



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

October 1, 2019

**SENT VIA ELECTRONIC MAIL**

The Honorable Joyce Krawiec, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 308, Legislative Office Building  
Raleigh, NC 27603

The Honorable Josh Dobson, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 307B, Legislative Office Building  
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 303, Legislative Office Building  
Raleigh, NC 27603

Dear Chairmen:

North Carolina General Statute 122C-294, as amended by Session Law 2018-33, Section 43, requires the Department of Health and Human Services to provide an annual report containing the data collected by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services concerning the number of respondents receiving treatment under involuntary commitment in designated facilities to the Fiscal Research Division and the Joint Legislative Oversight Committee for Health and Human Services. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions, please contact Kody Kinsley, Deputy Secretary for Behavioral Health and Intellectual and Development Disabilities, at 919-733-7011.

Sincerely,

Mandy Cohen, MD, MPH  
Secretary

Kody H. Kinsley  
Deputy Secretary for Behavioral Health & IDD  
North Carolina Department of Health and Human Services

|     |                |                    |              |                                                          |                |
|-----|----------------|--------------------|--------------|----------------------------------------------------------|----------------|
| cc: | Matt Gross     | Hattie Gawande     | Dave Richard | Steve Owen                                               | Kody Kinsley   |
|     | Joyce Jones    | Rob Kindsvatter    | Lisa Wilks   | Theresa Matula                                           | Susan G. Perry |
|     | Erin Matteson  | Marjorie Donaldson | Zack Wortman | Mark Collins                                             | Denise Thomas  |
|     | Deborah Landry | Katherine Restrepo | Jessica Meed | <a href="mailto:reports@ncleg.net">reports@ncleg.net</a> |                |
|     | Luke MacDonald |                    |              |                                                          |                |

[WWW.NCDHHS.GOV](http://WWW.NCDHHS.GOV)

TEL 919-855-4800 • FAX 919-715-4645

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

October 1, 2019

**SENT VIA ELECTRONIC MAIL**

Mr. Mark Trogon, Director  
Fiscal Research Division  
Suite 619, Legislative Office Building  
Raleigh, NC 27603-5925

Dear Director Trogon:

North Carolina General Statute 122C-294, as amended by Session Law 2018-33, Section 43, requires the Department of Health and Human Services to provide an annual report containing the data collected by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services concerning the number of respondents receiving treatment under involuntary commitment in designated facilities to the Fiscal Research Division and the Joint Legislative Oversight Committee for Health and Human Services. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions, please contact Kody Kinsley, Deputy Secretary for Behavioral Health and Intellectual and Development Disabilities, at 919-733-7011.

Sincerely,

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Secretary

Kody H. Kinsley  
Deputy Secretary for Behavioral Health & IDD  
North Carolina Department of Health and Human Services

cc:    Matt Gross            Hattie Gawande            Dave Richard            Steve Owen            Kody Kinsley  
         Joyce Jones        Rob Kindsvatter        Lisa Wilks            Theresa Matula        Susan G. Perry  
         Erin Matteson     Marjorie Donaldson     Zack Wortman        Mark Collins        Denise Thomas  
         Deborah Landry   Katherine Restrepo     Jessica Meed        [reports@ncleg.net](mailto:reports@ncleg.net)  
         Luke MacDonald

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**Data Submission on Respondents Receiving Treatment under  
Involuntary Commitment (IVC) in Designated Facilities**

**NCGS §122C-294.(b)  
Session Law 2018-33, Section 43**



**Report to the**

**Joint Legislative Oversight Committee on Health  
and Human Services  
and  
Fiscal Research Division**

**By**

**North Carolina Department of Health and Human Services**

**October 1, 2019**

## Introduction

NC General Statute 122C-255 has mandated biannual reporting to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (Division) by certain facilities that provide care to people under involuntary commitment (IVC) orders. A facility is required to submit this reporting if it:

1. Operates as a 24-hour residential facility;
2. Falls under the category of nonhospital medical detoxification, facility-based crisis service, or inpatient hospital treatment;
3. Is not a State facility under the jurisdiction of the Secretary of Health and Human Services; and
4. Is designated by the Secretary of Health and Human Services as a facility for the custody and treatment of individuals under a petition of involuntary commitment pursuant to G.S. 122C-252 and 10A NCAC 26C .0101.

