

STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

October 13, 2023

SENT VIA ELECTRONIC MAIL

The Honorable Jim Burgin, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 620, Legislative Office Building Raleigh, NC 27603

The Honorable Larry Potts, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 307B1, 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 regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

Marke T. Smiles on behalf of Kody H. Kinsley

Kody H. Kinsley

DocuSigned by:

Secretary

cc: Mark Collins Theresa Matula Nathan Babcock Darryl Childers Joyce Jones Katherine Restrepo Francisco Celis Villagrana Melissa Roark Lisa Wilks Amy Jo Johnson Fred Aikens Marissa Doctrove Susie Camilleri Luke MacDonald Todd Barlow Tai Rochelle

WWW.NCDHHS.GOV TEL 919-855-4800 • FAX 919-715-4645

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ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

October 13, 2023

SENT VIA ELECTRONIC MAIL

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

Dear Director Matteson:

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 regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

--- DocuSigned by:

on behalf of Kody H. Kinsley Kody H. Kinsley

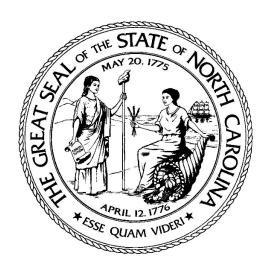
Secretary

cc: Mark Collins
Theresa Matula
Nathan Babcock
Darryl Childers

Joyce Jones Katherine Restrepo Francisco Celis Villagrana Melissa Roark Lisa Wilks Amy Jo Johnson Fred Aikens Marissa Doctrove Susie Camilleri Luke MacDonald Todd Barlow Tai Rochelle

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

NCGS §122C-294(b)



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 13, 2023

Introduction

G.S. §122C-255 mandates biannual reporting to the Division of Mental Health, Developmental Disabilities, and Substance Use Services ("Division") by certain facilities that provide care to people under involuntary commitment (IVC) orders. A facility is required to submit this report if it:

- 1. Falls under the category of nonhospital medical detoxification, facility-based crisis service, or inpatient hospital treatment;
- 2. Is not a State facility under the jurisdiction of the Secretary of Health and Human Services; and
- 3. 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.

Subject facilities must submit the following data on January 1 and July 1 of each year:

- (1) The number and primary presenting conditions of individuals receiving treatment from the facility under a petition of involuntary commitment.
- (1a) The transportation method utilized by individuals admitted under a petition of involuntary commitment to the 24-hour facility.
- (1b) The number of individuals moved to voluntary status at any time between arrival at the 24-hour facility and completion of the required 24-hour examination.
- (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.
- G.S. §122C-294, "Local plan and data submission", requires the following:
 - (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 of each year beginning in 2019 and any other time upon request.

There are 70 facilities covered by this reporting requirement for this reporting period. Of these 70, there were 25 that had at least two units designated that serve specific age groups, presenting conditions, or other specialized populations. Each facility with more than one unit submits reports per unit. Facilities that are approved to treat individuals under inpatient commitment through their licensed facility-based crisis and nonhospital medical detoxification services submit reports per service. The 70 reporting facilities include the following:

- o 38 Acute Care Hospitals / Medical Centers,
- o 9 Psychiatric Hospitals,
- o 12 Facility-Based Crisis (FBC) centers,
- o 1 Nonhospital Medical Detoxification (NHMD) center,

- o 6 Combination FBC/NHMD centers, and
- 4 Veterans Affairs Medical Centers.

The list of designated facilities is dynamic. Some facilities did not have a designation for the entire SFY 2022-23 fiscal year, and others closed due to staffing shortages or remodeling efforts. Where applicable, those closures are noted throughout the report. An up-to-date list of IVC-designated facilities can be found on the NCDHHS website.

Reports Submitted

This report covers the information provided by the IVC-designated facilities for SFY 2022-2023 and represents the information received for July-December of 2022 and for January-June of 2023, respectively.

The total reported number of IVC admissions for SFY 2022-2023 was 39,376. When added to the number of individuals for whom proceedings were initiated after voluntary admission, that total was 39,659. For people who encountered multiple involuntary admissions during this reporting period, each admission is included in those counts.

The Division has actively worked with facilities to improve consistency and uniformity in meeting reporting obligations under this section. For SFY22, the percentage of IVC-designated facilities reporting monthly was almost at 100%, with every facility submitting no less than ten (10) of twelve (12) reports. This year, that percentage has dropped to an average of slightly higher than 96% over the twelve-month timeframe. The Division continues to actively work with and support facilities to improve the consistency in meeting this obligation as well as the accuracy of the information that is submitted monthly.

Reports that do not cover the entire six-month period will be noted accordingly. An asterisk (*) appearing in a report is indicative of no reports being received for that entire six-month reporting period identified (or portion thereof). The Division looks forward to continuing to work with facilities to help them further demonstrate improved reporting in subsequent years.

Reports that have all zeros in the reporting blocks indicate that the facility submitted monthly reports but did not have any admissions of persons under IVC orders, nor did they begin IVC proceedings on individuals who were admitted voluntarily. Unless otherwise noted, the facility reportedly serves both males and females.

AdventHealth Hendersonville – Women's Behavioral Health Unit

County: Henderson

Facility Type: Inpatient Hospital

Population Served: Women 18 and older, also Eating and Nervous Disorders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ting Co Numb uals Pr	imary ondition, er of esenting ceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:		109	Law Enforcement	79	0	1	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	29	0				
				Contracted Transportation	0	0				
				Medical Unit	1	0				
				Other/Unknown	0	0			,	
	SUD:	[Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0		
109				Provider	0	0				110
TOJ				Walk-in / from ED	0	0				1 1 1 0
				Contracted Transportation	0	0				
				Medical Unit	0	0				
	/		******	Other/Unknown		0			la ca ca	
	MH/IDE): [Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
				Provider	0	0			Other 0	
					0					
				Walk-in / from ED Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
ease list other reasons for a	roforring	indivi		different facility/program:	J	ı				
cose ist other reasons for i	Creming		addis to d	anti-relatinty/program.						

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	94	Law Enforcement	69	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	25	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
94			Provider	0	0				ΩI
34			Walk-in / from ED	0	0				3 4
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	different facility/program:						

AdventHealth Hendersonville – Geriatric Behavioral Health Unit

County: Henderson

Facility Type: Inpatient Hospital

Population Served: Geriatric, 65 and older

July-December 2022 [Closed due to staffing shortages entire reporting period.]

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ach Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	_
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to	a different facility/program:						

January-June 2023 [Closed due to staffing shortages; officially closed unit 3/1/23.]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prima Presenting Condi the Number of Individuals Preser Under IVC Procee	f Transportation Method Ut f Individuals Presenting Un nting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
	MH: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
\sim		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				\cap
U		Walk-in / from ED	0	0				U
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
lease list other reasons for r	eferring individua							

Alamance Regional Medical Center

County: Alamance

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prima Presenting Cond the Number of Individuals Prese Under IVC Procee	ition, 1 of enting	Transportation Method Utili Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 19	94 Law	/ Enforcement	0	0	2	0	Degree of Aggression 0	
		EMS	S	0	9			Medical Acuity 0	
		Mob	bile Crisis Team	0	0			Other 0	
		Prov	vider	0	0				
		Wall	lk-in / from ED	194	10				
		Cont	tracted Transportation	0	0				
		Med	dical Unit	0	0				
		Othe	er/Unknown	0	0				
	SUD: 2	2 Law	/ Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	S	0	0			Medical Acuity 0	
		Mob	bile Crisis Team	0	0			Other 0	
196		Prov	vider	0	0				100
190		Wall	lk-in / from ED	2	0				198
		Cont	ntracted Transportation	0	0				
			dical Unit	0	0				
		Othe	er/Unknown	0	0				
	MH/IDD: C		/ Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS		0	0			Medical Acuity 0	
			bile Crisis Team	0	0			Other 0	
			vider	0	0				
			lk-in / from ED	0	0				
			ntracted Transportation	0	0				
			dical Unit	0	0				
			er/Unknown	0	0				
Please list other reasons for I	referring individua	ls to a diffe	erent facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Referrin Individuals, the Number of Individual That Were Referred to a Different Facility or Program	
	MH:	215	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	214	29				
			Contracted Transportation	0	0				
			Medical Unit	1	0				
			Other/Unknown	0	0				
	SUD:	9	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
224			Provider	0	0				224
ZZ4			Walk-in / from ED	9	2				ZZ4
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	eferring i	ndividuals to a	a different facility/program:						

Appalachian Regional Behavioral Healthcare

County: Avery

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, also Veterans focus, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presenti Under IVC Proceeding	n, Transportation Method Ut Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 107	Law Enforcement	107	3	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
107		Provider	0	0				107
TO/		Walk-in / from ED	0	0				10/
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0		I		
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit Other/Unknown	0	0				
llance list ather reasons for	roforning individuals	o a different facility/program:	U	· "				
rease list utiler reasons for t	ererniig muividuais i	о а интегенственну/program:						

MH:	ber of Individual eatment Under I
Mobile Crisis Team	
Provider	
Walk-in / from ED	
Contracted Transportation	
174 Medical Unit	
174 Other/Unknown	
174 SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0	
174 EMS 0 0 0 Mobile Crisis Team 0 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Medical Unit 0 0 0 Degree of Aggression 0 MH/IDD: 0 Law Enforcement 0 0 0 Medical Acuity 0 Degree of Aggression 0 Medical Acuity 0	
174 Mobile Crisi Team	
174 Provider	
Contracted Transportation	
Contracted Transportation	7/
Medical Unit	/4
Other/Unknown 0 0 MH/IDD: 0 Law Enforcement 0 0 0 Degree of Aggression 0 EMS 0 0 Medical Acuity 0	-
MH/IDD: 0 Law Enforcement 0 0 0 Degree of Aggression 0 EMS 0 0 Medical Acuity 0	
EMS 0 0 Medical Acuity 0	
Mohile Crisis Team 0 0 0	
Provider 0 0	
Walk-in / from ED 0 0	
Contracted Transportation 0 0	
Medical Unit 0 0	
Other/Unknown 0 0 lease list other reasons for referring individuals to a different facility/program:	

Asheboro Crisis Center

County: Randolph

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

MH: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0 Medical Aculty 0 Other / Unknown 0 0 Other / Unknown 0 Other / Unknown 0 Other / Unknown 0 Other / Unknown Other	Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider			EMS	0	0			Medical Acuity 0	
Walk-in / from ED			Mobile Crisis Team	0	0			Other 0	
Contracted Transportation			Provider	0	0				
Medical Unit			Walk-in / from ED	0	0				
Other/Unknown			Contracted Transportation	0	0				
SUD: 0			Medical Unit	0	0				
Mobile Crisis Team			Other/Unknown	0	0				
Mobile Crisis Team		SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider 0 0 0			EMS	0	0			Medical Acuity 0	
Walk-in / from ED			Mobile Crisis Team	0	0			Other 0	
Contracted Transportation	\cap		Provider	0	0				\cap
Medical Unit	U		Walk-in / from ED	0	0				U
Other/Unknown			Contracted Transportation	0	0				_
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Modical Acuty 0 Modical Acuty 0 Other 0 Valk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Tother Valknown 0 0 0				0	0				
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Provider 0 0 0 Walk-in / from ED 0 0 OCONTRACTED TRANSPORTATION 0 OOMERICAL DISTRICT OR OF THE MEDICAL DISTRICT OR OTHER MEDICAL DISTRIC			Other/Unknown	0	0				
Mobile Crisis Team		MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider 0 0 0 Walk-in / from ED 0 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0 Other/Unknown 0 0 0			EMS	0	0			Medical Acuity 0	
Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 Other/ Unknown 0 0			Mobile Crisis Team	0	0			Other 0	
Contracted Transportation 0 0				0	0				
Medical Unit			Walk-in / from ED	0	0				
Other/Unknown 0 0			Contracted Transportation	0	0				
lease list other reasons for referring individuals to a different facility/program:				0	0				
	Please list other reasons for I	referring individuals to a	different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
_		Mobile Crisis Team	0	0			Other 0	_
\cap		Provider	0	0				\cap
U		Walk-in / from ED	0	0				U
•		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				

Atrium Health Cabarrus

County: Cabarrus

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	21	Law Enforcement	1	0	3	1	Degree of Aggression 0	
			EMS	15	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	5	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
21			Provider	0	0				7 1
L			Walk-in / from ED	0	0				L 24
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, ober of Presenting	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	40	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	24	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	12	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
<i>1</i> 0			Provider	0	0				ΛN
40			Walk-in / from ED	0	0				40
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		I		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
ase list other reasons for	referring indi	viduals to a	different facility/program:						

Atrium Health Kings Mountain

County: Cleveland

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	437	Law Enforcement	143	37	2	1	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	33	8				
			Contracted Transportation	258	100				
			Medical Unit	0	0				
			Other/Unknown	3	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
437			Provider	0	0				439
43/			Walk-in / from ED	0	0				433
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes: Transportation method was r	not report	ed by receivi	ng staff.						

otal Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
	MH:	502	Law Enforcement	197	65	4	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	24	11				
			Contracted Transportation	281	103				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
502			Provider	0	0				506
DUZ			Walk-in / from ED	0	0				סטכ
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
ise list other reasons for r	eferring i	ndividuals to	a different facility/program:				·		

Atrium Health Stanly

County: Stanly

Facility Type: Inpatient Hospital

Population Served: Adults 18-65

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	175	Law Enforcement	16	0	0	0	Degree of Aggression 0	
			EMS	65	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	25	0				
			Contracted Transportation	69	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
175			Provider	0	0				175
T/J			Walk-in / from ED	0	0				1/ 3
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	. 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	210	Law Enforcement	21	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	32	0				
			Contracted Transportation	157	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
210			Provider	0	0				210
ZIU			Walk-in / from ED	0	0				Z 1 U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit Other/Unknown	0	0				
				U	U				
Please list other reasons for I	reterring ind	ividuals to a	a different facility/program:						

Brynn Marr Hospital – Child Inpatient Psychiatric Unit

County: Onslow

Facility Type: Inpatient Hospital (private)

Population Served: Children ages 5-12

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each I Presenting 0 the Num Individuals I Under IVC P	Condition, nber of Presenting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	80	Law Enforcement	80	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
$\circ \cap$			Provider	0	0				$\circ \circ$
OU			Walk-in / from ED	0	0				00
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	eferring indiv	viduals to a	different facility/program:						

MH: 86	eatment Under
Mobile Crisis Team	
Provider	
Walk-in / from ED	
Contracted Transportation	
Medical Unit	
Other/Unknown	
SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0	
86 EMS	
Mobile Crisis Team	
Provider	
Contracted Transportation 0 0	
Contracted Transportation 0 0	
Medical Unit 0 0 Other/Unknown 0 0 MH/IDD: 0 Law Enforcement 0 0 0 Degree of Aggression 0 EMS 0 0 Medical Acuity 0 0 Medical Acuity 0	סכ
Other/Unknown	
MH/IDD: 0 Law Enforcement 0 0 0 Degree of Aggression 0 EMS 0 0 Medical Acuity 0	
EMS 0 0 Medical Acuity 0	
Makila Cala Tana	
Mobile Crisis Team 0 0 Other 0	
Provider 0 0	
Walk-in / from ED 0 0	
Contracted Transportation 0 0	
Medical Unit 0 0	
Other/Unknown 0 0 asse list other reasons for referring individuals to a different facility/program:	

Brynn Marr Hospital – Adolescent Inpatient Psychiatric Unit

County: Onslow

Facility Type: Inpatient Hospital (private)

Population Served: Adolescents ages 13-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Ref Individuals, the Number of Indiv That Were Referred to a Differ Facility or Program	iduals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	339	Law Enforcement	339	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	.0	0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
339			Provider	0	0					339
333			Walk-in / from ED	0	0					JJ J
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0		T			
	MH/IDD:	0	Law Enforcement	0	0	0	0	-0 00	0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
Please list other reasons for	referring i	ndividuals to a	a different facility/program:							

Presenting Under IVC Proceedings	For Each P Presenting C the Num Individuals P Under IVC Pr	ondition, ber of resenting	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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:	322	Law Enforcement	322	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
322			Provider	0	0				322
JZZ			Walk-in / from ED	0	0				I SZZ
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		ı		4
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown different facility/program:	0	0				

Brynn Marr Hospital – Adult Inpatient Psychiatric Unit

County: Onslow

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of lals Presenting I'C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	207	Law Enforcement	207	0	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
207			Provider	0	0				200
ZU/			Walk-in / from ED	0	0				208
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to a	different facility/program:						

January-July 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	178	Law Enforcement	178	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
178			Provider	0	0				178
T/0			Walk-in / from ED	0	0				1/0
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program:						

Caiyalynn Burrell Child Crisis Center

County: Buncombe

Facility Type: Facility-Based Crisis

Population Served: Children and Adolescents ages 6-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	9	9	Degree of Aggression 9	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				9
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring i	individuals to a	a different facility/program:						
								 	

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement 0	0	4	4	Degree of Aggression 3	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 1	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	SUD: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
\cap		Provider 0	0				Λ
U		Walk-in / from ED 0	0				4
		Contracted Transportation 0	0				-
		Medical Unit 0	0				
		Other/Unknown 0	0				
	MH/IDD: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	•	s to a different facility/program:					
Individual was referred els	ewhere due to psychi	iatric acuity.					

