

**ASSEMBLY, No. 2245**

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**STATE OF NEW JERSEY**

**219th LEGISLATURE**

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PRE-FILED FOR INTRODUCTION IN THE 2020 SESSION

**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**

Introduced Pending Technical Review by Legislative Counsel.



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

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

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

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

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

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

48 "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  
49 appropriate service providers. A treatment team provides mental

1 health services to a child in an inpatient psychiatric unit or facility  
2 serving children.

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

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

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

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

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

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

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

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

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

35

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

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

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

45 c. The unit or facility is authorized to provide assessment,  
46 crisis intervention and treatment services, and shall provide  
47 discharge planning, which shall be performed in accordance with  
48 subsection h. of this section. The discharge planning shall begin at

1 admission and the plan shall be ready for implementation at the  
2 time of discharge.

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

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

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

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

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

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

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

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



1 child, or take other legal action to assure the best interests and  
2 safety of the child.

3

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

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

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

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

1 provide such a statement. A copy of the certificates shall be filed  
2 with the office of the county adjuster.

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

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

46 d. Upon receipt, the court shall immediately review the  
47 initiating documents to determine whether there is probable cause to  
48 believe that the child is in need of involuntary commitment to  
49 treatment.

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

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

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

33 h. The hearing to determine whether the court should issue a  
34 final order of commitment shall be conducted pursuant to the Rules  
35 of the Court.

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

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

46 (2) for a child under 14 years of age: (a) the child suffers from  
47 childhood mental illness; (b) the childhood mental illness causes the  
48 child to be dangerous to self or dangerous to others or property as  
49 defined in section 2 of P.L. , c. (C. ) (pending before the

1 Legislature as this bill); (c) there is a substantial likelihood that the  
2 failure to provide immediate, intensive, institutional, psychiatric  
3 therapy will create in the reasonably foreseeable future a genuine  
4 risk of irreversible or significant harm to the child arising from the  
5 interference with or arrest of the child's growth and development  
6 and, ultimately, the child's capacity to adapt and socialize as an  
7 adult; and (d) the child is in need of intensive psychiatric treatment  
8 that can be provided at an inpatient psychiatric unit or facility  
9 serving children and which cannot be provided in the home, the  
10 community, or on an outpatient basis.

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

16

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

35 b. The review hearing shall be conducted pursuant to the Rules  
36 of the Court.

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

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

- 1 e. The child's parents may attend and testify at the court  
2 hearing.
- 3 f. If the court finds, by clear and convincing evidence, that the  
4 child needs continued involuntary commitment, it shall issue an  
5 order authorizing the involuntary commitment of the child and shall  
6 schedule a subsequent court review hearing in the event that the  
7 child is not administratively discharged pursuant to section 13 of  
8 P.L. , c. (C. ) (pending before the Legislature as this bill)  
9 prior to that date.
- 10 g. If, at the conclusion of the review hearing, the court finds  
11 that the child does not need continued involuntary commitment, the  
12 court shall so order and the inpatient psychiatric unit or facility  
13 shall discharge the child within 48 hours of the court's verbal order  
14 or by the end of the next working day, whichever is longer, with a  
15 discharge plan prepared pursuant to section 15 of P.L. , c. (C. )  
16 (pending before the Legislature as this bill).
- 17 h. If a child cannot be discharged because the child's parent is  
18 unresponsive within 48 hours of notification of the discharge or  
19 refuses to accept custody of the child upon discharge, the inpatient  
20 psychiatric facility or facility serving children shall immediately  
21 notify the Division of Child Placement and Permanency in the  
22 Department of Children and Families of the pending discharge and  
23 the apparent abandonment or non-cooperation of the parents. The  
24 Division shall take immediate action to facilitate the discharge,  
25 procure an out-of-home placement for the child, or take other legal  
26 action to assure the best interests and safety of the child.  
27
- 28 9. (New section) A child subject to involuntary commitment  
29 proceedings has the following rights at the commitment hearing and  
30 any subsequent hearing to review the continuing need for  
31 commitment:
- 32 a. The right to be represented by counsel or, if indigent, by  
33 appointed counsel;
- 34 b. The right to be present at the court hearing unless the court  
35 determines that because of the child's conduct at the court hearing  
36 the proceeding cannot reasonably continue while the child is  
37 present;
- 38 c. The right to present evidence;
- 39 d. The right to cross examine witnesses; and
- 40 e. The right to a hearing in camera.  
41
- 42 10. (New section) Notwithstanding the provisions of section 7  
43 of P.L. c. (C. ) (pending before the Legislature as this bill) or  
44 the standard for "in need of involuntary commitment" of a child as  
45 provided in section 2 of P.L. , c. (C. ) (pending before the  
46 Legislature as this bill), a child who is 14 years of age or older may  
47 request voluntary admission to an inpatient psychiatric unit or  
48 facility for children for evaluation and treatment. The request for  
49 voluntary admission must be independently reviewed and approved

