

30:4-27.1 to 30:4-27.23

LEGISLATIVE HISTORY CHECKLIST

NJSA: 30:4-27.1 to 30:4-27.23 (Civil commitment, involuntary--
revise law)

CHAPTER 116

Laws Of: 1987

Bill No: A1813

Sponsor(s): Otlowski and Deverin

Date Introduced: February 3, 1986

Committee: Assembly: Appropriations; Health and Human Resources

Senate: Revenue, Finance and Appropriations

Amended during passage: Yes Substituted for S800 (not attached
since identical to A1813).
Amendments during passage denoted
by asterisks.

Date of Passage: Assembly: December 18, 1986

Senate: February 23, 1987

Date of Approval: May 7, 1987

Following statements are attached if available:

Sponsor statement: Yes

Committee statement: Assembly Yes 10-9-86 and 12-11-86

Senate Yes

Fiscal Note: No

Veto Message: No

Message on Signing: Yes

Following were printed:

Reports: No

Hearings: No

See newspaper clipping-- attached

"Commitment bill considered," 3-22-87 Star Ledger.

"Bill governing mentally ill awaits Kean's signature," 4-12-87 Trenton Times.

Bill, vetoed during previous Legislative session: A114-- attached.

[THIRD OFFICIAL COPY REPRINT]

ASSEMBLY, No. 1813

STATE OF NEW JERSEY

INTRODUCED FEBRUARY 3, 1986

By Assemblymen OTLOWSKI and DEVERIN

AN ACT revising the law concerning admission to inpatient facilities for the treatment of persons who are mentally ill, and revising parts of the statutory law *and making an appropriation*.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

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

2 a. The State is responsible for providing care, treatment and
3 rehabilitation services to mentally ill persons who are ***[gravely
4 disabled and cannot provide basic care for themselves or who
5 are]*** dangerous to themselves, to others or to property; and be-
6 cause some of these mentally ill persons do not seek treatment
7 or are not able to benefit from treatment provided on an out-
8 patient basis, it is necessary that State law provide for the vol-
9 untary admission and the involuntary commitment of these per-
10 sons as well as for the public services and facilities necessary
11 to fulfill these responsibilities.

12 b. Because involuntary commitment entails certain deprivations
13 of liberty, it is necessary that State law balance the basic value
14 of liberty with the need for safety and treatment, a balance that
15 is difficult to effect because of the limited ability to predict be-
16 havior; and, therefore, it is necessary that State law provide clear
17 standards and procedural safeguards that ensure that only those
18 persons who * [because of mental illness cannot provide basic care

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 printed in italics *thus* is new matter.

Matter enclosed in asterisks or stars has been adopted as follows:

*—Assembly committee amendments adopted October 20, 1986.

**—Assembly committee amendments adopted December 11, 1986.

***—Senate committee amendments adopted February 19, 1987.

19 for themselves or] are dangerous to themselves, to others or to
20 property, are involuntarily committed.

21 c. It is the policy of this State that persons in the public mental
22 health system receive inpatient treatment and rehabilitation ser-
23 vices in accordance with the highest professional standards and
24 which will enable those hospitalized persons to return to their
25 community as soon as it is clinically appropriate. Further, it is
26 the policy of this State that the public mental health system shall
27 be developed in a manner which protects individual liberty and
28 provides advocacy and due process for persons receiving treat-
29 ment and insures that treatment is provided in a manner con-
30 sistent with a person's clinical condition.

31 d. It is the policy of this State to encourage each county or
32 designated mental health service area to develop a screening
33 service and a short-term care facility which will meet the needs
34 for evaluation and acute care treatment of mentally ill persons
35 in the county or service area. The State encourages the develop-
36 ment of screening services as the public mental health system's
37 entry point in order to provide accessible crisis intervention,
38 evaluation and referral services to mentally ill persons in the
39 community; to offer mentally ill persons clinically appropriate
40 alternatives to inpatient care, if any; and, when necessary, to
41 provide a means for involuntary commitment. Similarly, the State
42 encourages the development of short-term care facilities to enable
43 a mentally ill person to receive acute, inpatient care in a facility
44 near the person's community. Development and use of screening
45 services and short-term care facilities throughout the State are
46 necessary to strengthen the Statewide community mental health
47 system, lessen inappropriate hospitalization and reliance on psy-
48 chiatric institutions and enable State and county facilities to
49 provide the rehabilitative care needed by some mentally ill per-
50 sons following their receipt of acute care.

1 2. (New section) As used in this act:

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

4 b. "Clinical certificate" means a form prepared by the division
5 and approved by the Administrative Office of the Courts, that
6 is completed by the psychiatrist or other physician who has
7 examined the person who is subject to commitment within three
8 days of presenting the person for admission to a facility for
9 treatment, and which states that the person is in need of in-
10 voluntary commitment. The form shall also state the specific facts

11 upon which the examining physician has based his conclusion and
12 shall be certified in accordance with the Rules of the Court. A
13 clinical certificate may not be executed by a person who is a
14 relative by blood or marriage to the person who is being screened.

15 c. "Clinical director" means the person who is designated by
16 the director or chief executive officer to organize and supervise
17 the clinical services provided in a screening service, short-term
18 care or psychiatric facility. The clinical director shall be a psy-
19 chiatrist**,** however, those persons currently serving in the
20 capacity will not be affected by this provision. This provision shall
21 not alter any current civil service laws designating the qualifica-
22 tions of such position.

23 d. "Commissioner" means the Commissioner of the Depart-
24 ment of Human Services.

25 e. "County counsel" means the chief legal officer or advisor of
26 the governing body of a county.

27 f. "Court" means the Superior Court or a municipal court.

28 g. "Custody" means the right and responsibility to ensure the
29 provision of care and supervision.

30 h. "Dangerous **to self**" means that ***[**there is a substantial
31 likelihood in the reasonably foreseeable future that a person will
32 inflict serious physical harm upon himself or other persons or
33 cause serious damage to property. This determination shall take
34 into account a person's history, recent behavior and any recent
35 act or threat**]** **by reason of mental illness the person has threat-*
36 *ened or attempted suicide or serious bodily harm, or has behaved*
37 *in such a manner as to indicate that the person is unable to satisfy*
38 *his need for nourishment, essential medical care or shelter, so*
39 *that it is probable that substantial bodily injury, serious physical*
40 *debilitation or death will result within the reasonably foreseeable*
41 *future; however, no person shall be deemed to be unable to satisfy*
42 *his need for nourishment, essential medical care or shelter if he*
43 *is able to satisfy such needs with the supervision and assistance*
44 *of others who are willing and available*.*

45 **i. "Dangerous to others or property" means that by reason of*
46 *mental illness there is a substantial likelihood that the person will*
47 *inflict serious bodily harm upon another person or cause serious*
48 *property damage within the reasonably foreseeable future. This*
49 *determination shall take into account a person's history, recent*
50 *behavior and any recent act or threat.**

51 ***[i.]*** **j.** "Department" means the Department of Human
52 Services.

53 ***[j.]*** *k.* "Director" means the chief administrative officer
 54 of a screening service *****[or]*****, a*** short-term care facil-
 54A ity ***or a special psychiatric hospital***.

55 ***[k.]*** *l.* "Division" means the Division of Mental Health
 56 and Hospitals in the Department of Human Services.

57 ***[l.]*** "Gravely disabled" means that there is a substantial like-
 58 lihood in the reasonably foreseeable future, as evidenced by the
 59 person's recent failure to provide for the person's basic needs
 60 such as food, clothing, shelter or safety, that the person will ex-
 61 perience serious physical harm.]*

62 m. "In need of involuntary commitment" means that an adult
 63 who is mentally ill, whose mental illness causes the person to be
 64 dangerous ***[or gravely disabled]*** *to self or dangerous to others
 65 or property* and who is unwilling to be admitted to a facility
 66 voluntarily for care, **and who** needs care at a short-term care,
 67 psychiatric facility or special psychiatric hospital because other
 68 services are not appropriate or available to meet the person's
 69 mental health care needs.

69A n. "Institution" means any State or county facility providing
 69B inpatient care, supervision and treatment for the mentally re-
 69C tarded; except that with respect to the maintenance provisions
 69D of Title 30 of the Revised Statutes, institution also means any
 69E psychiatric facility for the treatment of the mentally ill.

69F o. "Mental health agency or facility" means a legal entity
 69G which receives funds from the State, county or federal govern-
 69H ment to provide mental health services.

69I p. "Mental health screener" means a psychiatrist, psychologist,
 69J social worker, registered professional nurse or other individual
 69K trained to do outreach only for the purposes of psychological
 69L assessment who is employed by a screening service and possesses
 69M the license, academic training or experience, as required by the
 69N commissioner pursuant to regulation; except that a psychiatrist
 69O and a State licensed clinical psychologist who meet the require-
 69P ments for mental health screener shall not have to comply with
 69Q any additional requirements adopted by the commissioner.

70 q. "Mental hospital" means, for the purposes of the payment
 71 and maintenance provisions of Title 30 of the Revised Statutes,
 72 a psychiatric facility.

73 r. "Mental illness" means a current, substantial disturbance
 74 of thought, mood, perception or orientation which significantly
 75 impairs judgment, behavior or capacity to recognize reality, but
 76 does not include simple alcohol intoxication, transitory reaction

77 to drug ingestion, organic brain syndrome or developmental dis-
78 ability unless it results in the severity of impairment described
79 herein.

80 s. "Patient" means a person over the age of 18 who has been
81 admitted to, but not discharged from a short-term care or psy-
82 chiatric facility.

83 t. "Physician" means a person who is licensed to practice medi-
84 cine in any one of the United States or its territories, or the
85 District of Columbia.

86 u. "Psychiatric facility" means a State psychiatric hospital
87 listed in R. S. 30:1-7, a county psychiatric hospital, or a psy-
88 chiatric unit of a county hospital.

89 v. "Psychiatrist" means a physician who has completed the
90 training requirements of the American Board of Psychiatry and
91 Neurology.

92 w. "Psychiatric unit of a general hospital" means an inpatient
93 unit of a general hospital that restricts its services to the care
94 and treatment of the mentally ill who are admitted on a voluntary
95 basis.

96 x. "Psychologist" means a person who is licensed as a psychol-
97 ogist by the New Jersey Board of Psychological Examiners [and
98 is either a graduate of a clinical program in a school accredited
99 by the American Psychological Association, certified or eligible
100 for certification as a diplomate in psychology by the American
101 Board of Examiners of Professional Psychologists, or a member
102 of the National Register of Health Services Providers of Psy-
103 chology]*.

104 y. "Screening certificate" means a clinical certificate executed
105 by a psychiatrist or other physician affiliated with a screening
106 service.

107 z. "Screening service" means a public or private ambulatory
108 care service designated by the commissioner, which provides
109 mental health services including assessment, emergency and re-
110 ferral services to mentally ill persons in a specified geographic
111 area.

112 aa. "Screening outreach visit" means an evaluation provided
113 by a mental health screener wherever the person may be when
114 clinically relevant information indicates the person may need in-
115 voluntary commitment and is unable or unwilling to come to a
116 screening service.

117 bb. "Short-term care facility" means an inpatient, community
118 based mental health treatment facility which provides acute care

119 and assessment services to a mentally ill person whose mental
 120 illness causes the person to be dangerous ***[or gravely disabled]***
 121 ***to self or dangerous to others or property***. A short-term care
 122 facility is so designated by the commissioner and is authorized by
 123 the commissioner to serve persons from a specified geographic
 124 area. A short-term care facility may be a part of a general hospital
 125 or other appropriate health care facility and shall meet certificate
 126 of need requirements and shall be licensed and inspected by the
 127 Department of Health pursuant to P. L. 1971, c. 136 (C. 26:2H-1
 128 et seq.) and in accordance with standards developed jointly with
 129 the Commissioner of Human Services.

130 cc. "Special psychiatric hospital" means a ****public or**** private
 131 hospital licensed by the Department of Health to provide voluntary
 132 and involuntary mental health services, including assessment, care,
 133 supervision, treatment and rehabilitation services to persons who
 134 are mentally ill.

135 dd. "Treatment team" means one or more persons, including
 136 at least one psychiatrist or physician, and may include a psy-
 137 chologist, social worker, nurse and other appropriate services
 138 providers. A treatment team provides mental health services to
 139 a patient of a screening service, short-term care or psychiatric
 140 facility.

141 ee. "Voluntary admission" means that adult who is mentally
 142 ill, whose mental illness causes the person to be dangerous ***[or**
 143 **gravely disabled]*** ***to self or dangerous to others or property***
 144 and is willing to be admitted to a facility voluntarily for care,
 145 needs care at a short-term care or psychiatric facility because
 146 other facilities or services are not appropriate or available to meet
 147 the person's mental health needs. A person may also be voluntarily
 148 admitted to a psychiatric facility if his mental illness presents a
 149 substantial likelihood of rapid deterioration in functioning in the
 150 near future, there are no appropriate community alternatives
 151 available and the psychiatric facility can admit the person and
 152 remain within its rated capacity.

1 3. (New section) The standards and procedures in this act
 2 apply to all adults involuntarily committed to a short-term care
 3 *****[or]*** ***facility,***** psychiatric facility *****or special psy-**
 3A **chiatric hospital***** and all adults voluntarily admitted from a
 4 screening service to a short-term care facility or psychiatric
 5 facility. The standards and procedures in this act shall not apply
 6 to adults voluntarily admitted to psychiatric units in general
 7 hospitals or special psychiatric hospitals *****except as provided in**
 8 **section 11 or 20 of this amendatory and supplementary act.*****

1 4. (New section) The commissioner, in consultation with the
2 appropriate county mental health board and consistent with the
3 approved county mental health plan, shall designate one or more
4 mental health agencies or facilities in each county or multi-county
5 region in the State as a screening service. The commissioner shall
6 so designate an agency or facility only with the approval of the
7 agency's or facility's governing body. In designating the screen-
8 ing services, the commissioner shall ensure that screening ser-
9 vices are accessible to all persons in the State who need these
10 services and that screening service evaluation is the preferred
11 process for entry into short-term care facilities or psychiatric
12 facilities so that appropriate consideration is given to less re-
13 strictive treatment alternatives.

1 5. (New section) The commissioner shall adopt rules and regu-
2 lations pursuant to the "Administrative Procedure Act," P. L.
3 1968, c. 410 (C. 52:14B-1 et seq.) regarding a screening service
4 and its staff that effectuate the following purposes and pro-
5 cedures.

6 a. A screening service shall serve as the facility in the *"public"*
7 mental health care treatment system wherein a person believed to
8 be in need of commitment to a short-term care, psychiatric facility
9 or special psychiatric hospital undergoes an assessment to de-
10 termine what mental health services are appropriate for the
11 person and where those services may be most appropriately
12 provided.

13 The screening service may provide emergency and consensual
14 treatment to the person receiving the assessment and may trans-
15 port the person or detain the person up to 24 hours for the pur-
16 poses of providing the treatment and conducting the assessment.

17 b. When a person is assessed by a mental health screener and
18 involuntary commitment seems necessary, the screener shall pro-
19 vide, on a screening document prescribed by the division, infor-
20 mation regarding the person's history and available alternative
21 facilities and services that are deemed inappropriate for the
22 person. If a psychiatrist, in consideration of this document and
23 in conjunction with the psychiatrist's own complete assessment,
24 concludes that the person is in need of commitment, the psy-
25 chiatrist shall complete the screening certificate. The screening
26 certificate shall be completed by a psychiatrist except in those
27 circumstances where the division's contract with the screening
28 service provides that another physician may complete the cer-
29 tificate.

30 Upon completion of the screening certificate, screening service
 31 staff shall determine the appropriate facility in which the person
 32 shall be placed taking into account the person's prior history of
 33 hospitalization and treatment. If a person has been admitted
 34 three times or has been an inpatient for 60 days at a short-term
 35 care facility during the preceding 12 months, consideration shall
 36 be given to not placing the person in a short-term care facility.

37 The person shall be admitted to the appropriate facility as soon
 38 as possible. Screening service staff are authorized to transport the
 39 person or arrange for transportation of the person to the ap-
 40 propriate facility.

41 c. If the mental health screener determines that the person is
 42 not in need of admission or commitment to a short-term care
 43 facility, psychiatric facility or special psychiatric hospital, the
 44 screener shall refer the person to an appropriate community
 45 mental health or social services agency or appropriate professional
 46 or inpatient care in a psychiatric unit of a general hospital.

47 d. A mental health screener shall make a screening outreach
 48 visit if the screener determines, based on clinically relevant in-
 49 formation provided by an individual with personal knowledge of
 50 the person subject to screening, that the person may need in-
 51 voluntary commitment and the person is unwilling or unable
 52 to come to the screening service for an assessment.

53 e. If the mental health screener pursuant to this assessment
 54 determines that there is reasonable cause to believe that a person
 55 is in need of involuntary commitment, the screener shall so certify
 56 the need on a form prepared by the division.

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

4 a. *****[on]*** On***** the basis of personal observation, the law
 5 enforcement officer has reasonable cause to believe that the person
 6 is in need of involuntary commitment;

7 b. *****[a]*** A***** mental health screener has certified on a
 8 form prescribed by the division that based on a screening outreach
 9 visit the person is in need of involuntary commitment and has re-
 10 quested the person be taken to the screening service for a com-
 11 plete assessment; or

12 c. *****[the]*** The***** court orders that a person subject to
 13 an order of conditional discharge issued pursuant to subsection e.
 14 of section ***[16]* *15*** of this act who has failed to follow the con-
 15 ditions of the discharge be taken to a screening service for an as-
 15A sessment.

16 The involvement of the law enforcement authority shall con-
 17 tinue at the screening center as long as necessary to protect the
 18 safety of the person in custody and the safety of the community
 19 from which the person was taken.

1 7. (New section) A law enforcement officer, screening service
 2 or short-term care facility designated staff person or their re-
 3 spective employers acting in good faith pursuant to this act who
 4 takes reasonable steps to assess, take custody of, detain or trans-
 5 port an individual for the purposes of mental health assessment
 6 or treatment is immune from civil and criminal liability.

1 8. (New section) The commissioner, in consultation with the
 2 Commissioner of Health, shall designate one or more mental
 3 health agencies or facilities in each county or multi-county region
 4 in the State as *****[short term]***** *****short-term***** care facili-
 5 ties. The commissioner shall so designate an agency or facility
 6 only with the approval of the agency's or facility's governing body.

1 9. (New section) Short-term care facilities, psychiatric facilities
 2 and special psychiatric hospitals shall effectuate the following pur-
 3 poses and procedures:

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

8 (1) appropriate public or private agencies to arrange for the
 9 care of any dependents and to ensure the protection of the per-
 10 son's property; and (2) appropriate ambulatory mental health
 11 providers for the purposes of beginning discharge planning.

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

16 The facility is authorized to provide assessment, treatment
 17 and rehabilitation services and shall provide discharge planning
 18 services as required pursuant to section ***[19]* *18*** of this act.

19 The facility is authorized to detain persons involuntarily com-
 20 mitted to the facility.

21 b. A person shall not be involuntarily committed to a short-
 22 term care or psychiatric facility, or special psychiatric hospital
 23 unless the person is mentally ill and that mental illness causes
 24 the person to be dangerous ***[or gravely disabled]*** *****to self or**
 25 **dangerous to others or property*****, and appropriate facilities or
 25A services are not otherwise available.

26 The person shall be admitted involuntarily only by referral
27 from a screening service or temporary court order. The person
28 may be admitted voluntarily only after the person has been ad-
29 vised orally and in writing of the discharge provisions established
30 pursuant to this act and of the subsequent possibility that the
31 facility may initiate involuntary commitment proceedings for the
32 person.