Caldwell Memorial Hospital

County: Caldwell

Facility Type: Inpatient Hospital

Population Served: Adults ages 18-64

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presention the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	295	Law Enforcement	295	49	3	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
205			Provider	0	0				298
295			Walk-in / from ED	0	0				Z90
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring in	ndividuals to a	different facility/program:						'

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	h Primary g Condition, Imber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	301	Law Enforcement	301	45	5	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
201			Provider	0	0				206
301			Walk-in / from ED	0	0				306
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring inc	dividuals to a	different facility/program:						
•									

Cape Fear Valley Medical Center – Dorothea Dix Care Unit for Adolescents

County: Cumberland

Facility Type: Inpatient Hospital

Population Served: Adolescents 13-17, all genders

July-December 2022 [Designated September 1, 2022]

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	nch Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	44	Law Enforcement	32	0	0	0	Degree of Aggression 0	
			EMS	- 6	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	6	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
44			Provider	0	0				<i>1</i> <i>1</i>
44			Walk-in / from ED	0	0				44
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
	I		Other/Unknown	0	0				
Notes: Method of transportation to	the hospi	tal unknown f	or those listed as Other.						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 65	Law Enforcement	39	0	0	0	Degree of Aggression 0	
		EMS	2	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	2	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	22	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
65		Provider	0	0				65
כס		Walk-in / from ED	0	0				כס
• •		Contracted Transportation	0	0				•
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				

Cape Fear Valley Medical Center – Adult Inpatient Psychiatric Unit

County: Cumberland

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	323	Law Enforcement	142	0	3	1	Degree of Aggression 0	
			EMS	109	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 1	
			Provider	0	0				
			Walk-in / from ED	47	0				
			Contracted Transportation	1	0				
			Medical Unit	0	0				
			Other/Unknown	24	0				
	SUD:	9	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	5	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
333			Provider	0	0				336
222			Walk-in / from ED	2	0				330
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		<u> </u>	Other/Unknown	0	0				
	MH/IDD	: 1	Law Enforcement	1	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
	li i i i i i i i i i i i i i i i i i i		Other/Unknown	0	0				
Notes: Method of transportation to	hospital	unknown for t	hasa listad as Othor						
Individual referred to VA upo			nose nateu as Other.						
muividuai referred to VA upo	equest								
			,,		,				,

Total Number of Individuals Presenting Under IVC Proceedings	For Each F Presenting C the Num Individuals P Under IVC Pr	Condition, ber of Presenting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	347	Law Enforcement	156	0	0	0	Degree of Aggression 0	
			EMS	108	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	56	0				
			Contracted Transportation	1	0				
			Medical Unit	0	0				
			Other/Unknown	26	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
352			Provider	0	0				352
SSZ			Walk-in / from ED	0	0				3 32
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	3	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring indiv	riduals to a	different facility/program:						

Carolina Dunes Behavioral Health – Child Acute Unit

County: Brunswick

Facility Type: Inpatient Hospital (private)

Population Served: Children and Adolescents ages 5-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I	ach Primary ing Condition, Number of ials Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	233	Law Enforcement	233	9	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
233			Provider	0	0				233
L 255			Walk-in / from ED	0	0				L 255
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nui Individuals		Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	264	Law Enforcement	264	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
7 <i>C</i> /			Provider	0	0				264
264			Walk-in / from ED	0	0				Z04
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring ind	ividuals to a	different facility/program:						·

Carolina Dunes Behavioral Health – Geriatric Unit

County: Brunswick

Facility Type: Inpatient Hospital (private)

Population Served: Geriatric, 55 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presention the N	ch Primary ng Condition, lumber of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	174	Law Enforcement	174	2	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
174			Provider	0	0				174
1/4			Walk-in / from ED	0	0				L 1/4
- ' .			Contracted Transportation	0	0				_, ,
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring in	ndividuals to	a different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	156	Law Enforcement	156	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
156			Provider	0	0				156
TOO			Walk-in / from ED	0	0				TOO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown a different facility/program:	0	0				

CarolinaEast Medical Center

County: Craven

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	276	Law Enforcement	276	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
276			Provider	0	0				276
Z/D			Walk-in / from ED	0	0				_ Z/D
_, _			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	different facility/program:						

Presenting Under IVC Proceedings	For Each P Presenting Co the Numb Individuals Po Under IVC Pro	ondition, per of resenting	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
I	MH:	300	Law Enforcement	300	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		******	Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
300			Provider	0	0				300
300			Walk-in / from ED	0	0				300
			Contracted Transportation	0	0				
			Medical Unit	0	0				
	MH/IDD:		Other/Unknown	0	0	•	1 ^		
	MH/IDD:	0	Law Enforcement EMS	0	0	0	0	Degree of Aggression 0 Medical Acuity 0	
			Mobile Crisis Team	0	0			·	
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
ase list other reasons for re	eferring indivi	duals to a	different facility/program:						

Carolinas Medical Center-Charlotte – East Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 13-17, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	94	Law Enforcement	94	7	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
94			Provider	0	0				ΩI
J4			Walk-in / from ED	0	0				J4
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	reterring i	ndividuals to a	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVO
	MH:	100	Law Enforcement	100	11	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
$1 \cap \cap$			Provider	0	0				$1 \cap \cap$
100			Walk-in / from ED	0	0				100
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
ease list other reasons for r	eferring ir	idividuals to a	a different facility/program:						

Carolinas Medical Center-Charlotte – North Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	nch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	255	Law Enforcement	255	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	6	Law Enforcement	6	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
	289		Mobile Crisis Team	0	0			Other 0	
ാ ററ			Provider	0	0				289
Z03			Walk-in / from ED	0	0				ZOJ
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	28	Law Enforcement	28	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	cch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	315	Law Enforcement	315	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
344			Provider	0	0				344
344			Walk-in / from ED	0	0) 344
•			Contracted Transportation	0	0				•
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	29	Law Enforcement	29	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program:			·	·		

$Carolinas\ Health Care\ System-Charlotte-South\ Unit$

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ach Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	184	Law Enforcement	184	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	2	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
196			Provider	0	0				196
TAO			Walk-in / from ED	0	0				190
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	10	Law Enforcement	10	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	each Primary ting Condition, Number of uals Presenting VC Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	180	Law Enforcement	180	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
197			Provider	0	0				197
197			Walk-in / from ED	0	0				19/
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD): 17	Law Enforcement	17	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to a	different facility/program:						
									a a

Carolinas Medical Center-Davidson – Fraser Fir Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	nch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	360	Law Enforcement	57	23	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	303	130				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
ったり			Provider	0	0				260
360			Walk-in / from ED	0	0				360
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program:						

	Individu	ing Condition, Number of als Presenting 'C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	331	Law Enforcement	88	29	0	0	Degree of Aggression 0	
			EMS	3	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	240	107				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
331			Provider	0	0				331
22T			Walk-in / from ED	0	0				22T
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for re	eferring i	individuals to	a different facility/program:						

Carolinas Medical Center-Davidson – Mountain Laurel Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	298	Law Enforcement	148	61	0	0	Degree of Aggression 0	
			EMS	5	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	145	61				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
298			Provider	0	0				298
Z J O			Walk-in / from ED	0	0				230
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	reterring i	individuals to a	a different facility/program:			·			

Presenting Under IVC Proceedings	the No	th Primary og Condition, umber of Is Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	261	Law Enforcement	99	34	0	0	Degree of Aggression 0	
			EMS	8	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	154	54				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
261			Provider	0	0				261
ZOI			Walk-in / from ED	0	0				_ ZOI
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring in	dividuals to	a different facility/program:						

Carolinas Medical Center-Davidson – River Birch Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prim Presenting Cond the Number Individuals Prese Under IVC Proce	dition, of enting	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 3	25	Law Enforcement	59	20	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	266	110				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
326			Provider	0	0				326
320			Walk-in / from ED	0	0				320
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		l		
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	roforring individu			U	0				
riease list other reasons for i	rererring individu	ais to a	unterent racility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	nch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	275	Law Enforcement	58	15	1	0	Degree of Aggression 0	
			EMS	7	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	210	45				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
275			Provider	0	0				276
Z/ 3			Walk-in / from ED	0	0				Z/O
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring i	ndividuals to a	different facility/program:						

CaroMont Regional Medical Center - Child and Adolescent Psychiatric Unit

County: Gaston

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 7-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Pri Presenting Co the Numb Individuals Pro Under IVC Pro	ondition, er of esenting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	29	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	29	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
20			Provider	0	0				20
25			Walk-in / from ED	0	0				Z9
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		**********	Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring individ	duals to a	different facility/program:						

	the Num ndividuals P Inder IVC Pr	resenting	Transportation Method Uti Individuals Presenting Und Proceedings		Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
M	IH:	20	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	20	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
SU	JD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
つへ 📗			Provider	0	0				つへ
ZU 🛭			Walk-in / from ED	0	0				ZU
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
M	IH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
ase list other reasons for refe			Other/Unknown	0	0				

CaroMont Regional Medical Center – Adult Psychiatric Unit

County: Gaston

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presenti Under IVC Proceeding	n, Transportation Method Ut Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 277	Law Enforcement	0	0	4	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	275	0				
		Contracted Transportation	0	0				
		Medical Unit	2	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
777		Provider	0	0				201
277		Walk-in / from ED	0	0				281
- ' '		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for I	eferring individuals	o a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prin Presenting Con the Numbe Individuals Pres Under IVC Proce	dition, r of senting	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	260	Law Enforcement	0	0	5	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	260	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
260			Provider	0	0				265
200			Walk-in / from ED	0	0				203
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring individu	uals to a	different facility/program:						

Catawba Valley Medical Center – Adult Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	Each Primary ting Condition Number of uals Presentin VC Proceeding	Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	49	Law Enforcement	30	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	19	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	22	Law Enforcement	10	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
71			Provider	0	0				71
71			Walk-in / from ED	12	0				/ <u> </u>
			Contracted Transportation	0	0				· -
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDE	D: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to	a different facility/program:						

Presenting Under IVC Proceedings	the Nu Individuals	g Condition, mber of Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
N	ИH:	80	Law Enforcement	39	6	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	41	1				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
SI	UD:	10	Law Enforcement	5	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				വ
9 0			Walk-in / from ED	5	0				72
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
N	ИН/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown different facility/program:	0	0				

Catawba Valley Medical Center – Geriatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ring Condition, Number of Julis Presenting JC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	20	Law Enforcement	11	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	9	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	5	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
25			Provider	0	0				75
23			Walk-in / from ED	4	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		-	T	
	MH/IDD): 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation Medical Unit	0					
			Other/Unknown	0	0				
Please list other reasons for I	roforring	individuals to		J	0				
rease instruction reasons for t	referring	individuals to a	a different facility/program:						

MH: 26 Law Enforcement 7 0 0 0 Degree of Aggression 0	otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH: 26	Law Enforcement	7	0	0	0	Degree of Aggression 0	
Provider			EMS	0	0			Medical Acuity 0	
Walk-in / from ED 19			Mobile Crisis Team	0	0			Other 0	
Contracted Transportation			Provider	0	0				
Medical Unit			Walk-in / from ED	19	0				
Other/Unknown			Contracted Transportation	0	0				
SUD: 2 Law Enforcement 1 0 0 0 Degree of Aggression 0			Medical Unit	0	0				
EMS			Other/Unknown	0	0				
Mobile Crisis Team		SUD: 2	Law Enforcement	1	0	0	0	Degree of Aggression 0	
Provider			EMS	0	0			Medical Acuity 0	
Contracted Transportation O O Medical Unit O O O O O O O O O			Mobile Crisis Team	0	0			Other 0	
Contracted Transportation O O Medical Unit O O O O O O O O O	၁၀		Provider	0	0				20
Medical Unit	Z0		Walk-in / from ED	1	0				Z0
Other/Unknown				0	0				
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0 Medical Transportation 0 0 0 Medical Unit 0 0 0 Other 0									
EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0 Other/ Unknown 0 0 0			Other/Unknown	0	0				
Mobile Crisis Team 0 0 Provider 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 Other/Unknown 0 0		MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider 0 0 0 Walk-in / from ED 0 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0 Other/Unknown 0 0			EMS	0	0			Medical Acuity 0	
Walk-in / from ED 0 0 Contracted Transportation 0 0 Metical Unitin 0 0 Other/Unknown 0 0					0			Other 0	
Contracted Transportation			Provider	0	0				
Medical Unit 0 0 Other/Unknown 0 0									
Other/Unknown 0 0									
					·				
				0	0				

Catawba Valley Medical Center – Adult Psychiatric Intensive Care Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Condition, Number of lals Presenting /C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	67	Law Enforcement	20	1	3	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	47	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	46	Law Enforcement	8	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
113			Provider	0	0				116
TTO			Walk-in / from ED	38	1				T T D
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to a	different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	For Each I Presenting (the Num Individuals F Under IVC Pr	Condition, ber of Presenting	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	92	Law Enforcement	33	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	59	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	27	Law Enforcement	- 6	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
119			Provider	0	0				119
$\mathbf{L}\mathbf{L}\mathcal{J}$			Walk-in / from ED	21	0				$\perp \perp \supset$
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0	_		I	
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation Medical Unit	0	0				
			Other/Unknown	0	0				
!!-> ->			different facility/program:	- 0	, J				

$Catawba\ Valley\ Medical\ Center-Medical-Psychiatric\ Unit$

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, also comorbid conditions

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	20	Law Enforcement	4	1	3	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	16	1				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	8	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
20			Provider	0	0				21
28			Walk-in / from ED	7	0				21
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	different facility/program:						
1									

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	20	Law Enforcement	9	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	11	1				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	8	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
28			Provider	0	0				70
ZO			Walk-in / from ED	7	0				_ ZO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	. 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program:						

Charles George Veterans Affairs Medical Center

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	27	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	26	1				
			Contracted Transportation	0	0				
			Medical Unit	1	0				
			Other/Unknown	0	0				
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0		
28			Provider	0	0				70
20			Walk-in / from ED	1	0				_ ZO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	eferring i	individuals to a	different facility/program:						
									ļ
			,						

MH: 17	0 0 0 0	0	0		
Mobile Crisis Team 0	0		,	Degree of Aggression 0	
Provider	0			Medical Acuity 0	
Walk-in / from ED 15				Other 0	
Contracted Transportation 0	0				
Medical Unit 0 O O O O O O O O O					
Other/Unknown 0 SUD: 1 Law Enforcement 0 EMS 0	0				
SUD: 1 Law Enforcement 0 EMS 0	0				
EMS 0	0				
000000000000000000000000000000000000000	0	0	0	Degree of Aggression 0	
	0			Medical Acuity 0	
Mobile Crisis Team 0	0			Other 0	
18 Provider 0 Walk-in / from ED 1	0				10
Walk-in / from ED 1	0				10
Contracted Transportation 0	0				
Medical Unit 0	0				
Other/Unknown 0	0				
MH/IDD: 0 Law Enforcement 0	0	0		Degree of Aggression 0	
EMS 0	0			Medical Acuity 0	
Mobile Crisis Team 0	0			Other 0	
Provider 0	0				
Walk-in / from ED 0	0				
Contracted Transportation 0	0				
Medical Unit 0	0				
Other/Unknown 0	0				
Please list other reasons for referring individuals to a different facility/program:					

