
INSTRUCTIONS FOR FILLING OUT THE VARIOUS INVOLUNTARY COMMITMENT DOCUMENTS

-These documents/forms are located on Eastpointe's Website under Provider forms-

The following information is intended to assist private providers in processing a MH/DD/SA consumer ("respondent") who meets the criteria for an involuntary hospitalization. Various forms are identified along with instructions pertaining to when to use them. The reader is encouraged to read through the entire document because in some cases one might elect to use a different form. Also described are Diversion Status, LME Authorization, and Medical Clearance.

Please remain mindful that admissions to psychiatric hospitals can also be voluntary, which enables one to bypass these commitment papers.

-Last updated 4/20//08: These regulations and procedures are subject to change.-

"Affidavit and Petition for Involuntary Commitment." This Form is located on Eastpointe's Website under Provider Forms, listed as "Petition."

There are two ways the "Affidavit and Petition for Involuntary Commitment can be used: (1.) One can use the "Affidavit and Petition for Involuntary Commitment" when a medical doctor, or a doctor of psychology is initiating (starting) the commitment proceedings. In this first scenario, there would be no existing stakeholder and magistrate completed "Affidavit and Petition for Involuntary Commitment." (2.) In this second scenario, a stakeholder and magistrate have generated an "Affidavit and Petition for Involuntary Commitment" within the past 24 hours. In this second situation, the Affidavit and Petition would accompany the patient (called a "respondent") who would be in the custody of a law enforcement officer to the hospital ER, or other designated location where the "first evaluation" by an eligible M.D. or Ph.D. (doctor) is going to occur.

A second of two required evaluations will occur at the admitting psychiatric facility only if the first evaluation -signed by a doctor- deems the respondent as meeting involuntary commitment criteria. If either the first evaluation or the second evaluation deems the respondent as not meeting commitment criteria, then the respondent will be released from police custody and returned by police to the location at which he was taken in to custody. If the released respondent requests being transported to some other location, or released to family members who are present, this may also occur at the discretion of the police.

General Statute 122C-53(b) permits the evaluators to tell the petitioner and the respondent's family what hospital is carrying out the second evaluation, or if the respondent is being released from the commitment proceedings. This Statute says you are to notify the respondent first that you will be providing this information to the petitioner and/or family, but the respondent's permission to do so is not required. (If the respondent has an advanced directive indicating he/she does not want communications to occur with a certain family member or other stakeholder, this directive should be taken in to consideration.)

When the Affidavit and Petition accompanies the patient, and it is signed by a stakeholder (not an eligible doctor), -- the eligible the doctor will have to use a different form ("Examination and Recommendation to Determine Necessity for Involuntary Commitment") to report on his/her examination. *(The use of this "Examination" Form will be discussed in the forthcoming paragraphs.)*

When an eligible doctor initiates the commitment proceedings, use the "Affidavit and Petition for Involuntary Commitment Form." The doctor signs the Affidavit Form where it says "Signature of Petitioner" on both the front and back of this Form. It must be notarized. It is then taken to the county magistrate's office in the county where the respondent is currently located. The magistrate will then issue a custody order to law enforcement.

The magistrate will be keeping the original, notarized Affidavit and Petition. It is advisable that you "color" --darken- the raised notary seal so that it shows up on the photocopies. (Some notaries now have a "black" notary-stamp). Some admitting facilities will refuse to examine a respondent if the notary seal is not visible on the Affidavit photocopies.. If the patient "respondent" is going to be committed for a mental illness, be sure to mark the box for "mentally ill." If the commitment is for substance abuse, mark "substance abuser."

If you are a stakeholder initiating the involuntary commitment proceedings through the use of the Affidavit and Petition Form, you must clearly state current, imminent, recent, objective behaviors and observed statements justifying the necessity and that concur with the definitions of dangerousness to self or others as put forth in General Statute 122C-3(11). You can write on the front and back of the Affidavit.

The legal criteria does not allow for the commitment of a substance abuser to a psychiatric hospital because he/she is doing drugs.* Admission to a psychiatric hospital has to be for a mental illness issue, such as Depression, and an imminent suicide or homicide risk. Please be mindful, commitments are for people who are a danger to themselves or others. Self mutilation may meet danger to self criteria. Also, being so psychotic, so delusional, so confused, etc. that the person cannot possibly survive on his/her own can be argued as justification for an involuntary commitment. **(Note: A respondent who is actively "huffing" volatile substances may be an exception to this paragraph, because huffing volatile substances is so imminently destructive to the CNS)*

If the Affidavit and Petition is signed by an eligible doctor, it also stands as the examination (first evaluation). The eligible doctor does **not** have to also complete the "Examination and Recommendation to Determine necessity for Involuntary Commitment." If the

Affidavit and Petition is signed by a stakeholder, therapist, lay person, then the “Examination and Recommendation to Determine Necessity for Involuntary Commitment” Form must be completed by an eligible doctor.