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

1 10. (New section) a. A short-term care or psychiatric facility
2 or a special psychiatric hospital shall initiate court proceedings
3 for involuntary commitment by submitting to the court a clinical
4 certificate completed by a psychiatrist on the patient's treatment
5 team and the screening certificate which authorized admission
6 of the patient to the facility; provided, however, that both cer-
7 tificates shall not be signed by the same psychiatrist unless the
8 psychiatrist has made a reasonable but unsuccessful attempt to
9 have another psychiatrist conduct the evaluation and execute the
10 certificate.

11 b. Court proceedings for the involuntary commitment of any
12 person not referred by a screening service may be initiated by
13 the submission to the court of two clinical certificates, at least
14 one of which is prepared by a psychiatrist. The person shall not
15 be involuntarily committed before the court issues a temporary
16 court order.

17 **c. Any person who is a relative by blood or marriage of the*
18 *person being screened who executes a clinical certificate, or any*
19 *person who signs a clinical certificate for any purpose or motive*
20 *other than for purposes of care and treatment, shall be guilty of a*
21 *crime of the fourth degree.**

22 **[c.]* *d.** Upon receiving these documents the court shall
23 immediately review them in order to determine whether there is
24 probable cause to believe that the person is in need of involuntary
25 commitment.

26 **[d. If the court finds that there is no probable cause to believe*
27 *that the person is in need of involuntary commitment, it shall*
28 *dismiss the proceeding and, if the person is being detained in-*

29 voluntarily at a short-term care or psychiatric facility or special
30 psychiatric hospital the court shall order that the person be dis-
31 charged from the facility.】*

32 e. If the court finds that there is probable cause to believe that
33 the person is in need of involuntary commitment, it shall issue
34 a temporary order authorizing the admission to or retention of
35 the person in the custody of the facility pending a final hearing.

36 f. In the case of a person committed to a short-term care facility
37 or special psychiatric hospital, after the facility's treatment team
38 conducts a mental and physical examination, administers appro-
39 priate treatment and prepares a discharge assessment, the facility
40 may transfer the patient to a psychiatric facility prior to the final
41 hearing **provided that: (1) the patient, his family and his attorney*
42 *are given 24 hours advance notice of the pending transfer; and*
43 *(2) the transfer is accomplished in a manner which will give the*
44 *receiving facility adequate time to examine the patient, become*
45 *familiar with his behavior and condition and prepare for the*
46 *hearing. In no event shall the transfer be made less than five days*
47 *prior to the date of the hearing unless an unexpected transfer is*
48 *dictated by a change in the person's clinical condition*.*

1 11. (New section) A patient admitted to a short-term care or
2 psychiatric facility or special psychiatric hospital either on a
3 voluntary or involuntary basis has the following rights:

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

9 b. The right to a verbal explanation of the reasons for admis-
10 sion, the availability of an attorney and the rights provided in
11 this act; and

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

17 The clinical director shall ensure that a written statement of
18 the rights provided in this act is provided to patients at the time
19 of admission or as soon as possible thereafter, and to patients
20 and their families upon request.

1 12. (New section) A patient who is involuntarily committed to
2 a short-term care or psychiatric facility or special psychiatric

3 hospital shall receive a court hearing with respect to the issue
4 of continuing need for involuntary commitment within 20 days
5 from initial ***[inpatient]*** **inpatient** admission to the facility
6 unless the patient has been administratively discharged from the
7 facility pursuant to section 17 of this act.

8 The assigned county counsel is responsible for presenting the
9 case for the patient's involuntary commitment to the court.

10 A patient subject to involuntary commitment shall have counsel
11 present at the hearing and shall not be permitted to appear at
12 the hearing without counsel.

1 13. (New section) a. At least 10 days prior to a court hearing,
2 the county adjuster of the admitting county shall cause notice
3 of the court hearing to be served upon the patient, the patient's
4 guardian if any, the patient's next-of-kin, the patient's attorney,
5 the director, chief executive officer, or other individual who has
6 custody of the patient, the county adjuster of the county in which
7 the patient has legal settlement and any other individual specified
8 by the court. The notice shall contain the date, time and location
9 of the court hearing. The patient and the patient's attorney
10 shall also receive copies of the clinical certificates and supporting
11 documents, the temporary court order and a statement of the
12 patient's rights at the court hearing.

13 b. A psychiatrist on the patient's treatment team who has
14 conducted a personal examination of the patient as close to the
15 court hearing date as possible, but in no event more than five
16 calendar days prior to the court hearing, shall testify at the
17 hearing to the clinical basis for the need for involuntary com-
18 mitment. Other members of the patient's treatment team may
19 also testify at the hearing.

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

22 d. The court shall transcribe the court hearing and arrange for
23 the payment of expenses related thereto in the same manner as
24 for other court proceedings.

25 ***[The designated mental health agency staff person shall notify**
26 **the court if the patient fails to meet the conditions of the dis-**
27 **charge plan. The court shall determine, in conjunction with the**
28 **findings of a screening service, if the patient needs to be rehos-**
29 **pitalized and, if so, the patient shall be returned to the facility.**
30 **The court shall hold a hearing within 20 days of the day the**
31 **patient was returned to the facility to determine if the order of**
32 **conditional discharge should be vacated.]***

1 14. (New section) A person subject to involuntary commitment
2 has the following rights at a court hearing and any subsequent
3 review court hearing.

4 a. The right to be represented by counsel or, if indigent, by
5 appointed counsel;

6 b. The right to be present at the court hearing unless the court
7 determines that because of the person's conduct at the court
8 hearing the proceeding cannot reasonably continue while the
9 person is present;

10 c. The right to present evidence;

11 d. The right to cross examine witnesses; and

12 e. The right to a hearing in camera.

1 15. (New section) a. If the court finds by clear and convincing
2 evidence that the patient needs continued involuntary commit-
3 ment, it shall issue an order authorizing the involuntary commit-
4 ment of the patient and shall schedule a subsequent court hearing
5 in the event the patient is not administratively discharged pur-
6 suant to section 17 of this act prior thereto.

7 b. If the court finds that the patient does not need continued
8 involuntary commitment, the court shall so order and the facility
9 shall discharge the patient within 48 hours of the court's verbal
10 order or by the end of the next working day, whichever is longer,
11 with a discharge plan prepared pursuant to section 18 of this act.

12 c. If the court finds that the patient's history indicates a high
13 risk of rehospitalization because of the patient's failure to comply
14 with discharge plans, the court may discharge the patient subject
15 to conditions recommended by the facility and mental health
16 agency staff and developed with the participation of the patient.
17 Conditions imposed on the patient shall be specific and their dura-
18 tion shall not exceed 90 days.

19 **The designated mental health agency staff person shall notify*
20 *the court if the patient fails to meet the conditions of the discharge*
21 *plan. The court shall determine, in conjunction with the findings of*
22 *a screening service, if the patient needs to be rehospitalized and,*
23 *if so, the patient shall be returned to the facility. The court shall*
24 *hold a hearing within 20 days of the day the patient was returned*
25 *to the facility to determine if the order of conditional discharge*
26 *should be vacated.**

1 16. (New section) a. A patient committed pursuant to a court
2 order who is not administratively discharged pursuant to section
3 17 of this act shall be afforded periodic court review hearings of
4 the need for involuntary commitment. The review hearing shall

5 be conducted in the manner provided in section 15 of this act
6 *except that a finding of "gravely disabled" shall not require
7 evidence of "a recent failure."]* *.* If the court determines at a
8 review hearing that involuntary commitment shall be continued,
9 it shall execute a new order. The court shall conduct the first
10 review hearing three months from the date of the first hearing,
11 the next review hearing nine months from the date of the first
12 hearing and subsequent review hearings 12 months from the date
13 of the first hearing and annually thereafter. The court may
14 schedule additional review hearings but, except in extraordinary
15 circumstances, not more often than once every 30 days.

16 b. At a review court hearing, when the advanced age of the
17 patient or the cause or nature of the mental illness renders it
18 appropriate and when it would be impractical to obtain the testi-
19 mony of a psychiatrist as required in section 13 of this act, the
20 court may permit a physician on the patient's treatment team,
21 who has personally conducted an examination of the patient as
22 close to the hearing date as possible, but in no event more than
23 five days prior to the hearing date, to testify at the hearing to
24 the clinical basis for the need for involuntary commitment.

1 17. (New section) The treatment team at a short-term care or
2 psychiatric facility or special psychiatric hospital shall adminis-
3 tratively discharge a patient from involuntary commitment status
4 if the treatment team determines that the patient no longer needs
5 involuntary commitment. If a discharge plan has not been de-
6 veloped pursuant to section 18 of this act, it shall be developed
7 forthwith.

1 18. (New section) A person discharged either by the court or
2 administratively from a short-term care or psychiatric facility or
3 special psychiatric hospital shall have a discharge plan prepared
4 by the treatment team at the facility pursuant to this section.
5 The treatment team shall give the patient an opportunity to par-
6 ticipate in the formulation of the discharge plan. In the case of
7 patients committed to short-term care or psychiatric facilities,
8 a community agency designated by the commissioner shall par-
9 ticipate in the formulation of the plan. The facility shall advise
10 the mental health agency of the date of the patient's discharge.
11 The mental health agency shall provide follow-up care to the
12 patient pursuant to regulations adopted by the commissioner.
13 This section does not preclude discharging a patient to an ap-
14 propriate professional.

15 Psychiatric facilities shall give notice of the discharge to the

16 county adjuster of the county in which the patient has legal
17 settlement.

1 19. (New section) The chief executive officer of a State or county
2 psychiatric facility, or his designee, may authorize the payment of
3 interim financial assistance to discharged patients for living ex-
4 penses, pending determination of public benefits entitlements,
5 when this assistance is necessary and appropriate pursuant to
6 regulations adopted by the commissioner. When public benefit
7 entitlements are received, discharged patients shall reimburse
8 the psychiatric facility for all interim financial assistance
9 provided.

1 20. (New section) A voluntary patient at a short-term care or
2 psychiatric facility or special psychiatric hospital shall be dis-
3 charged by the treatment team at the patient's request. The
4 treatment team shall document all requests for discharge, whether
5 oral or written, in the patient's clinical record. The facility shall
6 discharge the patient as soon as possible but in every case within
7 48 hours or at the end of the next working day from the time of
8 the request, whichever is longer, except that if the treatment
9 team determines that the patient needs involuntary commitment,
10 the treatment team shall initiate court proceedings pursuant to
11 section 10 of this act. The facility shall detain the patient beyond
12 48 hours or the end of the next working day from the time of
13 the request for discharge, only if the court has issued a temporary
14 court order.

1 21. (New section) a. A person involuntarily committed to a
2 State psychiatric facility listed in R. S. 30:1-7 may be transferred
3 to another State psychiatric facility in accordance with rules
4 adopted by the commissioner that specify the clinical and program-
5 matic factors and the procedures related to the transfer.

6 b. A person involuntarily committed to a State psychiatric
7 facility may be transferred to a facility for psychiatric or med-
8 ical care pursuant to an "[affiliation]" agreement between the de-
9 partment and that facility which specifies the clinical and pro-
10 grammatic factors and the procedures related to the transfer.

1 22. (New section) a. If a person in custody awaiting trial on
2 a criminal or disorderly persons charge is admitted or committed
3 pursuant to this act, the law enforcement authority which trans-
4 ferred the person shall complete a uniform detainer form, as
5 prescribed by the division, which shall specify the charge, law
6 enforcement authority and other information which is clinically
7 and administratively relevant. This form shall be submitted to

8 the admitting facility along with the screening certificate or tem-
 9 porary court order directing that the person be admitted to the
 10 facility.

11 b. The division shall prepare the form with the approval of
 12 the Administrative Office of the Courts.

13 c. When the person is ***[administratively]*** **administratively**
 14 or judicially discharged and is still under the authority of the law
 15 enforcement authority, that authority shall, within 48 hours of
 16 receiving notification of the discharge, take custody of the person.

1 23. R. S. 30:1-7 is amended to read as follows:

2 30:1-7. The **[charitable, hospital, relief and training]** *long-*
 3 *term care facilities*, institutions, and **[non-institutional agencies]**
 4 *psychiatric facilities* of this State, within the meaning of this
 5 Title, shall include the following, and, as well, any **[institution]**
 6 *facilities* established hereafter for any similar purpose**[**, as now
 7 established and as the same are to be hereafter maintained and
 8 operated pursuant to law**]**:

9 Trenton Psychiatric Hospital,
 10 Greystone Park Psychiatric Hospital,
 11 Marlboro Psychiatric Hospital;
 12 Ancora Psychiatric Hospital,
 13 ***[Glen Gardner]*** **Senator Garrett W. Hagedorn** Center for
 13A Geriatrics,
 14 The Forensic Psychiatric Hospital,
 15 North Princeton Developmental Center,
 16 North Jersey Developmental Center,
 17 New Lisbon Development Center,
 18 Woodbine Developmental Center,
 19 Vineland Developmental Center,
 20 Woodbridge Developmental Center,
 21 Hunterdon Developmental Center,
 21A ****Developmental Center at Ancora,****
 22 New Jersey Memorial Home for Disabled Soldiers at Menlo
 23 Park,
 24 New Jersey Memorial Home for Disabled Soldiers, Sailors,
 25 Marines and their Wives and Widows at Vineland,
 26 **[Diagnostic Center at Menlo Park,]**
 27 Arthur Brisbane Child Center at Allaire,
 28 **[Board of Public Welfare,**
 29 **Commission for the Blind and Visually Impaired]**
 30 *The Johnstone Training and Research Center.*
 31 **[The correctional institutions of this State, within the meaning**

32 of this Title, shall include the following and, as well, any insti-
 33 tution established hereafter for any similar purpose, as now
 34 established and as the same are to be hereafter maintained and
 35 operated pursuant to law:

- 36 State Prison, Trenton,
- 37 State Prison, Rahway,
- 38 State Prison, Leesburg,
- 39 Youth Reception and Correction Center, Yardville.
- 40 Youth Correctional Institution, Bordentown,
- 41 Correctional Institution for Women, Clinton,
- 42 Youth Correctional Institution, Annandale,
- 43 Training School for Boys, Jamesburg,
- 44 Training School for Girls, Trenton,
- 45 Training School for Boys, Skillman.]

1 24. Section 11 of P. L. 1965, c. 59 (C. 30:4-24.3) is amended
 2 to read as follows:

3 11. All certificates, applications, records, and reports made
 4 pursuant to the provisions of this Title and directly or indirectly
 5 identifying any individual presently or formerly receiving ser-
 6 vices in a noncorrectional institution under this Title, or for
 7 whom services in a noncorrectional institution shall be sought
 8 under this act shall be kept confidential and shall not be disclosed
 9 by any person, except insofar as:

10 (1) the individual identified or his legal guardian, if any, or,
 11 if he is a minor, his parent or legal guardian, shall consent; or

12 (2) disclosure may be necessary to carry out any of the pro-
 13 visions of this act or of article 9 of chapter 82 of Title 2A of the
 14 New Jersey Statutes; or

15 (3) a court may direct, upon its determination that disclosure
 16 is necessary for the conduct of proceedings before it and that
 17 failure to make such disclosure would be contrary to the public
 18 interest.

19 Nothing in this section shall preclude disclosure, upon proper
 20 inquiry, of information as to a patient's current medical condi-
 21 tion to any relative or friend or to the patient's personal physician
 22 or attorney if it appears that the information is to be used directly
 23 or indirectly for the benefit of the patient.

24 *Nothing in this section shall preclude the professional staff of*
 25 *a community agency under contract with the Division of Mental*
 26 *Health and Hospitals in the Department of Human Services, or*
 27 *of a screening service, short-term care or psychiatric facility as*
 28 *those facilities are defined in section 2 of P. L., c. . . .*

29 (C.) (now pending before the Legislature as this
 30 bill) from disclosing information that is relevant to a patient's
 31 current treatment to the staff of another such agency.

1 25. Section 13 of P. L. 1965, c. 59 (C. 30:4-25.1) is amended to
 2 read as follows:

3 13. a. For the purpose of Title 30 of the Revised Statutes:

4 (1) "Eligible mentally retarded person" means a person who
 5 has been declared eligible for admission to functional services of
 6 the department.

7 (2) "Evaluation services" means those services and procedures
 8 in the department by which eligibility for functional services for
 9 the mentally retarded is determined and those services provided
 10 by the department for the purpose of advising the court concern-
 11 ing the need for guardianship of individuals over the age of 18
 12 who appear to be mentally deficient.

13 (3) "Functional services" means those services and programs
 14 in the department available to provide the mentally retarded with
 15 education, training, rehabilitation, adjustment, treatment, care
 16 and protection.

17 (4) "Mental deficiency" or "mentally deficient" means that
 18 state of mental retardation in which the reduction of social com-
 19 petence is so marked that persistent social dependency requiring
 20 guardianship of the person shall have been demonstrated or be
 21 anticipated.

22 (5) "Mental retardation" or "mentally retarded" means a
 23 significant subaverage general intellectual functioning existing
 24 concurrently with deficits in adaptive behavior which are mani-
 25 fested during the development period .

26 (6) "Residential services" means observation, examination,
 27 care, training, treatment, rehabilitation and related services, in-
 28 cluding community care, provided by the department to patients
 29 who have been admitted or transferred to, but not discharged
 30 from any residential functional service for the mentally retarded.

31 b. Application for admission of an eligible mentally retarded
 32 person to functional services of the department may be made
 33 under any of the following classes:

34 Class F. Application to the commissioner by the parent, guard-
 35 ian or person or agency having care and custody of the person
 36 of a minor or by the guardian of the person of a mentally deficient
 37 adult;

38 Class G. Application to the commissioner by a mentally re-
 39 tardated person over 18 years of age on his own behalf;

40 **Class H.** Application to the commissioner by a juvenile court
41 having jurisdiction over an eligible mentally retarded minor;

42 **Class I.** Application to the commissioner with an order of com-
43 mitment to the custody of the commissioner issued by a court of
44 competent jurisdiction during or following criminal process in-
45 volving the eligible mentally deficient person.

46 Application shall be made on such forms and accompanied by
47 such relevant information as may be specified from time to time
48 by the commissioner.

1 26. Section 15 of P. L. 1979, c. 441 (C. 30:4-123.59) is amended
2 to read as follows:

3 15. a. Each parolee shall at all times remain in the legal custody
4 of the Commissioner of Corrections, ***[and]*** **except that the*
5 *commissioner, after providing notice to the Attorney General, may*
6 *consent to the supervision of a parolee by the federal government*
6A *pursuant to the Witness Security Reform Act, Pub. L. 98-473*
6B *(18 U. S. C. 3251 et seq.). A parolee, except those under the Wit-*
6C *ness Security Reform Act,** shall remain under the supervision of
6D the Bureau of Parole of the Department of Corrections in accor-
6E dance with the rules of the board.

7 b. Each parolee shall agree, as evidenced by his signature to
8 abide by specific conditions of parole established by the appro-
9 priate board panel which shall be enumerated in writing in a
10 certificate of parole and shall be given to the parolee upon re-
11 lease. Such conditions shall include, among other things, a require-
12 ment that the parolee conduct himself in society in compliance
13 with all laws and refrain from committing any crime, a require-
14 ment that the parolee obtain permission from his parole officer
15 for any change in his residence, and a requirement that the parolee
16 report at reasonable intervals to an assigned parole officer. In
17 addition, based on prior history of the parolee, the member or
18 board panel certifying parole release pursuant to section 11 may
19 impose any other specific conditions of parole deemed reasonable
20 in order to reduce the likelihood of recurrence of criminal be-
21 havior. Such special conditions may include, among other things,
22 a requirement that the parolee make full or partial restitution,
23 the amount of which restitution shall be set by the sentencing
24 court upon request of the board.

