NCDHHS Presentation to the House Select Committee on Involuntary Commitment and Public Safety

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**December 17, 2025**

Requested Topics

- **Role of Telehealth in the IVC Process**
  - **Questions for Dr. Carrie Brown**

- **NCGA Behavioral Health Investments**
  - **Summary of Crisis System Investments, including NLET Pilot and BH SCAN**
  - **Summary of Justice System Investments**

- **Role of IVC in the Crisis System**

- **Overview of IVC Facility Designation Process**

- **NC's State Operated Healthcare Facilities**

Role of Telehealth in IVC Process

- Telehealth is an important tool in improving access to IVC exams

- The use of telehealth in mental health is a well-established practice

- Current IVC law allows both the first exam and second exam to be completed by telehealth

- NC-STeP currently completes first exams via telehealth in emergency departments across the state

- If an examiner feels that they cannot obtain an adequate evaluation via telehealth, then the individual must receive a face-to-face evaluation

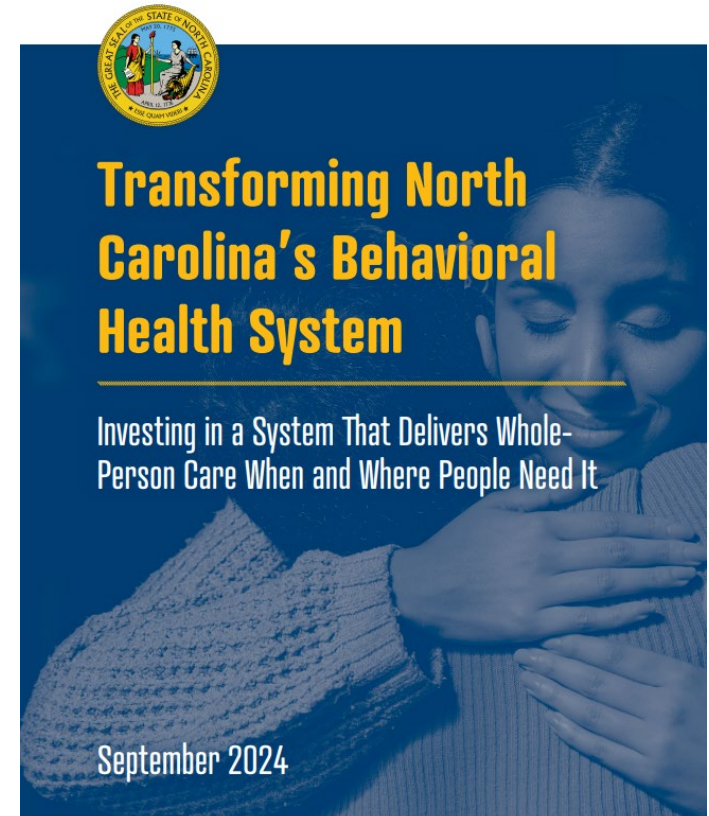# Providers Able to Conduct IVC Evaluations in NC

- **Currently, many disciplines can be first examiners including:** nurses, licensed clinical social workers, licensed clinical mental health counselors, licensed marriage and family therapists, physician assistants, and licensed addictions counselors

- **The second IVC exam** (must occur within 24 hours of admission to an inpatient psychiatric facility) **can only be completed by a physician**

- **DMH/DD/SUS Certifies Non-Physician First Examiners** and provides extensive training. They must recertify every 3 years.
  - There are currently 400 certified first examiners

- Currently there are **3,211 licensed psychiatrists** practicing in North Carolina, who can complete both first and second exams.
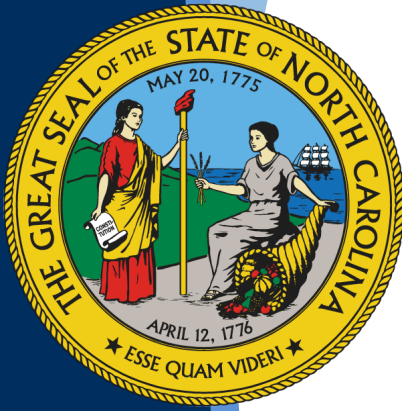
Questions for
Dr. Carrie Brown?

