Involuntary Commitment Law Reform
S.B. 630

North Carolina Healthcare Association

Uniting hospitals, health systems and care providers for healthier communities

NCHA POSITION STATEMENT

North Carolina hospitals and health systems support access to appropriate levels of care for our behavioral health patients to ensure that they receive the right care at the right time at the right place.

CONTEXT & INSIGHTS

Involuntary commitment is a pivotal moment when people who are vulnerable can be connected to appropriate care, potentially for the very first time. People may be involuntarily committed when symptoms of a mental illness or substance use disorder escalate to the point of endangering themselves or others. All states use involuntary commitment, but North Carolina's law has not been updated in decades, leaving it unclear and subject to misuse. North Carolina's involuntary commitment law needs attention for patients to get the **right care** at the **right time** in **the right place**. Senate Bill 630 is the summation of instrumental statutory changes developed by the NC Hospital Association's behavioral health workgroups. Key revisions are explained below.

> "We are proud to support this legislation and appreciate the cooperation of so many stakeholders in the process."
> – Eddie Caldwell, NC Sheriff's Association

ADVOCACY MESSAGES FOR DECISION-MAKERS

As multiple entities coordinate transportation and examination of a patient for involuntary commitment, time to treatment may be drawn out, to the detriment of a patient already under extreme stress. Revisions to involuntary commitment statute in North Carolina help secure patient care in the *right amount of time,* by allowing more clinicians to practice to the full capabilities of their licensure and placing clearer parameters around patient transportation needs.

- Involuntary commitment law in North Carolina excludes much of the clinical workforce, despite a shortage in more than 80% of counties.[i] Allowing more professionals to practice to the full capabilities of their licensure may get patients into treatment faster, when they could otherwise wait in an emergency room for days.
- The bill allows clinicians, already licensed to diagnose mental illness, diagnose substance use disorder and conduct mental health status evaluations, to examine patients potentially needing involuntary commitment. Doing so expands the available workforce by more than 19,800 nurse practitioners (NPs), licensed professional counselors (LPCs), and physician assistants (PAs).[ii,iii,iv]
- Expanding the number of clinicians available to perform exams, as allowed by their licensure, brings North Carolina in line with more than 50% of states already including NPs, LPCs, or PAs among those authorized to examine patients in the involuntary commitment process.[v,vi,vii]
- When a bed opens up for inpatient psychiatric treatment, it may be filled before the patient can be transported to the facility. The bill allots time for steps of the involuntary commitment process to facilitate patient access to care.

- Existing law contains unclear language on the permissibility of in-unit commitment hearings and use of video-conference technology. The bill promotes limiting additional time-intensive transportation by prioritizing in-unit hearings where possible, and clearly stating when video-conference technology is permissible.

Involuntary commitment is necessary, but the significant repercussions on individual health demand it is used judiciously, consistently employing established best practices to get patients the *right care*. Patients undergoing involuntary commitment deserve the highest quality whole-person care that leverages less restrictive and costly mechanisms for treatment.

- Preventing unnecessary involuntary commitment is patient-centered and eases the burden on officers and clinicians. The bill promotes use of psychiatric advance directives (a legal document where patients indicate their preferred care if incapacitated), which improve patient engagement and may reduce the use of involuntary commitment.[viii,ix]
- Assessing psychiatric symptoms exclusively can violate a patient's basic right to safety; the bill requires medical screenings to rule out underlying medical reasons (such as neurological or endocrine conditions) for psychiatric symptoms, and get patients additional care as needed[x]
- Patients under an involuntary commitment order may be a danger to themselves or others, sometimes prompting the need for physical restraints during transport. The bill ensures officers make every possible effort to avoid physical restraints on children under 10 years old.
- Officials trained to meet unique patient needs may get better patient engagement and outcomes. More than 35 states use crisis intervention teams (CIT), which improve de-escalation skills and referrals to mental health services.[xi,xii,xiii] The bill promotes making available evidence-based trainings such as CIT, for entities involved in transport.

When patients get to the right place for acute care, they can more quickly continue their treatment in an environment specifically designed to address behavioral health needs. Clear, cross-sector communication and planning support getting patients to the *right place* by optimizing vehicles and facilities according to expertise and capacity.

- Involuntary commitment is complex and resource-intensive for all stakeholders; inpatient hospital units are often at capacity.[xiv] The bill promotes cross-sector development of local crisis plans so resources are used cost-effectively, and treatment facilities and law enforcement are prepared to collaboratively meet patient needs.
- Timely, patient-centered care requires an array of treatment options, beginning with outpatient and specialty behavioral health facilities, ending with acute hospitals as a safety net. The bill facilitates prioritizing behavioral health facilities for treatment, easing psychiatric care demands on overcrowded emergency rooms.[xv]
- States are re-evaluating resources for involuntary commitment; a county in Virginia saved more than 1,600 hours of law enforcement officer time by using alternative transport.[xvi] The bill allows local governments the flexibility and authority to create innovative solutions for their communities.

SOURCES

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