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

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

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

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

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

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

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

31

32       13. (New section) The treatment team at an inpatient psychiatric  
33 unit or facility serving children shall administratively discharge a  
34 child from involuntary commitment status if the treatment team  
35 determines that the child is no longer in need of involuntary  
36 commitment.

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

44       If a child cannot be discharged because the child's parent is  
45 unresponsive within 48 hours of notification of the discharge or  
46 refuses to accept custody of the child upon discharge, the inpatient  
47 psychiatric facility or facility serving children shall immediately  
48 notify the Division of Child Placement and Permanency in the  
49 Department of Children and Families of the pending discharge and

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

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

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

17  
18 15. (New section) a. A child discharged by the court or  
19 administratively from an inpatient psychiatric unit or facility  
20 serving children shall have a discharge plan prepared by the  
21 treatment team at the facility pursuant to this section.

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

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

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

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

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

43 b. The unit or facility shall discharge the child as soon as  
44 possible but in every case within 48 hours or at the end of the next  
45 working day from the time of the written request, whichever is  
46 longer; except that if the treatment team determines that the child is  
47 in need of involuntary commitment, the treatment team shall initiate  
48 court proceedings pursuant to section 7 of P.L. , c. (C. )  
49 (pending before the Legislature as this bill). The unit or facility



1 shall formally notify the child and parent of the unit's or facility's  
2 intent to proceed with an involuntary commitment. The unit or  
3 facility shall not detain the child beyond 48 hours or the end of the  
4 next working day from the time the request for discharge was made,  
5 unless the court has issued an order of temporary commitment.

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

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

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

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

42  
43 18. (New section) If an inpatient psychiatric unit or facility  
44 serving children pursues involuntary commitment proceedings for a  
45 child who is 14 years of age or older or a child who is voluntarily or  
46 parentally admitted by seeking an order of temporary commitment  
47 pursuant to section 7 of P.L. , c. (C. ) (pending before the  
48 Legislature as this bill), the unit or facility shall include a statement  
49 of the parent regarding the involuntary commitment of the parent's

1 child in the application to the court, unless the parent refuses to  
2 provide or is unavailable to provide such a statement. This  
3 statement shall specify the parent's agreement or disagreement with  
4 the involuntary commitment. In the case of disagreement by the  
5 parent, the parent shall include a statement or reasons for the  
6 parent's disagreement. If the unit or facility is unable to obtain a  
7 statement of the parent, it shall document its efforts in the  
8 application to the court.

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

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

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

26 c. When the child is discharged administratively or by the court  
27 and is still under the detainer authority of the law enforcement  
28 agency, that agency shall, within 48 hours of receiving notification  
29 of the discharge, take custody of the child.

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

38  
39 21. Section 9 of P.L.1965, c.59 (C.30:4-24.1) is amended to read  
40 as follows:

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

47 Every patient or child under 18 years of age receiving mental

1 health services, shall have the right to participate in planning for his  
2 own treatment to the extent that his condition permits.  
3 (cf: P.L.1975, c.85, s.1)  
4

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

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

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

33 c. No patient may be presumed to be incapacitated because of  
34 an examination or treatment for mental illness, regardless of  
35 whether the evaluation or treatment was voluntarily or involuntarily  
36 received. A patient or child who leaves a mental health program  
37 following evaluation or treatment for mental illness, regardless of  
38 whether that evaluation or treatment was voluntarily or  
39 involuntarily received, shall be given a written statement of the  
40 substance of P.L.1965, c.59.

