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

G.S. §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

**January 31, 2025** 

#### 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 reporting 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 Rule 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 69 facilities covered by this reporting requirement for this reporting period. Of these 69, there were 26 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 69 reporting facilities are broken down thus:

- o 37 Acute Care Hospitals / Medical Centers,
- o 10 Psychiatric Hospitals,
- o 13 Facility-Based Crisis (FBC) centers,
- o 1 Nonhospital Medical Detoxification (NHMD) center,

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

The list of designated facilities is dynamic. Some facilities have not held designation for the entire fiscal year and others decided to drop their designation during this time frame. During SFY24 units/facilities were closed for a month or two at a time due to staffing shortages or remodeling as reflected herein. An up-to-date list of <a href="IVC-designated facilities">IVC-designated facilities</a> can be found on the NCDHHS website.

#### **Reports Submitted**

This report covers the information provided by the IVC-designated facilities for SFY 2023-2024 and represents the information received for July-December of 2023 and for January-June of 2024 respectively.

The total reported number of IVC admissions for SFY 2023-2024 was 35,941. When added to the number of individuals for whom proceedings were initiated after voluntary admission, that total was 36,135. For people who encountered multiple involuntary admissions during this reporting period, each admission would be included in those counts.

The Division has actively worked with facilities to improve consistency and uniformity in meeting reporting obligations under this section. After achieving an almost 100% reporting rate in SFY22, the average dropped to slightly lower than 97% in SFY23. For SFY24, that reporting average has dropped to slightly higher than 94%. 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 are 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. Any exceptions to the facility/unit serving males and females are noted as a Population Served (e.g., only women, transgender, all genders).

### AdventHealth Hendersonville – Women's Behavioral Health Unit

County: Henderson

Facility Type: Inpatient Hospital

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

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	ch Primary ng 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Re Individuals, the Number of Indiv That Were Referred to a Diffe Facility or Program	iduals Total Number of Ind	
	MH:	92	Law Enforcement	56	0	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0				5.5.5.5.5 5.5.5.5.5	
			Walk-in / from ED	36	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
92			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0		0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
	]::::::::::::::::::::::::::::::::::::::		Other	0	0					
Please list other reasons for	referring in	dividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method L 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:	69	Law Enforcement	34	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	35	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				70
09			Walk-in / from ED	0	0				70
• • •			Contract Transportation	0	0				, ,
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	different facility/program	:			·		

# Alamance Regional Medical Center – Behavioral Medical Unit

County: Alamance

Facility Type: Inpatient Hospital

Population Served: Adults 18-54

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	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 Individuals, the Number of That Were Referred to a Facility or Program	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	169	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	169	18					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	8	Law Enforcement	0	0	0	0	Degree of Aggression	0	
177			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					177
1//			Walk-in / from ED	8	2					L <b>I</b> //
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	eferring indi	ividuals to a	different facility/program							

MH:	
Mobile Crisis Team	
Provider	
Walk-in / from ED	
Contract Transportation	
Medical Unit	
Other	
159    SUD:   11   Law Enforcement   0   0   0   0   0   Degree of Aggression   0	
159  EMS	
Mobile Crisis Team	
Provider 0 0 0	
Contract Transportation	4
Contract Transportation	159
Medical Unit 0 0 0 Other 0 0	TOO
Other 0 0	
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 Other 0	
Provider 0 0 0	
Walk-in/from ED 1 0	
walk-in/ Hollie D	
Medical light 0 0	
Other 0 0	
ase list other reasons for referring individuals to a different facility/program:	

# Alamance Regional Medical Center – Geriatric Psychiatric Unit

County: Alamance

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

# July-December 2023 [Unit designated December 11, 2023]

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:	7	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	7	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				<b>7</b>
			Walk-in / from ED	0	0				/
•			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring inc	dividuals to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	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:	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	27	1				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
28			Provider	0	0				70
20			Walk-in / from ED	1	0				20
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
DI III II			Other	0	0				
Please list other reasons for i	eterring ind	ividuals to 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 2023

Total 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 Refe Individuals, the Number of Indivi That Were Referred to a Differ Facility or Program	duals  Total Number of Individuals
	MH:	265	Law Enforcement	265	0	0	0	Degree of Aggression (	)
			EMS	0	0			Medical Acuity (	)
			Mobile Crisis Team	0	0			Other (	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0		)
			EMS	0	0			· · · · · · · · · · · · · · · · · · ·	)
			Mobile Crisis Team	0	0			Other (	)
265			Provider	0	0				265
<b>Z</b> 03			Walk-in / from ED	0	0				ZOO
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0		)
			EMS	0	0			· · · · · · · · · · · · · · · · · · ·	)
			Mobile Crisis Team	0	0			Other (	)
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	ividuals to a	a different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	Presen the Individ	Each Primary ting Condition Number of uals Presentin VC Proceedin	Individuals Presenting L 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:	294	Law Enforcement	294	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
294			Provider	0	0				294
<b>ZJ4</b>			Walk-in / from ED	0	0				ZJ4
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		T		
	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
Diagram list other records for	[		Other	0	0				
Please list other reasons for	rererring	; individuals t	o a different facility/program	· ·					

#### Asheboro Crisis Center

County: Randolph

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

# July-December 2023

SUD:		Law Enforcement EMS Mobile Crisis Team Provider Walk-in / from ED Contracted Transportation	0 0 0	0 0 0	0	0	Degree of Aggression 0	
SUD:		Mobile Crisis Team Provider Walk-in / from ED	0	· · · · · · · · · · · · · · · · · · ·				
SUD:		Provider Walk-in / from ED	0	0			Medical Acuity 0	]
SUD:		Walk-in / from ED		U			Other 0	]
SUD:				0				
SUD:		Contracted Transportation	0	0				
SUD:			0	0				4
SUD:		Medical Unit	0	0				4
SUD:		Other/Unknown	0	0				
n l	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
<b>0</b>		EMS	0	0			Medical Acuity 0	
$\cap$		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				$\cap$
U Biblio		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	1
	888888888888888	EMS	0	0			Medical Acuity 0	1
		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	ing 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting	Transportation Method L 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 f Individuals, the Number o That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	28	Law Enforcement	5	0	0	0	Degree of Aggression	0	
			EMS	17	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	3	0					
			Contract Transportation	3	0					
			Medical Unit	0	0					
			Other	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	
<b>၁</b> 0			Provider	0	0					<b>)</b>
28			Walk-in / from ED	0	0					_ ZO
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring ind	lividuals to a	a different facility/program			·				