Our Approach to Allocating Behavioral Health ARPA Funds

- **Released a 2024 policy paper** outlining the vision for this historic investment

- **Engaged the public and stakeholders** through listening sessions, advisory groups, and monthly *Side by Side* updates

- **Used data to guide planning**, for example, crisis facility placement

- **Partnered with counties** to support shovel-ready projects

- **Used competitive bidding** to select new projects

Transforming North Carolina's Behavioral Health System

Investing in a System That Delivers Whole-Person Care When and Where People Need It

September 2024

Framework for Behavioral Health ARPA Investments

- **Crisis –** Ensuring that in NC, all have someone to contact, someone to respond, and a safe space to go in during a mental health crisis.

- **Justice –** Expanding services to help divert individuals with mental health and substance needs into treatment not incarceration; receive the care they need while incarcerated; received re-entry supports to maintain their health and get/keep a job and stable housing.

- **Workforce –** Creating a well-qualified workforce; creating access to care in more places

- **Child Welfare & Family Wellbeing –** Creating a strong continuum of family-based services and supports for children with complex needs

Funding Status Criteria

- **"Under Contract" includes projects with:**
  - Signed Memorandum of Agreement (MOA)s, Signed Contracts, Signed Allocation Letters, Funding Authorizations, Agreement Addenda, and Awarded Procurements

- **"Obligated"**
  - Projects in Active Procurement (RFA, RFQ, RFP)
  - Projects pending re-procurement

- **"Expended"**
  - Projects with expenditures documented in the NC Accounting System

- **"Planned"**
  - Projects in active development

Vision for Crisis Investments

We are strengthening our system of crisis care to ensure everyone has someone to contact, someone to respond, and a safe place for help in a mental health and substance use crisis.
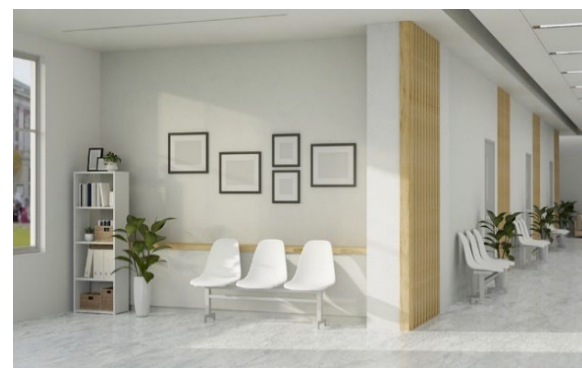
Someone to Contact
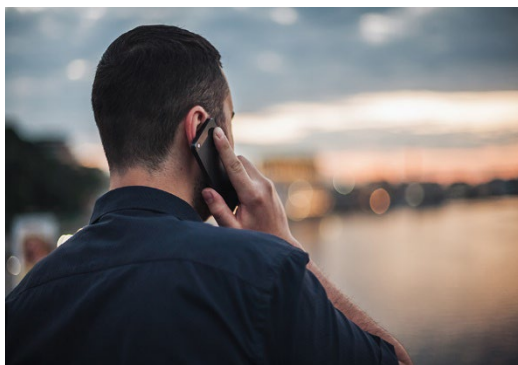
- 988
- Peer Warm Line
- SOMETHINGS (Teen Peer Mentors)

Someone to Respond

- Mobile Crisis Team Response
- MORES (child crisis teams)
- Co-Response with EMT or LEO

A Safe Place for Help

- Behavioral Health Urgent Care (BHUC)
- Facility Based Crisis (FBC)
- Peer Respite

Continuation of Care

- BH SCAN: Appointments/Directory
- BH SCAN: Referrals to Crisis Facilities

Non-Law Enforcement Transportation will connect people to crisis stabilization and treatment.

Crisis Investments

Investing in a comprehensive crisis system is essential to ensure timely, effective care for people in crisis, reduce strain on emergency departments, and connect individuals to the long-term support they need.