The data those facilities must submit are:

1. The number and primary presenting conditions of individuals receiving treatment from the facility under a petition of involuntary commitment.
2. The number of individuals for whom an involuntary commitment proceeding was initiated at the facility, who were referred to a different facility or program.
3. The reason for referring the individuals described in subdivision (2) of this section to a different facility or program, including the need for more intensive medical supervision.

Session Law 2018-33, Section 43, now requires a report to be submitted annually by revising NC General Statute 122C-294, on *Local plan and data submission.*:

*(b) The Department shall provide the data collected by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services concerning the number of respondents receiving treatment under involuntary commitment in designated facilities to the Fiscal Research Division and the Joint Legislative Oversight Committee for Health and Human Services on October 1, 2019 of each year and any other time upon request.*

Currently, there are 70 facilities covered by this reporting requirement. Of these 70, 25 have at least two units designated that serve specific age groups, presenting conditions, or other specialized populations.

**Part A: Reports Submitted**

This report covers the information provided by the IVC-designated facilities for State Fiscal Year 2018-2019 and represents the information received for July-December of 2018 and for January-June of 2019, respectively.

The Division has been actively working with facilities to improve consistency and uniformity in their meeting reporting obligations under this section. The reporting has improved over the course of this reporting year. Reports that do not cover the entire six-month period will be noted accordingly. The Division looks forward to continuing to work with facilities to help them further demonstrate improved reporting in subsequent years.

An asterisk (\*) appearing in a report is indicative of no reports being received for that entire six-month reporting period identified. If all zeros (0s) are in the reporting blocks, then that facility submitted monthly reports but did not have any admissions of persons under IVC orders.

# Atrium Health Kings Mountain

County: Cleveland

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                   | MH:                                                                                                      | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 348                                                                 | MH:                                                                                                      | 342 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 6   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Blue Ridge HealthCare

County: Burke

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                   | MH:                                                                                                      | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 312                                                                                  | MH:                                                                                                      | 290 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 6   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Brynn Marr Hospital – Child/Adolescent Unit

County:                      Onslow

Facility Type:              Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 480                                                                 | MH:                                                                                                      | 473 | 141                                                                          | 141                                                                                                                                         | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 141 |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 2   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized by Needed Ongoing MH, IDD, or SU Services in the Community                                    |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



Brynn Marr Hospital – Adult Unit

County:                      Onslow

Facility Type:              Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 188                                                                 | MH:                                                                                                      | 184 | 50                                                                           | 50                                                                                                                                          | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 50  |
|                                                                     | SUD:                                                                                                     | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized by Needed Ongoing MH,IDD, or SU Services in the Community                                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Caiyalynn Burrell Child Crisis Center – FBC Unit

County: Buncombe

Facility Type: Facility-Based Crisis

July-December, 2018 *[designated October 2018]*

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                    | MH:                                                                                                      | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | SUD:                                                                                                     | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | MH/IDD:                                                                                                  | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                                                    | MH:                                                                                                      | 1                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | SUD:                                                                                                     | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | MH/IDD:                                                                                                  | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |

Caiyalynn Burrell Child Crisis Center – NHMD Unit

County: Buncombe

Facility Type: Nonhospital Medical Detoxification

July-December, 2018 *[designated October 2018]*

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Cape Fear Valley Medical Center

County: Cumberland

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 247                                                                 | MH:                                                                                                      | 231 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 3   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 13  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

Cape Fear Valley Medical Center – Roxie Avenue

County: Cumberland

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| 10                                                                                   | MH:                                                                                                      | 10                                                                           | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | SUD:                                                                                                     | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | MH/IDD:                                                                                                  | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| *                                                                                    | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
|                                                                                      | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |

CarolinaEast Medical Center

County: Craven

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                   | MH:                                                                                                      | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 194                                                                 | MH:                                                                                                      | 194 | 25                                                                           | 19                                                                                                                                          | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 18  |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community                                   |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Carolinas HealthCare System – NorthEast Unit

County: Cabarrus

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 21                                                                  | MH:                                                                                                      | 21 | 8                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 62                                                                  | MH:                                                                                                      | 61 | 10                                                                           | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Carolinas HealthCare System – Stanly

County: Stanly

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 195                                                                 | MH:                                                                                                      | 195 | 2                                                                            | 2                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 2   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