Child Facility-Based Crisis of Richmond

County: Richmond

Facility Type: Facility-Based Crisis

Population Served: Children and Adolescents ages 6-17

July-December 2022 [designated November 29, 2022]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	
			Provider	*	*				
			Walk-in / from ED	*	*				
			Private Transportation	*	*				
			Medical Unit	*	*				
			Other/Unknown	*	*				
	SUD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
_			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	_
*			Provider	*	*				*
•			Walk-in / from ED	*	*				
			Private Transportation	*	*				
			Medical Unit	*	*				
			Other/Unknown	*	*				
	MH/IDD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	
			Provider	*	*				
			Walk-in / from ED	*	*				
			Private Transportation	*	*				
			Medical Unit	*	*				
			Other/Unknown	*	*				
Please list other reasons for a	eferring inc	dividuals to a	different facility/program	:					

MH: 0 Law Enforcement 0 0 1 1 Degree of Aggression 1 Medical Acuity 0 Other 0 Other 0 Other 0 Other 0 Other Other	Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method Undividuals Presenting Undividuals Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	0	Law Enforcement	0	0	1	1	Degree of Aggression 1	
Provider					0	0			Medical Acuity 0	
Walk-in / from ED						·			Other 0	
Private Transportation					0	0				
Medical Unit				(0	0				
Other/Unknown					0					
SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0						· ·				
EMS				Other/Unknown	0	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0		
Provider				1	0	0			Medical Acuity 0	
Walk-in / from ED					0	0			Other 0	_
Private Transportation 0 0 0	Λ			(0	0				1
Medical Unit	U			Walk-in / from ED	0	0				L
Other/Unknown				·	0	0				_
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0						· · · · · · · · · · · · · · · · · · ·				
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Provider 0 0 0 Walk-in / from ED Private Transportation 0 0 Medical Unit 0 0 Other/Unknown 0 0 O				Other/Unknown	0	0				
Mobile Crisis Team		MH/IDD:	0				0	0		
Provider 0 0 0 Walk-in / from ED 0 0 0 Private Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0				1		0			·	
Walk-in / from ED 0 0 Private Transportation 0 0 Medical Unit 0 0 Other/Unknown 0 0									Other 0	
Private Transportation 0 0 Medical Unit 0 0 Other/Unknown 0 0					0	0				
Medical Unit										
Other/Unknown 0 0				·		•				
ease list other reasons for referring individuals to a different facility/program:						0				
	ease list other reasons for r	eferring ind	lividuals to a	a different facility/program	1:					

Cleveland Crisis Recovery Center

County: Cleveland

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 7	Law Enforcement	7	0	1	1	Degree of Aggression 1	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 2	Law Enforcement	2	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
0		Provider	0	0				10
9		Walk-in / from ED	0	0				TO
_		Contracte Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for r	referring individuals to a	a different facility/program:						

MH: 17 Law Enforcement 17 0 0 0 0 Degree of Aggression 0	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team	
Provider 0 0 0	
Walk-in / from ED	
Contracted Transportation	
Medical Unit	
Other/Unknown	
SUD: 3 Law Enforcement 3 0 0 0 Degree of Aggression 0	
EMS	
Mobile Crisis Team 0 0 0 OTHER	
Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0	
Walk-in / from ED	
Contracted Transportation	20
Medical Unit 0 0 Other/Unknown 0 0	l ZU
Other/Unknown 0 0	
MH/IDD: 0 Law Enforcement 0 0 0 Degree of Aggression 0	
EMS 0 0 Medical Acuity 0	
Mobile Crisis Team 0 0 Other 0	
Provider 0 0	
Walk-in / from ED 0 0	
Contracted Transportation 0 0	
Medical Unit 0 0	
Other/Unknown 0 0 ase list other reasons for referring individuals to a different facility/program:	

Coastal Plain Hospital (Nash UNC Health Care)

County: Nash

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, imber of s Presenting Proceedings	Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	471	Law Enforcement	471	103	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	17	Law Enforcement	17	1	0	0	Degree of Aggression 0	
489			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				489
403			Walk-in / from ED	0	0				403
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring inc	dividuals to a	a different facility/program:						
İ									
i									

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	430	Law Enforcement	430	72	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	13	Law Enforcement	13	0	0	0	Degree of Aggression 0	
444			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				444
444			Walk-in / from ED	0	0				444
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	different facility/program:						

Cone Health – Child/Adolescent Unit

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 12-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of ials Presenting /C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	68	Law Enforcement	67	34	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
68			Provider	0	0				70
OO			Walk-in / from ED	0	0				///
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for i	referring i	individuals to a	different facility/program:						
1									
İ									

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, Jumber of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	83	Law Enforcement	82	57	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	1				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
83			Provider	0	0				85
00			Walk-in / from ED	0	0				00
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring i	ndividuals to	a different facility/program:						

Cone Health – Adult Unit

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I	ach Primary ing Condition, Number of ials Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	235	Law Enforcement	233	21	11	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	2	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	18	Law Enforcement	18	2	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
253			Provider	0	0				265
L 235			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to	a different facility/program:						
		_						·	

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	245	Law Enforcement	245	61	16	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	18	Law Enforcement	18	5	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
263			Provider	0	0				280
_ Z			Walk-in / from ED	0	0				ZOU
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring i	ndividuals to a	a different facility/program:						

Davis Regional Medical Center – Delta Adult Service

County: Iredell

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	236	Law Enforcement	188	94	0	0	Degree of Aggression 0	
			EMS	8	4			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	40	13				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
236			Provider	0	0				236
230			Walk-in / from ED	0	0				230
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
ol Produce			Other/Unknown	0	0				
Please list other reasons for I	reterring in	dividuals to a	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Condition, Number of ials Presenting /C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	238	Law Enforcement	238	135	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
238			Provider	0	0				238
230			Walk-in / from ED	0	0				230
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to a	different facility/program:						

Davis Regional Medical Center – Delta DDU Service

County: Iredell

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of lals Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	219	Law Enforcement	167	85	0	0	Degree of Aggression 0	
			EMS	3	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	49	20				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
219			Provider	0	0				219
L Z 1 9			Walk-in / from ED	0	0				219
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	a different facility/program:						
<u>l</u>									

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	223	Law Enforcement	223	157	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
222			Provider	0	0				222
223			Walk-in / from ED	0	0				223
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring i	ndividuals to a	different facility/program:						

Davis Regional Medical Center – Traditions Geriatric Service

County: Iredell

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I	ach Primary ing Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	68	Law Enforcement	48	26	0	0	Degree of Aggression 0	
			EMS	5	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	15	3				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
68			Provider	0	0				60
00			Walk-in / from ED	0	0				00
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to a	a different facility/program:			·	·		

otal Number of Individuals Presenting Under IVC Proceedings	For Each Prima Presenting Condi the Number of Individuals Prese Under IVC Procee	Transportation Method Ut of Individuals Presenting Un nting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 89	Law Enforcement	89	30	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0		0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
QQ		Provider	0	0				QQ
03		Walk-in / from ED	0	0				03
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0	-		-	
	MH/IDD: 0		0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit Other/Unknown	0	0				
		Is to a different facility/program:		1 0	************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Daymark Recovery C.R.C. Statesville

County: Iredell

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of lals Presenting /C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
lack			Provider	0	0				lack
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				•
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring i	individuals to a	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, nber of Presenting	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	_
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring ind	viduals to a	different facility/program:						

Daymark Recovery Services: Davidson Crisis Center

County: Davidson

Facility Type: Facility-Based Crisis

Population Served: Adults 18-65, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primal Presenting Condit the Number o Individuals Preser Under IVC Proceed	ion, Transportation Method U Individuals Presenting U ting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	_
\cap		Provider	0	0				\cap
U		Walk-in / from ED	0	0				l U
•		Contracted Transportation	0	0				•
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for r	referring individual	s to a different facility/program:			·			

Total Number of Individuals Presenting Under IVC Proceedings	For Each Pring Presenting Cor the Number Individuals Presented Under IVC Processing	ndition, er of esenting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	_
Λ			Provider	0	0				Λ
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring individ	uals to a	different facility/program:						

Daymark Recovery Services: Facility Based Crisis of Cabarrus

County: Cabarrus

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting 'C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	_
Λ			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	individuals to a	a different facility/program:			·	·		

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
Λ			Provider	0	0				\cap
U			Walk-in / from ED	0	0				0
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring in	dividuals to a	a different facility/program:			·			

Dix Crisis Center

County: Onslow

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022 [July report not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	85	Law Enforcement	85	53	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	_
85			Provider	0	0				85
כס			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	81	Law Enforcement	81	60	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
81			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				Qn
ОТ			Walk-in / from ED	0	0				02
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown different facility/program:	0	0				

Dix Crisis Center

County: Onslow

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

July-December 2022 [July report not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individ	ting C Numl uals P	rimary condition, ber of resenting oceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:		0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
	SUD:		65	Law Enforcement	65	58	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
65				Provider	0	0				65
כס				Walk-in / from ED	0	0				כס
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
	MH/IDI	D:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
Please list other reasons for I	referring	indivi	iduals to	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Pring Presenting Conthe Number Individuals Presenting Under IVC Processions	r of senting	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		*********	Other/Unknown	0	0				
	SUD:		Law Enforcement	56	44	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
56			Provider	0	0				L 57
J U			Walk-in / from ED	0	0) J
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	U	0				
lease list other reasons for I	referring individi	uais to a	different facility/program:						

Duke Regional Hospital

County: Durham

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition Number of als Presenting C Proceeding	Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	283	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	227	3				
			Contracted Transportation	0	0				
			Medical Unit	56	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0		
283			Provider	0	0				283
200			Walk-in / from ED	0	0				ZOO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to	a different facility/program:						

MH: 258 Law Enforcement 0 0 0 0 Degree of Aggression 0	Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	258	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Walk-in / from ED 214 0				Mobile Crisis Team	0	0			Other 0	
Contracted Transportation 0 0 0 Medical Unit 44 0 0 0 0 0 0 0				Provider	0	0				
Medical Unit				Walk-in / from ED	214	0				
Other/Unknown				Contracted Transportation	0	0				
SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0					44	0				
EMS				Other/Unknown	0	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Contracted Transportation					0				Other 0	
Contracted Transportation	750									750
Medical Unit	230				0	0				230
Other/Unknown					_					
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Provider 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0										
EMS 0 0 0					0					
Mobile Crisis Team 0 0 Provider 0 0 Walls-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0		MH/IDD:			0		0	0		
Provider									Medical Acuity 0	
Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0									Other 0	
Contracted Transportation										
Medical Unit 0 0										
				· · · · · · · · · · · · · · · · · · ·						
Other/Unknown 0 0										
lease list other reasons for referring individuals to a different facility/program:					0	0				

Durham Recovery Response Center

County: Durham

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting 'C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	26	Law Enforcement	26	7	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
20			Provider	0	0				20
38			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	: 12	Law Enforcement	12	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVO
	MH:	33	Law Enforcement	33	20	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
EO			Provider	0	0				ГΛ
59			Walk-in / from ED	0	0				79
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	26	Law Enforcement	26	13	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				

Durham Recovery Response Center

County: Durham

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0		
			Mobile Crisis Team	0	0			Other 0	_
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation Medical Unit	0	0				
			Other/Unknown	0	0				
lanca list ather reasons for	oforma-	one iliidiidiidiidiidiidiidiidiidiidiidiidii	different facility/program:	U	U				
icase iist utilei reasufis für f	erennig i	muiviuudis to a	i uniterent racinty/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Condition, Number of uals Presenting /C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_		Mobile Crisis Team	0	0			Other 0		
\cap	\cap		Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD): 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring	individuals to	a different facility/program:			·	·		

ECU Health Medical Center – Adult Psychiatric Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting IC Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	181	Law Enforcement	21	0	0	0	Degree of Aggression 0	
			EMS	25	0			Medical Acuity 0	
			Mobile Crisis Team	2	0			Other 0	
			Provider	6	0				
			Walk-in / from ED	95	0				
			Contracted Transportation	12	0				
			Medical Unit	17	0				
			Other/Unknown	3	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
181			Provider	0	0				181
TOT			Walk-in / from ED	0	0				TOT
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes:									
*Documentation was unclea	r as to me	eans of arrival	to our facility.						

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of lals Presenting /C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	174	Law Enforcement	12	0	0	0	Degree of Aggression 0	
			EMS	6	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	142	0				
			Contracted Transportation	0	0				
			Medical Unit	13	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
174			Provider	0	0				174
1/4			Walk-in / from ED	0	0				1 1/4
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	a different facility/program:			·			

ECU Health Medical Center – Geropsychiatric/Psychiatric Medical Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Geriatric, 65 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	nch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	71	Law Enforcement	5	0	0	0	Degree of Aggression 0	
			EMS	10	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	3	0				
			Walk-in / from ED	27	0				
			Contracted Transportation	6	0				
			Medical Unit	17	0				
			Other/Unknown	3	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
71			Provider	0	0				71
/ L			Walk-in / from ED	0	0				/
· —			Contracted Transportation	0	0				_
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes:									
*Documentation was unclear	r as to me	ans of arrival	to our facility.						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primal Presenting Condit the Number o Individuals Preser Under IVC Proceed	ion, Transportation Method f Individuals Presenting ting Proceedings	Under IVC	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 60	Law Enforcement	6	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	30	0				
		Contracted Transportation		0				
		Medical Unit	24	0				
		Other/Unknown	0	0				
	SUD: 0		0	0	0		Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
CO		Mobile Crisis Team	0	0			Other 0	
60		Provider	0	0				60
UU		Walk-in / from ED	0	0				UU
		Contracted Transportation		0				
		Medical Unit	0	0				
		Other/Unknown	0	0		ı		
	MH/IDD: 0		0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation		0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
lease list other reasons for r	referring individual	s to a different facility/program:						

ECU Health Medical Center – Acute Psychiatric Intensive Care Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, umber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	19	Law Enforcement	5	0	0	0	Degree of Aggression 0	
			EMS	3	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	10	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	1	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
19			Provider	0	0				10
19			Walk-in / from ED	0	0				19
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes: *Documentation was unclear	as to me	ans of arrival	to our facility.						

MH: 21	Fotal Number of Individuals Presenting Under IVC Proceedings	Presen the Individ	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings WH: 21		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
Mobile Crisis Team		MH:		21	Law Enforcement	8	0	0	0	Degree of Aggression 0	
Provider					EMS	1	0			Medical Acuity 0	
Walk-in / from ED 6 0					Mobile Crisis Team	0	0			Other 0	
Contracted Transportation					Provider	0	0				
Medical Unit 6					Walk-in / from ED	6	0				
Other/Unknown					Contracted Transportation	0	0				
21 SUD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 Medical Acuity 0 Other				Medical Unit	6	0					
EMS					Other/Unknown	0	0				
Mobile Crisis Team		SUD:		0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
21 Provider	21				EMS	0	0			Medical Acuity 0	
Walk-in / from ED					Mobile Crisis Team	0	0			Other 0	
Contracted Transportation 0 0					Provider	0	0				71
Medical Unit					Walk-in / from ED	0	0				Z I
Other/Unknown					Contracted Transportation	0	0				
MH/IDD: 0 Law Enforcement 0 0 0 Degree of Aggression 0 EMS 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 Other 0 Provider 0 0 Other 0					Medical Unit	0	0				
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 Other 0					Other/Unknown	0	0				
Mobile Crisis Team 0 0 Other 0 Provider 0		MH/IDI	D:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider 0 0					EMS	0	0			Medical Acuity 0	
					Mobile Crisis Team	0	0			Other 0	
							0				
Walk-in / from ED 0 0					Walk-in / from ED	0	0				
Contracted Transportation 0 0					Contracted Transportation	0	0				
Medical Unit 0 0						0	0				
Other/Unknown 0 0 0 se list other reasons for referring individuals to a different facility/program:						0	0				

ECU Health Medical Center – MI/IDD Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, Dually diagnosed

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	6	Law Enforcement	3	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	1	0				
			Medical Unit	0	0				
			Other/Unknown	2	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
2/			Provider	0	0) 2 /1
34			Walk-in / from ED	0	0				34
•			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	28	Law Enforcement	7	0	0	0	Degree of Aggression 0	
			EMS	3	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	3	0				
			Walk-in / from ED	13	0				
			Contracted Transportation	2	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes:									
*Documentation was unclear	r as to me	ans of arrival	to our facility.						