$80M CRISIS SYSTEM RESPONSE & CAPACITY
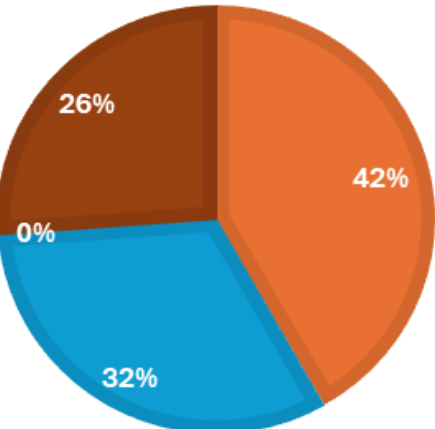
- Under Contract
- Obligated
- Planned
- Spent

62%
4%
11%
23%
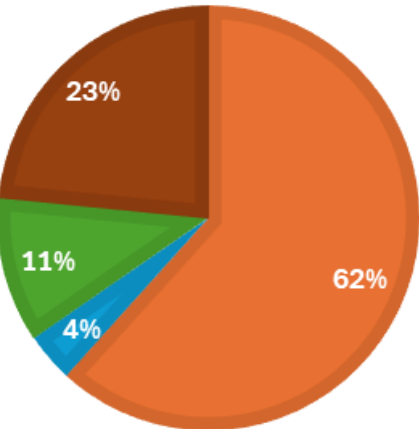
$20M NON LAW TRANSPORT

- Under Contract
- Obligated
- Planned
- Spent

8%
0% 2%
90%
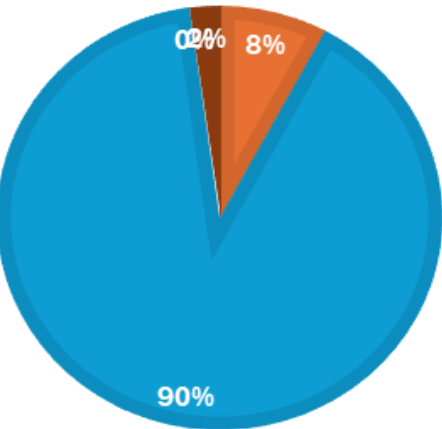
$20M CRISIS TECHNOLOGY

- Under Contract
- Obligated
- Planned
- Spent

42%
32%
0%
26%

NCGA Crisis Investments are Increasing Capacity Across NC

- 32 Child Beds at 2 Facility Based Crisis Centers

- 80 Adult Beds at 5 Facility Based Crisis Centers

- 13 new 24/7 Behavioral Health Urgent Care (BHUC)

- 2 Additional lines to support 988 (Peer Warm Line and SOMETHINGS for youth)

- Expanding 5 teams of Law-Enforcement Co-Response crisis models

- Expanded Mobile Outreach Response Engagement and Stabilization (MORES) to 20 counties

Non-Law Enforcement Transportation (NLET) Pilot Update

- **Goal & Vision: Provide a safe and therapeutic alternative to law enforcement transportation when a patient needs to be transported from an emergency room to another hospital**
  - Reduces unnecessary demand on local law enforcement

- **Context:**
  - Many states do not use law enforcement for psychiatric transportation
  - Many hospital systems in NC currently transport within their own systems without involving law enforcement
  - NCDHHS issued an RFP, responses did not meet needs of North Carolina

- **Looking Ahead:**
  - NCDHHS is actively pursuing NLET contract options especially for counties/hospitals without alternative transportation

BH SCAN Supports Crisis Response Across NC

- **BH SCAN is a suite of central technology resources to support crisis response across NC**
  - Currently includes online centralized bed registry with a daily inventory of available beds
  - In February 2026, it will also include a pilot of mobile crisis deployment & tracking software

- **76% of community inpatient psychiatric beds are tracked in BH SCAN**
  - Beds tracked include: Hospital, Crisis Center, PRTF, inpatient substance use treatments

- **BH SCAN allows providers to more efficiently find and refer people to available beds and helps to reduce long stays in emergency departments**

- **Hospitals, providers, Medicaid health plans, and DSS offices can all access and use BH SCAN**

- **When involuntary commitment (IVC) is initiated, BH SCAN can support appropriate treatment placement in an IVC Designated Facility**

Vision for Justice Involved Individuals

We are expanding services for justice-involved populations so that more people are diverted from incarceration, get the treatment they need when and where they need it, and re-enter communities successfully.