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

46 (1) To be free from unnecessary or excessive medication. No  
47 medication shall be administered unless at the written order of a  
48 physician. A verbal order shall be valid for only 24 hours after  
49 which a written order for medication shall be completed. Notation

1 of each patient's or child's medication shall be kept in the patient's  
2 or child's treatment records. At least weekly, the attending  
3 physician shall review the drug regimen of each patient or child  
4 under the physician's care. All physician's orders or prescriptions  
5 shall be written with a termination date, which shall not exceed 30  
6 days. Medication shall not be used as punishment, for the  
7 convenience of staff, as a substitute for a treatment program, or in  
8 quantities that interfere with the patient's or child's treatment  
9 program. Voluntarily [committed] admitted patients or children  
10 shall have the right to refuse medication. In an emergency in which  
11 less restrictive or appropriate alternatives acceptable to the patient  
12 or child are not available to prevent imminent danger to the patient,  
13 child, or others, medication may be administered over a patient's or  
14 child's objections, or over the written order of a physician for a  
15 period not to exceed 24 hours in order to lessen the danger to the  
16 patient or child, or others.

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

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

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

1 attorney not less than seven days before the hearing. An attorney so  
2 appointed shall be entitled to a reasonable fee to be determined by  
3 the court and paid by the county from which the patient or child was  
4 admitted.

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

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

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

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

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

1 isolation are continued. While in restraint or isolation, the patient  
2 or child must be bathed every 12 hours and checked by an attendant  
3 every two hours, which actions shall be noted in the patient's or  
4 child's treatment record along with the order for restraint or  
5 isolation.

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

9 (4) To be free from corporal punishment.

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

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

19 (1) To privacy and dignity.

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

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

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

27 (5) To see visitors each day.

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

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

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

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

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

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

42 (12) To receive prompt and adequate medical treatment for any  
43 physical ailment.

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

46 g. (1) A patient's or child's rights designated under subsection e.  
47 of this section may be denied for good cause when the director of  
48 the patient's or child's treatment program feels it is imperative to do  
49 so; provided, however, under no circumstances shall a patient's or

1 child's right to communicate with the patient's or child's attorney,  
2 physician, or the courts be restricted. Any denial of a patient's or  
3 child's rights shall take effect only after a written notice of the  
4 denial has been filed in the patient's or child's treatment record,  
5 including an explanation of the reason for the denial.

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

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

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

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

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

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

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

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

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

48 d. "Commissioner" means the Commissioner of Human  
49 Services.

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



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

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

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

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

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

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

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

26  
27       24. Section 9 of P.L.2009, c.112( 30:4-27.8a) is amended to read  
28 as follows:

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

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

43       c. If **[a]**an adult patient fails to materially comply with the  
44 plan of outpatient treatment during the time the adult patient is  
45 assigned by a screening service to the outpatient treatment provider  
46 for services pursuant to a commitment to outpatient treatment, or if  
47 the outpatient treatment provider determines that the plan of  
48 outpatient treatment is inadequate to meet the adult patient's mental

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

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

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

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

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

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

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

47 The director or chief executive officer of a short-term care  
48 facility, psychiatric facility or special psychiatric hospital shall have

1 custody of a person while that person is detained in the facility and  
2 shall notify:

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

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

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

15 The facility is authorized to detain persons involuntarily  
16 committed to the facility.

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

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

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

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

46  
47 26. Section 1 of P.L.1991, c.233 (C. 30:4-27.11a) is amended to  
48 read as follows:

49 1. The Legislature finds and declares that:

