

**NORTH CAROLINA GENERAL ASSEMBLY**

**LEGISLATIVE FISCAL NOTE**

**BILL NUMBER:** SENATE BILL 1221

**SHORT TITLE:** RESTRAINTS IN FACILITIES

**SPONSOR(S):** Senators Carpenter, Phillips, Dannelly et al

<b>FISCAL IMPACT</b>					
	<b>Yes ( )</b>	<b>No ( )</b>	<b>No Estimate Available ( )</b>		
	<b><u>FY 2000-01</u></b>	<b><u>FY 2001-02</u></b>	<b><u>FY 2002-03</u></b>	<b><u>FY 2003-04</u></b>	<b><u>FY 2004-05</u></b>
<b>REVENUES</b>					
<b>EXPENDITURES</b>	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
<b>POSITIONS:</b>	1.0	1.0	1.0	1.0	1.0
<b>PRINCIPAL DEPARTMENT(S) &amp; PROGRAM(S) AFFECTED:</b> Department of Health & Human Services & local Area Mental Health Authorities					
<b>EFFECTIVE DATE:</b> January 1, 2001					

**BILL SUMMARY:** This bill amends various sections in the General Statutes to regulate the use of restraints and seclusion in facilities serving the mentally ill, developmental disabled and individuals receiving substance abuse services. The bill amends the statutes as follows:

**Mental Health/Developmental Disabilities/Substance Abuse Services Facilities:**

Amends G. S. 122C to specify the use of restraints and seclusion only when there is imminent risk of danger or harm to the client or others or when, under certain conditions, planned restrictive interventions are employed.

Prohibits the use of planned restrictive interventions except when (1) there is documented evidence that serious harm to the client or others will occur; (2) only as a last resort after other alternatives have been unsuccessful; (3) the intervention has been pre-approved by a physician or psychologist prior to implementation; (4) the client or his/her legally responsible adult has

consented; and (5) the planned intervention will expire after 90 days unless a review indicates continuation is warranted. The bill specifies that the use of restraints or seclusion must be terminated when the client is no longer a danger to self or others.

Requires that in all cases the written order of a physician or psychologist must be obtained within one hour of the initiation of the restraint or seclusion.

The bill also requires continuous observation of clients while in restraint or seclusion and specifies that the requirements in the bill apply to all individuals and facilities providing services under G.S. 122C.

Finally, the bill requires all facilities to document and analyze data on the use of restraints.

### **Residential Child Care Facilities:**

Amends G. S. 131D-10.5A to allow the use of physical restraints in residential child-care facilities when there is imminent risk of harm to the child or others. The following conditions must also be met: (1) continuous observation by facility staff; and (2) use of restraints restricted to trained staff.

The bill also allows the removal of a child to a separate unlocked room or area (also known as “time-out”) and requires facilities to document the use of restraints.

### **Adult Care Homes:**

Amends G.S. 131D-2 to regulate the use of restraints in adult care homes, in emergency situations, when medical symptoms warrant and the use of alternatives have failed. The following conditions must also be met: (1) continuous observation by facility staff; and (2) only trained staff would employ restraints.

The bill prohibits the use of chemical restraints and requires facilities to document the use of restraints.

### **All Facilities:**

The bill requires that all facilities licensed under G.S. 122C (all mental health, developmental disabilities and substance abuse services facilities), 131-D (residential child-care facilities); and G.S. 131D-2 (adult care homes) report all deaths to the Department of Health and Human Services and imposes a civil penalty for noncompliance.

The bill requires the Department of Health and Human Services to notify the Governor’s Advocacy Council for Persons with Disabilities when a person with a disability (residing in a facility) dies and requires DHHS to provide access to information regarding the death.

Requires the Secretary of DHHS to investigate any death occurring within seven days after the use of restraints.

## **ASSUMPTIONS AND METHODOLOGY:**

Several components of the bill directly impact on state and local government and other providers.

### **STATE:**

1. Section 1(b) requires a facility to obtain the written order of a physician or licensed psychologist within one hour of initiating the use of physical restraint, mechanical restraint, protective behavioral device, seclusion, or isolation time-out.

**Estimated Cost:** The Department of Health and Human Services indicates that current institutional policies require on-call staff to meet this need, thus no additional cost is projected.

2. Section 1(e) requires a facility to ensure that each client in physical restraint, mechanical restraint, seclusion, or isolation time-out is observed continuously by facility staff.

**Estimated Cost:** The Department of Health and Human Services indicates that current institutional policies require continuous observation when restraints are used, thus no additional cost is projected.

3. Section 1(I) requires facilities to train staff authorized to employ restraints.

**Estimated Costs:** The DHHS estimates that additional training costs could be absorbed within the current institutional operating budgets with the exception of \$100,000 in projected cost to develop training materials and establish one position to coordinate training for new and existing staff within the institutions.

4. Section 1(k) requires facilities to collect and analyze data on the use of restraints.

**Estimated Cost:** The DHHS estimates that additional data collection cost could be absorbed within the current institutional operating budgets.

5. Section 4 requires a facility to notify the Secretary of DHHS immediately upon the death of any client of the facility. Failure to comply with reporting requirements may result in a civil penalty.

**Estimated Cost:** The DHHS estimates that costs associated with mandatory death reporting could be absorbed within the current institutional operating budgets.

### **LOCAL GOVERNMENT AND OTHER PROVIDERS:**

The previous sections discussed projected costs to state operated facilities. Currently local area mental health authorities, other local governments and other providers do not compile these data thus projections cannot be made. Anecdotal information suggests the bill may have a financial

impact on various facilities however no data on the use of restraints in local government programs or private providers are available to project costs.

**TECHNICAL CONSIDERATIONS:** None

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**DATE:** June 20, 2000



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