

ASSEMBLY, No. 4015

STATE OF NEW JERSEY

217th LEGISLATURE

INTRODUCED JUNE 30, 2016

Sponsored by:

Assemblyman RONALD S. DANCER

District 12 (Burlington, Middlesex, Monmouth and Ocean)

Assemblywoman VALERIE VAINIERI HUTTLE

District 37 (Bergen)

SYNOPSIS

Establishes procedures for involuntary civil commitment of children.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 7/1/2016)

1 AN ACT concerning civil commitment of children, supplementing
2 Title 30 of the Revised Statutes, and revising various parts of the
3 statutory law.

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. (New section) The Legislature finds and declares that:

9 a. It is necessary that State law provide for the voluntary
10 admission and involuntary commitment of children who are
11 dangerous to themselves, others, or property by reason of mental
12 illness and whose clinical needs require an intensity of intervention
13 that can only be provided at an inpatient psychiatric unit or facility.

14 b. Because involuntary commitment entails certain deprivations
15 of liberty, it is necessary that State law balance the basic value of
16 liberty with the need for safety and treatment, a balance that is
17 difficult to effect because of the limited ability to predict behavior.
18 Therefore, it is necessary that State law provide clear standards and
19 procedural safeguards that ensure that only those children who are
20 dangerous to themselves, others, or property by reason of mental
21 illness and the child's clinical needs require an intensity of
22 intervention that can only be provided at an inpatient psychiatric
23 unit or facility, are involuntarily committed.

24
25 2. (New section) As used in P.L. , c. (C.) (pending
26 before the Legislature as this bill):

27 "Affiliated children's psychiatric service" means a psychiatric
28 service for children pursuant to a written affiliation agreement with
29 a children's crisis intervention service, and may include, but is not
30 limited to, a general hospital unit. This service may be used on an
31 emergency basis for children who meet the standard for involuntary
32 commitment pending availability of services from a children's crisis
33 intervention service or a special psychiatric hospital.

34 "Certificate of appropriateness of admission" means a form
35 prescribed by the division that is completed by the psychiatrist who
36 certifies that a voluntary admission or parental admission is in the
37 child's best interest and that the admitting facility is the least
38 restrictive alternative available to provide efficacious treatment to
39 the child.

40 "Chief executive officer" means the person who is the chief
41 administrative officer of a psychiatric facility for children.

42 "Child" means a person under 18 years of age.

43 "Childhood mental illness" means a current substantial
44 disturbance of thought, mood, perception, or orientation which
45 differs from that which is typical of children of a similar
46 developmental stage, and which significantly impairs judgment,

EXPLANATION – Matter enclosed in bold-faced brackets **[thus]** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 behavior, or capacity to recognize reality when also compared with
2 children of a similar developmental stage. A seizure disorder, a
3 developmental disability, organic brain syndrome, a physical or
4 sensory handicap, or a brief period or periods of intoxication caused
5 by alcohol or other substances is not sufficient by itself to meet the
6 criteria for childhood mental illness.

7 "Children's crisis intervention service" means a regional
8 community-based acute care inpatient psychiatric service
9 designated by the commissioner to provide assessment, crisis
10 stabilization, evaluation, and treatment to children in need of
11 involuntary treatment or eligible for voluntary or parental
12 admission, with an average length of stay not to exceed 30 days. A
13 children's crisis intervention service shall be authorized by the
14 commissioner to serve children from a specified geographical area.
15 A children's crisis intervention service shall be a part of a general
16 hospital and shall meet certificate of need requirements and shall be
17 licensed and inspected by the Department of Health pursuant to
18 P.L.1971, c.136 (C.26:2H-1 et seq.), in accordance with the
19 standards developed jointly with the commissioner.

20 "Children's intermediate psychiatric unit" means a regional
21 community-based inpatient psychiatric service designated by the
22 commissioner to provide assessment, crisis stabilization, evaluation,
23 and treatment to children in need of longer involuntary treatment or
24 eligible for additional voluntary or parental admission, with an
25 average length of stay not to exceed 60 days. A children's
26 intermediate psychiatric unit shall be authorized by the
27 commissioner to serve persons from a specified geographical area.
28 A children's intermediate psychiatric unit may be a part of a general
29 hospital and shall meet certificate of need requirements and shall be
30 licensed and inspected by the Department of Health pursuant to
31 P.L.1971, c.136 (C.26:2H-1 et seq.), in accordance with standards
32 developed jointly with the commissioner.

33 "Clinical certificate" means a form prescribed by the division
34 and approved by the Administrative Director of the Courts that is
35 used to support an application to the court for the involuntary civil
36 commitment of a child.

37 "Clinical director" means a person who is designated by the
38 director or chief executive officer of an inpatient psychiatric unit or
39 facility serving children to organize and supervise the clinical
40 services provided at the unit or facility. A clinical director shall be
41 a psychiatrist; however, a person who is serving as a clinical
42 director prior to the effective date of P.L. , c. (C.) (pending
43 before the Legislature as this bill) who is not a psychiatrist may
44 continue in that position. The provisions of this definition shall not
45 be construed to alter any civil service provisions that designate the
46 qualifications of a clinical director.

47 "Commissioner" means the Commissioner of Human Services.

48 "County adjuster" means the person appointed pursuant to R.S.
49 30:4-34.

1 "County counsel" means the chief legal officer or advisor of the
2 governing body of a county.

3 "Court" means the Superior Court.

4 "Custody" means the legal right and responsibility to ensure the
5 provision of care and supervision.

6 "Dangerous to others or property" means that by reason of
7 childhood mental illness, there is substantial likelihood that the
8 child will inflict serious bodily harm upon another individual or
9 cause serious property damage within the reasonably foreseeable
10 future. This determination shall take into account a child's
11 developmental stage, history, recent behavior, and any recent act or
12 threat.

13 "Dangerous to self" means that by reason of childhood mental
14 illness, the child has threatened or attempted suicide or serious
15 bodily harm, or has behaved in such a manner as to interfere with
16 the child's need for nourishment, essential medical care or shelter,
17 so that it is probable that substantial bodily injury, serious physical
18 harm or death will result within the reasonably foreseeable future;
19 however, no child shall be deemed to be unable to satisfy the child's
20 need for nourishment, essential medical care, or shelter if the child
21 is able to satisfy such needs with the supervision and assistance of
22 others who are willing and available. This determination shall take
23 into account a child's developmental stage, history, recent behavior
24 and any recent act, threat or recent psychiatric deterioration. With
25 respect to a child under 14 years of age, dangerous to self shall also
26 mean that there is a substantial likelihood that the failure to provide
27 immediate, intensive, institutional, psychiatric therapy will create in
28 the reasonably foreseeable future a genuine risk of irreversible or
29 significant harm to the child arising from the interference with or
30 arrest of the child's growth and development and, ultimately, the
31 child's capacity to adapt and socialize as an adult.

32 "Department" means the Department of Human Services.

33 "Director" means the chief administrative officer of a children's
34 screening service or an inpatient psychiatric unit or facility serving
35 children. The director of a children's screening service, affiliated
36 children's psychiatric service, or a special psychiatric hospital may
37 also be a director of a similar adult service at the same facility.

38 "Division" means the Division of Mental Health and Addiction
39 Services in the Department of Human Services.

40 "In need of involuntary commitment" means that a child is
41 dangerous to self or dangerous to others or property by reason of
42 childhood mental illness and the child's clinical needs require an
43 intensity of intervention that can only be provided as inpatient
44 psychiatric treatment.

45 "Inpatient psychiatric unit or facility serving children" means an
46 affiliated children's psychiatric service, a children's crisis
47 intervention service, a children's intermediate psychiatric unit, a
48 psychiatric facility for children, or a special psychiatric hospital.

1 "Mental health agency or facility" means a legal entity which
2 receives funds from the State, county, or federal government to
3 provide mental health services.

4 "Mental hospital" means, for the purposes of the payment and
5 maintenance provisions of Title 30 of the Revised Statutes, a
6 psychiatric facility for children.

7 "Parent" means a biological or adoptive parent, legal guardian, or
8 any other person or agency having legal responsibility for, or legal
9 custody of, a child.

10 "Parental admission" means the admission of a child with
11 childhood mental illness who is under 18 years of age to an
12 inpatient psychiatric unit or facility serving children at the request
13 of a parent.

14 "Physician" means a person licensed to practice medicine in the
15 State.

16 "Psychiatric facility" means a State psychiatric hospital listed in
17 R.S.30:1-7, a county psychiatric hospital, or a psychiatric unit of a
18 general hospital.

19 "Psychiatric facility for children" means a State psychiatric
20 hospital listed in R.S.30:1-7, a county psychiatric hospital, or a
21 psychiatric unit of a county hospital designated by the
22 commissioner to treat children with childhood mental illness.

23 "Psychiatrist" means a physician who has completed the training
24 requirements of the American Board of Psychiatry and Neurology.

25 "Psychologist" means a person licensed as a psychologist by the
26 New Jersey Board of Psychological Examiners.

27 "Screening service" means a service provided by an inpatient
28 psychiatric unit or facility serving children or mental health agency
29 or facility wherein a child believed to be in need of involuntary
30 commitment undergoes an assessment to determine what mental
31 health services are appropriate for the child and where those
32 services may be most appropriately provided in the least restrictive
33 environment.

34 "Screening certificate" means a clinical certificate prescribed by
35 the division executed by a psychiatrist or other physician affiliated
36 with inpatient psychiatric unit or facility serving children which
37 concludes that a child is in need of involuntary commitment to
38 inpatient treatment.

39 "Special psychiatric hospital" means a public or private hospital
40 licensed by the Department of Health to provide voluntary and
41 involuntary mental health services, including assessment, care,
42 supervision, treatment, and rehabilitation services to children who
43 have childhood mental illness, adults, or both children and adults.

44 "Treatment team" means more than one children's mental health
45 professional, including at least one psychiatrist and may include a
46 psychologist, social worker, registered professional nurse, and other
47 appropriate service providers. A treatment team provides mental
48 health services to a child in an inpatient psychiatric unit or facility
49 serving children.

1 "Voluntary admission" means the admission of a child with a
2 childhood mental illness who is 14 years of age or older to an
3 inpatient psychiatric unit or facility serving children at the request
4 of the child.

5
6 3. (New section) The standards and procedures in P.L. , c.
7 (C.) (pending before the Legislature as this bill) apply to all
8 children involuntarily committed, voluntarily admitted, or admitted
9 at the request of a parent to inpatient psychiatric units or facilities
10 serving children.

11
12 4. (New section) The director of the division shall designate
13 one or more mental health agencies or facilities within a specified
14 geographic area to provide emergency care, psychiatric
15 stabilization, assessment, and other appropriate services to children
16 in accordance with rules and regulations adopted by the
17 commissioner pursuant to the "Administrative Procedure Act,"
18 P.L.1968, c.410 (C.52:14B-1 et seq.).

19
20 5. (New Section) The commissioner shall establish mental
21 health screening services for children that effectuate the following
22 purposes and procedures:

23 a. A screening service shall serve as the facility in the public
24 mental health care treatment system wherein a child believed to be
25 in need of involuntary commitment to an inpatient psychiatric unit
26 or facility serving children undergoes an assessment to determine
27 what mental health services are appropriate for the child and where
28 those services may be most appropriately provided in the least
29 restrictive environment. The screening service may provide
30 emergency and consensual treatment to the child receiving the
31 assessment and may transport the child or detain the child up to 24
32 hours for the purposes of providing the treatment and conducting
33 the assessment.

34 b. When a child is evaluated by a mental health screener and
35 involuntary commitment to treatment seems necessary, the screener
36 shall provide, on a screening document prescribed by the division,
37 information regarding the child's clinical and social history and
38 available alternative mental health facilities and services that are
39 deemed appropriate for the child. The screener shall make
40 reasonable efforts as permitted by law to gather information from
41 the child's family or significant others for the purposes of preparing
42 the screening document. If a psychiatrist, in consideration of the
43 screening document and in conjunction with the psychiatrist's own
44 assessment of the child, concludes that the child is in need of
45 involuntary commitment to treatment, the psychiatrist shall
46 complete a screening certificate. The screening certificate shall be
47 completed by a psychiatrist except in those circumstances where the
48 division's contract with the screening service provides that another
49 physician may complete the certificate. Upon completion of the

1 screening certificate, screening service staff shall determine, in
2 consultation with the psychiatrist or another physician, as
3 appropriate, the least restrictive environment for the appropriate
4 treatment to which the child shall be assigned or admitted, taking
5 into account the child's prior history of hospitalization and
6 treatment and the person's current mental health condition. Where
7 appropriate, the child shall be admitted to an inpatient psychiatric
8 unit or facility for treatment as soon as possible. Screening service
9 staff are authorized to coordinate initiation of treatment or transport
10 the person or arrange for transportation of the person to the
11 appropriate facility.

