

# SENATE, No. 2631

## STATE OF NEW JERSEY 216th LEGISLATURE

INTRODUCED DECEMBER 11, 2014

**Sponsored by:**

**Senator JEFF VAN DREW**

**District 1 (Atlantic, Cape May and Cumberland)**

**SYNOPSIS**

Provides for involuntary commitment to treatment for substance use disorders.

**CURRENT VERSION OF TEXT**

As introduced.



1 AN ACT concerning involuntary commitment to treatment for  
2 substance use disorders, supplementing chapter 4 of Title 30 of  
3 the Revised Statutes, and amending P.L.1991, c.270 and  
4 P.L.1987, c.116.

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

- 8  
9 1. (New section) The Legislature finds and declares that:  
10 a. Severe drug addiction, particularly from heroin and  
11 prescription opioid drugs, has taken a toll on the residents of the  
12 State; many have died as a result of addiction, and many other drug  
13 addicts pose a danger to themselves or to others; and  
14 b. Many State residents who need treatment for their substance  
15 use disorders, which include opioid use disorder, often do not  
16 receive treatment. Mandating that persons, who are dangerous to  
17 themselves or others because of a substance use disorder, receive  
18 treatment in a residential substance use disorders treatment facility  
19 would help reduce the number of deaths in the State stemming from  
20 substance use disorders.

- 21  
22 2. (New section) As used in sections 2 through 18 of P.L. ,  
23 c. (C. )(pending before the Legislature as this bill):  
24 "Chief executive officer" means the person who is the chief  
25 administrative officer of a residential substance use disorders  
26 treatment facility.

27 "Clinical alcohol and drug counselor" means a person who holds  
28 a license as a licensed clinical alcohol and drug counselor pursuant  
29 to section 4 or 16 of P.L.1997, c.331 (C.45:2D-4 or C.45:2D-16).

30 "Clinical certificate" means a form prepared by the division and  
31 approved by the Administrative Office of the Courts, that is  
32 completed by the psychiatrist or other physician who has examined  
33 the person who is subject to commitment, within three days of  
34 presenting the person for involuntary commitment to treatment for a  
35 substance use disorder pursuant to P.L. c, (C. ) (pending  
36 before the Legislature as this bill), and which states that the person  
37 is in need of involuntary commitment to treatment for a substance  
38 use disorder. The form shall also state the specific facts upon  
39 which the examining physician has based his conclusion and shall  
40 be certified in accordance with the Rules of the Court. A clinical  
41 certificate may not be executed by a person who is a relative by  
42 blood or marriage to the person who is being screened.

43 "Clinical director" means the person who is designated by the  
44 chief executive officer to organize and supervise clinical services  
45 for a substance use disorder provided in a screening service or

**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 residential substance use disorders treatment facility. The clinical  
2 director shall be a physician.

3 "Commissioner" means the Commissioner of Human Services.

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

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

8 "Court" means the Superior Court or a municipal court.

9 "Custody" means the right and responsibility to ensure the  
10 provision of care and supervision.

11 "Dangerous to others or property" means that by reason of a  
12 substance use disorder there is a substantial likelihood that the  
13 person will inflict serious bodily harm upon another person or cause  
14 serious property damage within the reasonably foreseeable future.  
15 This determination shall take into account a person's history, recent  
16 behavior and any recent act, threat, or serious psychiatric  
17 deterioration.

18 "Dangerous to self" means that by reason of a substance use  
19 disorder the person has threatened or attempted suicide or serious  
20 bodily harm, or has behaved in such a manner as to indicate that the  
21 person is unable to satisfy his need for nourishment, essential  
22 medical care or shelter, so that it is probable that substantial bodily  
23 injury, serious physical harm, or death will result within the  
24 reasonably foreseeable future; however, no person shall be deemed  
25 to be unable to satisfy his need for nourishment, essential medical  
26 care, or shelter if he is able to satisfy those needs with the  
27 supervision and assistance of others who are willing and available.  
28 This determination shall take into account a person's history, recent  
29 behavior and any recent act, threat, or serious psychiatric  
30 deterioration.

31 "Department" means the Department of Human Services.

32 "Division" means the Division of Mental Health and Addiction  
33 Services in the Department of Human Services.

34 "In need of involuntary commitment to treatment for a substance  
35 use disorder" means that an adult with a substance use disorder,  
36 whose substance use disorder causes the person to be dangerous to  
37 self or dangerous to others or property and who is unwilling to  
38 accept appropriate treatment voluntarily after it has been offered,  
39 needs inpatient care at a residential substance use disorders  
40 treatment facility because other services are not appropriate or  
41 available to meet the person's substance use disorder treatment  
42 needs.

43 "Mental health screener" means a psychiatrist, psychologist,  
44 social worker, registered professional nurse, or other individual  
45 trained to do outreach only for the purposes of psychological or  
46 substance use disorder assessment, who is employed by a screening  
47 service and possesses the license, academic training or experience,  
48 as required by the commissioner pursuant to regulation; except that

1 a psychiatrist and a State licensed clinical psychologist who meet  
2 the requirements for mental health screener shall not have to  
3 comply with any additional requirements adopted by the  
4 commissioner.

5 "Mental illness" means a current, substantial disturbance of  
6 thought, mood, perception or orientation which significantly  
7 impairs judgment, capacity to control behavior or capacity to  
8 recognize reality, but does not include simple alcohol intoxication,  
9 transitory reaction to drug ingestion, organic brain syndrome, or  
10 developmental disability, unless it results in the severity of  
11 impairment described herein. The term mental illness is not limited  
12 to "psychosis" or "active psychosis," but shall include all conditions  
13 that result in the severity of impairment described herein.

