharge of the lien by the clerk of the county, register of deeds and mortgages or clerk of the Superior Court, as the case may be.

If there is still a problem with the billing, any of the mental health advocates below may also be contacted regarding Hospital-filed liens, the underlying debt, or the compromise process:

- Disability Rights of New Jersey (DRNJ) – 1-800-922-7233;

- Community Health Law Project - 1-973-275-1175; and/or
- NAMI NJ – 1-732-940-0991.

If you have questions about the cost of care, contact the Supervisor of Patient Accounts at the Hospital in which the patient was admitted. Compromise requests for charges may be submitted through the Patients Accounts Office.

Types of Treatment Provided

Therapeutic Programming

Patients have individualized treatment programming to maintain and enhance skills necessary for successful community living. The Treatment Team works with the patient to select groups and activities based on his/her self-stated goals. Most scheduled programs take place in treatment malls. Patients are encouraged and expected to attend programming Monday through Friday, with additional less structured evening and weekend programs available.

Groups include Medication Education, Health Education, Wellness, Illness Management and Recovery, Spirituality, Symptom Management, Discharge Preparation, and diagnosis specific issues. Additional programs offered include Vocational Rehabilitation to assess and maintain work skills and Activity Therapy programs to help channel energy and interests in arts, crafts, music, dance, and sports. For patients under age 22 without a high school diploma, there are Academic Education Programs to assist with earning a high school diploma equivalent, referred to as a General Education Degree (GED).

Psychological Services

Psychologists are experts in human emotions and behavior who work to help individuals find ways of functioning better by assessing and treating cognitive deficits (memory, thought problems), emotional trauma, and situational distress. A psychologist interviews a patient about his/her history and talks with patients to define problems and strengths and develop with them the treatment approach that suits each patient's unique needs. The psychologist might also administer psychological tests to assist in the assessment process. Often, psychologists provide an opportunity for the patient to talk and think about things that are confusing or worrying, offering different ways of interpreting and understanding problems and situations. The psychologist might also recommend meeting with the patient's family or may suggest that

the patient participate in skills training, cognitive remediation, individual meetings, or other forms of therapy. Psychologists can also help to identify, understand, and manage the risk factors for future mental health crises to help ensure successful community integration for the patient.

Substance Abuse Services

The Division employs Licensed Clinical Alcohol and Drug Counselors (LCADCs) or Certified Alcohol & Drug Counselors (CADCs). These Substance Abuse Counselors (SACs) provide services, under strict confidentiality and in accordance with federal laws and regulations, to patients who have a history of drug and/or alcohol abuse. Information is provided to motivate patients toward recovery. Group or individual counseling and co-dependency counseling are available as well as weekly Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Nicotine Anonymous (NicA) meetings, Dual Recovery Anonymous (DRA), and Gambler's Anonymous (GA) meetings. Patients can also be escorted to these meetings in the community as their level of supervision permits.

Chaplaincy Services

The Chaplaincy Department is available to meet patients' spiritual needs. Each chaplain has:

- Been approved by their denomination,
- Received a Master's or Doctoral degree in practical theology, and
- Completed at least one (1) unit of clinical pastoral education.

Chaplains provide requested religious material from the patient's own faith tradition and help faith communities and local clergy work with their members who are hospitalized to minimize feelings of isolation and estrangement. Chaplains do not proselytize, evangelize, or promote a religious system.

Medications

Medication prescribed by psychiatrists helps patients with symptoms that interfere with or impede their ability to function. Below is a guide to the four (4) major classes of medication used by psychiatrists.

- Antipsychotic medications are used to treat psychotic symptoms, such as perceptual disorders (hallucinations), thought disorders (delusions), and severe agitation. Some

Antipsychotics include: Thorazine, Prolixin, Trilafon, Haldol, Navane, Loxitane, Clozaril, Risperdal, Zyprexa, Seroquel, Geodon, and Abilify;

- Antidepressants are used to treat symptoms of depression, such as increased sleepiness, decreased or increased appetite, weight gain or loss, social isolation, poor grooming, slowed movements, fearfulness, and suicidal feelings. Some Antidepressants include: Ludomil, Elavil, Pamelor, Tofranil, Deseryl, Effexor, Wellbutrin, Serzone, Remeron, Luvox, Paxil, Celexa, Zoloft, and Prozac;
- Mood Stabilizers and Anticonvulsants are used to treat symptoms of mania (which can be part of bipolar disorder) such as pressured speech, flight of ideas, hyperactivity, insomnia, grandiose ideas, distractibility, and agitation. Some Mood Stabilizers and Anticonvulsants include: Lithium, Tegretol, Depakote, Lamactil, Neurontin, and Topamax; and
- Anxiolytics are used to treat symptoms of anxiety such as heart palpitations, sweating, trembling, or shaking, shortness of breath, dizziness, fear of losing control, fear of social situations, and nervousness. Some Anxiolytics include: Vistaril, Benadryl, Xanax, Klonopin, Valium, Ativan, and Buspar.

