

**Worksheet for Requesting Exceptions
To The Diversion Law (SB 859)**
(Revised August 2014)

SENATE BILL 859

(122C-261(f), 122C-262(d), 122C-263(d)(2) regulations)

The Diversion Law (SB 859) prohibits the admission of consumers with mental retardation, now referred to as intellectual disability (ID), or suspected ID, and a co-occurring mental illness, to state psychiatric hospitals with limited exceptions. The exceptions must be determined by the Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) or his designee(s). The information you submit on this worksheet will be used to document that the requirements of SB 859 have been met and to support the development of rational and effective solutions to problems that may arise in the implementation of this law.

EXCEPTION CRITERIA

In the event a consumer known or reasonably believed to have an intellectual disability and a co-occurring mental illness is transported to a State facility for the mentally ill, that consumer shall not be admitted to that facility except as follows:

- (1) Persons described in G.S. 122C-266(b), i.e., **HB-95**; (court committed persons who have been charged with a violent crime and have been found incapable to proceed to trial).
- (2) Persons admitted pursuant to G.S. 15A-1321, i.e., **SB-43**; (court committed persons who have been found not guilty by reason of insanity).
- (3) Respondents who are so **extremely dangerous** as to pose a serious threat to others in the community or to other patients in community hospitals, as determined by the Division.
- (4) Respondents who are so gravely disabled by both multiple disorders and **medical fragility** or multiple disorders and **deafness** that alternative care is inappropriate, as determined by the Division.

INSTRUCTIONS FOR LME STAFF IN GRANTING AN EXCEPTION

1. Try to arrange an admission to a non-State hospital. Document the hospitals called, reasons for denials, specific times of contact, and names of persons contacted. You must call at least one diversion site and up to a total of five appropriate community hospitals.
2. If an admission to a non-State hospital cannot be arranged and the consumer qualifies for an exception, complete this Worksheet for Exceptions.
3. Fax the completed Worksheet to the appropriate State hospital Admitting Office.

Hospital and FAX#

Broughton Hospital:	828.433.2082	Cherry Hospital:	919.731.3793
	Central Regional Hospital-Butner:		919.764.7420

***This worksheet is to be completed in full before granting an exception to the Diversion Law and faxed immediately to the appropriate State psychiatric hospital.**

Consumer's Name: _____ D/O/B: _____ Date: _____
 LME/MCO in which client resides at time of crises: _____ phone #: _____
 Name of Person Completing this Form: _____ Title: _____
 Examining Physician: _____ Date of Exam: _____
 Name of Person Completing This Form: _____
 Guardian's Name: _____ Telephone #: _____
 Diagnoses: _____

EXCEPTION 1 AND 2: COURT INVOLVED ADMISSIONS

If the consumer has been determined by the court to meet the criteria 1 or 2, HB 95 or SB 43, STOP, you do not need to complete this form. These consumers do not require approval by the Division for admission to state hospitals.

EXCEPTION 3: EXTREME DANGEROUSNESS TO OTHERS

- A. Consider these criteria for determining level of dangerousness (if any), and indicate presence of a factor with check marks:
- ___ Current aggressive or homicidal behavior or such intentions with plan and available means to carry out this behavior without ambivalence or significant barriers to doing so.
- ___ History of episodes of violence toward others.
- ___ Unable or unwilling to contract with staff for safety.
- B. Consider and comment briefly on the antecedents to the dangerous behavior:
1. Is the consumer so acutely ill (e.g., psychotic) that behavioral interventions are unlikely to help modify the dangerous behavior?

 2. Consider and comment briefly on environmental factors preceding the dangerous behavior that help explain the behavior (e.g., stressful events and relationship issues with peers, staff, or family).

 3. Consider and comment briefly on the level of supervision when the dangerous behavior occurred.

 4. Consider and comment briefly on any significant disruption in family life or group living, staffing and/or organizational problems/stressors at the time the dangerous behavior occurred.

 5. Consider and comment briefly on the use of a crisis plan and the consumer's response to the intervention.

 6. Describe the clinical situation as to why this person meets the extreme dangerousness criteria. Remember, property destruction alone or suicidal behavior does not meet extreme dangerousness criteria.