14 "Physician" means a person who is licensed to practice medicine  
15 in any one of the United States or its territories, or the District of  
16 Columbia.

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

19 "Reasonably foreseeable future" means a time frame that may be  
20 beyond the immediate or imminent, but not longer than a time  
21 frame as to which reasonably certain judgments about a person's  
22 likely behavior can be reached.

23 "Residential substance use disorders treatment facility" means a  
24 facility licensed by the department or Department of Health, as  
25 applicable, to provide an array of substance use disorder treatment  
26 and recovery services, including medical services on site, in a  
27 residential setting to individuals with a substance use disorder.

28 "Screening certificate" means a clinical certificate executed by a  
29 psychiatrist or other physician affiliated with a screening service.

30 "Screening outreach visit" means an evaluation provided by a  
31 mental health screener wherever the person may be when clinically  
32 relevant information indicates the person may need involuntary  
33 commitment to treatment pursuant to P.L.1987, c.116, or P.L. ,  
34 c. (C. )(pending before the Legislature as this bill) and is  
35 unable or unwilling to come to a screening service.

36 "Screening service" means a public or private ambulatory care  
37 service designated by the commissioner, which provides mental  
38 health and substance use disorder treatment services including  
39 assessment, emergency and referral services to persons with mental  
40 illness or a substance use disorder in a specified geographic area.

41 "Substance use disorder" means substance use disorder as  
42 defined in the most recent edition of the Diagnostic and Statistical  
43 Manual of Mental Disorders.

44 "Treatment team" means one or more persons, including at least  
45 one clinical alcohol and drug counselor, one psychiatrist or  
46 physician, and may include a psychologist, social worker, nurse,  
47 and other appropriate service providers. A treatment team provides

1 services to a patient of a residential substance use disorders  
2 treatment facility.

3 "Voluntary admission" means that an adult with a substance use  
4 disorder, which causes the person to be dangerous to self or  
5 dangerous to others or property, is willing to be admitted to a  
6 residential substance use disorders treatment facility voluntarily for  
7 care, and needs care at the facility because other facilities or  
8 services are not appropriate or available to meet the person's  
9 treatment needs. A person may also be voluntarily admitted to a  
10 residential substance use disorders treatment facility if the person's  
11 substance use disorder presents a substantial likelihood of rapid  
12 deterioration in functioning in the near future, there are no  
13 appropriate community alternatives available, and the residential  
14 substance use disorders treatment facility can admit the person and  
15 remain within its rated capacity.

16  
17 3. (New section) The standards and procedures set forth in  
18 P.L. , c. (C. ) (pending before the Legislature as this bill)  
19 shall apply to an adult involuntarily committed to treatment for a  
20 substance use disorder pursuant to P.L. , c. (pending before the  
21 Legislature as this bill) and an adult voluntarily admitted for  
22 treatment for a substance use disorder pursuant to P.L. ,  
23 c. (pending before the Legislature as this bill) from a screening  
24 service to a residential substance use disorders treatment facility.  
25 The standards and procedures shall not apply to adults who are  
26 voluntarily admitted if admission to the residential substance use  
27 disorders treatment facility was not from a screening service, except  
28 as provided in section 13 or 18 of P.L. , c. (C. )(pending  
29 before the Legislature as this bill).

30  
31 4. (New section) The commissioner shall adopt rules and  
32 regulations pursuant to the "Administrative Procedure Act,"  
33 P.L.1968, c.410 (C.52:14B-1 et seq.) regarding a screening service  
34 and its staff that effectuate the following purposes and procedures:

35 a. A screening service shall serve as the facility wherein a  
36 person believed to be in need of involuntary commitment to  
37 treatment for a substance use disorder pursuant to P.L. ,  
38 c. (C. )(pending before the Legislature as this bill) undergoes  
39 an assessment to determine what substance use disorder services are  
40 appropriate for the person and where those services may be most  
41 appropriately provided.

42 The screening service may provide emergency and consensual  
43 treatment to the person receiving the assessment, and may transport  
44 the person or detain the person up to 24 hours for the purposes of  
45 providing the treatment and conducting the assessment.

46 b. When a person is assessed by a mental health screener, and  
47 involuntary commitment to treatment for a substance use disorder  
48 seems necessary, the screener shall provide, on a screening

1 document prescribed by the division, information regarding the  
2 person's history and available alternative facilities and services that  
3 are deemed inappropriate for the person. When appropriate and  
4 available, and as permitted by law, the screener shall make  
5 reasonable efforts to gather information from the person's family or  
6 significant others for the purposes of preparing the screening  
7 document. If a psychiatrist, in consideration of this document and  
8 in conjunction with the psychiatrist's own complete assessment,  
9 concludes that the person is in need of commitment to treatment for  
10 a substance use disorder, the psychiatrist shall complete the  
11 screening certificate. The screening certificate shall be completed  
12 by a psychiatrist, except in those circumstances where the division's  
13 contract with the screening service provides that another physician  
14 may complete the certificate.

15 Upon completion of the screening certificate, screening service  
16 staff shall determine, in consultation with the psychiatrist or another  
17 physician, as appropriate, the appropriate treatment of the person,  
18 taking into account the person's prior history of hospitalization and  
19 treatment and the person's current condition.

20 If a person has been admitted three times or has been an inpatient  
21 for 30 days at a residential substance use disorders treatment  
22 facility during the preceding 12 months, consideration shall be  
23 given to placing the person in a residential substance use disorders  
24 treatment facility.

