### LEGISLATIVE HISTORY CHECKLIST Compiled by the NJ State Law Library

(Sex offenders & other dangerous offenders--civil commitment)

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LAWS OF:

1994

CHAPTER: 134

BILL NO:

**A86** 

**sponsor(s):** Roma and Stuhltrager

DATE INTRODUCED:

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COMMITTEE:

ASSEMBLY:

SENATE:

Law & Public Safety

AMENDED DURING PASSAGE:

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FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

**3PONSOR STATEMENT:** 

Yes

COMMITTEE STATEMENT:

ASSEMBLY:

No

SENATE:

No.

FISCAL NOTE:

Yes

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No

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Yes

FOLLOWING WERE PRINTED:

REPORTS:

No

**HEARINGS:** 

No

KBG:pp

### P.L.1994, CHAPTER 134, approved October 31, 1994 1994 Assembly No. 86

AN ACT concerning procedures for civil commitment of mentally ill and dangerous sexual offenders and other offenders and revising various parts of the statutory law.

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

- 1. (New section) The Legislature finds and declares that:
- a. A small but dangerous group of sexual offenders and other violent offenders suffer from mental illness which renders them dangerous to others and for the protection of the public they are in need of involuntary civil commitment for treatment.
- b. The statutory standards for involuntery civil commitment define "mental illness" in terms of its impact on impairment of judgment, behavior and capacity to recognize reality. The statutory standard provides for involuntary commitment when such mental illness causes the person to be dangerous to self or dangerous to others or property. Recommendations concerning commitment too often are based on the presence or absence of psychosis.
- c. To ensure the public is not denied the protection that the Legislature intended to provide in enacting a law that calls for the involuntary civil commitment of the dangerous mentally ill, it is necessary to reaffirm and clarify the statutory standards for civil commitment and to revise the procedures governing release of offenders and civil commitment in order to ensure that the full benefits of the civil commitment law are realized.
  - 2. N.J.S.2C:47-3 is amended to read as follows:
  - 2C:47-3. Disposition.

- a. If the report of the examination reveals that the offender's conduct was characterized by a pattern of repetitive, compulsive behavior, the court shall determine whether the offender's conduct was so characterized and shall record its findings on the judgment of conviction.
- b. If the court finds that the offender's conduct was characterized by a pattern of repetitive, compulsive behavior, the court may, upon the recommendation of the Adult Diagnostic and Treatment Center, sentence the offender to the Center for a program of specialized treatment for his mental conditions; provided, however, that no such person may be sentenced to the Adult Diagnostic and Treatment Center in the absence of such a finding that his conduct was characterized by a pattern of repetitive, compulsive behaviors or place the offender on probation with the requirement, as a condition of probation, that he receive outpatient psychological or psychiatric treatment as prescribed.

EXPLANATION—Matter enclosed in build-faced brackets [thus] in the above bill is not enacted and is intended to be emitted in the law.

Matter underlined thus is new matter.

[b. In the event that the court shall sentence a person as
 provided herein, the court shall notwithstanding c. A sentence
 of incarceration or probation imposed pursuant to subsection b. of
 this section shall be set [the sentence] in accordance with
 Chapters 43 [and], 44 and 45 of this code.

[c. In lieu of incarceration, the court may, upon the written report and recommendation of the Adult Diagnostic and Treatment Center, place such person on probation with the requirement, as a condition of such probation, that he receive outpatient psychological treatment in a manner to be prescribed in each individual case.]

d. The court shall impose sentence in accordance with chapters 43, 44 and 45 of this Title and not as provided in subsection b. of this section;

(1) If it shall appear from the report of such examination made of such person that the offender's conduct was not characterized by a pattern of repetitive, compulsive behavior, the court shall not impose sentence on such person as provided by this chapter]; or

(2) If the report of the examination does not recommend that the offender be sentenced to the Adult Diagnostic and Treatment Center for treatment or placed on probation conditioned upon receipt of treatment.

e. The court may, in its discretion, sentence an offender who is eligible for sentence pursuant to subsection b. of this section in accordance with chapters 43, 44 and 45 of this Title.

