

SENATE, No. 2003

STATE OF NEW JERSEY
219th LEGISLATURE

INTRODUCED MARCH 5, 2020

Sponsored by:

Senator JOSEPH A. LAGANA

District 38 (Bergen and Passaic)

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

As introduced.



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 30 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 patient's
36 legal guardian has consented to the patient's admission to, and
37 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

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

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

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

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

15 (4) effectuating the patient's discharge and transfer from the
16 hospital and admission to a community-based residential facility
17 appropriate to the patient's needs in cases where the patient's name
18 reaches the top of the list and a residential bed 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 and
24 preferences with respect to the ongoing receipt of mental health and
25 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

1 (2) that all hospitals and other appropriate facilities and
2 practitioners in the State have access to the discharge planning list,
3 as well as access to updated information on available residential bed
4 space, as may be necessary to effectuate the prompt discharge and
5 transfer of patients on the list to residential placements, as provided
6 in this section.

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

18 i. As used in this section:

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

36 “Division” means the Division of Mental Health and Addiction
37 Services in the Department of Human Services.

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

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

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2. The Commissioner of Human Services shall adopt rules and regulations, pursuant to the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), as may be necessary to implement the provisions of this act.

3. This act shall take effect immediately.

STATEMENT

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

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

The bill would require the Commissioner of Human Services, in consultation with the Assistant Commissioner of division, the New Jersey Hospital Association, the Hospital Alliance of New Jersey, the New Jersey Council of Teaching Hospitals, the New Jersey Chapter of the American College of Emergency Physicians, the New Jersey Psychiatric Association, the Olmstead Advisory Committee, the Olmstead Oversight Committee, Hospital-based

1 Olmstead Committees, and local Olmstead Residential Planning
2 Committees, to develop standardized medical clearance and other
3 criteria, as well as uniform protocols and procedures, that are to be
4 used by hospitals and practitioners when: 1) assessing a patient's
5 ongoing mental health and substance use disorder treatment needs
6 for the purposes of discharge planning; 2) obtaining consent from
7 the patient or the patient's guardian regarding the patient's
8 admission to, and continued receipt of mental health or substance
9 use disorder treatment or recovery services from, a community-
10 based residential facility; 3) adding the patient's name to the
11 discharge planning list; and 4) effectuating the patient's discharge
12 and transfer from the hospital and the patient's admission to a
13 community-based residential facility appropriate to the patient's
14 needs in cases where the patient's name reaches the top of the list
15 and a residential bed becomes available.

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

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

1 The DMHAS will be required to ensure that the discharge
2 planning list reflects current information and is updated on a daily
3 basis, to the extent practicable. It will further be required to ensure
4 that all hospitals and other appropriate facilities and practitioners in
5 the State have access to the discharge planning list, as well as
6 access to updated information on available residential bed space, as
7 may be necessary to effectuate the prompt discharge and transfer of
8 patients on the list to residential placements.