Total Number of Individuals Presenting Under IVC Proceedings	Presenthe the Individ	Numbe	ndition,	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:		28	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	28	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
	SUD:		0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
62				Mobile Crisis Team	0	0	_		Other 0	
				Provider	0	0				62
DZ				Walk-in / from ED	0	0				DZ
				Contracted Transportation	0	0				—
				Medical Unit	0	0				
				Other/Unknown	0	0				
	MH/IDE):	34	Law Enforcement	5	0	0	0	Degree of Aggression 0	
				EMS	2	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	25	0				
				Contracted Transportation	0	0				
				Medical Unit	2	0				
				Other/Unknown	0	0				
Please list other reasons for r	eferring	individ	luals to a	different facility/program:				·		

Fayetteville NC Coastal Health Care System (Fayetteville VAMC)

County: Cumberland

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primar Presenting Condit the Number of Individuals Presen Under IVC Proceed	ion, Transportation Method Unit Individuals Presenting Unit Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 63	Law Enforcement	1	0	2	1	Degree of Aggression 0	
		EMS	42	9			Medical Acuity 1	
		Mobile Crisis Team	0	0			Other 0	
		Provider	1	0				
		Walk-in / from ED	19	2				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
75		Provider	0	0				70
75		Walk-in / from ED	0	2				/ 0
,		Contracted Transportation	0	0				, ,
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 12	Law Enforcement	0	0	1	1	Degree of Aggression 0	
		EMS	7	1			Medical Acuity 1	
		Mobile Crisis Team	0	0			Other 0	
		Provider	1	0				
		Walk-in / from ED	4	1				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for I	referring individual	to a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prin Presenting Con the Number Individuals Pres Under IVC Proce	dition, of enting	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	45	Law Enforcement	3	1	0	0	Degree of Aggression 0	
			EMS	26	8			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	14	0				
			Contracted Transportation	0	0				
			Medical Unit	2	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
50			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				51
20			Walk-in / from ED	0	0				\supset \perp
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	1	1	Degree of Aggression 0	
			EMS	3	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
lease list other reasons for	referring individu	als to a	different facility/program:						

FirstHealth Moore Regional Hospital

County: Moore

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	295	Law Enforcement	144	32	7	0	Degree of Aggression 0	
			EMS	2	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	147	32				
			Contracted Transportation	0	0				
			Medical Unit	2	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
295			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				202
290			Walk-in / from ED	0	0				302
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	different facility/program:						

MH: 366 Law Enforcement 144 28 2 0 Degree of Aggression 0	otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH: 366	Law Enforcement	144	28	2	0	Degree of Aggression 0	
Provider			EMS	0	0			Medical Acuity 0	
Walk-in / from ED 222 4			Mobile Crisis Team	0	0			Other 0	
Contracted Transportation O O O Medical Unit O O O O O Degree of Aggression O O O O O O O O O					0				
Medical Unit			Walk-in / from ED	222	4				
SUD: O Law Enforcement O O O O Degree of Aggression O Medical Acuity O O O O O O O O O				0	0				
SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0									
## EMS				_					
Mobile Crisis Team		SUD: 0				0	0		
Provider 0 0 0			· · · · · · · · · · · · · · · · · · ·	_				·	
Contracted Transportation 0 0 0								Other 0	
Contracted Transportation 0 0									368
Medical Unit	200		· · · · · · · · · · · · · · · · · · ·						200
Other/Unknown			·						
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0									
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0							_	I	
Mobile Crisis Team		MH/IDD: U				0	0		
Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 Other/Unknown 0 0									
Walk-in / from ED								Otner U	
Contracted Transportation 0 0									
Medical Unit									
Other/Unknown 0 0									
to the second to	ease list other reasons for r	referring individuals to							
	case list other reasons for r	ererning marviduals to	a uniterent racinty/program.						

Frye Regional Medical Center – General Adult Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, MI

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I	ach Primary ing Condition, Number of lals Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	26	Law Enforcement	26	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
) (Provider	0	0				26
26			Walk-in / from ED	0	0				_ ZD
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals to	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
•			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	eferring inc	dividuals to a	a different facility/program:						

Frye Regional Medical Center – General Adult Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, MI/SU

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	nch Primary ng Condition Number of als Presentin C Proceeding	Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	108	Law Enforcement	108	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
108			Provider	0	0				108
TOO			Walk-in / from ED	0	0				TUO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Individuals, the Number of That Were Referred to a Facility or Program	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	130	Law Enforcement	130	0	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	SUD:	1	Law Enforcement	0	0	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
131			Provider	1	0					133
TOT			Walk-in / from ED	0	0					133
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
Please list other reasons for r	eferring in	dividuals to a	different facility/program:							

Frye Regional Medical Center -Adult Psychiatric Unit III

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	cch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	109	Law Enforcement	109	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
109			Provider	0	0				109
LUD			Walk-in / from ED	0	0				LUD
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		.,	Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program:						
İ									

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	107	Law Enforcement	107	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
107			Provider	0	0				107
TO/			Walk-in / from ED	0	0				I TO/
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring ir	ndividuals to a	different facility/program:						

Frye Regional Medical Center – New Horizons Adult Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	13	Law Enforcement	13	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
13			Provider	0	0				1 2
1.5			Walk-in / from ED	0	0				1.3
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to a	a different facility/program:				·		

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				lacksquare
U			Walk-in / from ED	0	0				l U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring in	dividuals to a	a different facility/program:			·			

Frye Regional Medical Center – The Beacon Detox-Dual Diagnosis Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presentin Under IVC Proceeding	Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 155	Law Enforcement	155	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
155		Provider	0	0				155
ככו		Walk-in / from ED	0	0				ו וככו
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for I	referring individuals to	a different facility/program:						

MH: 151	Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVO
Mobile Crisis Team		MH:	151	Law Enforcement	151	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Contracted Transportation				Provider	0	0				
Medical Unit				Walk-in / from ED	0	0				
151 Other/Unknown O O O O Degree of Aggression O Medical Acuity O Other O Other Ot				Contracted Transportation	0	0				
151 SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0 Medical Acuity 0 Other				Medical Unit	0	0				
### 151 EMS				Other/Unknown	0	0				
Mobile Crisis Team		SUD:	0		0	0	0	0		
151					0	0			Medical Acuity 0	
Contracted Transportation					0	0			Other 0	
Contracted Transportation	1[1				0	0				1[1
Medical Unit	TOT			Walk-in / from ED	0	0				TOT
Other/Unknown 0 0 0 Degree of Aggression 0 MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0 Medical Acuity 0 Other					0					
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0										
EMS 0 0 0 Medical Acuity 0 Other 0 Oth					0	0				
Mobile Crisis Team		MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0						0			Medical Acuity 0	
Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0					0	0			Other 0	
Contracted Transportation 0 0 0 Medical Unit 0 0				Provider	0	0				
Medical Unit 0 0				Walk-in / from ED	0	0				
Other/Unknown 0 0 0										
ase list other reasons for referring individuals to a different facility/program:					0	0				

Good Hope Hospital

County: Harnett

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	ach Primary ing Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	213	Law Enforcement	212	19	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	1	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
213			Provider	0	0				213
LZID			Walk-in / from ED	0	0				Z13
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for a	referring i	ndividuals to	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	nch Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	205	Law Enforcement	205	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
205			Provider	0	0				205
ZU J			Walk-in / from ED	0	0				ZU J
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	eferring i	ndividuals to	a different facility/program:			·			

Guilford County Behavioral Health Center

County: Guilford

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older, all genders

January-June 2023 [designated May 1, 2023]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presentin Under IVC Proceeding	Individuals Presenting Ung Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	1	1	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 1	
1		Provider	0	0				.
L		Walk-in / from ED	0	0				
_		Contracted Transportation	0	0				_
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
		a different facility/program:						
Transferred to a higher level	of care due to increas	ed paranoia.						

Haywood Regional Medical Center

County: Haywood

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	nch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	205	Law Enforcement	205	43	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
205			Provider	0	0				205
LZUD			Walk-in / from ED	0	0				ZUS
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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		Total Number of Individuals Receiving Treatment Under IVC
	MH:	212	Law Enforcement	212	103	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
212			Provider	0	0					212
$Z \perp Z$			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
Please list other reasons for r	referring in	dividuals to a	a different facility/program:							

High Point Medical Center

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prin Presenting Con the Number Individuals Pres Under IVC Proce	dition, r of senting	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 1	124	Law Enforcement	20	1	3	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	95	9				
			Contracted Transportation	0	0				
			Medical Unit	9	1				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
153			Provider	0	0				156
TOO			Walk-in / from ED	26	4				TOO
			Contracted Transportation	0	0				
			Medical Unit	3	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring individu	uals to a	different facility/program:			·			

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings		•		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	143	Law Enforcement	42	19	4	1	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	88	30				
			Contracted Transportation	0	0				
			Medical Unit	12	0				
			Other/Unknown	0	0				
	SUD:	48	Law Enforcement	18	8	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
191			Provider	0	0				105
191			Walk-in / from ED	30	7				195
			Contracted Transportation	0	0	_			
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to a	a different facility/program:				·		

Holly Hill Hospital – Child Psychiatric Inpatient Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Children ages 5-13

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings		Transportation Method Utilized fo Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	107	Law Enforcement	107	4	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	6				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
107			Provider	0	0				109
TO			Walk-in / from ED	0	0				I IUS
			Contracted Transportation	0	0	_			
			Medical Unit	0	0				
		<u> </u>	Other/Unknown	0	0	_	T -	I	
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	of orring in	dividuals to a							
ricuse list other reasons for f	Ciciniig IIII	an riduals (O a	a directle identity/prog/dill.						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 101	Law Enforcement	101	0	1	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
101		Provider	0	0				102
TOT		Walk-in / from ED	0	0				IUZ
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
lease list other reasons for	referring individuals to	a different facility/program:						

Holly Hill Hospital – Adolescent Psychiatric Inpatient Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adolescents ages 14-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ach Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	540	Law Enforcement	540	3	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
540			Provider	0	0				542
2 4 U			Walk-in / from ED	0	0) 342
• • •			Contracted Transportation	0	0				• • –
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program:			·			

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	nch Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	600	Law Enforcement	600	7	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
らして			Provider	0	0				602
600			Walk-in / from ED	0	0				UUZ
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		I		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit Other/Unknown	0	0				
:-tt	1000000000				U				
lease list other reasons for	rererring i	nuividuals to a	different facility/program:						

Holly Hill Hospital – Adult Psychiatric Inpatient Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prin Presenting Con- the Number Individuals Pres Under IVC Proce	dition, of senting	Transportation Method Uti Individuals Presenting Uni Proceedings		Time Between Arrival at the 24- V hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 2	430	Law Enforcement	2,430	11	28	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
2 121			Provider	0	0				2 450
2,431			Walk-in / from ED	0	0				2,459
_,			Contracted Transportation	0	0				_,
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring individu	ials to a	different facility/program:				·		_

January-June 2023 [April report not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ting Condition, Number of uals Presenting /C Proceedings	Condition, Transportation Method Ut Individuals Presenting Ur Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Individuals, the Number of That Were Referred to Facility or Progr	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	2300	Law Enforcement	2,300	6	32	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
		Provider	0	0						
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	SUD:	1	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
2,301			Provider	0	0					2,333
L Z . D U L I			Walk-in / from ED	0	0	-				Z.333
_,			Contracted Transportation	0	0					-,
			Medical Unit	0	0					
			Other/Unknown	0	0					
	MH/IDD): 0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
Please list other reasons for r	eferring	individuals to	a different facility/program:							

Holly Hill Hospital – Inpatient Recovery, Substance Abuse and Detox Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, also Chemical Dependency

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	2	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	4	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
0			Walk-in / from ED	0	0				D
			Contracted Transportation	0	0				_
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	. 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	nch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	2	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	6	Law Enforcement	6	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
0			Provider	0	0				0
Ŏ			Walk-in / from ED	0	0				_ O
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	. 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	ndividuals to a	different facility/program:						

Johnston UNC Health

County: Johnston

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I	ach Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	306	Law Enforcement	110	0	0	0	Degree of Aggression 0	
			EMS	80	0			Medical Acuity 0	
			Mobile Crisis Team	4	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	110	9				
			Contracted Transportation	1	0				
			Medical Unit	1	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
306			Provider	0	0				306
סטכ			Walk-in / from ED	0	0				300
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program:			·	·		

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	295	Law Enforcement	130	0	0	0	Degree of Aggression 0	
			EMS	84	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	78	0				
			Contracted Transportation	2	0				
			Medical Unit	1	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
295			Provider	0	0				295
233			Walk-in / from ED	0	0				293
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring in	idividuals to a	a different facility/program:						

Margaret R. Pardee Memorial Hospital

County: Henderson

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

otal Number of Individuals Presenting Under IVC Proceedings	Individuals		Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	108	Law Enforcement	69	13	0	0	Degree of Aggression 0	
			EMS	11	1			Medical Acuity 0	
			Mobile Crisis Team	1	1			Other 0	
			Provider	4	0				
			Walk-in / from ED	22	1				
			Contracted Transportation	1	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	10	Law Enforcement	8	2	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	1	1			Other 0	
118			Provider	0	0				118
TTO			Walk-in / from ED	1	0				110
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
ease list other reasons for	referring ind	ividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	each Prim ting Cond Number uals Pres VC Proce	lition, of enting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
	MH:	(51	Law Enforcement	31	9	0	0	Degree of Aggression 0	
				EMS	6	2			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	23	4				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	1	0				
	SUD:			Law Enforcement	10	3	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
73				Provider	0	0				73
/)				Walk-in / from ED	2	1				/)
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
	MH/IDD):	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
lotes: Transportation methood wa	s not do	ocument				· ·				

Maria Parham Health Franklin – Adult Unit

County: Franklin

Facility Type: Inpatient Hospital

Population Served: Adults 18-54, also Transgender

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	nch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	224	Law Enforcement	224	0	12	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
224			Provider	0	0				236
ZZ4			Walk-in / from ED	0	0				Z50
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program:						

	viduals Presenting er IVC Proceedings	Individuals Presenting Und Proceedings	ized for ler IVC	to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
MH:	280	Law Enforcement	280	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
SUD:	S15151513	Law Enforcement	0	0	0		Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
280		Provider	0	0				280
ZOU		Walk-in / from ED	0	0				200
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0	_	_		
MH/ID		Law Enforcement	0	0	0		Degree of Aggression 0	
		EMS Mobile Crisis Team	0	0			Medical Acuity 0	
		Provider	0	0			Other 0	
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for referring				3				

Maria Parham Health-Franklin – Geriatric Unit

County: Franklin

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older, also Transgender

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, umber of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	100	Law Enforcement	100	0	8	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
100			Provider	0	0				108
TOO			Walk-in / from ED	0	0				TOO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring ir	ndividuals to	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting 'C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Refer Individuals, the Number of Individuals That Were Referred to a Differer Facility or Program	Jals Possiving Treatment Under IVC
	MH:	100	Law Enforcement	100	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
100			Provider	0	0				100
TOO			Walk-in / from ED	0	0				I TOO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		I		
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	199.55
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
Discouling and the second	20000000		Other/Unknown	0	0				
Please list other reasons for I	reterring i	individuals to a	i different facility/program:						

Mission Health – Acute Inpatient Child Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Children ages 4-12

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presention the N	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	18	Law Enforcement	3	0	0	0	Degree of Aggression 0	
			EMS	3	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	7	0				
			Other/Unknown	5	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
18			Provider	0	0				18
TO			Walk-in / from ED	0	0				10
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes: MH: Individuals were transp	orted by fa	amily/friends	in private vehicles, not a contra		-				

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	39	Law Enforcement	7	0	0	0	Degree of Aggression 0	
			EMS	12	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	13	0				
			Other/Unknown	7	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
20			Provider	0	0				20
39			Walk-in / from ED	0	0				22
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				

Mission Health – Acute Inpatient Adolescent Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 13-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of lals Presenting C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	26	Law Enforcement	15	0	0	0	Degree of Aggression 0	
			EMS	9	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	2	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
26			Provider	0	0				った
Z0			Walk-in / from ED	0	0				_ ZO
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	Transportation Method Utili Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	30	Law Enforcement	20	1	0	0	Degree of Aggression 0	
			EMS	6	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	1	0				
			Other/Unknown	3	0				
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
30			Provider	0	0				20
3 0			Walk-in / from ED	0	0				30
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0		+0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit Other/Unknown	0	0				
			Other/Unknown	U	U				

Mission Health – Adult Inpatient Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Adults 18-64

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primar Presenting Condit the Number of Individuals Presen Under IVC Proceed	on, Transportation Method Ut Individuals Presenting Ur Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 515	Law Enforcement	235	15	2	0	Degree of Aggression 0	
		EMS	133	6			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	1	0				
		Contracte Transportation	51	5				
		Medical Unit	51	3				
		Other/Unknown	44	2				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
515		Provider	0	0				517
DTD		Walk-in / from ED	0	0				DT/
		Contracted Transportation	0	0				— — ,
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Notes: MH: Individuals transported	by family/friends in	private vehicles, not a contracted	service.					

