

ASSEMBLY, No. 686

STATE OF NEW JERSEY

219th LEGISLATURE

PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

Sponsored by:

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District 37 (Bergen)

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District 12 (Burlington, Middlesex, Monmouth and Ocean)

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SYNOPSIS

Provides for establishment of internal Statewide discharge planning list to facilitate prompt and efficient discharge and transfer of patients with mental health or substance use disorders from hospitals to community-based residential facilities.

CURRENT VERSION OF TEXT

Introduced Pending Technical Review by Legislative Counsel.



(Sponsorship Updated As Of: 11/8/2021)

1 **AN ACT** concerning the discharge and transfer of certain patients
2 from hospitals to community-based residential facilities that
3 provide mental health or substance use disorder treatment or
4 recovery services, and supplementing Title 26 of the Revised
5 Statutes.

6

7 **BE IT ENACTED** *by the Senate and General Assembly of the State*
8 *of New Jersey:*

9

10 1. a. The Division of Mental Health and Addiction Services in
11 the Department of Human Services shall develop and maintain an
12 internal Statewide discharge planning list, as provided by this
13 section, to facilitate the prompt and efficient discharge and transfer
14 of patients with a mental health or substance use disorder from a
15 hospital, following the completion of treatment therein, to a
16 community-based residential facility that is appropriate for the
17 patient's ongoing mental health and substance use disorder
18 treatment or recovery needs.

19 b. The discharge planning list established pursuant to this
20 section shall:

21 (1) identify the names and current treatment locations of all
22 patients with a mental health or substance use disorder who are
23 undergoing, or who have completed, medical treatment at a hospital
24 for such disorder, and who have been determined by the attending
25 physician to be in need of, and likely to benefit from, the continued
26 receipt of community-based residential treatment or recovery
27 services for the patient's mental health or substance use disorder,
28 following the patient's discharge from the hospital; and

29 (2) be used by hospital staff, and by other persons and entities,
30 as deemed by the division to be appropriate, to facilitate the prompt
31 and efficient discharge and transfer of each such patient from the
32 hospital to an appropriate community-based residential facility, as
33 soon as a residential bed becomes available therein.

34 c. A patient shall only be included on the discharge planning
35 list maintained pursuant to this section, if the patient, or the
36 patient's legal guardian, has consented to the patient's admission to,
37 and ongoing receipt of treatment or recovery services from, a
38 community-based residential facility.

39 d. Patient names included on the discharge planning list shall
40 be listed in the order in which they were added to the list, and those
41 at the top of the list shall receive priority for available residential
42 beds.

43 e. The Commissioner of Human Services, in consultation with
44 the Assistant Commissioner of the division, the New Jersey
45 Hospital Association, the Hospital Alliance of New Jersey, the New
46 Jersey Council of Teaching Hospitals, the New Jersey Chapter of
47 the American College of Emergency Physicians, the New Jersey
48 Psychiatric Association, the Olmstead Advisory Committee, the

1 Olmstead Oversight Committee, Hospital-based Olmstead
2 Committees, and local Olmstead Residential Planning Committees,
3 shall develop standardized medical clearance and other criteria, and
4 uniform protocols and procedures, that are to be used by hospitals
5 and practitioners when:

6 (1) assessing a patient's ongoing mental health and substance
7 use disorder treatment needs for the purposes of discharge planning;

8 (2) obtaining consent from the patient, or the patient's guardian,
9 regarding the patient's admission to, and continued receipt of
10 mental health or substance use disorder treatment or recovery
11 services from, a community-based residential facility, following the
12 conclusion of hospital-based treatment;

13 (3) adding the patient's name to the discharge planning list; and

14 (4) effectuating the patient's discharge and transfer from the
15 hospital, and the patient's admission to a community-based
16 residential facility appropriate to the patient's needs, in cases where
17 the patient's name reaches the top of the list and a residential bed
18 becomes available.