- 1       a. It is of paramount public interest to ensure the rights of all  
2 child and adult patients in inpatient psychiatric facilities, including  
3 those persons being assessed or receiving treatment on an  
4 involuntary basis in screening services and short-term care facilities  
5 as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2) or in an  
6 affiliated children's psychiatric service, children's crisis intervention  
7 service, or children's intermediate psychiatric unit, as defined in  
8 section 2 of P.L. , c. (C. ) (pending before the Legislature  
9 as this bill);
- 10       b. The rights set forth in section 10 of P.L.1965, c.59 (C.30:4-  
11 24.2) apply to any **【person】** child or adult who has been  
12 involuntarily committed to a State or county psychiatric hospital, a  
13 psychiatric unit of a county hospital, **【or】** a special psychiatric  
14 hospital in accordance with the laws of this State , or a psychiatric  
15 facility for children;
- 16       c. Because involuntary assessment and treatment in a screening  
17 service, and involuntary commitment to a short-term care facility,  
18 affiliated children's psychiatric service, children's crisis intervention  
19 service, or children's intermediate psychiatric unit involve the  
20 deprivation of a patient's liberty, it is necessary to specify and  
21 guarantee by statute the rights to which that patient is entitled, in a  
22 manner similar to that provided for a patient who is involuntarily  
23 committed to a State or county psychiatric hospital, a psychiatric  
24 unit of a county hospital, or a special psychiatric hospital, while  
25 recognizing the administrative, structural, and staffing features of  
26 screening services **【and】**, short-term care facilities, affiliated  
27 children's psychiatric services, children's crisis intervention  
28 services, and children's intermediate psychiatric units which are  
29 different from State or county psychiatric hospitals, psychiatric  
30 units of county hospitals, or special psychiatric hospitals, as well as  
31 recognizing differences between the administrative, structural, and  
32 staffing features of screening services **【and】**, short-term care  
33 facilities, affiliated children's psychiatric services, children's crisis  
34 intervention services, and children's intermediate psychiatric units  
35 by providing a separate guarantee of rights for patients in each of  
36 these settings; and
- 37       d. All patients who are receiving assessment or treatment on an  
38 involuntary basis in screening services and short-term care  
39 facilities, as defined in section 2 of P.L.1987, c.116 (C.30:4-27.2),  
40 and affiliated children's psychiatric services, children's crisis  
41 intervention services, and children's intermediate psychiatric units,  
42 as defined in section 2 of P.L. , c. (C. ) (pending before the  
43 Legislature as this bill), are entitled to receive professional  
44 treatment of the highest standard and, unless the patient is mentally  
45 incapacitated, to participate in their treatment and discharge  
46 planning to the fullest extent possible.  
47 (cf: P.L.2013, c.103, s.81)

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

3        2. As used in this act:

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

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

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

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

26

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

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

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

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

46        d. A patient shall be entitled to a writ of habeas corpus upon  
47 proper petition by the patient, a relative, or a friend to a court of  
48 competent jurisdiction in the county in which the patient is detained

1 and shall further be entitled to enforce, by civil action or other  
2 remedies otherwise available by common law or statute, any of the  
3 rights provided in P.L.1991, c.233 (C.30:4-27.11a et seq.).  
4 (cf: P.L.2013, c.103, s.82)

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

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

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

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

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



1 a psychiatrist who is not directly involved in the patient's treatment.  
2 The psychiatrist shall not override the patient's, or parent's decision  
3 to object to the administration of medication unless the psychiatrist  
4 determines that: the patient is incapable, without medication, of  
5 participating in a treatment plan that will provide a realistic  
6 opportunity of improving the patient's condition; or, although it is  
7 possible to devise a treatment plan that will provide a realistic  
8 opportunity of improving the patient's condition without  
9 medication, a treatment plan which includes medication would  
10 probably improve the patient's condition within a significantly  
11 shorter time period, or there is a significant possibility that, without  
12 medication, the patient will harm himself or others before  
13 improvement of the patient's condition is realized.

