



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

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DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

EFFECTIVE DATE: July 1, 2005

DATE ISSUED: June 24, 2005

**SUBJECT: Administrative Bulletin 3:30
Admissions to State Hospitals from Designated Screening Centers**

The attached Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this bulletin is responsible for being familiar with the content and ensuring that all affected personnel adhere to it. Also attached is a revised Administrative Bulletin Index for your Manual.


Alan G. Kaufman
Director

AGK:pjt
Attachment

DIVISION OF MENTAL HEALTH SERVICES

ADMINISTRATIVE BULLETIN # 3:30

Effective Date: July 1, 2005

SUBJECT: Admissions to State Hospitals from Designated Screening Centers

Purpose:

To provide a consistent guideline for the admission of patients to State Psychiatric Hospitals from Designated Screening Centers

Scope:

This Bulletin applies to all State Psychiatric Hospitals operated by the Division of Mental Health Services within the Department of Human Services. This Administrative Bulletin supercedes all previous Bulletins, policies, circulars and memoranda which conflict with this policy.

Authority:

Administrative Order 1:90
Administrative Bulletin # 5:10 - Medical Clearance for State Psychiatric Hospital Admissions

Statement:

It is the goal of the Department of Human Services to provide access to the appropriate State Psychiatric Hospital for persons referred from Designated Screening Centers. The acceptance of committed persons to the State Hospital system from Designated Screening Centers should be undertaken in a manner sensitive to consumers' specific treatment needs and residence as well as applicable designation criteria specified in A.O 1:90.

Policy:

In the circumstance where a State Hospital is presented with a referral from a Designated Screening Center, the State Hospital receiving the referral is responsible for processing the referral through the State Hospital system in such a manner so as to match the treatment and legal needs of the referred consumer with the appropriately designated State Hospital.

State Hospitals receiving referrals from Designated Screening Centers, including referrals which are not appropriate to that hospital's designation as specified in Administrative Order 1:90 or other Divisional policy or circular, shall not refuse the referral, but rather shall broker, coordinate and otherwise arrange the acceptance of the referral at the appropriate State Hospital as designated in the Appendix to this Administrative Bulletin. In so doing, the State Hospital receiving the initial admission referral shall be the primary communications contact with the referring Designated Screening Center throughout the referral and acceptance process.

Upon receipt of a completed referral packet from a Designated Screening Center, the State Hospital shall process the referral request, including any medical clearance information, and make a determination as to which State Hospital is appropriate to admit the patient. A completed referral packet includes the Emergency Department/Screening Center face sheet, a completed Pre-Admission Medical Clearance Form with accompanying physical examination and lab reports, insurance pre-certification where available, and the commitment papers.

The determination of where the admission shall be accepted will be guided by the Appendix to this Administrative Bulletin after the hospital receiving the initial referral has conferred and consulted with the receiving State Hospital. It shall be the responsibility of the hospital receiving the initial referral to broker appropriate communications between the referring Designated Screening Center and the admitting State Hospital throughout the evaluative and admission processes. The admissions decision shall be communicated to the Designated Screening Center within two hours of the receipt of a completed referral packet.

In the circumstance where there is not agreement between State Hospitals as regards the acceptance of a referred consumer, the admissions offices shall refer the matter to the Administrators on Call who shall make an acceptance determination and communicate that decision to the Designated Screening Center. In the event that the acceptance decision is not resolved by the Administrators on Call, the matter shall be referred to the Chief Executive Officers for review and resolution. The Chief Executive Officers may further review the matter through the administrative chain of command at the Division of Mental Health Services.

In such circumstances where the acceptance decision disagreement between State Hospitals involves medical issues, the Administrators on Call shall refer the matter to the hospitals' Chiefs of Medicine for resolution. In all instances, resolution of acceptance issues shall be communicated by the Administrator on Call to the Designated Screening Center within two hours following the completed evaluation of the referral packet, including medical clearance.

At the time that the admission determination is communicated to the Designated Screening Center, the State Hospital shall also specify a timeframe for the admission to occur.

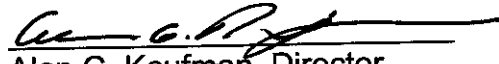
To ensure full communication with Designated Screening Centers throughout the referral and acceptance process, State Psychiatric Hospitals shall send their Administrator on Call lists to Designated Screening Centers on a monthly basis.

Administrative Follow-Up:

State Psychiatric Hospitals shall have policies and procedures which comport with this Administrative Bulletin. Affiliation agreements between State Psychiatric Hospitals and Designated Screening Centers shall describe admissions procedures that are consistent with this Administrative Bulletin.

State Psychiatric Hospitals shall establish mechanisms which monitor compliance with the expectations of this Bulletin and shall report compliance exceptions to the Divisions' Medical Director and Regional Assistant Director(s) on a prescribed basis.