19 f. The protocols and procedures established under subsection e.
20 of this section shall, at a minimum, require hospital staff to:

21 (1) conduct an individualized assessment of each patient who is
22 receiving hospital-based treatment for a mental health or substance
23 use disorder, in order to determine the patient's individual needs
24 and preferences with respect to the ongoing receipt of mental health
25 and substance use disorder treatment or recovery services from a
26 community-based residential facility;

27 (2) develop an individualized discharge plan for each patient
28 who is receiving hospital-based treatment for a mental health or
29 substance use disorder, which plan shall identify the patient's needs
30 for specialized community-based services and particular types of
31 community-based residential housing;

32 (3) make use of the LOCUS for Psychiatric and Addiction
33 Services, or another similar clinical decision-making instrument, in
34 order to ensure a high level of reliability in determining appropriate
35 levels of continuing residential care for hospital patients with
36 mental health or substance use disorders; and

37 (4) utilize the residential beds database established pursuant to
38 section 1 of P.L.2015, c.293 (C.26:2G-25.1), and the data dashboard
39 report prepared pursuant to section 1 of P.L.2017, c.115 (C.30:4-
40 177.66), as well as any other information on available residential
41 bed space, when determining appropriate community-based
42 residential placements.

43 g. The division shall take appropriate action to ensure:

44 (1) that the discharge planning list maintained pursuant to this
45 section reflects current information, and is updated on a daily basis,
46 to the extent practicable; and

47 (2) that all hospitals and other appropriate facilities and
48 practitioners in the State have access to the discharge planning list,

1 as well as access to updated information on available residential bed
2 space, as may be necessary to effectuate the prompt discharge and
3 transfer of patients on the list to residential placements, as provided
4 in this section.

5 h. To the extent practicable, the protocols and procedures
6 developed under this section shall be consistent with, or shall
7 mirror, the existing protocols and procedures that are applicable to
8 the residential placement of psychiatric hospital patients who are
9 designated as having a Conditional Extension Pending Placement
10 (CEPP), under Olmstead v. L.C., 527 U.S. 581 (1999). The
11 discharge planning list established pursuant to this section may be
12 linked to, or combined with, the existing planning list that is used
13 for the residential placement of CEPP patients, or any other
14 planning lists maintained by the division, as deemed by the division
15 to be appropriate.

16 i. As used in this section:

17 “Community-based residential facility” or “community-based
18 residential housing” means a non-hospital facility that provides a
19 supportive living environment, in a community-based setting, as
20 well as appropriate mental health or substance use disorder
21 treatment or recovery services or supports, to persons with mental
22 health or substance use disorders who do not require
23 hospitalization, and who are residents of the facility. “Community-
24 based residential facility” includes a residential substance use
25 disorder treatment facility; a halfway house, group home, or
26 supervised apartment; a rooming or boarding house that functions
27 as a recovery residence or sober living home; any type of
28 community housing that is established or used for persons with
29 mental health disorders, pursuant to the State’s Home to Recovery –
30 CEPP Plan; any supportive housing developed by the Office of
31 Housing and Community Development in the division; and any
32 other similar community-based housing facility that provides
33 services to persons with mental health or substance use disorders.

34 “Division” means the Division of Mental Health and Addiction
35 Services in the Department of Human Services.

36 “Hospital” includes a general hospital, but does not include a
37 psychiatric hospital or special psychiatric hospital.

38 “Patient” means a patient who is treated at a general hospital for
39 a mental health or substance use disorder, and who is not in need of
40 psychiatric hospitalization as a result of such mental health or
41 substance use disorder, but who would benefit from admission to,
42 and the continued receipt of mental health or substance use disorder
43 treatment or recovery services or supports from, a community-based
44 residential facility.

45
46 2. The Commissioner of Human Services shall adopt rules and
47 regulations, pursuant to the “Administrative Procedure Act,”

1 P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to
2 implement the provisions of this act.

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4 3. This act shall take effect immediately.

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STATEMENT

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9 This bill would require the Division of Mental Health and
10 Addiction Services (division) in the Department of Human Services
11 to develop and maintain an internal Statewide discharge planning
12 list to facilitate the prompt and efficient discharge and transfer of
13 patients with a mental health or substance use disorder from a
14 general, non-psychiatric hospital, following the completion of
15 treatment therein, to a community-based residential facility, such as
16 a group home or recovery residence, that is appropriate for the
17 patient's ongoing mental health and substance use disorder
18 treatment or recovery needs.

