

# ASSEMBLY, No. 3986

## STATE OF NEW JERSEY 218th LEGISLATURE

INTRODUCED MAY 17, 2018

**Sponsored by:**

**Assemblyman RONALD S. DANCER**

**District 12 (Burlington, Middlesex, Monmouth and Ocean)**

**SYNOPSIS**

Establishes procedures for involuntary civil commitment of children.

**CURRENT VERSION OF TEXT**

As introduced.



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

1 "County adjuster" means the person appointed pursuant to R.S.  
2 30:4-34.

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

5 "Court" means the Superior Court.

6 "Custody" means the legal right and responsibility to ensure the  
7 provision of care and supervision.

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

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

34 "Department" means the Department of Human Services.

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

40 "Division" means the Division of Mental Health and Addiction  
41 Services in the Department of Human Services.

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

47 "Inpatient psychiatric unit or facility serving children" means an  
48 affiliated children's psychiatric service, a children's crisis

1 intervention service, a children's intermediate psychiatric unit, a  
2 psychiatric facility for children, or a special psychiatric hospital.

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

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

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

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

16 "Physician" means a person licensed to practice medicine in the  
17 State.

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

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

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

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

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

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

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

46 "Treatment team" means more than one children's mental health  
47 professional, including at least one psychiatrist and may include a  
48 psychologist, social worker, registered professional nurse, and other

1 appropriate service providers. A treatment team provides mental  
2 health services to a child in an inpatient psychiatric unit or facility  
3 serving children.

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

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

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

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

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

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

1 complete a screening certificate. The screening certificate shall be  
2 completed by a psychiatrist except in those circumstances where the  
3 division's contract with the screening service provides that another  
4 physician may complete the certificate. Upon completion of the  
5 screening certificate, screening service staff shall determine, in  
6 consultation with the psychiatrist or another physician, as  
7 appropriate, the least restrictive environment for the appropriate  
8 treatment to which the child shall be assigned or admitted, taking  
9 into account the child's prior history of hospitalization and  
10 treatment and the person's current mental health condition. Where  
11 appropriate, the child shall be admitted to an inpatient psychiatric  
12 unit or facility for treatment as soon as possible. Screening service  
13 staff are authorized to coordinate initiation of treatment or transport  
14 the person or arrange for transportation of the person to the  
15 appropriate facility.

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

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

37

38 6. (New section) An inpatient psychiatric unit or facility  
39 serving children shall effectuate the following purposes and  
40 procedures:

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

43 b. If a child is admitted to a unit or facility, the chief executive  
44 officer of the unit or facility shall promptly notify the county  
45 adjuster of the county in which the child has legal settlement that  
46 the child has been admitted to the unit or facility.

47 c. The unit or facility is authorized to provide assessment,  
48 crisis intervention and treatment services, and shall provide

1 discharge planning, which shall be performed in accordance with  
2 subsection h. of this section. The discharge planning shall begin at  
3 admission and the plan shall be ready for implementation at the  
4 time of discharge.

5 d. The unit or facility may detain a child, admitted to the unit  
6 or facility involuntarily by referral from a screening service without  
7 a order of temporary commitment, for no more than 72 hours from  
8 the time the screening certificate was executed. During this period  
9 of time, the unit or facility may initiate court proceedings for the  
10 involuntary commitment of the child pursuant to section 7 of P.L. ,  
11 c. (C. ) (pending before the Legislature as this bill).

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

20 f. In the case of a child committed to an inpatient psychiatric  
21 unit or facility serving children, after the unit's or facility's  
22 treatment team conducts a mental and physical examination of the  
23 child, administers appropriate treatment to and prepares a discharge  
24 plan for the child, the unit or facility may transfer the child to a  
25 psychiatric facility for children prior to the final hearing for an  
26 involuntary commitment order if:

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

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

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

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

42 h. Prior to discharging a child admitted or committed pursuant  
43 to this section, the unit or facility shall notify the parent of the  
44 pending discharge. If the parent is not known, cannot be contacted  
45 or is unresponsive within 48 hours of notification, the unit or  
46 facility shall immediately notify the Division of Child Protection  
47 and Permanency in the Department of Children and Families of the  
48 pending discharge and the apparent abandonment or non-



1 cooperation of the parent. The Division shall take immediate action  
2 to facilitate the discharge, procure an out-of-home placement for the  
3 child, or take other legal action to assure the best interests and  
4 safety of the child.

5  
6 7. (New section) The standards and procedures in this section  
7 shall apply to all proceedings for the involuntary commitment of a  
8 child to an inpatient psychiatric unit or facility for treatment.

9 a. No child shall be involuntarily committed to an inpatient  
10 psychiatric unit or facility for the treatment of childhood mental  
11 illness unless the court has issued an order of involuntary  
12 commitment.

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

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

1 section 18 of P.L. , c. (C. ) (pending before the Legislature  
2 as this bill), unless the parent refuses to provide or is unavailable to  
3 provide such a statement. A copy of the certificates shall be filed  
4 with the office of the county adjuster.

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

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

1 d. Upon receipt, the court shall immediately review the  
2 initiating documents to determine whether there is probable cause to  
3 believe that the child is in need of involuntary commitment to  
4 treatment.

5 e. If, based on the application and certificates filed with the  
6 court pursuant to subsection b. of this section, the court finds that  
7 there is probable cause to believe that the child is in need of  
8 involuntary commitment to treatment, it shall issue an order of  
9 temporary commitment authorizing the assignment of the child to  
10 an inpatient psychiatric unit or facility, or admission to or retention  
11 of the child in the custody of the facility, that is both appropriate to  
12 the child's condition and the least restrictive environment for  
13 treatment, pending a final hearing on the application with the  
14 presence of the affected parties. The order of temporary  
15 commitment shall fix a date for the commitment hearing which  
16 shall occur to more than 14 days after the child's initial inpatient  
17 admission to the unit or facility. The court may grant a one-time  
18 adjournment of not more than seven days due to exceptional  
19 circumstances established on the record.

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

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

37 h. The hearing to determine whether the court should issue a  
38 final order of commitment shall be conducted pursuant to the Rules  
39 of the Court.

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

42 (1) for a child 14 years of age or older: (a) the child suffers  
43 from 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 the child is in need of  
47 intensive psychiatric treatment that can be provided at an inpatient

1 psychiatric unit or facility and which cannot be provided in the  
2 home, the community or on an outpatient basis; or

3 (2) for a child under 14 years of age: (a) the child suffers from  
4 childhood mental illness, (b) that the childhood mental illness  
5 causes the child to be dangerous to self or dangerous to others or  
6 property as defined in section 2 of P.L. , c. (C. ) (pending  
7 before the Legislature as this bill) and (c) that there is a substantial  
8 likelihood that the failure to provide immediate, intensive,  
9 institutional, psychiatric therapy will create in the reasonably  
10 foreseeable future a genuine risk of irreversible or significant harm  
11 to the child arising from the interference with or arrest of the child's  
12 growth and development and, ultimately, the child's capacity to  
13 adapt and socialize as an adult, and (d) that the child is in need of  
14 intensive psychiatric treatment that can be provided at an inpatient  
15 psychiatric unit or facility serving children and which cannot be  
16 provided in the home, the community, or on an outpatient basis.

17 j. No final order of commitment, or any order of conditional  
18 extension pending placement shall be entered to continue the  
19 detention in an inpatient psychiatric unit or facility serving children  
20 of a child who does not meet the standard for involuntary  
21 commitment to treatment.

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

41 b. The review hearing shall be conducted pursuant to the Rules  
42 of the Court.

43 c. The child, the child's attorney, and the child's parent shall  
44 receive a copy of the clinical certificates, the court order, and a  
45 statement of the child's rights at the court hearing. The clinical  
46 director of the unit or facility shall provide an appropriate  
47 explanation of the documents to the child and the parent.