25 The person shall be admitted to the appropriate facility as soon  
26 as possible. Screening service staff are authorized to transport the  
27 person or arrange for transportation of the person to the appropriate  
28 facility.

29 c. If the mental health screener determines that the person is  
30 not in need of commitment to treatment for a substance use  
31 disorder, the screener shall refer the person to an appropriate  
32 facility licensed by the department to provide substance use  
33 disorder treatment on an outpatient basis.

34 d. A mental health screener shall make a screening outreach  
35 visit if the screener determines, based on clinically relevant  
36 information provided by an individual with personal knowledge of  
37 the person subject to screening, that the person may need  
38 involuntary commitment to treatment for a substance use disorder  
39 and the person is unwilling or unable to come to the screening  
40 service for an assessment.

41 e. If the mental health screener, pursuant to this assessment,  
42 determines that there is reasonable cause to believe that a person is  
43 in need of involuntary commitment to treatment for a substance use  
44 disorder, the screener shall so certify the need on a form prepared  
45 by the division.

46 f. If the mental health screener, pursuant to this assessment,  
47 determines that there is reasonable cause to believe that a person  
48 has a co-occurring mental illness, is in need of involuntary

1 commitment to treatment pursuant to P.L.1987, c.116 (30:4-27.1 et  
2 seq.), and has a substance use disorder for which the person is also  
3 in need of involuntary commitment, the screener shall include this  
4 information on the form specified in subsection e. of this section.

5  
6 5. (New section) A State or local law enforcement officer shall  
7 take custody of a person and take the person immediately and  
8 directly to a screening service if:

9 a. On the basis of personal observation, the law enforcement  
10 officer has reasonable cause to believe that the person is in need of  
11 involuntary commitment to treatment for a substance use disorder;

12 b. A mental health screener has certified on a form prescribed  
13 by the division that based on a screening outreach visit the person is  
14 in need of involuntary commitment to treatment for a substance use  
15 disorder and has requested the person be taken to the screening  
16 service for a complete assessment;

17 c. The court orders that a person subject to an order of  
18 conditional discharge issued pursuant to subsection c. of section 14  
19 of P.L. , c. (C. )(pending before the Legislature as this bill)  
20 who has failed to follow the conditions of the discharge be taken to  
21 a screening service for an assessment.

22 The involvement of the law enforcement authority shall continue  
23 at the screening service as long as necessary to protect the safety of  
24 the person in custody and the safety of the community from which  
25 the person was taken.

26  
27 6. (New section) a. A law enforcement officer or screening  
28 service staff person, or their respective employer, acting in good  
29 faith pursuant to P.L. , c. (C. ) (pending before the  
30 Legislature as this bill), who takes reasonable steps to assess, take  
31 custody of, detain, or transport an individual for the purposes of  
32 assessment or treatment of a substance use disorder is immune from  
33 civil and criminal liability.

34 b. An emergency services or medical transport person, or their  
35 respective employer, acting in good faith pursuant to P.L. ,  
36 c. (C. ) (pending before the Legislature as this bill) and pursuant  
37 to the direction of a person designated in subsection a. of this  
38 section, who takes reasonable steps to take custody of, detain, or  
39 transport an individual for the purposes of assessment or treatment  
40 of a substance use disorder is immune from civil and criminal  
41 liability.

42 For the purposes of this subsection, "emergency services or  
43 medical transport person" means a member of a first aid,  
44 ambulance, or rescue squad or a fire department, whether paid or  
45 volunteer, auxiliary police officer, or paramedic.

46  
47 7. (New section) The commissioner shall designate one or  
48 more residential substance use disorders treatment facilities in each

1 county or multi-county region in the State as designated residential  
2 substance use disorders treatment facilities. The commissioner  
3 shall so designate a facility only with the approval of the facility's  
4 governing body.

5  
6 8. (New section) a. A residential substance use disorders  
7 treatment facility shall effectuate the following purposes and  
8 procedures:

9 (1) The chief executive officer of a residential substance use  
10 disorders treatment facility shall have custody of a person while that  
11 person is detained in the facility pursuant to P.L. ,  
12 c. (C. )(pending before the Legislature as this bill), and shall  
13 notify:

14 (a) appropriate public or private agencies to arrange for the care  
15 of any dependents and to ensure the protection of the person's  
16 property; and

17 (b) appropriate facilities licensed by the department to provide  
18 substance use disorders treatment on an outpatient basis for the  
19 purposes of beginning discharge planning.

20 (2) If a person is admitted to a residential substance use  
21 disorders treatment facility, the chief executive officer of the  
22 facility shall promptly notify the county adjuster of the admitting  
23 county that the person has been admitted to the facility.

24 (3) The facility is authorized to provide assessment, treatment,  
25 and recovery services, and shall provide discharge planning services  
26 as required pursuant to section 17 of P.L. , c. (C. )(pending  
27 before the Legislature as this bill).

28 (4) The facility is authorized to detain persons involuntarily  
29 committed to the facility.

30 b. (1) A person shall not be involuntarily committed to  
31 treatment at a residential substance use disorders treatment facility  
32 unless the person is in need of involuntary commitment to treatment  
33 for a substance use disorder pursuant to P.L. ,  
34 c. (C. )(pending before the Legislature as this bill).

35 (2) The person shall be admitted involuntarily to a residential  
36 substance use disorders treatment facility only by referral from a  
37 screening service or by a temporary court order.

38 (3) The person may be admitted voluntarily to a residential  
39 substance use disorders treatment facility only after the person has  
40 been advised orally and in writing of the discharge provisions  
41 established pursuant to P.L. , c. (C. )(pending before the  
42 Legislature as this bill) and of the subsequent possibility that the  
43 facility may initiate involuntary commitment proceedings for the  
44 person.