Carolinas Medical Center – Charlotte-East Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                   | MH:                                                                                                      | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 59                                                                  | MH:                                                                                                      | 57 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 0  | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 2  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Continued Care                                                                                           |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Carolinas Medical Center – Charlotte-North Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 244                                                                 | MH:                                                                                                      | 233 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 5   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 6   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Carolinas HealthCare System – Charlotte-South Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 146                                                                                  | MH:                                                                                                      | 143 | 2                                                                            | 2                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                                      | SUD:                                                                                                     | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Carolinas Medical Center – Davidson-Fraser Fir Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 454                                                                 | MH:                                                                                                      | 57  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 393 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Carolinas Medical Center – Davidson-Mountain Laurel Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 362                                                                 | MH:                                                                                                      | 348 | 2                                                                            | 2                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 5   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 9   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Custody of Sherriff                                                 |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Carolinas Medical Center – Davidson-River Birch Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                   | MH:                                                                                                      | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 367                                                                 | MH:                                                                                                      | 289 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 76  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 2   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Catawba Valley Medical Center

County: Catawba

Facility Type: Inpatient Hospital

July-December, 2018 *[September-December reports submitted]*

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 265                                                                 | MH:                                                                                                      | 188 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 68  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | No psych beds                                                                                            |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 318                                                                 | MH:                                                                                                      | 236 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 82  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Charles A. Cannon, Jr. Memorial Hospital

County: Avery

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                   | MH:                                                                                                      | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 129                                                                 | MH:                                                                                                      | 124 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 5   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



Charles George Veterans Affairs Medical Center

County: Buncombe

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 20                                                                  | MH:                                                                                                      | 19 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 1  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community                                   |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Cleveland Crisis Recovery Center

County: Cleveland

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 77                                                                  | MH:                                                                                                      | 53 | 18                                                                           | 3                                                                                                                                           | Degree of Aggression                                                                                                               | ?   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | ?   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | ?   |
|                                                                     | SUD:                                                                                                     | 24 | 4                                                                            | 2                                                                                                                                           | Degree of Aggression                                                                                                               | ?   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | ?   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | ?   |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| NO REASONS GIVEN FOR REFERRAL                                       |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 76                                                                                   | MH:                                                                                                      | 45 | 7                                                                            | 3                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                                      | SUD:                                                                                                     | 31 | 7                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Transferred to Adolescent Facility                                                   |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Coastal Plain Hospital

County: Nash

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                   | MH:                                                                                                      | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | * | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 320                                                                 | MH:                                                                                                      | 283 | 4                                                                            | 4                                                                                                                                           | Degree of Aggression                                                                                                               | 2   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 2   |
|                                                                     | SUD:                                                                                                     | 37  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Needs long-term treatment: chronically sick                                                              |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Other Reason not given                                                                                   |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Daymark Crisis Recovery Center – Davidson Crisis Center

County: Davidson

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1                                                                   | MH:                                                                                                      | 1 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Daymark Crisis Recovery Center – FBC Cabarrus

County: Cabarrus

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                                    | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 1 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Daymark Crisis Recovery Center – FBC Iredell

County: Iredell

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                                    | MH:                                                                                                      | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 4                                                                                    | MH:                                                                                                      | 2 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 2 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Daymark Crisis Recovery Center – FBC Union

County: Union

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1                                                                   | MH:                                                                                                      | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Duke Regional Hospital

County: Durham

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 133                                                                 | MH:                                                                                                      | 124 | 10                                                                           | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 3   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 5   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 135                                                                 | MH:                                                                                                      | 132 | 3                                                                            | 3                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 3   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Transferred to Williams                                             |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



Duke University Medical Center

County: Durham

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| 82                                                                  | MH:                                                                                                      | 77                                                                           | 7                                                                                                                                           | 1                                                                                                                                  | Degree of Aggression | 0   |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | 0   |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | 1   |
|                                                                     | SUD:                                                                                                     | 3                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | 2                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     | Psychiatric/Behavioral Needs Beyond the Capability of this Facility                                      |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 95                                                                  | MH:                                                                                                      | 95 | 0                                                                            | 6                                                                                                                                           | Degree of Aggression                                                                                                               | 3   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 3   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Durham Recovery Response Center