If the treatment team has made a decision that psychotropic medication is needed, the reason is explained to the patient, along with possible side effects, and the patient is given an opportunity to agree or disagree with the team's decision. Should the team determine that the patient requires medication as he/she is a danger to himself or others and unable to regain control using de-escalation techniques, the team may recommend medication against his/her consent. If the patient is in disagreement with this option, he/she is provided the opportunity to express his/her concerns to an independent psychiatrist, who will then make the final decision regarding the course of treatment along with the treating psychiatrist and a representative from administration. The patient will participate throughout the entire process, which is overseen by a Client Services Advocate. A separate document is available on request, explaining the requirements for medicating a patient without consent.

Treatment Teams

Treatment is patient centered and developed by an interdisciplinary team which may consist of the patient, a psychiatrist, nurse, nursing staff member, social worker, medical doctor, psychologist, rehabilitation staff, chaplaincy, substance abuse counselor and dietitian. An

advanced practice nurse may also be present as an additional resource. Treatment planning is based on the patient's self-stated goals and strengths.

The treatment plan is reviewed at Treatment Team meetings. The patient meets with her/his treatment team upon admission, at regular intervals throughout their hospitalization, and as needed. The team also meets to discuss significant events or can meet to see a family member.

Families are encouraged to participate in team meetings. Patients are provided the opportunity to agree or object to involving family members in Treatment Team meetings before the team can extend an invitation to the family. In lieu of permission from the patient, family members may always provide information about the patient to the treatment team. If you are interested in attending a Treatment Team meeting, contact any team member. You may also participate via telephone. Treatment history, past experiences, and expectations will be discussed, and questions will be answered.

Levels of Supervision

Levels of Supervision (LOS) refer to the Treatment Team's clinical decision regarding how much supervision a patient needs. Levels range from Level I to Level IV. Unless clinically contraindicated, patients on any level may receive visitors. Active treatment is provided for all patients regardless of their LOS.

- Level of Supervision I: (Maximum Supervision) Patients on LOS I are those who may pose a risk of harm to themselves, others, or property if less supervision was provided;
- Level of Supervision II: (Moderate Supervision) Patients on LOS II have begun to form a therapeutic alliance with staff, have shown signs of progress in self-management, exhibit improved mental status or reduction in symptoms, have improved behavioral controls, and increased level of functioning. Patients are escorted to appointments and programs. Brief home visits are permitted at the Treatment Team's discretion and if the family/support person is capable and willing to provide direct supervision for the duration of the visit;
- Level of Supervision III: (Limited Supervision) Patients on LOS III generally are able to control dangerous impulses and thus require less supervision than at LOS II. Patients can go to on grounds appointments and programs unescorted. Team approved off-

ground trips are permitted with supervision. Brief home visits are permitted after family/support person meets with the Treatment Team and the family/support person is capable and willing to provide supervision for the duration of the visit; and

- Level of Supervision IV: (Minimal Supervision) Patients on LOS IV pose no or minimal risk of harm to self, others, or property and may be discharged upon finalization of aftercare and housing plans. Team approved off-ground trips are permitted.

Discharge Planning

Discharge planning begins as soon as a patient is admitted to a Hospital. Patients are discharged as soon as they are stabilized. Patients must have an appropriate place to live, financial support, and aftercare arrangements. Discharge placement and aftercare decisions are made in collaboration with the patient, primary support person(s), and community agency providers, as applicable.

For those patients who cannot return home, other placement options are explored. The social worker collaborates with the patient and Treatment Team as the plan progresses. If you have questions about a patient's discharge plan, you may contact the Social Worker assigned to the care of your loved one.

Consumer choice as to where a patient wants to live in the community is the driving force behind discharge. Patients may be discharged to their families, or to an independent living situation, such as apartments in the community. Patients may also go to group homes, which can provide anywhere from 4 to 24 hours of daily supervision, depending on the facility. There are also housing programs that provide consumers with their own apartment with support services. Community Support Services (CSS) is a service that focuses on Wellness and Recovery principles that focus on Psychiatric Rehabilitative Services and skill building goals to allow the consumer to become integrated into their environment. Other types of housing include residential health care facilities, nursing homes, and assisted living facilities.