Be mindful that before taking the doctor signed Affidavit to the magistrate, an admitting psychiatric hospital -that has agreed to carry out the second evaluation- (i.e., accept) the respondent must be identified. When law enforcement arrives, the respondent should be ready for police/sheriff transport to the accepting hospital. You will need to know the name of the doctor who has agreed to the second evaluation at the admitting psychiatric hospital or detoxification facility.

Immediate Certificate: This Form is located on Eastpointe’s Website under Provider Forms as “Certificate.”

Sometimes a client/patient is so upset, delusional, threatening, imminently suicidal and wanting to depart, or destructive to property and/or assaultive that one cannot await for the time-consuming process of carrying out an involuntary commitment through the Affidavit and Petition process. In such instances, one should dial 911 for immediate police assistance while an eligible doctor completes Form No. DMH 5-72-A “Supplement to Support Immediate Hospitalization” Titled, at the top: “CERTIFICATE”

Note: In the bottom right corner of the “CERTIFICATE” it states: “Pursuant to G.S. 122C-262, this certificate shall serve as the custody order and the law enforcement officer or other designated person shall provide transportation to a 24-hour facility in accordance with G.S. 122C-251.” This notarized document, when given to the police/sheriff stands as the custody order. In this emergency situation, the magistrate does not need to become involved

Only use the CERTIFICATE in an imminent emergency.

Along with this “CERTIFICATE,” the eligible doctor must also complete the “Examination and Recommendation to Determine Necessity for Involuntary Commitment.”

“Examination and Recommendation to Determine Necessity for Involuntary Commitment.” This Form is located on Eastpointe’s Website under Provider Forms as “Examination.”

You use this document when somebody is brought in to your facility, clinic, or hospital in police custody with the “Affidavit and Petition for Involuntary Commitment” signed by a lay person, or therapist, or community support worker, or other stakeholder. In this instance the Affidavit and Petition has also been signed by a magistrate. There will be custody papers either in the possession of the officer or in the envelope along with the Affidavit and Petition. Do not do anything with the Custody Order: Be sure you return it to the Officer.

The “Examination and Recommendation” Form is self explanatory. It should be completed by the eligible doctor. Be sure to mark the appropriate box on the back (page 2) of the form. You keep the original.

Note: Substance abusers are not admitted to psychiatric hospitals for treatment of their substance dependence, per se. The person may be a substance abuser-substance dependent, but he/she must also be mentally ill. The reason for the psychiatric hospitalization is primarily because of the mental illness: not because of the substance dependence. This gets a little confusing because some substance abusers have reached the “end of their rope” and are therefore suicidal. The reason for admission to a psychiatric hospital certainly has much to do with the person’s drug abuse, but the justification for the admission is for depression and suicide intent. You may be able to send/commit a suicidal substance abuser to Walter B. Jones’ Acute Care Unit. The Walter B. Jones Acute care Unit is intended for substance abusers who are also mentally ill and who need to be detoxed. Cocaine/Crack is not considered to require medically supervised detoxification. The unit does not administer methadone or other opiates to opiate dependent respondents.

Separate from Walter B. Jones’s Acute Care Unit are detoxification facilities. Respondents can be admitted voluntarily or “involuntarily committed” to a detoxification “detox” facility for his/her substance dependence. The “involuntary commitment” rationale is confusing because the person going to a detox facility must not pose an escape risk and should not be suicidal or homicidal. Because the primary withdrawal symptom is a longing to consume the drug, crack/cocaine and/or cannabis dependent persons are very rarely admitted to detox facilities. You would be making the case for detoxification on the grounds that this person’s continued dependence on, say alcohol, poses a serious threat to his/her life.

WORKSHEET FOR REQUESTING EXCEPTIONS TO THE DIVERSION LAW (Senate Bill 859) This Form is located on Eastpointe’s Website under Provider Forms as “Exception Worksheet.”