19 The discharge planning list would: 1) identify the names and
20 current treatment locations of all patients with a mental health or
21 substance use disorder who are undergoing, or who have completed,
22 medical treatment at a hospital for such disorder, and who have
23 been determined by the attending physician to be in need of, and
24 likely to benefit from, the continued receipt of community-based
25 residential treatment or recovery services for the patient's mental
26 health or substance use disorder, following the patient's discharge
27 from the hospital; and 2) be used by hospital staff, and by other
28 persons and entities, as deemed by the division to be appropriate, to
29 facilitate the prompt and efficient discharge and transfer of each
30 such patient from the hospital to an appropriate community-based
31 residential facility, as soon as a residential bed becomes available
32 therein. A patient may only be included on the discharge planning
33 list, if the patient, or the patient's legal guardian, has consented to
34 the patient's admission to, and ongoing receipt of treatment or
35 recovery services from, a community-based residential facility.
36 Patient names included on the list are to be listed in the order in
37 which they were added, and those at the top of the list will receive
38 priority for available residential beds.

39 The bill would require the Commissioner of Human Services, in
40 consultation with the Assistant Commissioner of division, the New
41 Jersey Hospital Association, the Hospital Alliance of New Jersey,
42 the New Jersey Council of Teaching Hospitals, the New Jersey
43 Chapter of the American College of Emergency Physicians, the
44 New Jersey Psychiatric Association, the Olmstead Advisory
45 Committee, the Olmstead Oversight Committee, Hospital-based
46 Olmstead Committees, and local Olmstead Residential Planning
47 Committees, to develop standardized medical clearance and other
48 criteria, as well as uniform protocols and procedures, that are to be

1 used by hospitals and practitioners when: 1) assessing a patient's
2 ongoing mental health and substance use disorder treatment needs
3 for the purposes of discharge planning; 2) obtaining consent from
4 the patient, or the patient's guardian, regarding the patient's
5 admission to, and continued receipt of mental health or substance
6 use disorder treatment or recovery services from, a community-
7 based residential facility; 3) adding the patient's name to the
8 discharge planning list; and 4) effectuating the patient's discharge
9 and transfer from the hospital, and the patient's admission to a
10 community-based residential facility appropriate to the patient's
11 needs, in cases where the patient's name reaches the top of the list
12 and a residential bed becomes available.

13 The protocols and procedures established under the bill are to
14 require hospital staff, at a minimum, to: 1) conduct an
15 individualized assessment of each patient who is receiving hospital-
16 based treatment for a mental health or substance use disorder, in
17 order to determine the patient's individual needs and preferences
18 with respect to the ongoing receipt of mental health and substance
19 use disorder treatment or recovery services from a community-
20 based residential facility; 2) develop an individualized discharge
21 plan for each patient who is receiving hospital-based treatment for a
22 mental health or substance use disorder, which plan shall identify
23 the patient's needs for specialized community-based services and
24 particular types of community-based residential housing; 3) make
25 use of the LOCUS for Psychiatric and Addiction Services, or
26 another similar clinical decision-making instrument, in order to
27 ensure a high level of reliability in determining appropriate levels
28 of continuing residential care for hospital patients with mental
29 health or substance use disorders; and 4) utilize the State's existing
30 residential beds database and data dashboard, as well as any other
31 information on available residential bed space, when determining
32 appropriate community-based residential placements.

33 To the extent practicable, the protocols and procedures
34 developed under the bill are to be consistent with, or are to mirror,
35 the existing protocols and procedures that are applicable to the
36 residential placement of psychiatric hospital patients who are
37 designated as having a Conditional Extension Pending Placement
38 (CEPP), under Olmstead v. L.C., 527 U.S. 581 (1999). The
39 discharge planning list established pursuant to the bill may be
40 linked to, or combined with, the existing planning list that is used
41 for the residential placement of CEPP patients, or with any other
42 planning lists that are maintained by the division, as deemed by the
43 division to be appropriate.

44 The DMHAS will be required to ensure that the discharge
45 planning list reflects current information, and is updated on a daily
46 basis, to the extent practicable. It will further be required to ensure
47 that all hospitals and other appropriate facilities and practitioners in
48 the State have access to the discharge planning list, as well as

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- 1 access to updated information on available residential bed space, as
- 2 may be necessary to effectuate the prompt discharge and transfer of
- 3 patients on the list to residential placements.