

GENERAL ASSEMBLY OF NORTH CAROLINA  
1983 SESSION

CHAPTER 383  
HOUSE BILL 118

AN ACT TO AUTHORIZE THE USE OF THE SINGLE PORTAL OF ENTRY AND  
EXIT PRINCIPLE IN RENDERING MENTAL HEALTH SERVICES.

Whereas, coordination between facilities rendering mental health services is vital in affording appropriate screening, placement and aftercare in order to achieve the optimum in the treatment of patients and residents; and

Whereas, effective coordination will result in the most economical methods of delivery of health services to individuals admitted to and discharged from publicly supported local and State-operated facilities; and

Whereas, the application of the Single Portal of Entry and Exit Principle will greatly enhance coordination of these efforts; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. G.S. 122-35.35 is amended by adding a new paragraph at the end:

"In order to assure the most appropriate and effective care of clients within the publicly supported mental health, mental retardation and substance abuse services system, area mental health, mental retardation and substance abuse authorities are encouraged to adopt a single portal of entry and exit policy for their catchment area."

Sec. 2. G.S. 122-35.36 is amended by adding the following subsections:

"(13) Single Portal of Entry and Exit Policy. An admissions and discharge policy for treatment facilities which may be adopted by an area mental health, mental retardation and substance abuse authority and must be approved by the Department of Human Resources before it is in force. The policy and its provisions shall be designed to promote quality client care in and between treatment facilities. Furthermore, the policy shall be designed to integrate otherwise independent facilities into a unified and coordinated system wherein the area program shall be responsible for assuring that the individual client can receive services from the facility which is best able to meet his needs. However, the policy shall not be inconsistent with any other provisions of the General Statutes, nor shall the policy include the complete exclusion of clients from admission to any specific treatment facility.

If an area authority seeks to be designated as a single portal area, the authority shall include a proposal for an admissions and discharge policy for specified treatment facilities in the annual plan as required by G.S. 122-35.43. For this purpose treatment facilities may include: regional mental hospitals, centers for the mentally retarded, mental health facilities for the care and treatment of alcoholism, and facilities for the treatment and education of emotionally disturbed children operated by the Department

of Human Resources; area mental health facilities; and, any public or private facilities, hospitals and centers for the services provided under contract pursuant to G.S. 122-35.49.

Once an area is designated by the Department of Human Resources as a single portal area, any changes to the plan must be approved by the Department. However, an approved plan and designation as a single portal area shall remain in force pending approval of any changes.

(14) Single Portal Area. The county or counties which comprise the catchment area of an area mental health, mental retardation and substance abuse authority which has been designated by the Department of Human Resources as having adopted an approved single portal of entry and exit policy. Residents of the county or counties in a designated single portal area shall be admitted to or discharged from treatment facilities through the area program as described in the area plan."

Sec. 3. G.S. 122-35.43 is amended to add the following subsections:

"(c) The annual plan shall include the plan developed for the maximum utilization of community and area mental health facilities which is required by G.S. 122-58.16.

(d) The annual plan may incorporate the area authority's proposal to be designated as a single portal area as defined in G.S. 122-35.36(13) and (14). The proposal shall include but not be limited to:

- (1) a specific listing of facilities to be covered by the single portal of entry and exit policy;
- (2) procedures for review of persons to be admitted to or discharged from these treatment facilities;
- (3) procedures for shared responsibility when persons are admitted directly to a treatment facility;
- (4) evidence of incorporation of these plans within the contracts between the area authority and the regional facilities as required in subsection (a) above and with other public and private agencies as required in G.S. 122-35.49;
- (5) evidence of cooperative arrangements with local law enforcement, local courts and the local medical society; and
- (6) procedures for review of citizen complaints."

Sec. 4. G.S. 122-56.3 is amended by designating the present paragraph as subsection (a) and by adding a new subsection:

"(b) When a person from a single portal area seeks admission to a treatment facility, as described in G.S. 122-35.36(13) and (14), such admission shall follow the procedures as prescribed in the area plan. Provided however, when a person from a single portal area presents himself for admission to a treatment facility directly, and is in need of an emergency admission, he may be accepted for admission. The treatment facility shall notify the area program within 24 hours of the admission and further treatment planning for the person shall be the joint responsibility of the area program and the treatment facility as prescribed in the area plan."

Sec. 5. G.S. 122-58.3 is amended by adding a new subsection:

"(e) When a petition is filed for a person who is a resident of a single portal area, as described in G.S. 122-35.36(13) and (14), the procedures for examination by a qualified physician as defined in G.S. 122-58.4 shall be carried out in accordance with the area plan. Provided however, when a person from a single portal area is presented for commitment at a treatment facility directly, he may be accepted for admission in accordance with G.S. 122-58.6. The treatment facility shall notify the area program within 24 hours of the admission and further treatment planning for the person shall be the joint responsibility of the area program and the treatment facility as prescribed in the area plan."

Sec. 6. G.S. 122-58.13 is amended by adding a new subsection:

"(c) If a committed respondent under either subsection (a) or (b) above is from a single portal area, as described in G.S. 122-35.36(13) and (14), the chief of medical services shall plan jointly with the area program as prescribed in the area plan prior to the discharge or release of the respondent."

Sec. 7. G.S. 122-70 is amended by designating the present paragraph as subsection (a) and by adding a new subsection:

"(b) An admission of a person from a single portal area shall follow the procedures as prescribed in the area plan, as described in G.S. 122-35.36(13) and (14). Provided however, when a person from a single portal area presents himself, or is presented, for admission to a center directly and is in need of an emergency admission, he may be accepted for admission. The center shall notify the area program within 24 hours of the admission and further treatment planning for the person shall be the joint responsibility of the area program and the center as prescribed in the area plan."

Sec. 8. G.S. 122-71.1 is amended to add the following sentence at the end of that section:

"When the person is a resident of a single portal area, discharge of the person shall be planned jointly with the area program in accordance with the area plan."

Sec. 9. G.S. 122-7.1 is amended by adding the following paragraph at the end of subsection (a):

"When a person from a single portal area is to be admitted to or discharged from a facility, as described in G.S. 122-35.36(13) and (14), such admission or discharge shall follow the procedures as prescribed in the area plan. Provided however, when a person from a single portal area presents himself for admission directly, and is in need of an emergency admission, he may be accepted for admission. The facility shall notify the area program within 24 hours of the admission and further treatment planning for the person shall be the joint responsibility of the area program and the facility as prescribed in the area plan."

Sec. 10. G.S. 122-8.1 is amended by adding the following subsections thereto:

"(d) Further, notwithstanding the provisions of subsections (a) and (c), any of the treatment facilities specified in an approved single portal of entry and exit policy as described in G.S. 122-35.36 (13) and (14) may share information about a client or patient from a single portal area with any of that area's participating treatment facility

upon a written determination by the director of the facility or his authorized representative, that the sharing of information is necessary for the appropriate and effective care and treatment of the client or patient. Under the circumstances described in this subsection, the consent of the client or patient shall not be required in order for this information to be so furnished and the information shall be furnished despite objection of the client or patient.

(e) Nothing contained in this section shall apply to the records of a client or patient in a situation where federal statutes, rules or regulations applicable to that client or patient prohibit the disclosure of information regarding the client or patient.

(f) No person having or acquiring access to the diagnostic or treatment record of a client or patient served under the authority of this Chapter may disclose it or any information from it to any other person except as authorized by this section and applicable rules and regulations."

Sec. 11. This act is effective upon ratification.

In the General Assembly read three times and ratified, this the 25th day of May, 1983.