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ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

DATE ISSUED: February 22, 1996 **REVISED DATE:** April 9, 2015

SUBJECT: Administrative Bulletin 4:12
Collaboration with Families of Patients Who Are Hospitalized in New Jersey State Psychiatric Hospitals; Family Partnership Program

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 order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

Lynn A. Kovich
Assistant Commissioner

LAK:pjt

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

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SUBJECT: Collaboration with Families of Patients Who Are Hospitalized in New Jersey State Psychiatric Hospitals; Family Partnership Program

I. PURPOSE

To ensure that state psychiatric hospital policies and procedures are uniformly supportive of families and encourage their active collaboration in addressing the needs of their relatives who are hospitalized.

Families are a major resource to the mental health system in New Jersey. Today, the vast majority of patients who enter state psychiatric hospitals will return to live with or near their families. For many of these patients, their family's appropriate involvement and support is a desirable and necessary corollary to successful reentry into their communities.

This Administrative Bulletin recognizes the important role families play in the recovery of relatives with mental illness and outlines practices which support that role. Efforts to enhance family participation in treatment and discharge planning and to improve each member's ability to cope with a disabling illness require active staff involvement. It is important that family members are afforded the level of education and support from professionals commensurate with their responsibilities in caring for their relative. Simultaneously, it is important for professionals to draw upon a family's knowledge of their relative and to identify the family's concerns in developing a clinical focus.

II. POLICY

It is the policy of the Division of Mental Health and Addiction Services to ensure that concerned primary family members and significant others of each person admitted to a New Jersey state psychiatric hospital are provided with opportunities to gain specific knowledge and skills to meet the ongoing mental health care needs of their relative.

To the extent possible, and with the consent or assent of the patient as required by law, the state psychiatric hospitals shall actively encourage family members and significant others identified by the patient to participate in the inpatient treatment and discharge planning process and in assuring that services are appropriate and available to the patient.

III. LEGAL AUTHORITY

N.J.S.A. 30:1-12
N.J.S.A. 30:24.3
N.J.S.A. 30:24. 2

Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and the HIPAA Privacy and Security Rule (45 C.F.R. Parts 160 and 164) and the HiTech Amendments (Health Information Technology for Economic and Clinical Health Act, American Recovery and Reinvestment Act of 2009, P.L. 111-005)
Administrative Order 2:01

IV. SCOPE

This policy shall be followed for all birth or adoptive parents, legal guardians, adult siblings, adult children and spouses, life partners/significant others of patients 18 years of age and older being admitted to and residing at New Jersey state psychiatric hospitals:

A. Greystone Park Psychiatric Hospital;
B. Trenton Psychiatric Hospital;
C. Ancora Psychiatric Hospital; and
D. Ann Klein Forensic Center (with specified limitations due to security issues)

V. DEFINITIONS

The words and terms below, when used in this Bulletin, shall have the following meanings:

Primary Family Member(s): Person(s) related to a hospitalized patient who is a birth or adoptive parent, legal guardian, adult sibling, adult child or spouse/life partner/significant other.

Primary Family Contact: A primary family member identified by the patient or the family, if agreed to by the patient, to act as the family's liaison with hospital staff.

Family Partnership: a program to strengthen family empowerment, promote effective communication and develop improved understanding and partnership philosophies addressing the therapeutic environment within the hospital, improve living conditions and enhance the quality of life of patients, and is comprised of a family advisory/concerned family group and a family monitoring program.

Family Advisory/Concerned Family Group: A group of concerned primary family members who are designated to meet at a minimum on a quarterly basis with hospital administration to advise them on issues of mutual concern and policies and procedures to enhance the quality of care of their loved ones within the hospital.

Family Monitoring Group: A group of specially trained family members who have elected to volunteer and make unannounced, but prearranged, tours of hospital areas on a regular basis. The purpose of these tours is to provide constructive feedback to the hospital administration.

Treatment Team Contact Person: A member of each hospitalized patient's treatment team who is designated by the team to be the family's contact person regarding treatment and discharge issues.

VI. PROCEDURES

A. <u>Admission to a State Psychiatric Hospital</u>

1. The family will be notified and involved in treatment unless the patient objects when provided with an opportunity to agree or object to their involvement.

2. Prior to the development of the initial comprehensive treatment team meeting, the designated primary family contact shall be informed verbally and in writing of the following:

    a. The treatment team contact person's name and telephone number and most convenient time to call. The family contact person designated by the treatment team shall return calls within 24 hours, Monday through Friday; and

    b. Location of their family member, visiting hours, telephone number, and a ward contact name and telephone number.