Prevent justice involvement by creating pathways to mental health & substance use treatment
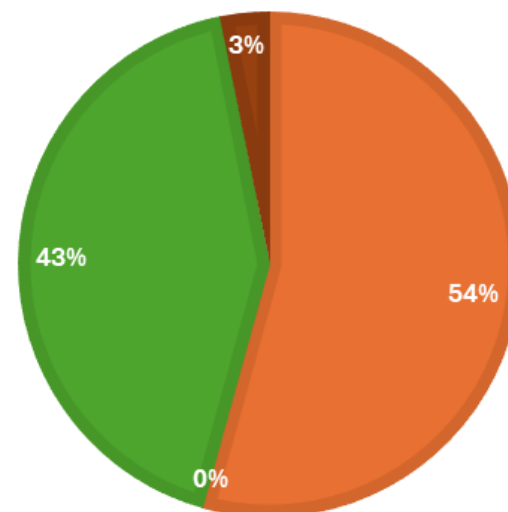
Create access for mental health & substance use needs for youth and adults with justice system involvement

Support seamless re-entry and stabilization in the community

$99M JUSTICE-INVOLVED PROGRAMS

■ Under Contract ■ Obligated ■ Planned ■ Spent

3%

43%

54%

0%

NCGA Investment is Improving Supports for Justice-Involved

- **Programs Supporting Diversion**
  - Expanded **Law Enforcement Assisted Diversion (LEAD)** to 11 counties

- **Programs Supporting Treatment**
  - Launched 6 capacity restoration pilots (3 detention center and 3 community-based) for individuals adjudicated incapable to proceed (ITP)
  - Forensic Assertive Community Treatment (FACT) launched in 5 regions

- **Programs Supporting Successful Reentry**
  - DAC Serious Mental Illness Reentry in 100 counties
  - Treatment Accountability for Safer Community (TASC) Substance Use Reentry in 100 counties
  - Transitional Housing
  - Employment Services
  - UNC FIT Wellness (care management, peers, medical & behavioral health)

Involuntary Commitment (IVC) and the Crisis System

- People enter the crisis system when they are experiencing a mental health crisis

- Most individuals engage voluntarily with crisis services when they recognize they need help

- Some individuals are unable or unwilling to seek help, often due to the severity of symptoms or lack of insight

- The IVC process exists for these situations, providing a legal pathway to ensure safety and access to evaluation and treatment when voluntary engagement is not possible

- The process includes initiation, evaluation, judicial review, treatment, and transition back to community-based care

Review of Key Terms

Focus for Today:

- **Involuntary Commitment (IVC): process by which an individual is ordered to be hospitalized in a 24-hour facility for psychiatric treatment**
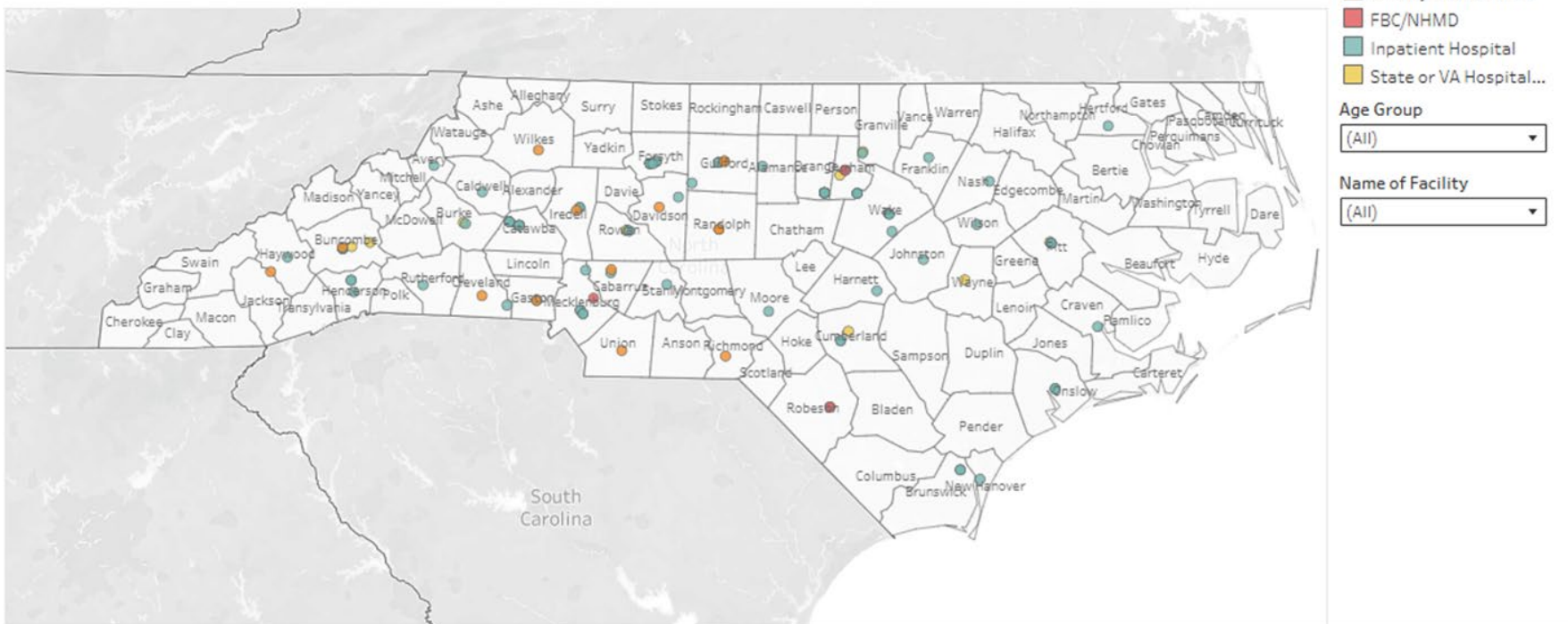
Related Concepts:

- **Incapable to Proceed (ITP)**: when an individual is unable to participate in their own defense due to their mental disorder and a judge has ordered the legal process to stop while the individual receives treatment to restore their capacity

IVC Facility Designation Criteria

- **Designation Process:**
  - Facility requests and submits the IVC Designation Application to DHHS
  - DHHS works with Facility to ensure requirements are met before accepting application
  - Designation is permanent, with a periodic review process under development

- **Designation Criteria, per Administrative Rules, includes:**
  - **Regulatory and accreditation status:** licensure by the Division of Health Service Regulation and accreditation by a recognized body
  - **Program and staffing adequacy:** appropriateness of the treatment program, consistency of staffing with proposed services, and staff training
  - **Safety, security, and clinical risk management:** capacity to manage clients who have violent behavior and adequacy of security, suicide prevention, elopement, seclusion, and restraint policies
  - **Client protections:** adequacy of clients' rights policies and procedures
  - **Reporting:** facilities are required to provide limited data to DHHS for an annual legislative report (# of IVC, method of transport, change in IVC status)

IVC Designated Facility Map

IVC Facilities

Service Type
- 🟧 Facility Based Crisis
- 🟥 FBC/NHMD
- 🟩 Inpatient Hospital
- 🟨 State or VA Hospital...