45 c. A residential substance use disorders treatment facility may  
46 detain a person, admitted to the facility involuntarily by referral  
47 from a screening service without a temporary court order, for no  
48 more than 72 hours from the time the screening certificate was

1 executed. During this period of time the facility shall initiate court  
2 proceedings for the involuntary commitment of the person pursuant  
3 to section 9 of P.L. , c. (C. ) (pending before the Legislature  
4 as this bill).

5  
6 9. (New section) a. A residential substance use disorders  
7 treatment facility shall initiate court proceedings for involuntary  
8 commitment to treatment for a substance use disorder pursuant to  
9 P.L. , c. (C. ) (pending before the Legislature as this bill) by  
10 submitting to the court a clinical certificate completed by a  
11 psychiatrist on the patient's treatment team and the screening  
12 certificate which authorized admission of the patient to the facility;  
13 provided, however, that both certificates shall not be signed by the  
14 same psychiatrist, unless the psychiatrist has made a reasonable but  
15 unsuccessful attempt to have another psychiatrist conduct the  
16 evaluation and execute the certificate.

17 b. Court proceedings for the involuntary commitment to  
18 treatment for a substance use disorder of any person not referred by  
19 a screening service may be initiated by the submission to the court  
20 of two clinical certificates, at least one of which is prepared by a  
21 psychiatrist. The person shall not be involuntarily committed  
22 before the court issues a temporary court order.

23 c. Any person who is a relative by blood or marriage of the  
24 person being screened who executes a clinical certificate, or any  
25 person who signs a clinical certificate for any purpose or motive  
26 other than for purposes of care, treatment, and confinement of a  
27 person in need of involuntary commitment to treatment for a  
28 substance use disorder, shall be guilty of a crime of the fourth  
29 degree.

30 d. Upon receiving these documents, the court shall immediately  
31 review them in order to determine whether there is probable cause  
32 to believe that the person is in need of involuntary commitment to  
33 treatment for a substance use disorder.

34 e. If the court finds that there is probable cause to believe that  
35 the person is in need of involuntary commitment to treatment for a  
36 substance use disorder, it shall issue a temporary order authorizing  
37 the admission to or retention of the person in the custody of the  
38 residential substance use disorders treatment facility pending a final  
39 hearing.

40 f. If the court finds that there is probable cause to believe that  
41 a person is in need of involuntary commitment to treatment for a  
42 substance use disorder and has a co-occurring mental illness, the  
43 court shall include this information on a temporary order and issue  
44 the temporary order authorizing the admission to or retention of the  
45 person in a short-term care or psychiatric facility or a special  
46 psychiatric hospital pending a final hearing.

1        10. (New section) A patient admitted to a residential substance  
2 use disorders treatment facility, either on a voluntary or involuntary  
3 basis, shall have the following rights:

4        a. The right to have examinations and services provided in the  
5 patient's primary means of communication, including, as soon as  
6 possible, the aid of an interpreter if needed because the patient is of  
7 limited English-speaking ability or suffers from a speech or hearing  
8 impairment;

9        b. The right to a verbal explanation of the reasons for  
10 admission to the facility, the availability of an attorney, and the  
11 rights provided in P.L.       , c.        (C.        )(pending before the  
12 Legislature as this bill); and

13        c. The right to be represented by an attorney and, if  
14 unrepresented or unable to afford an attorney, the right to be  
15 provided with an attorney paid for by the appropriate government  
16 agency. An attorney representing a patient has the right to inspect  
17 and copy the patient's clinical chart.

18        The clinical director of the residential substance use disorders  
19 treatment facility, or the director's designee, shall ensure that a  
20 written statement of the rights provided in P.L.        c. (C.        )  
21 (pending before the Legislature as this bill) is provided to patients  
22 at the time of admission, or as soon as possible thereafter, and to  
23 patients and their families upon request.

24  
25        11. (New section) a. A patient who is involuntarily committed  
26 to treatment for a substance use disorder pursuant to P.L.        ,  
27 c. (C.        ) (pending before the Legislature as this bill) shall  
28 receive a court hearing with respect to the issue of continued need  
29 for involuntary commitment within 20 days from initial  
30 commitment unless the patient has been administratively discharged  
31 pursuant to section 16 of P.L.       , c.        (C.        ) (pending before the  
32 Legislature as this bill).

33        b. The assigned county counsel shall be responsible for  
34 presenting the case for the patient's involuntary commitment to the  
35 court, unless the county adjuster is licensed to practice law in this  
36 State, in which case the county adjuster shall present the case for  
37 the patient's involuntary commitment to the court.

38        c. A patient subject to involuntary commitment to treatment for  
39 a substance use disorder shall have counsel present at the hearing  
40 and shall not be permitted to appear at the hearing without counsel.

41  
42        12. (New section) a. At least 10 days prior to a court hearing,  
43 the county adjuster of the admitting county shall cause notice of the  
44 court hearing to be served upon the patient, the patient's guardian if  
45 any, the patient's next-of-kin, the patient's attorney, the chief  
46 executive officer, or other individual who has custody of the  
47 patient, and any other individual specified by the court. The notice  
48 shall contain the date, time, and location of the court hearing. The

1 patient and the patient's attorney shall also receive copies of the  
2 clinical certificates and supporting documents, the temporary court  
3 order, and a statement of the patient's rights at the court hearing.