25 c. The appropriate board panel may in writing relieve a parolee
26 of any parole conditions, and may permit a parolee to reside
27 outside the State pursuant to the provisions of the Uniform Act
28 for Out-of-State Parolee Supervision (N. J. S. 2A:168-14 et seq.)

29 **••[and]•• ••,••** the Interstate Compact on Juveniles, P. L. 1955,
30 c. 55 (C. 9:23-1 to 9:23-4)*, *and, with the consent of the Commis-*
31 *sioner of the Department of Corrections after providing notice to*
32 *the Attorney General, the federal Witness Security Reform Act,** if
33 satisfied that such change will not result in a substantial likelihood
34 that the parolee will commit an offense which would be a crime
35 under the laws of this State. The appropriate board panel may
35A revoke such permission*, *except in the case of a parolee under the*
35B *Witness Security Reform Act,** or reinstate relieved parole condi-
35C tions for any period of time during which a parolee is under its
35D jurisdiction.

36 d. The appropriate board panel may parole an inmate to any
37 residential facility funded in whole or in part by the State if the
38 inmate would not otherwise be released pursuant to section 9
39 without such placement. [Such facility shall receive the parolee
40 and shall not discharge or otherwise release the parolee without
41 the consent of the board panel.] *But if the residential facility*
42 *provides treatment for mental illness or mental retardation, the*
43 *board panel only may parole the inmate to the facility pursuant*
44 *to the laws and admissions policies that otherwise govern the*
45 *admission of persons to that facility, and the facility shall have*
46 *the authority to discharge the inmate according to the laws and*
47 *policies that otherwise govern the discharge of persons from the*
48 *facility, on 10 days' prior notice to the board panel. The board*
49 *panel shall acknowledge receipt of this notice in writing prior*
50 *to the discharge. Upon receipt of the notice the board panel shall*
51 *resume jurisdiction over the inmate.*

52 e. The assigned parole officer shall provide assistance to the
53 parolee in obtaining employment, education or vocational train-
54 ing or in meeting other obligations.

55 f. The board panel on juvenile commitments and the assigned
56 parole officer shall insure that the least restrictive available alter-
57 native is used for any juvenile parolee.

58 g. If the board has granted parole to any inmate from a State
59 correctional facility and the court has imposed a fine on such
60 inmate, the appropriate board panel shall release such inmate on
61 condition that he make specified fine payments to the Bureau of
62 Parole. For violation of such conditions, or for violation of a
63 special condition requiring restitution, parole may be revoked
64 only for refusal or failure to make a good faith effort to make
65 such payment.

66 h. Upon collection of the fine the same shall be paid over by

67 the Department of Corrections to the State Treasury.

1 27. R. S. 30:9-3 is amended to read as follows:

2 30:9-3. The **[board of chosen freeholders]** *governing body of*
 3 *the county* may adopt **[by-laws]** *bylaws*, rules and regulations for
 4 the management and government of a county **[lunatic asylum]**
 5 *psychiatric facility*; the admission, support and discharge of
 6 patients; the appointment of a superintendent **[or warden]** and
 7 other employees and officers. *But, the rules and regulations gov-*
 8 *erning the admission and discharge of patients shall be in com-*
 9 *pliance with the provisions of P. L., c. . . . (now pend-*
 10 *ing before the Legislature as this bill) *and shall be subject to the*
 10A *written approval of both the commissioner and the governing body*
 10B *of the county*.*

11 **[Such board]** *The governing body* shall also fix the compensa-
 12 tion of officers and employees and may at any time by vote of
 13 two-thirds of its members remove an officer or employee. The
 14 expense of erecting, establishing, furnishing, maintaining and
 15 operating the **[asylum]** *psychiatric facility* shall be paid by the
 16 county treasurer from funds raised by taxation as other county
 17 expenses are paid.

18 **[Such board]** *The governing body* may also select an appro-
 19 priate name by which the **[asylum]** *psychiatric facility* shall thoro-
 20 after be **[designated and]** known.

1 28. Section 7 of P. L. 1947, c. 34 (C. 30:9-12.7) is amended to
 2 read as follows:

3 7. The admission of any person to a county hospital *for other*
 4 *than mental illness* established under this act shall be subject to
 5 the regulations established by the board of managers and on
 6 application in writing signed by the patient or a person interested
 7 in the admission of the patient by reason of relationship or mar-
 8 riage, or by a person having the charge or care of such patient,
 9 or by the sheriff, or by the **[overseer of the poor]** *municipal di-*
 10 *rector of welfare* or person charged with the care and relief of
 11 the poor, or by any chief of police or police captain in any mu-
 12 nicipality in the county where such person may be, or by the chief
 13 executive officer of any public or private charitable institution or
 14 hospital in which the patient may be. All application forms shall
 15 be approved by the board of managers for such hospital.

1 29. (New section) Pursuant to the "Administrative Procedure
 2 Act," P. L. 1968, c. 410 (C. 52:14B-1 et seq.), the commissioner
 3 shall adopt, modify, repeal and enforce rules and regulations
 4 necessary to effectuate the purposes of this act.

- 1 30. The following are repealed:
- 2 R. S. 30:4-23
- 3 R. S. 30:4-25
- 4 R. S. 30:4-26.2
- 5 R. S. 30:4-27 through R. S. 30:4-30, both inclusive
- 6 R. S. 30:4-33
- 7 R. S. 30:4-36 through R. S. 30:4-39, both inclusive
- 8 R. S. 30:4-41 and R. S. 30:4-42
- 9 R. S. 30:4-44 through R. S. 30:4-46, both inclusive.
- 10 R. S. 30:4-48
- 11 R. S. 30:4-58
- 12 R. S. 30:4-59
- 13 R. S. 30:4-61 and R. S. 30:4-62
- 14 R. S. 30:4-81
- 15 R. S. 30:4-82
- 16 R. S. 30:4-83
- 17 R. S. 30:4-84
- 18 R. S. 30:4-107
- 19 R. S. 30:4-115
- 20 R. S. 30:4-120
- 21 R. S. 30:4-126.1
- 22 R. S. 30:4-161
- 23 R. S. 30:4-163
- 24 R. S. 30:4-165
- 25 P. L. 1965, c. 59, sections 21, 71 and 72 (C. 30:4-26.3, C. 30:4-84.1
- 26 and C. 30:4-84.2)
- 27 P. L. 1971, c. 450, s. 2 (C. 30:4-26.3a)
- 28 P. L. 1953, c. 418 (C. 30:4-46.1 and C. 30:4-46.2)
- 29 P. L. 1915, c. 201, p. 366 (1924 Suppl. Sec. 121-69a to
- 30 121-69g), saved from repeal by R. S. 30:4-165.
- 1 31. (New section) Any costs incurred to comply with the pro-
- 2 visions of this act will be considered allowable in establishment
- 3 of rates, which are to be set in a regulatory environment.
- 1 *32. There is hereby appropriated from the General Fund the
- 2 sum of **[\$3,000,000.00]** **\$100,000.00** to the Department of
- 3 Human Services to **[effectuate the purposes of this act]**
- 4 **develop training procedures for law enforcement personnel and
- 5 additional outreach and psychiatric services**.
- 1 *32.* *33.* This act shall take effect 18 months from the date
- 2 of enactment **except that section 32 shall take effect imme-
- 3 diately**.

CIVIL RIGHTS

Revises the law concerning involuntary civil commitment to psychiatric facilities; appropriates \$100,000.

ASSEMBLY, No. 1813

STATE OF NEW JERSEY

INTRODUCED FEBRUARY 3, 1986

By Assemblymen OTLOWSKI and DEVERIN

AN ACT revising the law concerning admission to inpatient facilities for the treatment of persons who are mentally ill, and revising parts of the statutory law.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

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

2 a. The State is responsible for providing care, treatment and
3 rehabilitation services to mentally ill persons who are gravely
4 disabled and cannot provide basic care for themselves or who
5 are dangerous to themselves, to others or to property; and be-
6 cause some of these mentally ill persons do not seek treatment
7 or are not able to benefit from treatment provided on an out-
8 patient basis, it is necessary that State law provide for the vol-
9 untary admission and the involuntary commitment of these per-
10 sons as well as for the public services and facilities necessary
11 to fulfill these responsibilities.

12 b. Because involuntary commitment entails certain deprivations
13 of liberty, it is necessary that State law balance the basic value
14 of liberty with the need for safety and treatment, a balance that
15 is difficult to effect because of the limited ability to predict be-
16 havior; and, therefore, it is necessary that State law provide clear
17 standards and procedural safeguards that ensure that only those
18 persons who because of mental illness cannot provide basic care
19 for themselves or are dangerous to themselves, to others or to
20 property, are involuntarily committed.

21 c. It is the policy of this State that persons in the public mental
22 health system receive inpatient treatment and rehabilitation ser-

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 printed in italics *thus* is new matter.

23 vices in accordance with the highest professional standards and
24 which will enable those hospitalized persons to return to their
25 community as soon as it is clinically appropriate. Further, it is
26 the policy of this State that the public mental health system shall
27 be developed in a manner which protects individual liberty and
28 provides advocacy and due process for persons receiving treat-
29 ment and insures that treatment is provided in a manner con-
30 sistent with a person's clinical condition.

31 d. It is the policy of this State to encourage each county or
32 designated mental health service area to develop a screening
33 service and a short-term care facility which will meet the needs
34 for evaluation and acute care treatment of mentally ill persons
35 in the county or service area. The State encourages the develop-
36 ment of screening services as the public mental health system's
37 entry point in order to provide accessible crisis intervention,
38 evaluation and referral services to mentally ill persons in the
39 community; to offer mentally ill persons clinically appropriate
40 alternatives to inpatient care, if any; and, when necessary, to
41 provide a means for involuntary commitment. Similarly, the State
42 encourages the development of short-term care facilities to enable
43 a mentally ill person to receive acute, inpatient care in a facility
44 near the person's community. Development and use of screening
45 services and short-term care facilities throughout the State are
46 necessary to strengthen the Statewide community mental health
47 system, lessen inappropriate hospitalization and reliance on psy-
48 chiatric institutions and enable State and county facilities to
49 provide the rehabilitative care needed by some mentally ill per-
50 sons following their receipt of acute care.

1 2. (New section) As used in this act:

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

4 b. "Clinical certificate" means a form prepared by the division
5 and approved by the Administrative Office of the Courts, that
6 is completed by the psychiatrist or other physician who has
7 examined the person who is subject to commitment within three
8 days of presenting the person for admission to a facility for
9 treatment, and which states that the person is in need of in-
10 voluntary commitment. The form shall also state the specific facts
11 upon which the examining physician has based his conclusion and
12 shall be certified in accordance with the Rules of the Court. A
13 clinical certificate may not be executed by a person who is a
14 relative by blood or marriage to the person who is being screened.

15 c. "Clinical director" means the person who is designated by
16 the director or chief executive officer to organize and supervise
17 the clinical services provided in a screening service, short-term
18 care or psychiatric facility. The clinical director shall be a psy-
19 chiatrist however, those persons currently serving in the capacity
20 will not be affected by this provision. This provision shall not
21 alter any current civil service laws designating the qualifications
22 of such position.

23 d. "Commissioner" means the Commissioner of the Depart-
24 ment of Human Services.

25 e. "County counsel" means the chief legal officer or advisor of
26 the governing body of a county.

27 f. "Court" means the Superior Court or a municipal court.

28 g. "Custody" means the right and responsibility to ensure the
29 provision of care and supervision.

30 h. "Dangerous" means that there is a substantial likelihood
31 in the reasonably foreseeable future that a person will inflict
32 serious physical harm upon himself or other persons or cause
33 serious damage to property. This determination shall take into
34 account a person's history, recent behavior and any recent act
35 or threat.

36 i. "Department" means the Department of Human Services.

37 j. "Director" means the chief administrative officer of a screen-
38 ing service or short-term care facility.

39 k. "Division" means the Division of Mental Health and Hos-
40 pitals in the Department of Human Services.

41 l. "Gravely disabled" means that there is a substantial like-
42 lihood in the reasonably foreseeable future, as evidenced by the
43 person's recent failure to provide for the person's basic needs
44 such as food, clothing, shelter or safety, that the person will ex-
45 perience serious physical harm.

46 m. "In need of involuntary commitment" means that an adult
47 who is mentally ill, whose mental illness causes the person to be
48 dangerous or gravely disabled and who is unwilling to be ad-
49 mitted to a facility voluntarily for care, needs care at a short-
50 term care, psychiatric facility or special psychiatric hospital be-
51 cause other services are not appropriate or available to meet
52 the person's mental health care needs.

53 n. "Institution" means any State or county facility providing
54 inpatient care, supervision and treatment for the mentally re-
55 tardated; except that with respect to the maintenance provisions
56 of Title 30 of the Revised Statutes, institution also means any
57 psychiatric facility for the treatment of the mentally ill.

58 o. "Mental health agency or facility" means a legal entity
59 which receives funds from the State, county or federal govern-
60 ment to provide mental health services.

61 p. "Mental health screener" means a psychiatrist, psychologist,
62 social worker, registered professional nurse or other individual
63 trained to do outreach only for the purposes of psychological
64 assessment who is employed by a screening service and possesses
65 the license, academic training or experience, as required by the
66 commissioner pursuant to regulation; except that a psychiatrist
67 and a State licensed clinical psychologist who meet the require-
68 ments for mental health screener shall not have to comply with
69 any additional requirements adopted by the commissioner.

70 q. "Mental hospital" means, for the purposes of the payment
71 and maintenance provisions of Title 30 of the Revised Statutes,
72 a psychiatric facility.

73 r. "Mental illness" means a current, substantial disturbance
74 of thought, mood, perception or orientation which significantly
75 impairs judgment, behavior or capacity to recognize reality, but
76 does not include simple alcohol intoxication, transitory reaction
77 to drug ingestion, organic brain syndrome or developmental dis-
78 ability unless it results in the severity of impairment described
79 herein.

80 s. "Patient" means a person over the age of 18 who has been
81 admitted to, but not discharged from a short-term care or psy-
82 chiatric facility.

83 t. "Physician" means a person who is licensed to practice medi-
84 cine in any one of the United States or its territories, or the
85 District of Columbia.

86 u. "Psychiatric facility" means a State psychiatric hospital
87 listed in R. S. 30:1-7, a county psychiatric hospital, or a psy-
88 chiatric unit of a county hospital.

89 v. "Psychiatrist" means a physician who has completed the
90 training requirements of the American Board of Psychiatry and
91 Neurology.

92 w. "Psychiatric unit of a general hospital" means an inpatient
93 unit of a general hospital that restricts its services to the care
94 and treatment of the mentally ill who are admitted on a voluntary
95 basis.

96 x. "Psychologist" means a person who is licensed as a psychol-
97 ogist by the New Jersey Board of Psychological Examiners and
98 is either a graduate of a clinical program in a school accredited
99 by the American Psychological Association, certified or eligible

100 for certification as a diplomate in psychology by the American
101 Board of Examiners of Professional Psychologists, or a member
102 of the National Register of Health Services Providers of Psy-
103 chology.

104 y. "Screening certificate" means a clinical certificate executed
105 by a psychiatrist or other physician affiliated with a screening
106 service.

107 z. "Screening service" means a public or private ambulatory
108 care service designated by the commissioner, which provides
109 mental health services including assessment, emergency and re-
110 ferral services to mentally ill persons in a specified geographic
111 area.

112 aa. "Screening outreach visit" means an evaluation provided
113 by a mental health screener wherever the person may be when
114 clinically relevant information indicates the person may need in-
115 voluntary commitment and is unable or unwilling to come to a
116 screening service.

117 bb. "Short-term care facility" means an inpatient, community
118 based mental health treatment facility which provides acute care
119 and assessment services to a mentally ill person whose mental
120 illness causes the person to be dangerous or gravely disabled.
121 A short-term care facility is so designated by the commissioner
122 and is authorized by the commissioner to serve persons from a
123 specified geographic area. A short-term care facility may be a
124 part of a general hospital or other appropriate health care
125 facility and shall meet certificate of need requirements and shall
126 be licensed and inspected by the Department of Health pursuant
127 to P. L. 1971, c. 136 (C. 26:2H-1 et seq.) and in accordance with
128 standards developed jointly with the Commissioner of Human
129 Services.

130 cc. "Special psychiatric hospital" means a private hospital
131 licensed by the Department of Health to provide voluntary and
132 involuntary mental health services, including assessment, care,
133 supervision, treatment and rehabilitation services to persons who
134 are mentally ill.

135 dd. "Treatment team" means one or more persons, including
136 at least one psychiatrist or physician, and may include a psy-
137 chologist, social worker, nurse and other appropriate services
138 providers. A treatment team provides mental health services to
139 a patient of a screening service, short-term care or psychiatric
140 facility.

141 ee. "Voluntary admission" means that adult who is mentally

142 ill, whose mental illness causes the person to be dangerous or
 143 gravely disabled and is willing to be admitted to a facility vol-
 144 untarily for care, needs care at a short-term care or psychiatric
 145 facility because other facilities or services are not appropriate
 146 or available to meet the person's mental health needs. A person
 147 may also be voluntarily admitted to a psychiatric facility if his
 148 mental illness presents a substantial likelihood of rapid deteriora-
 149 tion in functioning in the near future, there are no appropriate
 150 community alternatives available and the psychiatric facility can
 151 admit the person and remain within its rated capacity.

1 3. (New section) The standards and procedures in this act
 2 apply to all adults involuntarily committed to a short-term care
 3 or psychiatric facility and all adults voluntarily admitted from
 4 a screening service to a short-term care facility or psychiatric
 5 facility. The standards and procedures in this act shall not apply
 6 to adults voluntarily admitted to psychiatric units in general
 7 hospitals or special psychiatric hospitals.

1 4. (New section) The commissioner, in consultation with the
 2 appropriate county mental health board and consistent with the
 3 approved county mental health plan, shall designate one or more
 4 mental health agencies or facilities in each county or multi-county
 5 region in the State as a screening service. The commissioner shall
 6 so designate an agency or facility only with the approval of the
 7 agency's or facility's governing body. In designating the screen-
 8 ing services, the commissioner shall ensure that screening ser-
 9 vices are accessible to all persons in the State who need these
 10 services and that screening service evaluation is the preferred
 11 process for entry into short-term care facilities or psychiatric
 12 facilities so that appropriate consideration is given to less re-
 13 strictive treatment alternatives.

1 5. (New section) The commissioner shall adopt rules and regu-
 2 lations pursuant to the "Administrative Procedure Act," P. L.
 3 1968, c. 410 (C. 52:14B-1 et seq.) regarding a screening service
 4 and its staff that effectuate the following purposes and pro-
 5 cedures.

6 a. A screening service shall serve as the facility in the mental
 7 health care treatment system wherein a person believed to be
 8 in need of commitment to a short-term care, psychiatric facility
 9 or special psychiatric hospital undergoes an assessment to de-
 10 termine what mental health services are appropriate for the
 11 person and where those services may be most appropriately
 12 provided.

13 The screening service may provide emergency and consensual
14 treatment to the person receiving the assessment and may trans-
15 port the person or detain the person up to 24 hours for the pur-
16 poses of providing the treatment and conducting the assessment.

17 b. When a person is assessed by a mental health screener and
18 involuntary commitment seems necessary, the screener shall pro-
19 vide, on a screening document prescribed by the division, infor-
20 mation regarding the person's history and available alternative
21 facilities and services that are deemed inappropriate for the
22 person. If a psychiatrist, in consideration of this document and
23 in conjunction with the psychiatrist's own complete assessment,
24 concludes that the person is in need of commitment, the psy-
25 chiatrist shall complete the screening certificate. The screening
26 certificate shall be completed by a psychiatrist except in those
27 circumstances where the division's contract with the screening
28 service provides that another physician may complete the cer-
29 tificate.

