

RECORD IMPOUNDED

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This opinion shall not "constitute precedent or be binding upon any court."
Although it is posted on the internet, this opinion is binding only on the
parties in the case and its use in other cases is limited. R. 1:36-3.

SUPERIOR COURT OF NEW JERSEY
APPELLATE DIVISION
DOCKET NO. A-0909-16T4
A-2972-16T4

K.N.,

Appellant,

v.

NEW JERSEY DEPARTMENT
OF HUMAN SERVICES,
DIVISION OF MENTAL HEALTH
AND ADDICTION SERVICES.

Respondent.

Submitted April 26, 2018 – Decided May 30, 2018

Before Judges Haas and Rothstadt.

On appeal from the Division of Mental Health
and Addiction Services.

K.N., appellant pro se.

Gurbir S. Grewal, Attorney General, attorney
for respondent (Melissa H. Raksa, Assistant
Attorney General, of counsel; T. Nicole
Williams-Parks, Deputy Attorney General, on
the briefs).

PER CURIAM

In these two appeals that we have consolidated for the purpose of writing one opinion, K.N. appeals from the September 22, 2016 and March 9, 2017 final agency decisions approving the administration of psychotropic medications to K.N. without her consent. We affirm.

K.N., who has been involuntarily committed to the Ann Klein Forensic Center (AKFC) since February 29, 2016, has a history of mental health issues, psychiatric hospitalizations, and unsuccessful participation in outpatient treatment programs. She was referred for the psychiatric evaluation that led to her commitment based upon her conduct in a county jail, where she was placed after being arrested for aggravated assault with a deadly weapon and other charges. K.N.'s behavior in jail without medication was described as "grossly psychotic and catatonic."

On September 15, 2016, one of K.N.'s treating psychiatrists at AKFC initiated the process to seek approval for administering psychotropic medications to K.N. involuntarily. According to the doctor's "Involuntary Medication Administration Report (IMAR)," K.N. was "an acute danger to herself and others" if she was not medicated with "psychotropic medication either inside or outside of a psychiatric hospital." A different doctor issued another IMAR on March 1, 2017, beginning the same process again for essentially the same reasons. Both IMARs noted K.N.'s objection

to being medicated despite continuing efforts to counsel her about the medications' benefits. According to K.N., she did not need the medication and she had no mental health issues involving "delusions or paranoia."

AKFC's Medical Director reviewed the psychiatrists' IMARs in each instance and scheduled panel review hearings. The first one was held on September 20, 2016, and the second on March 7, 2017. In accordance with the agency's policies and procedures,¹ the hearing panels were composed of three non-treating clinicians. K.N. was present at each hearing and was assisted by a designated Client Service Advocate. In response to the medical testimony presented at the September hearing, K.N. stated that she did not need the medication and that it was not helpful. She did not testify at the second hearing. At the conclusion of each hearing, the panel determined K.N. required medication. After being provided the required notice, K.N. appealed each of the determinations. The Medical Director at AKFC conducted a review and upheld each decision. These appeals followed.


¹ The policies and procedures are contained in the agency's administrative bulletins AB 5:04 (addressing informed consent), AB 5:04A (addressing the emergency administration of psychotropic medications without consent), and AB 5:04B (addressing the non-emergent administration of psychotropic medications without consent).

We conclude from our consideration of the record and application of our limited standard of review, - i.e. abuse of discretion, see In re Herrmann, 192 N.J. 19, 27-28 (2007), - that AKFC's Medical Director's decisions to involuntarily medicate K.N. were not arbitrary, capricious or unreasonable. AKFC followed the involuntary medication policy and procedures promulgated by the Division of Mental Health and Addiction Services, and insured that K.N. had the benefit of all of the procedural safeguards to which she was entitled. Those procedures provided K.N. with an opportunity to challenge the evidence presented, to present her own proofs, with the assistance of a Client Service Advocate, who is charged under AB 5:504B (IV) (F) with "participat[ing] in the hearing and . . . support[ing] the patient in presenting . . . her objections," and to pursue an appeal.

We therefore find K.N's arguments to be without sufficient merit to warrant discussion in a written opinion merit as the Medical Director's decision in both instances was supported by sufficient credible and unrefuted evidence. R. 2:11-3(e)((1)(D). AKFC's Medical Director's decisions were based on the judgment of independent clinicians following a hearing and after an administrative appeal. We have no reason to disturb the results.

Affirmed.

I hereby certify that the foregoing
is a true copy of the original on
file in my office.


CLERK OF THE APPELLATE DIVISION