4 b. A psychiatrist or physician on the patient's treatment team  
5 who has conducted a personal examination of the patient as close to  
6 the court hearing date as possible, but in no event more than five  
7 calendar days prior to the court hearing, shall testify at the hearing  
8 to the clinical basis for the need for involuntary commitment to  
9 treatment for a substance use disorder pursuant to P.L. ,  
10 c. (C. ) (pending before the Legislature as this bill). Other  
11 members of the patient's treatment team, and any other witness with  
12 relevant information offered by the patient or the persons presenting  
13 the case for civil commitment, shall also be permitted to testify at  
14 the hearing.

15 c. The patient's next-of-kin may attend and testify at the court  
16 hearing if the court so determines.

17 d. The court shall transcribe the court hearing and arrange for  
18 the payment of expenses related thereto in the same manner as for  
19 other court proceedings.

20

21 13. (New section) A person subject to involuntary commitment  
22 to treatment for a substance use disorder pursuant to P.L. ,  
23 c. (C. ) (pending before the Legislature as this bill) has the  
24 following rights at a court hearing and any subsequent review court  
25 hearing:

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

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

32 c. The right to present evidence;

33 d. The right to cross examine witnesses; and

34 e. The right to a hearing in camera.

35

36 14. (New section) a. (1) If the court finds by clear and  
37 convincing evidence that the patient needs continued involuntary  
38 commitment to treatment for a substance use disorder pursuant to  
39 P.L. , c. (C. ) (pending before the Legislature as this bill), it  
40 shall issue an order authorizing the involuntary commitment of the  
41 patient for a substance use disorder and shall schedule a subsequent  
42 court hearing in the event the patient is not administratively  
43 discharged pursuant to section 16 of P.L. , c. (C. ) (pending  
44 before the Legislature as this bill) prior thereto.

45 (2) If the court finds by clear and convincing evidence that the  
46 patient needs continued involuntary commitment to treatment for a  
47 substance use disorder pursuant to P.L. , c. (C. )(pending  
48 before the Legislature as this bill) and has a co-occurring mental

1 illness, it shall issue an order authorizing the involuntary  
2 commitment to treatment of the patient pursuant to P.L.1987, c.116  
3 (C.30:4-27.1 et seq.) and shall schedule a subsequent court hearing  
4 in the event the patient is not administratively discharged pursuant  
5 to section 16 of P.L. , c. (C. ) (pending before the  
6 Legislature as this bill) prior thereto.

7 b. If the court finds that the patient does not need continued  
8 involuntary commitment to treatment for a substance use disorder,  
9 the court shall so order. A patient shall be discharged by the  
10 residential substance use disorders treatment facility within 48  
11 hours of the court's verbal order or by the end of the next working  
12 day, whichever is longer, with a discharge plan prepared pursuant to  
13 section 17 of P.L. , c. (C. ) (pending before the Legislature  
14 as this bill).

15 c. (1) The court may discharge the patient subject to  
16 conditions, if the court finds that the person does not need  
17 involuntary or continued involuntary commitment to treatment for a  
18 substance use disorder and the court finds that:

19 (a) the patient's history indicates a high risk of repeated  
20 admissions to residential substance abuse treatment facilities  
21 because of the patient's failure to comply with discharge plans; or

22 (b) there is substantial likelihood that by reason of a substance  
23 use disorder the patient will be dangerous to self, others, or property  
24 if the patient does not receive other appropriate and available  
25 services that render involuntary commitment to treatment  
26 unnecessary.

27 (2) Conditions imposed pursuant to this section shall include  
28 those recommended by the residential substance use disorders  
29 treatment facility and a facility that is licensed by the department to  
30 provide substance use disorder treatment on an outpatient basis, as  
31 applicable, and developed with the participation of the patient.  
32 Conditions imposed on the patient shall be specific, and their  
33 duration shall not exceed 90 days.

34 (3) The designated staff person of a facility that is licensed by  
35 the department to provide substance use disorder treatment on an  
36 outpatient basis shall notify the court if the patient fails to meet the  
37 conditions of the discharge plan, and the court shall issue an order  
38 directing that the person be taken to a screening service for an  
39 assessment. The court shall determine, in conjunction with the  
40 findings of a screening service, if the patient needs to be readmitted  
41 to a residential substance use disorders treatment facility and, if so,  
42 the patient shall be returned to the facility. The court shall hold a  
43 hearing within 20 days of the day the patient was returned to the  
44 facility to determine if the order of conditional discharge should be  
45 vacated.

46  
47 15. (New section) a. A patient committed pursuant to a court  
48 order, who is not administratively discharged pursuant to section 16

1 of P.L. , c. (C. ) (pending before the Legislature as this bill),  
2 shall be afforded periodic court review hearings of the need for  
3 involuntary commitment to treatment for a substance use disorder  
4 pursuant to P.L. , c. (pending before the Legislature as this bill).  
5 The review hearing shall be conducted in the manner provided in  
6 section 14 of P.L. , c. (C. ) (pending before the Legislature as  
7 this bill). If the court determines at a review hearing that  
8 involuntary commitment to treatment for a substance use disorder  
9 shall be continued, it shall execute a new order.

10 The court shall conduct the first review hearing 30 days from the  
11 date of the first hearing, and every 30 days thereafter. The court  
12 may schedule additional review hearings but, except in  
13 extraordinary circumstances, not more often than once every 21  
14 days.