Age Group
(All) ▼

Name of Facility
(All) ▼

37 Acute Care Hospitals / Medical Centers,
10 Psychiatric Hospitals,
13 Facility-Based Crisis centers,

3 Combination FBC/NHMD centers,
4 Veterans Affairs Medical Centers,
5 state facilities that are designated.

Overview of NC's State Operated Healthcare Facilities

DSOHF manages 13 safety-net state facilities that provide medical and behavioral treatment of adults and children with mental illness, developmental disabilities, substance use disorders, and neuro-medical conditions requiring nursing care. These facilities with the combined capacity to serve approximately 2,000 individuals daily.
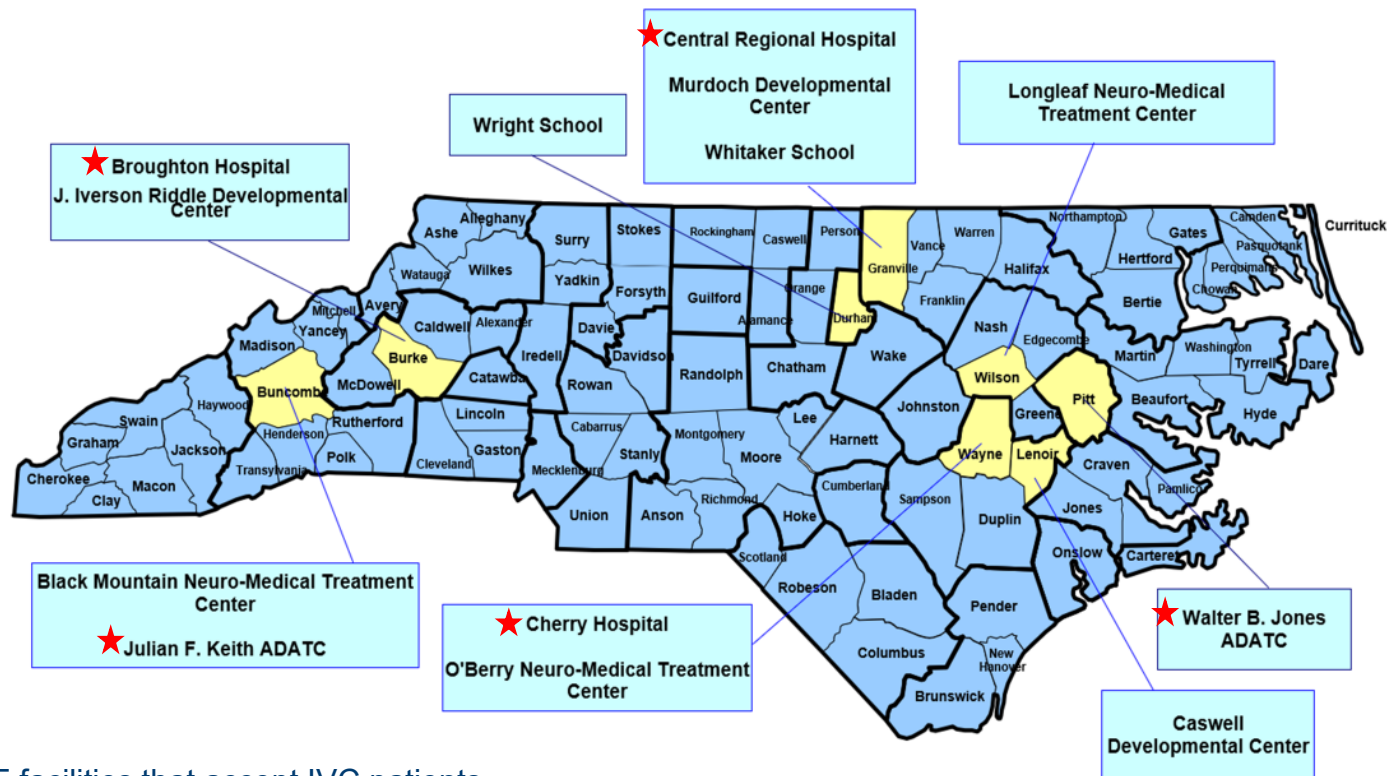
★ DSOHF facilities that accept IVC patients

North Carolina's 3 State Psychiatric Hospitals (SPHs)

- **About 570 patients are served daily across three hospitals**

- **Both the Alcohol and Drug Abuse Treatment Centers (ADATCs) and State Psychiatric Hospitals accept IVC patients**
  - SPHs accept the most IVC patients