30 Upon completion of the screening certificate, screening service
31 staff shall determine the appropriate facility in which the person
32 shall be placed taking into account the person's prior history of
33 hospitalization and treatment. If a person has been admitted
34 three times or has been an inpatient for 60 days at a short-term
35 care facility during the preceding 12 months, consideration shall
36 be given to not placing the person in a short-term care facility.

37 The person shall be admitted to the appropriate facility as soon
38 as possible. Screening service staff are authorized to transport
39 person or arrange for transportation of the person to the ap-
40 propriate facility.

41 c. If the mental health screener determines that the person is
42 not in need of admission or commitment to a short-term care
43 facility, psychiatric facility or special psychiatric hospital, the
44 screener shall refer the person to an appropriate community
45 mental health or social services agency or appropriate professional
46 or inpatient care in a psychiatric unit of a general hospital.

47 d. A mental health screener shall make a screening outreach
48 visit if the screener determines, based on clinically relevant in-
49 formation provided by an individual with personal knowledge of
50 the person subject to screening, that the person may need in-
51 voluntary commitment and the person is unwilling or unable
52 to come to the screening service for an assessment.

53 e. If the mental health screener pursuant to this assessment
54 determines that there is reasonable cause to believe that a person

55 is in need of involuntary commitment, the screener shall so certify
56 the need on a form prepared by the division.

1 6. (New section) A state or local law enforcement officer shall
2 take custody of a person and take the person immediately and
3 directly to a screening service if:

4 a. on the basis of personal observation, the law enforcement
5 officer has reasonable cause to believe that the person is in need
6 of involuntary commitment;

7 b. a mental health screener has certified on a form prescribed
8 by the division that based on a screening outreach visit the person
9 is in need of involuntary commitment and has requested the
10 person be taken to the screening service for a complete assess-
11 ment; or

12 c. the court orders that a person subject to an order of con-
13 ditional discharge issued pursuant to subsection c. of section 16
14 of this act who has failed to follow the conditions of the discharge
15 be taken to a screening service for an assessment.

16 The involvement of the law enforcement authority shall con-
17 tinue at the screening center as long as necessary to protect the
18 safety of the person in custody and the safety of the community
19 from which the person was taken.

1 7. (New section) A law enforcement officer, screening service
2 or short-term care facility designated staff person or their re-
3 spective employers acting in good faith pursuant to this act who
4 takes reasonable steps to assess, take custody of, detain or trans-
5 port an individual for the purposes of mental health assessment
6 or treatment is immune from civil and criminal liability.

1 8. (New section) The commissioner, in consultation with the
2 Commissioner of Health, shall designate one or more mental
3 health agencies or facilities in each county or multi-county region
4 in the State as short term care facilities. The commissioner shall
5 so designate an agency or facility only with the approval of the
6 agency's or facility's governing body.

1 9. (New section) Short-term care facilities, psychiatric facilities
2 and special psychiatric hospitals shall effectuate the following pur-
3 poses and procedures:

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

8 (1) appropriate public or private agencies to arrange for the
9 care of any dependents and to ensure the protection of the per-

10 son's property; and (2) appropriate ambulatory mental health
11 providers for the purposes of beginning discharge planning.

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

16 The facility is authorized to provide assessment, treatment
17 and rehabilitation services and shall provide discharge planning
18 services as required pursuant to section 19 of this act.

19 The facility is authorized to detain persons involuntarily com-
20 mitted to the facility.

21 b. A person shall not be involuntarily committed to a short-
22 term care or psychiatric facility, or special psychiatric hospital
23 unless the person is mentally ill and that mental illness causes
24 the person to be dangerous or gravely disabled, and appropriate
25 facilities or services are not otherwise available.

26 The person shall be admitted involuntarily only by referral
27 from a screening service or temporary court order. The person
28 may be admitted voluntarily only after the person has been ad-
29 vised orally and in writing of the discharge provisions established
30 pursuant to this act and of the subsequent possibility that the
31 facility may initiate involuntary commitment proceedings for the
32 person.

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

1 10. (New section) a. A short-term care or psychiatric facility
2 or a special psychiatric hospital shall initiate court proceedings
3 for involuntary commitment by submitting to the court a clinical
4 certificate completed by a psychiatrist on the patient's treatment
5 team and the screening certificate which authorized admission
6 of the patient to the facility; provided, however, that both cer-
7 tificates shall not be signed by the same psychiatrist unless the
8 psychiatrist has made a reasonable but unsuccessful attempt to
9 have another psychiatrist conduct the evaluation and execute the
10 certificate.

11 b. Court proceedings for the involuntary commitment of any
12 person not referred by a screening service may be initiated by

13 the submission to the court of two clinical certificates, at least
14 one of which is prepared by a psychiatrist. The person shall not
15 be involuntarily committed before the court issues a temporary
16 court order.

17 c. Upon receiving these documents the court shall immediately
18 review them in order to determine whether there is probable cause
19 to believe that the person is in need of involuntary commitment.

20 d. If the court finds that there is no probable cause to believe
21 that the person is in need of involuntary commitment, it shall
22 dismiss the proceeding and, if the person is being detained in-
23 voluntarily at a short-term care or psychiatric facility or special
24 psychiatric hospital the court shall order that the person be dis-
25 charged from the facility.

26 e. If the court finds that there is probable cause to believe that
27 the person is in need of involuntary commitment, it shall issue
28 a temporary order authorizing the admission to or retention of
29 the person in the custody of the facility pending a final hearing.

30 f. In the case of a person committed to a short-term care facility
31 or special psychiatric hospital, after the facility's treatment team
32 conducts a mental and physical examination, administers appro-
33 priate treatment and prepares a discharge assessment, the facility
34 may transfer the patient to a psychiatric facility prior to the
35 final hearing.

1 11. (New section) A patient admitted to a short-term care or
2 psychiatric facility or special psychiatric hospital either on a
3 voluntary or involuntary basis has the following rights:

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

9 b. The right to a verbal explanation of the reasons for admis-
10 sion, the availability of an attorney and the rights provided in
11 this act; and

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

17 The clinical director shall ensure that a written statement of
18 the rights provided in this act is provided to patients at the time
19 of admission or as soon as possible thereafter, and to patients
20 and their families upon request.

1 12. (New section) A patient who is involuntarily committed to
2 a short-term care or psychiatric facility or special psychiatric
3 hospital shall receive a court hearing with respect to the issue
4 of continuing need for involuntary commitment within 20 days
5 from initial inpatient admission to the facility unless the patient
6 has been administratively discharged from the facility pursuant
7 to section 17 of this act.

8 The assigned county counsel is responsible for presenting the
9 case for the patient's involuntary commitment to the court.

10 A patient subject to involuntary commitment shall have counsel
11 present at the hearing and shall not be permitted to appear at
12 the hearing without counsel.

1 13. (New section) a. At least 10 days prior to a court hearing,
2 the county adjuster of the admitting county shall cause notice
3 of the court hearing to be served upon the patient, the patient's
4 guardian if any, the patient's next-of-kin, the patient's attorney,
5 the director, chief executive officer, or other individual who has
6 custody of the patient, the county adjuster of the county in which
7 the patient has legal settlement and any other individual specified
8 by the court. The notice shall contain the date, time and location
9 of the court hearing. The patient and the patient's attorney
10 shall also receive copies of the clinical certificates and supporting
11 documents, the temporary court order and a statement of the
12 patient's rights at the court hearing.

13 b. A psychiatrist on the patient's treatment team who has
14 conducted a personal examination of the patient as close to the
15 court hearing date as possible, but in no event more than five
16 calendar days prior to the court hearing, shall testify at the
17 hearing to the clinical basis for the need for involuntary com-
18 mitment. Other members of the patient's treatment team may
19 also testify at the hearing.

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

22 d. The court shall transcribe the court hearing and arrange for
23 the payment of expenses related thereto in the same manner as
24 for other court proceedings.

25 The designated mental health agency staff person shall notify
26 the court if the patient fails to meet the conditions of the dis-
27 charge plan. The court shall determine, in conjunction with the
28 findings of a screening service, if the patient needs to be rehos-
29 pitalized and, if so, the patient shall be returned to the facility.
30 The court shall hold a hearing within 20 days of the day the

31 patient was returned to the facility to determine if the order of
32 conditional discharge should be vacated.

1 14. (New section) A person subject to involuntary commitment
2 has the following rights at a court hearing and any subsequent
3 review court hearing.

4 a. The right to be represented by counsel or, if indigent, by
5 appointed counsel;

6 b. The right to be present at the court hearing unless the court
7 determines that because of the person's conduct at the court
8 hearing the proceeding cannot reasonably continue while the
9 person is present;

10 c. The right to present evidence;

11 d. The right to cross examine witnesses; and

12 e. The right to a hearing in camera.

1 15. (New section) a. If the court finds by clear and convincing
2 evidence that the patient needs continued involuntary commit-
3 ment, it shall issue an order authorizing the involuntary commit-
4 ment of the patient and shall schedule a subsequent court hearing
5 in the event the patient is not administratively discharged pur-
6 suant to section 17 of this act prior thereto.

7 b. If the court finds that the patient does not need continued
8 involuntary commitment, the court shall so order and the facility
9 shall discharge the patient within 48 hours of the court's verbal
10 order or by the end of the next working day, whichever is longer,
11 with a discharge plan prepared pursuant to section 18 of this act.

12 c. If the court finds that the patient's history indicates a high
13 risk of rehospitalization because of the patient's failure to comply
14 with discharge plans, the court may discharge the patient subject
15 to conditions recommended by the facility and mental health
16 agency staff and developed with the participation of the patient.
17 Conditions imposed on the patient shall be specific and their dura-
18 tion shall not exceed 90 days.

1 16. (New section) a. A patient committed pursuant to a court
2 order who is not administratively discharged pursuant to section
3 17 of this act shall be afforded periodic court review hearings of
4 the need for involuntary commitment. The review hearing shall
5 be conducted in the manner provided in section 15 of this act
6 except that a finding of "gravely disabled" shall not require
7 evidence of "a recent failure." If the court determines at a re-
8 view hearing that involuntary commitment shall be continued,
9 it shall execute a new order. The court shall conduct the first
10 review hearing three months from the date of the first hearing,

11 the next review hearing nine months from the date of the first
12 hearing and subsequent review hearings 12 months from the date
13 of the first hearing and annually thereafter. The court may
14 schedule additional review hearings but, except in extraordinary
15 circumstances, not more often than once every 30 days.

16 b. At a review court hearing, when the advanced age of the
17 patient or the cause or nature of the mental illness renders it
18 appropriate and when it would be impractical to obtain the testi-
19 mony of a psychiatrist as required in section 13 of this act, the
20 court may permit a physician on the patient's treatment team,
21 who has personally conducted an examination of the patient as
22 close to the hearing date as possible, but in no event more than
23 five days prior to the hearing date, to testify at the hearing to
24 the clinical basis for the need for involuntary commitment.

1 17. (New section) The treatment team at a short-term care or
2 psychiatric facility or special psychiatric hospital shall adminis-
3 tratively discharge a patient from involuntary commitment status
4 if the treatment team determines that the patient no longer needs
5 involuntary commitment. If a discharge plan has not been de-
6 veloped pursuant to section 18 of this act, it shall be developed
7 forthwith.

1 18. (New section) A person discharged either by the court or
2 administratively from a short-term care or psychiatric facility or
3 special psychiatric hospital shall have a discharge plan prepared
4 by the treatment team at the facility pursuant to this section.
5 The treatment team shall give the patient an opportunity to par-
6 ticipate in the formulation of the discharge plan. In the case of
7 patients committed to short-term care or psychiatric facilities,
8 a community agency designated by the commissioner shall par-
9 ticipate in the formulation of the plan. The facility shall advise
10 the mental health agency of the date of the patient's discharge.
11 The mental health agency shall provide follow-up care to the
12 patient pursuant to regulations adopted by the commissioner.
13 This section does not preclude discharging a patient to an ap-
14 propriate professional.

15 Psychiatric facilities shall give notice of the discharge to the
16 county adjuster of the county in which the patient has legal
17 settlement.

1 19. (New section) The chief executive officer of a State or county
2 psychiatric facility, or his designee, may authorize the payment of
3 interim financial assistance to discharged patients for living ex-
4 penses, pending determination of public benefits entitlements,

5 when this assistance is necessary and appropriate pursuant to
6 regulations adopted by the commissioner. When public benefit
7 entitlements are received, discharged patients shall reimburse
8 the psychiatric facility for all interim financial assistance
9 provided.

1 20. (New section) A voluntary patient at a short-term care or
2 psychiatric facility or special psychiatric hospital shall be dis-
3 charged by the treatment team at the patient's request. The
4 treatment team shall document all requests for discharge, whether
5 oral or written, in the patient's clinical record. The facility shall
6 discharge the patient as soon as possible but in every case within
7 48 hours or at the end of the next working day from the time of
8 the request, whichever is longer, except that if the treatment
9 team determines that the patient needs involuntary commitment,
10 the treatment team shall initiate court proceedings pursuant to
11 section 10 of this act. The facility shall detain the patient beyond
12 48 hours or the end of the next working day from the time of
13 the request for discharge, only if the court has issued a temporary
14 court order.

1 21. (New section) a. A person involuntarily committed to a
2 State psychiatric facility listed in R. S. 30:1-7 may be transferred
3 to another State psychiatric facility in accordance with rules
4 adopted by the commissioner that specify the clinical and program-
5 matic factors and the procedures related to the transfer.

6 b. A person involuntarily committed to a State psychiatric
7 facility may be transferred to a facility for psychiatric or med-
8 ical care pursuant to an affiliation agreement between the de-
9 partment and that facility which specifies the clinical and pro-
10 grammatic factors and the procedures related to the transfer.

1 22. (New section) a. If a person in custody awaiting trial on
2 a criminal or disorderly persons charge is admitted or committed
3 pursuant to this act, the law enforcement authority which trans-
4 ferred the person shall complete a uniform detainer form, as
5 prescribed by the division, which shall specify the charge, law
6 enforcement authority and other information which is clinically
7 and administratively relevant. This form shall be submitted to
8 the admitting facility along with the screening certificate or tem-
9 porary court order directing that the person be admitted to the
10 facility.

11 b. The division shall prepare the form with the approval of
12 the Administrative Office of the Courts.

13 c. When the person is administratively or judicially discharged

14 and is still under the authority of the law enforcement authority,
 15 that authority shall, within 48 hours of receiving notification of
 16 the discharge, take custody of the person.

1 23. R. S. 30:1-7 is amended to read as follows:

2 30:1-7. The **【charitable, hospital, relief and training】** *long-*
 3 *term care facilities*, institutions, and **【non-institutional agencies】**
 4 *psychiatric facilities* of this State, within the meaning of this
 5 Title, shall include the following, and, as well, any **【institution】**
 6 *facilities* established hereafter for any similar purpose**【**, as now
 7 established and as the same are to be hereafter maintained and
 8 operated pursuant to law**】**:

9 Trenton Psychiatric Hospital,
 10 Greystone Park Psychiatric Hospital,
 11 Marlboro Psychiatric Hospital,
 12 Ancora Psychiatric Hospital,
 13 Glen Gardner Center for Geriatrics,
 14 The Forensic Psychiatric Hospital,
 15 North Princeton Developmental Center,
 16 North Jersey Developmental Center,
 17 New Lisbon Development Center,
 18 Woodbine Developmental Center,
 19 Vineland Developmental Center,
 20 Woodbridge Developmental Center,
 21 Hunterdon Developmental Center,
 22 New Jersey Memorial Home for Disabled Soldiers at Menlo
 23 Park,
 24 New Jersey Memorial Home for Disabled Soldiers, Sailors,
 25 Marines and their Wives and Widows at Vineland,
 26 **【Diagnostic Center at Menlo Park,】**
 27 Arthur Brisbane Child Center at Allaire,
 28 **【Board of Public Welfare,**
 29 **Commission for the Blind and Visually Impaired】**
 30 *The Johnstone Training and Research Center.*

31 **【The correctional institutions of this State, within the meaning**
 32 **of this Title, shall include the following and, as well, any insti-**
 33 **tution established hereafter for any similar purpose, as now**
 34 **established and as the same are to be hereafter maintained and**
 35 **operated pursuant to law:**

36 State Prison, Trenton,
 37 State Prison, Rahway,
 38 State Prison, Leesburg,
 39 Youth Reception and Correction Center, Yardville,

40 Youth Correctional Institution, Bordentown,
 41 Correctional Institution for Women, Clinton,
 42 Youth Correctional Institution, Annandale,
 43 Training School for Boys, Jamesburg,
 44 Training School for Girls, Trenton,
 45 Training School for Boys, Skillman.】

1 24. Section 11 of P. L. 1965, c. 59 (C. 30:4-24.3) is amended
 2 to read as follows:

3 11. All certificates, applications, records, and reports made
 4 pursuant to the provisions of this Title and directly or indirectly
 5 identifying any individual presently or formerly receiving ser-
 6 vices in a noncorrectional institution under this Title, or for
 7 whom services in a noncorrectional institution shall be sought
 8 under this act shall be kept confidential and shall not be disclosed
 9 by any person, except insofar as:

10 (1) the individual identified or his legal guardian, if any, or,
 11 if he is a minor, his parent or legal guardian, shall consent; or

12 (2) disclosure may be necessary to carry out any of the pro-
 13 visions of this act or of article 9 of chapter 82 of Title 2A of the
 14 New Jersey Statutes; or

15 (3) a court may direct, upon its determination that disclosure
 16 is necessary for the conduct of proceedings before it and that
 17 failure to make such disclosure would be contrary to the public
 18 interest.

19 Nothing in this section shall preclude disclosure, upon proper
 20 inquiry, of information as to a patient's current medical condi-
 21 tion to any relative or friend or to the patient's personal physician
 22 or attorney if it appears that the information is to be used directly
 23 or indirectly for the benefit of the patient.

24 *Nothing in this section shall preclude the professional staff of*
 25 *a community agency under contract with the Division of Mental*
 26 *Health and Hospitals in the Department of Human Services, or*
 27 *of a screening service, short-term care or psychiatric facility as*
 28 *those facilities are defined in section 2 of P. L., c.*
 29 *(C.) (now pending before the Legislature as this*
 30 *bill) from disclosing information that is relevant to a patient's*
 31 *current treatment to the staff of another such agency.*

1 25. Section 13 of P. L. 1965, c. 59 (C. 30:4-25.1) is amended to
 2 read as follows:

3 13. a. *For the purpose of Title 30 of the Revised Statutes:*

4 (1) *"Eligible mentally retarded person" means a person who*
 5 *has been declared eligible for admission to functional services of*
 6 *the department.*

7 (2) *“Evaluation services” means those services and procedures*
8 *in the department by which eligibility for functional services for*
9 *the mentally retarded is determined and those services provided*
10 *by the department for the purpose of advising the court concern-*
11 *ing the need for guardianship of individuals over the age of 18*
12 *who appear to be mentally deficient.*

13 (3) *“Functional services” means those services and programs*
14 *in the department available to provide the mentally retarded with*
15 *education, training, rehabilitation, adjustment, treatment, care*
16 *and protection.*

17 (4) *“Mental deficiency” or “mentally deficient” means that*
18 *state of mental retardation in which the reduction of social com-*
19 *petence is so marked that persistent social dependency requiring*
20 *guardianship of the person shall have been demonstrated or be*
21 *anticipated.*

22 (5) *“Mental retardation” or “mentally retarded” means a*
23 *significant subaverage general intellectual functioning existing*
24 *concurrently with deficits in adaptive behavior which are mani-*
25 *fested during the development period .*

26 (6) *“Residential services” means observation, examination,*
27 *care, training, treatment, rehabilitation and related services, in-*
28 *cluding community care, provided by the department to patients*
29 *who have been admitted or transferred to, but not discharged*
30 *from any residential functional service for the mentally retarded.*

31 *b.* Application for admission of an eligible mentally retarded
32 person to functional services of the department may be made
33 under any of the following classes:

34 Class F. Application to the commissioner by the parent, guard-
35 ian or person or agency having care and custody of the person
36 of a minor or by the guardian of the person of a mentally deficient
37 adult;

38 Class G. Application to the commissioner by a mentally re-
39 tardated person over 18 years of age on his own behalf;

40 Class H. Application to the commissioner by a juvenile court
41 having jurisdiction over an eligible mentally retarded minor;

42 Class I. Application to the commissioner with an order of com-
43 mitment to the custody of the commissioner issued by a court of
44 competent jurisdiction during or following criminal process in-
45 volving the eligible mentally deficient person.

