

VOLUNTARY COMMITMENTS

<p>Voluntary Admission <i>N.J.S.A. 30:4-27.2(ee)</i></p>	<p>Discharge of Voluntary Patients <i>N.J.S.A. 30:4-27.20.</i></p>	<p>Conversion to Voluntary Status; Voluntary Admission Through a Screening Service. <i>R. 4:74-7(g)(1)</i></p>
<p>“Voluntary admission” means that an adult with mental illness, 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.</p>	<p>A voluntary patient at a short-term care or psychiatric facility or special psychiatric hospital shall be discharged by the treatment team at the patient’s request. The treatment team shall document all requests for discharge, whether oral or written, in the patient’s clinical record. The facility shall discharge the patient as soon as possible but in every case within 48 hours or at the end of the next working day from the time of the request, whichever is longer, except that if the treatment team determines that the patient needs involuntary commitment, the treatment team shall initiate court proceedings pursuant to section 10 of this act. The facility shall detain the patient beyond 48 hours or the end of the next working day from the time of the request for discharge, only if the court has issued a temporary court order.</p>	<p>When a patient has been involuntarily committed to a short-term care facility, a psychiatric facility or a special psychiatric hospital, as defined in <i>N.J.S.A. 30:4-27.2</i>, and thereafter seeks to convert to voluntary status, the court shall hold a hearing within 20 days to determine whether the patient had the capacity to make an informed decision to convert to voluntary status and whether the decision was made knowingly and voluntarily. Counsel previously appointed shall represent the patient at that hearing and notice shall be given in accordance with paragraph (c)(4) of these rules. The patient shall attend the hearing unless the court is satisfied that the patient does not wish to attend.</p>

INVOLUNTARY COMMITMENTS - INPATIENT

N.J.S.A. 30:4-27.15(a), "Court Findings Relative to Involuntary Commitment to Treatment":

If the court finds by clear and convincing evidence that the patient needs continued involuntary commitment to treatment, it shall issue an order authorizing the involuntary commitment of the patient and the assignment or admission of the patient pursuant to section 17 of P.L.2009, c. 112 (C.30:4-27.15a) and shall schedule a subsequent court hearing in the event the patient is not administratively discharged pursuant to section 17 of P.L.1987, c. 116 (C.30:4-27.17) prior thereto.

N.J.S.A. 30:4-27.2(m), "Definitions":

"In need of involuntary commitment" or "in need of involuntary commitment to treatment" means that an adult with mental illness, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to accept appropriate treatment voluntarily after it has been offered, needs outpatient treatment or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs.

Findings of fact and conclusions of law are required under *R. 1:7-4(a)*, and *30:4-27.15(a)*. *R. 4:74-7(f)* states: "The court shall enter an order authorizing involuntary commitment if it finds, by clear and convincing evidence presented at the hearing that the patient is in need of continued involuntary commitment" by reason of the fact that:

1. The Patient Has a Mental Illness <i>R. 4:74-7(f)(1)(1)</i>	2. The Patient is Dangerous to Self, Others, or Property <i>R. 4:74-7(f)(1)(2)</i>	3. The Patient Cannot Be Treated in a Less Restrictive Setting. <i>R. 4:74-7(f)(1)(4)</i>
<p>Definition of Mental Illness: "Mental illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality, but does not include simple alcohol 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 is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. <i>N.J.S.A. 30:4-27.2(r)</i>.</p>	<p>Definition, "Dangerous to Others or Property": 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. <i>N.J.S.A. 30:4-27.2(i)</i>.</p> <p>Definition, "Dangerous to Self": By reason of mental illness, the person has:</p> <ol style="list-style-type: none"> 1. (Intentional Self-Harm), <i>N.J.S.A. 30:4-27.2(h)</i>: Threatened or attempted suicide or serious bodily harm; or 2. (Harm by Neglect), <i>N.J.S.A. 30:4-27.2(h)</i>: Behaved in such a manner as to indicate that the person cannot satisfy the need for: <ol style="list-style-type: none"> (a) Nourishment, (b) Essential medical care, or (c) Shelter. <p>"... so that it is probable that substantial bodily injury, serious physical harm 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>N.J.S.A. 30:4-27.2(h)</i>.</p> <p>Any determination of harm to others, property, or self "... shall take into account a person's history, recent behavior and any recent act, threat or serious psychiatric deterioration." <i>N.J.S.A. 30:4-27.2(i)</i> and <i>(h)</i>.</p>	<p>The patient needs outpatient treatment as defined by <i>N.J.S.A. 30:4-27.2hh</i> or inpatient care at a short-term care or psychiatric facility or special psychiatric hospital because other less restrictive alternative services are not appropriate or available to meet the patient's mental health care needs. <i>R. 4:74-7(f)(1)(4)</i>.</p>