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
	MH:	474	Law Enforcement	255	13	2	0	Degree of Aggression 0	
			EMS	99	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	1				
			Contracted Transportation	0	0				
			Medical Unit	48	0				
			Other/Unknown	71	1				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
171			Provider	0	0				176
474			Walk-in / from ED	0	0				476
			Contracted Transportation	0	0				., •
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
tes:									

Mission Health – Geriatric Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Geriatric, 65 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	47	Law Enforcement	10	1	1	0	Degree of Aggression 0	
			EMS	22	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	1	0				
			Medical Unit	9	0				
			Other/Unknown	5	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
17			Provider	0	0				10
4/			Walk-in / from ED	0	0				40
			Contracted Transportation	0	0				
			Medical Unit	0	0				
	3535555	.,	Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes: MH: Individuals were transpo	orted by f	amily/friends	in private vehicle, not a contra	cted service					

Presenting Under IVC Proceedings			Transportation Method Uti Individuals Presenting Un Proceedings		to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
N	MH:	29	Law Enforcement	11	1	0	0	Degree of Aggression 0	
			EMS	10	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	5	0				
			Other/Unknown	3	0				
S	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
20			Provider	0	0				20
29			Walk-in / from ED	0	0				29
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
N	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
8.8			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
tes:			in private vehicle, not a contra						

Monroe Crisis Recovery Center

County: Union

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Fotal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals		Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	9	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				\circ
9			Walk-in / from ED	9	0				9
_			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
ease list other reasons for	referring ind	ividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, ober of Presenting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
7			Provider	0	0				7
/			Walk-in / from ED	5	0				/
-			Contracted Transportation	0	0				•
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring indi	viduals to a	different facility/program:						

Neil Dobbins Center

County: Buncombe

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	4	4	Degree of Aggression 1	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 3	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
\cap			Provider	0	0				/
U			Walk-in / from ED	0	0				4
•			Contracted Transportation	0	0				-
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring in	dividuals to a	a different facility/program:						
*Refusing to take medication									
*Dangerous behaviors: threa	tening staf	ff, other pati	ents and antagonizing other pa	tients by de	stroying client food				

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	2	2	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 2	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				1
U			Walk-in / from ED	0	0				
•			Contracted Transportation	0	0				_
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
lease list other reasons for r MH: Psychiatric Acuity MH: Psychiatric Auity - requ			a different facility/program:	provided.					

Neil Dobbins Center

County: Buncombe

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
•			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	eferring inc	lividuals to a	a different facility/program:						

Presenting Under IVC Proceedings	Presenting (the Num Individuals F Under IVC Pr	ber of resenting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
I	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 2	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
9	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				lacksquare
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
T.	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
		. * . * . * . * . * . * . * . * . * .	Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
		. * . * . * . * . * . * . * . * . * .	Medical Unit	0	0				
			Other/Unknown	0	0				

New Hanover Regional Medical Center

County: New Hanover

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 516	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	516	193				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
516		Provider	0	0				516
OTO .		Walk-in / from ED	0	0				210
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
ease list other reasons for I	referring individuals to	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	444	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	444	135				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
444			Provider	0	0				444
444			Walk-in / from ED	0	0				444
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring in	dividuals to a	different facility/program:						

Novant Health Forsyth Medical Center – Adult Behavioral Health Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	ach Primary ing Condition, Number of als Presenting IC Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	229	Law Enforcement	39	13	6	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	136	43				
			Contracted Transportation	52	21				
			Medical Unit	2	0				
			Other/Unknown	0	0				
	SUD:	10	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
239			Provider	0	0				245
Z 33			Walk-in / from ED	3	0				24 3
			Contracted Transportation	3	0				
			Medical Unit	4	0				
			Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	342	Law Enforcement	93	42	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	181	51				
			Contracted Transportation	60	25				
			Medical Unit	8	3				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
342			Provider	0	0				342
54 2			Walk-in / from ED	0	0				54 2
· · -			Contracted Transportation	0	0				• • •
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
lease list other reasons for I	eferring ind	ividuals to a	different facility/program:						

Novant Health Forsyth Medical Center – Geriatric Behavioral Health Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Condition Number of uals Presention Of Proceeding	Individuals Presenting Under Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	13	Law Enforcement	11	5	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	2	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
13			Provider	0	0				11
1.5			Walk-in / from ED	0	0				L 4
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD): 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring	individuals	o a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nui Individuals Under IVC F	Condition, mber of Presenting	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
_			Contracted Transportation	0	0				Ŭ.
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
lease list other reasons for r	referring ind	ividuals to a	a different facility/program:			·			

Novant Health Presbyterian Medical Center – Adolescent Behavioral Health Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 7-17, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting 'C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	56	Law Enforcement	17	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	19	3				
			Contracted Transportation	20	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
60			Provider	0	0				\sim 60
OU			Walk-in / from ED	0	0				
			Contracted Transportation	1	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 3	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Contracted Transportation	2	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring i	individuals to a	different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, amber of s Presenting Proceedings	Transportation Method Ut Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	68	Law Enforcement	31	3	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	22	0				
			Contracted Transportation	15	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
60			Provider	0	0				60
מס ו			Walk-in / from ED	0	0				0.9
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				

Novant Health Presbyterian Medical Center – Adult Behavioral Health Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	249	Law Enforcement	73	0	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	142	6				
			Contracted Transportation	34	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	6	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
255			Provider	0	0				コニフ
ZDD			Walk-in / from ED	4	0				257
			Contracted Transportation	2	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring ind	dividuals to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primar Presenting Conditi the Number of Individuals Presen Under IVC Proceed	on, Transportation Method Ut Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 361	Law Enforcement	109	0	3	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	3	0				
		Walk-in / from ED	215	12				
		Contracted Transportation	34	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
361		Provider	0	0				364
OOT		Walk-in / from ED	0	0				30 4
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0		1		
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for r	eferring individuals	to a different facility/program:						

Novant Health Rowan Medical Center – Lifeworks Behavioral Health

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Adults 18-54

July-December 2022

Total Numb+A13:K41er of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	h Primary g Condition, imber of s Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	224	Law Enforcement	86	13	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	138	22				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
224			Provider	0	0				224
ZZ4			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring inc	dividuals to a	a different facility/program:	·					

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of Ials Presenting C Proceedings	•		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	226	Law Enforcement	88	14	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	138	23				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
226			Provider	0	0				226
ZZ 0			Walk-in / from ED	0	0				220
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		1		
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to	a different facility/program:						

Novant Health Rowan Medical Center – Linn Geriatric Unit

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting 'C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	106	Law Enforcement	51	6	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	55	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
106			Provider	0	0				106
106			Walk-in / from ED	0	0				106
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	referring i	individuals to a	a different facility/program:						
İ									

Total Number of Individuals Presenting Under IVC Proceedings	Presention the N	ch Primary ng Condition, lumber of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	94	Law Enforcement	56	6	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	38	7				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap 1			Provider	0	0				\cap Λ
94			Walk-in / from ED	0	0				94
•			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for I	referring in	ndividuals to a	a different facility/program:						

Novant Health Thomasville Medical Center

County: Davidson

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Uti Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	103	Law Enforcement	47	1	6	0	Degree of Aggression 0	
			EMS	6	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	27	0				
			Contracted Transportation	23	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
103			Provider	0	0				100
LUS			Walk-in / from ED	0	0				109
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring ir	dividuals to a	different facility/program:						
•									

Total Number of Individuals Presenting Under IVC Proceedings	For Each I Presenting 0 the Num Individuals Under IVC Pr	Condition, nber of Presenting	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	111	Law Enforcement	84	1	1	0	Degree of Aggression 0	
			EMS	14	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	9	0				
			Contracted Transportation	2	0				
			Medical Unit	2	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
111			Provider	0	0				112
			Walk-in / from ED	0	0				11
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	or referring i	individual	s to a different facility/progr	am:					

Old Vineyard Behavioral Health Services – Acute Adolescent Psychiatric Inpatient Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 12-17

July-December 2022 [November-December reports not submitted]

MH: 395 Law Enforcement 395 0 0 0 Degree of Aggression 0	## EMS	Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	Each Primary ting Condition, Number of uals Presenting VC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team	Mobile Crisis Team		MH:	395	Law Enforcement	395	0	0	0	Degree of Aggression 0	
Provider	Provider				EMS	0	0			Medical Acuity 0	
Walk-in / from ED	Walk-in / from ED					0	0			Other 0	
Contracted Transportation	Contracted Transportation				Provider	0	0				
Medical Unit	Medical Unit 0				Walk-in / from ED	0	0				
Other/Unknown	Other/Unknown				Contracted Transportation	0	0				
SUD: 4 Law Enforcement 0 0 0 0 Degree of Aggression 0	A										
## Add a	## Add 3 EMS				Other/Unknown	0	0				
## Add a contracted Transportation	Mobile Crisis Team		SUD:	4		0	0	0	0	Degree of Aggression 0	
## Provider	## 403 Provider					0	0			Medical Acuity 0	
Contracted Transportation 4	Contracted Transportation 4				Mobile Crisis Team	0	0			Other 0	
Contracted Transportation 4	Contracted Transportation 4	ノノハン					0				102
Contracted Transportation 4	Contracted Transportation 4	403			· · · · · · · · · · · · · · · · · · ·	0	0				403
Other/Unknown	Other/Unknown				Contracted Transportation	4	0				
MH/IDD: 4 Law Enforcement 4 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Aculty 0 Other 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0 0	MH/IDD: 4 Law Enforcement 4 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Modical Acuity 0 Modical Acuity 0 Other 0 Provider 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0						0				
EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0 Other/Unknown 0 0 0	EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0 Other/Unknown 0 0				•	0					
Mobile Crisis Team	Mobile Crisis Team		MH/IDE): 4		4	0	0	0		
Provider 0 0 0 Walk-in / from ED 0 0 0 Contracted Transportation 0 0 0 Medical Unit 0 0 0 Other/Unknown 0 0 0	Provider						0			Medical Acuity 0	
Walk-in / from ED	Walk-in / from ED									Other 0	
Contracted Transportation 0 0	Contracted Transportation 0 0				1	0	0				
Medical Unit	Medical Unit										
Other/Unknown 0 0 0	Otter/Unknown 0 0				(
Please list other reasons for referring individuals to a different facility/program:	Please list other reasons for referring individuals to a different facility/program:					0	0				
		Please list other reasons for	referring	individuals to	a different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
	MH: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	SUD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
_		Mobile Crisis Team	*	*			Other *	_
*		Provider	*	*				*
-		Walk-in / from ED	*	*				-
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	MH/IDD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				

Old Vineyard Behavioral Health Services – Acute Adult Psychiatric Inpatient Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022 [November-December reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individu	nch Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	470	Law Enforcement	445	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	25	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
470			Provider	0	0				470
4/0			Walk-in / from ED	0	0				4/0
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
	<u> </u>		Other/Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under N
	MH: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	SUD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
_		Mobile Crisis Team	*	*			Other *	_
*		Provider	*	*				*
-		Walk-in / from ED	*	*				-
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	MH/IDD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
se list other reasons for r	eferring individuals to	different facility/program:						
		77, 3						

Old Vineyard Behavioral Health – Acute Dual Diagnosis Inpatient Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, MI/SUD

July-December 2022 [November-December reports not submitted]

Total Number of Presenting Procee	Under IVC	Presenti the N Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
		MH:	202	Law Enforcement	199	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	3	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
20	ヿ つ			Provider	0	0				□ つへつ □
ZU	JZ			Walk-in / from ED	0	0				202
	_			Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
		MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
Please list othe	er reasons for r	eferring i	ndividuals to a	different facility/program:						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	SUD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
_		Mobile Crisis Team	*	*			Other *	_
*		Provider	*	*				*
-		Walk-in / from ED	*	*				-
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	MH/IDD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
	eferring individuals to a	Other/Unknown	*	*				

Old Vineyard Behavioral Health – Older Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

July-December 2022 [November-December reports not submitted]

Total Number of Presenting U Proceedi	Jnder IVC dings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Ut Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
		MH:	190	Law Enforcement	180	0	0	0	Degree of Aggression 0	
				EMS	2	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	3	0				
				Medical Unit	0	0				
				Other/Unknown	5	0				
		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
19	\cap			Provider	0	0				190
エ ラ	U			Walk-in / from ED	0	0				I IOU I
	_			Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
		MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
Notes: Transportation v	was provided	by referri	ng hospital's	public safety unit.						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	SUD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
*		Provider	*	*				*
-		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	MH/IDD: *	Law Enforcement	*	*	*		Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
lease list other reasons for I	referring individuals to	a different facility/program:						

Old Vineyard Behavioral Health – Mood Disorders Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, with focus on mood disorders

July-December 2022 [November-December reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Present	Numbe	dition, of enting	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:		171	Law Enforcement	166	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	5	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
	SUD:			Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
171				Provider	0	0				171
\perp \perp \prime \perp				Walk-in / from ED	0	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
	MH/IDD):	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contracted Transportation	0	0				
				Medical Unit	0	0				
				Other/Unknown	0	0				
Please list other reasons for	referring	individu	ials to a	different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Uti Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	SUD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	_
*		Provider	*	*				*
-		Walk-in / from ED	*	*				_
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
	MH/IDD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contracted Transportation	*	*				
		Medical Unit	*	*				
		Other/Unknown	*	*				
Please list other reasons for r	referring individuals to a	different facility/program:						

Phoenix Counseling Center

County: Gaston

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022 [closed December due to staffing and facility issues]

Total Number of Individuals Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of lals Presenting /C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
lack			Provider	0	0				lack
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				•
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for r	referring i	individuals to a	a different facility/program:						

January-June 2023 [closed January due to staffing and facility issues]

Presenting Under IVC Proceedings	Present the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0				U
			Contracted Transportation	0	0				•
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
ease list other reasons for	referring i	ndividuals to	a different facility/program:						

Raleigh Oaks Behavioral Health – Bridges Program

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

January-June 2023 [designated March 22, 2023; April-May reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, lumber of Ils Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	45	Law Enforcement	45	1	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
45			Provider	0	0				17
40			Walk-in / from ED	0	0				+ /
			Contracted Transportation	0	0				
			Medical Unit	0	0				
	141/100	1	Other/Unknown	0	0		· •	B	
	MH/IDD:	0	Law Enforcement EMS	0	0	0		Degree of Aggression 0	
			Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons fo	or referrir	ng individual	s to a different facility/progr	am:					