- 1       d. A psychiatrist on the child's treatment team who has  
2 conducted a personal examination of the child as close to the  
3 hearing date as possible, but in no event more than five calendar  
4 days prior to the hearing, shall testify at the hearing to the clinical  
5 basis for the need for continued involuntary commitment. Other  
6 members of the child's treatment team may also testify at the  
7 hearing.
- 8       e. The child's parents may attend and testify at the court  
9 hearing.
- 10      f. If the court finds, by clear and convincing evidence, that the  
11 child needs continued involuntary commitment, it shall issue an  
12 order authorizing the involuntary commitment of the child and shall  
13 schedule a subsequent court review hearing in the event that the  
14 child is not administratively discharged pursuant to section 13 of  
15 P.L. , c. (C. ) (pending before the Legislature as this bill)  
16 prior to that date.
- 17      g. If, at the conclusion of the review hearing, the court finds  
18 that the child does not need continued involuntary commitment, the  
19 court shall so order and the inpatient psychiatric unit or facility  
20 shall discharge the child within 48 hours of the court's verbal order  
21 or by the end of the next working day, whichever is longer, with a  
22 discharge plan prepared pursuant to section 15 of P.L. , c. (C. )  
23 (pending before the Legislature as this bill).
- 24      h. If a child cannot be discharged because the child's parent is  
25 unresponsive within 48 hours of notification of the discharge or  
26 refuses to accept custody of the child upon discharge, the inpatient  
27 psychiatric facility or facility serving children shall immediately  
28 notify the Division of Child Placement and Permanency in the  
29 Department of Children and Families of the pending discharge and  
30 the apparent abandonment or non-cooperation of the parents. The  
31 Division shall take immediate action to facilitate the discharge,  
32 procure an out-of-home placement for the child, or take other legal  
33 action to assure the best interests and safety of the child.  
34
- 35      9. (New section) A child subject to involuntary commitment  
36 proceedings has the following rights at the commitment hearing and  
37 any subsequent hearing to review the continuing need for  
38 commitment:
- 39      a. The right to be represented by counsel or, if indigent, by  
40 appointed counsel;
- 41      b. The right to be present at the court hearing unless the court  
42 determines that because of the child's conduct at the court hearing  
43 the proceeding cannot reasonably continue while the child is  
44 present;
- 45      c. The right to present evidence;
- 46      d. The right to cross examine witnesses; and
- 47      e. The right to a hearing in camera.

1        10. (New section) Notwithstanding the provisions of section 7  
2 of P.L. c. (C ) (pending before the Legislature as this bill) or  
3 the standard for “in need of involuntary commitment” of a child as  
4 provided in section 2 of P.L. , c. (C. ) (pending before the  
5 Legislature as this bill), a child who is 14 years of age or older may  
6 request voluntary admission to an inpatient psychiatric unit or  
7 facility for children for evaluation and treatment. The request for  
8 voluntary admission must be independently reviewed and approved  
9 by a physician on the staff of the unit or facility. If the physician  
10 believes that admission is in the best interests of the child, the  
11 physician shall complete a certificate of appropriateness for  
12 admission. The court, upon a finding that the child’s request is  
13 informed, voluntary and in the child’s best interests, shall issue an  
14 order approving the voluntary admission. The order authorizing a  
15 voluntary admission shall be reviewed at least once every three  
16 months from the date of its last entry until the child is discharged to  
17 determine if continued admission remains appropriate and  
18 voluntary. The child or a parent may request an earlier review  
19 hearing. If during the term of voluntary admission, the inpatient  
20 psychiatric unit or facility serving children determines that the child  
21 is in need of involuntary commitment, it may initiate court  
22 proceedings for the involuntary commitment of a child pursuant to  
23 section 7 of P.L. , c. (C. ) (pending before the Legislature  
24 as this bill). The discharge of a child who has been voluntarily  
25 admitted into an inpatient psychiatric unit or facility serving  
26 children shall proceed in accordance with section 16 of P.L. , c.  
27 (C. ) (pending before the Legislature as this bill).

28  
29        11. (New section) Notwithstanding the provisions of section 7  
30 of P.L. , c. (C. ) (pending before the Legislature as this bill)  
31 or the standard for “in need of involuntary commitment” of a child  
32 as provided in section 2 of P.L. , c. (C. ) (pending before the  
33 Legislature as this bill), a parent may request parental admission of  
34 a child to an inpatient psychiatric unit or facility serving children  
35 for evaluation and treatment. A request for parental admission of a  
36 child shall not be subject to the court’s review or approval. The  
37 request for parental admission of a child must be independently  
38 reviewed and approved by a physician on the staff of the unit or  
39 facility. If the physician believes that admission is in the best  
40 interest of the child, the physician shall complete a certificate of  
41 appropriateness for admission. The term of parental admission  
42 shall not exceed seven days from the date of the initial admission.  
43 However, upon application of the parent and with the approval of a  
44 physician on the staff of the unit or facility, the court may, where  
45 exceptional circumstances are shown, extend the admission to a  
46 term not to exceed 14 days from the date of initial admission. If  
47 during the term of parental admission of the child, the inpatient  
48 psychiatric unit or facility serving children determines that the child

1 is in need of involuntary commitment, it shall initiate court  
2 proceedings for the involuntary commitment of a child pursuant to  
3 section 7 of P.L. , c. (C. ) (pending before the Legislature  
4 as this bill). The discharge of a child admitted at into an inpatient  
5 psychiatric unit or facility serving children as a parental admission  
6 shall proceed in accordance with section 17 of P.L. , c. (C. )  
7 (pending before the Legislature as this bill).

8  
9 12. (New section) A child admitted to an inpatient psychiatric  
10 unit or facility serving children on a voluntary admission, parental  
11 admission, or involuntary commitment basis has the following  
12 rights:

13 a. The right to have examinations and services provided in the  
14 child's primary means of communication including, as soon as  
15 possible, the aid of an interpreter if needed because the child is of a  
16 limited English-speaking ability or suffers from a speech or hearing  
17 impairment;

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

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

26 d. The child has the right to be represented by an attorney and,  
27 if unrepresented or unable to afford an attorney, the right to be  
28 provided with an attorney paid for by the appropriate government  
29 agency. If the parent has selected an attorney for the child, the  
30 county providing counsel or the representative of the Office of the  
31 Public Defender shall consult with the child to be sure that the child  
32 is appropriately represented. An attorney representing a child has  
33 the right to inspect and copy the child's clinical chart. The clinical  
34 director shall ensure that a written statement of the rights provided  
35 in P.L. , c. (C. ) (pending before the Legislature as this bill)  
36 is provided to a child and the child's parent at the time of admission  
37 or as soon as possible thereafter, and also to a child and the child's  
38 parent upon request.

39  
40 13. (New section) The treatment team at an inpatient psychiatric  
41 unit or facility serving children shall administratively discharge a  
42 child from involuntary commitment status if the treatment team  
43 determines that the child is no longer in need of involuntary  
44 commitment.

45 A discharge plan shall be completed within 48 hours or by the  
46 next working day, whichever is later. The discharge plan shall be  
47 implemented upon discharge. The preparation of the discharge plan  
48 shall begin upon admission, as provided for in subsection c. of

1 section 5 of P.L. , c. (C. ) (pending before the Legislature  
2 as this bill), and the completion of the plan shall not delay  
3 discharge.

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

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

21 b. A parent of a child discharged by the court or  
22 administratively discharged from involuntary commitment status  
23 may request continued inpatient treatment through an application  
24 for parental admission pursuant to section 11 of P.L. , c. (C. )  
25 (pending before the Legislature as this bill).  
26

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

31 The treatment team shall involve and encourage the participation  
32 of the parent, appropriate community caregiver, and the child in the  
33 formulation of the discharge plan. If a parent or child is in  
34 disagreement with the treatment team, the parent or child shall be  
35 advised of a right to counsel. In the case of a child involuntarily  
36 committed to a unit or facility, a community agency designated by  
37 the commissioner shall participate in the formulation of the plan.

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

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

42 d. The chief executive officer of a psychiatric facility for  
43 children shall give notice of the discharge to the county adjuster of  
44 the county in which the child has legal settlement.  
45

46 16. (New section) a. A child 14 years of age or older who has  
47 been voluntarily admitted into an inpatient psychiatric unit or  
48 facility serving children shall be discharged by the treatment team



1 at the child's written request. The treatment team shall document all  
2 requests for discharge in the child's clinical record. The treatment  
3 team shall notify the parent of all requests for discharge.

