

REFORMING NORTH CAROLINA'S INVOLUNTARY COMMITMENT LAW

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. Senate Bill 630 is a consensus-driven update to the involuntary commitment law to help patients get the right care at the right time in the right place.

RIGHT CARE



Promotes use of psychiatric advance directives



Requires health screen to rule out an emergency



Minimizes use of physical restraints for children

RIGHT TIME



Allows almost 20,000 more clinicians to examine patients



Facilitates timely commitment hearings in-unit or by video



Standardizes allowable timeframes so patients get into care

RIGHT PLACE



Promotes cross-sector development of local crisis plans



Prioritizes specialty behavioral health facilities



Promotes identifying alternatives to law enforcement transport

#RIGHTCARERIGHTPLACE

HOW DOES SENATE BILL 630 HELP?

RIGHT CARE

- » **Promotes use of psychiatric advance directives.**
- » Psychiatric advance directives are legal documents that outline a person's preferences for treatment during a mental health crisis and have been shown to improve patient engagement and may reduce likelihood of involuntary commitment. ^{i, ii}
- » **Requires health screening.**
- » Screening rules out other conditions that may have psychiatric symptoms and ensures that people receive the right treatment.
- » **Minimizes use of physical restraints for children.**
- » Ensures that every effort will be made by the transporting officer to avoid using physical restraints for children under 10 years old.

RIGHT TIME

- » **Expands workforce for first examinations.**
- » Allows nearly 20,000 more clinicians to practice to the full capabilities of their licensure so patients are seen quickly and get into treatment sooner. ^{iii, iv, v}
- » **Standardizes allowable timeframes so patients get into care.**
- » By setting limits on the timeframe for patient transport, this bill ensures patients don't lose their spots in treatment facilities.
- » **Facilitates timely commitment hearings in-unit or by video.**
- » Limits transport burden and patient care disruption by prioritizing in-unit commitment hearings and allowing video-conferencing when possible.

RIGHT PLACE

- » **Promotes cross-sector development of local crisis plans.**
- » Encourages creation of crisis plans by treatment facilities and law enforcement to get patients to the most appropriate care location.
- » **Prioritizes specialty behavioral health facilities.**
- » Lowers burden on overcrowded emergency rooms by prioritizing more appropriate care settings, especially for individuals in mental health crisis.
- » **Supports identifying alternatives to law enforcement for transport.**
- » Allows local governments flexibility to identify alternatives to law enforcement for transporting patients to care.

i Zelle, H, Kathleen Kemp and Richard J Bonnie. Advance directives in mental health care: evidence, challenges and promise. *World Psychiatry*. 2015 Oct; 14(3): 278-280.

ii Van Dorn, RA, et al. Psychiatric Advance Directives and Social Workers: An Integrative Review. *Soc Work*. 2010 Apr; 55(2): 157-167.

iii North Carolina Board of Nursing. (2018).

iv North Carolina Board of Licensed Professional Counselors. (2018).

v North Carolina Medical Board. (2018). Licensee Search. Retrieved May 23, 2018 from: <https://www.wapps.ncmedboard.org/Clients/NCBOM/Public/LicenseeInformationResults.aspx>