46 Application shall be made on such forms and accompanied by
47 such relevant information as may be specified from time to time
48 by the commissioner.

1 26. Section 15 of P. L. 1979, c. 441 (C. 30:4-123.59) is amended
2 to read as follows:

3 15. a. Each parolee shall at all times remain in the legal custody
4 of the Commissioner of Corrections, and shall remain under the
5 supervision of the Bureau of Parole of the Department of Cor-
6 rections in accordance with the rules of the board.

7 b. Each parolee shall agree, as evidenced by his signature to
8 abide by specific conditions of parole established by the appro-
9 priate board panel which shall be enumerated in writing in a
10 certificate of parole and shall be given to the parolee upon re-
11 lease. Such conditions shall include, among other things, a require-
12 ment that the parolee conduct himself in society in compliance
13 with all laws and refrain from committing any crime, a require-
14 ment that the parolee obtain permission from his parole officer
15 for any change in his residence, and a requirement that the parolee
16 report at reasonable intervals to an assigned parole officer. In
17 addition, based on prior history of the parolee, the member or
18 board panel certifying parole release pursuant to section 11 may
19 impose any other specific conditions of parole deemed reasonable
20 in order to reduce the likelihood of recurrence of criminal be-
21 havior. Such special conditions may include, among other things,
22 a requirement that the parolee make full or partial restitution,
23 the amount of which restitution shall be set by the sentencing
24 court upon request of the board.

25 c. The appropriate board panel may in writing relieve a parolee
26 of any parole conditions, and may permit a parolee to reside
27 outside the State pursuant to the provisions of the Uniform Act
28 for Out-of-State Parolee Supervision (N. J. S. 2A:168-14 et seq.)
29 and the Interstate Compact on Juveniles, P. L. 1955, c. 55 (C.
30 9:23-1 to 9:23-4) if satisfied that such change will not result in
31 a substantial likelihood that the parolee will commit an offense
32 which would be a crime under the laws of this State. The ap-
33 propriate board panel may revoke such permission or reinstate
34 relieved parole conditions for any period of time during which a
35 parolee is under its jurisdiction.

36 d. The appropriate board panel may parole an inmate to any
37 residential facility funded in whole or in part by the State if the
38 inmate would not otherwise be released pursuant to section 9
39 without such placement. **【Such facility shall receive the parolee
40 and shall not discharge or otherwise release the parolee without
41 the consent of the board panel.】** *But if the residential facility
42 provides treatment for mental illness or mental retardation, the*

43 board panel only may parole the inmate to the facility pursuant
 44 to the laws and admissions policies that otherwise govern the
 45 admission of persons to that facility, and the facility shall have
 46 the authority to discharge the inmate according to the laws and
 47 policies that otherwise govern the discharge of persons from the
 48 facility, on 10 days' prior notice to the board panel. The board
 49 panel shall acknowledge receipt of this notice in writing prior
 50 to the discharge. Upon receipt of the notice the board panel shall
 51 resume jurisdiction over the inmate.

52 e. The assigned parole officer shall provide assistance to the
 53 parolee in obtaining employment, education or vocational train-
 54 ing or in meeting other obligations.

55 f. The board panel on juvenile commitments and the assigned
 56 parole officer shall insure that the least restrictive available alter-
 57 native is used for any juvenile parolee.

58 g. If the board has granted parole to any inmate from a State
 59 correctional facility and the court has imposed a fine on such
 60 inmate, the appropriate board panel shall release such inmate on
 61 condition that he make specified fine payments to the Bureau of
 62 Parole. For violation of such conditions, or for violation of a
 63 special condition requiring restitution, parole may be revoked
 64 only for refusal or failure to make a good faith effort to make
 65 such payment.

66 h. Upon collection of the fine the same shall be paid over by
 67 the Department of Corrections to the State Treasury.

1 27. R. S. 30:9-3 is amended to read as follows:

2 30:9-3. The **[board of chosen freeholders]** governing body of
 3 the county may adopt **[by-laws]** bylaws, rules and regulations for
 4 the management and government of a county **[lunatic asylum]**
 5 psychiatric facility; the admission, support and discharge of
 6 patients; the appointment of a superintendent **[or warden]** and
 7 other employees and officers. *But, the rules and regulations gov-*
 8 *erning the admission and discharge of patients shall be in com-*
 9 *pliance with the provisions of P. L. , c. (now pend-*
 10 *ing before the Legislature as this bill).*

11 **[Such board]** The governing body shall also fix the compensa-
 12 tion of officers and employees and may at any time by vote of
 13 two-thirds of its members remove an officer or employee. The
 14 expense of erecting, establishing, furnishing, maintaining and
 15 operating the **[asylum]** psychiatric facility shall be paid by the
 16 county treasurer from funds raised by taxation as other county
 17 expenses are paid.

18 **【Such board】** *The governing body* may also select an appro-
 19 priate name by which the **【asylum】** *psychiatric facility* shall there-
 20 after be **【designated and】** known.

1 28. Section 7 of P. L. 1947, c. 34 (C. 30:9-12.7) is amended to
 2 read as follows:

3 7. The admission of any person to a county hospital *for other*
 4 *than mental illness* established under this act shall be subject to
 5 the regulations established by the board of managers and on
 6 application in writing signed by the patient or a person interested
 7 in the admission of the patient by reason of relationship or mar-
 8 riage, or by a person having the charge or care of such patient,
 9 or by the sheriff, or by the **【overseer of the poor】** *municipal di-*
 10 *rector of Welfare* or person charged with the care and relief of
 11 the poor, or by any chief of police or police captain in any mu-
 12 nicipality in the county where such person may be, or by the chief
 13 executive officer of any public or private charitable institution or
 14 hospital in which the patient may be. All application forms shall
 15 be approved by the board of managers for such hospital.

1 29. (New section) Pursuant to the "Administrative Procedure
 2 Act," P. L. 1968, c. 410 (C. 52:14B-1 et seq.), the commissioner
 3 shall adopt, modify, repeal and enforce rules and regulations
 4 necessary to effectuate the purposes of this act.

1 30. The following are repealed:

2 R. S. 30:4-23
 3 R. S. 30:4-25
 4 R. S. 30:4-26.2
 5 R. S. 30:4-27 through R. S. 30:4-30, both inclusive
 6 R. S. 30:4-33
 7 R. S. 30:4-36 through R. S. 30:4-39, both inclusive
 8 R. S. 30:4-41 and R. S. 30:4-42
 9 R. S. 30:4-44 through R. S. 30:4-46, both inclusiv
 10 R. S. 30:4-48
 11 R. S. 30:4-58
 12 R. S. 30:4-59
 13 R. S. 30:4-61 and R. S. 30:4-62
 14 R. S. 30:4-81
 15 R. S. 30:4-82
 16 R. S. 30:4-83
 17 R. S. 30:4-84
 18 R. S. 30:4-107
 19 R. S. 30:4-115
 20 R. S. 30:4-120

- 21 R. S. 30:4-126.1
 22 R. S. 30:4-161
 23 R. S. 30:4-163
 24 R. S. 30:4-165
 25 P. L. 1965, c. 59, sections 21, 71 and 72 (C. 30:4-26.3, C. 30:4-84.1
 26 and C. 30:4-84.2)
 27 P. L. 1971, c. 450, s. 2 (C. 30:4-26.3a)
 28 P. L. 1953, c. 418 (C. 30:4-46.1 and C. 30:4-46.2)
 29 P. L. 1915, c. 201, p. 366 (1924 Suppl. Sec. 121-69a to
 30 121-69g), saved from repeal by R. S. 30:4-165.
- 1 31. (New section) Any costs incurred to comply with the pro-
 2 visions of this act will be considered allowable in establishment
 3 of rates, which are to be set in a regulatory environment.
- 1 32. This act shall take effect 18 months from the date of enact-
 2 ment.

SPONSORS' STATEMENT

This bill revises parts of Title 30 of the Revised Statutes regarding involuntary civil commitment to reflect various clinical and programmatic advances and to incorporate recent court decisions and court rules regarding civil commitment. The bill clarifies the standards, procedures and rights that are applicable to adults in the public mental health system and balances the basic value of liberty with the need for safety and treatment.

The bill provides that a person shall be committed to a short-term care or psychiatric facility only if mentally ill and dangerous, or mentally ill and gravely disabled. A person may be admitted to the facility on the basis of probable cause, and shall be retained only on the basis of clear and convincing evidence.

The bill provides that treatment for mental illness shall be provided in a manner that is consistent with a person's clinical condition and that a person shall be hospitalized only when clinically necessary. In this regard, the bill encourages the development of community based services including mental health screening services and short-term care facilities in each county or mental health service area.

The bill specifies: the role of law enforcement officers in the commitment process so that unnecessary criminalization of mentally ill persons is avoided; authorizes evaluation of mentally ill persons by mental health professionals trained in relevant disciplines; authorizes short-term care facility staff to detain a mentally ill person for up to 72 hours without court action for

the purpose of stabilizing the person; and provides that periodic court review hearings shall focus on whether continued involuntary commitment is needed while determinations as to where a patient should be placed shall be made administratively based on clinical and programmatic factors.

This bill only addresses commitment standards and procedures relating to adults. Standards and procedures for the commitment of minors will be addressed in a separate bill. Further, issues concerning the rights of psychiatric patients in general hospitals are not addressed in this bill but are currently being addressed in regulations promulgated by the Department of Health. Finally, the standards and procedures for commitment and admission to various mental health treatment facilities in this bill do not apply to voluntary admissions in inpatient psychiatric units of general hospitals.

Certain laws and sections of laws allocated to chapter 4 of Title 30 of the Revised Statutes are repealed herein because they are obsolete or are superseded by later laws or by various sections of this bill.

CIVIL RIGHTS

Civil commit—statutes revises

Revises the statutes concerning the involuntary commitment of adults.

ASSEMBLY HEALTH AND HUMAN RESOURCES
COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1813

with Assembly committee amendments

STATE OF NEW JERSEY

DATED: OCTOBER 9, 1986

The Assembly Health and Human Resources Committee reports favorably Assembly Bill No. 1813 with committee amendments.

As amended by committee, this bill revises parts of Title 30 of the Revised Statutes regarding involuntary civil commitment to reflect clinical and programmatic advances and incorporate recent court decisions and rules.

The bill provides that a person shall be committed on the basis of probable cause to a short term care or psychiatric facility only if mentally ill and dangerous to himself, others or to property, and shall be retained based upon clear and convincing evidence only.

The bill defines : (1) "mental illness" as a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, behavior or capacity to recognize reality; and (2) "dangerous" as a substantial likelihood in the reasonably foreseeable future that a person will inflict serious physical harm upon himself or others or cause serious damage to property, based on the person's history, recent behavior and any recent act or threat.

The bill requires that treatment for mental illness be provided in a manner consistent with a person's clinical condition and that a person be hospitalized only when clinically necessary, while encouraging the development of community-based mental health screening services and short term care facilities.

The bill specifies the role of law enforcement officers in the commitment process; authorizes evaluation of mentally ill persons by mental health professionals trained in relevant disciplines; and authorizes short term care facility staff to detain a mentally ill person for up to 72 hours without court action for the purpose of stabilizing the person. Periodic court review hearings shall focus on whether continued involuntary commitment is needed; determinations as to where a patient is placed shall be made administratively based on clinical and programmatic factors.

ASSEMBLY APPROPRIATIONS COMMITTEE

STATEMENT TO

ASSEMBLY, No. 1813

[OFFICIAL COPY REPRINT]

with Assembly committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 11, 1986

The Assembly Appropriations Committee favorably reports Assembly Bill No. 1813 (OCR) with amendments.

Assembly Bill No. 1813 (OCR) as amended revises the statutes concerning involuntary civil commitment to reflect clinical and programmatic advances and to incorporate language based on recent court decisions and rules. The bill provides that a person shall be committed on the basis of probable cause to a short-term care or psychiatric facility only if mentally ill and dangerous to himself, others or to property, and be retained based upon clear and convincing evidence only. The bill requires treatment consistent with the person's clinical condition and a person shall be hospitalized only when clinically necessary, while encouraging the development of community-based mental health screening services and short term care facilities.

FISCAL IMPACT:

The bill as amended appropriates \$100,000.00 to the Department of Human Services for additional psychiatric and outreach services, and to develop training procedures for law enforcement personnel.

COMMITTEE AMENDMENTS:

The committee amended the bill as recommended by the Subcommittee on Government Operations to reduce the appropriation from \$3 million to \$100,000.00 and to clarify the definition of a special psychiatric hospital should include public or private and be licensed by the Department of Health.

SENATE REVENUE, FINANCE AND APPROPRIATIONS
COMMITTEE

STATEMENT TO
ASSEMBLY, No. 1813

[OFFICIAL COPY REPRINT]

with Senate committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 5, 1987

The Senate Revenue, Finance and Appropriations Committee reported Assembly Bill No. 1813 (OCR) favorably, with committee amendments.

This bill, as amended, revises the statutes concerning involuntary civil commitment to reflect clinical and programmatic advances and to incorporate language based on recent court decisions and rules. The bill provides that a person shall be involuntarily committed to a short-term care or psychiatric facility or a special psychiatric hospital only if mentally ill and dangerous to himself, others or to property, and be retained based upon clear and convincing evidence only. The bill requires treatment consistent with the person's clinical condition and a person shall be hospitalized only when clinically necessary. This bill also encourages the development of community-based mental health screening services and short-term care facilities.

COMMITTEE AMENDMENTS:

The committee amended the bill to clarify that the provisions of the bill apply to persons involuntarily admitted to special psychiatric hospitals and do not apply to persons voluntarily admitted to special psychiatric hospitals unless specifically provided for in the bill. Other amendments are technical and clarifying in nature. The bill, as amended, is identical to Senate Bill No. 800 SCS Sea.

FISCAL IMPACT:

The bill appropriates \$100,000.00 to the Department of Human Services for additional psychiatric and outreach services and for the development of training procedures for law enforcement personnel.

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301



OFFICE OF THE GOVERNOR NEWS RELEASE

CN-001

Contact: JOHN SAMERJAN
609-292-8956 OR 292-6000 EXT. 207

TRENTON, N.J. 08625

Release: THURS., MAY 7, 1987

Governor Thomas H. Kean today signed legislation marking the first substantial revision in 20 years of statutes regarding involuntary civil commitment and care for the mentally ill or those in danger of doing harm to themselves or others.

A-1813, was sponsored by Assemblyman George Otlowski, D-Middlesex and Assemblyman Thomas Deverin, D-Union. Senator Donald DiFrancesco, R-Union sponsored similar legislation, S-800, in the Senate.

The legislation revises Title 30 of the statutes to reflect current clinical and programmatic advances and incorporate recent court decisions.

The revisions allow appropriate mental health professionals, with court authorization, to involuntarily commit mentally ill individuals for treatment. Persons shall be committed to short-term care or psychiatric facilities only if they are mentally ill and a danger to themselves or others or property.

The bill authorizes the evaluation of mentally ill people persons by mental health professionals and authorizes short-term care facility staff to detain a mentally ill person for up to 72 hours without court action in order to stabilize the person.

The legislation further allows for the improvement of the screening evaluation components of the community based mental health systems and encourages the proliferation of short-term and psychiatric care facilities for the screening and commitment of individuals.

-more-

A-1813 Signed
Page 2
May 7, 1987

The legislation takes effect in 18 months, but \$100,00 is immediately appropriated to the Department of Human Services to develop additional outreach and psychiatric services and develop training procedure for law enforcement personnel.

#

ASSEMBLY, No. 114

STATE OF NEW JERSEY

PRE-FILED FOR INTRODUCTION IN THE 1984 SESSION

By Assemblymen OTLOWSKI, FORTUNATO, DEVERIN, Assemblywoman GARVIN, Assemblymen ZANGARI and KARCHER

AN ACT concerning the commitment of persons to mental institutions and amending and repealing parts of the statutory law.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

1 1. R. S. 30:4-23 is amended to read as follows:

2 30:4-23. As used in this article: "Chief executive officer" means
3 the chief executive and administrative officer of any institution as
4 designated for that purpose by the board of managers.

5 "County counsel" includes the chief legal officer or adviser of
6 the board of chosen freeholders of any county in this State or his
7 duly authorized representative.

8 "Institution," includes, except as herein otherwise provided, any
9 State or county institution for the care and treatment of the
10 mentally ill, **the tuberculous,** or the mentally retarded in this
11 State, as the case may be.

12 "Court" means the **County** *Superior Court* **of any county in**
13 **this State,** or the juvenile and domestic relations court *or the*
14 *family court* of any county.

15 "Medical director" means the physician charged with the over-all
16 professional responsibility for **the operation of** *patient care in*
17 a mental **or tubercular** hospital.

18 "Patient" includes any person or persons alleged to be mentally
19 ill, **tuberculous,** or mentally retarded whose admission to any
20 institution for the care and treatment of such class of persons in
21 this State has been applied for.

**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 printed in italics thus is new matter.**

22 "Discharge" shall mean relinquishment by all agents of the de-
23 partment of all legal rights and responsibilities acquired by reason
24 of the admission, with or without court order, of that person to any
25 residential or functional service whose operation is in any way
26 authorized by the department, except that the right and responsi-
27 bility to pursue and recover unpaid charges shall be maintained.

28 "Police official" shall mean any permanent and full-time active
29 policeman of any police department of a municipality or a member
30 of the State Police or a county sheriff or his deputy.

31 "Evaluation services" shall mean those services and procedures
32 in the department by which eligibility for functional services for
33 the mentally retarded is determined and those services provided
34 by the department for the purpose of advising the courts concerning
35 the need for guardianship of individuals over the age of 18 who
36 appear to be mentally deficient.

37 "State school" shall mean any residential institution of the State
38 of New Jersey which is so designated by the [State Board of
39 Control] *Commissioner of Human Services* and whose primary
40 purpose is to provide functional services for the mentally retarded.

41 "Mental hospital" shall mean any inpatient medical facility,
42 public or private, so designated by the [board of control] *Commis-
43 sioner of Human Services*. Such a hospital may be an institution
44 exclusively for the care of the mentally ill, or it may be a general
45 hospital providing facilities for the diagnosis, care and treatment
46 of individuals with mental illnesses on an inpatient basis.

47 "Practicing physician" shall mean a physician licensed to practice
48 medicine in any one of the United States; provided, however, that
49 "practicing physician," with reference to admission to mental
50 hospitals shall not include any physician who is a relative, either
51 by blood or marriage, of the patient, nor the director, chief execu-
52 tive officer, or proprietor of any institution for the care and treat-
53 ment of the mentally ill to which application for admission is being
54 prepared.