4 b. The unit or facility shall discharge the child as soon as  
5 possible but in every case within 48 hours or at the end of the next  
6 working day from the time of the written request, whichever is  
7 longer; except that if the treatment team determines that the child is  
8 in need of involuntary commitment, the treatment team shall initiate  
9 court proceedings pursuant to section 7 of P.L. , c. (C. )  
10 (pending before the Legislature as this bill). The unit or facility  
11 shall formally notify the child and parent of the unit's or facility's  
12 intent to proceed with an involuntary commitment. The unit or  
13 facility shall not detain the child beyond 48 hours or the end of the  
14 next working day from the time the request for discharge was made,  
15 unless the court has issued an order of temporary commitment.

16 c. Prior to discharging a child pursuant to this section, the  
17 inpatient psychiatric unit or facility serving children shall notify the  
18 parent, or if the parent is not known or is unresponsive within 48  
19 hours of the notification, the unit or facility shall immediately  
20 notify the Division of Child Protection and Permanency in the  
21 Department of Children and Families of the pending discharge and  
22 the apparent abandonment or non-cooperation of the parents. The  
23 Division shall take immediate action to facilitate the discharge,  
24 procure an out-of-home placement for the child, or take other legal  
25 action to assure the best interests and safety of the child.

26

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

32 b. The unit or facility shall discharge the child as soon as  
33 possible but in every case within 48 hours or at the end of the next  
34 working day from the time of the written request, whichever is  
35 longer; except that if the treatment team determines that the child is  
36 in need of involuntary commitment, the treatment team shall initiate  
37 court proceedings pursuant to section 7 of P.L. , c. (C. )  
38 (pending before the Legislature as this bill). The unit or facility  
39 shall not detain the child beyond 48 hours or the end of the next  
40 working day from the time the request for discharge was made,  
41 unless the court has issued a temporary court order.

42 c. Prior to discharging a child pursuant to this section, the  
43 inpatient psychiatric unit or facility serving children shall notify the  
44 parent, or if the parent is not known or is unresponsive within 48  
45 hours of the notification, the unit or facility shall immediately  
46 notify the Division of Child Protection and Permanency in the  
47 Department of Children and Families of the pending discharge and  
48 the apparent abandonment or non-cooperation of the parents. The

1 Division shall take immediate action to facilitate the discharge,  
2 procure an out-of-home placement for the child, or take other legal  
3 action to assure the best interests and safety of the child.

4  
5 18. (New section) If an inpatient psychiatric unit or facility  
6 serving children pursues involuntary commitment proceedings for a  
7 child who is 14 years of age or older or a child who is voluntarily or  
8 parentally admitted by seeking an order of temporary commitment  
9 pursuant to section 7 of P.L. , c. (C. ) (pending before the  
10 Legislature as this bill), the unit or facility shall include a statement  
11 of the parent regarding the involuntary commitment of the parent's  
12 child in the application to the court, unless the parent refuses to  
13 provide or is unavailable to provide such a statement. This  
14 statement shall specify the parent's agreement or disagreement with  
15 the involuntary commitment. In the case of disagreement by the  
16 parent, the parent shall include a statement or reasons for the  
17 parent's disagreement. If the unit or facility is unable to obtain a  
18 statement of the parent, it shall document its efforts in the  
19 application to the court.

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

24  
25 19. (New section) a. If a child, who is in custody awaiting trial  
26 on a criminal charge, a disorderly person's offense, or an act of  
27 delinquency, is admitted or committed pursuant to P.L. , c. (C. )  
28 (pending before the Legislature as this bill), the law enforcement  
29 authority that transferred the child shall complete a uniform  
30 detainer form, as prescribed by the division, which shall specify the  
31 charge, law enforcement authority, and other information which is  
32 clinically and administratively relevant. This form shall be  
33 submitted to the admitting unit or facility along with other relevant  
34 forms necessary for admission.

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

37 c. When the child is discharged administratively or by the court  
38 and is still under the detainer authority of the law enforcement  
39 agency, that agency shall, within 48 hours of receiving notification  
40 of the discharge, take custody of the child.

41  
42 20. (New section) A child who is involuntarily committed to an  
43 inpatient psychiatric unit or facility serving children listed in  
44 R.S.30:1-7 may, at 18 years of age, be referred to a screening  
45 service for an assessment pursuant to section 5 of P.L.1987, c.116  
46 (C.30:4-27.5) and commitment to a psychiatric facility in  
47 accordance with P.L.1987, c.116 (C.30:4-27.1 et seq.) and the  
48 regulations adopted by the commissioner.

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

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

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

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

13

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

16       10. a. Subject to any other provisions of law and the  
17 Constitutions of New Jersey and the United States, no patient or  
18 child under 18 years of age receiving treatment pursuant to this  
19 Title shall be deprived of any civil right solely because of receipt of  
20 treatment under the provisions of this Title nor shall the treatment  
21 modify or vary any legal or civil right of any patient or child,  
22 including, but not limited to, the right to register for and to vote at  
23 elections, as applicable, or rights relating to the granting, forfeiture,  
24 or denial of a license, permit, privilege, or benefit pursuant to any  
25 law.

26       b. Every patient or child under 18 years of age in treatment  
27 shall be entitled to all rights set forth in P.L.1965, c.59 and shall  
28 retain all rights not specifically denied him under this Title. A  
29 notice of the rights set forth in P.L.1965, c.59 shall be given to  
30 every patient, child, and child's parent within five days of admission  
31 to treatment. The notice shall be written in simple understandable  
32 language. It shall be in a language the patient, child, or child's  
33 parent understands and if the patient, child, or child's parent cannot  
34 read the notice, it shall be read to the patient, child, or child's  
35 parent. If a patient is adjudicated incapacitated, the notice shall be  
36 given to the patient's guardian or child's parent. Receipt of this  
37 notice shall be acknowledged in writing, with a copy placed in the  
38 patient's or child's file. If the patient, child, parent, or guardian  
39 refuses to acknowledge receipt of the notice, the person delivering  
40 the notice shall state this in writing, with a copy placed in the  
41 patient's or child's file.

42       c. No patient may be presumed to be incapacitated because of  
43 an examination or treatment for mental illness, regardless of  
44 whether the evaluation or treatment was voluntarily or involuntarily  
45 received. A patient or child who leaves a mental health program  
46 following evaluation or treatment for mental illness, regardless of  
47 whether that evaluation or treatment was voluntarily or

1 involuntarily received, shall be given a written statement of the  
2 substance of P.L.1965, c.59.

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

8 (1) To be free from unnecessary or excessive medication. No  
9 medication shall be administered unless at the written order of a  
10 physician. A verbal order shall be valid for only 24 hours after  
11 which a written order for medication shall be completed. Notation  
12 of each patient's or child's medication shall be kept in the patient's  
13 or child's treatment records. At least weekly, the attending  
14 physician shall review the drug regimen of each patient or child  
15 under the physician's care. All physician's orders or prescriptions  
16 shall be written with a termination date, which shall not exceed 30  
17 days. Medication shall not be used as punishment, for the  
18 convenience of staff, as a substitute for a treatment program, or in  
19 quantities that interfere with the patient's or child's treatment  
20 program. Voluntarily [committed] admitted patients or children  
21 shall have the right to refuse medication. In an emergency in which  
22 less restrictive or appropriate alternatives acceptable to the patient  
23 or child are not available to prevent imminent danger to the patient,  
24 child, or others, medication may be administered over a patient's or  
25 child's objections, or over the written order of a physician for a  
26 period not to exceed 24 hours in order to lessen the danger to the  
27 patient or child, or others.

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

35 Prior to referral for electroconvulsive treatment for a child under  
36 14 years of age, two child psychiatrists not otherwise involved in  
37 the treatment of the child shall concur in the recommendation for  
38 the treatment. In the case of a child 14 years to 17 years of age, one  
39 child psychiatrist not otherwise involved in the treatment of the  
40 child shall concur in the recommendation for the treatment. The  
41 consulting child psychiatrists shall deliver their opinion only after  
42 interviewing the child and the child's parent or guardian, reviewing  
43 the clinical record, and discussing the case with the child's attending  
44 psychiatrist. The child's parent or guardian and the child shall have  
45 the right to consult with counsel or other interested party of their  
46 choice. A copy of the parent or legal guardian's consent shall be  
47 placed in the child's treatment record. A child may be considered

1 an adult for purposes of consent in those instances in which a judge  
2 has made the determination that the child has been emancipated.