(cf: P.L.1979, c.178, s.103)

3. N.J.S.2C:47-5 is amended to read as follows:

2C:47-5. Parole.

 a. Any person committed to confinement under the terms of this chapter shall be released under parole supervision when it shall appear to the satisfaction of the State Parole Board, after recommendation by a special classification review board appointed by the commissioner that such person is capable of making an acceptable social adjustment in the community.

b. The Chief Executive Officer of the Adult Diagnostic and Treatment Center shall report in writing at least semiannually to the special classification review board concerning the physical and psychological condition of such person with a recommendation as to his continued confinement or consideration for release on parole.

c. Any person paroled pursuant to this section shall be subject to the provisions of Title 30 of the Revised Statutes governing parole and the regulations promulgated pursuant thereto.

d. When a person confined under the terms of this chapter has not been paroled in accordance with subsection a, of this section and is scheduled for release, not less than 90 days prior to the date of the person's scheduled release the Chief Executive Cificer shall:

(1) Notify the Attorney General and the prosecutor of the county from which the person was committed of the scheduled release;

53 (2) Provide the Attorney General and the county prosecutor 54 with the officer's opinion as to whether the person may be "in need of involuntary commitment" within the meaning of section 2 of P.L.1987, c.116 (C.30:4-27,2); and

(3) Without regard to classification as confidential pursuant to regulations of the State Parole Board or the Department of Corrections, provide 'he Attorney General and county prosecutor with all reports, records and assessments relevant to determining whether the person is "in need of involuntary commitment." All information received shall be deemed confidential and shall be disclosed only as provided in section 4 of P.L., c. (C. )(now pending before the Legislature as this bill).

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e. Upon receipt of the notice, advice and information required by subsection d. of this section, the Attorney General or county prosecutor shall proceed as provided in section 4 of P.L. c. (C. )(now pending before the Legislature as this bill), (cf: N.1.S.2C:47-5)

4. (New section) a. In order to ensure that adult and juvenile inmates who are dangerous to themselves or others because of mental illness and who are "in need of involuntary commitment" within the meaning of section 2 of P.L.1987, c.116 (C.30:4-27.2), are not released without appropriate supervision and treatment, the board, the Commissioner of the Department of Corrections, the Attorney General and county prosecutors shall follow the procedures set forth in this section.

b. When an adult or juvenile inmate is scheduled for release due to expiration of the inmate's maximum term, the Commissioner shall notify the Attorney General and the prosecutor of the county from which the person was committed if:

(1) The adult inmate's term includes a sentence imposed for conviction of aggravated sexual assault, sexual assault or aggravated criminal sexual contact and the court imposing sentence found that the offender's conduct was characterized by a pattern of repetitive, compulsive behavior; or

(2) The parole board or the superintendent of the facility in which the inmate has been confined has advised the Commissioner that the conduct of the inmate during the period of confinement, the inmate's mental condition or the inmate's past history indicates that the inmate may be "in need of involuntary commitment" within the meaning of section 2 of P.L.1987, c.116 (C.30:4-27.2).

c. Notice required by subsection b. shall be given no less than 90 days before the date on which the inmate's maximum term is scheduled to expire.

d. When such notice is given, the board or the Commissioner shall provide the Attorney General and county prosecutor with all information relevant to a determination of whether the inmate may be "in need of involuntary commitment," including, without regard to classification as confidential pursuant to regulations of the board or of the Department of Corrections, any preparole report, psychological and medical records, any statement of the reasons for denial of parole and, if applicable, a statement of the reasons for the determination that the inmate may be "in need of involuntary commitment."

e. If the Attorney General or county prosecutor determines, on the basis of the information provided pursuant to this section or N.J.S.2C:47-5, that the inmate may be "in need of involuntary commitment," the Commissioner of Corrections, upon request of the Attorney General or county prosecutor shall:

- (1) Permit persons qualified to execute clinical certificates necessary for civil commitment to examine the inmate in the institution in which he is confined; or
- (2) Pursuant to section 2 of P.L.1986, c.71 (C.30:4-82.2), arrange for persons qualified to execute clinical certificates necessary for civil commitment to examine the immate.
- f. in the interests of the public safety and the well-being of the inmate, the Attorney General or county prosecutor may exercise discretion to obtain an assessment of the inmate's condition by one or more of the means set forth in subsection e. of this section.
- g. The Attorney General or county prosecutor shall provide a psychiatrist or physician assessing or examining an inmate pursuant to this section with all information relevant to the inmate's need of involuntary commitment, including information concerning the inmate's condition, history, recent behavior and any recent act or threat. Any person who assesses or examines an inmate pursuant to this section shall provide the Attorney General and county prosecutor with a written report detailing the person's findings and conclusions.
- h. (1) All information, documents and records concerning the inmate's mental condition or classified as confidential pursuant to regulations of the board or of the Department of Corrections that are received or provided pursuant to this section or N.J.S.2C:47-5 shall be deemed confidential.
- (2) Unless authorized or required by court order or except as required in the course of judicial proceedings relating to the inmate's commitment or release, disclosure of such information, documents and records shall be limited to professionals evaluating the inmate's condition pursuant to this section, the Attorney General, county prosecutor and members of their respective staffs as necessary to the performance of duties imposed pursuant to this section.
- i. Any person acting in good faith who has provided information relevant to an inmate's need of involuntary commitment or has taken good faith steps to assess an inmate's need of involuntary commitment is immune from civil and criminal liability.
- 5. Section 2 of P.L.1987, c.116 (C.30:4-27.2) is amended to read as follows:
  - 2. As used in this act:
- a. "Chief executive officer" means the person who is the chief administrative officer of an institution or psychiatric facility.
- b. "Clinical certificate" means a form prepared by the division and approved by the Administrative Office of the Courts, that is completed by the psychiatrist or other physician who has examined the person who is subject to commitment within three days of presenting the person for admission to a facility for treatment, and which states that the person is in need of involuntary commitment. The form shall also state the specific facts upon which the examining physician has based his conclusion

and shall be certified in accordance with the Rules of the Court. A clinical certificate may not be executed by a person who is a relative by blood or marriage to the person who is being screened.

- c. "Clinical director" means the person who is designated by the director or chief executive officer to organize and supervise the clinical services provided in a screening service, short-term care or psychiatric facility. The clinical director shall be a psychiatrist, however, those persons currently serving in the capacity will not be affected by this provision. This provision shall not alter any current civil service laws designating the qualifications of such position.
- d. "Commissioner" means the Commissioner of the Department of Human Services.
- e. "County counsel" means the chief legal officer or advisor of the governing body of a county.
  - f. "Court" means the Superior Court or a municipal court.
- g. "Custody" means the right and responsibility to ensure the provision of care and supervision.
- h. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available.
- i. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat.
  - ]. "Department" means the Department of Human Services.
- k. "Director" means the chief administrative officer of a screening service, a short-term care facility or a special psychiatric hospital.
- l. "Division" means the Division of Mental Health and Hospitals in the Department of Human Services.
- m. "In need of involuntary commitment" means that an adult who is mentally ill, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to be admitted to a facility voluntarily for care, and who needs care at a short-term care, psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs.
- n. "Institution" means any State or county facility providing inpatient care, supervision and treatment for the mentally retarded; except that with respect to the maintenance provisions of Title 30 of the Revised Statutes, institution also means any psychiatric facility for the treatment of the mentally ill.

16.1.3 ad over Mental health agency or facility? means at legal entity of 2 an which agreesives of finds a from 2 the 4 State, a county for 4 federal and an government to provide mental health services.

4 or apply a Mental a health accreenes means a psychiatrist,
5 psychologist, social worker, registered professional nurse or other
6 cindividual trained to do outreach only for the purposes of
7 psychological assessment who is employed by a screening service
8 and possesses the license, academic training or experience, as
9 required by the commissioner pursuant to regulation; except that
10 a psychiatrist and a State licensed clinical psychologist who meet
11 the requirements for mental health screener shall not have to
12 comply with any additional requirements adopted by the
13 commissioner.

- 14. q., "Mental hospital" means, for the purposes of the payment
  15 and maintenance provisions of Title 30 of the Revised Statutes, a
  16 psychiatric facility.
- 17 . r. : "Mental illness" means a current, substantial disturbance of 18 thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to . 20 recognize reality, but does not include simple alcohol 21 / intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness 24 is not limited to "psychosis" or "active psychosis," but shall 25 include all conditions that result in the severity of impairment 26 . described herein. S. . . . .
  - s. "Patient" means a person over the age of 18 who has been admitted to, but not discharged from a short-term care or psychiatric facility.