3. Upon admission, the family shall receive an orientation packet which, at minimum, identifies:

    a. the right of family members to participate in treatment and discharge planning, unless the patient objects or a release of information/consent is not granted by the patient's treatment team;

    b. the names, times and locations of hospital and community family support and psychoeducation programs, including self-help and advocacy programs, such as Intensive Family Support Services (IFSS) and the National Alliance for the Mentally Ill (NAMI). This information shall be kept up to date; and

    c. an overview of the hospital; its mission, departments and programs; admission, treatment and discharge processes; religious services; visitation rules and regulations; home visit procedures and what to expect; telephone and mail procedures; contraband policies and procedures; procedures regarding special diets; patient money management; procedures regarding patient clothes and valuables; confidentiality policies regarding patient records; notice concerning fees and business office telephone number; and family grievance procedures.

4. At the point of hospitalization, consistent with federal and state confidentiality laws as applicable and with the consent of the patient or other authorization as required by law, efforts shall be made to contact family members to elicit information on a patient's prior medical and psychiatric history; patterns of known or suspected alcohol or drug use; response to medications, if known; precipitating circumstances and symptoms; particular interests, likes and dislikes as a component of the development of the initial and comprehensive treatment plans. In addition, a family social service assessment shall be completed prior to completion of the comprehensive master treatment plan. The effort to contact family members shall be documented in the patient's record.

B. <u>Treatment Programs</u>

1. To the extent possible, family members shall be actively encouraged and supported to participate in the patient's inpatient treatment and discharge planning process as permitted under state and federal law. The hospital staff may disclose information to family members under the circumstances described below.

   a. Protected health information may be disclosed to the extent permitted by a valid written authorization;

   b. If the patient is present at the time of the service planning milestone, or any other meeting at which protected health information is discussed or made available to the participants, protected health information may be disclosed to family members participating in that meeting if it is directly relevant to the person's involvement with the patient's care and one of the following situations is documented in the record of the meeting:

      (1) The patient agrees to the disclosure of the information at the time of the meeting: or

      (2) The patient is provided with an opportunity to object to the disclosure at the meeting and does not express an objection; or

      (3) Based on the exercise of professional judgment, the inpatient hospital staff chairing the meeting has reasonably inferred from the circumstances at the meeting that the consumer does not object to the disclosure. Absent countervailing circumstances, the consumer's agreement to participate in the meeting with the family member is sufficient evidence that the patient does not object to disclosure or protected health information that is directly relevant to the family member's involvement with his or her care; or

      (4) If the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the chair of the meeting, in the exercise of his/her professional judgment, shall determine whether the disclosure is in the best interests of the consumer and, with that approval, staff may disclose protected health information that is directly relevant to the family member's involvement with the patient's care.

2. The primary family contact shall be given the opportunity to discuss with the treatment team contact person the level of involvement appropriate to that family and any barriers to participation (e.g. lack of patient consent, limited transportation, conflicting work schedules, and language differences). Reasonable effort, including evening and weekend appointments, shall be made

to accommodate the needs of interested family members in order to keep them informed of their relative's progress and to maximize their participation, as appropriate. If, at any point in the treatment process, family involvement with the patient is denied by a treatment team, then the decision should be periodically reevaluated and outcomes documented in the patient's record, as per procedures outlined in AB 3:23, "Patient Bill of Rights Implementation in State Hospitals" and the "Denial of Rights" form. Family members may always provide information the patient's treatment team.

3. Unless the patient is provided with an opportunity to object and does not express an objection or the treatment team objects, the primary family contact shall be actively encouraged to represent the family and participate in treatment and discharge planning. Primary family contacts who wish to be involved in treatment planning shall be informed as to date, time and place at least one week prior to treatment team meetings. If the primary family contact cannot attend a scheduled meeting, then prior to the meeting, a designated member of the treatment team shall offer to meet with the family at a more convenient time or by telephone solicit any new observations or concerns they may have regarding their relative's progress that they want addressed. In addition, the designated team member shall inform the family of significant changes in treatment that may result from a team meeting by the end of the next business day (e.g. major precautions; medical complications; changes in medication; dramatic changes in levels of privileging; refusal to participate in treatment; cancellation of brief visits due to any of the above; planned transfer to a different unit or ward). Efforts to involve the primary family contact in treatment team meetings shall be documented in the patient's record.

4. As the patient is transferred from one treatment team to a new one, the family shall be notified and the new treatment team contact person's name and telephone number shall be made available by the end of the next business day.

5. The treatment team shall provide positive encouragement to families to keep written records of medications, dosages, side effects and special precautions to assist in continuity of care. Medication information fact sheets shall be provided to families and efforts to do so noted in the patient records.