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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:	25	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	13	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	8	0				
			Medical Unit	0	0				
			Other	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	
25			Provider	0	0				25
<b>Z D</b>			Walk-in / from ED	0	0				L 23
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring ind	ividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting			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 Referrir Individuals, the Number of Individua That Were Referred to a Different Eacility or Program	
	MH:	531	Law Enforcement	252	62	2	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	2	2				
			Contract Transportation	275	121				
			Medical Unit	0	0				
			Other	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	
531			Provider	0	0				533
DDT			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring indi	ividuals to a	a different facility/program	:					

MH:	Total Number of Individuals Presenting Under IVC Proceedings	Present	Numbe	ndition, or of senting	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	Total Number of Individuals Receiving Treatment Under IV
Mobile Crisis Team		MH:		426	Law Enforcement	162	48	2	1	Degree of Aggression 0	
Provider					EMS	0	0			Medical Acuity 1	
### August					Mobile Crisis Team	0	0			Other 0	
Contract Transportation   262   101     Medical Unit   0   0   0					Provider	0	0				
Medical Unit					Walk-in / from ED						
A 26   SUD:   O   Law Enforcement   O   O   O   O   Degree of Aggression   O   Medical Acuity   O   O   O   O   O   O   O   O   O					Contract Transportation	262	101				
426  SUD: 0						0					
## A 1					Other	0	0				
Mobile Crisis Team		SUD:		0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
## 426   Provider						0	· · · · · · · · · · · · · · · · · · ·			Medical Acuity 0	
Contract Transportation   0   0						0	0			Other 0	
Contract Transportation   0   0	176					0	0				170
Contract Transportation	420					0					4440
Other   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							· ·				
EMS         0         0         Medical Acuity         0           Mobile Crisis Team         0         0         Other         0						•					
Mobile Crisis Team         0         0         Other         0		MH/IDD	:				· ·	0	0	0 00	
										· — · — — — — — — — — — — — — — — — — —	
[2000000000000000000000000000000000000										Other 0	
					Provider	0	0				
Walk-in / from ED 0 0											
Contract Transportation 0 0											
Medical Unit 0 0							·				
Other 0 0   Other   Ot							0				

# Atrium Health Stanly

County: Stanly

Facility Type: Inpatient Hospital

Population Served: Adults 18-65

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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 Referrir Individuals, the Number of Individua That Were Referred to a Different	
	MH:	196	Law Enforcement	27	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				
			Contract Transportation	137	0				
			Medical Unit	0	0				
			Other	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	
196			Provider	0	0				196
TOO			Walk-in / from ED	0	0				1 190
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	reterring ind	ividuals to a	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			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:	196	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	32	0				
			Contract Transportation	136	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
400			Mobile Crisis Team	0	0			Other 0	400
196			Provider	0	0				196
TOO			Walk-in / from ED	0	0				I IJO
			Contract Transportation Medical Unit	0	0				
			Other	0	0				
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
	WIH/IDD	.   0	EMS	0	0	U		Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			Other	
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring	individuals to	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 2023

MH:	Mobile Crisis Team			Total Number of Indivi eceiving Treatment Un
Mobile Crisis Team	Mobile Crisis Team			
Provider	Provider			
Walk-in / from ED	Walk-in / from ED			
Contract Transportation	Contract Transportation			
Medical Unit	Medical Unit   0   0   0   0   0   0   0   0   0			
Medical Unit	Medical Unit			
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0   Medical Acutity   0   Other   0   Other   0   Other   0   Other   0   Other	SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0			
Medical Acuity   O Other   O O	### TO 1    Mobile Crisis Team			
Mobile Crisis Team	Mobile Crisis Team			
101   Provider	Provider			
Contract Transportation 0 0	Contract Transportation			
Contract Transportation 0 0	Contract Transportation	10	1 N 1	1Λ1
Contract Transportation 0 0	Contract Transportation	TU	TOT	TOT
Other   O   O   O   Degree of Aggression   O	Other   0   0   0   Degree of Aggression   0			
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Medical Acuity 0 Medical Acuity 0 Other 0	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 0 Walk-in / from ED 0 0 0 Contract Transportation 0 0 0 Medical Unit 0 0			
EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contract Transportation 0 0 Medical Unit 0 0 Other 0 0	EMS 0 0 0			
Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contract Transportation 0 0 Medical Unit 0 0 0 Other 0 0	Mobile Crisis Team			
Provider 0 0 0  Walk-in / from ED 0 0 0  Contract Transportation 0 0 0  Medical Unit 0 0 0  Other 0 0	Provider			
Walk-in / from ED	Walk-in / from ED			
Contract Transportation	Contract Transportation			
Medical Unit 0 0 Other 0 0	Medical Unit 0 0			
Other 0 0				
ease ist other reasons for referring individuals to a different facility/program:				
	lease list other reasons for referring individuals to a different racility/program:			

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L 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:	138	Law Enforcement	138	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
120			Provider	0	0				138
138			Walk-in / from ED	0	0				130
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	eferring inc	dividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting			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		Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	295	Law Enforcement	295	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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
<b>2</b> 33			Walk-in / from ED	0	0					<b>290</b>
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referri <mark>ng ind</mark>	ividuals to a	a different facility/program	:	·	·				

	Present the Individu	Numb Jals Pr	ndition,	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:		371	Law Enforcement	371	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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	
371				Provider	0	0				371
D T				Walk-in / from ED	0	0				D I T
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
Di li i i i				Other		0				
Please list other reasons for r	eterring	individ	duais to a	different facility/program	:					

# Brynn Marr Hospital – Adult Inpatient Psychiatric Unit

County: Onslow

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Individuals				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:	216	Law Enforcement	216	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
216			Provider	0	0				216
$\Box$ Z T D			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	a different facility/program						

# January-July 2024

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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:	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
315			Provider	0	0				315
272			Walk-in / from ED	0	0				2T2
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
N list -th					J				
lease list other reasons for r	eterring ind	ividuals to 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting			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 Referrin Individuals, the Number of Individual That Were Referred to a Different Facility or Program	
	MH:	6	Law Enforcement	6	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				<b>1</b> 7
O			Walk-in / from ED	0	0				/
			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	ividuals to	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 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:	6	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
		0.0.0.0.0.0.0.0.0.0.0.0	Other	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				
U			Walk-in / from ED	0	0				O
_			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other different facility/program	0	0				

