

Involuntary Commitment

Mark Botts, UNC School of Government



UNC
SCHOOL OF GOVERNMENT

Magistrate Conference
Sept. 20, 2023

Topics

- Documenting sufficient information in the Affidavit and Petition to support issuance of the Custody and Transportation Order
- Understanding “dangerous” as defined by statutory law
- Informing the petitioner of the next steps in the process
- Return of service questions

Spoiler Alert

- The following examples are not legally sufficient
 1. SI with plan
 2. Patient has been off psych meds and reports SI
 3. Intoxicated; suicidal
 4. Bipolar psychosis and paranoid; making suicidal statements
 5. Patient reports SI, auditory/visual hallucinations
- Dementia can fall within the definition of “mental illness”

The Magistrate

Determines whether there are *reasonable grounds to believe* that

- the facts alleged *in the affidavit* are true, and
- the respondent probably meets *the statutory criteria* for commitment

STATE OF NORTH CAROLINA		File No.	
_____ County		In The General Court Of Justice District Court Division	
IN THE MATTER OF		AFFIDAVIT AND PETITION FOR INVOLUNTARY COMMITMENT	
Name And Address Of Respondent			
_____		G.S. 122C-261, 122C-281	
Social Security No. Of Respondent (if available)	Date Of Birth	Drivers License No. Of Respondent	State
_____	_____	_____	_____
I, the undersigned affiant, being first duly sworn, and having sufficient knowledge to believe that the respondent is a proper subject for involuntary commitment, allege that the respondent is a resident of, or can be found in the above named county, and is:			
(check all that apply)			
<input type="checkbox"/> 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.			
<input type="checkbox"/> in addition to being mentally ill, respondent is also "mentally retarded" pursuant to G.S. 122C-261.			
<input type="checkbox"/> 2. a substance abuser and dangerous to self or others.			
The facts upon which this opinion is based are as follows: (State facts, not conclusions, to support ALL blocks checked.)			

Reasonable Grounds to Believe

The *knowledge of facts* that would lead a reasonable person of ordinary intelligence and prudence to *believe* the respondent probably meets the commitment *criteria*.



Reasonable Grounds to Believe

- For the magistrate or clerk to have reasonable grounds to believe, he or she must first have *knowledge of facts* that lead to that belief.
- To have knowledge of facts that would give reasonable grounds to believe, the *affiant must assert facts* (signs and symptoms) in the affidavit.
- Mere conclusions or opinions do not suffice to give the magistrate or clerk reasonable grounds to believe, for the magistrate cannot simply adopt the belief of others. Rather, *the magistrate must come to his or her own belief* based on facts asserted in the affidavit.



The Magistrate's Role



Discussion

- “Patient exhibits bizarre behavior,”
 - “Respondent is suicidal”
 - “Patient is mentally ill”
 - “Respondent is dangerous”
 - “Suicidal”
-
- These are opinions or conclusions that, alone, do not reveal the factual basis upon which they are based and, therefore, are unhelpful to magistrate who must determine whether they believe the patient is mentally ill and dangerous to self or others (must come to their own conclusion based on the presentation of factual information.)
 - As such, they are not appropriate for the fact section of the Affidavit and Petition for Involuntary Commitment.

Information Must Be Factual

Facts

Conclusions (Opinions)

- Violent
- Threatening
- Aggressive
- Assaulted someone

Descriptive Facts

- Hit boss with a wrench
- Said he would cut brother while he slept
- Pushed Mom off the porch
- Held hammer in air saying he was going to bust mother's head

~~Conclusions~~

Dangerous to Self –Lack of Self-Care Ability

A two-prong test that requires a finding of:

- a lack of self-care ability regarding one's daily affairs, and
- a probability of serious physical debilitation resulting from the more general finding of lack of self-caring ability. In re Monroe, 49 N.C.App. 23 (1980).

In Re C.G.—Commitment Examiner Affidavit and Petition

- Respondent “presents [as] psychotic and disorganized . . . [Respondent’s] ACTT team being unable to stabilize his psychosis in the outpatient treatment.”
- “He is so psychotic he is unable to effectively communicate his symptoms and *appears to have been neglecting his own care.*”

In Re C.G., 278 N.C. App. 416 (2021)

Understanding the Criteria



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Read the statutory definitions!