Depending on the patient's treatment needs and health insurance coverage, aftercare can include a day program, outpatient psychiatric care, substance use disorder and case management services. Additional supports may include services such as Programs for Assertive Community Treatment (PACT) and Intensive Case Management Services (ICMS). Unless the patient objects, family members are encouraged to attend the discharge meeting.

You Can Assist in Discharge Planning

- Inform the team of how the patient has responded to past treatment and discharge arrangements. We are especially interested to learn what has worked, what has not worked, and why;
- If the patient has not given consent for you to attend Treatment Team meetings or for the team to speak with you, you may always share information about the patient with the Treatment Team via letter or phone however team members cannot provide you specific information regarding the patient. Please refer to the section regarding Confidentiality; and
- Encourage the patient to make responsible choices within the treatment and discharge process. We encourage patients to take responsibility for their recovery and play an active role in their treatment.

Patient Commitment Hearings

Patients have their commitment status reviewed periodically at court hearings held at the Hospital. Hearings are scheduled approximately 20 days after admission, and thereafter as ordered by the Judge. Patients are represented, at no cost, by attorneys from the Office of the Public Defender, or as provided by their county of residence. Patients may retain a private attorney at their own cost if they choose. The Judge may:

- Order a patient discharged;
- Order a Conditional Extension Pending Placement (CEPP) status for individuals who no longer meet the standard for involuntary commitment, but presently have no appropriate placement in the community;
- Order Involuntary Outpatient Commitment (IOC); or
- Continue the patient's commitment.

If the Treatment Team believes that the patient is ready for discharge, the patient may be released prior to a hearing. The Judge also sets a review date for a future hearing, if needed. Families are notified of hearings by the County Adjuster's Office and they may attend. Patients admitted through the criminal justice system are assigned levels of privilege and/or discharge

by court order only. They may be returned to jail or released to the community per the order of the Judge.

Use of Restraint

The goal of the Hospitals is to be restraint free. The use of restraints (the restriction of movement using devices expressly for such purpose) is an accepted practice only to be used as a last resort -- when a patient is a significant threat to self or others and other measures such as the use of a Relaxation Room, supportive counseling, and/or medications are unsuccessful. A physician's order is required when a restraint is used. A restraint is used until the patient is able to regain control in the shortest time possible. During a restraint episode, staff monitors and counsels patients to ensure their safety. After a restraint episode, the Treatment Team meets with the patient for a debriefing to discuss the causes and ways the restraint can be avoided in the future. It is important for the patient and family to let staff know what has helped the patient calm down in the past. If authorized by the patient, Hospital staff will contact the family if they wish when a restraint is used.

Patients with Medical Problems

In addition to treatment for psychiatric illnesses, patients also receive care to prevent and treat medical illnesses. There is a medical doctor assigned to each unit to ensure that patients receive appropriate medical care. A physical assessment is completed upon admission and reviewed by the medical doctor. Necessary blood tests and diagnostic tests are ordered to screen and/or treat medical illnesses. A patient may be transferred to a general hospital for specialized tests or treatment, as necessary. Patients have the right to appropriate pain relief through the Hospital's pain management protocol. Some tests and treatments require the patient's informed consent. If a problem is found, it is explained to the patient along with proposed procedures, benefits, risks, alternative procedures, and the prognosis if no treatment is provided. A patient may also execute an Advance Directive, also known as a Living Will. For patients who are unable to make informed decisions, guardianship is explored.

Safety and Wellbeing of Patients in the Hospital

The Division is committed to promoting the safety and well-being of our patients, staff, and visitors in the Hospital. Violence will not be tolerated, and every effort will be made to prevent violent incidents.

Each Hospital has a Patient Safety Committee whose mission is to reduce the occurrence and improve outcomes of preventable medical errors and near misses. We endeavor to foster an interdisciplinary and collaborative approach to the delivery of safe care.

The Safe Patient Handling Program operates with a “culture of safety” approach to safety in the Hospital and includes assessment of patient needs, provision for obtaining necessary assistive devices, and education of staff in the safe and appropriate operation of equipment and/or other approved patient handling aids used to replace manual lifting and handling of patients except when necessary as in a medical emergency.

Electronic Surveillance System

In order to promote safety and protection of patients, visitors, and staff, an electronic surveillance system has been installed in each Hospital. Cameras are not positioned in areas such as bedrooms, bathrooms, or examination rooms.

