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IN THE COURT OF APPEALS OF NORTH CAROLINA

No. COA17-654

Filed: 6 February 2018

Wake County, No. 16 SPC 8132

IN THE MATTER OF: C.C.

Appeal by respondent from order entered 15 December 2016 by Judge Ned Mangum in Wake County District Court. Heard in the Court of Appeals 12 December 2017.

Attorney General Joshua H. Stein, by Assistant Attorney General M. Elizabeth Guzman and Special Deputy Attorney General Scott Stroud, for the State.

Williams Mullen, by Elizabeth D. Scott, for petitioner-appellee Strategic Behavioral Health Center.

Appellate Defender Glenn Gerding, by Assistant Appellate Defender Emily H. Davis, for respondent-appellant.

DIETZ, Judge.

Respondent appeals a 90-day involuntary commitment order entered by the trial court following a commitment hearing. Respondent's sole argument on appeal is that the trial court's order does not contain sufficient findings to establish his dangerousness to himself or others.

As explained below, we affirm the trial court. The court found that Respondent twice attempted to commit suicide within the last year; that he continued to be suicidal; that he had little insight into his condition; and that he was unlikely to take medication necessary to address his suicidal tendencies without commitment. These fact findings are sufficient to establish that Respondent was a danger to himself under the involuntary commitment statute. We therefore reject Respondent's argument and affirm the trial court's order.

Facts and Procedural History

In October 2016, law enforcement officers in Asheville apprehended Respondent, a fifteen-year-old runaway who had been living on the streets for months. Respondent tried to commit suicide while detained in an officer's patrol car. Respondent was admitted to the psychiatric, residential treatment facility at Strategic Behavioral Health Center.

In December 2016, while still in psychiatric care, Respondent tried to hang himself with a sheet tied around his neck. Dr. Ijaz Rasul from the health center's inpatient unit examined Respondent, determining that he was mentally ill and dangerous to himself and others. Dr. Rasul placed Respondent on one-to-one supervision, recommended inpatient treatment, and filed a petition for involuntary commitment.

On 15 December 2016, the trial court held a commitment hearing. At the hearing, Dr. Rasul testified as an expert in child psychiatry. Dr. Rasul stated that Respondent was diagnosed with depression, substance abuse, and oppositional defiance disorder. He also asserted that, while Respondent had been prescribed a mood stabilizer, Respondent did not "engage in any kind of treatment" and refused to return to the health center's residential unit when asked. Dr. Rasul explained that Respondent wanted to leave the center "from day one." Respondent told Dr. Rasul that he had attempted suicide and that he was "going to harm himself again." Dr. Rasul opined that Respondent was "still at high risk to harm himself" because his December 2016 suicide attempt did "not seem like . . . a concern" to him.

Julia Smith, a clinical social worker who treated Respondent at the health center, testified at the hearing as an expert in licensed clinical social work. Respondent told Smith that he tried to strangle himself when police apprehended him in October 2016. Respondent initially told Smith that his October 2016 suicide attempt was genuine, but later claimed that he staged both of his suicide attempts "to prove a point."

Respondent also testified at the hearing. He acknowledged that he had been "committed multiple times" based on his family's history of mental illness. Although Respondent claimed that he was taking his medication, he added that he did not believe he really needed it.

Following the hearing, the trial court entered an order committing Respondent to 90 days of inpatient treatment. Respondent timely appealed.

Analysis

Respondent argues that the trial court's order should be vacated because "the trial court's conclusions of dangerousness were unsupported by sufficient written findings of fact." As explained below, we reject this argument and hold that the trial court's order contains sufficient findings.

To support an involuntary commitment order, the trial court is required to "find two distinct facts by clear, cogent, and convincing evidence: first that the respondent is mentally ill, and second, that he is dangerous to himself or others." *In re W.R.D.*, __ N.C. App. __, __, 790 S.E.2d 344, 347 (2016); N.C. Gen. Stat. § 122C-268(j). "These two distinct facts are the 'ultimate findings' on which we focus our review." *W.R.D.*, __ N.C. App. at __, 790 S.E.2d at 347. "But unlike many other orders from the trial court, these 'ultimate findings,' standing alone, are insufficient to support the order; the involuntary commitment statute expressly requires the trial court also to record the facts upon which its ultimate findings are based." *Id.*

With respect to danger to self, the commitment statute instructs trial courts to examine a number of factors including whether the individual "has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless

adequate treatment is given pursuant to this Chapter." N.C. Gen. Stat. § 122C-3(11)a.2.

Here, the trial court found that Respondent twice attempted to commit suicide within the last year; that Respondent's treating psychiatrist determined Respondent "is suicidal"; that Respondent has "little insight" into his condition; and that, as a result of Respondent's failure to recognize the seriousness of his mental illness, "it is unlikely Respondent would take medication necessary to stabilize him." These findings are sufficient to support the trial court's ultimate finding that Respondent is a danger to himself. Accordingly, we hold that the trial court's order contains sufficient findings to support involuntary commitment and we therefore affirm the order.

Conclusion

We affirm the trial court's involuntary commitment order.

AFFIRMED.

Judges BRYANT and DILLON concur.

Report per Rule 30(e).