

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

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HOUSE BILL 1797

Short Title: DHHS Plan/Psychiatric Hosp. Closure. (Public)

Sponsors: Representatives Weiss, Womble, Farmer-Butterfield (Primary Sponsors); Bordsen, Bryant, Coleman, Dollar, Glazier, Hall, T. Harrell, Harrison, Martin, McGee, Ross, and Stam.

Referred to: Mental Health Reform.

April 19, 2007

A BILL TO BE ENTITLED

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2 AN ACT TO CLARIFY THAT THE SECRETARY OF THE DEPARTMENT OF
3 HEALTH AND HUMAN SERVICES MUST SUBMIT A PLAN TO THE
4 GENERAL ASSEMBLY REGARDING THE PROVISION OF COMMUNITY-
5 BASED SERVICES FOR THE MENTALLY ILL PRIOR TO THE CLOSURE OF
6 ANY STATE PSYCHIATRIC HOSPITAL.

7 Whereas, between 2001 and 2005, State psychiatric hospital resident
8 populations decreased by more than 40%, but admissions increased by over 13%; and

9 Whereas, the rate of State psychiatric hospital admissions during that time
10 increased faster than the State's population growth; and

11 Whereas, the number of persons discharged from a State psychiatric hospital
12 after one to seven days has increased 83% between 2001 and 2005; and

13 Whereas, almost 20% of persons admitted to State psychiatric hospitals
14 during 2005 had a primary diagnosis of drug or alcohol abuse, and their median length
15 of stay was between three and six days; and

16 Whereas, on February 6, 2007, the Director of the Division of Mental Health,
17 Developmental Disabilities, and Substance Abuse Services notified the CEOs of North
18 Carolina's community hospitals that due to increased admissions, the State psychiatric
19 hospitals would delay involuntary commitment admissions from community hospitals in
20 those instances when the State facility's admission unit exceeds 110% of the unit's
21 capacity; and

22 Whereas, these statistics indicate that there may not be sufficient capacity at
23 either the State or the local level to provide adequate, consistent, and timely treatment
24 for individuals with mental illness and substance abuse disorders; Now, therefore,
25 The General Assembly of North Carolina enacts:

26 **SECTION 1.** Section 4.1 of S.L. 2003-314 is amended by adding a new
27 subsection to read:

1 **"SECTION 4.1.** Interpretation of Act. (a) Additional Method. – This act provides
2 an additional and alternative method for the doing of the things authorized by this act
3 and shall be regarded as supplemental and additional to powers conferred by other laws.
4 Except where expressly provided, this act shall not be regarded as in derogation of any
5 powers now existing. The authority granted in this act is in addition to other laws now
6 or hereinafter enacted authorizing the State to issue or incur indebtedness.

7 **(b) Secretary's Responsibility/Hospital Closure.** – Nothing in this act shall be
8 construed to limit the Secretary's responsibilities under G.S. 122C-112.1(a)(30) or
9 G.S. 122C-181(b). The effective date of any closure shall be subject to G.S. 122C-181."

10 **SECTION 2.** G.S. 122C-112.1(a)(30) reads as rewritten:

11 **"§ 122C-112.1. Powers and duties of the Secretary.**

12 (a) The Secretary shall do all of the following:

13 ...

14 (30) Prior to requesting approval to close a State facility under
15 G.S. 122C-181(b):

16 a. Notify the Joint Legislative Commission on Governmental
17 Operations, the Joint Legislative Committee on Mental Health,
18 Developmental Disabilities, and Substance Abuse Services, and
19 members of the General Assembly who represent catchment
20 areas affected by the closure; and

21 b. Present a plan for the closure to the members of the Joint
22 Legislative Committee on Mental Health, Developmental
23 Disabilities, and Substance Abuse Services, the House of
24 Representatives Appropriations Subcommittee on Health and
25 Human Services, and the Senate Appropriations Committee on
26 Health and Human ~~Services~~–Services. The Committees and
27 Subcommittee shall hold a joint meeting to hear the plan and to
28 provide for their review, advice, and recommendations.
29 Members of the General Assembly who represent catchment
30 areas affected by the proposed closure shall be allowed an
31 opportunity at the joint meeting to review and comment on the
32 plan.

33 The plan shall specifically address specifically how patients
34 will be cared for after closure, how support services to
35 community based agencies and outreach services will be
36 continued, all of the following: (i) the capacity of any
37 replacement facility and the catchment area to meet the needs of
38 those consumers who require long-term secure services as well
39 as acute care; (ii) an inventory of existing capacity in the
40 communities within the catchment area for patients to access
41 crisis services, appropriate housing, and other necessary
42 supports; (iii) how the State and the LMEs in the catchment
43 area will attract and retain qualified private providers that will
44 provide services to State-paid non-Medicaid eligible

1 consumers; and (iv) the impact of the closure on remaining
2 State facilities. In implementing the plan, the Secretary shall
3 take into consideration the comments and recommendations of
4 the committees and other members of the General Assembly to
5 which the plan is presented under this subdivision.

6 Notwithstanding any other provision of law, the Secretary
7 shall not close a State facility if there are not adequate
8 replacement services available prior to the date of closure."

9 **SECTION 3.** This act is effective when it becomes law.