15 b. At a court review hearing, when the advanced age of the  
16 patient or another factor by reason of a substance use disorder  
17 renders it appropriate and when it would be impractical to obtain  
18 the testimony of a psychiatrist as required in section 12 of P.L. ,  
19 c. (C. ), the court may permit a physician on the patient's  
20 treatment team, who has personally conducted an examination of  
21 the patient as close to the hearing date as possible, but in no event  
22 more than five days prior to the hearing date, to testify at the  
23 hearing to the clinical basis for the need for involuntary  
24 commitment to treatment for a substance use disorder.

25  
26 16. (New section) The treatment team at a residential substance  
27 use disorders treatment facility shall administratively discharge a  
28 patient from involuntary commitment status if the treatment team  
29 determines that the patient no longer needs involuntary commitment  
30 to treatment for a substance use disorder. If a discharge plan has  
31 not been developed pursuant to section 17 of P.L. ,  
32 c. (C. )(pending before the Legislature as this bill), it shall be  
33 developed forthwith.

34  
35 17. (New section) a. A person discharged either by the court or  
36 administratively from a residential substance use disorders  
37 treatment facility shall have a discharge plan developed by the  
38 treatment team at the facility pursuant to this section. The  
39 treatment team shall give the patient an opportunity to participate in  
40 the formulation of the discharge plan.

41 b. A facility licensed by the department to provide substance  
42 use disorder treatment on an outpatient basis, and which is  
43 designated by the department to participate in formulating the  
44 discharge plan, shall participate in formulating the plan. The  
45 residential substance use disorders treatment facility shall advise  
46 the designated facility which provides services on an outpatient  
47 basis of the date of the patient's discharge, and the designated

1 facility shall provide follow-up care to the patient pursuant to  
2 regulations adopted by the commissioner.

3 c. This section shall not preclude discharging a patient to an  
4 appropriate professional.

5 d. The residential substance use disorders treatment facility  
6 shall give notice of the discharge to the county adjuster of the  
7 county in which the patient has legal settlement.

8  
9 18. (New section) A voluntary patient at a residential substance  
10 use disorders treatment facility shall be discharged by the treatment  
11 team at the patient's request. The treatment team shall document all  
12 requests for discharge, whether oral or written, in the patient's  
13 clinical record. The facility shall discharge the patient as soon as  
14 possible but in every case within 48 hours or at the end of the next  
15 working day from the time of the request, whichever is longer;  
16 except that if the treatment team determines that the patient needs  
17 involuntary commitment to treatment for a substance use disorder  
18 pursuant to P.L. , c. (C. ) (pending before the Legislature as  
19 this bill), the treatment team shall initiate court proceedings  
20 pursuant to section 9 of P.L. , c. (C. ) (pending before the  
21 Legislature as this bill). The facility shall detain the patient beyond  
22 48 hours or the end of the next working day from the time of the  
23 request for discharge only if the court has issued a temporary court  
24 order.

25  
26 19. Section 1 of P.L.1991, c.270 (C.2A:62A-16) is amended to  
27 read as follows:

28 1. a. Any person who is licensed in the State of New Jersey to  
29 practice psychology, psychiatry, medicine, nursing, clinical social  
30 work or marriage counseling, whether or not compensation is  
31 received or expected, is immune from any civil liability for a  
32 patient's violent act against another person or against himself unless  
33 the practitioner has incurred a duty to warn and protect the potential  
34 victim as set forth in subsection b. of this section and fails to  
35 discharge that duty as set forth in subsection c. of this section.

36 b. A duty to warn and protect is incurred when the following  
37 conditions exist:

38 (1) The patient has communicated to that practitioner a threat of  
39 imminent, serious physical violence against a readily identifiable  
40 individual or against himself and the circumstances are such that a  
41 reasonable professional in the practitioner's area of expertise would  
42 believe the patient intended to carry out the threat; or

43 (2) The circumstances are such that a reasonable professional in  
44 the practitioner's area of expertise would believe the patient  
45 intended to carry out an act of imminent, serious physical violence  
46 against a readily identifiable individual or against himself.

47 c. A licensed practitioner of psychology, psychiatry, medicine,  
48 nursing, clinical social work or marriage counseling shall discharge

1 the duty to warn and protect as set forth in subsection b. of this  
2 section by doing any one or more of the following:

3 (1) Arranging for the patient to be admitted voluntarily to a  
4 psychiatric unit of a general hospital, a short-term care facility, a  
5 special psychiatric hospital or a psychiatric facility, under the  
6 provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

7 (2) Initiating procedures for involuntary commitment to  
8 treatment of the patient to an outpatient treatment provider, a short-  
9 term care facility, a special psychiatric hospital, or a psychiatric  
10 facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et  
11 seq.), or to a residential substance use disorders treatment facility  
12 under the provisions of P.L. , c. (C. ) (pending before the  
13 Legislature as this bill);

14 (3) Advising a local law enforcement authority of the patient's  
15 threat and the identity of the intended victim;

16 (4) Warning the intended victim of the threat, or, in the case of  
17 an intended victim who is under the age of 18, warning the parent  
18 or guardian of the intended victim; or

19 (5) If the patient is under the age of 18 and threatens to commit  
20 suicide or bodily injury upon himself, warning the parent or  
21 guardian of the patient.

22 d. A practitioner who is licensed in the State of New Jersey to  
23 practice psychology, psychiatry, medicine, nursing, clinical social  
24 work or marriage counseling who, in complying with subsection c.  
25 of this section, discloses a privileged communication, is immune  
26 from civil liability in regard to that disclosure.