6/24/05
Date

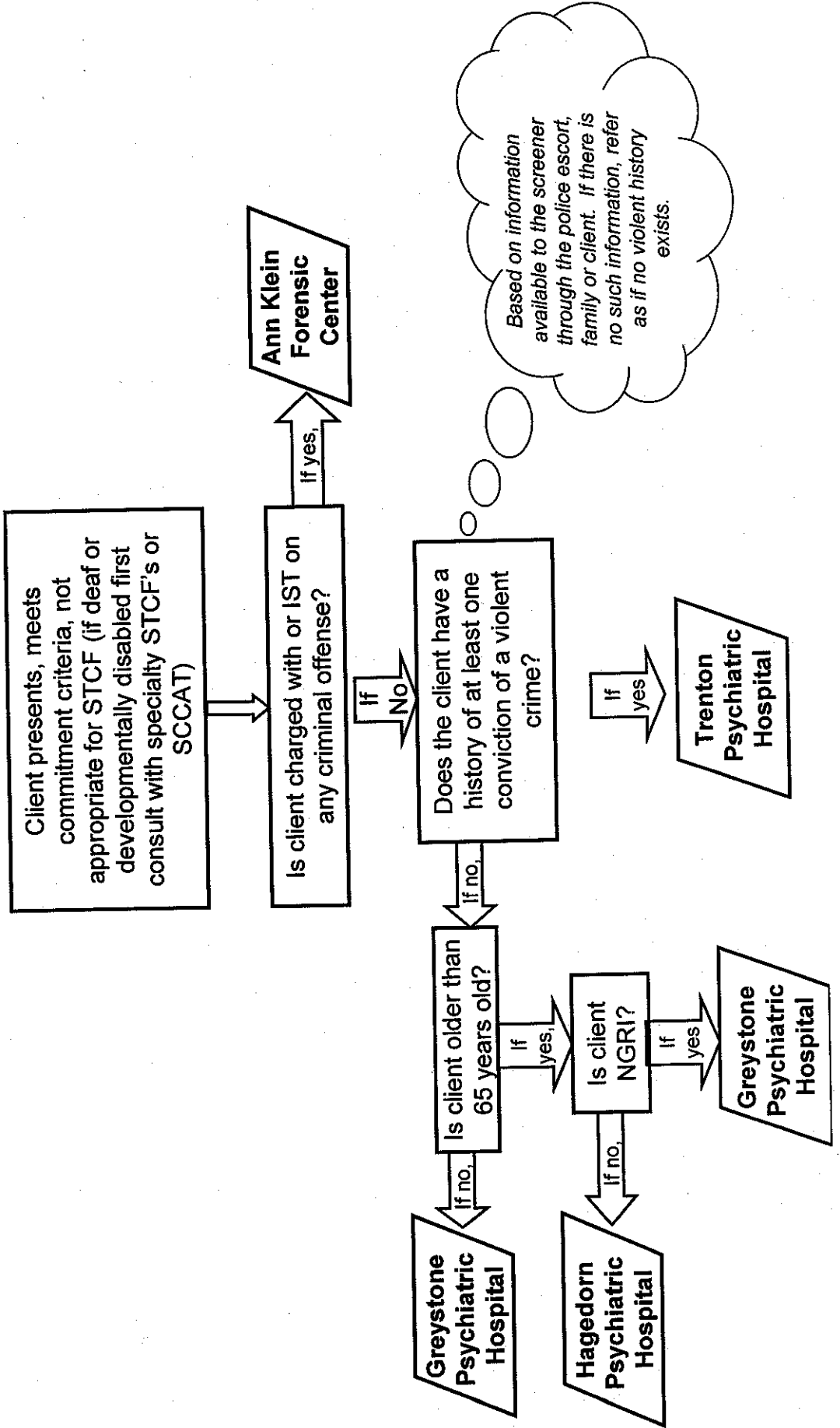

Alan G. Kaufman, Director
Division of Mental Health Services

AGK/jsp

Greystone Park Psychiatric Hospital Northern Region

(Bergen, Essex, Hudson, Morris, Passaic, Sussex . Persons 65+ years old are admitted to Hagedorn Psychiatric Hospital.)

Initial Referrals from Screening



Trenton Psychiatric Hospital Central Region

(Mercer, Middlesex, Monmouth, Union. Persons 65+ years old are admitted to Hagedorn Psychiatric Hospital.)

Initial Referrals from Screening

Client presents, meets commitment criteria, not appropriate for STCF (if deaf or developmentally disabled first consult with specialty STCF's or SCCAT)

Enumerated offenses are
murder, manslaughter,
aggravated assault*,
aggravated arson, sexual
assault, criminal sexual contact
or first degree robbery

Is client charged with, or IST on an enumerated offense?

If yes,

Ann Klein Forensic Center

Trenton Psychiatric Hospital

Is client older than 65 years old?

If no,

*But not if the only aggravating factor is the victim's status, eg., police officer

Hagedorn Psychiatric Hospital

Is client currently NGR, IST or charged with a non-enumerated offense, or does she/he have a violent criminal history?