3 If the child's parent refuses to give express and informed  
4 consent, or if the child is under 14 years of age, a court of  
5 competent jurisdiction shall hold a hearing within seven working  
6 days of court notification by the inpatient psychiatric unit or facility  
7 serving children, as defined in section 2 of P.L. , c. (C. )  
8 (pending before the Legislature as this bill), to determine the  
9 necessity of the procedure at which the client or child is physically  
10 present, represented by counsel, and provided the right and  
11 opportunity to be confronted with, and to cross-examine, all  
12 witnesses alleging the necessity of the procedure. In the event that  
13 a patient or child cannot afford counsel, the court shall appoint an  
14 attorney not less than seven days before the hearing. An attorney so  
15 appointed shall be entitled to a reasonable fee to be determined by  
16 the court and paid by the county from which the patient or child was  
17 admitted.

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

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

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

27 (b) With respect to an adult, not to be subjected to experimental  
28 research, [shock] electroconvulsive treatment, psychosurgery, or  
29 sterilization, without the express and informed consent of the  
30 patient after consultation with counsel or interested party of the  
31 patient's choice. The consent shall be in writing, a copy of which  
32 shall be placed in the patient's treatment record. If the patient has  
33 been adjudicated incapacitated, a court of competent jurisdiction  
34 shall determine the necessity of the procedure at a hearing where  
35 the client is physically present, represented by counsel, and  
36 provided the right and opportunity to be confronted with and to  
37 cross-examine witnesses alleging the necessity of the procedures.  
38 In these proceedings, the burden of proof shall be on the party  
39 alleging the necessity of the procedures. If a patient cannot afford  
40 counsel, the court shall appoint an attorney not less than 10 days  
41 before the hearing. An attorney so appointed shall be entitled to a  
42 reasonable fee to be determined by the court and paid by the county  
43 from which the patient was admitted. Under no circumstances may  
44 a patient in treatment be subjected to experimental research not  
45 directly related to the specific goals of the patient's treatment  
46 program.

47 (3) To be free from physical restraint and isolation. Except for  
48 emergency situations, in which a patient or child has caused

1 substantial property damage or attempted to harm himself or others  
2 and in which less restrictive means of restraint are not feasible, a  
3 patient or child may be physically restrained or placed in isolation,  
4 only on a medical director's written order or that of the director's  
5 physician designee which explains the rationale for the action. The  
6 written order may be entered only after the medical director or  
7 physician designee has personally seen the patient or child, and  
8 evaluated the episode or situation causing the need for restraint or  
9 isolation. Emergency use of restraints or isolation shall be for no  
10 more than one hour, by which time the medical director or  
11 physician designee shall have been consulted and shall have entered  
12 an appropriate written order. The written order shall be effective  
13 for no more than 24 hours and shall be renewed if restraint and  
14 isolation are continued. While in restraint or isolation, the patient  
15 or child must be bathed every 12 hours and checked by an attendant  
16 every two hours, which actions shall be noted in the patient's or  
17 child's treatment record along with the order for restraint or  
18 isolation.

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

22 (4) To be free from corporal punishment.

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

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

32 (1) To privacy and dignity.

33 (2) To the least restrictive conditions necessary to achieve the  
34 purposes of treatment.

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

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

40 (5) To see visitors each day.

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

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

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

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

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

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

8 (12) To receive prompt and adequate medical treatment for any  
9 physical ailment.

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

12 g. (1) A patient's or child's rights designated under subsection e.  
13 of this section may be denied for good cause when the director of  
14 the patient's or child's treatment program feels it is imperative to do  
15 so; provided, however, under no circumstances shall a patient's or  
16 child's right to communicate with the patient's or child's attorney,  
17 physician, or the courts be restricted. Any denial of a patient's or  
18 child's rights shall take effect only after a written notice of the  
19 denial has been filed in the patient's or child's treatment record,  
20 including an explanation of the reason for the denial.

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

26 (3) In each instance of a denial or a renewal, the patient or child,  
27 the child's parent, the patient's or child's attorney, the patient's  
28 guardian, if the patient has been adjudicated incapacitated, and the  
29 department shall be given written notice of the denial or renewal  
30 and the reason.

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

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

38

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

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

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

45 b. "Clinical certificate" means a form prepared by the division  
46 and approved by the Administrative Office of the Courts, that is  
47 completed by the psychiatrist or other physician who has examined  
48 the person who is subject to commitment within three days of

- 1 presenting the person for involuntary commitment to treatment, and  
2 which states that the person is in need of involuntary commitment  
3 to treatment. The form shall also state the specific facts upon which  
4 the examining physician has based his conclusion and shall be  
5 certified in accordance with the Rules of the Court. A clinical  
6 certificate may not be executed by a person who is a relative by  
7 blood or marriage to the person who is being screened.
- 8 c. "Clinical director" means the person who is designated by  
9 the director or chief executive officer to organize and supervise the  
10 clinical services provided in a screening service, short-term care or  
11 psychiatric facility. The clinical director shall be a psychiatrist,  
12 however, those persons currently serving in the capacity will not be  
13 affected by this provision. This provision shall not alter any current  
14 civil service laws designating the qualifications of such position.
- 15 d. "Commissioner" means the Commissioner of Human  
16 Services.
- 17 e. "County counsel" means the chief legal officer or advisor of  
18 the governing body of a county.
- 19 f. "Court" means the Superior Court or a municipal court.
- 20 g. "Custody" means the right and responsibility to ensure the  
21 provision of care and supervision.
- 22 h. "Dangerous to self" means that by reason of mental illness  
23 the person has threatened or attempted suicide or serious bodily  
24 harm, or has behaved in such a manner as to indicate that the person  
25 is unable to satisfy his need for nourishment, essential medical care  
26 or shelter, so that it is probable that substantial bodily injury,  
27 serious physical harm or death will result within the reasonably  
28 foreseeable future; however, no person shall be deemed to be  
29 unable to satisfy his need for nourishment, essential medical care or  
30 shelter if he is able to satisfy such needs with the supervision and  
31 assistance of others who are willing and available. This  
32 determination shall take into account a person's history, recent  
33 behavior and any recent act, threat or serious psychiatric  
34 deterioration.
- 35 i. "Dangerous to others or property" means that by reason of  
36 mental illness there is a substantial likelihood that the person will  
37 inflict serious bodily harm upon another person or cause serious  
38 property damage within the reasonably foreseeable future. This  
39 determination shall take into account a person's history, recent  
40 behavior and any recent act, threat or serious psychiatric  
41 deterioration.
- 42 j. "Department" means the Department of Human Services.
- 43 k. "Director" means the chief administrative officer of a  
44 screening service, short-term care facility or special psychiatric  
45 hospital.
- 46 l. "Division" means the Division of Mental Health and  
47 Addiction Services in the Department of Human Services.



- 1       m. "In need of involuntary commitment" or "in need of  
2 involuntary commitment to treatment" means that an adult with  
3 mental illness, whose mental illness causes the person to be  
4 dangerous to self or dangerous to others or property and who is  
5 unwilling to accept appropriate treatment voluntarily after it has  
6 been offered, needs outpatient treatment or inpatient care at a short-  
7 term care or psychiatric facility or special psychiatric hospital  
8 because other services are not appropriate or available to meet the  
9 person's mental health care needs.
- 10       n. "Institution" means any State or county facility providing  
11 inpatient care, supervision and treatment for persons with  
12 developmental disabilities; except that with respect to the  
13 maintenance provisions of Title 30 of the Revised Statutes,  
14 institution also means any psychiatric facility for the treatment of  
15 persons with mental illness.
- 16       o. "Mental health agency or facility" means a legal entity  
17 which receives funds from the State, county or federal government  
18 to provide mental health services.
- 19       p. "Mental health screener" means a psychiatrist, psychologist,  
20 social worker, registered professional nurse or other individual  
21 trained to do outreach only for the purposes of psychological  
22 assessment who is employed by a screening service and possesses  
23 the license, academic training or experience, as required by the  
24 commissioner pursuant to regulation; except that a psychiatrist and  
25 a State licensed clinical psychologist who meet the requirements for  
26 mental health screener shall not have to comply with any additional  
27 requirements adopted by the commissioner.
- 28       q. "Mental hospital" means, for the purposes of the payment  
29 and maintenance provisions of Title 30 of the Revised Statutes, a  
30 psychiatric facility.
- 31       r. "Mental illness" means a current, substantial disturbance of  
32 thought, mood, perception or orientation which significantly  
33 impairs judgment, capacity to control behavior or capacity to  
34 recognize reality, but does not include simple alcohol intoxication,  
35 transitory reaction to drug ingestion, organic brain syndrome or  
36 developmental disability unless it results in the severity of  
37 impairment described herein. The term mental illness is not limited  
38 to "psychosis" or "active psychosis," but shall include all conditions  
39 that result in the severity of impairment described herein.
- 40       s. "Patient" means a person **[over the age of]** 18 years of age  
41 or older who has been admitted to, but not discharged from a short-  
42 term care or psychiatric facility, or who has been assigned to, but  
43 not discharged from an outpatient treatment provider.
- 44       t. "Physician" means a person who is licensed to practice  
45 medicine in any one of the United States or its territories, or the  
46 District of Columbia.