# Caldwell Memorial Hospital

County: Caldwell

Facility Type: Inpatient Hospital

Population Served: Adults ages 18-64

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	258	Law Enforcement	258	47	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
258			Provider	0	0					263
230			Walk-in / from ED	0	0					<b>203</b>
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	reterring ind	ividuals 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			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	190	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
190			Provider	0	0				194
TOU			Walk-in / from ED	0	0				<b>134</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring in	dividuals to a	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n 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 Referrir Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	66	Law Enforcement	47	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	16	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	
66			Provider	0	0				CC
00			Walk-in / from ED	0	0				1 00
• •			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for MH: Method of transportati									

Total Number of Individuals Presenting Under IVC Proceedings	Preser the Individ	nting C Numl Iuals P	ondition, 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:		19	Law Enforcement	15	0	0	0	Degree of Aggression 0	
				EMS	1	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	3	0				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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	
19				Provider	0	0				10
1 ユラ				Walk-in / from ED	0	0				13
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	0	0				
	MH/ID	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	0	0				
Please list other reasons for	referrin	g indivi	iduals to a	ditterent facility/program						_

# 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	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 Referrin Individuals, the Number of Individual That Were Referred to a Different Facility or Program	
	MH:	341	Law Enforcement	134	0	0	0	Degree of Aggression 0	
			EMS	134	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	64	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	9	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	
341			Provider	0	0				341
541			Walk-in / from ED	0	0				341
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for MH: Method of transportati									

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, nber of Presenting	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 Referri Individuals, the Number of Individual That Were Referred to a Different Facility or Program	Total Number of Individuals
	MH:	386	Law Enforcement	146	0	1	0	Degree of Aggression 0	
			EMS	159	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	77	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	4	0				
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
387			Provider	0	0				388
<b>30</b> /			Walk-in / from ED	0	0				<b>300</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	200
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ease list other reasons for I IH: Method of transportati									

#### Carolina Dunes Behavioral Health – Child Acute Unit

County: Brunswick

Facility Type: Inpatient Hospital (private)

Population Served: Children and Adolescents ages 5-17

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 f Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	294	Law Enforcement	294	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
294			Provider	0	0					294
<b>Z 3 4</b>			Walk-in / from ED	0	0					<b>  234</b>
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	reterring ind	ividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	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 Individuals, the Number of That Were Referred to a Facility or Progra	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	438	Law Enforcement	438	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
438			Provider	0	0					120
430			Walk-in / from ED	0	0					430
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
	]: : : : : : : : : :		Other	0	0					
Please list other reasons for I	referring ind	lividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each F Presenting C the Num Individuals F Under IVC Pr	Condition, ber of Presenting	Transportation Method L 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:	142	Law Enforcement	142	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
142			Provider	0	0				142
142			Walk-in / from ED	0	0				<b>142</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring indiv	riduals to a	different facility/program			·			

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC	Condition, mber of Presenting	Transportation Method L 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 f Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	131	Law Enforcement	131	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
131			Provider	0	0					131
TOT			Walk-in / from ED	0	0					121
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0		ı			
	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring ind	ividuals to a	a different facility/program	:						

#### CarolinaEast Medical Center

County: Craven

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method L 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 R Individuals, the Number of Ind That Were Referred to a Diff Facility or Program	ividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	267	Law Enforcement	267	2	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
<b>267</b>			Provider	0	0					260
267			Walk-in / from ED	0	0					268
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	eferring ind	lividuals 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 L 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 R Individuals, the Number of Inc That Were Referred to a Diff Facility or Program	dividuals	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
339			Provider	0	0					220
222			Walk-in / from ED	0	0					339
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring ind	ividuals to a	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L 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	
	MH:	127	Law Enforcement	127	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
127			Provider	0	0				127
$\perp$ Z/			Walk-in / from ED	0	0				<b>                                   </b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	referring inc	dividuals to a	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 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 Refe Individuals, the Number of Individ That Were Referred to a Differe Facility or Program	tuals Possiving Treatment Under IVC
	MH:	81	Law Enforcement	81	7	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
81			Provider	0	0				00 1
ОТ			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				00000 00000
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	dividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting			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:	258	Law Enforcement	258	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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/0			Walk-in / from ED	0	0				<b>Z/O</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	18	Law Enforcement	18	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	ividuals to a	a different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	Preser the Individ	nting ( e Num duals F	Primary Condition, ober of Presenting roceedings			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:		263	Law Enforcement	263	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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	
707				Provider	0	0				282
282				Walk-in / from ED	0	0				<b>202</b>
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	0	0				
	MH/ID	D:	19	Law Enforcement	19	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
Di Pri di				Other	0	0				
Please list other reasons for	referrin	g indiv	viduals to a	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Re Individuals, the Number of Ind That Were Referred to a Diff Facility or Program	ividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	171	Law Enforcement	171	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
173			Provider	0	0					173
1/5			Walk-in / from ED	0	0					1/5
_, _			Contract Transportation	0	0					-, -
			Medical Unit	0	0					
			Other	0	0					
	MH/IDD:	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring in	dividuals to a	a different facility/program							

otal Number of Individuals Presenting Under IVC Proceedings	ler IVC the Number of		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:	175	Law Enforcement	175	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
182			Provider	0	0				182
TOZ			Walk-in / from ED	0	0				102
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	MH/IDD:	7	Law Enforcement	7	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	referring inc		Other	0	0				

#### Carolinas Medical Center-Davidson – Fraser Fir Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	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 Refe Individuals, the Number of Indivi That Were Referred to a Differ Facility or Program	iduals Possiving Treatment Under IV
	MH:	350	Law Enforcement	78	33	0	0	Degree of Aggression	0
			EMS	5	1			Medical Acuity (	0
			Mobile Crisis Team	0	0			Other (	0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	267	103				
			Medical Unit	0	0				
			Other	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
350			Provider	0	0				350
ววบ			Walk-in / from ED	0	0				<b>1 33U</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	ividuals to a	different facility/program	:	·				

# January-June 2024 [June report not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, nber of Presenting	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:	200	Law Enforcement	33	12	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	167	51				
			Medical Unit	0	0				
			Other	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	
200			Provider	0	0				200
200			Walk-in / from ED	0	0				200
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
	• #11 / IDD	^			·	•	I .		
	MH/IDD:	0	Law Enforcement EMS	0	0	0	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
lease list other reasons for r	eferring indi	viduals to a			-				
			777						

#### Carolinas Medical Center-Davidson – Mountain Laurel Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 Re Individuals, the Number of Indi That Were Referred to a Diffe Facility or Program	viduals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	290	Law Enforcement	89	30	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					
			Contract Transportation	199	61					
			Medical Unit	0	0					
			Other	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	
290			Provider	0	0					200
<b>290</b>			Walk-in / from ED	0	0					29U
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	reterring indi	ividuals to a	a different facility/program	:						