Smoke Free Environment

The Hospitals are smoke and tobacco free facilities. We provide our patients with a number of resources for support when quitting. There are programs available in each Hospital. Programs include support and nicotine replacement therapy to relieve the physical and emotional symptoms that can be experienced while quitting.

Clothing, Valuables, and Money

Patient Clothing

Patients may wear their own personal clothing. If needed, the Hospitals supply patients with clothing including jackets and coats in the cooler months. Washers and dryers are available for patients’ use. Each unit handles this process in accordance with a specified schedule. Each patient is provided a storage space (closet/wardrobe, nightstand, or dresser) for a limited amount of clothing and belongings. The Hospitals must comply with safety, environmental, and fire regulations. Therefore, patients with items exceeding their assigned storage space must arrange to have some items sent home or downsize their belongings. The Treatment Team coordinates these arrangements with the patient and their family.

Valuables

Valuables should be taken home or kept in the Business Office safe. The Hospital is legally responsible only for property in the safe. Patients are expected to care for their clothing and personal items to the best of their ability.

Patient Access to Money

The Hospitals operate through a cashless system. Each patient may maintain an account. The cost of items purchased from the snack cart or the Hospital commissary are deducted from that account. The patient is regularly given an accounting of their balance. There is a formal procedure for patients to access their account, such as to get spending money for an off-grounds trip. If you want your relative to receive funds from you, please make a deposit in their assigned account using a check or cash. If the Cashier's Office is closed, checks may be left with the visitor's check-in staff personnel. Cash is not accepted by visitor's check-in staff.

Visiting

Process

The Hospital encourages patients to have visitors for emotional support and to foster relationships and community connections. In order to provide a pleasant visit and safe environment for both patients and visitors, visitors are requested to follow the steps below.

1. To confirm that a patient is available to receive visitors, please call their unit prior to your intended visit. Please note that patients have the right to refuse visitors;
2. Please bring a Valid Federal or State Government issued photo identification which includes your name and picture, so we know who you are. You will be given a Visitor Pass which must be worn visibly at all times;
3. Please sign the visitor log at the visitor check-in area which will show the date and time of your visit, reason for your visit, and the name of the person you're visiting. You will also be asked to sign out so that we don't have to look for you after visiting hours;
4. If you are a patients' clergy, please contact the Chaplain's office prior to your visit. Upon arrival, check in with the Chaplain's office so that your visit can be made in private, if requested, depending upon the clinical condition of the patient;
5. Please lock any personal property in your car if possible;

6. Prior to the time of your visit, you will be given a paper that explains what is not allowed to be used by the patients or brought onto the grounds of the facility;
7. Your loved one also has the right to wear their personal clothing. DBHS facilities will provide your loved ones with clothing, foot wear, toiletries and outerwear if needed. Each Hospital has limited space for patient belongings. Please check with the treatment team or unit administrator before bringing anything into the Hospital for your loved one;
8. If you bring items not allowed to be used on the grounds of the facility, and have been warned, you may have your visits limited or declined;
9. If you have children under the age of 18, who are interested in visiting, please make arrangements through your loved ones Treatment Team or Hospital Administrator;
10. Because of the laws surrounding patient confidentiality no recordings of any kind, including audio and visual photography and video, may be made of patients without the patient's consent; and
11. Visitors are requested to use the bathrooms designated for visitors.

Visiting Hours

There is an expectation that patients participate in therapeutic programming. There are approximately four (4) blocks of programming per day. Visiting hours have been set so that they do not interfere with active treatment. Regular visiting hours are set by the Chief Executive Officer and vary at each Hospital, but in general, there are early evening hours Mondays through Fridays, and midafternoon and evening hours on weekends and State holidays.

1. You may request a special visit through your loved one's Treatment Team and or Unit Administrator.
2. If the set visiting hours create a hardship for you as a family member or significant other, special arrangements can be requested through the Treatment Team and or Unit Administrator.
3. If you as a family or significant other are attending a Treatment Team meeting and would like to visit after the meeting please let the team know in advance so that arrangements can be made to allow extra staff to accommodate your visit.