- 1       u. "Psychiatric facility" means a State psychiatric hospital  
2 listed in R.S.30:1-7, a county psychiatric hospital, or a psychiatric  
3 unit of a county hospital.
- 4       v. "Psychiatrist" means a physician who has completed the  
5 training requirements of the American Board of Psychiatry and  
6 Neurology.
- 7       w. "Psychiatric unit of a general hospital" means an inpatient  
8 unit of a general hospital that restricts its services to the care and  
9 treatment of persons with mental illness who are admitted on a  
10 voluntary basis.
- 11      x. "Psychologist" means a person who is licensed as a  
12 psychologist by the New Jersey Board of Psychological Examiners.
- 13      y. "Screening certificate" means a clinical certificate executed  
14 by a psychiatrist or other physician affiliated with a screening  
15 service.
- 16      z. "Screening service" means a public or private ambulatory  
17 care service designated by the commissioner, which provides  
18 mental health services including assessment, emergency and referral  
19 services to persons with mental illness in a specified geographic  
20 area.
- 21      aa. "Screening outreach visit" means an evaluation provided by  
22 a mental health screener wherever the person may be when  
23 clinically relevant information indicates the person may need  
24 involuntary commitment to treatment and is unable or unwilling to  
25 come to a screening service.
- 26      bb. "Short-term care facility" means an inpatient, community  
27 based mental health treatment facility which provides acute care  
28 and assessment services to a person with mental illness whose  
29 mental illness causes the person to be dangerous to self or  
30 dangerous to others or property. A short-term care facility is so  
31 designated by the commissioner and is authorized by the  
32 commissioner to serve persons from a specified geographic area. A  
33 short-term care facility may be a part of a general hospital or other  
34 appropriate health care facility and shall meet certificate of need  
35 requirements and shall be licensed and inspected by the Department  
36 of Health **【and Senior Services】** pursuant to P.L.1971, c.136  
37 (C.26:2H-1 et seq.) and in accordance with standards developed  
38 jointly with the Commissioner of Human Services.
- 39      cc. "Special psychiatric hospital" means a public or private  
40 hospital licensed by the Department of Health **【and Senior**  
41 **Services】** to provide voluntary and involuntary mental health  
42 services, including assessment, care, supervision, treatment and  
43 rehabilitation services to persons with mental illness.
- 44      dd. "Treatment team" means one or more persons, including at  
45 least one psychiatrist or physician, and may include a psychologist,  
46 social worker, nurse and other appropriate services providers. A  
47 treatment team provides mental health services to a patient of a

1 screening service, outpatient treatment provider, or short-term care  
2 or psychiatric facility.

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

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

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

21 hh. "Outpatient treatment" means clinically appropriate care  
22 based on proven or promising treatments directed to wellness and  
23 recovery, provided by a member of the patient's treatment team to a  
24 person not in need of inpatient treatment. Outpatient treatment may  
25 include, but shall not be limited to, day treatment services, case  
26 management, residential services, outpatient counseling and  
27 psychotherapy, and medication treatment.

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

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

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

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

46

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

- 1       9. a. An outpatient treatment provider shall develop a plan of  
2 outpatient treatment, in cooperation with screening service or short  
3 term care facility staff or the court, as applicable, for adult patients  
4 committed and assigned to outpatient treatment by screening service  
5 staff or order of a court, or both. When appropriate and available,  
6 and as permitted by law, the provider shall make reasonable efforts  
7 to gather information from the adult patient's family or significant  
8 others for the purposes of developing the plan of outpatient  
9 treatment.
- 10       b. During the time **[a]** an adult patient is assigned to the  
11 outpatient treatment provider for services pursuant to a commitment  
12 to outpatient treatment, the outpatient treatment provider shall  
13 provide and coordinate the provision of care consistent with the  
14 plan of outpatient treatment.
- 15       c. If **[a]** an adult patient fails to materially comply with the  
16 plan of outpatient treatment during the time the adult patient is  
17 assigned by a screening service to the outpatient treatment provider  
18 for services pursuant to a commitment to outpatient treatment, or if  
19 the outpatient treatment provider determines that the plan of  
20 outpatient treatment is inadequate to meet the adult patient's mental  
21 health needs, the provider shall notify the screening service of the  
22 material noncompliance or plan inadequacy, as applicable, and the  
23 adult patient shall be referred to a screening service for an  
24 assessment to determine what mental health services are appropriate  
25 and where those services may be provided, in accordance with  
26 section 5 of P.L.1987, c.116 (C.30:4-27.5). In such a case, the adult  
27 patient shall be afforded the protections and procedures provided  
28 for in P.L.1987, c.116 and P.L.2009, c.112.
- 29       d. If **[a]** an adult patient fails to materially comply with the  
30 plan of outpatient treatment during the time the adult patient is  
31 assigned by a court to the outpatient treatment provider for services  
32 pursuant to a commitment to outpatient treatment, or if the  
33 outpatient treatment provider determines that the plan of outpatient  
34 treatment is inadequate to meet the adult patient's mental health  
35 needs, the provider shall notify the court and screening service of  
36 the material noncompliance or plan inadequacy, as applicable, and  
37 the adult patient shall be referred to a screening service for an  
38 assessment to determine what mental health services are appropriate  
39 and where those services may be provided, in accordance with  
40 section 5 of P.L.1987, c.116 (C.30:4-27.5). In such a case, the adult  
41 patient shall be afforded the protections and procedures provided  
42 for in P.L.1987, c.116 and P.L.2009, c.112.
- 43       e. If an outpatient treatment provider determines that a plan of  
44 outpatient treatment is inadequate and needs to be modified, but  
45 referral to a screening service is not necessary, the provider shall  
46 seek court approval for such modification and shall notify the court,  
47 the adult patient's attorney and the county adjuster of the request for

1 court approval of such modification.

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

3

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

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

9 a. An outpatient treatment provider to which a person has been  
10 assigned pursuant to an order of continued involuntary commitment  
11 to treatment pursuant to section 15 of P.L.1987, c.116 (C.30:4-  
12 27.15) shall maintain the plan of outpatient treatment approved by  
13 the court pursuant to section 17 of P.L.2009, c.112 (C.30:4-27.15a),  
14 and shall notify the court, the person's attorney and the county  
15 adjuster of any material non-compliance with the plan by the person  
16 and of the inadequacy of the plan of outpatient treatment to meet  
17 the person's mental health needs, if applicable, and seek court  
18 approval for a modification to a plan of outpatient treatment, as  
19 provided for in section 9 of P.L.2009, c.112 (C.30:4-27.8a).

20 The director or chief executive officer of a short-term care  
21 facility, psychiatric facility or special psychiatric hospital shall have  
22 custody of a person while that person is detained in the facility and  
23 shall notify:

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

28 If a person is admitted to a psychiatric facility, the chief  
29 executive officer of the facility shall promptly notify the county  
30 adjuster of the person's county of residence that the person has been  
31 admitted to the facility.

32 The facility is authorized to provide assessment, treatment and  
33 rehabilitation services and shall provide discharge planning services  
34 as required pursuant to section 18 of P.L.1987, c.116 (C.30:4-  
35 27.18).