Total 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:	250	Law Enforcement	39	11	0	0	Degree of Aggression 0	
			EMS	3	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	42	12				
			Contract Transportation	166	60				
			Medical Unit	0	0				
			Other	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	0 - 0
250			Provider	0	0				250
230			Walk-in / from ED	0	0				230
			Contract Transportation Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
	IVIH/IUU.	U	EMS	0	0	U	l 0	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			other 0	
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring indi	viduals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, nber of Presenting	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Refi Individuals, the Number of Indivi That Were Referred to a Differ Facility or Program	duals Receiving Treatment Under IVC
	MH:	296	Law Enforcement	58	18	2	0		)
			EMS	0	0			· · · · · · · · · · · · · · · · · · ·	)
			Mobile Crisis Team	0	0			Other	)
			Provider	0	0				
			Walk-in / from ED	51	22				
			Contract Transportation	187	49				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0		)
			EMS	0	0			·	0
			Mobile Crisis Team	0	0			Other	
296			Provider	0	0				298
<b>2</b> 30			Walk-in / from ED	0	0				<b>                                     </b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0		<u> </u>
			EMS	0	0				<u> </u>
			Mobile Crisis Team	0	0			Other	0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	reterring ind	ividuals to a	a different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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:	242	Law Enforcement	39	10	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	203	45				
			Medical Unit	0	0				
			Other	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	
242			Provider	0	0				2/2
<b>Z4Z</b>			Walk-in / from ED	0	0				242
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	eferring ind	ividuals to a	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	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:	48	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	48	4				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
10			Provider	0	0				10
40			Walk-in / from ED	0	0				49
. •			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	dividuals to	a different facility/program	:					
Ì									
İ									!
					-				

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	16	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	16	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
16			Provider	0	0					16
TO			Walk-in / from ED	0	0					TO
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for I	referring ind	ividuals to a	a different facility/program					·		

### CaroMont Regional Medical Center – Adult Psychiatric Unit

County: Gaston

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L 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 Referri Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	266	Law Enforcement	0	0	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	266	5				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0			<del>, , , , , , , , , , , , , , , , , , , </del>	
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
266			Provider	0	0				269
<b>200</b>			Walk-in / from ED	0	0				ZUJ
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
Diagram list other recording		distributed as Asset	Other	0	0				::
Please list other reasons for	referring ind	uividuals to a	a different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of 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:	259	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		-0-0-0-0-0-0-0-0-0-0-0-0-	EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0	455555554555555554555555		Other 0	
			Provider	0	0				
			Walk-in / from ED	259	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı	·	
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
0 = 0			Mobile Crisis Team	0	0			Other 0	0=0
259			Provider	0	0				259
233			Walk-in / from ED	0	0				233
			Contract Transportation Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
	IVIH/IUU:		EMS	0	0	U	U	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			Other	
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals 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 2023

otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, nber of Presenting	Transportation Method L 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	That Were Referred to a Different	Total Number of Individuals
	MH:	50	Law Enforcement	15	0	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	35	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	15	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
65			Provider	0	0				<b>60</b>
UJ			Walk-in / from ED	13	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	222
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
!:					U				381 <u> </u>
ease list other reasons for	referring ind	viduais (0 a	a different facility/program						

MH:	enting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	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 IV
Mobile Crisis Team	N	MH:	41	Law Enforcement	7	0	2	0	Degree of Aggression 0	
Provider					0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Contract Transportation				Provider	0	0				
Medical Unit				Walk-in / from ED	34	0				
SUD: 15				Contract Transportation	0	0				
SUD:   15				Medical Unit	0	0				
EMS				Other	0	0				
Mobile Crisis Team	S	SUD:	15	Law Enforcement	1	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Contract Transportation				Mobile Crisis Team	0	0			Other 0	
Contract Transportation   0   0				Provider	0	0				<b>[</b> 0
Contract Transportation   0   0	ו סכ			Walk-in / from ED	14	0				20
Other   O   O   O   Degree of Aggression   O					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 0  Provider 0 0 0  Walk-in / from ED 0 0  Contract Transportation 0 0  Medical Unit 0 0 0					0	0				
EMS 0 0 0 Medical Acuity 0 Other 0 Oth					0	0				
Mobile Crisis Team	Ņ	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider         0         0           Walk-in / from ED         0         0           Contract Transportation         0         0           Medical Unit         0         0				EMS	0	0			Medical Acuity 0	
Walk-in / from ED         0         0           Contract Transportation         0         0           Medical Unit         0         0				Mobile Crisis Team	0	0			Other 0	
Contract Transportation				Provider	0	0				
Medical Unit 0 0				Walk-in / from ED	0	0				
				· · · · · · · · · · · · · · · · · · ·						
Other 0 0										
						0				
ease list other reasons for referring individuals to a different facility/program:	st other reasons for re	ferring indi	viduals to a	different facility/program						

# Catawba Valley Medical Center – Geriatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method Undividuals Presenting U		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:	23	Law Enforcement	5	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	18	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
24			Provider	0	0				25
<b>L</b> 24			Walk-in / from ED	1	0				ZO
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	lividuals to a	different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Present Under IVC Proceedi	on, Transportation Method Utili Individuals Presenting Und 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 IVC
	MH: 30	Law Enforcement	12	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	18	0				
		Contract Transportation	0	0				
		Medical Unit	0	0				
			0	0				
	SUD: 3	Law Enforcement	2	0	1		Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
22		Provider	0	0				26
22		Walk-in / from ED	1	0				<b>50</b>
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	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				
		Contract Transportation	0	0				
		Medical Unit	0	0				
	]		0	0				
lease list other reasons for	referring individuals	to a different facility/program:						

# Catawba Valley Medical Center – Adult Psychiatric Intensive Care Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method L 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 Re Individuals, the Number of Indiv That Were Referred to a Diffe Facility or Program	/iduals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	80	Law Enforcement	13	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	67	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	23	Law Enforcement	3	0	1	0	Degree of Aggression	0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
103			Provider	0	0					105
TOO			Walk-in / from ED	20	0					TOO
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0		.0	0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring ind	lividuals to a	different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber 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:	67	Law Enforcement	11	0	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	56	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
QQ			Provider	0	0				02
03			Walk-in / from ED	20	0				32
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
lease list other reasons for r	eferring in								
rease list other reasons for r	C.C. Alig III		direction (definely) program						

# Catawba Valley Medical Center – Medical-Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, also comorbid conditions

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each I Presenting 0 the Num Individuals I Under IVC Pr	Condition, nber of Presenting	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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	24	Law Enforcement	7	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	17	2					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	6	Law Enforcement	0	0	4		Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
30			Provider	0	0					26
30			Walk-in / from ED	6	0					<b>50</b>
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring indi	viduals to a	different facility/program							