12 c. If the mental health screener determines that the child is not
13 in need of assignment or commitment to an inpatient psychiatric
14 unit or facility serving children, the screener shall arrange for the
15 discharge of the child to the child's parent. Discharge may include
16 referral of the child to an appropriate community mental health or
17 social services agency or appropriate professional or inpatient care
18 in a psychiatric unit of a general hospital. If the parent is not
19 known, cannot be contacted or is unresponsive within 48 hours of
20 notification, the screening service shall immediately notify the
21 Division of Child Protection and Permanency in the Department of
22 Children and Families of the pending discharge and the apparent
23 abandonment or non-cooperation of the parents. The Division shall
24 take immediate action to facilitate the discharge, procure an out-of-
25 home placement for the child, or take other legal action to assure
26 the best interests and safety of the child.

27 d. A mental health screener may make a screening outreach
28 visit if the screener determines, based on clinically relevant
29 information provided by an individual with personal knowledge of
30 the child subject to screening, that the child may need involuntary
31 commitment to treatment and the person is unwilling or unable to
32 come to the screening service for an assessment.

33
34 6. (New section) An inpatient psychiatric unit or facility serving
35 children shall effectuate the following purposes and procedures:

36 a. The admitting unit or facility shall provide a psychiatric
37 evaluation within 24 hours of the admission of each child.

38 b. If a child is admitted to a unit or facility, the chief executive
39 officer of the unit or facility shall promptly notify the county
40 adjuster of the county in which the child has legal settlement that
41 the child has been admitted to the unit or facility.

42 c. The unit or facility is authorized to provide assessment,
43 crisis intervention and treatment services, and shall provide
44 discharge planning, which shall be performed in accordance with
45 subsection h. of this section. The discharge planning shall begin at
46 admission and the plan shall be ready for implementation at the
47 time of discharge.

48 d. The unit or facility may detain a child, admitted to the unit
49 or facility involuntarily by referral from a screening service without

1 a order of temporary commitment, for no more than 72 hours from
2 the time the screening certificate was executed. During this period
3 of time, the unit or facility may initiate court proceedings for the
4 involuntary commitment of the child pursuant to section 7 of P.L. ,
5 c. (C.) (pending before the Legislature as this bill).

6 e. A child may be admitted to a unit or facility through
7 voluntary admission or parental admission pursuant to sections 10
8 and 11 of P.L. , c. (C.) (pending before the Legislature as
9 this bill) only after the child or parent has been advised orally and
10 in writing of the discharge provisions established pursuant to P.L. ,
11 c. (C.) (pending before the Legislature as this bill) and of the
12 subsequent possibility that the unit or facility may initiate
13 involuntary commitment proceedings for the child.

14 f. In the case of a child committed to an inpatient psychiatric
15 unit or facility serving children, after the unit's or facility's
16 treatment team conducts a mental and physical examination of the
17 child, administers appropriate treatment to and prepares a discharge
18 plan for the child, the unit or facility may transfer the child to a
19 psychiatric facility for children prior to the final hearing for an
20 involuntary commitment order if:

21 (1) the child, the child's parent, and the child's attorney are
22 notified of the pending transfer within no less than 24-hours of the
23 actual transfer; and

24 (2) the transfer is accomplished in a manner which will give the
25 receiving facility adequate time to examine the child, become
26 familiar with the child's behavior and condition, and prepare for the
27 hearing.

28 In no event shall a discharge for the purpose of a transfer to an
29 inpatient psychiatric unit or facility serving children result in a child
30 being involuntarily committed as an inpatient for more than 14 days
31 without a court hearing.

32 g. All referrals to a children's intermediate psychiatric unit
33 shall be made pursuant to regulations adopted by the commissioner
34 and shall comply with paragraphs (1) and (2) of subsection f. of this
35 section.

36 h. Prior to discharging a child admitted or committed pursuant
37 to this section, the unit or facility shall notify the parent of the
38 pending discharge. If the parent is not known, cannot be contacted
39 or is unresponsive within 48 hours of notification, the unit or
40 facility shall immediately notify the Division of Child Protection
41 and Permanency in the Department of Children and Families of the
42 pending discharge and the apparent abandonment or non-
43 cooperation of the parent. The Division shall take immediate action
44 to facilitate the discharge, procure an out-of-home placement for the
45 child, or take other legal action to assure the best interests and
46 safety of the child.

1 7. (New section) The standards and procedures in this section
2 shall apply to all proceedings for the involuntary commitment of a
3 child to an inpatient psychiatric unit or facility for treatment.

4 a. No child shall be involuntarily committed to an inpatient
5 psychiatric unit or facility for the treatment of childhood mental
6 illness unless the court has issued an order of involuntary
7 commitment.

8 b. An inpatient psychiatric unit or facility may initiate court
9 proceedings for the involuntary commitment of a child to inpatient
10 treatment as follows:

11 (1) for a child who has been temporarily admitted to an inpatient
12 psychiatric unit or facility serving children on referral of a
13 screening service, involuntary commitment proceedings may be
14 initiated by the filing of an application with the court supported by:
15 (a) a clinical certificate completed by a psychiatrist on the patient's
16 treatment team who has examined the child and (b) the screening
17 certificate executed by a psychiatrist or other physician affiliated
18 with the screening service which authorized admission of the
19 patient to the facility; provided, however, that both certificates shall
20 not be signed by the same psychiatrist unless the psychiatrist has
21 made a reasonable but unsuccessful attempt to have another
22 psychiatrist conduct the evaluation and execute the certificate. An
23 electronically scanned certificate may be submitted to the court in
24 lieu of the original clinical or screening certificate. Electronically
25 scanned certificates shall be transmitted to the court in accordance
26 with the Rules of Court. The clinical certificate shall state with
27 particularity the facts upon which the physician relies in concluding
28 that (a) the child suffers from childhood mental illness, (b) the
29 childhood mental illness causes the child to be a danger to self or a
30 danger to others or property as defined in section 2 of P.L. , c.
31 (C.) (pending before the Legislature as this bill, (c) where the
32 child is under 14 years of age, that there is a substantial likelihood
33 that the failure to provide immediate, intensive, institutional,
34 psychiatric therapy will create in the reasonably foreseeable future a
35 genuine risk of irreversible or significant harm to the child arising
36 from the interference with or arrest of the child's growth and
37 development and, ultimately, the child's capacity to adapt and
38 socialize as an adult; and (d) the child is in need of intensive
39 psychiatric treatment that can be provided at an inpatient
40 psychiatric unit or facility and which cannot be provided in the
41 child's home or community, or on an outpatient basis. The
42 application shall also include a statement of the parent regarding the
43 proposed involuntary commitment of the child as provided in
44 section 18 of P.L. , c. (C.) (pending before the Legislature
45 as this bill), unless the parent refuses to provide or is unavailable to
46 provide such a statement. A copy of the certificates shall be filed
47 with the office of the county adjuster.

48 (2) for a child who has been not been temporarily admitted to an
49 inpatient psychiatric unit or facility serving children on referral of a

1 screening service, proceedings for the issuance of an order of
2 temporary commitment may be initiated by the filing of an
3 application with the court supported by two clinical certificates, at
4 least one of which is prepared by a psychiatrist. Both certificates
5 shall not be signed by the same psychiatrist unless the psychiatrist
6 has made a reasonable but unsuccessful attempt to have another
7 psychiatrist conduct the evaluation and execute the certificate. An
8 electronically scanned certificate may be submitted to the court in
9 lieu of the original clinical or screening certificate. Electronically
10 scanned certificates shall be transmitted to the court in accordance
11 with the Rules of Court. The certificates shall state with
12 particularity the facts upon which the physician relies in concluding
13 that (a) the child suffers from childhood mental illness, (b) the
14 childhood mental illness causes the child to be dangerous to self or
15 dangerous to others or property as defined in section 2 of P.L. , c.
16 (C.) (pending before the Legislature as this bill, (c) where the
17 child is under 14 years of age, that there is a substantial likelihood
18 that the failure to provide immediate, intensive, institutional,
19 psychiatric therapy will create in the reasonably foreseeable future a
20 genuine risk of irreversible or significant harm to the child arising
21 from the interference with or arrest of the child's growth and
22 development and, ultimately, the child's capacity to adapt and
23 socialize as an adult; and (d) the child is in need of intensive
24 psychiatric treatment that can be provided at an inpatient
25 psychiatric unit or facility and which cannot be provided in the
26 child's home or community, or on an outpatient basis. The
27 application shall also include a statement of the parent regarding the
28 proposed involuntary commitment of the child as provided in
29 section 18 of P.L. , c. (C.) (pending before the Legislature
30 as this bill), unless the parent refuses to provide or is unavailable to
31 provide such a statement. A copy of the certificates shall be filed
32 with the office of the county adjuster.

33 c. A clinical certificate submitted to the court in support of an
34 application for involuntary commitment of a child shall not be
35 executed by a person who is a relative by blood or marriage to the
36 child who is being evaluated. Any person who is a relative by
37 blood or marriage of the child who executes a clinical certificate, or
38 any person who signs a clinical certificate for any purpose or
39 motive other than for purposes of care, treatment, and confinement
40 of a child in need of involuntary commitment to treatment, shall be
41 guilty of a crime of the fourth degree.

42 d. Upon receipt, the court shall immediately review the
43 initiating documents to determine whether there is probable cause to
44 believe that the child is in need of involuntary commitment to
45 treatment.

46 e. If, based on the application and certificates filed with the
47 court pursuant to subsection b. of this section, the court finds that
48 there is probable cause to believe that the child is in need of
49 involuntary commitment to treatment, it shall issue an order of

1 temporary commitment authorizing the assignment of the child to
2 an inpatient psychiatric unit or facility, or admission to or retention
3 of the child in the custody of the facility, that is both appropriate to
4 the child's condition and the least restrictive environment for
5 treatment, pending a final hearing on the application with the
6 presence of the affected parties. The order of temporary
7 commitment shall fix a date for the commitment hearing which
8 shall occur to more than 14 days after the child's initial inpatient
9 admission to the unit or facility. The court may grant a one-time
10 adjournment of not more than seven days due to exceptional
11 circumstances established on the record.

12 f. In the case of a child who has been temporarily committed
13 by court order to treatment at an inpatient psychiatric unit or facility
14 serving children, after the facility's treatment team conducts a
15 mental and physical examination, administers appropriate treatment
16 and prepares a discharge assessment, the facility may transfer the
17 child to a psychiatric facility prior to the final hearing; provided
18 that: (1) the child, his family and his attorney are given 24 hours'
19 advance notice of the pending transfer; and (2) the transfer is
20 accomplished in a manner which will give the receiving facility
21 adequate time to examine the child, become familiar with his
22 behavior and condition and prepare for the hearing. In no event
23 shall the transfer be made less than five days prior to the date of the
24 hearing unless an unexpected transfer is dictated by a change in the
25 child's clinical condition.

26 g. The court shall appoint a guardian ad litem to represent the
27 interests of a child who is subject to involuntary commitment
28 proceedings pursuant to the Rules of the Court.

29 h. The hearing to determine whether the court should issue a
30 final order of commitment shall be conducted pursuant to the Rules
31 of the Court.

32 i. Following a hearing, the court may enter a final order of
33 commitment if it finds, by clear and convincing evidence, that,

34 (1) for a child 14 years of age or older: (a) the child suffers
35 from childhood mental illness, (b) that the childhood mental illness
36 causes the child to be dangerous to self or dangerous to others or
37 property as defined in section 2 of P.L. , c. (C.) (pending
38 before the Legislature as this bill) and (c) that the child is in need of
39 intensive psychiatric treatment that can be provided at an inpatient
40 psychiatric unit or facility and which cannot be provided in the
41 home, the community or on an outpatient basis; or

42 (2) for a child under 14 years of age: (a) the child suffers from
43 childhood mental illness, (b) that the childhood mental illness
44 causes the child to be dangerous to self or dangerous to others or
45 property as defined in section 2 of P.L. , c. (C.) (pending
46 before the Legislature as this bill) and (c) that there is a substantial
47 likelihood that the failure to provide immediate, intensive,
48 institutional, psychiatric therapy will create in the reasonably
49 foreseeable future a genuine risk of irreversible or significant harm

1 to the child arising from the interference with or arrest of the child's
2 growth and development and, ultimately, the child's capacity to
3 adapt and socialize as an adult, and (d) that the child is in need of
4 intensive psychiatric treatment that can be provided at an inpatient
5 psychiatric unit or facility serving children and which cannot be
6 provided in the home, the community, or on an outpatient basis.

7 j. No final order of commitment, or any order of conditional
8 extension pending placement shall be entered to continue the
9 detention in an inpatient psychiatric unit or facility serving children
10 of a child who does not meet the standard for involuntary
11 commitment to treatment.

12
13 8. (New section) a. The court shall conduct a hearing to
14 review the status of a child who has been involuntarily committed
15 to an inpatient psychiatric unit or facility serving children to
16 determine whether there is a need to continue the involuntary
17 commitment. The first review hearing shall occur within three
18 months from the initial inpatient admission to the facility and
19 subsequent hearings shall occur at least once every three months
20 from the most recent hearing unless the child has been
21 administratively discharged from the facility pursuant to section 12
22 of P.L. , c. (C.) (pending before the Legislature as this bill)
23 in the interim. The child or parent may request an earlier hearing.
24 The assigned county counsel is responsible for presenting the case
25 for the child's involuntary commitment to the court, unless the
26 county adjuster is licensed to practice law in this State, in which
27 case the county adjuster shall present the case for the child's
28 involuntary commitment to the court. A child subject to involuntary
29 commitment shall have counsel present at the hearing and shall not
30 be permitted to appear at the hearing without counsel.