Safety and Security

Each Hospital is charged with ensuring that patients and their visitors have a positive experience without compromising the patient care, active treatment, confidentiality, and safety. To maintain the safety and security of patients, visitors, and staff your cooperation with the following is appreciated:

- Please do not bring in valuable items for your loved one. All items brought for a patient are subject to a safety search.
- For the safety of the patients please do not give cash, checks or money orders directly to your loved ones. We do not want them to be misplaced or lost. Please provide funds to your loved ones/significant other through the facility's Business Office. Purchases are made via a computerized system from money in the patient's account.
- The Hospital may limit the number of visitors in the visiting area.
- The Treatment Team may restrict visitation at any time if there are clinical indications that have a negative effect on the patient.
- Any person acting disorderly or appearing intoxicated or under the influence of drugs will be asked to leave immediately.
- During certain times of the year such as "Flu Season" we may limit visitors allowed in the facility.
- If the person you are visiting becomes upset or you become upset, staff is available to help you work things out.
- For the safety of patients, visitors, and staff some items are not permitted on Hospital grounds. A list of prohibited items will be provided at the visitor's check in desk prior to bringing in items.

Pre-placement Visits

Pre-placement visits involve a physician-ordered time away from the Hospital (overnight) for a visit to a potential residence for the purpose of transitioning to the discharge placement. These visits are intended to lead directly to the patient's discharge without a return to the Hospital. An exception may be granted by the Hospital if the placement provider provides a clinical justification within 24 hours of the end of the visit and if the Hospital and patient agree to a delay in the discharge. Exceptions include if a visit is requested by the patient or required for patients who have legal issues.

Patient Meals

Most patients eat in the Hospitals' dining rooms. Patients, whose clinical condition prevents them from going to the dining room, eat on their unit. Special diets are provided for medical and/or religious reasons. Each patient is evaluated by a registered dietitian who oversees their nutritional care.

Hospital Canteens/Stores

Each Hospital has a store from which patients and family members are permitted to purchase food, soda, snacks and hygiene products.

Caffeinated Beverages

As caffeine is a psychoactive substance and may affect behavior and interact with certain medications, caffeinated beverages may be limited. Physicians may further restrict a particular patient's access to caffeine if its use interferes with their clinical condition. Appropriate patient education is provided to reinforce the importance of caffeine restrictions.

Patient Communication via Telephone and Mail

Patients have the right to use telephones for outside calls. There are telephones for patient use on each unit. Patients also have the right to receive and send mail. Postage is provided by the Hospital. Only administrative and clinical personnel may officially deny these rights for a patient under special circumstances, such as when they lead to adverse clinical effects.

Multicultural/Interpreter Services

The Division ensures all persons admitted have access to services that take their ethnicity, cultural, and linguistic needs into account. A Multicultural Screening is completed upon admission. When a patient is identified as unable to understand English, staff will secure services of an interpreter through "Language Line Services," which provides 24-hour interpretation services via telephone; by use of a Hospital Language Facilitator; and/or provided by a qualified Interpreter. This will ensure that any verbal communication during Treatment Plan Meetings and therapeutic programming is relayed accurately. If you are not able to understand English and wish to participate in your family member's care, please let us know so that we can provide interpretation services.

Addressing Ethical Concerns

The Ethics Committee provides an advisory forum where clinical decisions are discussed, conflicts are resolved, and recommendations are made. The Ethics Committee protects dignity, privacy, and respect for patients, their families, and staff. The Ethics Committee also ensures that business relationships with the public and other health care providers are conducted in an ethical manner.

Medical Advance Directives

Medical advance directives are documents created to describe the extent of medical treatment that an individual wants or does not want to receive if unable to communicate his or her wishes. Competent individuals have the right to make a medical advance directive, such as a living will or durable power of attorney for health care, and to appoint someone to make health care decisions for them if they are unable. For information about medical advance directives, patients are encouraged to speak to their medical physician at the Hospital.

Psychiatric Advance Directives

Psychiatric advance directives are documents created by an individual to describe the types of psychiatric treatment the individual does or does not want to receive if unable to communicate his/her wishes. Any competent individual has the right to make a psychiatric advance directive and to appoint someone to make psychiatric health care decisions for them if they are unable. We recommend that current patients discuss psychiatric advance directive with family members, doctors, and nurses while feeling well. For information about psychiatric advance directives, patients are encouraged to speak to staff at the Self-Help Center.

Ethical Interactions Between Patients and Employees

Interactions between patients and staff are valuable to the psychiatric treatment process, and care must be taken to ensure that relationships developed are appropriate, ethical, and clinically based. While patients may seek to form relationships with staff, staff must always maintain a consistent and professional demeanor. Staff members have ethical standards to which they must adhere as members of their profession or as a matter of regulation, law, and Hospital policies. If patients or family members have questions regarding staff/patient

interactions, please contact a Client Service Representative or speak with a Treatment Team member.