Minors	Conditional Discharge	CEPP (CONDITIONAL EXTENSION PENDING PLACEMENT)
<p>Pursuant to <i>R. 4:74-7A</i> and the Supreme Court in <i>In the Matter of the Commitment of N.N., 146 N.J. 112 (1996)</i>, a minor in need of involuntary commitment:</p> <ol style="list-style-type: none"> 1. Is under the age of eighteen, <i>R. 4:74-7A(a)(1)</i>. 2. Suffers from childhood mental illness, defined as a “current substantial disturbance of thought, mood, perception, or orientation which differs from that which is typical of children of a similar developmental stage, and which significantly impairs judgment, behavior, or capacity to recognize reality when also compared with children of a similar developmental stage. <i>R. 4:74-7A(a)(2)</i>. <ul style="list-style-type: none"> a. A seizure disorder, a developmental disability, organic brain syndrome, a physical or sensory handicap, or brief period or periods of intoxication caused by alcohol or other substances is not sufficient by itself to meet the criteria for childhood mental illness. <i>Ibid</i>. 3. Is dangerous to self, others or property as a result of the childhood mental illness. The same standards that apply to adults apply to children. <ul style="list-style-type: none"> a. Additional Requirement for Minors Under 14 years old. If a minor is under 14 years of age, dangerous to self also means that there is a substantial likelihood that the failure to provide immediate, intensive, institutional, psychiatric therapy will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child arising from the interference with or arrest of the child’s growth and development and, ultimately, the child’s capacity to adapt and socialize as an adult. <i>R. 4:74-7A(a)(3)</i>. <i>In the Matter of the Commitment of N.N., supra</i>. 	<p>N.J.S.A. 30:4-27.15(c)(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 to treatment and the court finds:</p> <ol style="list-style-type: none"> (a) that the patient’s history indicates a high risk of rehospitalization because of the patient’s failure to comply with discharge plans; or (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 to treatment unnecessary. <p>Conditions imposed pursuant to this section shall include those recommended by the facility and mental health agency 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.</p> <p><i>R. 4:74-7(h)(1)</i>. Order of Discharge. “If the court concludes at the review hearing that the evidence does not warrant continued commitment, it shall order that the patient be discharged. The facility shall discharge the patient as soon as practicable but no later than 48 hours after the court’s verbal order or by the end of the next working day, whichever is later. An order discharging the patient may contain conditions for discharge, such as attendance at a non-residential mental health facility or other form of supervision provided the court finds that the patient’s history indicates a high risk of rehospitalization because of the patient’s failure to comply with discharge plans. Conditions shall be recommended by the facility and mental health agency staff and developed with the participation of the patient, shall be specific, and shall not exceed 90 days in duration except as otherwise provided by law. The continuation of any such conditions shall be subject to periodic review as provided by paragraph (f) hereof.”</p>	<p><i>R. 4:74-7(h)(2)</i>. Order of Conditional Extension Pending Placement. If a patient otherwise entitled to discharge cannot be immediately discharged due to the unavailability of an appropriate placement, the court shall enter an order conditionally extending the patient’s hospitalization and scheduling a placement review hearing within 60 days thereafter. If the patient is not sooner discharged, a second placement review hearing shall be held no later than six months after the initial placement review hearing and subsequently at no greater than six-month intervals.</p> <p>At all placement review hearings the court shall inquire into and receive evidence of the patient’s placement as is necessary to support the entry of an order conditionally extending the patient’s hospitalization. At all placement review hearings, the hospital employee who has primary responsibility for placing the patient shall prepare a written report and shall make it available to the court and all counsel no later than one business day prior to the hearing. The report shall be in a form prescribed by the Department of Human Services and subject to approval by the Administrative Director of the Courts, and designed to minimize the burden on hospital administrative and clinical resources while still accomplishing its objective. If the court is advised at a hearing that an appropriate placement is available, it shall forthwith order such placement. If an appropriate placement becomes available during the interval between scheduled hearings, the patient may be administratively discharged to said placement.</p> <p>From the New Jersey Courts 2008 Involuntary Commitments Resource Binder, at page 33: “CEPP is not appropriate for patients who have a place to live but for whom the hospital has not yet made arrangements for follow-up care in the community. <i>Matter of Commitment of G.G., 272 N.J. Super. 597 (App. Div. 1994)</i>; <i>In re Commitment of M.C., 385 N.J. Super. 151, 162 (App. Div. 2006)</i>. The Court should not order CEPP where there is no evidence presented of “the unavailability of an appropriate placement.” <i>Matter of Commitment of G.G., supra, at 605</i>. The term “appropriate placement” as used in <i>R. 4:74-(h)(2)</i> refers to a facility that will provide continuing support and assistance through the day to people who are incapable of survival on their own e.g., elderly patients who have lost their personal capacity to survive due to the effects of prolonged hospitalization. The phrase “appropriate placement” must be based on the justification for the CEPP exception to the general rule requiring release of those who are not dangerous within the meaning of <i>N.J.S.A. 30:4-27.2h, i</i>. Justification is based on the patient’s incapacity to survive. <i>In re S.L., supra, 94 N.J. 128, 140</i>; <i>In re Commitment of M.C., supra, 385 N.J. Super. at 163</i>. CEPP is not a fallback option when the state cannot implement a discharge plan within 48 hours. Nor is it a means through which the judge may delay a conditional release. <i>In re Commitment of M.C., supra</i>. Fear of potential relapse and recidivism is not legally sufficient to maintain an individual on CEPP status. <i>I/M/O Commitment of T.J., 401 N.J. Super. 111 (App. Div. 2008)</i>.”</p>