The Criteria for Commitment

- 1. Inpatient commitment**—mentally ill + dangerous to self or others
- 2. Substance abuse commitment**—substance abuser + dangerous to self or others
- 3. Outpatient commitment**—mentally ill and, based on psychiatric history, in need of treatment to prevent further disability or deterioration that would predictably result in dangerousness
 1. mental illness
 2. substance abuse
 3. dangerous to self
 4. dangerous to others



Criteria for Involuntary Commitment in North Carolina

Mental Illness (Adults)

an illness that so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control.

Mental Illness (Minors)

a mental condition, other than mental retardation alone, that so impairs the youth's capacity to exercise age-adequate self-control or judgment in the conduct of his activities and social relationships that he is in need of treatment.

Substance abuse

the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

Dangerous to self

Within the relevant past, the individual has:

1. acted in such a way as to show that
 - a. he would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations, or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and
 - b. there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. Behavior that is grossly irrational, actions that the individual is unable to control, behavior that is grossly inappropriate to the situation, or other evidence of severely impaired insight and judgment creates an inference that the individual is unable to care for himself; or
2. attempted suicide or threatened suicide and there is a reasonable probability of suicide unless adequate treatment is given; or
3. mutilated himself or attempted to mutilate himself and there is a reasonable probability of serious self-mutilation unless adequate treatment is given.

Previous episodes of dangerousness to self, when applicable, may be considered when determining the reasonable probability of serious physical debilitation, suicide, or serious self-mutilation.

Dangerous to others

Within the relevant past the individual has:

1. inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another and there is a reasonable probability that this conduct will be repeated, or
2. acted in a way that created a substantial risk of serious bodily harm to another and there is a reasonable probability that this conduct will be repeated, or
3. engaged in extreme destruction of property and there is a reasonable probability that this conduct will be repeated.

Previous episodes of dangerousness to others, when applicable, may be considered when determining the reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is evidence of dangerousness to others.

Dangerous to Self

Within the relevant past, the individual has:

- Acted in a way to show unable to care for self + reasonable probability of serious physical debilitation in the near future unless adequate treatment is given
- Attempted or threatened suicide + reasonable probability of suicide unless adequate treatment is given
- Attempted or engaged in self-mutilation + reasonable probability of serious self-mutilation unless adequate treatment is given

Relevant Past

- Acts are within the relevant past if they occur close enough to the present time to have probative value on the question whether the conduct will continue
- Acts that are part of—or connected to—the current or ongoing episode, incident, or situation that help you assess what is happening and what is likely to happen if adequate treatment is not given

Question

If an individual is unable to exercise self-control, judgment, and discretion in the conduct of her daily responsibilities and social relations, or to satisfy her need for nourishment, personal or medical care, shelter, self-protection, or safety, then the individual meets the statutory definition for “dangerous to self” for purposes of involuntary commitment.

- Yes (that’s True)
- No (that’s False)

Commitment Criteria

There is a reasonable probability of the individual suffering serious physical debilitation within the near future . . .

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 - b. there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. Behavior that is grossly irrational, actions that the individual is unable to control, behavior that is grossly inappropriate to the situation, or other evidence of severely impaired insight and judgment creates an inference that the individual is unable to care for himself; or
2. attempted suicide or threatened suicide and there is a reasonable probability of suicide unless adequate treatment is given; or
3. mutilated himself or attempted to mutilate himself and there is a reasonable probability of serious self-mutilation unless adequate treatment is given.

Previous episodes of dangerousness to self, when applicable, may be considered when determining the reasonable probability of serious physical debilitation, suicide, or serious self-mutilation.

Dangerous to others

Within the relevant past the individual has:

1. inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another and there is a reasonable probability that this conduct will be repeated, or
2. acted in a way that created a substantial risk of serious bodily harm to another and there is a reasonable probability that this conduct will be repeated, or
3. engaged in extreme destruction of property and there is a reasonable probability that this conduct will be repeated.

Previous episodes of dangerousness to others, when applicable, may be considered when determining the reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is evidence of dangerousness to others.