MH:	Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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 f Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	18	Law Enforcement	1	0	2	0	Degree of Aggression	0	
Provider				EMS	0	0			Medical Acuity	0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other	0	
Contract Transportation   O   O   O				Provider	0	0					
Medical Unit   0   0   0   0   0   0   0   0   0				Walk-in / from ED	17	1					
Other				Contract Transportation	0	0					
SUD:   8   Law Enforcement   1				Medical Unit	0	0					
### Additional Crisis Team				Other	0	0					
Mobile Crisis Team		SUD:	8	Law Enforcement	1	0	3	0		0	
Provider					0	0			Medical Acuity	0	
Walk-in / from ED   7				Mobile Crisis Team	0	0			Other	0	
Contract Transportation   0   0   0	26					0					<b>21</b>
Medical Unit   0   0   0   0   0   0   0   0   0	<b>Z</b> 0			Walk-in / from ED	7	1					<b>5</b> 1
Other   0   0   0   Degree of Aggression   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  Contract Transportation 0 0  Medical Unit 0 0  Other 0				Medical Unit	0	0					
EMS 0 0 0  Mobile Crisis Team 0 0 0  Provider 0 0 0  Walk-in / from ED 0 0 0  Contract Transportation 0 0 0  Medical Unit 0 0 0  Other 0					0	0					
Mobile Crisis Team		MH/IDD:	0	-	0	0	0	0			
Provider											
Walk-in / from ED									Other	0	
Contract Transportation						·					
Medical Unit											
Other 0 0						·					
Please list other reasons for referring individuals to a different facility/program:						0					
	Please list other reasons for	referring ind	ividuals to a	different facility/program							

### Charles George Veterans Affairs Medical Center

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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:	31	Law Enforcement	1	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	1
			Provider	0	0				
			Walk-in / from ED	30	1				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
31			Provider	0	0				31
ЭТ			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
					J				
Please list other reasons for I	ererring ind	ividuals 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:	36	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	34	0					
			Contract Transportation	0	0					
			Medical Unit	1	0					
			Other	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	
36			Provider	0	0					26
<b>3</b> 0			Walk-in / from ED	0	0					<b>5</b> 0
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0	•	T			
	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for r	eferring individu									

# Child Facility-Based Crisis of Richmond

County: Richmond

Facility Type: Facility-Based Crisis

Population Served: Children and Adolescents ages 6-17

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting			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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals 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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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			Provider	0	0					1
<u> </u>			Walk-in / from ED	0	0					
<del>_</del>			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	MH/IDD:	1	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
					0					
Please list other reasons for I	eferring ind	lividuals to a	Other	0	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	2	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
2			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				<b>1</b>
Z			Walk-in / from ED	0	0				Z
_			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ase list other reasons for	referring ind	ividuals to a	different facility/program						

# Cleveland Crisis Recovery Center

County: Cleveland

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

# July-December 2023

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: 37	Law Enforcement	37	2	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				
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	0	0				
	SUD: 3	Law Enforcement	3	0	0		Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
// //		Provider	0	0				11
40		Walk-in / from ED	0	0				41
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	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				
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	0	0				
ease list other reasons for I	referring individuals to	a different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presentin Under IVC Proceedin	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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	21	1	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	0	0				
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	0	0				
	SUD: 1	Law Enforcement	1	0	1	1	Degree of Aggression 1	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
22		Provider	0	0				75
<b>ZZ</b>		Walk-in / from ED	0	0				23
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	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				
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	0	0				
lease list other reasons for i	eterring individuals t	o 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting 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:	415	Law Enforcement	415	55	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:		Law Enforcement	10	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
426			Provider	0	0				426
420			Walk-in / from ED	0	0				420
			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	0	0		1		
	MH/IDD:		Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	4
			Mobile Crisis Team	0	0			Other 0	3
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
Diagon list ather reasons for	oforming '-	lividuale to			U				
Please list other reasons for	referring inc	aividuais (0 a	rumerent racility/program						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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:	390	Law Enforcement	390	57	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	9	Law Enforcement	9	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
401			Provider	0	0				│ //∩1
401			Walk-in / from ED	0	0				401
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	2	Law Enforcement	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
N Pro d			Other		U				
Please list other reasons for I	eterring ind	ividuals to a	a different facility/program						

#### Cone Health – Child/Adolescent Unit

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 12-17

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	Transportation Method L 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 Individuals, the Number of In That Were Referred to a DiFacility or Program	dividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	58	Law Enforcement	58	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	_
58			Provider	0	0					
20			Walk-in / from ED	0	0					50
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	reterring indi	viduals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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	71	50	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	1	Law Enforcement	1	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
77			Provider	0	0				7 <i>1</i>
72			Walk-in / from ED	0	0				/4
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring inc	dividuals to a	a different facility/program						

#### Cone Health – Adult Unit

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC	Condition, mber of Presenting	Transportation Method L 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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	239	Law Enforcement	237	29	5	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	2	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	22	Law Enforcement	22	3	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
261			Provider	0	0					266
ZOT			Walk-in / from ED	0	0					<b>200</b>
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring ind	ividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	343	Law Enforcement	343	35	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	17	Law Enforcement	17	2	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
360			Provider	0	0				362
טטכ			Walk-in / from ED	0	0				<b>302</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	ividuals to 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, nber of Presenting	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:	246	Law Enforcement	246	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
246			Provider	0	0				246
<b>240</b>			Walk-in / from ED	0	0				240
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other		0				
Please list other reasons for I	reterring indi	ividuals to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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	
	MH:	259	Law Enforcement	259	108	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
259			Provider	0	0				259
L 233			Walk-in / from ED	0	0				ZDD
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	ividuals to a	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 Referri Individuals, the Number of Individu That Were Referred to a Different Facility or Program	Total Number of Individuals
	MH:	220	Law Enforcement	220	137	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
220			Provider	0	0				220
ZZU			Walk-in / from ED	0	0				<b>  ZZU</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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	60
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
N I'-+					U				
Please list other reasons for I	ererring ING	ividuals (O a	. unrerent тасшту/program						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	160	Law Enforcement	160	32	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
160			Provider	0	0				160
160			Walk-in / from ED	0	0				160
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ease list other reasons for r	referring indi	ividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L 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 Re Individuals, the Number of Indiv That Were Referred to a Diffe Facility or Program	viduals Total Number of Individuals
	MH:	77	Law Enforcement	77	40	0	0	Degree of Aggression	0
			EMS	0	0			Medical Acuity	0
			Mobile Crisis Team	0	0			Other	0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0			<del>,</del>	
	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
77			Provider	0	0				<b></b>
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0			0
			EMS	0	0				0
			Mobile Crisis Team	0	0			Other	0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract 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	0	0				
Please list other reasons for	reterring in	dividuals to a	a different facility/program	:					
·							,		