36 The facility is authorized to detain persons involuntarily  
37 committed to the facility.

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

42 The person shall be assigned involuntarily to an outpatient  
43 treatment provider or admitted involuntarily to a facility only by  
44 referral from a screening service or temporary court order. The  
45 person may be admitted voluntarily to a short-term care or  
46 psychiatric facility or special psychiatric hospital only after the  
47 person has been advised orally and in writing of the discharge  
48 provisions established pursuant to P.L.1987, c.116 (C.30:4-27.1 et

1 seq.) and P.L.2009, c.112 (C.30:4-27.8a et al.) and of the  
2 subsequent possibility that the facility may initiate involuntary  
3 commitment proceedings for the person.

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

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

19  
20 26. Section 1 of P.L.1991, c.233 (C. 30:4-27.11a) is amended to  
21 read as follows:

22 1. The Legislature finds and declares that:

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

32 b. The rights set forth in section 10 of P.L.1965, c.59 (C.30:4-  
33 24.2) apply to any **【person】** child or adult who has been  
34 involuntarily committed to a State or county psychiatric hospital, a  
35 psychiatric unit of a county hospital, **【or】** a special psychiatric  
36 hospital in accordance with the laws of this State , or a psychiatric  
37 facility for children;

38 c. Because involuntary assessment and treatment in a screening  
39 service, and involuntary commitment to a short-term care facility,  
40 affiliated children's psychiatric service, children's crisis intervention  
41 service, or children's intermediate psychiatric unit involve the  
42 deprivation of a patient's liberty, it is necessary to specify and  
43 guarantee by statute the rights to which that patient is entitled, in a  
44 manner similar to that provided for a patient who is involuntarily  
45 committed to a State or county psychiatric hospital, a psychiatric  
46 unit of a county hospital, or a special psychiatric hospital, while  
47 recognizing the administrative, structural, and staffing features of  
48 screening services **【and】**, short-term care facilities, affiliated

1 children's psychiatric services, children's crisis intervention  
 2 services, and children's intermediate psychiatric units which are  
 3 different from State or county psychiatric hospitals, psychiatric  
 4 units of county hospitals, or special psychiatric hospitals, as well as  
 5 recognizing differences between the administrative, structural, and  
 6 staffing features of screening services **and**, short-term care  
 7 facilities, affiliated children's psychiatric services, children's crisis  
 8 intervention services, and children's intermediate psychiatric units  
 9 by providing a separate guarantee of rights for patients in each of  
 10 these settings; and

11 d. All patients who are receiving assessment or treatment on an  
 12 involuntary basis in screening services and short-term care  
 13 facilities, as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2),  
 14 and affiliated children's psychiatric services, children's crisis  
 15 intervention services, and children's intermediate psychiatric units,  
 16 as defined in section 2 of P.L. , c. (C. ) (pending before the  
 17 Legislature as this bill), are entitled to receive professional  
 18 treatment of the highest standard and, unless the patient is mentally  
 19 incapacitated, to participate in their treatment and discharge  
 20 planning to the fullest extent possible.  
 21 (cf: P.L.2013, c.103, s.81)

22  
 23 27. Section 2 of P.L.1991, c.233 (C.30:4-27.11b) is amended to  
 24 read as follows:

25 2. As used in this act:

26 "Patient" means a person 18 years of age and older who is being  
 27 involuntarily assessed or treated in a screening service or who has  
 28 been involuntarily committed to a short-term care facility in  
 29 accordance with the provisions of P.L.1987, c.116 (C.30:4-27.1 et  
 30 seq.). "Patient" also means a child under 18 years of age who is  
 31 being involuntarily assessed or treated or who has been  
 32 involuntarily committed to an affiliated children's psychiatric  
 33 service, children's crisis intervention service, or children's  
 34 intermediate psychiatric unit, in accordance with the provisions of  
 35 P.L. , c. (C. ) (pending before the Legislature as this bill).

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

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

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

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

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

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

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

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

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

27

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

30       4. a. A patient in a short-term care facility, affiliated children's  
31 psychiatric service, children's crisis intervention service, or  
32 children's intermediate psychiatric unit, as defined in section 2 of  
33 P.L. , c. (C. ) (pending before the Legislature as this bill),  
34 shall have the following rights, which shall not be denied under any  
35 circumstances. A list of these rights shall be posted in a  
36 conspicuous place in each room designated for use by a patient and  
37 otherwise brought to the patient's attention pursuant to subsection d.  
38 of this section:

39       (1) To be free from unnecessary or excessive medication.  
40 Medication shall not be administered unless at the written or verbal  
41 order of a physician. A verbal order shall be valid only for a period  
42 of 24 hours, after which a written order for the medication shall be  
43 completed. At least weekly, the attending physician shall review  
44 the drug regimen of each patient under the physician's care.  
45 Medication shall be administered in accordance with generally  
46 accepted medical standards as part of a treatment program.  
47 Medication shall not be used as punishment, for the convenience of



1 staff, as a substitute for a treatment program, or in quantities that  
2 interfere with the patient's treatment program.

3 In an emergency in which less restrictive or appropriate  
4 alternatives acceptable to the patient are not available to prevent  
5 imminent danger to the patient or others, medication may be  
6 administered over a patient's objection at the written order of a  
7 physician, which shall be valid for a period of up to 72 hours, in  
8 order to lessen the danger.

9 A patient's right or the rights of the patient's parent, if the patient  
10 is a child under 18 years of age, to refuse medication when  
11 imminent danger to the patient or others is not present may be  
12 overridden by a written policy which has been adopted by the short-  
13 term care facility, affiliated children's psychiatric service, children's  
14 crisis intervention service, or children's intermediate psychiatric  
15 unit to protect the patient's or parent's right to exercise informed  
16 consent to the administration of medication. The written policy  
17 shall, at a minimum, provide for appropriate procedures that ensure  
18 notice to the patient or the parent, if applicable, of the decision by  
19 the attending physician or other designated physician to administer  
20 medication, and the right to question the physician about the  
21 physician's decision to administer medication and to provide  
22 information to the physician regarding that decision. The written  
23 policy shall also provide for review of the patient's or parent's, if  
24 applicable, decision to object to the administration of medication by  
25 a psychiatrist who is not directly involved in the patient's treatment.  
26 The psychiatrist shall not override the patient's, or parent's decision  
27 to object to the administration of medication unless the psychiatrist  
28 determines that: the patient is incapable, without medication, of  
29 participating in a treatment plan that will provide a realistic  
30 opportunity of improving the patient's condition; or, although it is  
31 possible to devise a treatment plan that will provide a realistic  
32 opportunity of improving the patient's condition without  
33 medication, a treatment plan which includes medication would  
34 probably improve the patient's condition within a significantly  
35 shorter time period, or there is a significant possibility that, without  
36 medication, the patient will harm himself or others before  
37 improvement of the patient's condition is realized.

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

40 (2) **【Not】** If 18 years of age or older not to be subjected to  
41 psychosurgery or sterilization, without the express and informed,  
42 written consent of the patient after consultation with counsel or  
43 interested party of the patient's choice. A copy of the patient's  
44 consent shall be placed in the patient's treatment record. Under no  
45 circumstances may the patient be subjected to experimental research  
46 that is not directly related to the specific goals of the patient's  
47 treatment program.

1       If the patient has been adjudicated incapacitated, a court of  
2 competent jurisdiction shall hold a hearing to determine the  
3 necessity of the procedure. The patient shall be physically present  
4 at the hearing, represented by counsel, and provided the right and  
5 opportunity to be confronted with and to cross-examine all  
6 witnesses alleging the necessity of the procedure. In these  
7 proceedings, the burden of proof shall be on the party alleging the  
8 necessity of the procedure. In the event that a patient cannot afford  
9 counsel, the court shall appoint an attorney not less than 10 days  
10 before the hearing. An attorney so appointed shall be entitled to a  
11 reasonable fee to be determined by the court and paid by the State.

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

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

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

44       While a patient is in restraints or seclusion, nursing personnel  
45 shall check the patient's hygienic, toileting, food-related, and other  
46 needs every 15 minutes. A notation of these checks shall be placed  
47 in the patient's medical record along with the order for restraints or  
48 seclusion. A patient in restraints shall be permitted to ambulate

1 every four hours, except when the patient's psychiatric condition  
2 would make a release from restraints dangerous to the patient or  
3 others, and shall be permitted to ambulate at least once every 12  
4 hours regardless of the patient's psychiatric condition.