County: Durham

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 104                                                                 | MH:                                                                                                      | 82 | 23                                                                           | 22                                                                                                                                          | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 2   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 20  |
|                                                                     | SUD:                                                                                                     | 20 | 8                                                                            | 7                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 7   |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community                                   |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Psychiatric Needs Beyond the Capability of this Facility                                                 |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 95                                                                  | MH:                                                                                                      | 78 | 20                                                                           | 20                                                                                                                                          | Degree of Aggression                                                                                                               | 7   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 4   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 9   |
|                                                                     | SUD:                                                                                                     | 17 | 6                                                                            | 6                                                                                                                                           | Degree of Aggression                                                                                                               | 3   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 2   |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community (6-MH, 2-SUD)                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Psychiatric/Behavioral Needs Beyond the Capability of This Facility (2-MH)                               |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Wanted to go to the VA Hospital (1-MH)                              |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# First Health-Moore Regional Hospital

County: Moore

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019 [February-June reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                   | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 264                                                                                   | MH:                                                                                                      | 238 | 36                                                                           | 36                                                                                                                                          | Degree of Aggression                                                                                                               | 0   |
|                                                                                       |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                       |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 36  |
|                                                                                       | SUD:                                                                                                     | 26  | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                                       |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                       |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                                       | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                       |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                       |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                       | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community (35-MH, 1-SUD) |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Psychiatric/Behavioral Needs Beyond the Capability of This Facility (1-MH)            |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Frye Regional Medical Center

County: Catawba

Facility Type: Inpatient Hospital

July-December, 2018 [October-December reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 178                                                                                  | MH:                                                                                                      | 159 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 17  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 2   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 377                                                                                  | MH:                                                                                                      | 328 | 20                                                                           | 12                                                                                                                                          | Degree of Aggression                                                                                                               | 0   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 12  |
|                                                                                      | SUD:                                                                                                     | 42  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 7   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community               |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Good Hope Hospital

County: Harnett

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 202                                                                                  | MH:                                                                                                      | 201 | 2                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 181                                                                                  | MH:                                                                                                      | 181 | 3                                                                            | 3                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 3   |
|                                                                                      | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community               |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Halifax Regional Medical Center

County: Halifax

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 151                                                                 | MH:                                                                                                      | 151 | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 117                                                                 | MH:                                                                                                      | 117 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Holly Hill Hospital – Child/Adolescent Unit

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [December report submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 115                                                                 | MH:                                                                                                      | 114 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 623                                                                 | MH:                                                                                                      | 622 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Holly Hill Hospital – Adult Unit

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [December report submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 328                                                                                  | MH:                                                                                                      | 320 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 7   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |      | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1846                                                                                 | MH:                                                                                                      | 1642 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |      |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |      |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 204  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |      |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |      |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0    | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |      |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |      |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |      |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |      |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



# Johnston Memorial Hospital

County: Johnston

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| 323                                                                 | MH:                                                                                                      | 314                                                                          | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | 4                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | 3                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions    | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 339                                                                    | MH:                                                                                                      | 332 | 11                                                                           | 11                                                                                                                                          | Degree of Aggression                                                                                                               | 6   |
|                                                                        |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 2   |
|                                                                        |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 3   |
|                                                                        | SUD:                                                                                                     | 4   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                        |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                        |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                        | MH/IDD:                                                                                                  | 4   | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                        |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                        |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                        | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| ECT                                                                    |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Transferred to State Psychiatric Hospital                              |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Mission Health

County: Buncombe

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 429                                                                 | MH:                                                                                                      | 425 | 9                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 3   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Psychiatric/Behavioral Needs Beyond the Capability of This Facility                                      |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 553                                                                 | MH:                                                                                                      | 549 | 2                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 2   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Other Reason was not listed.                                                                             |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Monarch – SECU Youth Crisis Center FBC

County: Mecklenburg

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 8                                                                   | MH:                                                                                                      | 8 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 40                                                                  | MH:                                                                                                      | 40 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Monarch – SECU Youth Crisis Center NHMD

County: Mecklenburg

Facility Type: Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Monarch -Tanglewood Arbor FBC

County: Robeson

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1                                                                                    | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 1 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                                    | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Monarch – Tanglewood Arbor NHMD

County: Robeson

Facility Type: Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                                    | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

New Hanover Regional Medical Center

County: New Hanover

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 516                                                                 | MH:                                                                                                      | 428 | 5                                                                            | 5                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 5   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 6   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  |     | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Novant Health – Forsyth Medical Center-Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 104                                                                 | MH:                                                                                                      | 104 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