MH:	otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nui Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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 IV
Mobile Crisis Team		MH:	84		84	32	0	0	Degree of Aggression 0	
Provider					0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Contract Transportation						· · · · · · · · · · · · · · · · · · ·				
Medical Unit						·				
SUD:   0   Law Enforcement   0   0   0   0   0   Degree of Aggression   0				· · · · · · · · · · · · · · · · · · ·	0	0				
84    SUD:   0   Law Enforcement   0   0   0   0   0   Degree of Aggression   0						· · · · · · · · · · · · · · · · · · ·				
84    EMS					0	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0		0 00	
Provider					0	•			Medical Acuity 0	
Walk-in / from ED						·			Other 0	
Contract Transportation 0 0   O   Medical Unit 0 0 0   O   O   O   O   O   O   O   O	0/				0	0				0/
Medical Unit	04			Walk-in / from ED	0	0				04
Other   O   O   O   Degree of Aggression   O   Degree of Aggression   O   O   Degree of Aggression   O   O   Degree of Aggression   O   O   O   O   O   O   O   O   O	•									•
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  Walk-in / from ED 0 0						·				
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 Other 0 Other 0 Walk-in / from ED 0 0					0	0				
Mobile Crisis Team         0         0         Other         0           Provider         0		MH/IDD:	0	Law Enforcement	0	•	0	0	Degree of Aggression 0	
Provider         0         0           Walk-in / from ED         0         0					0	·			Medical Acuity 0	
Walk-in / from ED 0 0				Mobile Crisis Team	0	0			Other 0	
					0	0				
Contract Transportation 0 0				Walk-in / from ED	0	0				
				· · · · · · · · · · · · · · · · · · ·	0	0				
Medical Unit 0 0						· · · · · · · · · · · · · · · · · · ·				
Other 0 0  ase list other reasons for referring individuals to a different facility/program:						0				

## Daymark Recovery C.R.C. Statesville

County: Iredell

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

# July-December 2023

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 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:	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 I	referring i	individuals to a	a different facility/program:						

	the Num ndividuals F nder IVC Pr	Presenting	Transportation Method U Individuals Presenting U 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	
MI	H:	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
1			Provider	0	0				1
L			Walk-in / from ED	0	0				L
<b>-</b>			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	0	0				
MI	H/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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ase list other reasons for refe	erring indiv	iduals 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 2023

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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
$\cap$			Provider	0	0				<b>.</b>
U			Walk-in / from ED	0	0				
			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	referring inc	dividuals 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 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				l U
		Contracted Transportation	0	0				1
		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	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	0	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				_L
			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	dividuals 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 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 Referr Individuals, the Number of Individu That Were Referred to a 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:	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				
•			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				<u> </u>
Please list other reasons for r	eferring 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	96	Law Enforcement	96	46	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
0c			Provider	0	0					$\cap$
96			Walk-in / from ED	0	0					90
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	eferring ind	ividuals to a	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			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 Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	58	Law Enforcement	58	41	1	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	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
58			Provider	0	0					FO
			Walk-in / from ED	0	0					<b>3</b> 9
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring inc	dividuals to	a different facility/program							

#### Dix Crisis Center

County: Onslow

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber 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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals 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	1	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	31	Law Enforcement	31	18	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
31			Provider	0	0					<b>1</b> 21
DT			Walk-in / from ED	0	0					- $2T$
<u> </u>			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for r	reterring inc	dividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, imber 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	24	Law Enforcement	24	13	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
24			Provider	0	0				1 7 <i>1</i>
<b>24</b>			Walk-in / from ED	0	0				L 24
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	referring inc	dividuals to	a different facility/program						

## Duke Regional Hospital

County: Durham

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	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:	275	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	238	0				
			Contract Transportation	0	0				
			Medical Unit	37	0				
			Other	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	
275			Provider	0	0				275
<b>Z/J</b>			Walk-in / from ED	0	0				<b>Z/</b> J
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
lease list other reasons for i	J. 100 100 100 100 100 100 100 100 100 10				U				
icase list other reasons for f	reterring ind	ividuals (O a	r dirrerent raciiity/ program						

Fresenting Under IVC Proceedings Individu Under IV Under IV		Primary Condition, nber of Presenting troceedings	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
	MH:	271	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	244	0				
			Contract Transportation	0	0				
			Medical Unit	25	0				
			Other	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	
271			Provider	0	0				271
Z/I			Walk-in / from ED	0	0				Z/I
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ase list other reasons for	referring ind	viduals to a	different facility/program						

## Durham Recovery Response Center

County: Durham

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

# July-December 2023

MH:   24   Law Enforcement   24   17   0   0   Degree of Aggression   0   Medical Acuty   0   Other   Ot	Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings		ondition, Transportation Method Undividuals Presenting Undividuals Precedings  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:	24	Law Enforcement	24	17	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Contract Transportation   0   0   0				Provider	0	0				
Contract Transportation				Walk-in / from ED	0	0				
Other   O   O   O   Degree of Aggression   O   O   O   Degree of Aggression   O   O   O   O   O   O   O   O   O				Contract Transportation	0	0				
### April				Medical Unit	0	0				
### Add				Other	0	0				
Mobile Crisis Team   0   0   Other   0   Other   0   Other   0   Other   0   Other   0   Other   Oth		SUD:	0		0	0	0	0		
Provider   0   0   0						0			<u> </u>	
Walk-in / from ED						-			Other 0	
Contract Transportation   0	117			<del></del>						17
Medical Unit   0   0   0	42									42
Other   0   0   0										
Other										
EMS 0 0 0 Medical Aculty 0 Other 0 Oth										
Mobile Crisis Team   0   0   Other   0		MH/IDD:	18				0	0		
Provider   0				1						
Walk-in / from ED				·					Other 0	
Contract Transportation										
Medical Unit										
0 0 0										
						-				
rease list other reasons for referring individuals to a different facility/program:	N 12 11 6					U				
	rlease list other reasons for i	reterring in	dividuals to a	a different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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	
	MH:	16	Law Enforcement	16	2	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
10			Provider	0	0				1 10
T.J			Walk-in / from ED	0	0				1 13
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	3	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	ererring ind	ividuals to a	a unrerent facility/program						