**(Note: The use of the word “Diversion” used here is different from “Diversion Status,” which refers to a state psychiatric hospital being at capacity and unable to accept patients.)*

If the person is mentally ill and also mentally retarded and poses a danger to others, you may need to obtain an “Exception.” Exceptions are the result of Senate Bill 859 –General Statutes 122C-261(f), 122C-262(d), 122C-263(d)(2). This “Diversion Law” (SB 859) prohibits the admission of persons with mental retardation and a co-occurring mental illness to be admitted to state psychiatric facilities. However, there are limited “Exceptions.” **Exception #1:** House Bill 95, G.S. 122C-266(b): The MH/DD consumer has been charged with a violent crime and determined incapable to proceed to trial. **Exception #2:** Senate Bill-43, (G.S. 13A -1321) The MH/DD consumer has been found not guilty by reason of insanity. **Exception #3: Senate Bill 95:** The MH/DD respondent is “...so extremely dangerous as to pose a threat to others in the community...” **Exception #4:** The respondent is so gravely disabled by both multiple disorders

and medical fragility or multiple disorders and deafness that alternate care is inappropriate. **The “Worksheet for Requesting Exceptions to the Diversion Law” addresses Exceptions #3 and #4.**

In completing the “Worksheet for Requesting Exceptions...” you will need to be denied admission by at least three private psychiatric hospitals, one of which must be a “Diversion Site.” Some Diversion Site hospitals are listed along with their contact telephone numbers on the “Worksheet for Requesting Exceptions.” As of 6/2007 DMH listed the following Diversion sites: Pitt Memorial Hospital (Greenville), Brynn Marr Hospital (Jacksonville), Nash Health Care Systems (Rocky Mount), Coastal Plain Hospital (Rocky Mount), and Frye Regional Medical Center in Hickory.

Depending on the type of Exception you are seeking, you will not need to use all four pages of this Worksheet. MH/DD consumers are not eligible for this Exception when the issue is suicide. The rationale for this difference is based on the assumption that a private hospital admission or respite alternative can be identified for the non-violent MH/DD consumers.

You will need to contact Eastpointe @ 1-800-913-6109 (24/7/365) to get the bottom third of page four of the “Worksheet for Requesting Exceptions” completed by an Eastpointe representative. **Note:** The “Exception” is only required if you are trying to get the MH/DD respondent admitted to a state psychiatric facility.

REGIONAL REFERRAL FORM (aka “Authorization Form”) This form was revised 12/07, and placed on DMH Website 1/08 as Form No. DMH 1-73-00 (Rev. 12/07) It is available on Eastpointe’s Website under Provider Forms as “Regional Referral Form.” *This revised form is required after 2/01/08.*

Unlike the previous version of this Form, this 12/07 revision of the Regional Referral Form no longer stipulates that this Form is to be completed by the “Area Program.” This three page form is quite comprehensive. The Regional Referral Form still requires obtaining an authorization number and number of bed days from the consumer’s home LME.

To obtain an Authorization number, call the consumer’s home LME. For Duplin, Sampson, Lenoir, and Wayne Counties, the number is 1-800-913-6109 (24/7). Bed days are authorized from 7 to 10 days.

DIVERSION STATUS (No provider completed form is required)

Diversion status means that Cherry Hospital is full to capacity and respondents must be referred to a “diversion hospital.” At present there are two identified diversion hospitals: (1) Brynn Marr Hospital in Jacksonville: Tel.: 1-800-822-9507, Brynn Marr Fax: 1-910-577-2767. and (2) Holly Hills Hospital – Charter Behavioral Health in Raleigh, Tel.: 1-919-250-7000.

There is a Diversion related form: “Cherry Hospital Diversion Patient Approval/Authorization Form,” which states at the top, “(To be completed by Cherry Hospital

Admissions Office).” This form was developed by Cherry Hospital, and as stated is supposed to be completed by Cherry staff. It may or may not be required (requested) by the admitting diversion hospital.

MEDICAL CLEARANCE (No form required)

Medical clearance is a complicated issue. When an involuntary commitment is initiated from a clinic, prerequisite requirements for medical tests relevant to medical clearance may be less stringent. A statement of medical clearance from the referring medical doctor may be sufficient. In such instances, vital signs are usually the minimum requested.

Private hospitals have different medical clearance requirements. For youth, medical clearance may not be an issue, In the case of age sixty and above, (geriatric patients) several prerequisite medical tests are usually required.

DMH has produced guidelines for medical clearance applicable to the state psychiatric hospitals. They are “guidelines” and as such, the admitting facility doctors may still require certain procedures. Each referral is unique and the admitting doctors may require laboratory tests, an EKG, a pregnancy test, blood alcohol level, drug urine screens, and other patient specific medical procedures. These tests sometimes indicate medical concerns such as an elevated glucose level or hypertension that must be resolved before the respondent will be accepted. Medical clearance issues can greatly extend the time involved in arranging a psychiatric hospitalization.

EMTALA ORDER/TRANSFER FORM (Completed by referring hospital)

This “hospital form” pertains only to hospital to hospital transfers. The form must be completed by the transferring hospital, and a copy must accompany the respondent to the receiving hospital. The admitting medical doctor and the time of acceptance must be indicated on the EMTALA Form.