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

6 (5) **【Not】** (a) With respect to a patient who is a child, not to be  
7 subjected to electroconvulsive treatment without the express and  
8 informed written consent of a parent or legal guardian, and for a  
9 patient who is a child between 14 and 17 years of age, the express,  
10 informed, and written consent of the child; except that for a child  
11 under 14 years of age, as developmentally appropriate, assent of the  
12 child shall also be required. A child may be considered an adult for  
13 purposes of providing consent in those cases in which a judge has  
14 the made the determination that the child is emancipated.

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

18 Prior to referral for electroconvulsive treatment for a patient who  
19 is a child under 14 years of age, two child psychiatrists not  
20 otherwise involved in the treatment of the child shall concur in the  
21 recommendation for treatment. In the case of a child 14 years to 17  
22 years of age, one child psychiatrist not otherwise involved in the  
23 treatment of the child shall concur in the recommendation for  
24 treatment. The consulting child psychiatrists shall deliver their  
25 opinion only after interviewing the child and the child's parent or  
26 guardian, reviewing the clinical record, and discussing the case with  
27 the patient's attending psychiatrist. The child's parent or guardian  
28 and the child have the right to consult with counsel or other  
29 interested party of their choice.

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

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

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

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

47 (c) If the patient has been adjudicated incapacitated, or the  
48 patient's parent refuses to give express and informed consent, or if

1 the child is under 14 years of age, a court of competent jurisdiction  
2 shall hold a hearing within seven working days of court notification  
3 by the facility to determine the necessity of the procedure. The  
4 patient shall be physically present at the hearing, represented by  
5 counsel, and provided the right and opportunity to be confronted  
6 with and to cross-examine all witnesses alleging the necessity of the  
7 procedure. In these proceedings, the burden of proof shall be on the  
8 party alleging the necessity of the procedure. In the event that a  
9 patient cannot afford counsel, the court shall appoint an attorney not  
10 less than **[10]** seven days before the hearing. An attorney so  
11 appointed shall be entitled to a reasonable fee to be determined by  
12 the court and paid by the **[State]** county from which the patient was  
13 admitted.

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

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

21 b. A patient receiving treatment in a short-term care facility  
22 shall have the following rights, which may only be denied pursuant  
23 to subsection c. of this section. A list of these rights shall be posted  
24 in a conspicuous place in each room designated for use by a patient  
25 and otherwise brought to the patient's attention pursuant to  
26 subsection d. of this section:

27 (1) To privacy and dignity.

28 (2) To the least restrictive conditions necessary to achieve the  
29 purposes of treatment.

30 (3) To wear the patient's own clothes; to have access to and use  
31 nondangerous personal possessions including toilet articles; and to  
32 have access to and be allowed to spend a reasonable sum of money  
33 for expenses and small purchases.

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

35 (5) To see visitors each day.

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

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

40 (8) To regular physical exercise or organized physical activities  
41 several times a week.

42 (9) To be outdoors at regular and frequent intervals, in the  
43 absence of medical considerations, commencing two weeks after  
44 admission, except where the physical location of the short-term care  
45 facility, affiliated children's psychiatric service, children's crisis  
46 intervention service, or children's intermediate psychiatric unit  
47 precludes outdoor exercise or would render the supervision of  
48 outdoor exercise too onerous for the facility.

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

3 (11) To practice the patient's religion of choice or abstain from  
4 religious practices. Provisions for worship shall be made available  
5 to each patient on a nondiscriminatory basis.

6 (12) To receive prompt and adequate medical treatment for any  
7 physical ailment.

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

11 (a) the patient's general mental and physical condition;

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

13 (c) the nature and significant possible adverse effects of  
14 recommended treatments;

15 (d) the reasons why a particular treatment is considered  
16 appropriate; and

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

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

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

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

38 d. A notice of the rights set forth in this section shall be given  
39 to a patient and a patient's parent, if the patient is a child under 18  
40 years of age in a short-term care facility, affiliated children's  
41 psychiatric service, children's crisis intervention service, or  
42 children's intermediate psychiatry unit upon admission. The notice  
43 shall be written in simple understandable language. It shall be in a  
44 language the patient or, if the patient is a child under 18 years of  
45 age, a language the child's parent understands and if the patient  
46 cannot read the notice, it shall be read to the patient or parent, as  
47 applicable. If a patient is adjudicated incapacitated, the notice shall  
48 be given to the patient's guardian. Receipt of this notice shall be

1 acknowledged in writing with a copy placed in the patient's file. If  
2 the patient, parent, or guardian refuses to acknowledge receipt of  
3 the notice, the person delivering the notice shall state this in  
4 writing, with a copy placed in the patient's file.

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

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

9 5. a. A patient in a screening service shall have the following  
10 rights, which shall apply during the first 24 hours of involuntary  
11 assessment and care provided at a screening service and which shall  
12 not be denied under any circumstances. A list of these rights shall  
13 be posted in a conspicuous place in the screening service and  
14 otherwise brought to the patient's attention pursuant to subsection d.  
15 of this section:

16 (1) To be free from unnecessary or excessive medication.  
17 Medication shall not be administered unless at the order of a  
18 physician. Medication shall be administered in accordance with  
19 generally accepted medical standards as part of a treatment  
20 program. A verbal order shall be valid for only 24 hours, after  
21 which a written order for medication shall be completed. Notation  
22 of each patient's medication shall be kept in the patient treatment  
23 record. Medication shall not be used as punishment, for the  
24 convenience of staff, as a substitute for a treatment program, or in  
25 quantities that interfere with the patient's treatment program.

26 In an emergency in which less restrictive or appropriate  
27 alternatives acceptable to the patient are not available to prevent  
28 imminent danger to the patient or others, medication may be  
29 administered over a patient's objection at the written order of a  
30 physician, which shall be valid for a period of up to 24 hours, in  
31 order to lessen the danger.

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

41 Prior to referral for electroconvulsive treatment for a patient who  
42 is a child under 14 years of age, two child psychiatrists not  
43 otherwise involved in the treatment of the child shall concur in the  
44 recommendation for treatment. In the case of a child 14 years to 17  
45 years of age, one child psychiatrist not otherwise involved in the  
46 treatment of the child shall concur in the recommendation for  
47 treatment. The consulting child psychiatrists shall deliver their  
48 opinion only after interviewing the child and the child's parent or

1 guardian, reviewing the clinical record, and discussing the case with  
2 the child's attending psychiatrist. The child's parent or guardian and  
3 the child have the right to consult with counsel or other interested  
4 party of their choice. A copy of the parent or legal guardian's  
5 consent shall be placed in the child's treatment record.

6 If the child's parent refuses to give express and informed  
7 consent, or if the child is under 14 years of age, a court of  
8 competent jurisdiction shall hold a hearing within seven working  
9 days of court notification by the screening service to determine the  
10 necessity of the procedure at which the client or child is physically  
11 present, represented by counsel, and provided the right and  
12 opportunity to be confronted with, and to cross-examine, all  
13 witnesses alleging the necessity of the procedure. In the event that  
14 a patient or child cannot afford counsel, the court shall appoint an  
15 attorney not less than seven days before the hearing. An attorney so  
16 appointed shall be entitled to a reasonable fee to be determined by  
17 the court and paid by the county from which the child was admitted.

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

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

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

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

33 (3) To be free from unnecessary physical restraint and seclusion.  
34 Except for an emergency, in which a patient has caused substantial  
35 property damage or has attempted to harm himself or others, or in  
36 which the patient's behavior threatens to harm himself or others,  
37 and in which less restrictive means of restraint are not feasible, a  
38 patient may be physically restrained or placed in seclusion only on  
39 an attending physician's written order or that of another designated  
40 physician which explains the rationale for that action. The written  
41 order may be given only after the attending physician or other  
42 designated physician has personally seen the patient, and evaluated  
43 the episode or situation that is said to require restraint or seclusion.

44 In an emergency, the use of restraints or seclusion may be  
45 initiated by a registered professional nurse and shall be for no more  
46 than one hour. Within that hour, the nurse shall consult with the  
47 attending physician or other designated physician and, if continued  
48 restraint or seclusion is determined to be necessary, shall obtain an

1 order from the physician to continue the use of restraints or  
2 seclusion. If an order is given, the patient shall be reevaluated by  
3 the nurse or the attending physician or other designated physician as  
4 to the patient's physical and psychiatric condition and the need for  
5 continuing the restraints or seclusion at least every two hours until  
6 the use of restraints or seclusion has ended.