## Durham Recovery Response Center

County: Durham

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

# July-December 2023

Total Number 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	Of the Individuals for 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 Individu That Were Referred to a Differen 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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
7			Provider	0	0				1 7
Z			Walk-in / from ED	0	0				L
_			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	erere
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	dividuals to	a different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	ch Primary og Condition, umber of ds Presenting 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	_
<b>1</b>			Provider	0	0				<b>7</b>
L			Walk-in / from ED	0	0				Z
_			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	]		Other	0	0				
Please list other reasons for	referring in	dividuals to a	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	184	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	175	0				
			Contract Transportation	0	0				
			Medical Unit	9	0				
			Other	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	
184			Provider	0	0				184
104			Walk-in / from ED	0	0				104
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
lease list other reasons for I	referring ind	ividuals to a	a different facility/program			·	·		

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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:	169	Law Enforcement	0	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	154	0				
			Contract Transportation	0	0				
			Medical Unit	14	0				
			Other	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	
169			Provider	0	0				169
TOD			Walk-in / from ED	0	0				LOS
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	ividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	54	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	40	0				
			Contract Transportation	0	0				
			Medical Unit	14	0				
			Other	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	
54			Provider	0	0				
<b>D</b> 4			Walk-in / from ED	0	0				<b>1</b> 34
•			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	lividuals to a	a different facility/program	:					

Total 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	Of the Individuals for 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:	42	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					
			Contract Transportation	0	0					
			Medical Unit	13	0					
			Other	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	
17			Provider	0	0					1 1 2
4/			Walk-in / from ED	0	0					4/
. –			Contract Transportation	0	0					· <del>-</del>
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring inc	lividuals to a	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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method L 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 fo Individuals, the Number of That Were Referred to a Facility or Program	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	25	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	25	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	_	
25			Provider	0	0					<b>7</b> E
ZO			Walk-in / from ED	0	0					25
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring inc	lividuals to a	a different facility/program	:						

Formula Number of Individuals  Presenting Under IVC  Proceedings  Individual  Under IV		Primary Condition, nber of Presenting 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:	28	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	22	0				
			Contract Transportation	0	0				
			Medical Unit	5	0				
			Other	0	0				
SUD:	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	
28			Provider	0	0				<b>7Q</b>
20			Walk-in / from ED	0	0				20
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	9	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	7	0				
			Contract Transportation	0	0				
			Medical Unit	2	0				
			Other	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		
ാറ			Provider	0	0				20
23			Walk-in / from ED	0	0				l ZJ
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	dividuals to	a different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings		ach Primary ing Condition, Number of Individuals Presenting Under IVC lals Presenting CC Proceedings		to Voluntary Status at any Number of Individuals for Time Between Arrival at the 24 Whom IVC Proceeding Was hour Facility and Completion of the Required 24-hour (After Voluntary Admission) Examination		Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	9	Law Enforcement	0	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	7	0				
			Contract Transportation	0	0				
			Medical Unit	1	0				
			Other	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	
25			Provider	0	0				25
ZJ			Walk-in / from ED	0	0				<b>Z</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		1		
	MH/IDD:	16	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	2	0				
			Walk-in / from ED	13	0				
			Contract Transportation	0	0				
			Medical Unit	1	0				
			Other	0	0				
Please list other reasons for	referring inc	dividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prin Presenting Con the Numbe Individuals Pres Under IVC Proce	r of senting	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:	* [	aw Enforcement	*	*	*	*	Degree of Aggression *	
		E	MS	*	*			Medical Acuity *	
		ı	Mobile Crisis Team	*	*			Other *	
		F	Provider	*	*				
		١	Walk-in / from ED	*	*				
		(	Contract Transportation	*	*				
		ı	Medical Unit	*	*				
		(	Other	*	*				
	SUD:	* [	aw Enforcement	*	*	*	*	Degree of Aggression *	
		E	MS	*	*			Medical Acuity *	
-		ı	Mobile Crisis Team	*	*			Other *	
*		F	Provider	*	*				*
-		١	Walk-in / from ED	*	*				<u>-</u>
		(	Contract Transportation	*	*				
			Medical Unit	*	*				
		(	Other	*	*				
	MH/IDD:	* [	aw Enforcement	*	*	*	*	Degree of Aggression *	
		E	MS	*	*			Medical Acuity *	
		ı	Mobile Crisis Team	*	*			Other *	
		F	Provider	*	*				
		١	Walk-in / from ED	*	*				
		(	Contract Transportation	*	*				
			Medical Unit	*	*				
		(	Other	*	*				
lease list other reasons for r	eferring individu	uals to a d	different facility/program:						

## January-June 2024 [January report not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of 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:	23	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	22	14				
			Contract Transportation	1	0				
			Medical Unit	0	0				
			Other	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	
23			Provider	0	0				23
23			Walk-in / from ED	0	0				L 23
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	8
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
Please list other reasons for r	oforring !				U				
iease list other reasons for r	ererring inc	iiviuuals to a	rumerent facility/program						

## FirstHealth Moore Regional Hospital

County: Moore

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prima Presenting Cond the Number Individuals Prese Under IVC Proces	dition, of enting	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: 42	21	Law Enforcement	179	15	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	242	34				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
421			Provider	0	0				421
<b>4</b> 21			Walk-in / from ED	0	0				<b>⊢ 4∠⊥</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	referring individua	als to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting			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 f Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	468	Law Enforcement	217	14	3	2	Degree of Aggression	2	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	250	14					
			Contract Transportation	0	0					
			Medical Unit	0	0					
	1.0000000000000000000000000000000000000		Other	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	
468			Provider	0	0					471
400			Walk-in / from ED	0	0					<b>4/</b> 1
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit Other	0	0					
lease list other reasons for	roforring ind	lividuale to			U					
rease income reasons for	referring inc	iiviuudis (O a		•						

## Frye Regional Medical Center – General Adult Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, MI

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings		Condition,	Transportation Method L 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:	15	Law Enforcement	15	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
15			Provider	0	0				15
13			Walk-in / from ED	0	0				1.0
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	ividuals to 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 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:	46	Law Enforcement	46	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
46			Provider	0	0				16
40			Walk-in / from ED	0	0				40
. •			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	eferring inc	dividuals to 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 2023 [Unit closed September 27 through December 17 for renovations.]