Raleigh Oaks Behavioral Health – Pathways 1

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

January-June 2023 [designated March 22, 2023; April-May reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Individuals, the Numbe Individuals That Were Refer Different Facility or Prog	r of red to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	24	Law Enforcement	24	2	2	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
		10.000000000000000000000000000000000000	Other/Unknown	0	0					
	SUD:		Law Enforcement	0	0	0		Degree of Aggression	0	
			EMS	0	0		-0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
24			Provider	0	0					26
4			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
		000000000000000000000000000000000000000	Medical Unit	0	0					
	MH/IDD:		Other/Unknown	0	0	0	0	Degree of Aggreenies	0	
	IVIH/IUU:		Law Enforcement EMS	0	0	U		Degree of Aggression Medical Acuity	0	1
			Mobile Crisis Team	0	0		-1		0	1
			Provider	0	0			Other	U	
			Walk-in / from ED	0	0					
		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Contracted Transportation	0	0					
			Medical Unit	0	0					
		000000000000000000000000000000000000000	Other/Unknown	0	0					
Please list other reasons fo	or referring	individual:	s to a different facility/progr	am:						

Raleigh Oaks Behavioral Health – Pathways 2

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

January-June 2023 [designated March 22, 2023; April-May reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utili Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 23	Law Enforcement	23	0	1	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0		Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
~ ~		Mobile Crisis Team	0	0			Other 0	0.4
23		Provider	0	0				7/1
23		Walk-in / from ED	0	0				4
		Contracted Transportation Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
	IVIN/IDD.	EMS	0	0	0		Medical Acuity 0	
		Mobile Crisis Team	0	0		-0	Other 0	
		Provider	0	0			Other 0	
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons fo	or referring individual	s to a different facility/progra	im:					

Recovery Response Center

County: Vance

Facility Types: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, lumber of ils Presenting C Proceedings	Transportation Method Util Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	49	Law Enforcement	49	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		100000000000000000000000000000000000000	Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
4.0			Mobile Crisis Team Provider	0	0			Other 0	4.0
/14			Walk-in / from ED						/14
77			Contracted Transportation	0	0				7)
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
	Will I, IDD		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			'iiii	
			Walk-in / from ED	0	0				
			ContractedTransportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons fo	or referrir	ng individual	s to a different facility/progr	am:					

January-June 2023 [dropped designation March 1, 2023 – per facility's request]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH: 2	Law Enforcement 2	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		ContractedTransportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	CONTRACTOR OF THE PARTY OF THE	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
_		Mobile Crisis Team 0	0			Other 0	_
7		Provider 0	0				7
		Walk-in / from ED 0	0				_
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0		ı		
		Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0 Medical Unit 0	0				
		Other/Unknown 0	0				
Diagon list athor regions of			1 0				
riease list other reasons to	or referring individuals	s to a different facility/program:					

Recovery Response Center

County: Vance

Facility Types: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, nber of Presenting	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	11	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
11			Provider	0	0				11
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons fo	or reterring	individuals	s to a different facility/progra	am:					

January-June 2023 [dropped designation March 1, 2023 – per facility's request]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	CHOKO CHOKO CONTRACTOR	Law Enforcement 5	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
_		Mobile Crisis Team 0	0			Other 0	_
		Provider 0	0				
J		Walk-in / from ED 0	0				J
_		Contracted Transportation 0	0				_
		Medical Unit 0	0				
		Other/Unknown 0	0				
	MH/IDD: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
Please list other reasons fo	or referring individual	s to a different facility/program:					

Rutherford Regional Medical Center

County: Rutherford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 181	Law Enforcement 50	7	0	0	Degree of Aggression 0	
		EMS 1	0			Medical Acuity 0	
		Mobile Crisis Team 5	1			Other 0	
		Provider 50	8				
		Walk-in / from ED 0	0				
		Contracted Transportation 7	0				
		Medical Unit 0	0				
		Other/Unknown 68	13				
		Law Enforcement 7	5	3	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
218		Provider 11	8				221
Z T O		Walk-in / from ED 0	0				$\angle \angle \bot$
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 19	13				
		Law Enforcement 0	0	0		Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
otes: Admits were transported	by a family member,	friend, DSS.					

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prima Presenting Condi the Number o Individuals Prese Under IVC Procee	tion, f nting	Transportation Method Util Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 11	8	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	2	0			Other 0	
			Provider	41	21				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		1,1,1,1	Other/Unknown	71	40				
	SUD: 37		Law Enforcement	1	1	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
4 = 6			Mobile Crisis Team	0	0			Other 0	4 = 6
156			Provider	9	4				156
TOO			Walk-in / from ED	0	0				TOO
			Contracted Transportation Medical Unit	0	0				
			Other/Unknown	27	19				
	MH/IDD: 1		Law Enforcement	0	0	0	0	Degree of Aggression 0	
	IVIII JIDD.		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			Julie.	
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	1	0				
Notes:			·						
*Admits were transported	by a family mem	ber o	r friend.						

SECU Youth Crisis Center, a Monarch Program

County: Mecklenburg

Facility Type: Facility-Based Crisis

Population Served: Children and Adolescents ages 6-17

July-December 2022 [September report not submitted]

Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Utilized for		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	17	Law Enforcement	17	11	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
4 —		Mobile Crisis Team	0	0	-		Other 0	17	
17		Provider	0	0					
Т/			Walk-in / from ED	0	0				1/
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		T .	Other/Unknown	0	0		Ι .		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	r referri	ng individual	s to a different facility/progra		, ,				

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Present Under IVC Proceeding	on, Transportation Method Util Individuals Presenting Un- ing Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
	MH: 20	Law Enforcement	20	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
_		Mobile Crisis Team	0	0			Other 0	
7/		Provider	0	0				24
24		Walk-in / from ED	0	0				4
		Contracted Transportation	0	0				
		Medical Unit	0	0]			
		Other/Unknown	0	0				
	MH/IDD: 4	Law Enforcement	4	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
ease list other reasons fo	or referring individ	uals to a different facility/progr	am:					

SECU Youth Crisis Center, a Monarch Program

County: Mecklenburg

Facility Type: Nonhospital Medical Detoxification

Population Served: Children and Adolescents ages 6-17

July-December 2022 [September-December reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		<u> </u>	Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0	1		Medical Acuity 0	
_		7:1:7:7:7:7:7:7:7:7:7:7:7:7:	Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				\cap
U			Walk-in / from ED	0	0	1			
_			Contracted Transportation	0	0				
			Medical Unit	0	0				
		<u> </u>	Other/Unknown	0	0		<u>,</u>		
	MH/IDD	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons fo	or referri	ng individua	ls to a different facility/progra	am:					

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: *	Law Enforcement *	*	*	*	Degree of Aggression *	
		EMS *	*		- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Medical Acuity *	
	5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 +	Mobile Crisis Team *	*			Other *	
		Provider *	*				
		Walk-in / from ED *	*				
		Contracted Transportation *	*				
		Medical Unit * Other/Unknown *	*				
		Law Enforcement *	*	*	*	Degree of Aggression *	
	30D.	EMS *	*			Medical Acuity *	
		Mobile Crisis Team *	*		-0	Other *	
*		Provider *	*				*
717		Walk-in / from ED *	*				414
		Contracted Transportation *	*				
		Medical Unit *	*				
		Other/Unknown *	*				
	MH/IDD: *	Law Enforcement *	*	*		Degree of Aggression *	
		EMS *	*			Medical Acuity *	
		Mobile Crisis Team *	*			Other *	
		Provider *	*				
		Walk-in / from ED *	*				
		Contracted Transportation *	*				
	k 0 x 0x 0 x 0 x 0 x 0 x 0x 0 x 0 x 0 x	Medical Unit * Other/Unknown *	*				
Please list other reasons fo		s to a different facility/program:	1				
rease iiscottler reasons ru	recening individuals	o o a univerent raunty, program.					

Tanglewood Arbor (Monarch)

County: Robeson

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings		r Each Primary enting Condition, he Number of iduals Presenting r IVC Proceedings r IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Individuals, the Nun Individuals That Were Ro Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
\cap			Provider	0	0					\Box
U			Walk-in / from ED	0	0					0
			Contracted Transportation	0	0					
			Medical Unit	0	0					
		<u> </u>	Other/Unknown	0	0		T -	I		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED		0					
			Contracted Transportation Medical Unit	0	0					
			Other/Unknown	0	0					
Please list other reasons for	r referri	og individus	ls to a different facility/program		J					
rease instable reasons to		is marvidue								

	For Each Primary Presenting Condition the Number of Individuals Presentin Under IVC Proceeding	Individuals Presenting Under IVI Proceedings		at any Number of Individuals for at the 24- upletion Initiated at This Facility		For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement (0	0	0	Degree of Aggression 0	
		EMS (0			Medical Acuity 0	
		Mobile Crisis Team (0			Other 0	
		Provider (0				
		Walk-in / from ED (0				
			0				
			0				
		0200	0				
	SUD: 0	Law Enforcement (0	0	Degree of Aggression 0	
		EMS (Medical Acuity 0	
_			0			Other 0	_
\cap		Provider (\cap
U		Walk-in / from ED (0
_		Contracted Transportation (_
			0				
		Other/Unknown (
	MH/IDD: 0	Law Enforcement (0	0	Degree of Aggression 0	
		EMS (Medical Acuity 0	
		**	0			Other 0	
		Provider (
		W.	0				
			0				
			0				
deser Bet etherwes			0				
riease list other reasons fo	referring individu	als to a different facility/program:					

Tanglewood Arbor (Monarch)

County: Robeson

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized f Individuals Presenting Under IV Proceedings	for	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement (0	0	0	0	Degree of Aggression 0	
			0	0			Medical Acuity 0	
			0	0			Other 0	
			0	0				
		Walk-in / from ED (0	0				
			0	0				
			0	0				
			0	0				
			0	0	0		Degree of Aggression 0	
			0	0			Medical Acuity 0	0
_			0	0			Other 0	
Λ			0	0				
U			0	0				
_			0	0				
			0	0				
			0	0				
			0	0	0		Degree of Aggression 0	
			0	0			Medical Acuity 0	
			0	0			Other 0	
			0	0				
			0	0				
			0	0				
			0	0				
Diago list other reasons fo		s to a different facility/program:	U	U				
riease list other reasons re	or reterring murvidual	s to a uniferent facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Refer Individuals, the Number of Individuals That Were Referred to Different Facility or Program	Total Number of Individuals
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
Λ			Provider	0	0				\square
U			Walk-in / from ED	0	0				U
_			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
		0.0000000000000000000000000000000000000	Mobile Crisis Team	0	0			Other 0	electronic
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
Name I'm albanas C			Other/Unknown	0	0				
riease list other reasons fo	r referring	individual	s to a different facility/progr	am:					

The Balsam Center for Hope and Recovery

County: Haywood

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement	0	0	1	1	Degree of Aggression 1	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
()		Provider	0	0				1
U		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
	MH/IDD: 0	Other/Unknown		0	0			
	MH/IDD: 0	Law Enforcement EMS	0	0	U	0	Degree of Aggression 0 Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0			Other 0	
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons fo	or referring individual	s to a different facility/progr	am:					
	3	, , , , , , , , , , , , , , , , , , ,						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 0	Law Enforcement 0	0	5	5	Degree of Aggression 3	
		EMS 0	0			Medical Acuity 2	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	SUD: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
_		Mobile Crisis Team 0	0			Other 0	_
\cap		Provider 0	0				
U		Walk-in / from ED 0	0				<u> </u>
_		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	MH/IDD: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0 Other/Unknown 0	0				
Diagon list athorysas f	a sofossion in di		1 0]			
Prease list other reasons to	or referring individua	ls to a different facility/program:					

Triangle Springs – Cedars Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

July-December 2022

MH: 152 Law Enforcement 146 8 0 0 Degree of Aggression 0	nber of Individuals P nting Under IVC roceedings In	Present the Individu	ting Co Numb	Primary Condition, ber of Presenting oceedings	Transportation Method Uti Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individua Receiving Treatment Under
Mobile Crisis Team	M	MH:		152	Law Enforcement	146	8	0	0	Degree of Aggression 0	
Provider					EMS	0	0			Medical Acuity 0	
Malk-in / from ED					Mobile Crisis Team	0	0			Other 0	
Contracted Transportation S O					Provider	0	0				
Medical Unit					Walk-in / from ED	1	0				
176 SUD: 1 Law Enforcement 1 0 0 0 0 Degree of Aggression 0 Medical Acutry 0 0 0 0 0 0 0 0 0						5	0				
176 SUD: 1 Law Enforcement 1 0 0 0 Degree of Aggression 0 Medical Acuity 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other						0	0				
### 176 Mobile Crisis Team	1111					0					
Mobile Crisis Team	SL	SUD:		1	Law Enforcement	1	0	0	0		
176						_					
Contracted Transportation O O O O O O O O O										Other 0	
Contracted Transportation O O O O O O O O O	76						0				176
Contracted Transportation 0 0 0 0 0 0 0 0 0	./0					_					T/0
Other/Unknown							0				
MH/IDD: 23 Law Enforcement 22 1 0 0 Degree of Aggression 0 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 Walk-in / from ED 1 0 Contracted Transportation 0 0 Medical Acuity 0 Other 0 Other 0 Other 0 Walk-in / from ED 1 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Medical Unit 0 0 0 Other/Othe											
EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 Walk-in / from ED 1 0 Contracted Transportation 0 0 Medical Unit 0 0 Other/Unknown 0 0	##										
Mobile Crisis Team	M	MH/IDE):	23				0	0		
Provider											
Walk-in / from ED	188						-			Other 0	
Contracted Transportation 0 0											
Medical Unit											
Other/Unknown 0 0											
Please list other reasons for reterring individuals to a different facility/program:							0				
1, F = 0	t other reasons for r	r referr	ing ir	ndividua	s to a different facility/prog	ram:					

	Presenti the N Individua	ch Primary ng Condition, Jumber of als Presenting C Proceedings	Individuals Presenting Und	w Enforcement 136 VIS 0		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	142	Law Enforcement	136	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	6	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	2	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
161			Provider	0	0				161
TOT			Walk-in / from ED	0	0				TOT
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	17	Law Enforcement	17	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
lease list other reasons fo	r referrii	ng individua	s to a different facility/progra	am:					

Triangle Springs – Meadows Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, SUD focus

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utiliz Individuals Presenting Unde Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 111	Law Enforcement	100	5	3	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	7	0				
		Contracted Transportation	4	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 3	Law Enforcement	3	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
4 — 4		Mobile Crisis Team	0	0			Other 0	
158		Provider	0	0				161
TOO		Walk-in / from ED	0	0				TOT
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0	_		I	
	MH/IDD: 44	Law Enforcement	44	1	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team Provider	0	0			Other 0	
			0					
		Walk-in / from ED Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for	or referring individual	s to a different facility/program						1
Trease inserting reasons to								

MH: 99 law Enforcement 98 6 3 0 Degree of Aggression 0	Total Number of Individuals Receiving Treatment Under IVC	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination			ndition, er of esenting	For Each Pr Presenting Co the Numb Individuals Pr Under IVC Pro	Total Number of Individuals Presenting Under IVC Proceedings
Mobile Crisis Team		Degree of Aggression 0	0	3	6	98	Law Enforcement	99	MH:	
Provider		Medical Acuity 0			0	0	EMS			
Walk-in / from ED		Other 0			0	0	Mobile Crisis Team			
Contracted Transportation					0	0	Provider			
Medical Unit					0	1	Walk-in / from ED			
147					0	0	Contracted Transportation			
147 SUD: 2 Law Enforcement 2 0 0 0 Degree of Aggression 0										
### 147 EMS					0	0	Other/Unknown			
Mobile Crisis Team			0	0		2		2	SUD:	
Provider										
Contracted Transportation		Other 0			-					
Contracted Transportation 0 0	150									1/17
Medical Unit	TOU						i.			14 /
Other/Unknown										
MH/IDD: 46										
EMS 0 0 0 Medical Acuity 0 Other 0 Provider 0 0 Other							M			
Mobile Crisis Team 0 0 Other 0 Provider 0			0	0				46	MH/IDD:	
Provider 0 0										
		Other 0			-					
					0	0	Walk-in / from ED			
Contracted Transportation 0 0										
Medical Unit 0 0										
Other/Unknown 0 0					U					
Please list other reasons for referring individuals to a different facility/program:						ram:	is to a different facility/prog	dividual	r reterring in	Please list other reasons fo

