

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

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HOUSE BILL 677

Short Title: Improved Data on Involuntary Commitments. (Public)

Sponsors: Representatives Autry, Lambeth, Sasser, and Harrison (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Judiciary 1, if favorable, Rules, Calendar, and Operations of
the House

April 19, 2023

A BILL TO BE ENTITLED

AN ACT ESTABLISHING INVOLUNTARY COMMITMENT DATA COLLECTION AND
REPORTING REQUIREMENTS FOR AREA FACILITIES AND HOSPITALS WHERE
FIRST EXAMINATIONS FOR INVOLUNTARY COMMITMENTS ARE PERFORMED
AND FOR LOCAL MANAGEMENT ENTITIES/MANAGED CARE ORGANIZATIONS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 122C-255 reads as rewritten:

"§ 122C-255. **Report required.**

(a) Each 24-hour facility that (i) falls under the category of nonhospital medical detoxification, facility-based crisis service, or inpatient hospital treatment, (ii) is not a State facility under the jurisdiction of the Secretary of Health and Human Services, and (iii) is designated by the Secretary of Health and Human Services as a facility for the custody and treatment of individuals under a petition of involuntary commitment pursuant to G.S. 122C-252 and 10A NCAC 26C.0101 shall submit a written report on involuntary commitments each January 1 and each July 1 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The report shall include all of the following:

- (1) The number and primary presenting conditions of individuals receiving treatment from the facility under a petition of involuntary commitment.
- (1a) The transportation method utilized by individuals admitted under a petition of involuntary commitment to the 24-hour facility.
- (1b) The number of individuals moved to voluntary status at any time between arrival at the 24-hour facility and completion of the required 24-hour examination.
- (2) The number of individuals for whom an involuntary commitment proceeding was initiated at the facility, who were referred to a different facility or program.
- (3) The reason for referring the individuals described in subdivision (2) of this section to a different facility or program, including the need for more intensive medical supervision.

(b) Each area facility and each acute care or general hospital licensed under Chapter 131E of the General Statutes that performs a first examination for commitment required under Parts 7 and 8 of this Article shall submit a written report on involuntary commitments to the LME/MCO that serves the county in which the facility or hospital is located. The report shall be due each



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1 August 1, for the six-month period beginning January 1 and ending June 30, and each February
2 1, for the six-month period beginning July 1 and ending December 31. These reports shall contain
3 all of the following information:

4 (1) The number of individuals presented to the area facility or hospital for a first
5 commitment examination under a custody and transportation order issued by
6 a clerk or magistrate, and for this category of individuals all of the following:

7 a. The number of individuals who were found to meet the criteria for
8 inpatient commitment upon first examination.

9 b. Of the number determined in sub-subdivision a. of this subdivision,
10 the number of individuals recommended for outpatient commitment
11 and the average and median length of stay for the individuals
12 comprising this group.

13 (2) The number of respondents who initially presented voluntarily and for whom
14 commitment examiners submitted petitions for commitment to the magistrate
15 or clerk of court, and for this category of respondents the number of custody
16 orders issued by the magistrate or clerk for transport to a 24-hour facility based
17 upon a finding of inpatient commitment and, within that number:

18 a. The number of individuals who were ultimately transported to a
19 24-hour facility for a second examination and the average and median
20 length of stay before transport for this number.

21 b. The number of individuals who were discharged and their
22 commitment proceedings terminated at the site of first examination,
23 either because a second examination resulted in a determination that
24 they no longer met the criteria for commitment or their custody order
25 expired after seven days, and the median and average length of stay
26 before discharge for this number.

27 c. The number of individuals released based on a petition to the clerk or
28 magistrate for outpatient commitment, and the median and average
29 length of stay for this number.

30 (3) For individuals transported to the area facility or hospital and presented for
31 the first commitment examination under a custody and transportation order
32 issued by a clerk or magistrate, all of the following information:

33 a. Whether the transporting person used force to take the individual into
34 custody or used physical restraint when transporting the individual to
35 the facility.

36 b. The type of restraint used, if any, and the transporting person's
37 proffered reason for using restraint, including a description of the
38 respondent's apparent mental state and behavior when taking the
39 respondent into custody and during transportation.

40 c. Whether the use of force or restraint resulted in bodily injury requiring
41 medical care.

42 d. Whether the officer or other person designated to provide
43 transportation remained with the respondent and continued to maintain
44 custody at the facility or left the facility's premises based on an
45 assessment that appropriate supervision was available at the facility.

46 (c) The data collected by an area facility or hospital and reported to the LME/MCO
47 pursuant to subsection (b) of this section are confidential and not public records as defined by
48 G.S. 132-1.

49 (d) Each LME/MCO shall aggregate all data received pursuant to subsection (c) of this
50 section by local area or county, and related data from the Administrative Office of the Courts, in
51 a manner that does not identify specific facilities or hospitals by reference to their own reported

1 data. The LME/MCO shall report this aggregated data to (i) each of the facilities and hospitals
2 within its service area that is participating in the collection and reporting of data as required under
3 subsection (c) of this section and (ii) the Division of Mental Health, Developmental Disabilities,
4 and Substance Abuse Services within the Department. Notwithstanding the confidential nature
5 of the data collected under subsection (c) of this section, the aggregated data prepared by an
6 LME/MCO pursuant to this subsection are public records as defined by G.S. 132-1, as long as
7 the aggregated data do not identify specific facilities or hospitals by reference to their own
8 reported data."

9 **SECTION 2.** This act becomes effective January 1, 2024.