- **State Psychiatric Hospitals (Broughton, Central Regional, Cherry) provide comprehensive inpatient mental health services to individuals who cannot be safely treated at a lower level of care.**

- **As the safety-net provider, admission is available regardless of financial resources or insurance status under this criteria:**
  - mentally ill or dually diagnosed (substance use/severe mental illness)
  - dangerous to themselves or others
  - requires treatment that is appropriate to the intensity and restrictions of care provided and alternatives for less intensive and restrictive treatment are not available or have failed

Services at the State Psychiatric Hospitals

- **Child (Central Regional only):** Ages 5-11; program provides evaluation, assessment, psychiatric, and psychological care.

- **Adolescent:** Ages 12 – 17; program provides comprehensive medical, psychiatric, psychological, social, and educational services.

- **Medical Psychiatric:** Multidisciplinary treatment teams support physical health and wellness of adult patients.
  - **Voluntary:** Individual checks themself into a mental health facility for treatment
  - **Involuntary Commitment (IVC):** Individual is ordered to be hospitalized in a 24-hour facility for psychiatric treatment

- **Geriatric:** Typically, patients 65 years old and older and one of the following populations: 1) Patients in the geriatric age range with any general psychiatric disorder, 2) Patients with various types of dementia and behavioral disturbance related to the dementia or a co-occurring, pre-existing psychiatric disorder
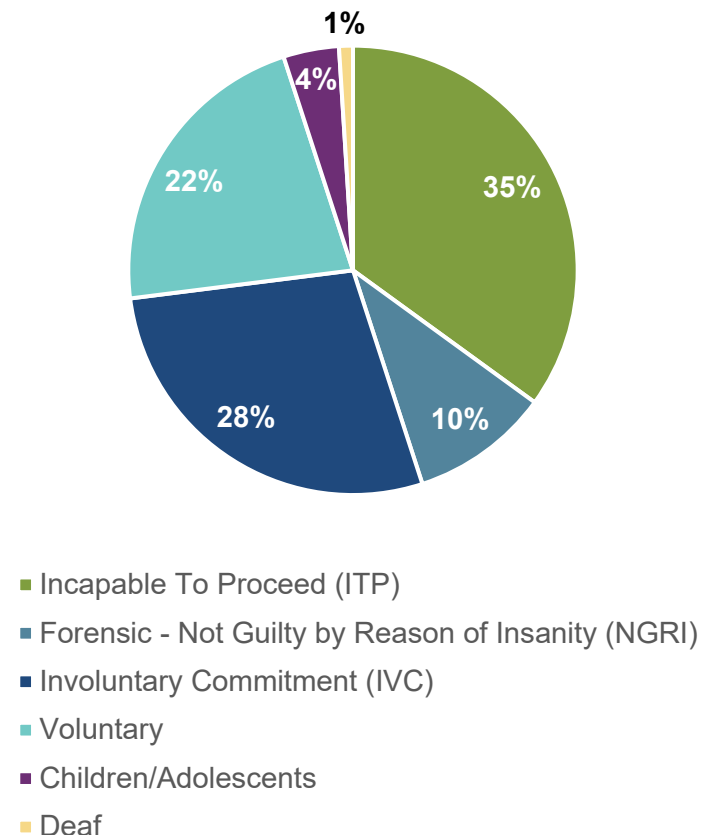
Services at the State Psychiatric Hospitals

- **Deaf (Broughton only):** Specialized treatment for adults who are deaf, hard of hearing, or deafblind and have a diagnosis of a mental health disorder, substance abuse disorder, or both

- **Incapable to Proceed (ITP):** Assessments of capacity throughout the patient's hospitalization for defendants who have been judicially determined to be ITP to trial and are hospitalized for treatment

- **Forensic (Central Regional only):** Comprehensive forensic mental health evaluations for criminal defendants of all ages
  - **Not Guilty by Reason of Insanity (NGRI):** Inpatient care, management, and eventual community re-integration for individuals hospitalized, resulting from being found NGRI

State Psychiatric Hospitals are Critical to the IVC System

- Our three hospitals are designated IVC facilities and IVC patients are typically referred from Emergency Departments and jails.