7 The patient's attending physician or other designated physician  
8 shall enter a written order approving the continued use of restraints  
9 or seclusion no later than 12 hours after the time that physical  
10 restraint or seclusion began, after the physician has personally seen  
11 the patient. A written order by the physician for the continued use  
12 of restraints or seclusion shall be effective for no more than 24  
13 hours and shall be renewed if restraint and seclusion are continued.  
14 A medical examination of the patient shall be conducted every 12  
15 hours by a physician.

16 While a patient is in restraints or seclusion, nursing personnel  
17 shall check the patient's hygienic, toileting, food-related, and other  
18 needs every 15 minutes. A notation of these checks shall be placed  
19 in the patient's medical record along with the order for restraints or  
20 seclusion. A patient in restraints shall be permitted to ambulate  
21 every four hours, except when the patient's psychiatric condition  
22 would make a release from restraints dangerous to the patient or  
23 others, and shall be permitted to ambulate at least once every 12  
24 hours regardless of the patient's psychiatric condition.

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

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

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

34 (1) To privacy and dignity.

35 (2) To the least restrictive conditions necessary to achieve the  
36 purposes of treatment.

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

39 (4) To see visitors.

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

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

44 (7) To receive prompt and adequate medical treatment for any  
45 physical ailment.

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



1 (a) the patient's general mental condition, and physical  
2 condition if the screening service has conducted a physical  
3 examination of the patient;

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

5 (c) the nature and significant possible adverse effects of  
6 recommended treatments;

7 (d) the reasons why a particular treatment is considered  
8 appropriate; and

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

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

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

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

24 d. A notice of the rights set forth in this section shall be given  
25 to a patient as soon as possible upon admission to the screening  
26 service; except that if the patient is a child under 18 years of age,  
27 the notice shall be given to a parent upon the child's admission to  
28 the screening service following an evaluation. The notice shall be  
29 written in simple understandable language. It shall be in a language  
30 the patient and parent, as applicable, understands and if the patient  
31 cannot read the notice, it shall be read to the patient or parent, as  
32 applicable. If the patient is adjudicated incapacitated, the notice  
33 shall be given to the patient's guardian. Receipt of this notice shall  
34 be acknowledged in writing with a copy placed in the patient's file.  
35 If the patient, parent, or guardian refuses to acknowledge receipt of  
36 the notice, the person delivering the notice shall state this in writing  
37 with a copy placed in the patient's file.

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

39

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

41 30:9-3. The governing body of the county may adopt bylaws,  
42 rules, and regulations for the management and government of a  
43 county psychiatric facility; the admission, support and discharge of  
44 patients, which may include adults and children; the appointment of  
45 a superintendent and other employees and officers. But, the rules  
46 and regulations governing the admission and discharge of adult  
47 patients shall be in compliance with the provisions of P.L.1987, c.  
48 116 and the rules and regulations governing the admission and

1 discharge of children under 18 years of age shall be in compliance  
2 with the provisions of P.L. , c. (C. ) (pending before the  
3 Legislature as this bill), and shall be subject to the written approval  
4 of both the commissioner and the governing body of the county.

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

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

13 (cf: P.L.1987, c.116, s.27)  
14

15 32. (New section) a. The Commissioner of Human Services  
16 shall, in accordance with the "Administrative Procedure Act,"  
17 P.L.1968, c.410 (C.52:14B-1 et seq.) adopt any rules and  
18 regulations as the commissioner deems necessary to carry out the  
19 provisions of this act.

20 b. The Supreme Court of New Jersey may adopt Rules of Court  
21 appropriate or necessary to effectuate the purposes of this act.  
22

23 33. This act shall take effect on the first day of the seventh  
24 month next following the date of enactment, except that the  
25 Commissioner of Human Services or the Administrative Director of  
26 the Courts may take any anticipatory administrative action in  
27 advance as necessary for the implementation of this act.  
28  
29

## 30 STATEMENT

31  
32 This bill adds to the State statutes the civil commitment of a  
33 child, defined in the bill as a person who is under 18 years of age.  
34 Current law, P.L.1987, c.116 (C.30:4-27.1 et seq.), governs civil  
35 commitment of adults and uses the term "patient" which, under the  
36 bill, refers to a person 18 years of age or older. Civil commitment  
37 for children is currently governed by the Rules of Court adopted by  
38 the New Jersey Supreme Court.

39 The bill provides for commitment through parental admission  
40 and voluntary admission. A child 14 years of age or older could  
41 request voluntary admission or a parent may request parental  
42 admission to an "inpatient psychiatric unit or facility serving  
43 children." This term is defined in the bill as an affiliated children's  
44 psychiatric service, a children's crisis intervention service, a  
45 children's intermediate psychiatric unit, a psychiatric facility for  
46 children, and a special psychiatric hospital, all of which are also  
47 defined in the bill.

1       The particular admitting inpatient psychiatric unit or facility  
2       serving children would provide a child with a psychiatric evaluation  
3       within 24 hours of admission, and is authorized to provide  
4       assessment, crisis intervention and treatment services, as well as  
5       discharge planning, which is to begin at admission and be ready for  
6       implementation at the time of discharge. A child may be detained  
7       for no more than 72 hours without a court hearing. The bill  
8       specifies that prior to discharging a child, the parent or other person  
9       in loco parentis of the child is to be notified. If, however, the  
10      person is not known or is unresponsive within 48 hours of  
11      notification, the Division of Child Protection and Permanency in the  
12      Department of Children and Families is to be notified and is  
13      required to take immediate action to facilitate the discharge or out-  
14      of-home placement of the child, or take other action to assure the  
15      best interests and safety of the child.

16      In the case of a child committed by court order to an inpatient  
17      psychiatric unit or facility serving children, after the unit's or  
18      facility's treatment team conducts a mental and physical  
19      examination of the child, administers appropriate treatment to and  
20      prepares a discharge plan for the child, the unit or facility may  
21      transfer the child to a psychiatric facility for children prior to the  
22      final hearing for an involuntary commitment order if: (1) the child,  
23      the child's parent, and the child's attorney are notified of the  
24      pending transfer within no less than 24-hours of the actual transfer;  
25      and (2) the transfer is accomplished in a manner which will give the  
26      receiving facility adequate time to examine the child, become  
27      familiar with the child's behavior and condition, and prepare for the  
28      hearing.

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

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

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

1 adapt and socialize as an adult, and (d) that the child is in need of  
2 intensive psychiatric treatment that can be provided at an inpatient  
3 psychiatric unit or facility serving children and which cannot be  
4 provided in the home, the community, or on an outpatient basis.

5 The bill provides specific rights to the child and also provides  
6 procedures for a court hearing, notification of a hearing, and the  
7 documents to be provided to the child, attorney, and parent. A  
8 psychiatrist on the child's treatment team, who has examined the  
9 child as close to the hearing date as possible, but not more than five  
10 calendar days prior to the court hearing, is to testify about the need  
11 for involuntary commitment; other members of the treatment team  
12 may also testify, as well as the parents. Periodic court hearings to  
13 review the child's need for involuntary commitment are to be held  
14 to review the status of a child who has been involuntarily  
15 committed to an inpatient psychiatric unit or facility serving  
16 children to determine whether there is a need to continue the  
17 involuntary commitment. The first hearing would occur within  
18 three months from the initial inpatient admission to the facility and  
19 subsequent hearings at least once every three months from the  
20 most recent hearing unless the child has been administratively  
21 discharged from the facility.

22 A child 14 years of age or older who is discharged from  
23 involuntary commitment status may request continued inpatient  
24 treatment through an application for voluntary admission.  
25 Similarly, a parent may request the continued inpatient treatment  
26 through an application for parental admission.

27 The bill also amends existing law to include children in  
28 provisions of law concerning the planning for treatment and rights  
29 of patients under sections 9 and 10 of P.L.1965, c.59 (C.30:4-24.1  
30 and C.30:4-24.2), as well as amendments to the protection of patient  
31 rights and consent to treatment under P.L.1991, c.233 (C.30:4-  
32 27.11a et seq.).