Family Programs

Concerned Family Meetings

Concerned Family Meetings are held at each Hospital. Invitations are sent to all listed patient contacts and the National Alliance of Mental Illness (NAMI) affiliates in the region and patients' families are contacted by the Hospital. The agenda includes information regarding new initiatives and changes occurring within the Hospital as well as items of interest that were identified by families who attended previous meetings. Hospital leadership is present and there is a question and answer period to allow families the opportunity to convey specific concerns. Check with the specific Hospital administration for dates/times of the meetings.

Family Monitor Program

The Hospitals welcome the assistance of Family Monitors, who because of their unique viewpoint can provide valuable information about conditions observed during unannounced tours of the Hospital. This information is shared with Hospital administration. Recruitment efforts for monitors are continuous. Family Monitors are trained family members/friends of mental health consumers who have elected to volunteer and make unannounced but prearranged tours of Hospital areas in order to provide constructive feedback to the administration. Family Monitors serve to improve living conditions and enhance the quality of life for patients at the Hospital. Contacts between Family Monitors and Hospital staff promote effective communication and understanding. As an additional but nonetheless important benefit, family members who participate as monitors become advocates for the Hospital and for the improved treatment of the mentally ill. Contact the Family Liaison at the Hospital for more information.

Intensive Family Support Services

Intensive Family Support Services are a range of supportive activities designed to improve the overall functioning and quality of life of families with a mentally ill loved one. These support activities may include psycho-education groups, single family consultation, respite services, family support groups, systems advocacy and referral/linkage. Services may be delivered in

the family's home, at an agency or at a community location convenient to the family. The Social Worker assigned to the care of your loved one will provide information regarding the Intensive Family Support Services program in your county and services can begin at any time.

Concerns/Complaints/Grievances

When problems arise over treatment or living arrangements, every effort is made to discuss and resolve them as quickly as possible. Patients are asked to discuss individual problems with the Treatment Team and general problems at Life Management Meetings held daily on all units. A procedure for handling concerns/complaints/grievances is posted on each unit. This procedure includes telephone numbers for the following:

- Client Services Representatives;
- Disability Rights of New Jersey may be reached at 1-800-922-7233 regarding alleged abuse, neglect, or violations of rights;
- The Ombudsman for the Institutionalized Elderly receives/investigates complaints on behalf of patients 60 years of age and older. The Ombudsman may be reached at 1-877-582-6995;
- For issues involving discrimination based on race, color, national origin, disability, age, sex (gender), or religion, the Federal Office for Civil Rights can be contacted at 212-264-3313;
- The Patient Services Compliance Unit (1-888-490-8413) and the Hospital's Risk Management Department both receive and investigate complaints of alleged patient abuse, neglect, and professional misconduct;
- The Public Defender's Office (1-856-346-8020) provides representation at court hearings. Information regarding these agencies is posted on each unit; and
- Each Hospital also has a mechanism for reporting safety/environmental concerns.

A Treatment Team member can assist in filing a formal grievance if the issue is not resolved. When concerns about patient care and/or safety have not been addressed, Hospital administration is available. If the concern cannot be resolved, you may contact the Joint Commission's Office of Quality Monitoring (1-800-994-6610 or complaint@jcaho.org) to report concerns or register complaints.

National Alliance on Mental Illness (NAMI) New Jersey

NAMI New Jersey is a statewide, non-profit organization focused on improving the lives of individuals and families affected by mental illness. NAMI also provides education, support, and advocacy to empower families and persons with mental illness. Local affiliate self-help and grassroots advocacy groups are available in each county. Some services (English and Spanish) offered include: emotional support, information, advice about treatment and community resources, and advocacy.

NAMI NEW JERSEY

1562 Route 130, North Brunswick, NJ 08902

Phone: (732) 940-0991 Fax (732) 940-0355

www.naminj.org

A link to your county NAMI affiliate can be found at <http://naminj.org/affiliates.html>

Confidentiality

New Jersey Statute 30:4-24.3 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule are two (2) primary legal authorities which serve to protect the confidentiality of patient medical records. Since 1965, New Jersey has required that all medical records pertaining to a person's treatment in a psychiatric facility be protected and kept strictly confidential. Confidentially means the patient, unless declared incompetent by a court and assigned a guardian, retains the right to control who has access to the information contained in her/his medical records. The Privacy Rule defined under HIPAA applies to all health care providers and hospitals throughout the United States. "Covered entities" under HIPAA include health plans, health care clearinghouses, and health care providers. Hospitals operated by the State of New Jersey must keep confidential all information about a patient that identifies them and is transmitted or maintained. The Hospitals may disclose information if ordered by a court or if a patient authorizes disclosure.