Triangle Springs – Sunrise Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each P Presenting Co the Numb Individuals P Under IVC Pro	ondition, ber of Presenting	Transportation Method Util Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Referring	Total Number of Individuals Receiving Treatment Under IVC
	MH:	121	Law Enforcement	106	2	4	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	7	0				
			Contracted Transportation	8	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
146			Provider	0	0				150
1 4 0			Walk-in / from ED	0	0				I IJU
			Contracted Transportation	0	0				
			Medical Unit	0	0				
	1411/122		Other/Unknown						
	MH/IDD:		Law Enforcement EMS	24 0	0	0	0	Degree of Aggression 0 Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			Other	
			Walk-in / from ED	1	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	or referring in		to a different facility/progr		-				1
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized Individuals Presenting Under IV Proceedings	for T	Number of Individuals Moved to Voluntary Status at any ime Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 112	Law Enforcement 1	106	3	1	0	Degree of Aggression 0	
		_	0	0			Medical Acuity 0	
			0	0			Other 0	
			0	0				
			6	0				
			0	0				
			0	0				
			0	0	•	•		
			0	0	0		Degree of Aggression 0 Medical Acuity 0	
			0	0			Other 0	
427			0	0			Ottlei	120
137			0	0				138
137			0	0				130
			0	0				
			0	0				
	MH/IDD: 25	Law Enforcement 2	25	1	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
			0	0				
			0	0				
			0	0				
			0	0				
			0	0				
Please list other reasons fo	or referring individual	s to a different facility/program:						

UNC Health Blue Ridge

County: Burke

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings Law Enforcement 136		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	205		136	82	2	0	Degree of Aggression 0	
			EMS	10	7			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
			Provider	0	0				
			Walk-in / from ED	51	38				
			Contracted Transportation	2	1				
			Medical Unit	6	4				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
205			Provider	0	0				1 207 1
205			Walk-in / from ED	0	0				207
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	or referri	ng individual	s to a different facility/progr	am:					

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	Transportation Method Util Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	170	Law Enforcement	118	62	0	0	Degree of Aggression 0	
			EMS	13	6			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	36	19				
			Contracted Transportation	0	0				
			Medical Unit	3	2				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
. — -			Mobile Crisis Team	0	0			Other 0	
170			Provider	0	0				170
T/O			Walk-in / from ED	0	0				1/ U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons fo	or referring	individual:	s to a different facility/progr	am:					

UNC Health Southeastern

County: Robeson

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Util Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	322	Law Enforcement	225	1	7	0	Degree of Aggression 0	
			EMS	65	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	32	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	28	Law Enforcement	3	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
353			Provider	0	0				うた り
333 I			Walk-in / from ED	23	0				360
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	3	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	3	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons fo	or reterrin	g individual	s to a different facility/progr	am:					

Presenting Under IVC Proceedings	For Each Presenting the Nui Individuals Under IVC F	Condition, mber of Presenting	Transportation Method Utiliz Individuals Presenting Unde Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	308	Law Enforcement	114	0	2	0	Degree of Aggression 0	
			EMS	93	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	101	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		010101010101010101	Other/Unknown	0	0	_	_		
	SUD:		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
200			Provider	0	0			Other 0	244
309			Walk-in / from ED	0	0				311
			Contracted Transportation	0	0				$\mathcal{I}_{\mathbf{I}}$
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	010101010101010101	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		45454545454545454	Other/Unknown	0	0				
ease list other reasons fo	r referring	individuals	s to a different facility/progra	m:					

UNC Health Care Alcohol and Drug Detoxification Program at WakeBrook

County: Wake

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18-120

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prim Presenting Cond the Number Individuals Pres Under IVC Proces	lition, of enting	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 1	.1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	8	0				
			Contracted Transportation	1	0				
			Medical Unit	0	0				
			Other/Unknown	1	0				
	SUD:	3	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
14			Provider	0	0				∣ 1 <i>1</i>
1 4			Walk-in / from ED	2	0				⊥4
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes:									
*Admit arrived to facility w	ith a family me	mber/	friend.						

otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 25	Law Enforcement 2	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 1	0				
		Walk-in / from ED 16	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 6	0				
	SUD: 1	Law Enforcement 1	0	0		Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
20		Mobile Crisis Team 0	0			Other 0	
26		Provider 0	0				76
20		Walk-in / from ED 0	0				20
		Contracted Transportation 0 Medical Unit 0	0				
		Medical Unit 0 Other/Unknown 0	0				
		Law Enforcement 0	0	0	0	Degree of Aggression 0	
	MH/IDD: U	EMS 0	0	U		Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0			Ottlei	
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
ites:			,				
lmits arrived to facility v	with a family member	or friend.					

UNC Health Care Facility-Based Crisis Program at WakeBrook

County: Wake

Facility Type: Facility-Based Crisis

Population Served: Adults 18-120

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Utiliz Individuals Presenting Unde Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	127	Law Enforcement	33	0	0	0	Degree of Aggression 0	
			EMS	7	0			Medical Acuity 0	
			Mobile Crisis Team	3	0			Other 0	
			Provider	5	0				
			Walk-in / from ED	67	0				
			Contracted Transportation	6	0				
			Medical Unit	0	0				
			Other/Unknown	6	2				
	SUD:	4	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
121			Provider	0	0				131
131			Walk-in / from ED	2	0				TOT
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes:									
*Admits were placed unde *Admits arrived to facility			he Crisis and Assessment clinion or friend.	c connec	ted to facility.				

	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 86	Law Enforcement 19	0	0	0	Degree of Aggression 0	
		EMS 3	0			Medical Acuity 0	
		Mobile Crisis Team 2	0			Other 0	
		Provider 6	0				
		Walk-in / from ED 47	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 9	0				
	SUD: 3	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
QQ		Provider 0	0				QQ
05		Walk-in / from ED 3	0				03
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	MH/IDD: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0 Provider 0	0			Other 0	
			0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0 Medical Unit 0	0				
		Other/Unknown 0	0				
lotes:		Other/ Orikilowii		<u>kaanaan maninaminaminamina</u>			
Admits arrived with a fam	ily mambar or friand				·		
Aumits arrived with a fam	my member or inlend.	•					

UNC Hospital at WakeBrook

County: Wake

Facility Type: Inpatient Hospital

Population Served: 18-120

July-December 2022

	Individual	g Condition, umber of s Presenting Proceedings	Transportation Method Util Individuals Presenting Und Proceedings		to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
N	NH:	339	Law Enforcement	137	0	0	0	Degree of Aggression 0	
			EMS	22	0			Medical Acuity 0	
			Mobile Crisis Team	1	0			Other 0	
			Provider	18	0				
			Walk-in / from ED	98	0				
			Contracted Transportation	35	0				
			Medical Unit	0	0				
			Other/Unknown	28	2				
S	SUD:	1	Law Enforcement	1	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
2/10			Provider	0	0				21A
340			Walk-in / from ED	0	0				340
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
N	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Notes:									
· ·		_	he Crisis and Assessment clir	nic associa	ted with WakeBrook.				
*Admits arrived to the facilit	ty with a	family men	nber or friend.						

Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	323	Law Enforcement	139	2	0	0	Degree of Aggression 0	
			EMS	23	2			Medical Acuity 0	
			Mobile Crisis Team	1	0			Other 0	
			Provider	12	0				
			Walk-in / from ED	85	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	63	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
323			Provider	0	0				323
3 23			Walk-in / from ED	0	0				3 23
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit Other/Unknown	0	0				
latas.			Other/Onknown	U					
Notes: *Admits arrived to the facil	lity with a	family men	nber or friend.						

UNC Medical Center - Child/Adolescent Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 3-12 & 13-17

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primal Presenting Condit the Number of Individuals Preser Under IVC Proceed	ion, ting	Transportation Method Util Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 fo Individuals, the Numb Individuals That Were Ref Different Facility or Pro	er of erred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH: 304	1	Law Enforcement	44	0	0	0	Degree of Aggression	0	
			EMS	40	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	9	0					
			Walk-in / from ED	141	0					
			Contracted Transportation	70	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	SUD: 33		Law Enforcement	20	0	0	0	Degree of Aggression	0	
			EMS	11	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
227			Provider	0	0					227
337			Walk-in / from ED	0	0					337
•••			Contracted Transportation	2	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
	MH/IDD: 0		Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contracted Transportation	0	0					
			Medical Unit	0	0					
			Other/Unknown	0	0					
Please list other reasons fo	or referring indivi	dual	s to a different facility/progr	ram:			·			

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, Number of als Presenting C Proceedings	Transportation Method Utili Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	218	Law Enforcement	34	0	0	0	Degree of Aggression 0	
			EMS	28	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	15	0				
			Walk-in / from ED	141	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	29	Law Enforcement	23	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
- フ/1フ			Provider	0	0				247
247			Walk-in / from ED	4	0				L 24/
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Other/Unknown	0	0				
Diago list other reasons for	or referri		s to a different facility/progra		· · ·				
riease iist other reasons it	or revenu	ng marvidual	s to a university facility/progra	aiii.					

UNC Medical Center – Adult Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

MH: 316 Law Enforcement 130 0 0 0 Degree of Aggression 0	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team	
Provider 21 0	
Walk-in / from ED 95 0	
Contracted Transportation 41	
Medical Unit	
Other/Unknown	
SUD: 134 Law Enforcement 99 0 0 0 Degree of Aggression 0	
### Application	
Mobile Crisis Team	
### Provider ### 9 0 0	
Contracted transportation	
Contracted transportation	150
Contracted transportation	450
Other/Unknown	
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0	
EMS 0 0 0 Mobile Crisis Team 0 0 0 Other 0 Other 0 Other 0 Walk-in / from ED 0 0 O	
Mobile Crisis Team 0 0 0 Provider 0 0 Walk-in / from ED 0 0	
Provider 0 0 0	
Walk-in / from ED 0 0	
Contracted Transportation U U U	
Medical Unit 0 0	
Medical Unit	
Please list other reasons for referring Individuals to a different facility/program:	
ricase instituter reasons for referring municulars to a different facility/program:	

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Conditio the Number of Individuals Presenti Under IVC Proceedin	n, Transportation Method Utili Individuals Presenting Und ng Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 303	Law Enforcement	166	0	0	0	Degree of Aggression 0	
		EMS	29	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	20	0				
		Walk-in / from ED	88	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 99	Law Enforcement	88	0	0	0	Degree of Aggression 0	
		EMS	8	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
402		Provider	3	0				//N2
402		Walk-in / from ED	0	0				402
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit Other/Unknown	0	0				
Diagram Catarila and a constant		and the second s	-	1 0				
riease iist other reasons to	or reterring individi	uals to a different facility/progra	arn:					

UNC Medical Center – Geriatric Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Geriatric, 50 and older

July-December 2022

182	25	Law Enforcement EMS Mobile Crisis Team Provider Walk-in / from ED Contracted Transportation Medical Unit Other/Unknown Law Enforcement	49 16 0 6 62 24 0	0 0 0 0 0	0	0	Degree of Aggression 0 Medical Acuity 0 Other 0	
	25	Mobile Crisis Team Provider Walk-in / from ED Contracted Transportation Medical Unit Other/Unknown	0 6 62 24 0	0 0 0				
	25	Provider Walk-in / from ED Contracted Transportation Medical Unit Other/Unknown	6 62 24 0	0			Other 0	
	25	Walk-in / from ED Contracted Transportation Medical Unit Other/Unknown	62 24 0	0				
	25	Contracted Transportation Medical Unit Other/Unknown	24 0					
	25	Medical Unit Other/Unknown	0	0				
	25	Other/Unknown						
	25		Λ	0				
		Law Enforcement		0				
182			14	0	0	0	Degree of Aggression 0	
182		EMS	3	0			Medical Acuity 0	
182		Mobile Crisis Team	0	0			Other 0	4
102		Provider	1	0				182
		Walk-in / from ED	6	0				102
		Contracted Transportation	1	0				
		Medical Unit Other/Unknown	0	0				
MH/IDD				0	0	•		
IMITIOL		Law Enforcement FMS	0	0	U	0	Degree of Aggression 0 Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
	. 0 % 0 % 0 % 0 % 0 % 0 % 0 % 0 % 0 % 0	Provider	0	0			Ottlet	
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for referr			am:					

Fotal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, nber of Presenting	Transportation Method Utilized fo Individuals Presenting Under IVC Proceedings		Number of Individuals for 4- Whom IVC Proceeding Was		For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	143	Law Enforcement 51	0	0	0	Degree of Aggression 0	
	T. Control of the second		EMS 19	0			Medical Acuity 0	
			Mobile Crisis Team 0	0			Other 0	
			Provider 5	0				
			Walk-in / from ED 68					
			Contracted Transportation 0		4			
			Medical Unit 0		_			
			Other/Unknown 0					
	SUD:		Law Enforcement 15	_	0	0	Degree of Aggression 0	
			EMS 0 Mobile Crisis Team 0		-		Medical Acuity 0 Other 0	
4 = 0			Provider 0		-		Other 0	4 = 0
158			Walk-in / from ED 0		-			158
TOO			Contracted Transportation 0		-			TOO
			Medical Unit 0					
			Other/Unknown 0		-			
	MH/IDD:		Law Enforcement 0	0	0	0	Degree of Aggression 0	
			EMS 0				Medical Acuity 0	
			Mobile Crisis Team 0	0			Other 0	
			Provider 0	0	1			
			Walk-in / from ED 0	0				
			Contracted Transportation 0	0				
			Medical Unit 0					
			Other/Unknown 0	0				
ase list other reasons fo	r referring	individual	to a different facility/program:					

UNC Medical Center – Crisis Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: All ages

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utili Individuals Presenting Unc Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 322	Law Enforcement	66	0	0	0	Degree of Aggression 0	
		EMS	39	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	13	0				
		Walk-in / from ED	143	0				
		Contracted Transportation	61	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	(CXCXCXCXCXCXCXXXXXXXXXXXXXXXXXXXXXXXX	Law Enforcement	77	0	0	0	Degree of Aggression 0	
		EMS	13	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
423		Provider	0	0				423
423		Walk-in / from ED	8	0				423
		Contracted Transportation	3	0				
		Medical Unit Other/Unknown	0	0				
				0	0	•		
		Law Enforcement EMS	0	0	U	0	Degree of Aggression 0 Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0			Other 0	
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons fo		s to a different facility/progra	am:					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, lumber of Is Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	238	Law Enforcement	83	0	0	0	Degree of Aggression 0	
			EMS	45	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	19	0				
			Walk-in / from ED	91	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	98	Law Enforcement	94	0	0	0	Degree of Aggression 0	
			EMS	4	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
226			Provider	0	0				336
336			Walk-in / from ED	0	0				220
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
al III d			Other/Unknown		0				
rieasé list other reasons f	or referrir	ng individua	ls to a different facility/progr	am:					

UNC Medical Center – Eating Disorder Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: All ages, Eating Disorders focus

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presentii the N Individua	ch Primary ng Condition, lumber of Ils Presenting C Proceedings	Transportation Method Utilize Individuals Presenting Under Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	22	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	4	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	3	0				
			Contracted Transportation	10	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
22			Provider	0	0				<i>77</i>
			Walk-in / from ED	0	0				ZZ
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	r referrir		s to a different facility/program		·				
Fredse list other reasons to	n referri	ig murvidual	з со а интегент / астту/ program						