- We expect all inpatient hospitals, including our State Psychiatric Hospitals, will have increased demand due to Iryna's law.

- DHHS is committed to ensuring DSOHF is in the best possible position to absorb this new work by optimizing discharges, operating more beds at the SPHs, and exploring creative operations solutions.

Patients Served in Nov. 2025

Pie chart percentages: 1%, 4%, 22%, 35%, 10%, 28%

- Incapable To Proceed (ITP)
- Forensic - Not Guilty by Reason of Insanity (NGRI)
- Involuntary Commitment (IVC)
- Voluntary
- Children/Adolescents
- Deaf

Challenges to Serving More Patients

Operating more beds continues to be limited by staffing challenges

- Nationwide shortage of nurses
- Broughton has struggled to hire Psychiatrists
- 380 Health Care Tech (HCT) and 314 Registered Nurse (RN) vacancies across all three SPHs (Nov 2025)
- One unit (typically 20 – 24 patients) requires 17 RNs, 42 HCTs, and 2 Psychiatrists

Patients have highly complex medical and mental health needs without appropriate care options in the community which can lead to:

- A longer length of stay (> 100 days)
- Additional staff support
- Limited number of patients in a unit
- Limited discharge options especially for those with history of aggressive and/or sexualized behaviors (Over 200 patients were ready for discharge at our SPHs in Nov 2025)

Staff Recruitment & Retention Efforts

- **Established staff committee to solicit feedback for DSOHF policy changes that improve staff retention**

- **Hired nurse recruiters at each SPH to more actively engage in recruitment efforts and events**

- **Implemented new competitive salary scales for Health Care Techs (HCTs) and Registered Nurses (RNs) through the DHHS-wide abolishment project**
  - DSOHF eliminated 293 vacant positions to fund increases for other hard to fill/retain positions
  - Health Care Tech starting pay increased from $15/hour to almost $17/hour
  - Registered Nurse starting pay increased for $64,000 annually to $70,000 annually

- **Launched walk-in hiring events with same-day contingent offers. Since launch in June 2025, DSOHF has hired 89 staff at 6 events across the SPHs**
  - Currently exploring pre-licensure contingent offers for clinical roles

- **Expanded workforce training pipeline through statewide partnerships**
  - UNC School of Medicine clinical training opportunities

Addressing Community Care Challenges

- **Established and operating 3 Detention-Based Capacity Restoration Pilots to improve throughput in State Psychiatric Hospitals**
  - Since the detention-based capacity restoration pilot launched in December 2022, the waitlist for Broughton Hospital from Mecklenburg county jail decreased by 60%.
  - The average time to restore capacity in the detention-based program is approximately 50 days, compared to more than 140 days when an individual receives these same services at a State Psychiatric Hospital.

- **Established regular meetings between the DSOHF Chief Medical Officer, the State Psychiatric Hospital, and LME/MCOs to discuss and plan for patients who are ready for discharge**

- **Launched system-wide Electronic Health Record platform which is a milestone for safe, quality and coordinated care.**
  - Healthcare staff will be able to spend less time on paperwork and more time caring for patients.

Looking Ahead

- **DHHS will continue to implement structural and operational improvements to transition our facilities to a health-system structure.**
    - Transitioning to a Health-System Structure allows for efficiency, shared best practices, continuous improvement, and internal benchmarking
    - A system-focus fosters a strong culture and relentless focus on quality & safety

- **The NCGA Investment in the launch of Epic Electronic Health Record System was a major milestone in accelerating system-wide unification**

- **Continued direct employee engagement**
    - Employee feedback indicates flexibility in pay schedules and benefits is desired.

- **Actively exploring third-party assessment of continued transition to health system-structure, including:**
    - Revenue Cycle
    - Central Office and Shared Services Structure
    - Geographic salary and benefits analysis for clinical/licensed positions
    - Additional flexibilities for exempt staff
    - Improving workplace culture