31 b. The review hearing shall be conducted pursuant to the Rules
32 of the Court.

33 c. The child, the child's attorney, and the child's parent shall
34 receive a copy of the clinical certificates, the court order, and a
35 statement of the child's rights at the court hearing. The clinical
36 director of the unit or facility shall provide an appropriate
37 explanation of the documents to the child and the parent.

38 d. A psychiatrist on the child's treatment team who has
39 conducted a personal examination of the child as close to the
40 hearing date as possible, but in no event more than five calendar
41 days prior to the hearing, shall testify at the hearing to the clinical
42 basis for the need for continued involuntary commitment. Other
43 members of the child's treatment team may also testify at the
44 hearing.

45 e. The child's parents may attend and testify at the court
46 hearing.

47 f. If the court finds, by clear and convincing evidence, that the
48 child needs continued involuntary commitment, it shall issue an
49 order authorizing the involuntary commitment of the child and shall

1 schedule a subsequent court review hearing in the event that the
2 child is not administratively discharged pursuant to section 13 of
3 P.L. , c. (C.) (pending before the Legislature as this bill)
4 prior to that date.

5 g. If, at the conclusion of the review hearing, the court finds
6 that the child does not need continued involuntary commitment, the
7 court shall so order and the inpatient psychiatric unit or facility
8 shall discharge the child within 48 hours of the court's verbal order
9 or by the end of the next working day, whichever is longer, with a
10 discharge plan prepared pursuant to section 15 of P.L. , c. (C.)
11 (pending before the Legislature as this bill).

12 h. If a child cannot be discharged because the child's parent is
13 unresponsive within 48 hours of notification of the discharge or
14 refuses to accept custody of the child upon discharge, the inpatient
15 psychiatric facility or facility serving children shall immediately
16 notify the Division of Child Placement and Permanency in the
17 Department of Children and Families of the pending discharge and
18 the apparent abandonment or non-cooperation of the parents. The
19 Division shall take immediate action to facilitate the discharge,
20 procure an out-of-home placement for the child, or take other legal
21 action to assure the best interests and safety of the child.

22
23 9. (New section) A child subject to involuntary commitment
24 proceedings has the following rights at the commitment hearing and
25 any subsequent hearing to review the continuing need for
26 commitment:

27 a. The right to be represented by counsel or, if indigent, by
28 appointed counsel;

29 b. The right to be present at the court hearing unless the court
30 determines that because of the child's conduct at the court hearing
31 the proceeding cannot reasonably continue while the child is
32 present;

33 c. The right to present evidence;

34 d. The right to cross examine witnesses; and

35 e. The right to a hearing in camera.

36
37 10. (New section) Notwithstanding the provisions of section 7
38 of P.L. c. (C.) (pending before the Legislature as this bill) or
39 the standard for "in need of involuntary commitment" of a child as
40 provided in section 2 of P.L. , c. (C.) (pending before the
41 Legislature as this bill), a child who is 14 years of age or older may
42 request voluntary admission to an inpatient psychiatric unit or
43 facility for children for evaluation and treatment. The request for
44 voluntary admission must be independently reviewed and approved
45 by a physician on the staff of the unit or facility. If the physician
46 believes that admission is in the best interests of the child, the
47 physician shall complete a certificate of appropriateness for
48 admission. The court, upon a finding that the child's request is
49 informed, voluntary and in the child's best interests, shall issue an

1 order approving the voluntary admission. The order authorizing a
2 voluntary admission shall be reviewed at least once every three
3 months from the date of its last entry until the child is discharged to
4 determine if continued admission remains appropriate and
5 voluntary. The child or a parent may request an earlier review
6 hearing. If during the term of voluntary admission, the inpatient
7 psychiatric unit or facility serving children determines that the child
8 is in need of involuntary commitment, it may initiate court
9 proceedings for the involuntary commitment of a child pursuant to
10 section 7 of P.L. , c. (C.) (pending before the Legislature
11 as this bill). The discharge of a child who has been voluntarily
12 admitted into an inpatient psychiatric unit or facility serving
13 children shall proceed in accordance with section 16 of P.L. , c.
14 (C.) (pending before the Legislature as this bill).

15
16 11. (New section) Notwithstanding the provisions of section 7
17 of P.L. , c. (C.) (pending before the Legislature as this bill)
18 or the standard for “in need of involuntary commitment” of a child
19 as provided in section 2 of P.L. , c. (C.) (pending before the
20 Legislature as this bill), a parent may request parental admission of
21 a child to an inpatient psychiatric unit or facility serving children
22 for evaluation and treatment. A request for parental admission of a
23 child shall not be subject to the court’s review or approval. The
24 request for parental admission of a child must be independently
25 reviewed and approved by a physician on the staff of the unit or
26 facility. If the physician believes that admission is in the best
27 interest of the child, the physician shall complete a certificate of
28 appropriateness for admission. The term of parental admission
29 shall not exceed seven days from the date of the initial admission.
30 However, upon application of the parent and with the approval of a
31 physician on the staff of the unit or facility, the court may, where
32 exceptional circumstances are shown, extend the admission to a
33 term not to exceed 14 days from the date of initial admission. If
34 during the term of parental admission of the child, the inpatient
35 psychiatric unit or facility serving children determines that the child
36 is in need of involuntary commitment, it shall initiate court
37 proceedings for the involuntary commitment of a child pursuant to
38 section 7 of P.L. , c. (C.) (pending before the Legislature
39 as this bill). The discharge of a child admitted at into an inpatient
40 psychiatric unit or facility serving children as a parental admission
41 shall proceed in accordance with section 17 of P.L. , c. (C.)
42 (pending before the Legislature as this bill).

43
44 12. (New section) A child admitted to an inpatient psychiatric
45 unit or facility serving children on a voluntary admission, parental
46 admission, or involuntary commitment basis has the following
47 rights:

48 a. The right to have examinations and services provided in the
49 child's primary means of communication including, as soon as

1 possible, the aid of an interpreter if needed because the child is of a
2 limited English-speaking ability or suffers from a speech or hearing
3 impairment;

4 b. A parent with limited English-speaking ability has the right to
5 information regarding an examination and services provided to the
6 parent's child; if the parent suffers from a speech or hearing
7 impairment, the parent has the right to the aid of an interpreter;

8 c. The child and the child's parent have the right to a oral
9 explanation of: the reasons for admission, the availability of an
10 attorney, and the rights provided in P.L. , c. (C.) (pending
11 before the Legislature as this bill);

12 d. The child has the right to be represented by an attorney and,
13 if unrepresented or unable to afford an attorney, the right to be
14 provided with an attorney paid for by the appropriate government
15 agency. If the parent has selected an attorney for the child, the
16 county providing counsel or the representative of the Office of the
17 Public Defender shall consult with the child to be sure that the child
18 is appropriately represented. An attorney representing a child has
19 the right to inspect and copy the child's clinical chart. The clinical
20 director shall ensure that a written statement of the rights provided
21 in P.L. , c. (C.) (pending before the Legislature as this bill)
22 is provided to a child and the child's parent at the time of admission
23 or as soon as possible thereafter, and also to a child and the child's
24 parent upon request.

25

26 13. (New section) The treatment team at an inpatient psychiatric
27 unit or facility serving children shall administratively discharge a
28 child from involuntary commitment status if the treatment team
29 determines that the child is no longer in need of involuntary
30 commitment.

31 A discharge plan shall be completed within 48 hours or by the
32 next working day, whichever is later. The discharge plan shall be
33 implemented upon discharge. The preparation of the discharge plan
34 shall begin upon admission, as provided for in subsection c. of
35 section 5 of P.L. , c. (C.) (pending before the Legislature
36 as this bill), and the completion of the plan shall not delay
37 discharge.

38 If a child cannot be discharged because the child's parent is
39 unresponsive within 48 hours of notification of the discharge or
40 refuses to accept custody of the child upon discharge, the inpatient
41 psychiatric facility or facility serving children shall immediately
42 notify the Division of Child Placement and Permanency in the
43 Department of Children and Families of the pending discharge and
44 the apparent abandonment or non-cooperation of the parents. The
45 Division shall take immediate action to facilitate the discharge,
46 procure an out-of-home placement for the child, or take other legal
47 action to assure the best interests and safety of the child.

1 14. (New section) a. A child 14 years of age or older
2 discharged by the court or administratively discharged from
3 involuntary commitment status may request continued inpatient
4 treatment through an application for voluntary admission pursuant
5 to section 10 of P.L. , c. (C.) (pending before the
6 Legislature as this bill).

7 b. A parent of a child discharged by the court or
8 administratively discharged from involuntary commitment status
9 may request continued inpatient treatment through an application
10 for parental admission pursuant to section 11 of P.L. , c. (C.)
11 (pending before the Legislature as this bill).

12
13 15. (New section) a. A child discharged by the court or
14 administratively from an inpatient psychiatric unit or facility
15 serving children shall have a discharge plan prepared by the
16 treatment team at the facility pursuant to this section.

17 The treatment team shall involve and encourage the participation
18 of the parent, appropriate community caregiver, and the child in the
19 formulation of the discharge plan. If a parent or child is in
20 disagreement with the treatment team, the parent or child shall be
21 advised of a right to counsel. In the case of a child involuntarily
22 committed to a unit or facility, a community agency designated by
23 the commissioner shall participate in the formulation of the plan.

24 b. The unit or facility shall advise the mental health agency and
25 parent of the date of the child's discharge.

26 c. The provisions of this section shall not preclude discharging
27 a child for treatment to an appropriate professional.

28 d. The chief executive officer of a psychiatric facility for
29 children shall give notice of the discharge to the county adjuster of
30 the county in which the child has legal settlement.

31
32 16. (New section) a. A child 14 years of age or older who has
33 been voluntarily admitted into an inpatient psychiatric unit or
34 facility serving children shall be discharged by the treatment team
35 at the child's written request. The treatment team shall document all
36 requests for discharge in the child's clinical record. The treatment
37 team shall notify the parent of all requests for discharge.

38 b. The unit or facility shall discharge the child as soon as
39 possible but in every case within 48 hours or at the end of the next
40 working day from the time of the written request, whichever is
41 longer; except that if the treatment team determines that the child is
42 in need of involuntary commitment, the treatment team shall initiate
43 court proceedings pursuant to section 7 of P.L. , c. (C.)
44 (pending before the Legislature as this bill). The unit or facility
45 shall formally notify the child and parent of the unit's or facility's
46 intent to proceed with an involuntary commitment. The unit or
47 facility shall not detain the child beyond 48 hours or the end of the
48 next working day from the time the request for discharge was made,
49 unless the court has issued an order of temporary commitment.

1 c. Prior to discharging a child pursuant to this section, the
2 inpatient psychiatric unit or facility serving children shall notify the
3 parent, or if the parent is not known or is unresponsive within 48
4 hours of the notification, the unit or facility shall immediately
5 notify the Division of Child Protection and Permanency in the
6 Department of Children and Families of the pending discharge and
7 the apparent abandonment or non-cooperation of the parents. The
8 Division shall take immediate action to facilitate the discharge,
9 procure an out-of-home placement for the child, or take other legal
10 action to assure the best interests and safety of the child.

11
12 17. (New section) a. A child who has been admitted into an
13 inpatient psychiatric unit or facility serving children through
14 parental admission shall be discharged by the treatment team at the
15 parent's written request. The treatment team shall document all
16 requests for discharge in the child's clinical record.

17 b. The unit or facility shall discharge the child as soon as
18 possible but in every case within 48 hours or at the end of the next
19 working day from the time of the written request, whichever is
20 longer; except that if the treatment team determines that the child is
21 in need of involuntary commitment, the treatment team shall initiate
22 court proceedings pursuant to section 7 of P.L. , c. (C.)
23 (pending before the Legislature as this bill). The unit or facility
24 shall not detain the child beyond 48 hours or the end of the next
25 working day from the time the request for discharge was made,
26 unless the court has issued a temporary court order.

27 c. Prior to discharging a child pursuant to this section, the
28 inpatient psychiatric unit or facility serving children shall notify the
29 parent, or if the parent is not known or is unresponsive within 48
30 hours of the notification, the unit or facility shall immediately
31 notify the Division of Child Protection and Permanency in the
32 Department of Children and Families of the pending discharge and
33 the apparent abandonment or non-cooperation of the parents. The
34 Division shall take immediate action to facilitate the discharge,
35 procure an out-of-home placement for the child, or take other legal
36 action to assure the best interests and safety of the child.