MH: 2 Law Enforcement 0 0 0 0 Degree of Aggression 0 Medical Acuity 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other 0 Other Othe	Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH: 2	Law Enforcement 0	0	0	0	Degree of Aggression 0	
Provider							Medical Acuity 0	
Walk-in / from ED 2 0				0			Other 0	
Contracted Transportation			Provider 0	0				
Medical Unit								
Other/Unknown								
SUD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0								
EMS						1		
Mobile Crisis Team		CONTRACTOR OF THE PARTY OF THE			0	0		
Provider								
Walk-in / from ED							Other 0	
Contracted Transportation 0 0	')
Medical Unit								_
Other/Unknown								
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0								
EMS 0 0 0						1 ^	Decree of Accounting	
Mobile Crisis Team					U	U		
Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0								
Walk-in / from ED							ouer 0	
Contracted Transportation 0 0				_				
Medical Unit								
Other/Unknown 0 0					1			
					1			
	Please list other reasons fo							
		<u> </u>	,,,,,,					

UNC Medical Center – Peripartum Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Peripartum women of child-bearing age

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Referrin	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				1
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
\cap			Provider	0	0				
U			Walk-in / from ED	0	0				l U
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		<u> </u>	Other/Unknown	0	0		,		4
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit Other/Unknown	0	0				
Discouring and the control of					0				: <u> </u>
riease list other reasons fo	or reterrir	ig individua	ls to a different facility/progra	am:					

Total Number of Individuals Presenting Under IVC Proceedings The Number of Individuals Presenting Under IVC Proceedings MH: O Total Number of Individuals Presenting Under IVC Proceeding MH: O		Condition, ber of Presenting	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings Law Enforcement 0		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
()			Provider	0	0				()
U			Walk-in / from ED Contracted Transportation	0	0				U
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
	141117100.		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
lease list other reasons fo	or referring i	ndividual	s to a different facility/progr	am:					

Veterans Affairs Medical Center-Durham

County: Durham

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized Individuals Presenting Under IV Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 48	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			2	0			Medical Acuity 0	
			0	0			Other 0	
			2	0				
			27	0				
			0	0				
			13	0				
			0	0				
	SUD: 0		0	0	0	0	Degree of Aggression 0	
			0	0			Medical Acuity 0	
			0	0			Other 0	
50			0	0				L 50
JU			0	0				. 30
			0	0				
			0	0				
				0	•	0		
	MH/IDD: 2		0	0	0	U	Degree of Aggression 0 Medical Acuity 0	4
								1
			0	0			Other 0	
			0	0				
			0	0				
			2	0				
			0	0				
Please list other reasons for		s to a different facility/program:	-	,				

MH:	35 Law Enforcement EMS Mobile Crisis Team Provider Walk-in / from ED	4 3 0	1 0	5	0	- 4	
	Mobile Crisis Team Provider	_	0		Ü	Degree of Aggression 0	
	Provider	0				Medical Acuity 0	
			0			Other 0	
	Walk-in / from ED	0	0				
		25	0				
	Contracted Transportation		0				
	Medical Unit	3	0				
	Other/Unknown	0	0				
SUD:	2 Law Enforcement	2	0	1	0	Degree of Aggression 0	
	EMS	0	0			Medical Acuity 0	
	Mobile Crisis Team	0	0			Other 0	
20	Provider	0	0				15
39	Walk-in / from ED	0	0				40
	Contracted Transportation		0				
	Medical Unit	0	0				
	Other/Unknown	0	0				
MH/IDD:	2 Law Enforcement	0	0	0	0	Degree of Aggression 0	
	EMS	0	0			Medical Acuity 0	
	Mobile Crisis Team	0	0			Other 0	
	Provider	0	0				
	Walk-in / from ED	2	0				
	Contracted Transportation	-	0				
	Medical Unit	0	0				
Please list other reasons for referring inc	Other/Unknown	0	0				

Vidant North (Halifax Regional Medical Center)

County: Halifax

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022 [closed July 1st - August 5th for remodeling]

Total Number of Individuals Presenting Under IVC Proceedings	For Each F Presenting C the Num Individuals I Under IVC Pr	Condition, ber of Presenting	Transportation Method Util Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Referring	Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	98	0	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
		3070103030707010	Mobile Crisis Team	0	0			Other 0	
98			Provider	0	0				
30			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0			 	
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	or referring i		s to a different facility/progr						
reasense offer reasons to		il di Vidual.	s to a different facility) progr	um.					

January-June 2023 [dropped designation February 25, 2023 – per facility's request]

	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 19	Law Enforcement 19	1	1	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
	CHONOLOGICA CONTRACTOR	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
4.0		Mobile Crisis Team 0	0			Other 0	
19		Provider 0	0				70
IJ		Walk-in / from ED 0	0				20
		Contracted Transportation 0 Medical Unit 0	0				
	.0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	Other/Unknown 0	0				
		Law Enforcement 0	0	0	0	Degree of Aggression 0	
	09090909090909	EMS 0	0	U	l O	Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0			Other	
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
ease list other reasons fo		s to a different facility/program:	-	1			

Vidant Roanoke-Chowan Hospital – Northside Behavioral Health Unit

County: Hertford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utiliz Individuals Presenting Unde Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 375	Law Enforcement	375	14	1	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
275		Provider	0	0				376
375		Walk-in / from ED	0	0				3/0
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0	_		I	
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	4
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team Provider	0	0			Other 0	
			0					
		Walk-in / from ED Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				
Please list other reasons for		s to a different facility/program						
land the state of								

Total Number of Individuals Presenting Under IVC Proceedings	For Each I Presenting 0 the Num Individuals Under IVC Pr	Condition, ber of Presenting	Transportation Method Util Individuals Presenting Un Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	384	Law Enforcement	384	17	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
		2000000000000000	Mobile Crisis Team	0	0			Other 0	
384			Provider	0	0				384
304			Walk-in / from ED	0	0				304
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		ı	-	
	MH/IDD:		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0		-1	Medical Acuity 0	
		**************	Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
Name that ath an arrange for			Other/Unknown		U				
riease list other reasons to	r reterring i	naividual	s to a different facility/progr	am:					

Vidant Roanoke-Chowan Hospital – Stepping Stone Senior Care

County: Hertford

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utiliza Individuals Presenting Unde Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Referri Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals
	MH: 118	Law Enforcement	116	10	0	0	Degree of Aggression 0	
		EMS	2	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				<u> </u>
	SUD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
118		Provider	0	0				118
TTO		Walk-in / from ED	0	0				1 TTO
		Contracted Transportation	0	0				
		Medical Unit	0	0				
		Other/Unknown	0	0				<u> </u>
	MH/IDD: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
M		Other/Unknown	0	0				@ <u></u>
Please list other reasons for	or referring individual	s to a different facility/prograr	m:					

MH:	
Mobile Crisis Team	
Provider	
Walk-in / from ED	
Contracted Transportation	
Medical Unit	
113	
113 SUD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 Medical Acuity 0 Other 0 Other 0 Other 0 Other 1 Other 1 Other 1 Other 1 Other 1 Other 1 Other 1 Other 1 Other 1 Other Other 1 Other Ot	
113 EMS	
113 Mobile Crisis Team	
113 Provider	
Contracted Transportation 0 0	
Contracted Transportation	L13
Contracted Transportation 0 0	LTO
Other/Unknown 0 0	
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0	
EMS 0 0 Medical Acuity 0	
Mobile Crisis Team 0 0 Other 0	
Provider 0 0	
Walk-in / from ED	
Contracted Transportation 0 0	
Medical Unit 0 0	
Other/Unknown 0 0 Under/Unknown 0 O Odessel ist other reasons for referring individuals to a different facility/program:	

W. G. Hefner Veterans Affairs Medical Center – Acute Psychiatric Unit

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Util Individuals Presenting Uni Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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 Referrin Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	41	Law Enforcement	18	2	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	16	1				
			Contracted Transportation	0	0				
			Medical Unit	7	0				
			Other/Unknown	0	0			la (A : 1 a	1
	SUD:	11	Law Enforcement	5	1	1	1	Degree of Aggression 0	
			EMS Mobile Crisis Team	0	0			Medical Acuity 1	
			Provider	1	0			Other 0	
52			Walk-in / from ED	5	0				55
J Z			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	MH/IDD:	10101010101010101010101	Law Enforcement	0	0	0	0	Degree of Aggression 0	4
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
		********	Other/Unknown	0	0				
Please list other reasons fo	or referri	ng individual	s to a different facility/progr	am:					

	ividuals Presenting der IVC Proceedings	Individuals Presenting Under IVC Proceedings	hour Facility and Completion of the Required 24-hour Examination	Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
MH:	: 44	Law Enforcement 24	3	3	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 1	0				
		Walk-in / from ED 13	5				
		Contracted Transportation 0	0				
		Medical Unit 6	0				
		Other/Unknown 0	0				
SUD	D: 9	Law Enforcement 6	2	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
53		Provider 0	0				
)		Walk-in / from ED 1	0				סכ
		Contracted Transportation 0	0				
		Medical Unit 2	0				
		Other/Unknown 0	0				
MH/	/IDD: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
	29292929292929292929292929292	Walk-in / from ED 0	0	[
1000		Contracted Transportation 0	0				
		Medical Unit 0	0	1			
		Other/Unknown 0 to a different facility/program:	0				

W. G. Hefner Veterans Affairs Medical Center – Non-Acute (Chronic) Psychiatric Unit

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH: 2	Law Enforcement 0	0	1	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 2	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
		Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
_		Mobile Crisis Team 0	0			Other 0	
つ		Provider 0	0				2
		Walk-in / from ED 0	0				<u> </u>
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0	_		I	
		Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0 Provider 0	0			Other 0	
				-			
		Walk-in / from ED 0 Contracted Transportation 0	0	-			
		Medical Unit 0	0	-			
		Other/Unknown 0	0				
Please list other reasons fo		s to a different facility/program:					
, reasons reasons re	or referring marviada.	o do d'arrecter admity, program.					

MH: 0 law Enforcement 0 0 0 0 Degree of Aggression 0	otal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presentin Under IVC Proceeding	Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IV
Mobile Crisis Team		MH: 0	Law Enforcement 0	0	0	0	Degree of Aggression 0	
Provider 0 0 0			EMS 0	0			Medical Acuity 0	
Walk-in / from ED				0			Other 0	
Contracted Transportation								
Medical Unit				0				
Other/Unknown								
SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0								
EMS								
Mobile Crisis Team		SUD: 0			0	0		
Provider			1111					
Walk-in / from ED							Other 0	
Contracted Transportation	()							()
Medical Unit	U							U
Other/Unknown								
MH/IDD: 0 Law Enforcement								
EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Acuity 0 Other 0 Other 0 Contracted Transportation 0 0 Medical Horit 0 0 0 Medical Courts of the contracted Transportation of the contracted Tran		MH/IDD: 0			0		Dograp of Aggression 0	
Mobile Crisis Team		IVIN/IDD.			U	U		
Provider 0 0 0 Walk-in / from ED 0 0 0 Contract Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0								
Walk-in / from ED			191				Ouici 0	
Contracted Transportation								
Medical Unit								
Other/Unknown 0 0								
	ease list other reasons fo	or referring individu		•				

Wake Forest Baptist Health – Child and Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 5-17

July-December 2022

	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 35	Law Enforcement 11	11	0	0	Degree of Aggression 0	
		EMS 2	2			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 16	12				
		Contracted Transportation 0	0				
		Medical Unit 6	4				
		Other/Unknown 0	0				
		Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
25		Provider 0	0				25
35		Walk-in / from ED 0	0				3 3
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
		Law Enforcement 0	0	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0	0				
		Medical Unit 0	0				
		Other/Unknown 0	0				
ilease list other reasons fo	r referring individuals	s to a different facility/program:					

	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH: 17	Law Enforcement 2	1	0	0	Degree of Aggression 0	
		EMS 1	1			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 9	5				
		Contracted Transportation 0	0				
		Medical Unit 5	4				
	**************	Other/Unknown 0	0				
	SUD: 1	Law Enforcement 0	0	0		Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
18		Provider 0	0				18
TO		Walk-in / from ED 0	0				TO
		Contracted Transportation 0	0				
		Medical Unit 1	0				
		Other/Unknown 0	0		ı		
	and the second s	Law Enforcement 0	0	0		Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		Mobile Crisis Team 0	0			Other 0	
		Provider 0	0				
		Walk-in / from ED 0	0				
		Contracted Transportation 0 Medical Unit 0	0				
		Other/Unknown 0	0				
leace list other reasons fo		s to a different facility/program:	1 0				
ease list other reasons to	ir rereiting marvidual	s to a uniferent facility/program:					

Wake Forest Baptist Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

July-December 2022

MH:	Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ng Condition, Number of als Presenting C Proceedings	Transportation Method Utili: Individuals Presenting Undi Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	244	Law Enforcement	67	19	0	0	Degree of Aggression 0	
Provider				EMS	61	21			Medical Acuity 0	
Walk-in / from ED 93 23 Contracted Transportation 0 0 0 0 0 0 0 0 0									Other 0	
Contracted Transportation										
Medical Unit 22 8				Walk-in / from ED		23				
Other/Unknown										
SUD: 11 Law Enforcement 3										
### Page 12								<u>,</u>		
Mobile Crisis Team		SUD:	11				0	0		
Provider										
Contracted Iransportation									Other 0	
Contracted Iransportation	756									756
Medical Unit 1	230									230
Other/Unknown										
MH/IDD: 1 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Init 1 0 Other/Unknown 0 0 0										
EMS 0 0 0 0		MILLIAND							Da of Ai 0	
Mobile Crisis Team		IVIN/IUU	1				U	0		
Provider									·	
Walk-in / from ED									ouici i 0	
Contracted Transportation 0 0										
Medical Unit										
Other/Unknown 0 0										
Please list other reasons for referring individuals to a different facility/program:										
	Please list other reasons for	r referri	ng individual	s to a different facility/progra	ım:	•				

MH:		EMS 3 Mobile Crisis Team (Provider	85 87 0	16 4	0	0	Degree of Aggression 0	
		Mobile Crisis Team (Provider	0					
		Provider					Medical Acuity 0	
			1	0			Other 0	
		Walk-in / from ED 8	1	1				
			31	9				
			0	0				
			28	3				
1111111		Other/Unknown (0	0				
SUD			2	0	0		Degree of Aggression 0	
			3	1			Medical Acuity 0	
		Mobile Crisis Team (0	0			Other 0	
239			0	0				239
Z 33 🗔		Walk-in / from ED	1	0				Z 33
			0	0				
			1	0				
		,	0	0				
MH/	CONTRACTOR OF THE PARTY OF THE		0	0	0		Degree of Aggression 0	
			0	0			Medical Acuity 0	
			0	0			Other 0	
			0	0				
			0	0				
			0	0				
			0	0				
			0	0				
ase list other reasons for ref	eferring individuals	s to a different facility/program:						

Wilson Medical Center

County: Wilson

Facility Type: Hospital

Population Served: Adults 18 and older

July-December 2022

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Utiliz Individuals Presenting Unde Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	135	Law Enforcement	59	9	0	0	Degree of Aggression 0	
			EMS	45	8			Medical Acuity 0	
			Mobile Crisis Team	2	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	17	5				
			Contracted Transportation	9	0				
			Medical Unit	3	0				
			Other/Unknown	0	0				
	SUD:	36	Law Enforcement	19	2	0		Degree of Aggression 0	
			EMS	8	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
171			Provider	0	0				171
1 / 1			Walk-in / from ED	7	4				
			Contracted Transportation	2	0				
			Medical Unit	0	0				
			Other/Unknown	0	0		<u> </u>	12	
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons for	r referri		s to a different facility/program						
		- Communication							

January-June 2023 [June report not submitted]

Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method Util Individuals Presenting Und Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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	Total Number of Individuals Receiving Treatment Under IVC
	MH:	162	Law Enforcement	77	0	0	0	Degree of Aggression 0	
			EMS	37	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	48	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
	SUD:	47	Law Enforcement	18	0	0	0	Degree of Aggression 0	
			EMS	18	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
209			Provider	0	0				209
203			Walk-in / from ED	11	0				203
			Contracted Transportation	0	0				
			Medical Unit Other/Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	l 0	Degree of Aggression 0	
	IVIN/IUU.		EMS	0	0	U	J 0	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contracted Transportation	0	0				
			Medical Unit	0	0				
			Other/Unknown	0	0				
Please list other reasons fo	r referrin	g individual	s to a different facility/progra	am:					