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

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

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

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

46 In an emergency, the use of restraints or seclusion may be  
47 initiated by a registered professional nurse and shall be for no more  
48 than one hour. Within that hour, the nurse shall consult with the

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

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

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

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

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

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

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 patient's attending psychiatrist. The child's parent or guardian  
3 and the child have the right to consult with counsel or other  
4 interested party of their choice.

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

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

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

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

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

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

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

44 b. A patient receiving treatment in a short-term care facility  
45 shall have the following rights, which may only be denied pursuant  
46 to subsection c. of this section. A list of these rights shall be posted  
47 in a conspicuous place in each room designated for use by a patient

1 and otherwise brought to the patient's attention pursuant to  
2 subsection d. of this section:

- 3 (1) To privacy and dignity.
- 4 (2) To the least restrictive conditions necessary to achieve the  
5 purposes of treatment.
- 6 (3) To wear the patient's own clothes; to have access to and use  
7 nondangerous personal possessions including toilet articles; and to  
8 have access to and be allowed to spend a reasonable sum of money  
9 for expenses and small purchases.
- 10 (4) To have access to individual storage space for private use.
- 11 (5) To see visitors each day.
- 12 (6) To have reasonable access to and use of telephones, both to  
13 make and receive confidential calls.
- 14 (7) To have ready access to letter writing materials, including  
15 stamps, and to mail and receive unopened correspondence.
- 16 (8) To regular physical exercise or organized physical activities  
17 several times a week.
- 18 (9) To be outdoors at regular and frequent intervals, in the  
19 absence of medical considerations, commencing two weeks after  
20 admission, except where the physical location of the short-term care  
21 facility, affiliated children's psychiatric service, children's crisis  
22 intervention service, or children's intermediate psychiatric unit  
23 precludes outdoor exercise or would render the supervision of  
24 outdoor exercise too onerous for the facility.
- 25 (10) To suitable opportunities for interaction with members of  
26 the opposite sex, with adequate supervision.
- 27 (11) To practice the patient's religion of choice or abstain from  
28 religious practices. Provisions for worship shall be made available  
29 to each patient on a nondiscriminatory basis.
- 30 (12) To receive prompt and adequate medical treatment for any  
31 physical ailment.
- 32 (13) To be provided with a reasonable explanation, in terms and  
33 language appropriate to the patient's condition and ability to  
34 understand, of:

- 35 (a) the patient's general mental and physical condition;
- 36 (b) the objectives of the patient's treatment;
- 37 (c) the nature and significant possible adverse effects of  
38 recommended treatments;
- 39 (d) the reasons why a particular treatment is considered  
40 appropriate; and
- 41 (e) the reasons for the denial of any of the patient's rights  
42 pursuant to subsection c. of this section.

43 c. (1) A patient's rights designated under subsection b. of this  
44 section may be denied only for good cause when the attending  
45 physician feels it is imperative to deny any of these rights; except  
46 that, under no circumstances shall a patient's right to communicate  
47 with the patient's attorney, physician, parent, if the patient is a child  
48 under 18 years of age, or the courts be restricted. The denial of a  
49 patient's rights shall take effect only after a copy of the written

1 notice of the denial has been filed in the patient's treatment record  
2 and shall include an explanation of the reason for the denial.

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

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

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

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

29

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

32 5. a. A patient in a screening service shall have the following  
33 rights, which shall apply during the first 24 hours of involuntary  
34 assessment and care provided at a screening service and which shall  
35 not be denied under any circumstances. A list of these rights shall  
36 be posted in a conspicuous place in the screening service 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 order of a  
41 physician. Medication shall be administered in accordance with  
42 generally accepted medical standards as part of a treatment  
43 program. A verbal order shall be valid for only 24 hours, after  
44 which a written order for medication shall be completed. Notation  
45 of each patient's medication shall be kept in the patient treatment  
46 record. Medication shall not be used as punishment, for the  
47 convenience of staff, as a substitute for a treatment program, or in  
48 quantities that interfere with the patient's treatment program.