27 (cf: P.L.2009, c.112, s.21)

28

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

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

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

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

46 c. "Clinical director" means the person who is designated by  
47 the director or chief executive officer to organize and supervise the  
48 clinical services provided in a screening service~~[],~~ or a short-term

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

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

- 1       x. "Psychologist" means a person who is licensed as a  
2 psychologist by the New Jersey Board of Psychological Examiners.
- 3       y. "Screening certificate" means a clinical certificate executed  
4 by a psychiatrist or other physician affiliated with a screening  
5 service.
- 6       z. "Screening service" means a public or private ambulatory  
7 care service designated by the commissioner, which provides  
8 mental health and substance use disorder treatment services  
9 including assessment, emergency and referral services to persons  
10 with mental illness or a substance use disorder as defined in section  
11 2 of P.L. , c. (C. )(pending before the Legislature as this bill)  
12 in a specified geographic area.
- 13       aa. "Screening outreach visit" means an evaluation provided by  
14 a mental health screener wherever the person may be when  
15 clinically relevant information indicates the person may need  
16 involuntary commitment to treatment pursuant to P.L.1987, c.116,  
17 or P.L. , c. (C. )(pending before the Legislature as this bill)  
18 and is unable or unwilling to come to a screening service.
- 19       bb. "Short-term care facility" means an inpatient, community  
20 based mental health treatment facility which provides acute care  
21 and assessment services to a person with mental illness whose  
22 mental illness causes the person to be dangerous to self or  
23 dangerous to others or property. A short-term care facility is so  
24 designated by the commissioner and is authorized by the  
25 commissioner to serve persons from a specified geographic area. A  
26 short-term care facility may be a part of a general hospital or other  
27 appropriate health care facility and shall meet certificate of need  
28 requirements and shall be licensed and inspected by the Department  
29 of Health **【and Senior Services】** pursuant to P.L.1971, c.136  
30 (C.26:2H-1 et seq.) and in accordance with standards developed  
31 jointly with the Commissioner of Human Services.
- 32       cc. "Special psychiatric hospital" means a public or private  
33 hospital licensed by the Department of Health **【and Senior**  
34 **Services】** to provide voluntary and involuntary mental health  
35 services, including assessment, care, supervision, treatment and  
36 rehabilitation services to persons with mental illness.
- 37       dd. "Treatment team" means one or more persons, including at  
38 least one psychiatrist or physician, and may include a psychologist,  
39 social worker, nurse and other appropriate services providers. A  
40 treatment team provides mental health services to a patient of a  
41 screening service, outpatient treatment provider, or short-term care  
42 or psychiatric facility.
- 43       ee. "Voluntary admission" means that an adult with mental  
44 illness, whose mental illness causes the person to be dangerous to  
45 self or dangerous to others or property and is willing to be admitted  
46 to a facility voluntarily for care, needs care at a short-term care or  
47 psychiatric facility because other facilities or services are not  
48 appropriate or available to meet the person's mental health needs. A

1 person may also be voluntarily admitted to a psychiatric facility if  
2 his mental illness presents a substantial likelihood of rapid  
3 deterioration in functioning in the near future, there are no  
4 appropriate community alternatives available and the psychiatric  
5 facility can admit the person and remain within its rated capacity.

6 ff. "County adjuster" means the person appointed pursuant to  
7 R.S.30:4-34.

8 gg. "Least restrictive environment" means the available setting  
9 and form of treatment that appropriately addresses a person's need  
10 for care and the need to respond to dangers to the person, others or  
11 property and respects, to the greatest extent practicable, the person's  
12 interests in freedom of movement and self-direction.

13 hh. "Outpatient treatment" means clinically appropriate care  
14 based on proven or promising treatments directed to wellness and  
15 recovery, provided by a member of the patient's treatment team to a  
16 person not in need of inpatient treatment. Outpatient treatment may  
17 include, but shall not be limited to, day treatment services, case  
18 management, residential services, outpatient counseling and  
19 psychotherapy, and medication treatment.

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

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

33 kk. "Reasonably foreseeable future" means a time frame that  
34 may be beyond the immediate or imminent, but not longer than a  
35 time frame as to which reasonably certain judgments about a  
36 person's likely behavior can be reached.

37 (cf: P.L.2009, c.112, s.2.)  
38

39 21. Section 4 of P.L.1987, c.116 (C.30:4-27.4) is amended to  
40 read as follows:

41 4. The commissioner, in consultation with the appropriate  
42 county mental health board and consistent with the approved county  
43 mental health plan, shall designate one or more mental health  
44 agencies or facilities in each county or multi-county region in the  
45 State as a screening service. The commissioner shall so designate  
46 an agency or facility only with the approval of the agency's or  
47 facility's governing body. In designating the screening services, the  
48 commissioner shall ensure that screening services are accessible to

1 all persons in the State who need these services **and**, that  
2 screening service evaluation is available for persons who may be in  
3 need of involuntary commitment to treatment for a substance use  
4 disorder pursuant to P.L. , c. (C. ) (pending before the  
5 Legislature as this bill), and that screening service evaluation is the  
6 preferred process for entry into outpatient treatment, short-term care  
7 facilities **or**, psychiatric facilities, or residential substance use  
8 disorder treatment facilities so that appropriate consideration is  
9 given to less restrictive treatment alternatives.

10 (cf: P.L.2009, c.112, s.4)

11  
12 22. The Commissioner of Human Services, pursuant to the  
13 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et  
14 seq.), shall adopt rules and regulation necessary to effectuate the  
15 purposes of this act.

16  
17 23. This act shall take effect one year after the date of  
18 enactment, but the Commissioner of Human Services may take such  
19 anticipatory administrative action in advance thereof as shall be  
20 necessary for the implementation of the act.