37
38 18. (New section) If an inpatient psychiatric unit or facility
39 serving children pursues involuntary commitment proceedings for a
40 child who is 14 years of age or older or a child who is voluntarily or
41 parentally admitted by seeking an order of temporary commitment
42 pursuant to section 7 of P.L. , c. (C.) (pending before the
43 Legislature as this bill), the unit or facility shall include a statement
44 of the parent regarding the involuntary commitment of the parent's
45 child in the application to the court, unless the parent refuses to
46 provide or is unavailable to provide such a statement. This
47 statement shall specify the parent's agreement or disagreement with
48 the involuntary commitment. In the case of disagreement by the
49 parent, the parent shall include a statement or reasons for the

1 parent's disagreement. If the unit or facility is unable to obtain a
2 statement of the parent, it shall document its efforts in the
3 application to the court.

4 The unit or facility shall not detain the child beyond 48 hours or
5 the end of the next working day from the time the request for
6 discharge was made, unless the court has issued a temporary court
7 order.

8
9 19. (New section) a. If a child, who is in custody awaiting trial
10 on a criminal charge, a disorderly person's offense, or an act of
11 delinquency, is admitted or committed pursuant to P.L. , c. (C.)
12 (pending before the Legislature as this bill), the law enforcement
13 authority that transferred the child shall complete a uniform
14 detainer form, as prescribed by the division, which shall specify the
15 charge, law enforcement authority, and other information which is
16 clinically and administratively relevant. This form shall be
17 submitted to the admitting unit or facility along with other relevant
18 forms necessary for admission.

19 b. The division shall develop and prescribe the detainer form in
20 consultation with the Administrative Office of the Courts.

21 c. When the child is discharged administratively or by the court
22 and is still under the detainer authority of the law enforcement
23 agency, that agency shall, within 48 hours of receiving notification
24 of the discharge, take custody of the child.

25
26 20. (New section) A child who is involuntarily committed to an
27 inpatient psychiatric unit or facility serving children listed in
28 R.S.30:1-7 may, at 18 years of age, be referred to a screening
29 service for an assessment pursuant to section 5 of P.L.1987, c.116
30 (C.30:4-27.5) and commitment to a psychiatric facility in
31 accordance with P.L.1987, c.116 (C.30:4-27.1 et seq.) and the
32 regulations adopted by the commissioner.

33
34 21. Section 9 of P.L.1965, c.59 (C.30:4-24.1) is amended to read
35 as follows:

36 9. Every individual who is mentally ill shall be entitled to
37 fundamental civil rights and to medical care and other professional
38 services in accordance with accepted standards, provided however
39 that this shall not be construed to require capital construction.
40 Every individual between the ages of 5 and 20 years shall be
41 entitled to education and training suited to his age and attainments.

42 Every patient or child under 18 years of age receiving mental
43 health services, shall have the right to participate in planning for his
44 own treatment to the extent that his condition permits.

45 (cf: P.L.1975, c.85, s.1)

46
47 22. Section 10 of P.L.1965, c.59 (C.30:4-24.2) is amended to
48 read as follows:

1 10. a. Subject to any other provisions of law and the
2 Constitutions of New Jersey and the United States, no patient or
3 child under 18 years of age receiving treatment pursuant to this
4 Title shall be deprived of any civil right solely because of receipt of
5 treatment under the provisions of this Title nor shall the treatment
6 modify or vary any legal or civil right of any patient or child,
7 including, but not limited to, the right to register for and to vote at
8 elections, as applicable, or rights relating to the granting, forfeiture,
9 or denial of a license, permit, privilege, or benefit pursuant to any
10 law.

11 b. Every patient or child under 18 years of age in treatment
12 shall be entitled to all rights set forth in P.L.1965, c.59 and shall
13 retain all rights not specifically denied him under this Title. A
14 notice of the rights set forth in P.L.1965, c.59 shall be given to
15 every patient, child, and child's parent within five days of admission
16 to treatment. The notice shall be written in simple understandable
17 language. It shall be in a language the patient, child, or child's
18 parent understands and if the patient, child, or child's parent cannot
19 read the notice, it shall be read to the patient, child, or child's
20 parent. If a patient is adjudicated incapacitated, the notice shall be
21 given to the patient's guardian or child's parent. Receipt of this
22 notice shall be acknowledged in writing, with a copy placed in the
23 patient's or child's file. If the patient, child, parent, or guardian
24 refuses to acknowledge receipt of the notice, the person delivering
25 the notice shall state this in writing, with a copy placed in the
26 patient's or child's file.

27 c. No patient may be presumed to be incapacitated because of
28 an examination or treatment for mental illness, regardless of
29 whether the evaluation or treatment was voluntarily or involuntarily
30 received. A patient or child who leaves a mental health program
31 following evaluation or treatment for mental illness, regardless of
32 whether that evaluation or treatment was voluntarily or
33 involuntarily received, shall be given a written statement of the
34 substance of P.L.1965, c.59.

35 d. Each patient in treatment or child in an inpatient psychiatric
36 unit or facility serving children shall have the following rights, a list
37 of which shall be prominently posted in all facilities providing these
38 services and otherwise brought to the patient's or child's attention
39 by additional means as the department may designate:

40 (1) To be free from unnecessary or excessive medication. No
41 medication shall be administered unless at the written order of a
42 physician. A verbal order shall be valid for only 24 hours after
43 which a written order for medication shall be completed. Notation
44 of each patient's or child's medication shall be kept in the patient's
45 or child's treatment records. At least weekly, the attending
46 physician shall review the drug regimen of each patient or child
47 under the physician's care. All physician's orders or prescriptions
48 shall be written with a termination date, which shall not exceed 30
49 days. Medication shall not be used as punishment, for the

1 convenience of staff, as a substitute for a treatment program, or in
2 quantities that interfere with the patient's or child's treatment
3 program. Voluntarily [committed] admitted patients or children
4 shall have the right to refuse medication. In an emergency in which
5 less restrictive or appropriate alternatives acceptable to the patient
6 or child are not available to prevent imminent danger to the patient,
7 child, or others, medication may be administered over a patient's or
8 child's objections, or over the written order of a physician for a
9 period not to exceed 24 hours in order to lessen the danger to the
10 patient or child, or others.

11 (2) (a) **【Not to be subjected】** With respect to a child, not to be
12 subjected to electroconvulsive treatment without the express and
13 informed written consent of a parent or legal guardian, and for a
14 child between 14 and 17 years of age, the express informed and
15 written consent of the child; except that for a child under 14 years
16 of age, as developmentally appropriate, assent of the child shall also
17 be required.

18 Prior to referral for electroconvulsive treatment for a child under
19 14 years of age, two child psychiatrists not otherwise involved in
20 the treatment of the child shall concur in the recommendation for
21 the treatment. In the case of a child 14 years to 17 years of age, one
22 child psychiatrist not otherwise involved in the treatment of the
23 child shall concur in the recommendation for the treatment. The
24 consulting child psychiatrists shall deliver their opinion only after
25 interviewing the child and the child's parent or guardian, reviewing
26 the clinical record, and discussing the case with the child's attending
27 psychiatrist. The child's parent or guardian and the child shall have
28 the right to consult with counsel or other interested party of their
29 choice. A copy of the parent or legal guardian's consent shall be
30 placed in the child's treatment record. A child may be considered
31 an adult for purposes of consent in those instances in which a judge
32 has made the determination that the child has been emancipated.

33 If the child's parent refuses to give express and informed
34 consent, or if the child is under 14 years of age, a court of
35 competent jurisdiction shall hold a hearing within seven working
36 days of court notification by the inpatient psychiatric unit or facility
37 serving children, as defined in section 2 of P.L. , c. (C.)
38 (pending before the Legislature as this bill), to determine the
39 necessity of the procedure at which the client or child is physically
40 present, represented by counsel, and provided the right and
41 opportunity to be confronted with, and to cross-examine, all
42 witnesses alleging the necessity of the procedure. In the event that
43 a patient or child cannot afford counsel, the court shall appoint an
44 attorney not less than seven days before the hearing. An attorney so
45 appointed shall be entitled to a reasonable fee to be determined by
46 the court and paid by the county from which the patient or child was
47 admitted.

1 No child under the age of 18 years of age shall be subjected to
2 psychosurgery or sterilization.

3 Under no circumstances may a child in treatment be subjected to
4 experimental research not directly related to the specific goals of
5 the patient's treatment program.

6 All research involving children under 18 years of age shall be
7 conducted in accord with basic ethical principles underlying clinical
8 research and the regulations of the federal Department of Health
9 and Human Services and the Food and Drug Administration.

10 (b) With respect to an adult, not to be subjected to experimental
11 research, **【shock】** electroconvulsive treatment, psychosurgery, or
12 sterilization, without the express and informed consent of the
13 patient after consultation with counsel or interested party of the
14 patient's choice. The consent shall be in writing, a copy of which
15 shall be placed in the patient's treatment record. If the patient has
16 been adjudicated incapacitated, a court of competent jurisdiction
17 shall determine the necessity of the procedure at a hearing where
18 the client is physically present, represented by counsel, and
19 provided the right and opportunity to be confronted with and to
20 cross-examine witnesses alleging the necessity of the procedures.
21 In these proceedings, the burden of proof shall be on the party
22 alleging the necessity of the procedures. If a patient cannot afford
23 counsel, the court shall appoint an attorney not less than 10 days
24 before the hearing. An attorney so appointed shall be entitled to a
25 reasonable fee to be determined by the court and paid by the county
26 from which the patient was admitted. Under no circumstances may
27 a patient in treatment be subjected to experimental research not
28 directly related to the specific goals of the patient's treatment
29 program.

30 (3) To be free from physical restraint and isolation. Except for
31 emergency situations, in which a patient or child has caused
32 substantial property damage or attempted to harm himself or others
33 and in which less restrictive means of restraint are not feasible, a
34 patient or child may be physically restrained or placed in isolation,
35 only on a medical director's written order or that of the director's
36 physician designee which explains the rationale for the action. The
37 written order may be entered only after the medical director or
38 physician designee has personally seen the patient or child, and
39 evaluated the episode or situation causing the need for restraint or
40 isolation. Emergency use of restraints or isolation shall be for no
41 more than one hour, by which time the medical director or
42 physician designee shall have been consulted and shall have entered
43 an appropriate written order. The written order shall be effective
44 for no more than 24 hours and shall be renewed if restraint and
45 isolation are continued. While in restraint or isolation, the patient
46 or child must be bathed every 12 hours and checked by an attendant
47 every two hours, which actions shall be noted in the patient's or

1 child's treatment record along with the order for restraint or
2 isolation.

3 With respect to a child under 18 years of age, in a crisis
4 situation, a parent shall be notified, within one hour, of treatment
5 changes related to medication, restraint, or seclusion.

6 (4) To be free from corporal punishment.

7 (5) A child under 18 years of age shall not be housed on an adult
8 psychiatric ward, unless the child is 16 years of age or older and
9 being housed on an adult psychiatric ward is in the clinical best
10 interest of the child.

11 e. Each patient or child receiving treatment pursuant to this
12 Title, shall have the following rights, a list of which shall be
13 prominently posted in all facilities providing these services and
14 otherwise brought to the patient's attention by additional means as
15 the commissioner may designate:

16 (1) To privacy and dignity.

17 (2) To the least restrictive conditions necessary to achieve the
18 purposes of treatment.

19 (3) To wear the patient's or child's own clothes; to keep and use
20 personal possessions including toilet articles; and to keep and be
21 allowed to spend a reasonable sum of money for canteen expenses
22 and small purchases.

23 (4) To have access to individual storage space for private use.

24 (5) To see visitors each day.

25 (6) To have reasonable access to and use of telephones, both to
26 make and receive confidential calls.

27 (7) To have ready access to letter writing materials, including
28 stamps, and to mail and receive unopened correspondence.

29 (8) To regular physical exercise several times a week. It shall be
30 the duty of the hospital to provide facilities and equipment for the
31 exercise.

32 (9) To be outdoors at regular and frequent intervals, in the
33 absence of medical considerations.

34 (10) To suitable opportunities for interaction with members of
35 the opposite sex, with adequate supervision.

36 (11) To practice the patient's or child's religion of choice or
37 abstain from religious practices. Provisions for worship shall be
38 made available to each person on a nondiscriminatory basis.

39 (12) To receive prompt and adequate medical treatment for any
40 physical ailment.

41 f. Rights designated under subsection d. of this section may
42 not be denied under any circumstances.

43 g. (1) A patient's or child's rights designated under subsection e.
44 of this section may be denied for good cause when the director of
45 the patient's or child's treatment program feels it is imperative to do
46 so; provided, however, under no circumstances shall a patient's or
47 child's right to communicate with the patient's or child's attorney,
48 physician, or the courts be restricted. Any denial of a patient's or

1 child's rights shall take effect only after a written notice of the
2 denial has been filed in the patient's or child's treatment record,
3 including an explanation of the reason for the denial.

4 (2) A denial of rights shall be effective for a period not to
5 exceed 30 days and shall be renewed for additional 30-day periods
6 only by a written statement entered by the director of the program
7 in the patient's or child's treatment record indicating the detailed
8 reason for renewal of the denial.