1 In an emergency in which less restrictive or appropriate  
2 alternatives acceptable to the patient are not available to prevent  
3 imminent danger to the patient or others, medication may be  
4 administered over a patient's objection at the written order of a  
5 physician, which shall be valid for a period of up to 24 hours, in  
6 order to lessen the danger.

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

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

29 If the child's parent refuses to give express and informed  
30 consent, or if the child is under 14 years of age, a court of  
31 competent jurisdiction shall hold a hearing within seven working  
32 days of court notification by the screening service to determine the  
33 necessity of the procedure at which the client or child is physically  
34 present, represented by counsel, and provided the right and  
35 opportunity to be confronted with, and to cross-examine, all  
36 witnesses alleging the necessity of the procedure. In the event that  
37 a patient or child cannot afford counsel, the court shall appoint an  
38 attorney not less than seven days before the hearing. An attorney so  
39 appointed shall be entitled to a reasonable fee to be determined by  
40 the court and paid by the county from which the child was admitted.

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

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

46 All research involving a child under 18 years of age shall be  
47 conducted in accord with basic ethical principles underlying clinical

1 research and the regulations of the federal Department of Health  
2 and Human Services and the Food and Drug Administration.

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

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

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

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

40 While a patient is in restraints or seclusion, nursing personnel  
41 shall check the patient's hygienic, toileting, food-related, and other  
42 needs every 15 minutes. A notation of these checks shall be placed  
43 in the patient's medical record along with the order for restraints or  
44 seclusion. A patient in restraints shall be permitted to ambulate  
45 every four hours, except when the patient's psychiatric condition  
46 would make a release from restraints dangerous to the patient or  
47 others, and shall be permitted to ambulate at least once every 12  
48 hours regardless of the patient's psychiatric condition.

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

- 1     (5) With respect to a child under 18 years of age, in a crisis  
2     situation, a parent shall be notified within one hour of treatment  
3     changes related to medication, restraint, or seclusion.
- 4     b. A patient receiving treatment in a screening service shall  
5     have the following rights, which may only be denied pursuant to  
6     subsection c. of this section. A list of these rights shall be posted in  
7     a conspicuous place in the screening service and otherwise brought  
8     to the patient's attention pursuant to subsection d. of this section:
- 9         (1) To privacy and dignity.
- 10        (2) To the least restrictive conditions necessary to achieve the  
11        purposes of treatment.
- 12        (3) To wear the patient's own clothes, except as necessary for  
13        medical examination.
- 14        (4) To see visitors.
- 15        (5) To have reasonable access to and use of telephones, both to  
16        make and receive confidential calls.
- 17        (6) To practice the patient's religion of choice or abstain from  
18        religious practices.
- 19        (7) To receive prompt and adequate medical treatment for any  
20        physical ailment.
- 21        (8) To be provided with a reasonable explanation, in terms and  
22        language appropriate to the patient's condition and ability to  
23        understand, of:
- 24           (a) the patient's general mental condition, and physical  
25           condition if the screening service has conducted a physical  
26           examination of the patient;
- 27           (b) the objectives of the patient's treatment;
- 28           (c) the nature and significant possible adverse effects of  
29           recommended treatments;
- 30           (d) the reasons why a particular treatment is considered  
31           appropriate; and
- 32           (e) the reasons for the denial of any of the patient's rights  
33           pursuant to subsection c. of this section.
- 34        (9) To have a discharge plan prepared and to participate in the  
35        preparation of that plan.
- 36     c. (1) A patient's rights designated under subsection b. of this  
37     section may be denied only for good cause when the attending  
38     physician feels it is imperative to deny any of these rights; except  
39     that, under no circumstances shall a patient's right to communicate  
40     with the patient's attorney, physician, parent, if the patient is a child  
41     under 18 years of age, or the courts be restricted. The denial of a  
42     patient's rights shall take effect only after a copy of the written  
43     notice of the denial has been filed in the patient's treatment record  
44     and shall include an explanation of the reason for the denial.
- 45        (2) A denial of rights shall be effective only for the period of  
46        time that the patient is in the screening service.
- 47     d. A notice of the rights set forth in this section shall be given  
48     to a patient as soon as possible upon admission to the screening  
49     service; except that if the patient is a child under 18 years of age,