Source: NC General Statutes 122C-3

Mark Botts, Associate Professor (2009)

Commitment Criteria

There is a reasonable probability of the individual suffering serious physical debilitation in the near future . . .

Previous episodes of dangerousness, when applicable, may be considered when determining reasonable probability of physical debilitation . . .

Criteria for Involuntary Commitment in North Carolina

Mental Illness (Adults)

an illness that so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control.

Mental Illness (Minors)

a mental condition, other than mental retardation alone, that so impairs the youth's capacity to exercise age-adequate self-control or judgment in the conduct of his activities and social relationships that he is in need of treatment.

Substance abuse

the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

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1. acted in such a way as to show that
 - a. he would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations, or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and
 - b. there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. Behavior that is grossly irrational, actions that the individual is unable to control, behavior that is grossly inappropriate to the situation, or other evidence of severely impaired insight and judgment creates an inference that the individual is unable to care for himself; or
2. attempted suicide or threatened suicide and there is a reasonable probability of suicide unless adequate treatment is given; or
3. mutilated himself or attempted to mutilate himself and there is a reasonable probability of serious self-mutilation unless adequate treatment is given.

Previous episodes of dangerousness to self, when applicable, may be considered when determining the reasonable probability of serious physical debilitation, suicide, or serious self-mutilation.

Dangerous to others

Within the relevant past the individual has:

1. inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another and there is a reasonable probability that this conduct will be repeated, or
2. acted in a way that created a substantial risk of serious bodily harm to another and there is a reasonable probability that this conduct will be repeated, or
3. engaged in extreme destruction of property and there is a reasonable probability that this conduct will be repeated.

Previous episodes of dangerousness to others, when applicable, may be considered when determining the reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is evidence of dangerousness to others.

Source: NC General Statutes 122C-3

Mark Botts, Associate Professor (2009)

Unable to Care for Self

Dorothy stopped taking her medication for mental illness. She has begun to experience visual and audio hallucinations and has ceased eating and bathing. You believe that she is unable to exercise judgment and discretion in the conduct of her daily responsibilities related to nourishment and medicine.

As you consider whether there is a reasonable probability that she will suffer serious physical debilitation in the near future, may you take into account that, two years ago, after exhibiting these same behaviors, she suffered serious dehydration and malnourishment requiring hospitalization?

Sample Petition

- Respondent diagnosed with bipolar disorder and schizophrenia. Refuses to take his psych meds because he says they take away his special powers. Says his special powers—enhanced by smoking marijuana—include the ability to live without food and the power to control his body temperature in cold weather. Is talking to his deceased father and sees lights coming out of people's heads. Has not eaten anything in the last two days. Last night he spent all night on the screen porch, arguing with his deceased father, wearing only his underwear in 40-degree temp.
- One year ago, he stopped taking his medication, began to believe he had the special power to live off of air without food and the ability to control his body temperature in cold weather. Soon thereafter, the police found him in a park wearing only underwear and suffering from hypothermia. He was treated for hypothermia at a local hospital and then involuntarily committed.

Commitment Criteria

There is a reasonable probability of the individual suffering serious physical debilitation in the near future . . .

Behavior that is so grossly irrational . . . or other evidence of severely impaired insight and judgment creates a prima facie inference . . .

Criteria for Involuntary Commitment in North Carolina

Mental Illness (Adults)

an illness that so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance, or control.

Mental Illness (Minors)

a mental condition, other than mental retardation alone, that so impairs the youth's capacity to exercise age-adequate self-control or judgment in the conduct of his activities and social relationships that he is in need of treatment.

Substance abuse

the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

Dangerous to self

Within the relevant past, the individual has:

1. acted in such a way as to show that
 - a. he would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations, or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and
 - b. there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. Behavior that is grossly irrational, actions that the individual is unable to control, behavior that is grossly inappropriate to the situation, or other evidence of severely impaired insight and judgment creates an inference that the individual is unable to care for himself; or
2. attempted suicide or threatened suicide and there is a reasonable probability of suicide unless adequate treatment is given; or
3. mutilated himself or attempted to mutilate himself and there is a reasonable probability of serious self-mutilation unless adequate treatment is given.

