

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025**

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HOUSE BILL 1104

Short Title: IVC and Public Safety Committee. (Public)

Sponsors: Representatives Reeder, Blackwell, Miller, and Cotham (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Judiciary 2, if favorable, Rules, Calendar, and Operations of the House

April 30, 2026

A BILL TO BE ENTITLED

AN ACT TO REQUIRE THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY, AND THE ADMINISTRATIVE OFFICE OF THE COURTS TO STUDY AND RECOMMEND SYSTEMIC IMPROVEMENTS TO THE INVOLUNTARY COMMITMENT PROCESS, AS RECOMMENDED BY THE HOUSE SELECT COMMITTEE ON INVOLUNTARY COMMITMENT AND PUBLIC SAFETY.

The General Assembly of North Carolina enacts:

SECTION 1. The North Carolina Department of Health and Human Services (DHHS), the North Carolina Department of Information Technology (DIT), and the Administrative Office of the Courts (AOC) shall study relevant statutes, judicial and clinical practices, and available technological resources to identify areas for systemic improvement in the involuntary commitment (IVC) process in the State. This study shall identify existing gaps in the State's current IVC process and shall provide specific recommendations to address or eliminate those gaps and ensure that individuals subject to involuntary commitment receive timely, data-driven, and accessible support. On or before February 1, 2027, DHHS, DIT, and AOC shall report to the Joint Legislative Committee on Health and Human Services on the results of the study, which shall include, at a minimum, all of the following:

- (1) A comprehensive evaluation of the legal and operational frameworks governing involuntary commitment in the State to provide formal recommendations for systemic improvement. This evaluation shall focus on
 - (i) ensuring that judicial officers receive timely clinical data from examiners to make informed, legally sound decisions regarding an individual's safety and treatment needs and
 - (ii) establishing a foundation for more effective legal and clinical outcomes, including:
 - a. Parameters for training judges and magistrates on community-based services, such as Treatment Accountability for Safer Communities (TASC), "Community Treatment" teams, and Forensic Assertive Community Treatment (FACT) teams, to bolster treatment compliance and reduce recidivism.
 - b. Collaborating with the University of North Carolina School of Government to develop clinical workflows, transport guidance, and bench cards that ensure successful referrals across all agencies.
 - c. The update of electronic examination forms, affidavits, and petitions to capture consistent, high-quality data statewide.



- 1 d. Strategies to increase data sharing between DHHS and the E-Courts
2 system regarding IVC exams and court proceedings, including the
3 feasibility of a public-facing dashboard.
4 (2) Any additional information deemed relevant by DHHS, DIT, and AOC to
5 ensure high-quality data collection and data-driven decision making across the
6 involuntary commitment system.
7 **SECTION 2.** This act is effective when it becomes law.