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- t. "Physician" means a person who is licensed to practice medicine in any one of the United States or its territories, or the District of Columbia.
- u. "Psychiatric facility" means a State psychiatric hospital listed in R.S.30:1-7, a county psychiatric hospital, or a psychiatric unit of a county hospital.
- v. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology.
- w. "Psychiatric unit of a general hospital" means an inpatient unit of a general hospital that restricts its services to the care and treatment of the mentally ill who are admitted on a voluntary basis.
- x. "Psychologist" means a person who is licensed as a psychologist by the New Jersey Board of Psychological Examiners.
- y. "Screening certificate" means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service.
- z. "Screening service" means a public or private ambulatory
  care service designated by the commissioner, which provides
  mental health services including assessment, emergency and
  referral services to mentally ill persons in a specified geographic
  area.
  - sa. "Screening outreach visit" means an evaluation provided by a mental health acreener wherever the person may be when

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clinically relevant information indicates the person may need involuntary commitment and is unable or unwilling to come to a screening service.

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

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

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

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

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

(cf: P.L.1989, c.73, s.1)

6. Section 10 of P.L.1987, c.116 (C.30:4-27,10) is amended to read as follows:

10. a. A short-term care or psychiatric facility or a special psychiatric hospital shall initiate court proceedings for involuntary commitment by submitting to the court a clinical certificate completed by a psychiatrist on the patient's treatment team and the screening certificate which authorized admission of the patient to the facility; provided, however, that both certificates shall not be signed by the same psychiatrist unless the psychiatrist has made a reasonable but unsuccessful attempt to have another psychiatrist unduct the evaluation and execute the certificate.

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

c. A court proceeding for involuntary commitment of an inmate who is scheduled for release upon expiration of a maximum term of incarceration shall be initiated by the Attorney General or county prosecutor by submission to the court of two clinical certificates, at least one of which is prepared by a psychiatrist.

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d. The Attorney General, in exercise of the State's authority as parens patriae, may initiate a court proceeding for the involuntary commitment of any person in accordance with the procedures set forth in subsection a. or b. of this section. When the Attorney General determines that the public safety requires initiation of a proceeding pursuant to subsection b. of this section, the Attorney General may apply to the court for an order compelling the psychiatric evaluation of the person. The court shall grant the Attorney General's application if the court finds that there is reasonable cause to believe that the person may be in need of involuntary commitment. The Attorney General may delegate the authority granted pursuant to this subsection, on a case by case basis, to the county prosecutor.

[c.] e. Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes of care [and], treatment [.] and confinement of a person in need of involuntary commitment, shall be guilty of a crime of the fourth dugree.

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

[e.] g. If the court finds that there is probable cause to believe that the person, other than a person whose commitment is sought pursuant to subsection c. of this section, is in need of involuntary commitment, it shall issue a temporary order authorizing the admission to or retention of the person in the custody of the facility pending a final hearing.

h. If the court finds that there is probable cause to believe that a person whose commitment is sought pursuant to subsection c. of this section is in need of involuntary commitment, it shall issue an order setting a date for a final hearing and authorizing the Commissioner of the Department of Corrections to arrange for temporary commitment pursuant to section 2 of P.L.1988. c.71 (C.30:4-82.2) to the Forensic Psychiatric Hospital in Trenton or other facility designated for the criminally insane pending the final hearing and prior to the expiration of the person's term. The order shall specifically provide for transfer of custody to the Forensic Psychiatric Hospital in Trenton or other facility designated for the criminally insane if the person's maximum

term will expire prior to the final hearing,

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

15 (cf: P.L.1987, c.116, s.10)

- 7. Section 12 of P.L.1987, c.116 (C.30:4-27.12) is amended to read as follows:
- 12. a. A patient who is involuntarily committed to a short-term care or psychiatric facility or special psychiatric hospital shall receive a court hearing with respect to the issue of continuing need for involuntary commitment within 20 days from initial inpatient admission to the facility unless the patient has been administratively discharged from the facility pursuant to section 17 of [this act] P.L.1987, c.116 (C.30:4-27.17). However, if a person is involuntarily committed pursuant to subsection c. or d. of section 10 of P.L.1987, C.116 (C.30:4-27.10), that person immediately shall be committed to the Forensic Psychiatric Hospital in Trenton or other facility designated for the criminally insane for the duration of the 20 day waiting period.

