**STATE OF NEW JERSEY**

**DEPARTMENT OF HUMAN SERVICES**

**DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

**SCREENING DOCUMENT FOR ADULTS**

**(Pursuant to N.J.S.A. 30:4-27.1 et seq)**

1. **DEFINITIONS**
2. “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)
3. "Consensual admission" means a voluntary admission specifically to a short-term care facility from a screening service.
4. “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)
5. “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)
6. “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).
7. “Least restrictive environment” means the available setting and forms of treatment that appropriate address a person’s need for care and the need to respond to dangers to the person, others or property and respect, to the greatest extent practicable, the person’s interests in freedom of movement and self-direction. (N.J.S.A. 30: 4-27.2gg)
8. “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 un less 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)
9. “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)
10. “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)
11. “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)
12. “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.
13. “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.
14. “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.

1. **SCREENING INFORMATION**

A. This document is being prepared as a:

( ) Screening document recommending inpatient treatment (Pursuant to N.J.S.A. 30: 4-27-1 et seq.)

( ) Screening document recommending outpatient treatment (Pursuant to N.J.S.A. 30: 4-27-1 et seq.)

( ) Consensual admission document (Pursuant to N.J.A.C 10:31-2.3(e)1.)

B. Name of consumer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Sex: \_\_\_\_\_M \_\_\_\_\_F

E. English language abilities:

Speaks English as primary language: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Speaks English but it is not primary language:

\_\_\_\_\_\_\_Few Words \_\_\_\_\_\_\_Conversationally \_\_\_\_\_\_\_Fluent

If not English, what is the person’s primary language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language Abilities

\_\_\_\_\_\_\_Speaks \_\_\_\_\_\_Reads \_\_\_\_\_\_\_\_\_Writes

Did you interview this person in his or her primary language? \_\_\_\_Yes \_\_\_\_No

If no, was an interpreter present? \_\_\_\_Yes \_\_\_\_No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Psychiatric Advance Directive

( ) The patient does not have a psychiatric advance directive (PAD)

( ) I was unable, after reasonable inquiry, to determine at this time whether the patient has a PAD

( ) The patient has a PAD which is appended hereto.

( ) The PAD names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to act as a Mental Health Care Representative

( ) The PAD does not name a Mental Health Care Representative.

( ) The patient claims to have a Psychiatric Advance Directive but it has not, after a reasonable search, been found.

**III. FINDINGS**

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

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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

No\_\_\_\_ Yes\_\_\_\_\_

If yes, provide detail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

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( ) 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.

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( ) 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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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( ) 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**IV. DISPOSITION**

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

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

( ) the danger presented by this patient is imminent, or

( ) involuntary outpatient treatment is unavailable, or

( ) involuntary outpatient treatment is not sufficient to render the patient unlikely to be

dangerous in the reasonably foreseeable future.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(provider)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Attach notes or extra sheets marked “IOC recommendation” if needed for full explanation.**

( ) I have spoken to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the designated outpatient provider to discuss referral and development of a treatment plan.

Outpatient commitment treatment plan

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

( ) Medication monitoring @\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Group therapies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Individual therapy@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Case management\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Residential supervision\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(describe intensity of supervision required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) other services and programs required to maintain or lessen current level of dangerousness

( ) PACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Least restrictive available setting rationale.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V. Signature of Screener Completing this Document**

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

(Fill out only one side below)

………………………………………………………………………………………………………………………………………………………………….

SCREENING DOCUMENT : CONSENSUAL ADMISSION DOCUMENT

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Screener : Signature of Screener

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