Privacy of Patient Information Disclosed

Out of respect for, and sensitivity to the privacy concerns of your family member patient, you are expected to keep confidential anything you might know about the patient's medical or psychiatric treatment or condition. If you have copies of any records or documentation

generated at a Hospital, you should not share the records or information without the consent of the patient unless a court orders you to produce the records. Information about patients and psychiatric treatment should be kept private due to misperceptions and prejudices that affect patients. If you have access to information about a patient's hospitalization, we recommend you only communicate it to professionals who have legitimate reasons to have the information. However, if you have information that might help us treat your family member patient, we encourage you to share that information with the Hospital, especially when it is in the best interests of your family member patient.

Patient Bill of Rights

Title 30 of the New Jersey Statutes contains various laws that guarantee particular rights to people who receive mental health services from the State, including that no patient shall be deprived of any civil right solely by reason of his or her receiving treatment. The law provides that within five (5) days of admission, every patient shall receive written notice of the rights to which they are entitled. If a patient cannot read, these rights are to be read aloud to them. If the patient cannot read or understand English, the rights must be provided in a language or means of communication the patient understands. If the patient has been adjudicated to be incompetent, a copy of these rights will be given to the patient's guardian with the same accommodation for disability or language difference. Receipt of this notice is to be acknowledged by the patient or legal guardian and a copy shall be placed in the patient's chart. If a patient or guardian refuses to acknowledge receipt of the notice, the law requires that this fact be documented.

Absolute rights are rights that cannot be denied under any circumstance. Other rights will only be denied for reasons having to do with recovery or treatment. Questions or complaints about rights may be directed to the Treatment Team, Client Services Representatives, an attorney, or Disability Rights of New Jersey.

The Patient Bill of Rights

1. You have an absolute right to be free from unnecessary or excessive medication. If you are or become a voluntary patient, you may refuse all medications and treatments;
2. You have an absolute right not to be subjected to experimental research, shock treatments (ECT), sterilization, or psychosurgery without your express and informed written consent after consultation with an attorney or advocate;

3. You have an absolute right to be free from physical restraint and isolation unless an emergency situation requires that you be restrained or secluded in the least restrictive manner appropriate to the situation;
4. You have an absolute right not to be hit, kicked, or otherwise physically punished by staff;
5. You have an absolute right to communicate with your attorney, physician, or the courts. An attorney will represent you in any proceeding relating to your commitment or admission. If you are unable to afford an attorney, the State will provide one (1) to represent you;
6. You have an absolute right to participate in your treatment plan to the extent your condition permits your participation and to have examinations, services, and a verbal explanation of the reasons for your admission and any medical information provided in your primary language or other means of communication;
7. You have an absolute right to education and training suited to your age and attainments, if you are between the ages of five (5) and 20; and
8. Your rights to register and vote, or to hold or enjoy any license, permit, privilege or benefit pursuant to law shall not be denied, modified, or varied because you are receiving evaluation or treatment for mental illness.

You also have the following rights, which are not absolute, and they will only be denied to you for good cause. If they are denied to you for good cause, you (and your guardian if you have one) and your attorney will receive a written notice stating why and for how long each right will be denied (up to 30 days with renewals of up to 30 days each so long as the denial is necessary):

1. To privacy and dignity;
2. To the least restrictive conditions necessary to achieve the purpose of treatment.
3. To wear your own clothing, to keep and use your personal possessions, and to keep and be allowed to spend a reasonable sum of your own money;
4. To have access to individual storage space for your private use;
5. To see visitors each day;
6. To have reasonable access to and use of telephones both to make and receive confidential calls;
7. To have ready access to letter-writing materials, including stamps, and to mail and receive unopened correspondence;
8. To regular physical exercise several times a week;
9. To be outdoors at regular and frequent intervals, so long as your medical conditions permit;
10. To suitable opportunities for interaction with members of the opposite sex, with adequate supervision;
11. To practice the religion of your choice or to abstain from religious practice;
12. To receive prompt and adequate medical treatment for any physical ailment;

13. To petition a court to review whether you are being legally detained (file a writ of habeas corpus) or to enforce any other right through a civil action, whether stated in this notice or otherwise available by law;
14. To the protection of your confidentiality, especially with respect to written records of your treatment, in general, your records or any information about your treatment cannot be shared, except with those involved in your care or treatment, without either your authorization or the order of a court;
15. You will be provided with an attorney unless you choose to hire your own attorney. Your attorney will assist you in understanding and enforcing any rights guaranteed to you by law, and will represent you at regular judicial reviews of your commitment or admission that will be provided pursuant to state law; and
16. While you are an involuntary patient, you have a limited right to refuse to take psychotropic medication, and to have that medication order reviewed before you are required to take the medication.