[The] b. Except as provided in subsection c. of this section, the assigned county counsel is responsible for presenting the case for the patient's involuntary commitment to the court, unless the county adjuster is licensed to practice law in this State, in which case the county adjuster shall present the case for the patient's involuntary commitment to the court.

- c. Notwithstanding the provisions of subsection b. of this section and upon notice to the county adjuster:
- (1) The Attorney General, or the county prosecutor acting at the request of the Attorney General, may supersede the county counsel or county adjuster and assume responsibility for presenting any case for involuntary commitment or may elect to participate with the county counsel or county adjuster in presenting any such case; and
- (2) The rounty prosecutor may supersede the county counsel or county adjuster and assume responsibility for presenting any case for involuntary commitment initiated by the county prosecutor pursuant to subsection c, of section 10 of P.L.1987, c.116 (C.30:4-27.10) or may elect to participate with the county counsel in the presentation of any such case.
- 60 d. A patient subject to involuntary commitment shall have 51 counsel present at the hearing and shall not be permitted to 52 appear at the hearing without counsel.
- 83 (cf: P.L.1989, c.73, s.2)
  - 8. Section 13 of P.L.1987, c.116 (C.30:4-27.13) is amended to

read as follows:

- adjuster of the admitting county or the Attorney General or county prosecutor if presenting the case for the patient's involuntary commitment, shall cause notice of the court hearing to be served upon the patient, the patient's guardian if any, the patient's next-of-kin, the patient's attorney, the director, chief executive officer, or other individual who has custody of the patient, the county adjuster of the county in which the patient has legal settlement and any other individual specified by the court. The notice shall contain the date, time and location of the court hearing. The patient and the patient's attorney shall also receive copies of the clinical certificates and supporting documents, the temporary court order and a statement of the patient's rights at the court hearing.
- b. A psychiatrist on the patient's treatment team who has conducted a personal examination of the patient as close to the court hearing date as possible, but in no event more than five calendar days prior to the court hearing, shall testify at the hearing to the clinical basis for the need for involuntary commitment. Other members of the patient's treatment team [may] and any other witness with relevant information offered by the patient or the persons presenting the case for civil commitment shall also be permitted to testify at the hearing.
- c. The patient's next-of-kin may attend and testify at the court hearing if the court so determines.
- d. The court shall transcribe the court hearing and arrange for the payment of expenses related thereto in the same manner as for other court proceedings.
- (cf: P.L.1987, c.116, s.13)
- 9. Section 15 of P.L.1987, c.116 (C.30:4-27.15) is amended to read as follows:
- 15. a. If the court finds by clear and convincing evidence that the patient needs continued involuntary commitment, it shall issue an order authorizing the involuntary commitment of the patient and shall schedule a subsequent court hearing in the event the patient is not administratively discharged pursuant to section 17 of [this act] P.L.1987, c.118 (C.30:4-27.17) prior thereto.
- b. If the court finds that the patient does not need continued involuntary commitment, the court shall so order. A patient who is serving a term of incarceration shall be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until incased in accordance with law, and [the facility shall discharge the] any other patient shall be discharged by the facility within 48 hours of the court's verbal order or by the end of the next working day, whichever is longer, with a discharge plan prepared pursuant to section 18 of [this act] P.L.1987, c.116 [C.30:4-27.18].
- c. [if] (1) The court may discharge the patient subject to conditions, if the court finds that the person does not need involuntary or continued involuntary commitment and the court finds:
- (a) that the patient's history indicates a high risk of rehospitalization because of the patient's failure to comply with