1 the notice shall be given to a parent upon the child's admission to  
2 the screening service following an evaluation. The notice shall be  
3 written in simple understandable language. It shall be in a language  
4 the patient and parent, as applicable, understands and if the patient  
5 cannot read the notice, it shall be read to the patient or parent, as  
6 applicable. If the patient is adjudicated incapacitated, the notice  
7 shall be given to the patient's guardian. Receipt of this notice shall  
8 be acknowledged in writing with a copy placed in the patient's file.  
9 If the patient, parent, or guardian refuses to acknowledge receipt of  
10 the notice, the person delivering the notice shall state this in writing  
11 with a copy placed in the patient's file.  
12 (cf: P.L.2013, c.103, s.84)

13  
14 31. R.S.30:9-3 is amended to read as follows:

15 30:9-3. The governing body of the county may adopt bylaws,  
16 rules, and regulations for the management and government of a  
17 county psychiatric facility; the admission, support and discharge of  
18 patients, which may include adults and children; the appointment of  
19 a superintendent and other employees and officers. But, the rules  
20 and regulations governing the admission and discharge of adult  
21 patients shall be in compliance with the provisions of P.L.1987, c.  
22 116 and the rules and regulations governing the admission and  
23 discharge of children under 18 years of age shall be in compliance  
24 with the provisions of P.L. , c. (C. ) (pending before the  
25 Legislature as this bill), and shall be subject to the written approval  
26 of both the commissioner and the governing body of the county.

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

33 The governing body may also select an appropriate name by  
34 which the psychiatric facility shall thereafter be known.  
35 (cf: P.L.1987, c.116, s.27)

36  
37 32. (New section) a. The Commissioner of Human Services  
38 shall, in accordance with the "Administrative Procedure Act,"  
39 P.L.1968, c.410 (C.52:14B-1 et seq.) adopt any rules and  
40 regulations as the commissioner deems necessary to carry out the  
41 provisions of this act.

42 b. The Supreme Court of New Jersey may adopt Rules of Court  
43 appropriate or necessary to effectuate the purposes of this act.  
44

45 33. This act shall take effect on the first day of the seventh  
46 month next following the date of enactment, except that the  
47 Commissioner of Human Services or the Administrative Director of  
48 the Courts may take any anticipatory administrative action in  
49 advance as necessary for the implementation of this act.

## STATEMENT

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

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

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

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

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

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

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

23 The bill provides specific rights to the child and also provides  
24 procedures for a court hearing, notification of a hearing, and the  
25 documents to be provided to the child, attorney, and parent. A  
26 psychiatrist on the child's treatment team, who has examined the  
27 child as close to the hearing date as possible, but not more than five  
28 calendar days prior to the court hearing, is to testify about the need  
29 for involuntary commitment; other members of the treatment team  
30 may also testify, as well as the parents. Periodic court hearings to  
31 review the child's need for involuntary commitment are to be held  
32 to review the status of a child who has been involuntarily  
33 committed to an inpatient psychiatric unit or facility serving  
34 children to determine whether there is a need to continue the  
35 involuntary commitment. The first hearing would occur within  
36 three months from the initial inpatient admission to the facility and  
37 subsequent hearings at least once every three months from the  
38 most recent hearing unless the child has been administratively  
39 discharged from the facility.

40 A child 14 years of age or older who is discharged from  
41 involuntary commitment status may request continued inpatient  
42 treatment through an application for voluntary admission.  
43 Similarly, a parent may request the continued inpatient treatment  
44 through an application for parental admission.

45 The bill also amends existing law to include children in  
46 provisions of law concerning the planning for treatment and rights  
47 of patients under sections 9 and 10 of P.L.1965, c.59 (C.30:4-24.1

- 1 and C.30:4-24.2), as well as amendments to the protection of patient
- 2 rights and consent to treatment under P.L.1991, c.233 (C.30:4-
- 3 27.11a et seq.).