9 (3) In each instance of a denial or a renewal, the patient or child,
10 the child's parent, the patient's or child's attorney, the patient's
11 guardian, if the patient has been adjudicated incapacitated, and the
12 department shall be given written notice of the denial or renewal
13 and the reason.

14 h. A patient or child subject to this Title shall be entitled to a
15 writ of habeas corpus upon proper petition by the patient or child, a
16 relative, or a friend to any court of competent jurisdiction in the
17 county in which the patient or child is detained and shall further be
18 entitled to enforce any of the rights herein stated by civil action or
19 other remedies otherwise available by common law or statute.

20 (cf: P.L.2013, c.103, s.79)

21

22 23. Section 2 of P.L.1987, c.116 (C.30:4-27.2) is amended to
23 read as follows:

24 2. As used in P.L.1987, c.116 (C.30:4-27.1 et seq.) and
25 P.L.2009, c.112:

26 a. "Chief executive officer" means the person who is the chief
27 administrative officer of an institution or psychiatric facility.

28 b. "Clinical certificate" means a form prepared by the division
29 and approved by the Administrative Office of the Courts, that is
30 completed by the psychiatrist or other physician who has examined
31 the person who is subject to commitment within three days of
32 presenting the person for involuntary commitment to treatment, and
33 which states that the person is in need of involuntary commitment
34 to treatment. The form shall also state the specific facts upon which
35 the examining physician has based his conclusion and shall be
36 certified in accordance with the Rules of the Court. A clinical
37 certificate may not be executed by a person who is a relative by
38 blood or marriage to the person who is being screened.

39 c. "Clinical director" means the person who is designated by
40 the director or chief executive officer to organize and supervise the
41 clinical services provided in a screening service, short-term care or
42 psychiatric facility. The clinical director shall be a psychiatrist,
43 however, those persons currently serving in the capacity will not be
44 affected by this provision. This provision shall not alter any current
45 civil service laws designating the qualifications of such position.

46 d. "Commissioner" means the Commissioner of Human
47 Services.

- 1 e. "County counsel" means the chief legal officer or advisor of
2 the governing body of a county.
- 3 f. "Court" means the Superior Court or a municipal court.
- 4 g. "Custody" means the right and responsibility to ensure the
5 provision of care and supervision.
- 6 h. "Dangerous to self" means that by reason of mental illness
7 the person has threatened or attempted suicide or serious bodily
8 harm, or has behaved in such a manner as to indicate that the person
9 is unable to satisfy his need for nourishment, essential medical care
10 or shelter, so that it is probable that substantial bodily injury,
11 serious physical harm or death will result within the reasonably
12 foreseeable future; however, no person shall be deemed to be
13 unable to satisfy his need for nourishment, essential medical care or
14 shelter if he is able to satisfy such needs with the supervision and
15 assistance of others who are willing and available. This
16 determination shall take into account a person's history, recent
17 behavior and any recent act, threat or serious psychiatric
18 deterioration.
- 19 i. "Dangerous to others or property" means that by reason of
20 mental illness there is a substantial likelihood that the person will
21 inflict serious bodily harm upon another person or cause serious
22 property damage within the reasonably foreseeable future. This
23 determination shall take into account a person's history, recent
24 behavior and any recent act, threat or serious psychiatric
25 deterioration.
- 26 j. "Department" means the Department of Human Services.
- 27 k. "Director" means the chief administrative officer of a
28 screening service, short-term care facility or special psychiatric
29 hospital.
- 30 l. "Division" means the Division of Mental Health and
31 Addiction Services in the Department of Human Services.
- 32 m. "In need of involuntary commitment" or "in need of
33 involuntary commitment to treatment" means that an adult with
34 mental illness, whose mental illness causes the person to be
35 dangerous to self or dangerous to others or property and who is
36 unwilling to accept appropriate treatment voluntarily after it has
37 been offered, needs outpatient treatment or inpatient care at a short-
38 term care or psychiatric facility or special psychiatric hospital
39 because other services are not appropriate or available to meet the
40 person's mental health care needs.
- 41 n. "Institution" means any State or county facility providing
42 inpatient care, supervision and treatment for persons with
43 developmental disabilities; except that with respect to the
44 maintenance provisions of Title 30 of the Revised Statutes,
45 institution also means any psychiatric facility for the treatment of
46 persons with mental illness.

- 1 o. "Mental health agency or facility" means a legal entity
- 2 which receives funds from the State, county or federal government
- 3 to provide mental health services.
- 4 p. "Mental health screener" means a psychiatrist, psychologist,
- 5 social worker, registered professional nurse or other individual
- 6 trained to do outreach only for the purposes of psychological
- 7 assessment who is employed by a screening service and possesses
- 8 the license, academic training or experience, as required by the
- 9 commissioner pursuant to regulation; except that a psychiatrist and
- 10 a State licensed clinical psychologist who meet the requirements for
- 11 mental health screener shall not have to comply with any additional
- 12 requirements adopted by the commissioner.
- 13 q. "Mental hospital" means, for the purposes of the payment
- 14 and maintenance provisions of Title 30 of the Revised Statutes, a
- 15 psychiatric facility.
- 16 r. "Mental illness" means a current, substantial disturbance of
- 17 thought, mood, perception or orientation which significantly
- 18 impairs judgment, capacity to control behavior or capacity to
- 19 recognize reality, but does not include simple alcohol intoxication,
- 20 transitory reaction to drug ingestion, organic brain syndrome or
- 21 developmental disability unless it results in the severity of
- 22 impairment described herein. The term mental illness is not limited
- 23 to "psychosis" or "active psychosis," but shall include all conditions
- 24 that result in the severity of impairment described herein.
- 25 s. "Patient" means a person **【over the age of】** 18 years of age
- 26 or older who has been admitted to, but not discharged from a short-
- 27 term care or psychiatric facility, or who has been assigned to, but
- 28 not discharged from an outpatient treatment provider.
- 29 t. "Physician" means a person who is licensed to practice
- 30 medicine in any one of the United States or its territories, or the
- 31 District of Columbia.
- 32 u. "Psychiatric facility" means a State psychiatric hospital
- 33 listed in R.S.30:1-7, a county psychiatric hospital, or a psychiatric
- 34 unit of a county hospital.
- 35 v. "Psychiatrist" means a physician who has completed the
- 36 training requirements of the American Board of Psychiatry and
- 37 Neurology.
- 38 w. "Psychiatric unit of a general hospital" means an inpatient
- 39 unit of a general hospital that restricts its services to the care and
- 40 treatment of persons with mental illness who are admitted on a
- 41 voluntary basis.
- 42 x. "Psychologist" means a person who is licensed as a
- 43 psychologist by the New Jersey Board of Psychological Examiners.
- 44 y. "Screening certificate" means a clinical certificate executed
- 45 by a psychiatrist or other physician affiliated with a screening
- 46 service.
- 47 z. "Screening service" means a public or private ambulatory
- 48 care service designated by the commissioner, which provides

- 1 mental health services including assessment, emergency and referral
- 2 services to persons with mental illness in a specified geographic
- 3 area.
- 4 aa. "Screening outreach visit" means an evaluation provided by
- 5 a mental health screener wherever the person may be when
- 6 clinically relevant information indicates the person may need
- 7 involuntary commitment to treatment and is unable or unwilling to
- 8 come to a screening service.
- 9 bb. "Short-term care facility" means an inpatient, community
- 10 based mental health treatment facility which provides acute care
- 11 and assessment services to a person with mental illness whose
- 12 mental illness causes the person to be dangerous to self or
- 13 dangerous to others or property. A short-term care facility is so
- 14 designated by the commissioner and is authorized by the
- 15 commissioner to serve persons from a specified geographic area. A
- 16 short-term care facility may be a part of a general hospital or other
- 17 appropriate health care facility and shall meet certificate of need
- 18 requirements and shall be licensed and inspected by the Department
- 19 of Health **【and Senior Services】** pursuant to P.L.1971, c.136
- 20 (C.26:2H-1 et seq.) and in accordance with standards developed
- 21 jointly with the Commissioner of Human Services.
- 22 cc. "Special psychiatric hospital" means a public or private
- 23 hospital licensed by the Department of Health **【and Senior**
- 24 **Services】** to provide voluntary and involuntary mental health
- 25 services, including assessment, care, supervision, treatment and
- 26 rehabilitation services to persons with mental illness.
- 27 dd. "Treatment team" means one or more persons, including at
- 28 least one psychiatrist or physician, and may include a psychologist,
- 29 social worker, nurse and other appropriate services providers. A
- 30 treatment team provides mental health services to a patient of a
- 31 screening service, outpatient treatment provider, or short-term care
- 32 or psychiatric facility.
- 33 ee. "Voluntary admission" means that an adult with mental
- 34 illness, whose mental illness causes the person to be dangerous to
- 35 self or dangerous to others or property and is willing to be admitted
- 36 to a facility voluntarily for care, needs care at a short-term care or
- 37 psychiatric facility because other facilities or services are not
- 38 appropriate or available to meet the person's mental health needs. A
- 39 person may also be voluntarily admitted to a psychiatric facility if
- 40 his mental illness presents a substantial likelihood of rapid
- 41 deterioration in functioning in the near future, there are no
- 42 appropriate community alternatives available and the psychiatric
- 43 facility can admit the person and remain within its rated capacity.
- 44 ff. "County adjuster" means the person appointed pursuant to
- 45 R.S.30:4-34.
- 46 gg. "Least restrictive environment" means the available setting
- 47 and form of treatment that appropriately addresses a person's need
- 48 for care and the need to respond to dangers to the person, others or

1 property and respects, to the greatest extent practicable, the person's
2 interests in freedom of movement and self-direction.

3 hh. "Outpatient treatment" means clinically appropriate care
4 based on proven or promising treatments directed to wellness and
5 recovery, provided by a member of the patient's treatment team to a
6 person not in need of inpatient treatment. Outpatient treatment may
7 include, but shall not be limited to, day treatment services, case
8 management, residential services, outpatient counseling and
9 psychotherapy, and medication treatment.

10 ii. "Outpatient treatment provider" means a community-based
11 provider, designated as an outpatient treatment provider pursuant to
12 section 8 of P.L.1987, c.116 (C.30:4-27.8), that provides or
13 coordinates the provision of outpatient treatment to persons in need
14 of involuntary commitment to treatment.

15 jj. "Plan of outpatient treatment" means a plan for recovery
16 from mental illness approved by a court pursuant to section 17 of
17 P.L.2009, c.112 (C.30:4-27.15a) that is to be carried out in an
18 outpatient setting and is prepared by an outpatient treatment
19 provider for a patient who has a history of responding to treatment.
20 The plan may include medication as a component of the plan;
21 however, medication shall not be involuntarily administered in an
22 outpatient setting.

23 kk. "Reasonably foreseeable future" means a time frame that
24 may be beyond the immediate or imminent, but not longer than a
25 time frame as to which reasonably certain judgments about a
26 person's likely behavior can be reached.
27 (cf: P.L.2009, c.112, s.2)

28

29 24. Section 9 of P.L.2009, c.112(30:4-27.8a) is amended to read
30 as follows:

31 9. a. An outpatient treatment provider shall develop a plan of
32 outpatient treatment, in cooperation with screening service or short
33 term care facility staff or the court, as applicable, for adult patients
34 committed and assigned to outpatient treatment by screening service
35 staff or order of a court, or both. When appropriate and available,
36 and as permitted by law, the provider shall make reasonable efforts
37 to gather information from the adult patient's family or significant
38 others for the purposes of developing the plan of outpatient
39 treatment.

40 b. During the time [a]an adult patient is assigned to the
41 outpatient treatment provider for services pursuant to a commitment
42 to outpatient treatment, the outpatient treatment provider shall
43 provide and coordinate the provision of care consistent with the
44 plan of outpatient treatment.

45 c. If [a]an adult patient fails to materially comply with the
46 plan of outpatient treatment during the time the adult patient is
47 assigned by a screening service to the outpatient treatment provider
48 for services pursuant to a commitment to outpatient treatment, or if

1 the outpatient treatment provider determines that the plan of
2 outpatient treatment is inadequate to meet the adult patient's mental
3 health needs, the provider shall notify the screening service of the
4 material noncompliance or plan inadequacy, as applicable, and the
5 adult patient shall be referred to a screening service for an
6 assessment to determine what mental health services are appropriate
7 and where those services may be provided, in accordance with
8 section 5 of P.L.1987, c.116 (C.30:4-27.5). In such a case, the adult
9 patient shall be afforded the protections and procedures provided
10 for in P.L.1987, c.116 and P.L.2009, c.112.

11 d. If **[a]** an adult patient fails to materially comply with the
12 plan of outpatient treatment during the time the adult patient is
13 assigned by a court to the outpatient treatment provider for services
14 pursuant to a commitment to outpatient treatment, or if the
15 outpatient treatment provider determines that the plan of outpatient
16 treatment is inadequate to meet the adult patient's mental health
17 needs, the provider shall notify the court and screening service of
18 the material noncompliance or plan inadequacy, as applicable, and
19 the adult patient shall be referred to a screening service for an
20 assessment to determine what mental health services are appropriate
21 and where those services may be provided, in accordance with
22 section 5 of P.L.1987, c.116 (C.30:4-27.5). In such a case, the adult
23 patient shall be afforded the protections and procedures provided
24 for in P.L.1987, c.116 and P.L.2009, c.112.