Novant Health – Forsyth Medical Center-Geriatric Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 30                                                                  | MH:                                                                                                      | 30 | 2                                                                            | 2                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 2   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Novant Health – Presbyterian Medical Center

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| 79                                                                  | MH:                                                                                                      | 72                                                                           | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | 5                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | 2                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 50                                                                  | MH:                                                                                                      | 50 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Novant Health – Presbyterian Medical Center-Adult Unit

County: Mecklenburg

Facility Type: Facility-Based Crisis

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 348                                                                                  | MH:                                                                                                      | 300 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 29  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 346                                                                 | MH:                                                                                                      | 235 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 2   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Novant Health – Rowan Medical Center-Lifeworks Unit

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions    | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| 401                                                                    | MH:                                                                                                      | 377                                                                          | 127                                                                                                                                         | 125                                                                                                                                | Degree of Aggression | 0   |
|                                                                        |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | 0   |
|                                                                        |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | 125 |
|                                                                        | SUD:                                                                                                     | 24                                                                           | 10                                                                                                                                          | 10                                                                                                                                 | Degree of Aggression | 0   |
|                                                                        |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | 0   |
|                                                                        |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | 10  |
|                                                                        | MH/IDD:                                                                                                  | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                        |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                        |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                        | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
| Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 358                                                                 | MH:                                                                                                      | 353 | 5                                                                            | 5                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 5   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 5   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Novant Health – Rowan Medical Center-Linn Geriatrics Unit

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 189                                                                 | MH:                                                                                                      | 186 | 34                                                                           | 34                                                                                                                                          | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 34  |
|                                                                     | SUD:                                                                                                     | 3   | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community (33-MH, 1-SUD)                    |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Psychiatric/Behavioral Needs Beyond the Capability of this Facility (1-MD)                               |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 118                                                                 | MH:                                                                                                      | 118 | 14                                                                           | 14                                                                                                                                          | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 14  |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community                                   |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Novant Health – Thomasville Medical Center

County: Davidson

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 72                                                                  | MH:                                                                                                      | 66 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Psychiatric/Behavioral Needs Beyond the Capability of This Facility                                      |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 73                                                                  | MH:                                                                                                      | 66 | 5                                                                            | 5                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 5   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Old Vineyard Behavioral Health – Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                                    | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019 [March-June reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 465                                                                                  | MH:                                                                                                      | 465 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Old Vineyard Behavioral Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019 [March-June reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 836                                                                 | MH:                                                                                                      | 836 | 2                                                                            | 2                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 2   |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Higher Level of Care                                                                                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Continued Care                                                                                           |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



# Old Vineyard Behavioral Health – Older Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| *                                                                                    | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019 [March-June reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 49                                                                                   | MH:                                                                                                      | 49 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Recovery Response Center – Vance

County: Vance

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 46                                                                                   | MH:                                                                                                      | 32 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 14 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019 [January-March, May-June reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 38                                                                                   | MH:                                                                                                      | 28 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 9  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0  | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# Rutherford Regional Hospital

County: Rutherford

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 115                                                                 | MH:                                                                                                      | 115 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 101                                                                 | MH:                                                                                                      | 101 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Southeastern Regional Medical Center

County: Robeson  
Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| 286                                                                 | MH:                                                                                                      | 129                                                                          | 7                                                                                                                                           | 7                                                                                                                                  | Degree of Aggression | 2   |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | 0   |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | 5   |
|                                                                     | SUD:                                                                                                     | 34                                                                           | 1                                                                                                                                           | 1                                                                                                                                  | Degree of Aggression | 1   |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | 0   |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | 0   |
|                                                                     | MH/IDD:                                                                                                  | 0                                                                            | N/A                                                                                                                                         | N/A                                                                                                                                | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
| Under 18 years of age                                               |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019 *[January-February reports submitted]*

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 148                                                                 | MH:                                                                                                      | 53 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 18 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

# St. Luke's Hospital

County: Polk  
Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| 44                                                                  | MH:                                                                                                      | 31                                                                           | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0                                                                            | 0                                                                                                                                           | 0                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 33                                                                  | MH:                                                                                                      | 33 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Strategic Behavioral Health – Leland-Child/Adolescent Unit