Previous episodes of dangerousness to self, when applicable, may be considered when determining the reasonable probability of serious physical debilitation, suicide, or serious self-mutilation.

Dangerous to others

Within the relevant past the individual has:

1. inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another and there is a reasonable probability that this conduct will be repeated, or
2. acted in a way that created a substantial risk of serious bodily harm to another and there is a reasonable probability that this conduct will be repeated, or
3. engaged in extreme destruction of property and there is a reasonable probability that this conduct will be repeated.

Previous episodes of dangerousness to others, when applicable, may be considered when determining the reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is evidence of dangerousness to others.

Source: NC General Statutes 122C-3

Mark Botts, Associate Professor (2009)

Prima Facie Inference of Probability of Physical Harm

- “A showing of behavior that is so *grossly* irrational, of actions that the individual is unable to control, of behavior that is *grossly* inappropriate to the situation, or of other evidence of *severely* impaired insight and judgment shall create a prima facie inference” that the individual is dangerous to self.
- Prima facie inference: sufficient to establish the existence of something—in this case, that the individual will suffer “serious physical debilitation in the near future”—unless the inference is rebutted with contrary evidence.

Example of Prima Facie Inference

- Police bring patient to hospital ED after finding him jumping around in the middle of a four-lane highway, waving a knife, shouting, and appearing to be responding to external stimuli.
- Patient has history of schizophrenia and medication non-compliance.
- Patient says he is hearing voices, seeing shadows, and has not slept the past few days.
- Very irritable, pacing up and down hall with changing moods.
- Incoherent statements, e.g., “Are they 4 digits?” “I am here.” “I am looking for my boots” (while wearing his boots)

Dangerous to Self—Context and Specificity

Hanna lives in a nursing home. She is 85 years old and suffers dementia. She can't remember where she is, doesn't know what day it is, and doesn't know her family. She can't remember to take her medication and is too frail to bathe and dress without assistance.

1. Is Hannah mentally ill?
 2. Is Hannah dangerous to self?
- Read the definition carefully: “. . . Unable, without the care, supervision, and the continued assistance of others *not otherwise available*, to exercise self-control, judgment, and discretion . . .”

Suicide

attempt

or

threat

+

reasonable probability of suicide



Sample Case

- Patient with history of paranoid schizophrenia.
- Patient came to ED trying to get back on psychiatric medication. Wants to speak to MD about medications.
- Presented to Hospital ED with “flight of ideas and paranoia.”
- Afraid his girlfriend is trying to kill him.
- Named other people he thinks are trying to kill him. Believed cab driver was plotting to kill him.
- Began to cry and became hysterical.
- Patient “endorses” “suicidal ideation.”

Suicidal Ideation

“Suicidal ideations” (SI), means suicidal thoughts or ideas.

- A broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide.
- Varies in intensity, duration, and character.
- Health records often document SI in a binary yes/no fashion
- But it encompasses everything from fleeting wishes of falling asleep and never awakening to intensely disturbing preoccupations with self-annihilation fueled by delusions.
- Important for healthcare professionals to thoroughly assess and monitor the pattern, intensity, nature, and impact of SI on the individual

Suicidal Ideation, Bonnie Harmer, Sarah Lee, Truc vi H. Duong, Abdolreza Saadabadi

Commitment Criteria

- Attempted or threatened suicide +
- Reasonable probability of suicide

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Dangerous to others

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Previous episodes of dangerousness to others, when applicable, may be considered when determining the reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is evidence of dangerousness to others.

Source: NC General Statutes 122C-3

Mark Botts, Associate Professor (2009)

Sample Case— “Passive” Suicidal Ideation

- Patient says she has been “very depressed” for the last 3 years, but it has “worsened lately.”
- Hopeless, sad, worried. Under eating. Difficulty falling asleep. Frequent wakening. Decreased energy. She was tearful throughout and spoke of feelings of worthlessness.
- Says she “does not want to live anymore.”
- She first got depressed after separating from her husband 12 years ago. Attempted suicide then by taking pills. Then got therapy and medication, and depression got better.
- She just lost her job with a cleaning company
- Daughter recently asked her to move out of her house

Commitment Criteria

Attempted or threatened suicide
+
Reasonable probability of suicide

Previous episodes of dangerousness, when applicable, may be considered when determining reasonable probability of suicide. . .