25 e. If an outpatient treatment provider determines that a plan of
26 outpatient treatment is inadequate and needs to be modified, but
27 referral to a screening service is not necessary, the provider shall
28 seek court approval for such modification and shall notify the court,
29 the adult patient's attorney and the county adjuster of the request for
30 court approval of such modification.

31 (cf: P.L.2009, c.112, s.9)

32

33 25. Section 9 of P.L.1987, c.116 (C.30:4-27.9) is amended to
34 read as follows:

35 9. Outpatient treatment providers, short-term care facilities,
36 psychiatric facilities and special psychiatric hospitals shall
37 effectuate the following purposes and procedures for adults:

38 a. An outpatient treatment provider to which a person has been
39 assigned pursuant to an order of continued involuntary commitment
40 to treatment pursuant to section 15 of P.L.1987, c.116 (C.30:4-
41 27.15) shall maintain the plan of outpatient treatment approved by
42 the court pursuant to section 17 of P.L.2009, c.112 (C.30:4-27.15a),
43 and shall notify the court, the person's attorney and the county
44 adjuster of any material non-compliance with the plan by the person
45 and of the inadequacy of the plan of outpatient treatment to meet
46 the person's mental health needs, if applicable, and seek court
47 approval for a modification to a plan of outpatient treatment, as
48 provided for in section 9 of P.L.2009, c.112 (C.30:4-27.8a).

1 The director or chief executive officer of a short-term care
2 facility, psychiatric facility or special psychiatric hospital shall have
3 custody of a person while that person is detained in the facility and
4 shall notify:

5 (1) appropriate public or private agencies to arrange for the care
6 of any dependents and to ensure the protection of the person's
7 property; and (2) appropriate ambulatory mental health providers
8 for the purposes of beginning discharge planning.

9 If a person is admitted to a psychiatric facility, the chief
10 executive officer of the facility shall promptly notify the county
11 adjuster of the person's county of residence that the person has been
12 admitted to the facility.

13 The facility is authorized to provide assessment, treatment and
14 rehabilitation services and shall provide discharge planning services
15 as required pursuant to section 18 of P.L.1987, c.116 (C.30:4-
16 27.18).

17 The facility is authorized to detain persons involuntarily
18 committed to the facility.

19 b. A person shall not be involuntarily committed to treatment at
20 an outpatient treatment provider, short-term care or psychiatric
21 facility, or special psychiatric hospital unless the person is in need
22 of involuntary commitment to treatment.

23 The person shall be assigned involuntarily to an outpatient
24 treatment provider or admitted involuntarily to a facility only by
25 referral from a screening service or temporary court order. The
26 person may be admitted voluntarily to a short-term care or
27 psychiatric facility or special psychiatric hospital only after the
28 person has been advised orally and in writing of the discharge
29 provisions established pursuant to P.L.1987, c.116 (C.30:4-27.1 et
30 seq.) and P.L.2009, c.112 (C.30:4-27.8a et al.) and of the
31 subsequent possibility that the facility may initiate involuntary
32 commitment proceedings for the person.

33 c. A short-term care or psychiatric facility, or special
34 psychiatric hospital may detain a person, admitted to the facility
35 involuntarily by referral from a screening service without a
36 temporary court order, for no more than 72 hours from the time the
37 screening certificate was executed. During this period of time the
38 facility shall initiate court proceedings for the involuntary
39 commitment of the person pursuant to section 10 of P.L.1987, c.116
40 (C.30:4-27.10).

41 d. A person shall not be assigned to an outpatient treatment
42 provider by referral from a screening service without a temporary
43 court order, for more than 72 hours from the time the screening
44 certificate was executed. During this period of time the provider
45 shall initiate court proceedings for the involuntary commitment of
46 the person pursuant to section 10 of P.L.1987, c.116 (C.30:4-27.10).
47 (cf: P.L.2009, c.112, s.10)

1 26. Section 1 of P.L.1991, c.233 (C. 30:4-27.11a) is amended to
2 read as follows:

3 1. The Legislature finds and declares that:

4 a. It is of paramount public interest to ensure the rights of all
5 child and adult patients in inpatient psychiatric facilities, including
6 those persons being assessed or receiving treatment on an
7 involuntary basis in screening services and short-term care facilities
8 as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2) or in an
9 affiliated children's psychiatric service, children's crisis intervention
10 service, or children's intermediate psychiatric unit, as defined in
11 section 2 of P.L. , c. (C.) (pending before the Legislature
12 as this bill);

13 b. The rights set forth in section 10 of P.L.1965, c.59 (C.30:4-
14 24.2) apply to any **【person】** child or adult who has been
15 involuntarily committed to a State or county psychiatric hospital, a
16 psychiatric unit of a county hospital, **【or】** a special psychiatric
17 hospital in accordance with the laws of this State , or a psychiatric
18 facility for children;

19 c. Because involuntary assessment and treatment in a screening
20 service, and involuntary commitment to a short-term care facility,
21 affiliated children's psychiatric service, children's crisis intervention
22 service, or children's intermediate psychiatric unit involve the
23 deprivation of a patient's liberty, it is necessary to specify and
24 guarantee by statute the rights to which that patient is entitled, in a
25 manner similar to that provided for a patient who is involuntarily
26 committed to a State or county psychiatric hospital, a psychiatric
27 unit of a county hospital, or a special psychiatric hospital, while
28 recognizing the administrative, structural, and staffing features of
29 screening services **【and】**, short-term care facilities, affiliated
30 children's psychiatric services, children's crisis intervention
31 services, and children's intermediate psychiatric units which are
32 different from State or county psychiatric hospitals, psychiatric
33 units of county hospitals, or special psychiatric hospitals, as well as
34 recognizing differences between the administrative, structural, and
35 staffing features of screening services **【and】**, short-term care
36 facilities, affiliated children's psychiatric services, children's crisis
37 intervention services, and children's intermediate psychiatric units
38 by providing a separate guarantee of rights for patients in each of
39 these settings; and

40 d. All patients who are receiving assessment or treatment on an
41 involuntary basis in screening services and short-term care
42 facilities, as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2),
43 and affiliated children's psychiatric services, children's crisis
44 intervention services, and children's intermediate psychiatric units,
45 as defined in section 2 of P.L. , c. (C.) (pending before the
46 Legislature as this bill), are entitled to receive professional
47 treatment of the highest standard and, unless the patient is mentally

1 incapacitated, to participate in their treatment and discharge
2 planning to the fullest extent possible.

3 (cf: P.L.2013, c.103, s.81)

4
5 27. Section 2 of P.L.1991, c.233 (C.30:4-27.11b) is amended to
6 read as follows:

7 2. As used in this act:

8 "Patient" means a person 18 years of age and older who is being
9 involuntarily assessed or treated in a screening service or who has
10 been involuntarily committed to a short-term care facility in
11 accordance with the provisions of P.L.1987, c.116 (C.30:4-27.1 et
12 seq.). "Patient" also means a child under 18 years of age who is
13 being involuntarily assessed or treated or who has been
14 involuntarily committed to an affiliated children's psychiatric
15 service, children's crisis intervention service, or children's
16 intermediate psychiatric unit, in accordance with the provisions of
17 P.L. , c. (C.) (pending before the Legislature as this bill).

18 "Screening service" means a "screening service" as defined in
19 section 2 of P.L.1987, c.116 (C.30:4-27.2), and includes psychiatric
20 emergency services which are funded by the Division of Mental
21 Health and **【Hospitals】** and Addiction Services in the Department
22 of Human Services and are affiliated with a screening service.

23 "Short-term care facility" means a "short-term care facility" as
24 defined in section 2 of P.L.1987, c.116 (C.30:4-27.2) and also
25 includes an affiliated children's psychiatric service, children's crisis
26 intervention service, or a children's intermediate psychiatric unit, as
27 defined in section 2 of P.L. , c. (C.) (pending before the
28 Legislature as this bill).

29 (cf: P.L.1991, c.233, s.2)

30
31 28. Section 3 of P.L.1991, c.233 (C.30:4-27.11c) is amended to
32 read as follows:

33 3. a. Subject to any other provisions of law and the
34 Constitutions of New Jersey and the United States, a patient shall
35 not be deprived of a civil right solely by reason of receiving
36 assessment or treatment under the provisions of P.L.1987, c.116
37 (C.30:4-27.1 et seq.) or P.L. , c. (C.) (pending before the
38 Legislature as this bill), nor shall the assessment or treatment
39 modify or vary a legal or civil right of that patient, including, but
40 not limited to, the right to register for and to vote at elections, or
41 rights relating to the granting, forfeiture, or denial of a license,
42 permit, privilege, or benefit pursuant to any law.

43 b. A patient shall be entitled to all rights set forth in **【this act】**
44 P.L.1991, c.233 (C.30:4-27.11a et seq.), and shall retain all rights
45 not specifically denied under P.L.1987, c.116 (C.30:4-27.1 et seq.)
46 **【and】**, P.L.1989, c.170 (C.26:2H-12.7 et seq.), or P.L. , c. (C.)
47 (pending before the Legislature as this bill).

1 c. A patient shall not be presumed to be mentally incapacitated
2 solely because of an examination or treatment for mental illness.

3 d. A patient shall be entitled to a writ of habeas corpus upon
4 proper petition by the patient, a relative, or a friend to a court of
5 competent jurisdiction in the county in which the patient is detained
6 and shall further be entitled to enforce, by civil action or other
7 remedies otherwise available by common law or statute, any of the
8 rights provided in P.L.1991, c.233 (C.30:4-27.11a et seq.).

9 (cf: P.L.2013, c.103, s.82)

10
11 29. Section 4 of P.L.1991, c.233 (C.30:4-27.11d) is amended to
12 read as follows:

13 4. a. A patient in a short-term care facility, affiliated children's
14 psychiatric service, children's crisis intervention service, or
15 children's intermediate psychiatric unit, as defined in section 2 of
16 P.L. , c. (C.) (pending before the Legislature as this bill),
17 shall have the following rights, which shall not be denied under any
18 circumstances. A list of these rights shall be posted in a
19 conspicuous place in each room designated for use by a patient and
20 otherwise brought to the patient's attention pursuant to subsection d.
21 of this section:

22 (1) To be free from unnecessary or excessive medication.
23 Medication shall not be administered unless at the written or verbal
24 order of a physician. A verbal order shall be valid only for a period
25 of 24 hours, after which a written order for the medication shall be
26 completed. At least weekly, the attending physician shall review
27 the drug regimen of each patient under the physician's care.
28 Medication shall be administered in accordance with generally
29 accepted medical standards as part of a treatment program.
30 Medication shall not be used as punishment, for the convenience of
31 staff, as a substitute for a treatment program, or in quantities that
32 interfere with the patient's treatment program.

33 In an emergency in which less restrictive or appropriate
34 alternatives acceptable to the patient are not available to prevent
35 imminent danger to the patient or others, medication may be
36 administered over a patient's objection at the written order of a
37 physician, which shall be valid for a period of up to 72 hours, in
38 order to lessen the danger.

39 A patient's right or the rights of the patient's parent, if the patient
40 is a child under 18 years of age, to refuse medication when
41 imminent danger to the patient or others is not present may be
42 overridden by a written policy which has been adopted by the short-
43 term care facility, affiliated children's psychiatric service, children's
44 crisis intervention service, or children's intermediate psychiatric
45 unit to protect the patient's or parent's right to exercise informed
46 consent to the administration of medication. The written policy
47 shall, at a minimum, provide for appropriate procedures that ensure
48 notice to the patient or the parent, if applicable, of the decision by

1 the attending physician or other designated physician to administer
2 medication, and the right to question the physician about the
3 physician's decision to administer medication and to provide
4 information to the physician regarding that decision. The written
5 policy shall also provide for review of the patient's or parent's, if
6 applicable, decision to object to the administration of medication by
7 a psychiatrist who is not directly involved in the patient's treatment.
8 The psychiatrist shall not override the patient's, or parent's decision
9 to object to the administration of medication unless the psychiatrist
10 determines that: the patient is incapable, without medication, of
11 participating in a treatment plan that will provide a realistic
12 opportunity of improving the patient's condition; or, although it is
13 possible to devise a treatment plan that will provide a realistic
14 opportunity of improving the patient's condition without
15 medication, a treatment plan which includes medication would
16 probably improve the patient's condition within a significantly
17 shorter time period, or there is a significant possibility that, without
18 medication, the patient will harm himself or others before
19 improvement of the patient's condition is realized.

20 An adult who has been voluntarily committed to a short-term
21 care facility shall have the right to refuse medication.

22 (2) **【Not】** If 18 years of age or older not to be subjected to
23 psychosurgery or sterilization, without the express and informed,
24 written consent of the patient after consultation with counsel or
25 interested party of the patient's choice. A copy of the patient's
26 consent shall be placed in the patient's treatment record. Under no
27 circumstances may the patient be subjected to experimental research
28 that is not directly related to the specific goals of the patient's
29 treatment program.