County: Brunswick

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 196                                                                 | MH:                                                                                                      | 188 | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 2   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 6   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 172                                                                 | MH:                                                                                                      | 168 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 3   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Strategic Behavioral Health – Leland-Geriatric Unit

County: Brunswick

Facility Type: Inpatient Hospital

July-December, 2018 [designated November 2018]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 19                                                                                   | MH:                                                                                                      | 17 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 75                                                                  | MH:                                                                                                      | 75 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

The Balsam Center for Hope and Recovery

County: Haywood

Facility Type: Facility-Based Crisis

July-December, 2018 [December report submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1                                                                                    | MH:                                                                                                      | 1 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 17                                                                                   | MH:                                                                                                      | 11 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                                      | SUD:                                                                                                     | 6  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Pscyhiatric Acuity                                                                   |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



# The Harbor

County: New Hanover

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |   | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 0                                                                   | MH:                                                                                                      | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |   |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Triangle Springs

County: Wake  
Facility Type: Inpatient Hospital

July-December, 2018 [designated December 2018]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 49                                                                                   | MH:                                                                                                      | 44 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 5  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 0  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 353                                                                                  | MH:                                                                                                      | 331 | 2                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 21  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 1   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

UNC at WakeBrook

County: Wake

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification & Inpatient Hospital

July 2018 – June 2019

| Total Number of Individuals Receiving Treatment Under IVC Petition | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petition |      | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |   |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---|
| 1215                                                               | MH:                                                                                                     | 1215 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | 0 |
|                                                                    |                                                                                                         |      |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0 |
|                                                                    |                                                                                                         |      |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0 |
|                                                                    | SUD:                                                                                                    | 0    | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | 0 |
|                                                                    |                                                                                                         |      |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0 |
|                                                                    |                                                                                                         |      |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0 |
|                                                                    | MH/IDD:                                                                                                 | 0    | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | 0 |
|                                                                    |                                                                                                         |      |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0 |
|                                                                    |                                                                                                         |      |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0 |
|                                                                    | Please list other reasons for referring individuals to a different facility/program:                    |      |                                                                              |                                                                                                                                             |                                                                                                                                    |   |
|                                                                    |                                                                                                         |      |                                                                              |                                                                                                                                             |                                                                                                                                    |   |

UNC Hospitals – Department of Psychiatry

County: Orange

Facility Type: Inpatient Hospital

July 2018 – June 2019

| Total Number of Individuals Receiving Treatment Under IVC Petition | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petition |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |   |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---|
| 716                                                                | MH:                                                                                                     | 711 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | 0 |
|                                                                    |                                                                                                         |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0 |
|                                                                    |                                                                                                         |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0 |
|                                                                    | SUD:                                                                                                    | 5   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | 0 |
|                                                                    |                                                                                                         |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0 |
|                                                                    |                                                                                                         |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0 |
|                                                                    | MH/IDD:                                                                                                 | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | 0 |
|                                                                    |                                                                                                         |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0 |
|                                                                    |                                                                                                         |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0 |
|                                                                    | Please list other reasons for referring individuals to a different facility/program:                    |     |                                                                              |                                                                                                                                             |                                                                                                                                    |   |
|                                                                    |                                                                                                         |     |                                                                              |                                                                                                                                             |                                                                                                                                    |   |

Veterans Affairs Medical Center – Fayetteville

County: Cumberland

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                                    | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                                      | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                                      | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019 [February-June reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 58                                                                                   | MH:                                                                                                      | 46 | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | SUD:                                                                                                     | 12 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                                      | MH/IDD:                                                                                                  | 0  | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                                      |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Vidant Beaufort Hospital

County: Beaufort

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 312                                                                 | MH:                                                                                                      | 312 | 3                                                                            | 3                                                                                                                                           | Degree of Aggression                                                                                                               | 1   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 2   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



# Vidant Duplin Hospital

County: Duplin

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 462                                                                 | MH:                                                                                                      | 459 | 6                                                                            | 6                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 6   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 3   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |



Vidant Medical Center

County: Pitt

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                                    | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                                      | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                                      | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 317                                                                                  | MH:                                                                                                      | 300 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                                      | SUD:                                                                                                     | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                                      | MH/IDD:                                                                                                  | 17  | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Other reason not listed                                                              |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Vidant Roanoke Chowan Hospital – Northside Behavioral Health