## 21 22 23 STATEMENT

24  
25 This bill provides for involuntary commitment to treatment for a  
26 substance use disorder at residential substance use disorders  
27 treatment facilities, under the same standards provided in P.L.1987,  
28 c.116 (C.30:4-27.1 et seq.) for persons who are in need of  
29 involuntary commitment because of a mental illness. Applying this  
30 standard, the bill would provide for involuntary commitment to a  
31 residential substance use disorders treatment facility if a person has  
32 a substance use disorder that causes the person to be dangerous to  
33 self, others, or property in the reasonably foreseeable future, is  
34 unwilling to accept appropriate treatment voluntarily after it has  
35 been offered, and needs care at the facility because other services  
36 are not appropriate or available to meet the person's treatment  
37 needs.

38 The bill defines the term "substance use disorder" as it is defined  
39 in the most recent edition of the Diagnostic and Statistical Manual  
40 of Mental Disorders. The term includes, but is not limited to,  
41 alcohol, cannabis, hallucinogens, inhalants, opioids, sedatives, and  
42 stimulants.

43 The bill expands the current law concerning mental health  
44 screening services to provide for these services to offer assessments  
45 to determine which services for substance use disorders are  
46 appropriate for a person and where those services may be most  
47 appropriately provided. The screening services are to provide  
48 emergency and consensual treatment to the person receiving the

1 assessment, and may transport or detain the person up to 24 hours  
2 for providing the treatment and assessment. Screeners are to gather  
3 information about the person's history and available services for a  
4 person with a substance use disorder. If a psychiatrist concludes  
5 that the person is in need of involuntary commitment to treatment  
6 for a substance use disorder, the psychiatrist completes a "screening  
7 certificate," which is one of the documents needed to submit to a  
8 court to initiate court proceedings for involuntary commitment.  
9 Screeners are also permitted to make "screening outreach visits" if,  
10 based on clinically relevant information, the person may need  
11 involuntary commitment but is unwilling to come to the screening  
12 service for assessment.

13 Additionally, law enforcement officers are authorized to take  
14 custody of, and bring a person to, a screening service based on  
15 criteria enumerated in the bill. The officers, screening service staff,  
16 and their employers are provided with immunity from civil and  
17 criminal liability.

18 The bill provides the same procedural protections available under  
19 current law governing involuntary commitment for a mental illness.  
20 A person may be involuntarily admitted to a residential substance  
21 use disorders treatment facility only by referral from a screening  
22 service or by temporary court order. The facility may detain  
23 involuntarily admitted persons by referral from a screening service,  
24 without a court order, for no more than 72 hours from when the  
25 screening certificate was executed. Court proceedings for  
26 involuntary commitment are initiated by submitting to the court the  
27 screening certificate and a "clinical certificate," which is to be  
28 executed by a psychiatrist on the patient's treatment team.

29 If not referred by a screening service, involuntary commitment  
30 may be initiated by submitting two clinical certificates, at least one  
31 of which is prepared by a psychiatrist. A person who is a relative,  
32 or any other person who signs a clinical certificate for a motive  
33 other than care, treatment, and confinement of the person would be  
34 guilty of a crime of the fourth degree.

35 The bill provides certain patient rights which include: having  
36 examinations provided in the primary means of communication of  
37 the person or the aid of an interpreter; receiving verbal explanations  
38 of the reason for admission; and the right to be represented by an  
39 attorney.

40 Within 20 days of initial commitment, the person is entitled to a  
41 court hearing, which is to be transcribed. At this hearing, if the  
42 court finds by clear and convincing evidence that the patient needs  
43 continued involuntary commitment to treatment for a substance use  
44 disorder, it is to issue an order authorizing the commitment.

45 Additionally, if the court finds by clear and convincing evidence  
46 that the patient needs continued involuntary commitment to  
47 treatment for a substance use disorder and has a co-occurring  
48 mental illness, the court is to issue an order authorizing the

1 involuntary commitment of the patient pursuant to the law  
2 governing civil commitment for mental illness.

3 If the court finds the patient does not need continued involuntary  
4 commitment, the court would so order and a patient is to be  
5 discharged, with a discharge plan, within 48 hours of the court's  
6 verbal order or by the end of the next working day.

7 At least 10 days prior to a hearing, notice is to be provided to the  
8 patient, the patient's guardian if any, the patient's next-of-kin, the  
9 patient's attorney, the chief executive officer or other individual  
10 who has custody of the patient, and any other individual specified  
11 by the court.

12 A committed patient is to be provided with periodic court  
13 reviews of the need for involuntary commitment. The court is to  
14 conduct the first review hearing 30 days from the date of the first  
15 hearing, and every 30 days thereafter. Additional review hearings  
16 may be scheduled but, except in extraordinary circumstances, not  
17 more often than once every 21 days.

18 The bill also provides for administrative and conditional  
19 discharges from commitment. A treatment team at a residential  
20 substance use disorders treatment facility is to administratively  
21 discharge a patient if the team determines the patient no longer  
22 needs commitment. A discharge plan is to be developed, and the  
23 patient is to have the opportunity to participate in its development.  
24 A facility licensed to provide substance use disorder treatment on  
25 an outpatient basis is also designated to participate in developing  
26 the plan, and the designated facility is to provide follow-up care to  
27 the patient.

28 Lastly, the court may discharge a patient subject to conditions if  
29 the court finds that: the patient's history indicates a high risk of  
30 repeated admissions due to failure to comply with discharge plans;  
31 or there is a substantial likelihood that by reason of a substance use  
32 disorder the patient will be dangerous to self, others, or property if  
33 the patient does not receive other services that render involuntary  
34 commitment to treatment unnecessary.