30 If the patient has been adjudicated incapacitated, a court of
31 competent jurisdiction shall hold a hearing to determine the
32 necessity of the procedure. The patient shall be physically present
33 at the hearing, represented by counsel, and provided the right and
34 opportunity to be confronted with and to cross-examine all
35 witnesses alleging the necessity of the procedure. In these
36 proceedings, the burden of proof shall be on the party alleging the
37 necessity of the procedure. In the event that a patient cannot afford
38 counsel, the court shall appoint an attorney not less than 10 days
39 before the hearing. An attorney so appointed shall be entitled to a
40 reasonable fee to be determined by the court and paid by the State.

41 (3) To be free from unnecessary physical restraint and seclusion.
42 Except for an emergency in which a patient has caused substantial
43 property damage or has attempted to harm himself or others, or in
44 which the patient's behavior threatens to harm himself or others,
45 and in which less restrictive means of restraint are not feasible, a
46 patient may be physically restrained or placed in seclusion only on
47 an attending physician's written order or that of another designated
48 physician which explains the rationale for that action. The written

1 order may be given only after the attending physician or other
2 designated physician has personally seen the patient, and evaluated
3 the episode or situation that is said to require restraint or seclusion.

4 In an emergency, the use of restraints or seclusion may be
5 initiated by a registered professional nurse and shall be for no more
6 than one hour. Within that hour, the nurse shall consult with the
7 attending physician or other designated physician and, if continued
8 restraint or seclusion is determined to be necessary, shall obtain an
9 order from the attending physician or other designated physician to
10 continue the use of restraints or seclusion. If an order is given, the
11 patient shall be reevaluated by the nurse or the attending physician
12 or other designated physician as to the patient's physical and
13 psychiatric condition and the need for continuing the restraints or
14 seclusion at least every two hours until the use of restraints or
15 seclusion has ended.

16 The patient's attending physician or other designated physician
17 shall enter a written order approving the continued use of restraints
18 or seclusion no later than 24 hours after the time that physical
19 restraint or seclusion began, and only after the physician has
20 personally seen the patient. A written order by the physician for the
21 continued use of restraints or seclusion shall be effective for no
22 more than 24 hours and shall be renewed if restraint and seclusion
23 are continued. A medical examination of the patient shall be
24 conducted every 12 hours by a physician.

25 While a patient is in restraints or seclusion, nursing personnel
26 shall check the patient's hygienic, toileting, food-related, and other
27 needs every 15 minutes. A notation of these checks shall be placed
28 in the patient's medical record along with the order for restraints or
29 seclusion. A patient in restraints shall be permitted to ambulate
30 every four hours, except when the patient's psychiatric condition
31 would make a release from restraints dangerous to the patient or
32 others, and shall be permitted to ambulate at least once every 12
33 hours regardless of the patient's psychiatric condition.

34 (4) To be free from any form of punishment.

35 (5) **【Not】** (a) With respect to a patient who is a child, not to be
36 subjected to electroconvulsive treatment without the express and
37 informed written consent of a parent or legal guardian, and for a
38 patient who is a child between 14 and 17 years of age, the express,
39 informed, and written consent of the child; except that for a child
40 under 14 years of age, as developmentally appropriate, assent of the
41 child shall also be required. A child may be considered an adult for
42 purposes of providing consent in those cases in which a judge has
43 the made the determination that the child is emancipated.

44 Consent of a child or the child's parent or legal guardian shall be
45 made in writing, a copy of which shall be placed in the patient's
46 treatment record.

47 Prior to referral for electroconvulsive treatment for a patient who
48 is a child under 14 years of age, two child psychiatrists not

1 otherwise involved in the treatment of the child shall concur in the
2 recommendation for treatment. In the case of a child 14 years to 17
3 years of age, one child psychiatrist not otherwise involved in the
4 treatment of the child shall concur in the recommendation for
5 treatment. The consulting child psychiatrists shall deliver their
6 opinion only after interviewing the child and the child's parent or
7 guardian, reviewing the clinical record, and discussing the case with
8 the patient's attending psychiatrist. The child's parent or guardian
9 and the child have the right to consult with counsel or other
10 interested party of their choice.

11 No child under the age of 18 years of age shall be subjected to
12 psychosurgery or sterilization.

13 Under no circumstances may a patient who is a child under 18
14 years of age in treatment be subjected to experimental research that
15 is not directly related to the specific goals of the pateint's treatment
16 program.

17 All research involving a patient who is a child under 18 years of
18 age shall be conducted in accordance with basic ethical principles
19 underlying clinical research and the regulations of the federal
20 Department of Health and Human Services and the Food and Drug
21 Administration.

22 (b) With respect to a patient who is 18 years of age or older not
23 to receive electroconvulsive treatment or participate in experimental
24 research without the express and informed, written consent of the
25 patient. The patient shall have the right to consult with counsel or
26 interested party of the patient's choice. A copy of the patient's
27 consent shall be placed in the patient's treatment record.

28 (c) If the patient has been adjudicated incapacitated, or the
29 patient's parent refuses to give express and informed consent, or if
30 the child is under 14 years of age, a court of competent jurisdiction
31 shall hold a hearing within seven working days of court notification
32 by the facility to determine the necessity of the procedure. The
33 patient shall be physically present at the hearing, represented by
34 counsel, and provided the right and opportunity to be confronted
35 with and to cross-examine all witnesses alleging the necessity of the
36 procedure. In these proceedings, the burden of proof shall be on the
37 party alleging the necessity of the procedure. In the event that a
38 patient cannot afford counsel, the court shall appoint an attorney not
39 less than [10] seven days before the hearing. An attorney so
40 appointed shall be entitled to a reasonable fee to be determined by
41 the court and paid by the [State] county from which the patient was
42 admitted.

43 (6) Not to be housed on an adult psychiatric ward if the patient
44 is a child under 18 years of age, unless the child is 16 years of age
45 or older and being housed on an adult psychiatric ward is in the
46 clinical best interest of the child.

- 1 (7) With respect to a child under 18 years of age, in a crisis
2 situation, a parent shall be notified within one hour of treatment
3 changes related to medication, restraint, or seclusion.
- 4 b. A patient receiving treatment in a short-term care facility
5 shall have the following rights, which may only be denied pursuant
6 to subsection c. of this section. A list of these rights shall be posted
7 in a conspicuous place in each room designated for use by a patient
8 and otherwise brought to the patient's attention pursuant to
9 subsection d. of this section:
 - 10 (1) To privacy and dignity.
 - 11 (2) To the least restrictive conditions necessary to achieve the
12 purposes of treatment.
 - 13 (3) To wear the patient's own clothes; to have access to and use
14 nondangerous personal possessions including toilet articles; and to
15 have access to and be allowed to spend a reasonable sum of money
16 for expenses and small purchases.
 - 17 (4) To have access to individual storage space for private use.
 - 18 (5) To see visitors each day.
 - 19 (6) To have reasonable access to and use of telephones, both to
20 make and receive confidential calls.
 - 21 (7) To have ready access to letter writing materials, including
22 stamps, and to mail and receive unopened correspondence.
 - 23 (8) To regular physical exercise or organized physical activities
24 several times a week.
 - 25 (9) To be outdoors at regular and frequent intervals, in the
26 absence of medical considerations, commencing two weeks after
27 admission, except where the physical location of the short-term care
28 facility, affiliated children's psychiatric service, children's crisis
29 intervention service, or children's intermediate psychiatric unit
30 precludes outdoor exercise or would render the supervision of
31 outdoor exercise too onerous for the facility.
 - 32 (10) To suitable opportunities for interaction with members of
33 the opposite sex, with adequate supervision.
 - 34 (11) To practice the patient's religion of choice or abstain from
35 religious practices. Provisions for worship shall be made available
36 to each patient on a nondiscriminatory basis.
 - 37 (12) To receive prompt and adequate medical treatment for any
38 physical ailment.
 - 39 (13) To be provided with a reasonable explanation, in terms and
40 language appropriate to the patient's condition and ability to
41 understand, of:
 - 42 (a) the patient's general mental and physical condition;
 - 43 (b) the objectives of the patient's treatment;
 - 44 (c) the nature and significant possible adverse effects of
45 recommended treatments;
 - 46 (d) the reasons why a particular treatment is considered
47 appropriate; and

1 (e) the reasons for the denial of any of the patient's rights
2 pursuant to subsection c. of this section.

3 c. (1) A patient's rights designated under subsection b. of this
4 section may be denied only for good cause when the attending
5 physician feels it is imperative to deny any of these rights; except
6 that, under no circumstances shall a patient's right to communicate
7 with the patient's attorney, physician, parent, if the patient is a child
8 under 18 years of age, or the courts be restricted. The denial of a
9 patient's rights shall take effect only after a copy of the written
10 notice of the denial has been filed in the patient's treatment record
11 and shall include an explanation of the reason for the denial.

12 (2) A denial of rights shall be effective for a period not to
13 exceed 10 days and shall be renewed for additional 10-day periods
14 only by a written statement entered by the attending physician or
15 other designated physician in the patient's treatment record
16 indicating the detailed reason for the renewal of the denial.

17 (3) In each instance of a denial or a renewal, the patient, the
18 patient's attorney, the patient's parent if the patient is under 18 years
19 of age, and the patient's guardian, if the patient has been adjudicated
20 incapacitated, shall be given written notice of the denial or renewal
21 and the reason.

22 d. A notice of the rights set forth in this section shall be given
23 to a patient and a patient's parent, if the patient is a child under 18
24 years of age in a short-term care facility, affiliated children's
25 psychiatric service, children's crisis intervention service, or
26 children's intermediate psychiatry unit upon admission. The notice
27 shall be written in simple understandable language. It shall be in a
28 language the patient or, if the patient is a child under 18 years of
29 age, a language the child's parent understands and if the patient
30 cannot read the notice, it shall be read to the patient or parent, as
31 applicable. If a patient is adjudicated incapacitated, the notice shall
32 be given to the patient's guardian. Receipt of this notice shall be
33 acknowledged in writing with a copy placed in the patient's file. If
34 the patient, parent, or guardian refuses to acknowledge receipt of
35 the notice, the person delivering the notice shall state this in
36 writing, with a copy placed in the patient's file.

37 (cf: P.L.2013, c.103, s.83)

38
39 30. Section 5 of P.L.1991, c.233 (C.30:4-27.11e) is amended to
40 read as follows:

41 5. a. A patient in a screening service shall have the following
42 rights, which shall apply during the first 24 hours of involuntary
43 assessment and care provided at a screening service and which shall
44 not be denied under any circumstances. A list of these rights shall
45 be posted in a conspicuous place in the screening service and
46 otherwise brought to the patient's attention pursuant to subsection d.
47 of this section:

1 (1) To be free from unnecessary or excessive medication.
2 Medication shall not be administered unless at the order of a
3 physician. Medication shall be administered in accordance with
4 generally accepted medical standards as part of a treatment
5 program. A verbal order shall be valid for only 24 hours, after
6 which a written order for medication shall be completed. Notation
7 of each patient's medication shall be kept in the patient treatment
8 record. Medication shall not be used as punishment, for the
9 convenience of staff, as a substitute for a treatment program, or in
10 quantities that interfere with the patient's treatment program.

11 In an emergency in which less restrictive or appropriate
12 alternatives acceptable to the patient are not available to prevent
13 imminent danger to the patient or others, medication may be
14 administered over a patient's objection at the written order of a
15 physician, which shall be valid for a period of up to 24 hours, in
16 order to lessen the danger.

17 (2) **【Not to be subjected】** With respect to a patient who is a
18 child, not to be subjected to electroconvulsive treatment without the
19 express and informed written consent of a parent or legal guardian,
20 and for a patient who is a child between 14 and 17 years of age, the
21 express, informed and written consent of the child; except that for a
22 child under 14 years of age, as developmentally appropriate, assent
23 of the child shall also be required. A child may be considered an
24 adult for purposes of consent in those instances in which a judge
25 has made the determination that the child has been emancipated.

26 Prior to referral for electroconvulsive treatment for a patient who
27 is a child under 14 years of age, two child psychiatrists not
28 otherwise involved in the treatment of the child shall concur in the
29 recommendation for treatment. In the case of a child 14 years to 17
30 years of age, one child psychiatrist not otherwise involved in the
31 treatment of the child shall concur in the recommendation for
32 treatment. The consulting child psychiatrists shall deliver their
33 opinion only after interviewing the child and the child's parent or
34 guardian, reviewing the clinical record, and discussing the case with
35 the child's attending psychiatrist. The child's parent or guardian and
36 the child have the right to consult with counsel or other interested
37 party of their choice. A copy of the parent or legal guardian's
38 consent shall be placed in the child's treatment record.

39 If the child's parent refuses to give express and informed
40 consent, or if the child is under 14 years of age, a court of
41 competent jurisdiction shall hold a hearing within seven working
42 days of court notification by the screening service to determine the
43 necessity of the procedure at which the client or child is physically
44 present, represented by counsel, and provided the right and
45 opportunity to be confronted with, and to cross-examine, all
46 witnesses alleging the necessity of the procedure. In the event that
47 a patient or child cannot afford counsel, the court shall appoint an
48 attorney not less than seven days before the hearing. An attorney so

1 appointed shall be entitled to a reasonable fee to be determined by
2 the court and paid by the county from which the child was admitted.