6. The team shall make family members aware of the services of their local family support programs such as self-help and advocacy programs, IFSS and NAMI and actively encourage family members to avail themselves of their services.

7. Family members shall also be encouraged to become part of the Family Partnership program (Family Advisory/Concerned Family Groups and/or the Family Monitoring program).

8. In order to effect a smooth transition to community living, the treatment team shall make clear to the family the factors that will indicate that their relative may be ready for discharge. With the exception of Ann Klein Forensic Center due to potential security issues, the team shall be expected to discuss discharge and specific assistance options with the family prior to discharge and shall openly solicit concerns the family may have regarding hospital discharge and make every attempt to address them.

C. Quality Assurance

1. Each state psychiatric hospital shall have mechanisms (e.g. focus groups, family questionnaires) in place to formally elicit and utilize, on a regular basis but minimally once a year, family feedback on the quality and appropriateness of its services and facilities.

2. A formal grievance procedure for families shall be available at each state psychiatric hospital and described in the hospital's orientation packet.

3. With the exception of Ann Klein Forensic Center, family members shall be actively encouraged to participate in various hospital advisory committees (e.g. grounds inspection, human rights, monitoring, boards). Each state psychiatric hospital shall develop orientation opportunities to help families participate effectively on internal committees (e.g. training, buddy systems/shadowing).

4. Each state psychiatric hospital shall protect patient confidentiality. Documentation to share information with, or withhold information from, specific family members shall be made a part of each patient's record.

D. Administration/Staff Development

1. All new state psychiatric hospital staff shall be sensitized to the needs of families as part of their initial orientation. Administration shall encourage members of family support and advocacy groups to participate in the orientation of new staff.

2. Administration shall provide staff with annual training and ongoing supervision, case consultation and support for working with families. Particular emphasis shall be on the provision of training programs for clinical staff.

E. Family Partnership

With the exception of Ann Klein Forensic Center, each state psychiatric hospital shall establish a family partnership, consisting of the following:

1. A Family Advisory/Concerned Family Group, which shall meet with the Chief Executive Officer or designee on at least a quarterly basis. Primary family members are encouraged to participate in various state psychiatric hospital workgroups and programs with the goal of information sharing. Family members may bring items of interest to state psychiatric hospital leadership. Hospital leadership will share new initiatives and changes occurring within the hospital and update family members on issues presented at previous meetings. A question and answer period will allow families the opportunity to convey specific concerns.

2. A Family Monitoring program in which approved family members will conduct tours of selected units and complete the respective observation sheets prior to their departure. Family monitoring shall encompass program observations as well as inspections of the physical environment. The process shall also involve

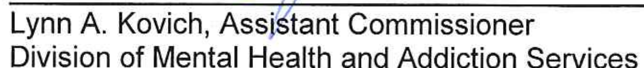
interviews with patients when possible. The observation sheets from the family monitoring tour shall be submitted to the state psychiatric hospital CEO or designee at the end of the visit, and monitors will share their feedback with the hospital CEO or designee. Monitors shall be informed of the corrective actions taken as a result of the findings.

a) Family members must apply and undergo training provided by the hospital, as well as be processed as hospital volunteers. Training must include at least the following:
   (1) general orientation to the hospital
   (2) patient confidentiality laws
   (3) treatment needs of patients
   (4) roles of state psychiatric hospital staff
   (5) an opportunity to "shadow" an experienced monitor on at least two tours

b) Guidelines for visits:
   (1) Monitors will not tour a unit or area in which a member of their family is present.
   (2) Tours are scheduled at the mutual convenience of the Monitors and assigned state psychiatric hospital liaisons. The specific unit or units to be toured will be determined by the monitor at the time of their arrival.
   (3) Monitors will wear hospital ID badges at all times while on the hospital grounds.
   (4) Monitors will be accompanied at all times when conducting their visits. The state psychiatric hospital liaison assigned to escort will meet with them prior to the tour and following the tour to discuss all findings.
   (5) At the conclusion of the visit, Monitors will submit the completed Observation Sheets to the state psychiatric hospital liaison.
   (6) Findings are shared with the state psychiatric hospital liaison who will then share with the CEO.
   (7) If the monitor wants to submit supplemental information, it should be submitted within the next seven days.
   (8) Feedback regarding the findings will be provided to the monitor in a timely basis.

F. <u>State Psychiatric Hospital Operational Procedure</u>

Each state psychiatric hospital shall develop and implement appropriate local operational procedures within ninety days of the effective date of this policy to assure local compliance with the provisions of this policy. A copy of the state psychiatric hospital operational procedure shall be forwarded to and reviewed by the Assistant Director of the Office of State Hospital Management to assure compliance with this Administrative Bulletin.



Lynn A. Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services