

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

STATE OF NORTH CAROLINA		File No.	
MECKLENBURG County		In The General Court Of Justice District Court Division	
IN THE MATTER OF		AFFIDAVIT AND PETITION FOR INVOLUNTARY COMMITMENT	
Name And Address Of Respondent Leonard Clinton Williams III [REDACTED] TRANSPORT TO NOVANT PRESBYTERIAN CHARLOTTE NC [REDACTED]		G.S. 122C-261, 122C-281	
Social Security No. Of Respondent (If available)	Date Of Birth 11/01/1980	Drivers License No. Of Respondent	State
<p>I, the undersigned affiant, being first duly sworn, and having sufficient knowledge to believe that the respondent is a proper subject for involuntary commitment, allege that the respondent is a resident of, or can be found in the above named county, and:</p> <p>(check all that apply)</p> <p><input checked="" type="checkbox"/> 1. has a mental illness and is dangerous to self or others or has a mental illness and is in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.</p> <p><input type="checkbox"/> in addition to having a mental illness, respondent also has an intellectual disability.</p> <p><input checked="" type="checkbox"/> 2. is a substance abuser and dangerous to self or others.</p> <p>The facts upon which this opinion is based are as follows: (State facts, not conclusions, to support ALL blocks checked.) Respondent has a history of mental illness and has been previously hospitalized. He stated to his mother that he has been overtaking his prescribed medication to help him sleep. He is unable to sleep, also has suicidal ideations by stated to his mother, once he is able to pay her back he will get medically assisted suicide.</p>			
Name And Address Of Nearest Relative Or Guardian		Name And Address Of Person Other Than Petitioner Who May Testify	
Home Telephone No.	Business Telephone No.	Home Telephone No.	Business Telephone No.
Petitioner requests the court to issue an order to a law enforcement officer to take the respondent into custody for examination by a person authorized by law to conduct the examination for the purpose of determining if the respondent should be involuntarily committed.			
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Signature Of Petitioner	
Date 09/30/2020	[REDACTED]	[REDACTED]	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input checked="" type="checkbox"/> Magistrate			
<input type="checkbox"/> Notary (use only with commitment examiner petitioner)	Date Notary Commission Expires	Relationship To Respondent Mother	
SEAL	County Where Notarized	Home Telephone No. [REDACTED]	Business Telephone No. [REDACTED]
<p>Original-File Copy-Hospital Copy-Special Counsel Copy-Attorney General (Over)</p> <p>AOC-SP-300, Rev. 10/19 © 2019 Administrative Office of the Courts</p> <p>5/6</p> <p>AOC 7046660308</p> <p>Sep/30/2020 4:23:11 PM</p>			

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

09/29/2020 07:21 PM IV0. 7/00 1. 4

PETITIONER'S WAIVER OF NOTICE OF HEARING.	
I voluntarily waive my right to notice of all hearings and rehearings in which the Court may commit the respondent or extend the respondent's commitment period, or discharge the respondent from the treatment facility.	
Signature Of Witness	Date
	Signature Of Petitioner
<p>NOTE: "Upon the request of the legally responsible person or the minor admitted or committed, and after that minor has both been released and reached adulthood, the court records of that minor made in proceedings pursuant to Article 5 of [Chapter 122C] may be expunged from the files of the court." G.S. 122C-54(e).</p>	
<p>AOC-SP-300, Side Two, Rev. 10/19 © 2019 Administrative Office of the Courts</p>	

6/6 AOC 7046860308 Sep/30/2020 4:23:11 PM

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

County Mecklenburg

Client Record #

File #

FIRST EXAMINATION FOR INVOLUNTARY COMMITMENT

Name of Respondent Leonard Clinton Williams III	DOB 11/01/1980	Age 39	Sex Male	Race White	M.S.
Address (Street or Box Number) [REDACTED]	City Charlotte	State NC	Zip 28273	County Mecklenburg	Phone [REDACTED]
Legally Responsible Person or Next of Kin (Name) [REDACTED]	Relationship [REDACTED]				
Address (Street or Box Number) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	County [REDACTED]	Phone [REDACTED]
Petitioner (Name) Angela [REDACTED]	Relationship Mother				
Address (Street or Box Number) [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	County [REDACTED]	Phone [REDACTED]

EXAMINATION INFORMATION

The First-Level examination and evaluation for the above-named respondent: Leonard Clinton Williams III

was conducted on 10 / 1 / 2020 (MM/DD/YYYY) at 12 :00 ☐ A.M. ☒ P.M.

was conducted:

☒ In person at the following facility Novant Presbyterian Medical Center OR ☐ Via telemedicine technology

Included in the examination was an assessment of the respondent's:

☒ (1) Current and previous mental illness and intellectual disability including, if available, previous treatment history; (2) Dangerousness to self or others as defined in G.S.122C-3 (11*); (3) Ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) Capacity to make an informed decision concerning treatment.

☒ (1) Current and previous substance abuse including, if available, previous treatment history; and (2) Dangerousness to self or others as defined in G.S.122C-3 (11*).