Criteria for Involuntary Commitment in North Carolina

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Source: NC General Statutes 122C-3

Mark Botts, Associate Professor (2009)

Magistrate Communication with the Petitioner



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- What are you required to say?
- What may you say?

If You Issue Custody Order AOC-SP-302A

The “magistrate shall provide the petitioner and the respondent, if present, with specific information regarding the next steps that will occur for the respondent.”

G.S. 122C-261(b)

What Happens Next?

Commit Next steps after magistrate.pd (002).pdf - Adobe Acrobat Pro DC (32-bit)

File Edit View E-Sign Window Help

Home Tools Signed Ca... 24 Hour F... McCORM... SUN MOU... 20221013... ggh edits... Juvenile F... SUN ROI... First IVC E... 204 Green... Commit N... x Sign In

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What Happens After a Magistrate Issues a Custody and Transportation Order

Source: Administration of Justice Bulletin, September 2007

Upon request, the magistrate or clerk of court has issued an order for custody and transportation of a person alleged to be in need of examination and treatment. This order is not an order of commitment but only authorizes the person to be evaluated and treated until a court hearing. The individual making the request has filed a petition with the court for this purpose and is, therefore, called the "petitioner." The individual to be taken into custody for examination will have an opportunity to respond to the petition and is, therefore, called the "respondent." If you are taken into custody, the word "respondent," below, refers to you.

1. A law enforcement officer or other person designated in the custody order must take the respondent into custody within 24 hours. If the respondent cannot be found within 24 hours, a new custody order will be required to take the respondent into custody. Custody is not for the purpose of arrest, but for the respondent's own safety and the safety of others, and to determine if the respondent needs treatment.
2. Without unnecessary delay after assuming custody, the law enforcement officer or other individual designated to provide transportation must take the respondent to a physician or eligible psychologist for examination.
3. The respondent must be examined as soon as possible, and in any event within 24 hours, after being presented for examination. The examining physician or psychologist will recommend either outpatient commitment, inpatient commitment, substance abuse commitment, or termination of these proceedings.

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Other Information

- Other useful information:
 - Law enforcement protocol on restraint
 - Likely wait time at community hospital
- Useful contact information
 - Other resources/options for petitioner if the commitment process terminates at the first examination

Magistrates

- Do you know what resources are available in your county?
- Are you familiar with your county's "community crisis plan?"