If you feel you have been denied any of these rights improperly, call the Hospital's Client Services Representative or your lawyer.

Patient Responsibilities

Staff realize that the treatment focus must emphasize the skills, behaviors, and responsibilities, which will enable patients to return to successful community living. In order for people to successfully live and work together in any community setting, they need to be treated and to treat each other with respect and dignity. Patients have rights that are respected during the hospitalization, and they also have the responsibility to respect the rights of others. Patients and families also have certain responsibilities regarding ongoing health care needs.

Treatment Teams will explain the rules, procedures, and responsibilities of the Hospital community to each patient and how they relate to patient rights. Responsibilities that patients are expected to adhere to include:

1. To maintain the basics of personal hygiene (bathing and good grooming daily);
2. To dress in a neat and weather-appropriate manner;
3. To maintain clothing and other personal belongings in a clean and neat condition;
4. To keep one's own bedroom area tidy, make the bed daily, and cooperate with the changing of linens and the cleaning of nightstands and closets\;
5. Assist in keeping the unit clean and decorated;
6. Maintain good safety habits by following Hospital safety policies;
7. Cooperate with the Treatment Team in developing a meaningful treatment plan;
8. Attend and participate in Life Management meetings and all scheduled programs as outlined on one's own Treatment Plan;
9. Participate in recommended treatment such as program attendance, taking of medication, etc.;
10. Refrain from smoking or using tobacco products;

11. Abstain from the use of alcoholic beverages, non-prescribed or illegal drugs either on or off the Hospital grounds. Report to staff when there are drugs/alcohol on the grounds;
12. Follow the terms of the Hospital curfew policy and comply with the terms of the assigned "Level of Supervision";
13. Will not bring into the Hospital, accept from others, or possess, items that are prohibited because they could be harmful to self or others;
14. Maintain respect for the rights of other individuals and staff in all areas of the Hospital by treating other individuals in the same way you would like to be treated;
15. Refrain from taking financial advantage of other patients by profiteering activities (such as loan sharking, selling cigarettes, coffee, etc.);
16. Behave in a socially appropriate manner, especially by not exploiting or taking advantage of others in any respect, sexually or otherwise;
17. Understand that violation of a Hospital rule, such as exhibiting assaultive behavior could result in a loss of privileges, restitution or other modification of treatment, as well as possible civil penalties or criminal charges; and
18. Understand that damage or destruction of State property is unacceptable and that any such damage or destruction will result in the monetary reimbursement for the damaged or destroyed property by the individual.

We Need Your Help Regarding Ongoing Healthcare Needs

1. **Provide Information** - The patient and family are able to provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters related to the patient's health. Patients are responsible for reporting perceived risks in their care. Patients are also responsible for reporting unexpected changes in their condition to their Treatment Team;
2. **Ask Questions** – Be sure to ask questions when you do not understand what you have been told about patient care and what the patient is expected to do;
3. **Follow Treatment Plan** – Be sure to follow the treatment plan developed by the patient and Treatment Team. Patients should express any concerns they have about their ability to follow the proposed course of treatment. The Team, in turn, will make every effort to adapt the treatment plan to the patient's specific needs and limitations;
4. **Follow Hospital Rules and Regulations** - The patient and family are responsible for following the Hospital's rules and regulations concerning the patient care and conduct; and
5. **Act with Consideration and Respect** - The patient and family are expected to be considerate of other patients and Hospital staff by not making unnecessary noise, smoking in buildings, or causing distractions. The patient and family are responsible for respecting the property of other persons and that of the Hospital.

The Hospital's practices are guided by policies. If you have questions about any of the content of this booklet, please see the treatment team.

Important Numbers

	Name	Phone Number/Extension
Social Worker		
Program Coordinator		
Medical Doctor		
Psychiatrist		
Registered Nurse		
Psychologist		
Clinical Nutritionist		
Co-Occurring Disorders Clinician		
Chaplain		
Unit Nursing Station		
Section Chief/Unit Administrator		
Patient Advocate/Client Services Representative		
Business Office/Patients' Accounts		
Main Number/Operator		
Hospital Family Monitor Liaison		
Other:		

Notes