55 "State residential services" shall mean observation, examination,
56 care, training, treatment, rehabilitation and related services, in-
57 cluding family care, provided by the department to patients who
58 have been admitted or transferred to, but not discharged from, any
59 State hospital for the mentally ill or tuberculous or any residential
60 functional service for the mentally retarded; "county residential
61 services" shall mean comparable services provided to patients who
62 have been admitted or transferred to, but not discharged from, any
63 county hospital.

64 "Admitting physician" shall mean that physician designated by
65 the medical director to act as his agent in authorizing the admission
66 of patients to a mental hospital.

67 "Attending physician" shall mean a practicing physician in the
68 community attending the patient in his home or in a mental hospital,
69 or the physician on the staff of a mental hospital who is immediately
70 responsible for the care and treatment of the patient.

71 "Chief of service" shall mean the physician charged with over-all
72 responsibility for the professional program of care and treatment
73 in the particular administrative unit of the mental hospital to which
74 the patient has been admitted, or such other member of the medical
75 staff as may be designated by the medical director. He shall have
76 the custody and control of every person admitted to his service
77 until properly transferred or discharged.

78 "Custody" shall mean the right and responsibility to provide
79 immediate physical attendance and supervision.

80 "Family care" shall mean a program conducted under the regu-
81 lations of the [State Board of Control,] *Commissioner of Human*
82 *Services* for the placement with suitable private families or in
83 boarding homes holding a certificate of approval in accordance with
84 State law of individuals who are eligible for care in mental hospitals
85 or for functional services for the retarded, who have no need for
86 professional nursing services, who have no suitable homes of their
87 own, and who have no relatives able to provide minimum sheltered
88 care.

89 "Eligible mentally retarded person" shall mean a person who
90 has been declared eligible for admission to functional services of
91 the department.

92 "Functional services" shall mean those services and programs in
93 the department available to provide the mentally retarded with
94 education, training, rehabilitation, adjustment, treatment, care and
95 protection.

96 "Mental deficiency" shall mean that state of mental retardation
97 in which the reduction of social competence is so marked that
98 persistent social dependency requiring guardianship of the person
99 shall have been demonstrated or be anticipated.

100 "Mental retardation" shall mean a state of significant subnormal
101 intellectual development with reduction of social competence in a
102 minor or adult person; this state of subnormal intellectual de-
103 velopment shall have existed prior to adolescence and is expected to
104 be of life duration.

105 "Mental illness" shall mean [mental disease to such an extent
106 that a person so afflicted requires care and treatment for his own

107 welfare, or the welfare of others, or of the community] a substan-
 108 tial disorder of thought, mood, perception, orientation or memory
 109 that grossly impairs judgment, behavior, capacity to recognize
 110 reality or ability to meet the ordinary demands of life. It shall not
 111 include mental retardation, simple drug or alcohol intoxication, or
 112 behavior or personality disorders manifested only by social mal-
 113 adaptation, assaultive, or other aggressive behavior. "Mental ill-
 114 ness" shall be synonymous with "mental disorder."

115 "Mentally ill and in need of hospitalization" means suffering
 116 from mental illness and requiring involuntary commitment be-
 117 cause of (1) an attempt or threat to commit suicide or to do bodily
 118 harm to oneself as manifested by an attempt, suicidal preoccupa-
 119 tion, or significant depression, (2) a homicidal or assaultive pre-
 120 occupation or the inflicting or threatening of serious bodily harm
 121 against another person or the inflicting or threatening of serious
 122 property damage, (3) the serious impairment of familial financial
 123 stability or (4) the significant impairment of one's physical or
 124 mental health or the infliction upon oneself of substantial bodily
 125 injury, or serious physical or mental disease, from lack of self-
 126 control or judgment in caring for personal need such as shelter,
 127 nutrition or medical attention.

128 "Psychiatrist" means a licensed physician who is either certified
 129 or eligible for certification in psychiatry by the American Board of
 130 Neurology and Psychiatry or who is a resident in a program
 131 approved for certification.

1 2. R. S. 30:4-25 is amended to read as follows:

2 30:4-25. For the purpose of this Title the method of commitment
 3 of mentally ill patients shall be divided into five classes:

4 Class A. [Where immediate temporary confinement in an institu-
 5 tion is not necessary before making final order of commitment.]
 6 *Emergency commitment for immediate evaluation and treatment.*

7 Class B. [Where immediate temporary confinement is necessary,
 8 owing to the condition of the patient, and where an order of
 9 temporary confinement can be obtained before the patient is taken
 10 into such institution.] *Temporary commitment for evaluation and
 11 treatment of a person who is a patient in a mental hospital or other
 12 hospital or health facility.*

13 Class C. [Where immediate confinement in an institution before
 14 making the temporary order hereinafter referred to is necessary,
 15 owing to the condition of the patient, and where an order of tempo-
 16 rary commitment cannot be obtained before the patient is taken
 17 into such institution.] *Indeterminate commitment for a person
 18 under temporary commitment who is determined to be in need of
 19 continued treatment by court order.*

20 Class D. Where a person voluntarily applies for admission to an
21 institution for treatment. In all such cases the admission and
22 maintenance shall be governed by the provisions of [section] R. S.
23 30:4-46 [of this Title].

24 Class E. Where a person in confinement, under care of the chief
25 executive officer of any correctional institution, is to be transferred
26 to an institution for treatment. In all such cases the procedure
27 shall be governed by the provisions of [section] R. S. 30:4-82 [of
28 this Title].

29 *Emergency commitment of a person shall require the certification*
30 *of one physician that the person has been evaluated by the physician*
31 *within five days of the request for admission and that the physician*
32 *believes the person to be mentally ill and in need of hospitalization.*
33 *The certification shall serve as authorization for law enforcement*
34 *or health services personnel to transport the person to the institu-*
35 *tion for admission. The institution shall retain discretion as to*
36 *whether or not to admit the person and shall notify the physician*
37 *of its decision. No person shall be detained under an emergency*
38 *commitment for more than five business days, during which time*
39 *the institution shall evaluate the person and provide treatment,*
40 *except for electroencephalotherapy (electroconvulsive or electro-*
41 *shock therapy) or psychosurgical procedures. The person may be*
42 *discharged prior to the expiration of the five days upon a finding*
43 *by the institution that evaluation or treatment is no longer*
44 *necessary.*

45 *Temporary commitment of a person shall require certification by*
46 *two physicians, at least one of whom shall be a psychiatrist, that*
47 *the physicians believe the person to be mentally ill and in need of*
48 *hospitalization. The certification shall serve as authorization to*
49 *detain the person in the institution or mental hospital in which he*
50 *is a patient or for law enforcement or health services personnel to*
51 *transport the person to another institution. No person shall be*
52 *detained under a temporary commitment for more than seven*
53 *business days, during which time the institution or mental hospital*
54 *shall evaluate the person and provide treatment, except for electro-*
55 *encephalotherapy (electroconvulsive or electroshock therapy) or*
56 *psychosurgical procedures. The person may be discharged prior*
57 *to the expiration of the seven days upon a finding by the institu-*
58 *tion or mental hospital that evaluation or treatment is no longer*
59 *necessary.*

60 *Indeterminate commitment of a person shall require a judicial*
61 *order, after application by the institution or mental hospital filed*
62 *while the person is detained under temporary commitment and*

63 following a finding that the person is mentally ill and in need of
64 hospitalization by clear and convincing evidence. The court may
65 grant an extension of temporary commitment while proceedings
66 for the indeterminate commitment are in process. The initial order
67 for indeterminate commitment shall authorize hospitalization for
68 not more than three months. Upon review at the end of this period,
69 the court may continue indeterminate commitment with review
70 hearings at least every 12 months for adults and six months for
71 minors.

1 3. R. S. 30:4-30 is amended to read as follows:

2 30:4-30. Every certificate or written statement of a practicing
3 physician shall set forth the date of the making of the personal
4 examination of the subject of the action, which must be made in
5 every case by the physician signing the certificate or written state-
6 ment not more than [10] five days prior to the request for admis-
7 sion of such person to the hospital and [in Class A cases] not more
8 than [10] five days prior to the date of the commencement of [the]
9 other action.

10 Every certificate or signed statement shall contain the following
11 information: name and address of physician, a report of the
12 physician's medical findings concerning the person whose admission
13 or detention is sought; the date of the latest examination of the
14 patient by the physician; the physician's relationship, if any, to the
15 person for whom application is being made; the physician's staff
16 appointment, if any, to the mental hospital in which care is sought;
17 and the number and issuing State of the physician's valid license
18 to practice medicine.

19 Each certificate or signed statement shall set forth any addi-
20 tional facts and circumstances upon which the judgment of such
21 physician is based, and shall include a precise personal description
22 sufficient to identify the patient, and previous mental illness if any,
23 and shall set forth that the condition of the patient is such as to
24 require care and treatment in a mental hospital and such other
25 information as may be required to be furnished.

1 4. R. S. 30:4-39 is amended to read as follows:

2 30:4-39. When the medical director or the chief of service at the
3 time of admission to an institution of a [class "B" or a class "C"]
4 patient or any time before final hearing, shall be satisfied in his
5 discretion, that the patient is not suffering from mental illness, he
6 shall, discharge the patient forthwith, and at the same time mail to
7 the county adjuster of the county whence the patient was admitted
8 a certificate signed by him setting forth that the patient is not
9 suffering from mental illness, and has been discharged from the

10 hospital to which he was presented for admission. If, however, at
11 any time before final hearing, the medical director or the chief of
12 service shall have reason to doubt the mental illness of the patient,
13 it shall be his duty to certify forthwith his reasons therefor to the
14 county adjuster of the county from which the admission of such
15 patient has been requested, and the county adjuster shall forthwith
16 bring the certificate of doubt to the attention of the court for con-
17 sideration at the final hearing.

1 5. R. S. 30:4-46 is amended to read as follows:

2 30:4-46. A person resident of the State 18 years of age or older
3 believing himself to be mentally ill, and being desirous of obtaining
4 treatment for the betterment of his mental condition, or a minor
5 under the age of **[21]** 18 in whose behalf an application for volun-
6 tary admission has been made by a parent or guardian **[or by a**
7 **grandparent or adult brother or sister]**, may be admitted to any
8 public or private mental hospital by filing, or having filed in his
9 behalf, with the chief executive officer, at the time of his admission;
10 an application in writing to be approved and furnished by the board
11 of managers or the board of chosen freeholders or the private
12 mental hospital, as the case may be, setting forth his name, place
13 of residence for 10 years, preceding the application, and a full
14 statement of his financial ability to support himself or the financial
15 ability of the person or persons chargeable by law with his support,
16 together with such other information as may be required on the
17 approved forms. *A minor 16 years of age or older may apply for*
18 *voluntary admission and may be admitted in the same manner as*
19 *other patients. A court shall review the admission within seven*
20 *days to determine that the application was voluntary. No minor,*
21 *whether admitted on application of a parent, guardian or the minor,*
22 *shall be detained in the hospital for more than 30 days, except*
23 *upon initiation of the procedures for involuntary commitment pur-*
24 *suant to R. S. 30:4-25.*

25 If arrangements are made which are satisfactory to the institu-
26 tion for payment of the cost of care and treatment of the patient
27 and if the chief executive officer or his designated admitting
28 physician is satisfied that the patient requires hospitalization and
29 should be admitted then he shall be so admitted without reference
30 of the matter to the county adjuster for presentation to the court.
31 However if such financial arrangements are not made then the
32 chief executive officer shall forward forthwith a certified copy of
33 the application to the county adjuster of the county from which the
34 patient is admitted, who shall investigate the matter of legal
35 settlement and indigence of the patient and the persons chargeable

36 with his support, and report the facts to the court in a proceeding
 37 therein. The court shall make a finding as to legal settlement and
 38 financial ability of the patient of the person chargeable with his
 39 support and may direct the payment of the whole or any part of the
 40 expense of care and maintenance of such patient as in the case of
 41 involuntary commitments. Such finding and direction shall be
 42 filed in the same manner as final judgments of commitment are
 43 filed.

44 *A voluntary patient shall not be provided any form or method of*
 45 *treatment without the consent of the patient or parent if the patient*
 46 *is a minor hospitalized on application by the parent, or the*
 47 *guardian. A voluntary patient who has refused treatment may be*
 48 *treated in nonemergency situations only upon transfer of the*
 49 *patient to involuntary status pursuant to R. S. 30:4-25.*

1 6. (New section) No person shall be civilly or criminally liable for
 2 action taken in accordance with any provision of this Title regard-
 3 ing voluntary and involuntary commitment, provided that the action
 4 was not malicious or in willful disregard of any provision of this
 5 Title.

1 7. (New section) The following laws or sections of laws are
 2 repealed:

3 Section 21 of P. L. 1965, c. 59 (C. 30:4-26.3), section 2 of P. L.
 4 1971, c. 450 (C. 30:4-26.3a), R. S. 30:4-29, R. S. 30:4-36 through
 5 R. S. 30:4-38, P. L. 1953, c. 418 (C. 30:4-46.1 et seq.).

1 8. This act shall take effect 180 days after enactment.

STATEMENT

This bill revises the existing statutes relating to the involuntary and voluntary commitment of persons to mental hospitals. The primary purpose of commitment is to provide for the appropriate care, treatment and rehabilitation of a person who is mentally ill and in danger of doing harm to himself or herself or others. A secondary purpose is to protect the individual and society from potential harm. Because commitment necessarily requires the abrogation of fundamental legal rights, the commitment process must include certain safeguards to insure that commitment—and continued hospitalization—is appropriate and necessary.

This bill establishes new standards governing the commitment process to balance the interests of both the individual and society.

This bill repeals section 21 of P. L. 1965, c. 59 (C. 30:4-26.3) providing for the designation of one or more mental hospitals to which a magistrate or judge may issue an order for examination or

temporary hospitalization and providing for the arrest, summary hearing and court order of any person whose behavior suggests mental illness. The bill also repeals section 2 of P. L. 1971, c. 450 (C. 30:4-26.3a) relating to the treatment of persons attempting suicide; R. S. 30:4-29 relating to the submission of physicians' certificates on the institution of an action for commitment; R. S. 30:4-36 through R. S. 30:4-38 relating to the commitment of persons designated in class "A", class "B" and class "C" categories; and P. L. 1953, c. 418 (C. 30:4-46.1 et seq.) relating to the admission and discharge of persons to and from institutions, who are suffering from mental or nervous illness or from psychosis caused by drugs or alcohol.

[SECOND OFFICIAL COPY REPRINT]
ASSEMBLY COMMITTEE SUBSTITUTE FOR
ASSEMBLY, No. 114
STATE OF NEW JERSEY

ADOPTED DECEMBER 5, 1985

Sponsored by Assemblyman OTLOWSKI

AN ACT revising the law concerning admission to inpatient facilities for the treatment of persons who are mentally ill, and revising parts of the statutory law.

1 BE IT ENACTED *by the Senate and General Assembly of the State*
2 *of New Jersey:*

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

2 a. The State is responsible for providing care, treatment and
3 rehabilitation services to mentally ill persons who are gravely dis-
4 abled and cannot provide basic care for themselves or who are
5 dangerous to themselves, to others or to property; and because
6 some of these mentally ill persons do not seek treatment or are
7 not able to benefit from treatment provided on an outpatient basis,
8 it is necessary that State law provide for the ***voluntary ad-*
9 *mission and the*** involuntary commitment of these persons as
10 well as for the public services and facilities necessary to fulfill
10A these responsibilities.

11 b. Because involuntary commitment entails certain deprivations
12 of liberty, it is necessary that State law balance the basic value
13 of liberty with the need for safety and treatment, a balance that
14 is difficult to effect because of the limited ability to predict be-
15 havior; and, therefore, it is necessary that State law provide clear
16 standards and procedural safeguards that ensure that only those
17 persons who because of mental illness cannot provide basic care
18 for themselves or are dangerous to themselves, to others or to
19 property, are involuntarily committed.

20 c. It is the policy of this State that persons in the public mental
21 health system receive inpatient treatment and rehabilitation ser-
22 vices in accordance with the highest professional standards and

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 printed in italics *thus* is new matter.

Matter enclosed in asterisks or stars has been adopted as follows:

*—Assembly amendments adopted December 9, 1985.

**—Assembly amendments adopted December 12, 1985.

23 which will enable those hospitalized persons to return to their
24 community as soon as it is clinically appropriate. Further, it is
25 the policy of this State that the public mental health system shall
26 be developed in a manner which protects individual liberty and
27 provides advocacy and due process for persons receiving treatment
28 and insures that treatment is provided in a manner consistent with
29 a person's clinical condition.

30 d. It is the policy of this State to encourage each county or
31 designated mental health service area to develop a screening ser-
32 vice and a short-term care facility which will meet the needs for
33 evaluation and acute care treatment of mentally ill persons in the
34 county or service area. The State encourages the development of
35 screening services as the public mental health system's entry point
36 in order to provide accessible crisis intervention, evaluation and
37 referral services to mentally ill persons in the community; to offer
38 mentally ill persons clinically appropriate alternatives to inpatient
39 care, if any; and, when necessary, to provide a means for involun-
40 tary commitment. Similarly, the State encourages the development
41 of short-term care facilities to enable a mentally ill person to re-
42 ceive acute, inpatient care in a facility near the person's com-
43 munity. Development and use of screening services and short-
44 term care facilities throughout the State are necessary to strengthen
45 the Statewide community mental health system, lessen inappropri-
46 ate hospitalization and reliance on psychiatric institutions and
47 enable State and county facilities to provide the rehabilitative care
48 needed by some mentally ill persons following their receipt of
49 acute care.

1 2. (New section) As used in this act:

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

4 b. "Clinical certificate" means a form prepared by the division
5 and approved by the Administrative Office of the Courts, that is
6 completed by the psychiatrist or other physician who has examined
7 the person who is subject to commitment within three days of
8 presenting the person for admission to a facility for treatment,
9 and which states that the person is in need of involuntary com-
10 mitment. The form shall also state the specific facts upon which
11 the examining physician has based his conclusion and shall be cer-
12 tified in accordance with the Rules of the Court. ***A clinical cer-*
13 *tificate may not be executed by a person who is a relative by blood*
14 *or marriage to the person who is being screened.***

15 c. "Clinical director" means the person who is designated by the
16 director or chief executive officer to organize and supervise the

16A clinical services provided in a screening service, short-term care
16B or psychiatric facility. ***The clinical director shall be a psychia-*
16C *trist however, those persons currently serving in the capacity*
16D *will not be affected by this provision. This provision shall not*
16E *alter any current civil service laws designating the qualifications*
16F *of such position.***

17 d. "Commissioner" means the Commissioner of the Department
18 of Human Services.

19 e. "County counsel" means the chief legal officer or advisor of
20 the governing body of a county.

21 f. "Court" means the Superior Court or a municipal court.

22 g. "Custody" means the right and responsibility to ensure the
23 provision of care and supervision.

24 h. "Dangerous" means that there is a substantial likelihood in
25 the reasonably foreseeable future that a person will inflict serious
26 physical harm upon himself or other persons or cause serious dam-
27 age to property. This determination shall **[be based on a person's*
28 *past treatment history and behavior and may take into account any*
29 *recent overt act the person has committed]** **take into account a*
29A *person's history, recent behavior and any recent act or threat*.*

30 i. "Department" means the Department of Human Services.

31 j. "Director" means the chief administrative officer of a screen-
32 ing service or short-term care facility.

33 k. "Division" means the Division of Mental Health and Hospitals
34 in the Department of Human Services.

35 l. "Gravely disabled" means that there is a substantial likelihood
36 in the reasonably foreseeable future, as evidenced by the person's
37 recent failure to provide for the person's basic needs such as food,
38 clothing, shelter or safety, that the person will experience serious
39 physical harm.