discharge plans, the court may discharge the patient subject to conditions] jor

- (b) that there is substantial likelihood that by reason of mental illness the patient will be dangerous to himself, others or property if the patient does not receive other appropriate and available services that render involuntary commitment unnecessary.
- (2) Conditions imposed pursuant to this section shall include those recommended by the facility and mental health agency staff and developed with the participation of the patient. Conditions imposed on the patient shall be specific and their duration shall not exceed 90 days unless the court determines, in a case in which the Attorney General or a county prosecutor participated, that the conditions should be imposed for a longer period. If the court imposes conditions for a period exceeding six months, the court shall provide for a review hearing on a date the court deems appropriate but in no event later than six months from the date of the order. The review hearing shall be conducted in the manner provided in this section, and the court may impose any order authorized pursuant to this section.
- (3) The designated mental health agency staff person shall notify the court if the patient fails to meet the conditions of the discharge plan, and the court shall issue an order directing that the person be taken to a screening service for an assessment. The court shall determine, in conjunction with the findings of a screening service, if the patient needs to be rehospitalized and, if so, the patient shall be returned to the facility. The court shall hold a hearing within 20 days of the day the patient was returned to the facility to determine if the order of conditional discharge should be vacated.
- d. Notwithstanding subsection a. of this section, or any provision of sections 16, 17 or 18 of P.L.1987, c.116 (C.30:4-27. 16 through 30:4-27.18), no person committed while serving a term of incarceration shall be discharged by the court or administratively discharged prior to the date on which the person's maximum term would have expired had he not been committed. If the person is no longer in need of involuntary commitment, the person shall be returned to the appropriate State, county or local authority to complete service of the term of incarceration imposed until released in accordance with law, and the person shall be given day for day credit for all time during which the person was committed.
- (cf: P.L.1987, c.116, s.15)
- 10. Section 17 of P.L.1987, c.116 (C.30:4-27.17) is amended to read as follows:
- 17. a. The treatment team at a short-term care or psychiatric facility or special psychiatric hospital shall, subject to the limitations set forth in subsection b. of this section, administratively discharge a patient from involuntary commitment status if the treatment team determines that the patient no longer needs involuntary commitment. If a discharge plan has not been developed pursuant to section 18 of this act, it shall be developed forthwith.
  - b. If the patient is confined pursuant to an order entered under

section 15 of P.L.1987, c.116 (C.30:4-27,15) in a case in which the Attorney General or a county prosecutor participated, the treatment team shall, no less than 10 days prior to the proposed date of administrative discharge, provide written notice to the committing court and to the person or persons who presented the case for involuntary commitment. If, within five days of receipt of such notice, a person who presented the case for commitment files a request for a hearing on the issue of continuing need for commitment and serves notice of that request, in accordance with the provisions of section 13 of P.L. 1987, c.116 (C.30:4-27.13), the treatment team shall delay the administrative discharge and the court shall schedule a hearing on the issue. The hearing shall be conducted in the manner provided in section 15 of P.L.1987, c.116 (C.30:4-27.15).

(cf: P.L.1987, c.116, s.17)

- 11. Section 28 of P.L.1966, c.282 (C.45:14B-28) is amended to read as follows:
- 28. The confidential relations and communications between and among a licensed practicing psychologist and individuals, couples, families or groups in the course of the practice of psychology are placed on the same basis as those provided between attorney and client, and nothing in this act shall be construed to require any such privileged communications to be disclosed by any such person.

There is no privilege under this section for any communication:

(a) upon an issue of the client's condition in an action to commit
the client or otherwise place the client under the control of
another or others because of alleged mental incompetence, or in
an action in which the client seeks to establish his competence or
in an action to recover damages on account of conduct of the
client which constitutes a crime; or (b) upon an issue as to the
validity of a document as a will of the client; or (c) upon an issue
between parties claiming by testate or intestate succession from
a deceased client.

(cf: P.L.1981, c.303, s.1)

12. This act shall take effect immediately.

#### **STATEMENT**

The purpose of this bill is to protect the public safety by coordinating procedures governing the release of inmates and the involuntary commitment of persons who are mentally ill and dangerous.