EXCEPTION 4A: MULTIPLE DISORDERS (ID/MI) AND MEDICAL FRAGILITY

Consumer has indications of medical fragility as checked below:

- ___ Significant medical conditions exist which may be poorly controlled, or potentially life threatening conditions may occur in the absence of close medical management (e.g., uncontrolled diabetes mellitus, pregnancy, severe liver disease, debilitating cardiovascular disease, severe alcohol or other drug withdrawal); or
- ___ Presence of psychiatric disorder places consumer at high risk of exacerbating medical condition(s), or serious medical condition acutely exacerbates the psychiatric disorder; or
- ___ Acute psychiatric symptoms are present which prevent voluntary participation in treatment for the co-existing medical condition, or otherwise prevent recovery from the medical condition, or otherwise exacerbate it.

Describe the consumer’s clinical situation of how the medical and psychiatric conditions meet the criteria for medical fragility.

EXCEPTION 4B: MULTIPLE DISORDERS (ID/MI) AND DEAFNESS

This exception is included in SB 859 to allow consumers with ID/MI who are culturally deaf and need more than short-term hospitalization to be transferred from a non-State psychiatric facility to the Deaf Services Unit at Broughton Hospital. This exception should be requested only after the transfer protocol outlined in 10 NCAC 28F.0703 (Admission of Deaf Consumers to State Psychiatric Hospitals and Transfer of Deaf Consumers to Broughton Hospital) has been completed. **(Consumers who are culturally deaf but do not have IDD diagnosis do not require this form for referral.)**

- A. Consider the following issues before requesting a transfer due to cultural deafness.
 1. A culturally deaf consumer is defined as: a consumer who (a) has a severe to profound hearing loss and utilizes a modality of sign language or (b) has severe to profound hearing loss and would benefit from a signing environment. What is the consumers’ hearing loss? What is the consumer’s primary means of communication? _____
 2. Can the current or another non-State psychiatric facility setting provide accessible, appropriate treatment through the use of interpreters, assistive listening devices, or other means? Keep in mind that it is a violation of the American with Disabilities Act for a hospital to deny admission due solely to the consumer’s deafness. _____
 3. The first step in requesting Exception 4B is to arrange an assessment of the consumer’s continuing treatment needs by the Regional Consultant for Deaf Services. What are his/her clinical recommendations about the service needs of the consumer? _____

Describe the consumer’s clinical situation as to why he/she meets the Deaf criteria and the need for psychiatric hospitalization.

Document all non-State Hospitals contacted regarding admission of this consumer with priority for contact being the most appropriate hospital located closest to the consumer's home community.

Diversion Hospitals that Accept Involuntary Commitment:

Vidant Pitt	252.413.4117	Adults only
Brynn Marr	800.822.9507	Children only

<u>Hospitals Contacted/Date/Time</u> <u>Date and Time</u>	<u>Name of Person Contacted</u> <u>Title/Phone # & Extension</u>	<u>Reason(s) For Denial (Be Specific;</u> <u>"Acuity" Is Not An Answer)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NC START provides crisis prevention and intervention services for adults with intellectual/developmental disabilities (I/DD) and complex behavioral health needs. Although an admission to a community or state psychiatric hospital is not determined by NC START, adults with intellectual/developmental disabilities (I/DD) and co-occurring mental illness should be referred to NC START for crisis assessment while in the emergency department. **When completing the worksheet referral should be made to the appropriate NC START team, however, there is no requirement that NC START provide a face to face response in order for the exception process to be completed.**

Date/Time NC START Contacted _____
Name of Person Taking Referral _____
Disposition: _____

Please Check : **NC START East 888-962-3782** **NC START West 888-974-2937**
 NC START Central 800-662-7119 ext. 8730

Authorized LME/MCO employee granting this	phone # _____
Exception: _____	_____
(Printed Name & Signature)	(Title)
Name of LME/MCO granting the Exception: _____	
Date: _____	
Time: _____	
Exception Type:	
_____ #3 Extreme Dangerousness	
_____ #4A Medical Fragility	
_____ #4B Deafness	