40 m. "In need of involuntary commitment" means that an adult
41 who is mentally ill, whose mental illness causes the person to be
42 dangerous or gravely disabled and who is unwilling to be admitted
43 to a facility voluntarily for care, needs care at a short-term care,
44 psychiatric facility or special psychiatric hospital because other
45 services are not appropriate or available to meet the person's
46 mental health care needs.

47 n. "Institution" means any State or county facility providing
48 inpatient care, supervision and treatment for the mentally retarded;
49 except that with respect to the maintenance provisions of Title 30
50 of the Revised Statutes, institution also means any psychiatric
51 facility for the treatment of the mentally ill.

52 o. "Mental health agency or facility" means a legal entity which

53 receives funds from the State, county or federal government to
54 provide mental health services.

55 p. "Mental health screener" means a psychiatrist, psychologist,
56 social worker, registered professional nurse or other **[practi-
57 tioner]** ***individual trained to do outreach only for the pur-
58 pose of psychological assessment*** who is employed by a screen-
59 ing service and possesses the license, academic training or ex-
60 perience, as required by the commissioner pursuant to regulation;
61 except that a psychiatrist and a State licensed clinical psycholo-
62 gist who meet the requirements for mental health screener and
62A shall not have to comply with any additional requirements adopted
62B by the commissioner.

63 q. "Mental hospital" means, for the purposes of the payment and
64 maintenance provisions of Title 30 of the Revised Statutes, a
65 psychiatric facility.

66 r. "Mental illness" means a current, substantial disturbance of
67 thought, mood, perception or orientation which significantly im-
68 pairs judgment, behavior or capacity to recognize reality, but does
69 not include simple alcohol intoxication, transitory reaction to drug
70 ingestion, organic brain syndrome or developmental disability un-
71 less it results in the severity of impairment described herein.

72 s. "Patient" means a person over the age of 18 who has been
73 admitted to, but not discharged from a short-term care or psy-
74 chiatric facility.

75 t. "Physician" means a person who is licensed to practice medi-
76 cine in any one of the United States or its territories, or the Dis-
77 trict of Columbia.

78 u. "Psychiatric facility" means a State psychiatric hospital listed
79 in R. S. 30:1-7, a county psychiatric hospital, or a psychiatric unit
80 of a county hospital.

81 v. "Psychiatrist" means a physician who has completed the train-
82 ing requirements of the American Board of Psychiatry and Neu-
83 rology.

84 w. "Psychiatric unit of a general hospital" means an inpatient
85 unit of a general hospital that restricts its services to the care and
86 treatment of the mentally ill who are admitted on a voluntary basis.

87 x. "Psychologist" means a person who is licensed as a psycholo-
88 gist by the New Jersey Board of Psychological Examiners and is
89 either a graduate of a clinical program in a school accerded by
90 the American Psychological Association, certified or eligible for
91 certification as a diplomate in psychology by the American Board
92 of Examiners of Professional Psychologists, or a member of the
93 National Register of Health Services Providers of Psychology.

94 y. "Screening certificate" means a clinical certificate executed by
95 a psychiatrist or other physician affiliated with a screening service.

96 z. "Screening service" means a public or private ambulatory
97 care service designated by the commissioner, which provides men-
98 tal health services including assessment, emergency and referral
99 services to mentally ill persons in a specified geographic area.

100 aa. "Screening outreach visit" means an evaluation provided by
101 a mental health screener wherever the person may be when clini-
102 cally relevant information indicates the person may need involun-
103 tary commitment and is unable or unwilling to come to a screening
104 service.

105 "Short-term care facility" means an inpatient, community based
106 mental health treatment facility which provides acute care and
107 assessment services to a mentally ill person whose mental illness
108 causes the person to be dangerous or gravely disabled. A sort-
109 term care facility is so designated by the commissioner and is au-
110 thorized by the commissioner to serve persons from a specified
111 geographic area. A short-term care facility may be a part of a
112 general hospital or other appropriate health care facility and shall
113 meet certificate of need requirements and shall be licensed and in-
114 spected by the Department of Health pursuant to P. L. 1971, c. 136
115 (C. 26:2H-1 et seq.) and in accordance with standards developed
116 jointly with the Commissioner of Human Services.

117 cc. "Special psychiatric hospital" means a private hospital li-
118 censed by the Department of Health to provide voluntary and in-
119 voluntary mental health services, including assessment, care, super-
120 vision, treatment and rehabilitation services to persons who are
121 mentally ill.

122 dd. "Treatment team" means one or more persons, including at
123 least one psychiatrist or physician, and may include a psychologist,
124 social worker, nurse and other appropriate services providers. A
125 treatment team provides mental health services to a patient of a
126 screening service, short-term care or psychiatric facility.

127 ee. "Voluntary admission" means that adult who is mentally ill,
128 whose mental illness causes the person to be dangerous or gravely
129 disabled and is willing to be admitted to a facility voluntarily for
130 care, needs care at a short-term care, psychiatric facility or special
131 psychiatric hospital because other facilities or services are not
132 appropriate or available to meet the person's mental health needs.
133 ***A person may also be voluntarily admitted to a psychiatric*
134 *facility if his mental illness presents a substantial likelihood of*
135 *rapid deterioration in functioning in the near future, there are*

136 *no appropriate community alternatives available and the psychia-*
 137 *tric facility can admit the person and remain within its rated*
 138 *capacity.***

1 3. (New section) The standards and procedures in this act apply
 2 to all adults involuntarily committed to a short-term care or psy-
 3 chiatric facility and all adults voluntarily admitted from a screen-
 4 ing service to a short-term care facility or psychiatric facility.
 5 The standards and procedures in this act shall not apply to adults
 6 voluntarily admitted to psychiatric units of general hospitals
 7 ***or special psychiatric hospitals**.*

1 4. (New section) The commissioner, in consultation with the
 2 appropriate county mental health board and consistent with the
 3 approved county mental health plan, shall designate one or more
 4 mental health agencies or facilities in each county or multi-county
 5 region in the State as a screening service. The commissioner shall
 6 so designate an agency or facility only with the approval of the
 7 agency's or facility's governing body. In designating the screening
 8 services, the commissioner shall ensure that screening services are
 9 accessible to all persons in the State who need these services and
 10 that screening service evaluation is the preferred process for entry
 11 into short-term care facilities or psychiatric facilities so that ap-
 12 propriate consideration is given to less restrictive treatment alter-
 13 natives.

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

5 a. A screening service shall serve as the facility in the mental
 6 health care treatment system wherein a person believed to be in
 7 need of commitment to a short-term care, psychiatric facility or
 8 special psychiatric hospital undergoes an assessment to determine
 9 what mental health services are appropriate for the person and
 10 where those services may be most appropriately provided.

11 The screening service may provide emergency ***an consen-*
 12 *sual*** treatment to the person receiving the assessment and may
 13 transport the person or detain the person up to 24 hours for the
 14 purposes of providing the treatment and conducting the assess-
 14A ment.

15 b. When a person is assessed by a mental health screener and
 16 involuntary commitment seems necessary, the screener shall pro-
 17 vide, on a screening document prescribed by the division, infor-
 18 mation regarding the person's history and available alternative
 19 facilities and services that are deemed inappropriate for the

20 person. If a psychiatrist, in consideration of this document and
21 in conjunction with the psychiatrist's own complete assessment,
22 concludes that the person is in need of commitment, the psychiatrist
23 shall complete the screening certificate. The screening certificate
24 shall be completed by a psychiatrist except in those circumstances
25 where the division's contract with the screening service provides
26 that another physician may complete the certificate.

27 Upon completion of the screening certificate, screening service
28 staff shall determine the appropriate facility in which the person
29 shall be placed taking into account the person's prior history of
30 hospitalization and treatment. If a person has been admitted
31 three times or has been an inpatient for 60 days at a short-term
32 care facility* ~~during a calendar year, the person shall not be~~
33 placed in a short-term care facility]* **during the preceding 12*
33A *months, consideration shall be given to not placing the person in*
33B *a short-term care facility*.*

34 The person shall be admitted to the appropriate facility as soon
35 as possible. Screening service staff are authorized to transport
36 the person or arrange for transportation of the person to the
37 appropriate facility.

38 c. If the mental health screener determines that the person is
39 not in need of admission or commitment to a short-term care
40 facility, psychiatric facility or special psychiatric hospital, the
41 screener shall refer the person to appropriate community mental
42 health ~~**[or]** **,**~~ social services **,** or ***an appropriate*
43 *professional or*** inpatient care in a psychiatric unit of a gen-
43A eral hospital.

44 d. A mental health screener shall make a screening outreach
45 visit if the screener determines, based on clinically relevant infor-
46 mation provided by an individual with personal knowledge of the
47 person subject to screening, that the person may need involuntary
48 commitment and the person is unwilling or unable to come to the
49 screening service for an assessment.

50 e. If the mental health screener pursuant to this assessment
51 determines that there is reasonable cause to believe that a person
52 is in need of involuntary commitment, the screener shall so certify
53 the need on a form prepared by the division.

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

4 a. on the basis of personal observation, the law enforcement
5 officer has reasonable cause to believe that the person is in need
6 of involuntary commitment;

7 b. a mental health screener has certified on a form prescribed
8 by the division that based on a screening outreach visit the person
9 is in need of involuntary commitment and has requested the person
10 be taken to the screening service for a complete assessment; or

11 c. the court orders that a person subject to an order of con-
12 ditional discharge issued pursuant to subsection c. of section 16 of
13 this act who has failed to follow the conditions of the discharge
14 be taken to a screening service for an assessment.

15 The involvement of the law enforcement authority shall continue
16 at the screening center as long as necessary to protect the safety
17 of the person in custody and the safety of the community from
18 which the person was taken.

1 7. (New section) A law enforcement officer, screening service
2 or short-term care facility designated staff person or their respec-
3 tive employers acting in good faith pursuant to this act who takes
4 reasonable steps to assess, take custody of, detain or transport
5 an individual for the purposes of mental health assessment or
6 treatment is immune from civil and criminal liability.

1 8. (New section) The commissioner, in consultation with the
2 Commissioner of Health, shall designate one or more mental health
3 agencies or facilities in each county or multi-county region in the
4 State as short-term care facilities. The commissioner shall so
5 designate an agency or facility only with the approval of the
6 agency's or facility's governing body.

1 9. (New section) Short-term care facilities, psychiatric facilities
2 and special psychiatric hospitals shall effectuate the following
3 purposes and procedures:

4 a. The director or chief executive officer of a short-term care
5 facility, psychiatric facility or special psychiatric hospital shall
6 have custody of a person while that person is detained in the
7 facility and shall notify: (1) appropriate public or private agencies
8 to arrange for the care of any dependents and to ensure the pro-
9 tection of the person's property; and (2) appropriate ambulatory
10 mental health providers for the purposes of beginning discharge
11 planning.

12 If a person is admitted to a psychiatric facility, the chief execu-
13 tive officer of the facility shall promptly notify the county adjuster
14 of the person's county of residence that the person has been ad-
15 mitted to the facility.

16 The facility is authorized to provide assessment, treatment and
17 rehabilitation services and shall provide discharge planning services
18 as required pursuant to section 19 of this act.

19 The facility is authorized to detain persons involuntarily com-
20 mitted to the facility.

21 b. A person shall not be ****[admitted]**** ***involuntarily com-*
22 *mited*** to a short-term care or psychiatric facility, or special
23 psychiatric hospital unless the person is mentally ill and that
24 mental illness causes the person to be dangerous or gravely dis-
25 abled, and appropriate facilities or services are not otherwise
25A available.

26 The person shall be admitted involuntarily only by referral
27 from a screening service or temporary court order. The person
28 may be admitted voluntarily only after the person has been advised
29 orally and in writing of the discharge provisions established pur-
30 suant to this act and of the subsequent possibility that the facility
31 may initiate involuntary commitment proceedings for the person.

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

1 10. (New section) a. A short-term care or psychiatric facility
2 or a special psychiatric hospital shall initiate court proceedings
3 for involuntary commitment by submitting to the court a clinical
4 certificate completed by a psychiatrist on the patient's treatment
5 team and the screening certificate which authorized admission of
6 the patient to the facility. ***Provided, however, that both cer-*
6A *tificates shall be not signed by the same psychiatrist unless the*
6B *psychiatrist has made reasonable but unsuccessful attempt to have*
6C *another psychiatrist conduct the evaluation and execute the cer-*
6D *tificate.***

7 b. Court proceedings for the involuntary commitment of any
8 person not referred by a screening service may be initiated by the
9 submission to the court of two clinical certificates, at least one
10 of which is prepared by a psychiatrist. The person shall not be
11 involuntarily committed before the court issues a temporary court
12 order.

13 c. Upon receiving these documents the court shall immediately
14 review them in order to determine whether there is probable cause
15 to believe that the person is in need of involuntary commitment.

16 d. If the court finds that there is no probable cause to believe
17 that the person is in need of involuntary commitment, it shall
18 dismiss the proceeding and, if the person is being detained involun-

19 tarily at a short-term care or psychiatric facility or special psychi-
20 atric hospital the court shall order that the person be discharged
21 from the facility.

22 e. If the court finds that there is probable cause to believe that
23 the person is in need of involuntary commitment, it shall issue a
24 temporary order authorizing the admission to or retention of the
25 person in the custody of the facility pending a final hearing.

26 f. In the case of a person committed to a short-term care facility
27 or special psychiatric hospital, after the facility's treatment team
28 conducts a mental and physical examination, administers appro-
29 priate treatment and prepares a discharge *assessment*, the fa-
30 cility ~~shall~~ *may* transfer the patient to a psychiatric facility
31 prior to the final hearing.

1 11. (New section) A patient admitted to a short-term care or
2 psychiatric facility or special psychiatric hospital either on a
3 voluntary or involuntary basis has the following rights:

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

9 b. The right to a verbal explanation of the reasons for ad-
10 mission, the availability of an attorney and the rights provided
11 in this act; and

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

16 The clinical director shall ensure that a written statement of
17 the rights provided in this act is provided to patients at the time
18 of admission or as soon as possible thereafter, and to patients
19 and their families upon request.

1 ~~12.~~ (New section) Upon receiving notice pursuant to subsec-
2 tion a. of section 9 of this act that a person has been admitted to a
3 psychiatric facility, the county adjuster of the admitting county
4 shall determine the patient's legal settlement and the responsibility
5 for payment of expenses for the patient's care and treatment. The
6 county adjuster is authorized to call witnesses and administer
7 oaths for this purpose. The settlement determined by the county
8 adjuster shall be enforced by court order. The person or public
9 body charged with all or part of the legal settlement shall also be

10 charged with the necessary costs of assigned counsel, except for the
11 costs of assigned counsel employed by the State or county.】**

1 **【13.】** **12.** (New section) A patient who is involuntarily
2 committed to a short-term care or psychiatric facility or special
3 psychiatric hospital shall receive a court hearing with respect to
4 the issue of continuing need for involuntary commitment within
5 20 days **【of】** **from initial inpatient** admission to the fa-
6 cility unless the patient has been administratively discharged
7 from the facility pursuant to section **【18】** **17** of this act.

8 The assigned county counsel is responsible for presenting the
9 case for the patient's involuntary commitment to the court.

10 A patient subject to involuntary commitment shall have counsel
11 present at the hearing and shall not be permitted to appear at
12 the hearing without counsel.

1 **【14.】** **13.** (New section) a. At least 10 days prior to a
2 court hearing, the county adjuster of the admitting county shall
3 cause notice of the court hearing to be served upon the patient, the
4 patient's guardian if any, the patient's next-of-kin, the patient's
5 attorney, the director, chief executive officer, or other individual
6 who has custody of the patient, the county adjuster of the county
7 in which the patient has legal settlement and any other individual
8 specified by the court. The notice shall contain the date, time and
9 location of the court hearing. The patient and the patient's at-
10 torney shall also receive copies of the clinical certificates and
11 supporting documents, the temporary court order and a statement
12 of the patient's rights at the court hearing.

13 b. A psychiatrist on the patient's treatment team who has
14 conducted a personal examination of the patient as close to the
15 court hearing date as possible, but in no event more than five calen-
16 dar days prior to the court hearing, shall testify at the hearing
17 to the clinical basis for the need for involuntary commitment.
18 Other members of the patient's treatment team may also testify
19 at the hearing.

20 c. **【Subject to regulations adopted by the commissioner,
21 the】** **The** patient's next-of-kin may attend and testify at
21A the court hearing **, if the court so determines**.

22 d. The court shall transcribe the court hearing and arrange
23 for the payment of expenses related thereto in the same manner
24 as for other court proceedings.

1 **【15.】** **14.** (New section) A person subject to involuntary
2 commitment has the following rights at a court hearing and any
3 subsequent review court hearing.

- 4 a. The right to be represented by counsel or, if indigent, by
5 appointed counsel;
- 6 b. The right to be present at the court hearing unless the court
7 determines that because of the person's conduct at the court hearing
8 the proceeding cannot reasonably continue while the person is pre-
9 sent;
- 10 c. The right to present evidence;
- 11 d. The right to cross examine witnesses; and
- 12 e. The right to a hearing in camera.

1 ****[16.]**** ****15.**** (New section) a. If the court finds by clear
2 and convincing evidence that the patient needs continued invol-
3 untary commitment, it shall issue an order authorizing the in-
4 voluntary commitment of the patient and shall schedule a sub-
5 sequent court hearing in the event the patient is not adminitra-
6 itively discharged pursuant to section ****[18]**** ****17**** of this
6A act prior thereto.

7 b. If the court finds that the patient does not need continued
8 involuntary commitment, the court shall so order and the facility
9 shall discharge the patient within 48 hours of the court's verbal
10 order or by the end of the next working day, whichever is longer,
11 with a discharge plan prepared pursuant to section ****[19]****
11A ****18**** of this act.

12 c. If the court finds that the patient's history indicates a high
13 risk of rehospitalization because of the patient's failure to comply
14 with discharge plans, the court may discharge the patient subject
15 to conditions recommended by the facility and mental health agency
16 staff and developed with the participation of the patient. Condi-
17 tions imposed on the patient shall be specific and their duration
18 shall not exceed 90 days.

19 The designated mental health agency staff person shall notify
20 the court if the patient fails to meet the conditions of the dis-
21 charge plan. The court shall determine, in conjunction with the
22 findings of a screening service, if the patient needs to be rehos-
23 pitalized and, if so, the patient shall be returned to the facility.
24 The court shall hold a hearing within 20 days of the day the patient
25 was returned to the facility to determine if the order of conditional
26 discharge should be vacated.

1 ****[17.]**** ****16.**** (New section) a. A patient committed pur-
2 suant to a court order who is not administratively discharged
3 pursuant to section ****[18]**** ****17**** of this act shall be afforded
4 periodic court review hearings of the need for involuntary com-
5 mitment. The review hearing shall be conducted in the manner
6 provided in section ****[16]**** ****15**** of this act except that a find-

7 ing of "gravely disabled" shall not require evidence of "a recent
8 failure." If the court determines at a review hearing that in-
9 voluntary commitment shall be continued, it shall execute a new
10 order. The court shall conduct the first review hearing three
11 months from the date of the first hearing, the next review hearing
12 nine months from the date of the first hearing and subsequent
13 review hearings 12 months from the date of the first hearing and
14 annually thereafter. The court may schedule additional review
15 hearings but, except in extraordinary circumstances, not more
15A often than once every 30 days.

16 b. At a review court hearing, when the advanced age of the
17 patient or the cause or nature of the mental illness renders it
18 appropriate and when it would be impractical to obtain the testi-
19 mony of a psychiatrist as required in section ****[14]**** ****13**** of
20 this act, the court may permit a physician on the patient's treat-
21 ment team, who has personally conducted an examination of the
22 patient as close to the hearing date as possible, but in no event
23 more than five days prior to the hearing date, to testify at the
24 hearing to the clinical basis for the need for involuntary com-
25 mitment.