The bill would codify what is inherent in the Attorney General's common law responsibility to act on behalf of the State, as parens patriae — a grant of authority to seek civil commitment when the public safety requires. This bill would also give the Attorney General and the county prosecutors the notice and opportunity needed to obtain an assessment of the condition of certain inmates, prior to their release from prison, who are likely to be in need of involuntary commitment after release. In addition, it would give the Attorney Coneral and the county prosecutors clear statutory authority to initiate timely civil

commitment proceedings when appropriate.

Under current law, the Department of Corrections must release an inmate when he has served his maximum term. In most instances, these inmates have been denied parole because it is likely that they will commit another crime or because they have been found to be repetitive and compulsive sex offenders who are not capable of making an acceptable social adjustment in the community. Some of these inmates suffer from mental illness that causes them to be dangerous to themselves, others or property. Although they are "in need of involuntary commitment" within the meaning of New Jersey's civil commitment law, the law does not provide clear procedures for securing their commitment. They may be released into the community without supervision or treatment.

This bill would not establish a different standard for civil commitment of these former inmates; like all other persons, they would be subject to involuntary commitment only if a court found them to be mentally ill and dangerous to themselves, others or property. The bill, however, would reaffirm and clarify the standard for civil commitment applicable to all persons in order to ensure that those who apply the standard do not erroneously focus on the presence or absence of "psychosis" in making recommendations concerning the need for civil commitment.

Once committed, patients who are former inmates would be released in accordance with the procedures and standards applicable to all other persons involuntarily hospitalized. The procedures applicable to release, however, would be modified in order to ensure that the need to protect the public is given due consideration in the release decision.

Under current law, a treatment facility may discharge a patient found to be in need of involuntary commitment at any time. This bill would require the facility to give prior notice to the party that presented the case for civil commitment. If, upon receipt of such notice, the party were to request a hearing on the continued need for commitment, administrative discharge would not take place and a hearing would be held.

The bill provides that if involuntary commitment proceedings are initiated by the Attorney General or the county prosecutor, the person would be committed to the Forensic Psychiatric Hospital in Trenton or other facility designated for the criminal insane for the 20 day waiting period for a hearing on the continued need for involuntary commitment. The court would autimate the Commissioner of Corrections to arrange for temporary commitment to the Forensic Psychiatric Hospital or similar facility pending the final hearing and prior to the expiration of the person's term. In addition, the court order would specifically provide for transfer of custody to the Forensic Psychiatric Hospital or similar facility if the person's maximum term would expire prior to the final hearing.

Revises procedures governing civil commitment of certain mentally ill and dangerous persons.

# ASSEMBLY, No. 86

## STATE OF NEW JERSEY

DATED: September 26, 1994

Assembly Bill No. 86 of 1994 revises procedures governing the release and involuntary commitment of immates convicted of certain sexual offenses to ensure that protection of the public is given due consideration. The bill codifies the Attorney General's common law responsibility to act on behalf of the public in seeking civil commitments.

The bill requires the Chief Executive Officer of the Adult Diagnostic and Treatment Center to: 1) notify the Attorney General and the prosecutor of the county 90 days prior to the scheduled release of an inmate who has not been paroled; 2) provide the Attorney General and the county prosecutor with his recommendation regarding the decision involving the involuntary commitment of the inmate; 3) provide the Attorney General and the county prosecutor with all information relevant to make an independent determination concerning involuntary commitment of the inmate.

The bill authorizes the Attorney General or the county prosecutors, at their discretion, to initiate civil commitment of inmates determined to be mentally ill and dangerous to the public. The bill provides that if involuntary commitment proceedings are initiated by the Attorney General or the county prosecutor, the person would be committed to the Forensic Psychiatric Hospital in Trenton or another facility designated for the criminal insane for the 20 day waiting period for a hearing on involuntary commitment. The bill authorizes the Department of Corrections to arrange temporary commitment of these inmates to such facilities pending their final hearings.

Information provided informally by the Department of Law and Public Safety estimates that 144 cases a year would be reviewed under this bill but the department did not provide an estimate of the number of civil commitments which might be sought by the Attorney General. The department states, however, that it would expect county prosecutors to also be active in the commitment process.