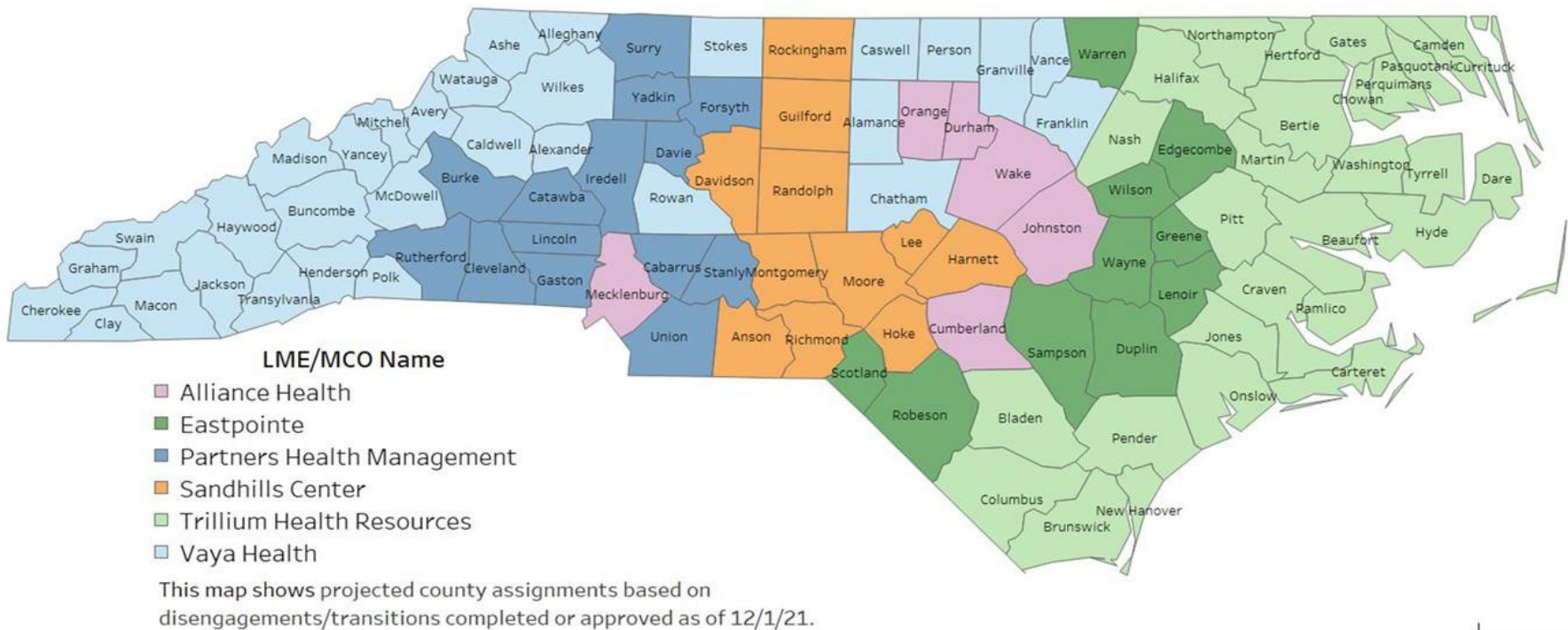
Community Crisis Plans

NC's public mental health authorities, a.k.a., "LME-MCOs" are required by statute to create a "community crisis plan"

- developed with the participation of acute care hospitals, other first examination facilities, law enforcement agencies, and **magistrates**
- identifies where respondents shall be taken for the first exam
- includes county transportation plans that may identify "designated persons" to receive custody orders

LME-MCO service regions—2022

Regional Behavioral Health and Intellectual/Developmental Disability Tailored Plans - Projected County Alignments at Tailored Plan Launch for December 1, 2022



- Tailored Plan contracts awarded to all existing LME/MCOs
- DHHS working with future Tailored Plan to prepare for December 2022 implementation

Example Crisis Services Brochure

What happens next?

Once you are connected to a service provider, they are your "first responder" and will give you contact information so you can reach them at any time in case of a crisis.

Your provider works with you to develop a crisis plan that is unique to you. The plan outlines what you, your family and your friends are to do if a behavioral health crisis occurs in the future.



Want to learn more?

To learn more about behavioral health services in your community, call Partners at **1-888-235-HOPE (4673)** or visit our website at www.PartnersBHM.org.

Partners is a Local Management Entity/Managed Care Organization (LME/MCO) responsible for ensuring access to care for people who need services for mental health, intellectual/developmental disabilities and substance use disorders (MH/IDD/SUD) in central and western North Carolina. Partners manages all Medicaid, state and local funding for MH/IDD/SUD services in our covered areas.

Access to Care: 1-888-235-HOPE (4673)
Administrative Offices: 1-877-864-1454
Website: www.PartnersBHM.org
Email: memberquestions@partnersbhm.org
Corporate Office:
901 S New Hope Rd., Gastonia, NC 28054

Find us on Social Media



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Partners Behavioral Health Management



Where do you turn when a behavioral health crisis occurs?



What is a behavioral health crisis?

A behavioral health crisis happens when you are unable to cope with a range of emotions, impulses and behaviors. Below are examples of a behavioral health crisis:

- ▶ Feelings of panic or anxiety that cause you to avoid people and decisions.
- ▶ Believing people are out to get you or want to hurt you.
- ▶ Withdrawal from alcohol or drugs.
- ▶ Major changes in alcohol or drug use.
- ▶ Seeing or hearing things other people do not see or hear.
- ▶ Intense feelings of hopelessness, helplessness or sadness.
- ▶ Thinking or talking about hurting yourself or others.