1 ****[18.]**** ****17.**** (New section) The treatment team at a short-
2 term care or psychiatric facility or special psychiatric hospital
3 shall administratively discharge a patient from involuntary com-
4 mitment status if the treatment team determines that the patient
5 no longer needs involuntary commitment ****.**** ****[and if]****
6 ****If**** a discharge plan has ****not**** been developed pursuant
7 to section ****[19]**** ****18**** of this act ******, *it shall be developed*
8 *forthwith***.

1 ****[19.]**** ****18.**** (New section) A person discharged either by
2 the court or administratively from a short-term care or psychiatric
3 facility or special psychiatric hospital shall have a discharge plan
4 prepared by the treatment team at the facility pursuant to this
5 section. The treatment team shall give the patient an opportunity
6 to participate in the formulation of the discharge plan. In the case
7 of patients committed to short-term care or psychiatric facilities, a
8 community agency designated by the commissioner shall partici-
9 pate in the formulation of the plan. The facility shall advise the
10 mental health agency of the date of the patient's discharge. The
11 mental health agency shall provide follow-up care to the patient
12 pursuant to regulations adopted by the commissioner. **This sec-*
12A *tion does not preclude discharging a patient to* ****[a private**
12B **practitioner]**** ****an appropriate professional****.

13 Psychiatric facilities shall give notice of the discharge to the
14 county adjuster of the county in which the patient has legal settle-
15 ment.

1 ****[20.]** **19.**** (New section) The chief executive officer of
2 a State or county psychiatric facility, or his designee, may autho-
3 rize the payment of interim financial assistance to discharged pa-
4 tients for living expenses, pending determination of public benefits
5 entitlements, when this assistance is necessary and appropriate
6 pursuant to regulations adopted by the commissioner. When public
7 benefits entitlements are received, discharged patients shall reim-
8 burse the psychiatric facility for all interim financial assistance
9 provided.

1 ****[21.]** **20.**** (New section) A voluntary patient at a short-
2 term care or psychiatric facility or special psychiatric hospital shall
3 be discharged by the treatment team at the patient's request. The
4 treatment team shall document all requests for discharge, whether
5 oral or written, in the patient's clinical record. The facility shall
6 discharge the patient as soon as possible but in every case within
7 48 hours or at the end of the next working day from the time of
8 the request, whichever is longer, except that if the treatment team
9 determines that the patient needs involuntary commitment, the
10 treatment team shall initiate court proceedings pursuant to sec-
11 tion 10 of this act. The facility shall detain the patient beyond
12 48 hours or the end of the next working day from the time of the
13 request for discharge, only if the court has issued a temporary
14 court order.

1 ****[22.]** **21.**** (New section) a. A person involuntarily com-
2 mitted to a State psychiatric facility listed in R. S. 30:1-7 may be
3 transferred to another State psychiatric facility in accordance with
4 rules adopted by the commissioner that specify the clinical and
5 programmatic factors and the procedures related to the transfer.

6 b. A person involuntarily committed to a State psychiatric
7 facility may be transferred to a facility for psychiatric or medical
8 care pursuant to an affiliation agreement between the department
9 and that facility which specifies the clinical and programmatic
10 factors and the procedures related to the transfer.

1 ****[23.]** **22.**** (New section) a. If a person in custody await-
2 ing trial on a criminal or disorderly persons charge is admitted or
3 committed pursuant to this act, the law enforcement authority
4 which transferred the person shall complete a uniform detainer
5 form, as prescribed by the division, which shall specify the charge,
6 law enforcement authority and other information which is clinically

7 and administratively relevant. This form shall be submitted to
8 the admitting facility along with the screening certificate or tem-
9 porary court order directing that the person be admitted to the
10 facility.

11 b. The division shall prepare the form with the approval of
12 the Administrative Office of the Courts.

13 c. When the person is administratively or judicially discharged
14 and is still under the authority of the law enforcement authority,
15 that authority shall, within 48 hours of receiving notification of
16 the discharge, take custody of the person.

1 **[24.]** **23.** R. S. 30:1-7 is amended to read as follows:

2 30:1-7. The [charitable, hospital, relief and training] *long-term*
3 *care facilities*, institutions, and [non-institutional agencies] *psy-*
4 *chiatric facilities* of this State, within the meaning of this Title,
5 shall include the following, and, as well, any [institution] *facilities*
6 established hereafter for any similar purpose[, as now established
7 and as the same are to be hereafter maintained and operated pur-
8 suant to law]:

9 Trenton Psychiatric Hospital,
10 Greystone Park Psychiatric Hospital,
11 Marlboro Psychiatric Hospital,
12 Ancora Psychiatric Hospital,
13 Glen Gardner Center for Geriatrics,
14 The Forensic Psychiatric Hospital,
15 North Princeton Developmental Center,
16 North Jersey Developmental Center,
17 New Lisbon Developmental Center,
18 Woodbine Developmental Center.
19 Vineland Developmental Center,
20 Woodbridge Developmental Center,
21 Hunterdon Developmental Center,
22 New Jersey Memorial Home for Disabled Soldiers at Menlo Park,
23 New Jersey Memorial Home for Disabled Soldiers, Sailors,
24 Marines and their Wives and Widows at Vineland,
25 [Diagnostic Center at Menlo Park,]
26 Arthur Brisbane Child Center at Allaire,
27 [Board of Public Welfare,
28 Commission for the Blind and Visually Impaired,]
29 *The Johnstone Training and Research Center.*

30 [The correctional institutions of this State, within the meaning
31 of this Title, shall include the following and, as well, any institu-
32 tion established hereafter for any similar purpose, as now estab-

33 lished and as the same are to be hereafter maintained and operated
34 pursuant to law:

- 35 State Prison, Trenton,
- 36 State Prison, Rahway,
- 37 State Prison, Leesburg,
- 38 Youth Reception and Correction Center, Yardville,
- 39 Youth Correctional Institution, Bordentown,
- 40 Correctional Institution for Women, Clinton,
- 41 Youth Correctional Institution, Annandale,
- 42 Training School for Boys, Jamesburg,
- 43 Training School for Girls, Trenton,
- 44 Training School for Boys, Skillman.】

1 **【25.】** **24.** Section 11 of P. L. 1965, c. 59 (C. 30:4-24.3) is
2 amended to read as follows:

3 11. All certificates, applications, records, and reports made pur-
4 suant to the provisions of this Title and directly or indirectly
5 identifying any individual presently or formerly receiving services
6 in a noncorrectional institution under this Title, or for whom ser-
7 vices in a noncorrectional institution shall be sought under this
8 act shall be kept confidential and shall not be disclosed by any
9 person, except insofar as:

- 10 (1) the individual identified or his legal guardian, if any, or,
- 11 if he is a minor, his parent or legal guardian, shall consent; or
- 12 (2) disclosure may be necessary to carry out any of the pro-
- 13 visions of this act or of article 9 of chapter 82 of Title 2A of the
- 14 New Jersey Statutes; or
- 15 (3) a court may direct, upon its determination that disclosure
- 16 is necessary for the conduct of proceedings before it and that failure
- 17 to make such disclosure would be contrary to the public interest.

18 Nothing in this section shall preclude disclosure, upon proper
19 inquiry, of information as to a patient's current medical condition
20 to any relative or friend or to the patient's personal physician or
21 attorney if it appears that the information is to be used directly
22 or indirectly for the benefit of the patient.

23 *Nothing in this section shall preclude the professional staff of*
24 *a community agency under contract with the Division of Mental*
25 *Health and Hospitals in the Department of Human Services, or*
26 *of a screening service, short-term care or psychiatric facility as*
27 *those facilities are defined in section 2 of P. L., c. . . . (C.*
28 *.) (now pending before the Legislature as this bill)*
29 *from disclosing information that is relevant to a patient's current*
30 *treatment to the staff of another such agency.*

1 **[26.]** **25.** Section 13 of P. L. 1965, c. 59 (C. 30:4-25.1)
2 is amended to read as follows:

3 13. a. *For the purpose of Title 30 of the Revised Statutes:*

4 (1) *"Eligible mentally retarded person" means a person who has*
5 *been declared eligible for admission to functional services of the*
6 *department.*

7 (2) *"Evaluation services" means those services and procedures*
8 *in the department by which eligibility for functional services for*
9 *the mentally retarded is determined and those services provided*
10 *by the department for the purpose of advising the court concerning*
11 *the need for guardianship of individuals over the age of 18 who*
12 *appear to be mentally deficient.*

13 (3) *"Functional services" means those services and programs*
14 *in the department available to provide the mentally retarded with*
15 *education, training, rehabilitation, adjustment, treatment, care and*
16 *protection.*

17 (4) *"Mental deficiency" or "mentally deficient" means that state*
18 *of mental retardation in which the reduction of social competence*
19 *is so marked that persistent social dependency requiring guardian-*
20 *ship of the person shall have been demonstrated or be anticipated.*

21 (5) *"Mental retardation" or "mentally retarded" means a sig-*
22 *nificant subaverage general intellectual functioning existing con-*
23 *currently with deficits in adaptive behavior which are manifested*
24 *during the development period.*

25 (6) *"Residential services" means observation, examination, care,*
26 *training, treatment, rehabilitation and related services, including*
27 *community care, provided by the department to patients who have*
28 *been admitted or transferred to, but not discharged from any resi-*
29 *dential functional service for the mentally retarded.*

30 b. Application for admission of an eligible mentally retarded
31 person to functional services of the department may be made under
32 any of the following classes:

33 Class F. Application to the commissioner by the parent, guardian
34 or person or agency having care and custody of the person of a
35 minor or by the guardian of the person of a mentally deficient
36 adult;

37 Class G. Application to the commissioner by a mentally retarded
38 person over 18 years of age on his own behalf;

39 Class H. Application to the commissioner by a juvenile court
40 having jurisdiction over an eligible mentally retarded minor;

41 Class I. Application to the commissioner with an order of com-
42 mitment to the custody of the commissioner issued by a court of

43 competent jurisdiction during or following criminal process in-
44 volving the eligible mentally deficient person.

45 Application shall be made on such forms and accompanied by
46 such relevant information as may be specified from time to time
47 by the commissioner.

1 **[27.]** **26.** Section 15 of P. L. 1979, c. 441 (C. 30:4-123.59)
2 is amended to read as follows:

3 15. a. Each parolee shall at all times remain in the legal custody
4 of the Commissioner of Corrections, and shall remain under the
5 supervision of the Bureau of Parole of the Department of Correc-
6 tions in accordance with the rules of the board.

7 b. Each parolee shall agree, as evidenced by his signature to
8 abide by specific conditions of parole established by the appropriate
9 board panel which shall be enumerated in writing in a certificate
10 of parole and shall be given to the parolee upon release. Such
11 conditions shall include, among other things, a requirement that
12 the parolee conduct himself in society in compliance with all laws
13 and refrain from committing any crime, a requirement that the
14 parolee obtain permission from his parole officer for any change
15 in his residence, and a requirement that the parolee report at
16 reasonable intervals to an assigned parole officer. In addition,
17 based on prior history of the parolee, the member or board panel
18 certifying parole release pursuant to section 11 may impose any
19 other specific conditions of parole deemed reasonable in order to
20 reduce the likelihood of recurrence of criminal behavior. Such
21 special conditions may include, among other things, a requirement
22 that the parolee make full or partial restitution, the amount of
23 which restitution shall be set by the sentencing court upon request
24 of the board.

25 c. The appropriate board panel may in writing relieve a parolee
26 of any parole conditions, and may permit a parolee to reside out-
27 side the State pursuant to the provisions of the Uniform Act for
28 Out-of-State Parolee Supervision (N. J. S. 2A:168-14 et seq.) and
29 the Interstate Compact on Juveniles, P. L. 1955, c. 55 (C. 9:23-1
30 to 9:23-4) if satisfied that such change will not result in a sub-
31 stantial likelihood that the parolee will commit an offense which
32 would be a crime under the laws of this State. The appropriate
33 board panel may revoke such permission or reinstate relieved
34 parole conditions for any period of time during which a parolee
35 is under its jurisdiction.

36 d. The appropriate board panel may parole an inmate to any
37 residential facility funded in whole or in part by the State if the

38 inmate would not otherwise be released pursuant to section 9
 39 without such placement. [Such facility shall receive the parolee and
 40 shall not discharge or otherwise release the parolee without the
 41 consent of the board panel.] *But if the residential facility provides*
 42 *treatment for mental illness or mental retardation, the board panel*
 43 *only may parole the inmate to the facility pursuant to the laws and*
 44 *admissions policies that otherwise govern the admission of persons*
 45 *to that facility, and the facility shall have the authority to discharge*
 46 *the inmate according to the laws and policies that otherwise govern*
 47 *the discharge of persons from the facility, on 10 days' prior notice*
 48 *to the board panel. The board panel shall acknowledge receipt of*
 49 *this notice in writing prior to the discharge. Upon receipt of the*
 50 *notice the board panel shall resume jurisdiction over the inmate.*

51 e. The assigned parole officer shall provide assistance to the
 52 parolee in obtaining employment, education or vocational training
 53 or in meeting other obligations.

54 f. The board panel on juvenile commitments and the assigned
 55 parole officer shall insure that the least restrictive available alter-
 56 native is used for any juvenile parolee.

57 g. If the board has granted parole to any inmate from a State
 58 correctional facility and the court has imposed a fine on such
 59 inmate, the appropriate board panel shall release such inmate on
 60 condition that he make specified fine payments to the Bureau of
 61 Parole. For violation of such conditions, or for violation of a
 62 special condition requiring restitution, parole may be revoked
 63 only for refusal or failure to make a good faith effort to make
 64 such payment.

65 h. Upon collection of the fine the same shall be paid over by
 66 the Department of Corrections to the State Treasury.

1 **[28.]** **27.** R. S. 30:9-3 is amended to read as follows:
 2 30:9-3. The [board of chosen freeholders] *governing body of*
 3 *the county* may adopt [by-laws] *bylaws*, rules and regulations for
 4 the management and government of a county [lunatic asylum]
 5 *psychiatric facility*; the admission, support and discharge of pa-
 6 tients; the appointment of a superintendent [or warden] and other
 7 employees and officers. *But, the rules and regulations governing*
 8 *the admission and discharge of patients shall be in compliance with*
 9 *the provisions of P. L. . . . , c. . . . (C.) (now pending*
 10 *before the Legislature as this bill).* [Such board] *The governing*
 11 *body* shall also fix the compensation of officers and employees and
 12 may at any time by vote of two-thirds of its members remove an
 13 officer or employee. The expense of erecting, establishing, furnish-

14 ing, maintaining and operating the [asylum] *psychiatric facility*
 15 shall be paid by the county treasurer from funds raised by taxation
 16 as other county expenses are paid.

17 [Such board] *The governing body* may also select an appropriate
 18 name by which the [asylum] *psychiatric facility* shall thereafter
 19 be [designated and] known.

1 **[29.]** **28.** Section 7 of P. L. 1947, c. 34 (C. 30:9-12.7)
 2 is amended to read as follows:

3 7. The admission of any person to a county hospital *for other*
 4 *than mental illness* established under this act shall be subject to
 5 the regulations established by the board of managers and on ap-
 6 plication in writing signed by the patient or a person interested in
 7 the admission of the patient by reason of relationship or marriage,
 8 or by a person having the charge or care of such patient, or by the
 9 sheriff, or by the [overseer of the poor] *municipal director of wel-*
 10 *fare* or person charged with the care and relief of the poor, or by
 11 any chief of police or police captain in any municipality in the
 12 county where such person may be, or by the chief executive officer
 13 of any public or private charitable institution or hospital in which
 14 the patient may be. All application forms shall be approved by
 15 the board of managers for such hospital.

1 **[30.]** **29.** (New section) Pursuant to the "Administra-
 2 tive Procedure Act," P. L. 1968, c. 410 (C. 52:14B-1 et seq.), the
 3 commissioner shall adopt, modify, repeal and enforce rules and
 4 regulations necessary to effectuate the purposes of this act.

1 **[31.]** **30.** The following are repealed:

2 R. S. 30:4-23
 3 R. S. 30:4-25
 4 R. S. 30:4-26.2
 5 R. S. 30:4-27 through R. S. 30:4-30, both inclusive
 6 R. S. 30:4-33
 7 R. S. 30:4-36 through R. S. 30:4-39, both inclusive
 8 R. S. 30:4-41 and R. S. 30:4-42
 9 R.S. 30:4-44 through R. S. 30:4-46, both inclusive
 10 R. S. 30:4-48
 11 R. S. 30:4-58
 12 R. S. 30:4-59
 13 R. S. 30:4-61 and R. S. 30:4-62
 14 R. S. 30:4-81
 15 R. S. 30:4-82
 16 R. S. 30:4-83
 17 R. S. 30:4-84

- 18 R. S. 30:4-107
 19 R. S. 30:4-115
 20 R. S. 30:4-120
 21 R. S. 30:4-126.1
 22 R. S. 30:4-161
 23 R. S. 30:4-163
 24 R. S. 30:4-165
 25 P. L. 1965, c. 59, sections 21, 71 and 72 (C. 30:4-26.3, C. 30:4-84.1
 26 and C. 30:4-84.2)
 27 P. L. 1971, c. 450, s. 2 (C. 30:4-26.3a)
 28 P. L. 1953, c. 418 (C. 30:4-46.1 and C. 30:4-46.2)
 29 P. L. 1915, c. 201, p. 366 (1924 Suppl. Sec. 121-69a to 121-69g),
 30 saved from repeal by R. S. 30:4-165.
- 1 **[32.]** **31.** (New section) *Any costs incurred to comply*
 2 *with the provisions of this act will be considered allowable in es-*
 3 *tablishment of rates, which are to be set in a regulatory environ-*
 4 *ment.**
- 1 *[32.]* **[33.]* **32.** This act shall take effect **[365
 2 days]** **eighteen months** from the date of enactment.
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STATE OF NEW JERSEY
EXECUTIVE DEPARTMENT

ASSEMBLY COMMITTEE SUBSTITUTE FOR

ASSEMBLY BILL NO. 114 (2nd OCR)

STATEMENT

I am filing Assembly Committee Substitute for Assembly Bill No. 114 (2nd OCR) in the Division of Archives and Records Management without my approval.

Under the provisions of Article V, Section I, Paragraph 14 of the Constitution, this bill, which was passed within 10 days preceding the expiration of the second legislative year, does not become law because it was not signed prior to the seventh day following such expiration. In this circumstance, there is no provision for a veto, but I deem it to be in the public interest to state my reasons for deciding not to sign this bill.

This bill revises the existing statutes relating to the involuntary and voluntary commitment of persons to mental hospitals and provides a comprehensive mental health screening program. The primary purpose of this legislation is to provide for the appropriate care, treatment and rehabilitation of a person who is mentally ill and in need of commitment to a mental institution.

This bill attempts to establish new standards governing the commitment process to balance the interests of both the individual and society. This legislation applies only to adults committed involuntarily to a short-term care or psychiatric facility and adults voluntarily admitted from a screening service to a short-term care, State or county psychiatric facility.

While this legislation is noteworthy and well intended, I must regrettably return this bill without my signature. Significant questions have been raised with respect to the standards and procedures set forth in the bill. In addition, I am advised that it may have a substantial financial impact on the State. Due to the enormous amount of bills passed by the Legislature during the last legislative session and the constitutional time constraints, I have not had an adequate opportunity to sufficiently analyze the ramifications of this bill. A bill of this magnitude and breadth cannot be effectively reviewed within the time allotted.

Accordingly, I must file Assembly Committee Substitute for Assembly Bill No. 114 (2nd OCR) without my approval.

Respectfully,


GOVERNOR

Dated: JAN 21 1986