The following findings and recommendations are made based on this examination^:

SECTION I – CRITERIA FOR COMMITMENT

It is my opinion that the respondent meets the criteria for the selected type of commitment as the respondent is:

<input checked="" type="checkbox"/> Inpatient (1 st Exam – Commitment Examiner, eligible Psychologist or Physician) <input checked="" type="checkbox"/> An individual with a mental illness; <input checked="" type="checkbox"/> Dangerous to: <input checked="" type="checkbox"/> Self or <input type="checkbox"/> Others; <input type="checkbox"/> In addition to having a mental illness is also intellectually disabled; <input type="checkbox"/> None of the above	<input type="checkbox"/> Outpatient (1 st Exam – Commitment Examiner, eligible Psychologist or Physician) <input type="checkbox"/> An individual with a mental illness; <input type="checkbox"/> Capable of surviving safely in the community with available supervision; <input type="checkbox"/> Based upon the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122C-3 (11*); <input type="checkbox"/> Current mental status or the nature of his/her illness limits or negates his/her ability to make an informed decision to seek treatment voluntarily or comply with recommended treatment; <input type="checkbox"/> None of the above	<input type="checkbox"/> Substance Abuse (1 st Exam – LCAS CE, eligible Psychologist or Physician) <input type="checkbox"/> A Substance Abuser; <input type="checkbox"/> Dangerous to: <input type="checkbox"/> Self or <input type="checkbox"/> Others; <input type="checkbox"/> None of the above
--	--	---

^For telemedicine evaluations only: ☐ I certify to a reasonable degree of medical certainty that the results of the examination via telemedicine were the same as if I had been personally present with the respondent OR ☐ The respondent needs to be taken for a face-to-face evaluation. (*Statutory definitions begin on page 3)

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Name of Respondent: Leonard Clinton Williams III		DOB: 11/01/1980
SECTION II – DESCRIPTION OF FINDINGS		
<p>Clear description of findings (findings for each criterion checked in Section I must be described):</p> <p>Leonard was brought in under IVC filed by his mother due to pt verbalizing to mother that he has been overtaking his medications to help him sleep and verbalized SI with a plan to participate in medical assisted suicide. Leonard reported that it would be a relief for him to die. Leonard has reportedly been a victim of workplace abuse and bullying and has been diagnosed with PTSD. Leonard meets criteria for inpt tx at this time.</p>		
<p>Impression/Diagnosis: Major Depressive D/O</p>		
HEALTH SCREENING		
<p><small>A health screening (N.C. G.S. § 122C-3(16a)) does not constitute a medical evaluation[†] and should be completed at the same location as the first examination or by utilizing telemedicine equipment and procedures (N.C.G.S. § 122C-263(a1)).</small></p>		
<p><input checked="" type="checkbox"/> Check box & sign to attest that the health screening is being replaced by a medical evaluation[†] skip to Section III</p>		
<p><i>Dabney Hayes LCMHC</i> Signature</p>	<p>Dabney Hayes, LCMHC 10/1/2020 at 1240 Printed Name, Credentials, Date & Time</p>	
Vital Signs		
<p>BP _____ HR _____ RR _____ Temp _____ Date & Time _____</p> <p>If person taking vitals is different than person completing this form, sign/print name & credentials below:</p>		
<p>_____ Signature</p>	<p>_____ Printed Name, Credentials, Date & Time</p>	
<p>Known/reported medical problems (diabetes, hypertension, heart attacks, sickle cell anemia, asthma, etc.):</p>		
<p>Known/reported allergies:</p>		
<p>Known/reported current medications (please list):</p>		
<p>If ANY of the below are present, check box and send respondent to an <u>Emergency Department</u> by the most appropriate means:</p> <p><input type="checkbox"/> Chest pain or shortness of breath</p> <p><input type="checkbox"/> Suspected overdose on substances or medications within the past 24 hours (including acetaminophen)</p> <p><input type="checkbox"/> Presence of severe pain (e.g. abdominal pain, head pain)</p> <p><input type="checkbox"/> Disoriented, confused, or unable to maintain balance</p> <p><input type="checkbox"/> Head trauma or recent loss of consciousness</p> <p><input type="checkbox"/> Recent physical trauma or profuse bleeding</p> <p><input type="checkbox"/> New weakness, numbness, speech difficulties or visual changes</p> <p><input type="checkbox"/> Other Rationale (including medical evaluation indicated, but not available at current location):</p> <p><input type="checkbox"/> None of the above</p>		

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Name of Respondent: Leonard Clinton Williams III DOB: 11/01/1980

IF ANY of the below are present, check box and consult* with medical provider† within one hour:

- ☐ Age < 12 or > 65 years old
- ☐ Systolic BP > 160 or < 100 and/or diastolic > 100 or < 60
- ☐ Heart Rate >110 or < 55 bpm
- ☐ Respiratory Rate > 20 or < 12 breaths per minute
- ☐ Temperature > 38.0 C (100.4 F) or < 36.0 C (96.8 F)
- ☐ Known diagnosis of diabetes and not taking prescribed medications
- ☐ Recent seizure or history of seizures and not taking seizure medications
- ☐ Known diagnosis of asthma or chronic obstructive pulmonary disease and not taking prescribed medications
- ☐ Visible or reported open sores, wounds, or active bleeding
- ☐ Severe constipation or vomiting or diarrhea
- ☐ Painful urination or new onset incontinence
- ☐ Known or suspected pregnancy
- ☐ Used substances of abuse, (e.g. alcohol, opiates, benzodiazepines, cocaine, etc.) or prescription medication not prescribed to them, within the past 48 hours
- ☐ Other Rationale:

☐ None of the above

Signature of Person Completing Health Screening

Printed Name, Credentials, Date & Time

*DEFINITION OF Medical Evaluation: Medical history and physical exam performed by a medical provider

*DEFINITION OF Medical Provider: MD, DO, PA, or NP licensed in N.C.

*Consultation can be via telephone, telemedicine or in person

*STATUTORY DEFINITIONS for Form No. DMH 5-72-19

Commitment examiner. - A physician, an eligible psychologist, or any health professional or mental health professional who is certified under G.S. 122C-263.1 to perform the first examination for involuntary commitment described in G.S. 122C-263(c) or G.S. 122C-283(c).

Dangerous to others. - Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct. Clear, cogent, and convincing evidence that an individual has committed a homicide in the relevant past is prima facie evidence of dangerousness to others.

Dangerous to self. - Within the relevant past the individual has done any of the following: (1) acted in such a way as to show all of the following: (I) The individual would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of the individual's daily responsibilities and social relations or to satisfy the individual's need for nourishment, personal or medical care, shelter, or self-protection and safety. (II) There is a reasonable probability of the individual suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a **prima facie** inference that the individual is unable to care for himself or herself. (2) The individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given. (3) The individual has mutilated himself or herself or attempted to mutilate himself or herself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

Health screening. - An appropriate screening suitable for the symptoms presented and within the capability of the entity, including ancillary services routinely available to the entity, to determine whether or not an emergency medical condition exists. An emergency medical condition exists if an individual has acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

09/29/2020 - ED in NHPMC Emergency Department (continued)

Documents Abstract (continued)

Name of Respondent: Leonard Clinton Williams III DOB: 11/01/1980

Local management entity/managed care organization or LME/MCO. - A local management entity that is under contract with the Department to operate the combined Medicaid Waiver program authorized under Section 1915(b) and Section 1915(c) of the Social Security Act.

Local management entity or LME. - An area authority.

Mental illness. - When applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of the individual's affairs and social relations as to make it necessary or advisable for the individual to be under treatment, care, supervision, guidance or control. When applied to a minor, a mental condition, other than an intellectual disability alone, that so lessens or impairs the minor's capacity to exercise age adequate self-control and judgment in the conduct of the minor's activities and social relationships so that the minor is in need of treatment.

Substance abuser. - An individual who engages in the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

SECTION III - RECOMMENDATION FOR DISPOSITION

- ☒ **Inpatient Commitment** for 7 days (respondent must have a mental illness and dangerous to self or others)
- ☐ **Outpatient Commitment** (respondent must meet ALL of the first four criteria outlined in Section I, Outpatient)
Proposed Outpatient Treatment Center or Physician: (Name) _____
(Address & Phone Number) _____
- ☐ **Substance Abuse Commitment** (respondent must meet both criteria outlined in Section I, Substance Abuse)
☐ Release respondent pending hearing - Referred to: _____
☐ Hold respondent at 24-hour facility pending hearing - Facility: _____
- ☐ Respondent or Legally Responsible Person Consented to Voluntary Treatment
- ☐ Respondent was held at first evaluation site pending placement at a 24-hour facility and no longer meets criteria for inpatient commitment:
☐ Terminate proceedings and release respondent
☐ Recommend outpatient commitment
Proposed Outpatient Treatment Center or Physician: (Name) _____
(Address & Phone Number) _____
- ☐ Release respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)


Signature of Commitment Examiner

Dabney Hayes, LCMHC

Print Name of Examiner

Credentials (check one): ☐ MD/DO ☐ Eligible Psychologist ☐ PA
☐ NP (Master's-level or Higher) ☐ LCSW ☒ LPC
☐ LCAS (Substance Abuse Evaluation Only)

Novant Health Presbyterian Medical Center

Address of Facility

200 Hawthorne Lane, Charlotte, NC 28204

City and State

704-384-0465

Telephone Number

This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment

Original Signature - Record Custodian

Title

Address of Facility

Date

CC: Clerk of Superior Court where petition was initiated; Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised; Respondent or Respondent's Attorney and State's Attorneys, when applicable; Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Facility/Physician (Substance Abuse Commitment). NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the examiner shall communicate his findings to the clerk by telephone.

Visit Account Information

Hospital Account

Name	Acct ID	Class	Status	Primary Coverage
Williams, Leonard	3101953030	Emergency	Billed	None