The department estimates its costs of administering this bill at \$188,228 in the first year after enactment. Included in this estimate are salary and fringe benefit costs of \$85,226 for one Deputy Attorney General and one typist, \$1,000 for materials and supplies, \$100,000 for expert witness evaluations and \$2,000 for data processing equipment. Assuming an annual inflation rate of five percent in the second and third year for salaries and other expenses and deducting one-time data processing equipment costs, the department estimates the bill's second and third year costs at \$195,537 and \$205,314, respectively. The Office of Legislative Services (OLS) concurs with the department's estimate of its costs.

However, OLS notes that enactment of this bill would also result in increased county costs based on the extent of participation



# OFFICE OF THE GOVERNOR NEWS RELEASE

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IMMEDIATE
OCT. 31, 1994

Gov. Christie Whitman today signed an 11-bill package of legislation establishing a comprehensive system for dealing with convicted sex offenders, ranging from community notification to extended prison sentences.

 $\label{eq:whitman} \mbox{ whitman signed the legislation at a public ceremony in her office.}$ 

"This package represents a comprehensive and balanced response to a complex law enforcement and social issue," Whitman said. "Our priority in these efforts was to create a system of protection for the community at large as well as to enhance our ability to deal with individuals who commit crimes of this nature."

Whitman commended the Legislature for its reasoned response as embodied in the bill package.

"These bills are an outstanding example of what can be accomplished through bi-partisan cooperation and when there is a high level of coordination between the Executive and Legislative branches of government to solve problems," Whitman said.

The bills signed into law today are:

A-165, sponsored by Assemblymen Patrick Roma, R-Bergen, and Gary Stuhltrager, R-Salem, to require the Department of Corrections or the Department of Human Services to provide written notification to a county prosecutor prior to the release of an adult or juvenile who has been convicted or judged delinquent of certain offenses, including murder and sexual crimes. The prosecutor, in turn, is required to notify the Office of Victim-Witness Advocacy.

A-84, sponsored by Assemblywomen Joanna Gregory-Scotchi, R-Middlesex, and Joan Quigley, D-Bergen, to require the registration of sex offenders with a designated registration agency

or the chief law enforcement officer of the municipality in which the person resides.

S-14, sponsored by Sens. Peter Inverso, R-Mercer, and Gerald Cardinale, R-Bergen, to provide for community notification when a sex offender is released from an institution and moves into a municipality. The community notification is to be given in accordance with guidelines developed by the Attorney General.

S-320, sponsored by Sens. John Girgenti, D-Passaic, and Louis Kosco, R-Bergen, to establish community supervision for life for convicted sex offenders. Community supervision will begin upon the offender's release and the monitoring system is similar to that used for parolees.

S-1398, sponsored by Sens. Andrew Ciesla, R-Monmouth, and John Scott, R-Bergen, to establish victim notification procedures for victims of domestic violence when the offender is scheduled to appear for any court proceeding related to the offense. It also requires notification to a county prosecutor upon the offender's release from jail.

S-11, sponsored by Sens. Donald DiFrancesco, R-Union, and Robert Martin, R-Morris, to provide for an extended prison term for a sexual offender if the crime involved violence and if the victim was 16 years of age or under.

S-15, sponsored by Sens. Andrew Çiesla, R-Monmouth, and Jack Sinagra, R-Middlesex, to provide that no inmate at the Adult Diagnostic and Treatment Center at Avenel will be eligible for good behavior credit unless the individual cooperates with the treatment program offered at the institution.

A-1592, sponsored by Assemblywoman Joan Quigley, D-Bergen, and Assemblyman Nicholas Felice, R-Bergen, to require persons convicted of sexual offenses to provide samples of blood for DNA profiling and use in connection with criminal investigations.

A-81, sponsored by former Assemblyman Frank Catania, R-Passaic, and Assemblywoman Marion Crecco, R-Essex, to establish a victim's age of less than 14 years old as an aggravating factor in death penalty cases.

sponsored by Assemblymen Patrick Roma, R-bergen, and Gary Stuhltrager, R-Salem, to provide for the involuntary commitment of sex offenders whose conduct has been characterized by a pattern of repetitive, compulsive behavior.

A-1602, sponsored by Assemblymen John Rocco and Lee Solomon, both R-Camden, to provide that a prosecuting agency must notify the victim of a domestic violence matter whenever a defendant charged with an offense involving domestic violence is released from custody.