Need help now?

Call **1-888-235-HOPE (4673)** anytime day or night. Partners' Access to Care Call Center staff will connect you to services by

- ▶ Scheduling an appointment.
- ▶ Directing you to a nearby clinic.
- ▶ Sending a crisis professional out to meet you.

Pregnant women using drugs and people injecting drugs receive priority scheduling. If this applies to you, you will receive the first open appointment.

IN THE MATTER OF	_____ County	File No. _____
Name Of Respondent	Date And Time Of Issuance Of Custody Order	NOTE: Use this page for the return of a Findings And Custody Order Involuntary Commitment.

**III. RETURN OF SERVICE
A. CUSTODY CERTIFICATION**

Respondent WAS NOT taken into custody for the following reason:

I certify that this Order was received and respondent served and taken into custody as follows:

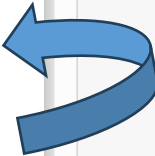
Date Respondent Taken Into Custody	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Name Of Law Enforcement Officer (type or print)	Signature Of Law Enforcement Officer	
Name Of Law Enforcement Agency	Badge No. Of Officer	

NOTE TO LAW ENFORCEMENT OFFICER: If respondent is not taken into custody within 24 hours after this Order is signed, check the appropriate box above and return to the Clerk of Superior Court immediately. If respondent is served and taken into custody, complete return of service. When taking respondent into custody you must inform him or her that he or she is not under arrest and has not committed a crime, but is being transported to receive treatment and for his or her own safety and that of others.

B. PATIENT DELIVERY TO FIRST EXAMINATION SITE

The respondent was presented to an authorized commitment examiner as shown below:

Date Presented	Time	Name Of Commitment Examiner (type or print)
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C. FOR USE WHEN TRANSPORTING AFTER FIRST EXAMINATION: PATIENT RELEASED OR DELIVERED TO 24-HOUR FACILITY

- 1. The commitment examiner found that the respondent does not meet the commitment criteria, or meets the criteria for outpatient commitment, or meets the criteria for substance abuse commitment and should be released pending a hearing. I returned respondent to his/her regular residence or the home of a consenting person and released respondent from custody.
- 2. The commitment examiner found that the respondent has a mental illness and meets the criteria for inpatient commitment, or meets the criteria for substance abuse commitment and should be held pending a district court hearing. I transported and placed the respondent in the custody of the 24-hour facility named below for observation and treatment.

Name Of 24-Hour Facility	County Of 24-Hour Facility

- 3. Respondent was temporarily detained under appropriate supervision at the site of first examination because the first commitment examiner recommended inpatient commitment and a 24-hour facility was not immediately available or medically appropriate. Upon further examination, a commitment examiner determined that the respondent no longer meets inpatient commitment criteria or meets the criteria for outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person and released respondent from custody.

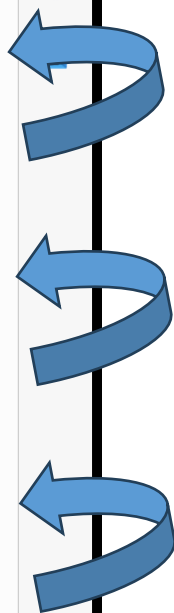
Date Delivered	Time Delivered <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Commitment Examiner (type or print)

Name Of Examining Facility	County Of Examining Facility

Name Of Law Enforcement Officer (type or print)	Signature Of Law Enforcement Officer

Name Of Law Enforcement Agency	Badge No. Of Officer

NOTE TO LAW ENFORCEMENT OFFICER: Upon completing this section, immediately return this form and a copy of the commitment examiner's written report (Form No. DMH 5-72-01) to the Clerk of Superior Court of the county where the petition was filed and the custody order issued.



Legal Resources

- Mark Botts

- 919.962.8204 office
- 919.923.3229 mobile
- botts@sog.unc.edu

- Online Commitment Law Training

<https://www.sog.unc.edu/resources/microsites/mental-health>

- [Involuntary Commitment Law--Online Training Program](#)
 - [Part 1-Commitment Criteria](#)
 - [Part 2-Commitment Procedure](#)

