



BERGEN COUNTY HOUSING, HEALTH AND HUMAN SERVICES CENTER

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Policy for Admission Criteria for Behavioral Health Clients

All shelter referrals from area hospitals and community agencies for mentally ill homeless adults are reviewed by the Coordinator for Program Services who is a licensed social worker. Individuals presenting several areas of risk are reviewed by the Director who communicates with the hospital or community agency to make recommendations, provide consultation and accept/reject individuals for shelter. Referrals for individuals with significant medical issues must be reviewed by a nurse at the Center.

The general admission and exclusionary criteria for Seriously Mentally Ill (SMI) individuals and those with significant medical issues must follow the listed checklist:

- All individuals must be self-medicating and medication compliant.
- No one who has had a recent suicide attempt will be accepted for shelter. The Center will require a suicide screening report from the hospital indicating that the individual at present is not a harm to themselves or others.
- All individuals must be able to carry out basic daily functions without staff assistance.
- Individuals must not be incontinent of urine or feces.
- Individuals must not present immediate harm to self or others.
- Individuals with a history of violence will be carefully reviewed to ensure that there are adequate protective factors to minimize risk to others.
- All individuals referred to the shelter from a hospital or community agency must have follow-up appointments for out-patient care.
- Referral needs to be made to ICMS or other case management entity if appropriate and available.

- Individuals must be able to tolerate a congregate sleeping arrangement. In the winter months when only sit-up shelter is available SMI individuals are not recommended to stay unless a bed is able to be made available.

The following is **required** for shelter admission when referred from **a hospital facility**:

- Minimum of 15 days of medication provided to the individual upon discharge to shelter
- A copy of the individual's medical/psychiatric history. Admission note and course of treatment in the hospital must be sent for review prior to shelter admission decision.

The following is **required** for shelter admission when referred from **a community agency**:

- A referral form must be accompanied by an intake package completed by your agency or program. It must include the intake, risk of hospitalization, current medication lists, service plan, housing plan and any other supporting documentation that will give our staff more information on your clients. This referral package allows our direct staff to assist your clients.
- When a referral package is not yet available, but shelter is needed urgently, the client must come in to do an intake for shelter before 3pm. This will allow the client emergency shelter until a referral package is prepared. A referral package must be received within 72 hours. The referral package will be reviewed to see if we can assist the client beyond 72 hours emergency shelter.
- All clients entering the shelter must arrive with 5 days of medications. A client will be denied shelter if the client arrives with no medications. We will not provide shelter to those without medications.

I have read the foregoing general admission and exclusionary criteria and am satisfied [or certify] that the patient being referred meets said criteria for referral to the Bergen County Housing Health and Human Service Center for services.

Name (please print) and Title

Signature

Phone #

Date