3 No child under the age of 18 years of age shall be subjected to
4 psychosurgery or sterilization.

5 Under no circumstances may a patient in treatment be subjected
6 to experimental research that is not directly related to the specific
7 goals of the patient's treatment program.

8 All research involving a child under 18 years of age shall be
9 conducted in accord with basic ethical principles underlying clinical
10 research and the regulations of the federal Department of Health
11 and Human Services and the Food and Drug Administration.

12 (b) With respect to a patient who is 18 years of age or older, not
13 to be subjected to experimental research, psychosurgery, or
14 sterilization, without the express and informed, written consent of
15 the patient. The patient shall have the right to consult with counsel
16 or interested party of the patient's choice. A copy of the patient's
17 consent shall be placed in the patient's treatment record.

18 (3) To be free from unnecessary physical restraint and seclusion.
19 Except for an emergency, in which a patient has caused substantial
20 property damage or has attempted to harm himself or others, or in
21 which the patient's behavior threatens to harm himself or others,
22 and in which less restrictive means of restraint are not feasible, a
23 patient may be physically restrained or placed in seclusion only on
24 an attending physician's written order or that of another designated
25 physician which explains the rationale for that action. The written
26 order may be given only after the attending physician or other
27 designated physician has personally seen the patient, and evaluated
28 the episode or situation that is said to require restraint or seclusion.

29 In an emergency, the use of restraints or seclusion may be
30 initiated by a registered professional nurse and shall be for no more
31 than one hour. Within that hour, the nurse shall consult with the
32 attending physician or other designated physician and, if continued
33 restraint or seclusion is determined to be necessary, shall obtain an
34 order from the physician to continue the use of restraints or
35 seclusion. If an order is given, the patient shall be reevaluated by
36 the nurse or the attending physician or other designated physician as
37 to the patient's physical and psychiatric condition and the need for
38 continuing the restraints or seclusion at least every two hours until
39 the use of restraints or seclusion has ended.

40 The patient's attending physician or other designated physician
41 shall enter a written order approving the continued use of restraints
42 or seclusion no later than 12 hours after the time that physical
43 restraint or seclusion began, after the physician has personally seen
44 the patient. A written order by the physician for the continued use
45 of restraints or seclusion shall be effective for no more than 24
46 hours and shall be renewed if restraint and seclusion are continued.
47 A medical examination of the patient shall be conducted every 12
48 hours by a physician.

1 While a patient is in restraints or seclusion, nursing personnel
2 shall check the patient's hygienic, toileting, food-related, and other
3 needs every 15 minutes. A notation of these checks shall be placed
4 in the patient's medical record along with the order for restraints or
5 seclusion. A patient in restraints shall be permitted to ambulate
6 every four hours, except when the patient's psychiatric condition
7 would make a release from restraints dangerous to the patient or
8 others, and shall be permitted to ambulate at least once every 12
9 hours regardless of the patient's psychiatric condition.

10 (4) To be free from any form of punishment.

11 (5) With respect to a child under 18 years of age, in a crisis
12 situation, a parent shall be notified within one hour of treatment
13 changes related to medication, restraint, or seclusion.

14 b. A patient receiving treatment in a screening service shall
15 have the following rights, which may only be denied pursuant to
16 subsection c. of this section. A list of these rights shall be posted in
17 a conspicuous place in the screening service and otherwise brought
18 to the patient's attention pursuant to subsection d. of this section:

19 (1) To privacy and dignity.

20 (2) To the least restrictive conditions necessary to achieve the
21 purposes of treatment.

22 (3) To wear the patient's own clothes, except as necessary for
23 medical examination.

24 (4) To see visitors.

25 (5) To have reasonable access to and use of telephones, both to
26 make and receive confidential calls.

27 (6) To practice the patient's religion of choice or abstain from
28 religious practices.

29 (7) To receive prompt and adequate medical treatment for any
30 physical ailment.

31 (8) To be provided with a reasonable explanation, in terms and
32 language appropriate to the patient's condition and ability to
33 understand, of:

34 (a) the patient's general mental condition, and physical
35 condition if the screening service has conducted a physical
36 examination of the patient;

37 (b) the objectives of the patient's treatment;

38 (c) the nature and significant possible adverse effects of
39 recommended treatments;

40 (d) the reasons why a particular treatment is considered
41 appropriate; and

42 (e) the reasons for the denial of any of the patient's rights
43 pursuant to subsection c. of this section.

44 (9) To have a discharge plan prepared and to participate in the
45 preparation of that plan.

46 c. (1) A patient's rights designated under subsection b. of this
47 section may be denied only for good cause when the attending
48 physician feels it is imperative to deny any of these rights; except

1 that, under no circumstances shall a patient's right to communicate
2 with the patient's attorney, physician, parent, if the patient is a child
3 under 18 years of age, or the courts be restricted. The denial of a
4 patient's rights shall take effect only after a copy of the written
5 notice of the denial has been filed in the patient's treatment record
6 and shall include an explanation of the reason for the denial.

7 (2) A denial of rights shall be effective only for the period of
8 time that the patient is in the screening service.

9 d. A notice of the rights set forth in this section shall be given
10 to a patient as soon as possible upon admission to the screening
11 service; except that if the patient is a child under 18 years of age,
12 the notice shall be given to a parent upon the child's admission to
13 the screening service following an evaluation. The notice shall be
14 written in simple understandable language. It shall be in a language
15 the patient and parent, as applicable, understands and if the patient
16 cannot read the notice, it shall be read to the patient or parent, as
17 applicable. If the patient is adjudicated incapacitated, the notice
18 shall be given to the patient's guardian. Receipt of this notice shall
19 be acknowledged in writing with a copy placed in the patient's file.
20 If the patient, parent, or guardian refuses to acknowledge receipt of
21 the notice, the person delivering the notice shall state this in writing
22 with a copy placed in the patient's file.

23 (cf: P.L.2013, c.103, s.84)

24
25 31. R.S.30:9-3 is amended to read as follows:

26 30:9-3. The governing body of the county may adopt bylaws,
27 rules, and regulations for the management and government of a
28 county psychiatric facility; the admission, support and discharge of
29 patients, which may include adults and children; the appointment of
30 a superintendent and other employees and officers. But, the rules
31 and regulations governing the admission and discharge of adult
32 patients shall be in compliance with the provisions of P.L.1987, c.
33 116 and the rules and regulations governing the admission and
34 discharge of children under 18 years of age shall be in compliance
35 with the provisions of P.L. , c. (C.) (pending before the
36 Legislature as this bill), and shall be subject to the written approval
37 of both the commissioner and the governing body of the county.

38 The governing body shall also fix the compensation of officers
39 and employees and may at any time by vote of two-thirds of its
40 members remove an officer or employee. The expense of erecting,
41 establishing, furnishing, maintaining and operating the psychiatric
42 facility shall be paid by the county treasurer from funds raised by
43 taxation as other county expenses are paid.

44 The governing body may also select an appropriate name by
45 which the psychiatric facility shall thereafter be known.

46 (cf: P.L.1987, c.116, s.27)

47
48 32. (New section) a. The Commissioner of Human Services
49 shall, in accordance with the "Administrative Procedure Act,"

1 P.L.1968, c.410 (C.52:14B-1 et seq.) adopt any rules and
2 regulations as the commissioner deems necessary to carry out the
3 provisions of this act.

4 b. The Supreme Court of New Jersey may adopt Rules of Court
5 appropriate or necessary to effectuate the purposes of this act.
6

7 33. This act shall take effect on the first day of the seventh
8 month next following the date of enactment, except that the
9 Commissioner of Human Services or the Administrative Director of
10 the Courts may take any anticipatory administrative action in
11 advance as necessary for the implementation of this act.
12

13 14 STATEMENT 15

16 This bill adds to the State statutes the civil commitment of a
17 child, defined in the bill as a person who is under 18 years of age.
18 Current law, P.L.1987, c.116 (C.30:4-27.1 et seq.), governs civil
19 commitment of adults and uses the term "patient" which, under the
20 bill, refers to a person 18 years of age or older. Civil commitment
21 for children is currently governed by the Rules of Court adopted by
22 the New Jersey Supreme Court.

23 The bill provides for commitment through parental admission
24 and voluntary admission. A child 14 years of age or older could
25 request voluntary admission or a parent may request parental
26 admission to an "inpatient psychiatric unit or facility serving
27 children." This term is defined in the bill as an affiliated children's
28 psychiatric service, a children's crisis intervention service, a
29 children's intermediate psychiatric unit, a psychiatric facility for
30 children, and a special psychiatric hospital, all of which are also
31 defined in the bill.

32 The particular admitting inpatient psychiatric unit or facility
33 serving children would provide a child with a psychiatric evaluation
34 within 24 hours of admission, and is authorized to provide
35 assessment, crisis intervention and treatment services, as well as
36 discharge planning, which is to begin at admission and be ready for
37 implementation at the time of discharge. A child may be detained
38 for no more than 72 hours without a court hearing. The bill
39 specifies that prior to discharging a child, the parent or other person
40 in loco parentis of the child is to be notified. If, however, the
41 person is not known or is unresponsive within 48 hours of
42 notification, the Division of Child Protection and Permanency in the
43 Department of Children and Families is to be notified and is
44 required to take immediate action to facilitate the discharge or out-
45 of-home placement of the child, or take other action to assure the
46 best interests and safety of the child.

47 In the case of a child committed by court order to an inpatient
48 psychiatric unit or facility serving children, after the unit's or
49 facility's treatment team conducts a mental and physical

1 examination of the child, administers appropriate treatment to and
2 prepares a discharge plan for the child, the unit or facility may
3 transfer the child to a psychiatric facility for children prior to the
4 final hearing for an involuntary commitment order if: (1) the child,
5 the child's parent, and the child's attorney are notified of the
6 pending transfer within no less than 24-hours of the actual transfer;
7 and (2) the transfer is accomplished in a manner which will give the
8 receiving facility adequate time to examine the child, become
9 familiar with the child's behavior and condition, and prepare for the
10 hearing.

11 Following a hearing, the court may enter a final order of
12 commitment if it finds, by clear and convincing evidence, that,

13 (1) for a child 14 years of age or older: (a) the child suffers from
14 childhood mental illness, (b) that the childhood mental illness
15 causes the child to be dangerous to self or dangerous to others or
16 property as defined in section 2 of P.L. , c. (C.) (pending
17 before the Legislature as this bill) and (c) that the child is in need of
18 intensive psychiatric treatment that can be provided at an inpatient
19 psychiatric unit or facility and which cannot be provided in the
20 home, the community or on an outpatient basis; or

21 (2) for a child under 14 years of age: (a) the child suffers from
22 childhood mental illness, (b) that the childhood mental illness
23 causes the child to be dangerous to self or dangerous to others or
24 property as defined in section 2 of P.L. , c. (C.) (pending
25 before the Legislature as this bill) and (c) that there is a substantial
26 likelihood that the failure to provide immediate, intensive,
27 institutional, psychiatric therapy will create in the reasonably
28 foreseeable future a genuine risk of irreversible or significant harm
29 to the child arising from the interference with or arrest of the child's
30 growth and development and, ultimately, the child's capacity to
31 adapt and socialize as an adult, and (d) that the child is in need of
32 intensive psychiatric treatment that can be provided at an inpatient
33 psychiatric unit or facility serving children and which cannot be
34 provided in the home, the community, or on an outpatient basis.

35 The bill provides specific rights to the child and also provides
36 procedures for a court hearing, notification of a hearing, and the
37 documents to be provided to the child, attorney, and parent. A
38 psychiatrist on the child's treatment team, who has examined the
39 child as close to the hearing date as possible, but not more than five
40 calendar days prior to the court hearing, is to testify about the need
41 for involuntary commitment; other members of the treatment team
42 may also testify, as well as the parents. Periodic court hearings to
43 review the child's need for involuntary commitment are to be held
44 to review the status of a child who has been involuntarily
45 committed to an inpatient psychiatric unit or facility serving
46 children to determine whether there is a need to continue the
47 involuntary commitment. The first hearing would occur within
48 three months from the initial inpatient admission to the facility and
49 subsequent hearings at least once every three months from the

1 most recent hearing unless the child has been administratively
2 discharged from the facility.

3 A child 14 years of age or older who is discharged from
4 involuntary commitment status may request continued inpatient
5 treatment through an application for voluntary admission.
6 Similarly, a parent may request the continued inpatient treatment
7 through an application for parental admission.

8 The bill also amends existing law to include children in
9 provisions of law concerning the planning for treatment and rights
10 of patients under sections 9 and 10 of P.L.1965, c.59 (C.30:4-24.1
11 and C.30:4-24.2), as well as amendments to the protection of patient
12 rights and consent to treatment under P.L.1991, c.233 (C.30:4-
13 27.11a et seq.).