County: Hertford  
Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019 [January-April, June reports submitted]

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 349                                                                 | MH:                                                                                                      | 349 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0   | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Vidant Roanoke Chowan Hospital – Stepping Stone Senior Care

County: Hertford

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |                      |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----|
| *                                                                   | MH:                                                                                                      | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | SUD:                                                                                                     | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | MH/IDD:                                                                                                  | *                                                                            | *                                                                                                                                           | *                                                                                                                                  | Degree of Aggression | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Medical Acuity       | N/A |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    | Other                | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |
|                                                                     |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |                      |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 79                                                                  | MH:                                                                                                      | 79 | 1                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 0   |
|                                                                     | SUD:                                                                                                     | 0  | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

W. G. Hefner Veterans Affairs Medical Center

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions                  | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 76                                                                                   | MH:                                                                                                      | 58                                                                           | 29                                                                                                                                          | 10                                                                                                                                 |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               | 0   |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | 10  |
|                                                                                      | SUD:                                                                                                     | 12                                                                           | 3                                                                                                                                           | 2                                                                                                                                  |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               | 0   |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | 2   |
|                                                                                      | MH/IDD:                                                                                                  | 0                                                                            | N/A                                                                                                                                         | N/A                                                                                                                                |     |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Degree of Aggression                                                                                                               | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                                      |                                                                                                          |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
| Please list other reasons for referring individuals to a different facility/program: |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| MH: Reason given for ten referrals was need for ongoing treatment                    |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| SUD: Reason given for two referrals was need for ongoing treatment                   |                                                                                                          |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 110                                                                 | MH:                                                                                                      | 94 | 5                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 16 | 0                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 0  | N/A                                                                          | N/A                                                                                                                                         | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community                                   |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Wake Forest Baptist Health – Child/Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions    | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |    | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 63                                                                     | MH:                                                                                                      | 59 | 34                                                                           | 2                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                        |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                        |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                        | SUD:                                                                                                     | 1  | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                        |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                        |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                        | MH/IDD:                                                                                                  | 3  | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                        |                                                                                                          |    |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                        |                                                                                                          |    |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                        | Please list other reasons for referring individuals to a different facility/program:                     |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
| Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community |                                                                                                          |    |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 108                                                                 | MH:                                                                                                      | 102 | 23                                                                           | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | SUD:                                                                                                     | 1   | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 5   | 2                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

Wake Forest Baptist Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 231                                                                 | MH:                                                                                                      | 221 | 141                                                                          | 2                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 1   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 4   | 3                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 6   | 4                                                                            | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | MH: Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community                               |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | MH/IDD: no reason was given                                                                              |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions |     | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program |     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----|
| 283                                                                 | MH:                                                                                                      | 273 | 54                                                                           | 1                                                                                                                                           | Degree of Aggression                                                                                                               | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | 0   |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | 1   |
|                                                                     | SUD:                                                                                                     | 1   | 1                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | MH/IDD:                                                                                                  | 9   | 3                                                                            | 0                                                                                                                                           | Degree of Aggression                                                                                                               | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Medical Acuity                                                                                                                     | N/A |
|                                                                     |                                                                                                          |     |                                                                              |                                                                                                                                             | Other                                                                                                                              | N/A |
|                                                                     | Please list other reasons for referring individuals to a different facility/program:                     |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |
|                                                                     | No Substance Use Treatment Service Available at This Facility                                            |     |                                                                              |                                                                                                                                             |                                                                                                                                    |     |

## **Part B: Reports Not Submitted**

The following IVC-designated facilities did not submit any reports for FY2019. DHHS requested this data, as required by statute, from the facilities listed below. Written requests were made in the form of letters and memoranda in the months of April 2018, February 2019, March 2019, and July 2019.

Alamance Regional Medical Center  
CaroMont Health Center (2 units)  
Cone Health (2 units)  
Davis Regional Medical Center (2 units)  
Haywood Regional Medical Center  
Foothills Regional Treatment Center *[designated August 2018]*  
High Point Medical Center  
Margaret R. Pardee Memorial Hospital  
Neil Dobbins Center *[designated March 2019]*  
Park Ridge Health (2 units)  
Strategic Behavioral Health – Garner *[designated June 2019]*  
Wilson Medical Center *[designated October 2018]*  
Veterans Affairs Medical Center-Durham