If no,

If yes,

Trenton Psychiatric Hospital

Based on information available to the screener through the police escort, family or client. If there is no such information, refer as if no violent history exists.

Hagedorn Psychiatric Hospital Central Region

Adult Unit: Hunterdon, Somerset, Warren

Geriatric units: Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Sussex, Union, Warren

Initial Referrals from Screening

Enumerated offenses are
murder, manslaughter,
aggravated assault*,
aggravated arson, sexual
assault, criminal sexual contact
and first degree robbery

Client presents, meets
commitment criteria, not
appropriate for STCF (if deaf or
developmentally disabled first
consult with specialty STCF's or
SCCAT)

Is client charged with, or IST on
an enumerated offense?

If yes,

Ann Klein
Forensic
Center

If
no,

Is client currently NGRI, IST or
charged with a non-enumerated
offense, or does she/he have a
violent criminal history?

If no,

Hagedorn
Psychiatric
Hospital

If
yes,

Trenton
Psychiatric
Hospital

Based on information
available to the screener
through the police escort,
family or client. If there is
no such information, refer
as if no violent history
exists.

*But not if the only
aggravating factor is the
victim's status, eg., police officer

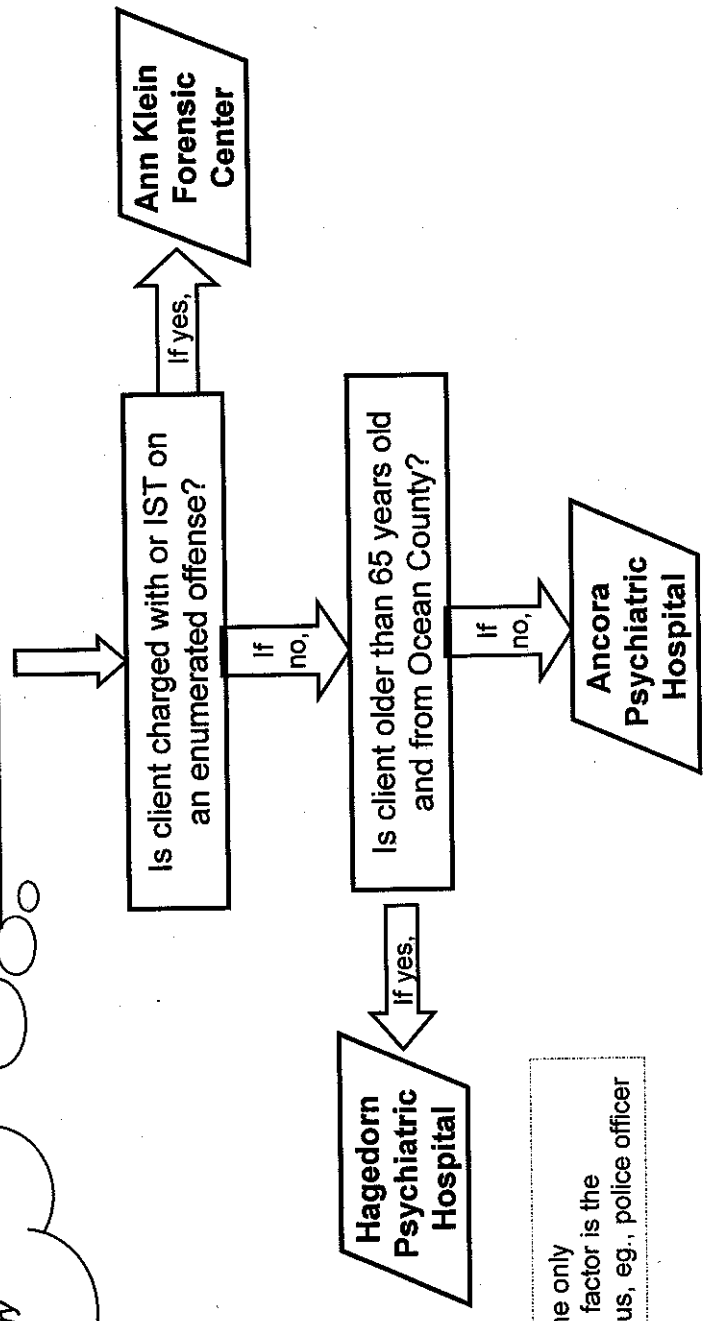
Ancora Psychiatric Hospital Southern Region

(Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, Salem. Persons from Ocean County 65+ years old are admitted to Hagedorn Psychiatric Hospital.)

Initial Referrals from Screening

Enumerated offenses are
murder, manslaughter,
aggravated assault*,
aggravated arson, sexual
assault, criminal sexual
contact, and first degree
robbery

Client presents, meets
commitment criteria, not
appropriate for STCF (if deaf or
developmentally disabled first
consult with specialty STCF's or
SCCAT)



*But not if the only aggravating factor is the victim's status, eg., police officer