Total Number of Individuals Presenting Under IVC Proceedings	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 Refe Individuals, the Number of Indivi That Were Referred to a Differe Facility or Program	duals Possiving Treatment Under IVC
	MH:	70	Law Enforcement	70	0	0	0	Degree of Aggression C	
			EMS	0	0			Medical Acuity (	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity (	
			Mobile Crisis Team	0	0			Other 0	
71			Provider	0	0				71
/			Walk-in / from ED	0	0				/ L
			Contract Transportation	0	0				<b>1</b>
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression (	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other C	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	a different facility/program				·		

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	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:	149	Law Enforcement	149	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	_
149			Provider	0	0				150
149			Walk-in / from ED	0	0				LOU
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	ividuals 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 2023 [Unit closed July 6 through September 27 for renovations.]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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 Individuals, the Number of Ir That Were Referred to a Di Facility or Program	ifferent	Total Number of Individuals Receiving Treatment Under IVC
	MH:	37	Law Enforcement	37	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
27			Provider	0	0					) 20
5/			Walk-in / from ED	0	0					
<b>.</b>			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring ind	ividuals to a	a different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	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
	MH:	88	Law Enforcement	88	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
00			Provider	0	0				$\cap$
00			Walk-in / from ED	0	0				90
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ease list other reasons for I	eferring ind	ividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	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 Referr Individuals, the Number of Individu That Were Referred to a Differen Facility or Program	als Total Number of Individuals
	MH:	98	Law Enforcement	97	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				
			Contract Transportation	0	0				
			Medical Unit	1	0				
			Other	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	
റഠ			Provider	0	0				1 NO
70			Walk-in / from ED	0	0				90
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	eterring ind	dividuals to a	different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings  MH: 109		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:	109	Law Enforcement	109	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				110
TUD			Walk-in / from ED	0	0				<b>TTO</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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 Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
lease list other reasons for r	eferring indi	viduals to a			•				
icase hist other reasons for i	Creming mui	viduais tO d	unresent racinty/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 2023 [Unit closed December 21-31 for renovations.]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method L 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	Of the Individuals for 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 Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	140	Law Enforcement	140	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
141			Provider	0	0					142
<b>141</b>			Walk-in / from ED	0	0					142
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring ind	dividuals to a	a different facility/program			·				

# January-June 2024 [Unit closed January and February for renovations. Closed March 1 through June 12 due to staffing issues.]

Fotal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, amber 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 IV
	MH:	11	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
11			Provider	0	0				11
11			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ase list other reasons for I	eferring inc	dividuals to a	different facility/program			,			

## Good Hope Hospital

County: Harnett

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

# July-December 2023

Fotal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, nber of Presenting	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	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	220	Law Enforcement	220	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
220			Provider	0	0				220
ZZU			Walk-in / from ED	0	0				ZZU
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
lease list other reasons for	eferring indi	viduals to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Presenth the Individ	nting ( e Num duals I	Primary Condition, ober of Presenting roceedings			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:		246	Law Enforcement	246	92	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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	
フルム				Provider	0	0				246
246				Walk-in / from ED	0	0				<b>240</b>
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	0	0				
	MH/ID	יטו:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	4
				EMS	0	0			Medical Acuity 0	4
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED						
				Contract Transportation Medical Unit	0	0				
				Other	0	0				
Please list other reasons for	roforrin	a indi				l				
ricase list other reasons for	ieieiiii	giilui	viduais to a	a dirretent facility/program						

## Guilford County Behavioral Health Center

County: Guilford

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older, all genders

# July-December 2023

	the Nur Individuals Under IVC F		Transportation Method L Individuals Presenting U 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 f Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	5	Law Enforcement	4	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	1	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	4	Law Enforcement	2	2	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
Ω			Provider	0	0					<b>Ω</b>
<b>9</b>			Walk-in / from ED	2	1					- <i>9</i>
_			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for re	eferring ind	ividuals to a	a different facility/program							

otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, nber of Presenting			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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	4	Law Enforcement	2	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	2	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	9	Law Enforcement	9	5	0		Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
13			Provider	0	0					13
TO			Walk-in / from ED	0	0					L TO
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	000000000000000000000000000000000000000		Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					

## Haywood Regional Medical Center

County: Haywood

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each P Presenting C the Numl Individuals P Under IVC Pre	ondition, per of resenting	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 Individuals, the Number of That Were Referred to a Facility or Program	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	230	Law Enforcement	230	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0		ı	-		
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	000
230			Provider Walk-in / from ED	0	0					230
230				0	0					230
			Contract Transportation Medical Unit	0	0					
			Other	0	0					
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression	0	
	Willy IDD.		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0			Other		
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring indivi	iduals to a	different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L 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:	304	Law Enforcement	304	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
304			Provider	0	0				201
<b>204</b>			Walk-in / from ED	0	0				304
• • •			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring inc	lividuals to a	different facility/program						

## High Point Medical Center

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	161	Law Enforcement	62	18	5	2	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	2	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	92	22					
			Contract Transportation	0	0					
			Medical Unit	7	0					
			Other	0	0					
	SUD:	56	Law Enforcement	20	10	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
217			Provider	0	0					222
$Z \perp I$			Walk-in / from ED	36	9					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring ind	ividuals to a	a different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	179	Law Enforcement	57	19	9	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	108	4				
			Contract Transportation	0	0				
			Medical Unit	14	0				
			Other	0	0				
	SUD:	56	Law Enforcement	27	14	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
<b>72</b> E			Provider	0	0				245
235			Walk-in / from ED	29	1				<b>Z4</b> 3
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring in	dividuals to 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 2023 [July, October through December reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method L 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 Individuals, the Number of That Were Referred to a Facility or Program	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	41	Law Enforcement	41	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
11			Provider	0	0					11
41			Walk-in / from ED	0	0					<b>4</b> 1
			Contract Transportation	0	0					· —
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring inc	lividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the No Individual	th Primary og Condition, umber of Is 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	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
	SUD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
-			Mobile Crisis Team	*	*			Other *	_
*			Provider	*	*				*
			Walk-in / from ED	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
	MH/IDD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	
			Provider	*	*				
			Walk-in / from ED	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
Please list other reasons for I	eferring in	dividuals 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 2023 [July, October through December reports not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	the Nu Individuals	Primary Condition, mber of 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 fo Individuals, the Number of That Were Referred to a Facility or Program	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	162	Law Enforcement	162	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	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
162			Provider	0	0					164
TOZ			Walk-in / from ED	0	0					104
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	reterring ind	iividuals 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 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	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
	SUD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	
*			Provider	*	*				*
			Walk-in / from ED	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
	MH/IDD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	
			Provider	*	*				
			Walk-in / from ED	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other		*				
Please list other reasons for I	reterring ir	idividuals to a	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 2023 [July, October through December reports not submitted]

MH:   758   Law Enforcement   758   0   10   0   Degree of Aggression   0   Medical Acuity   0   Other   0   Other   0   Other   0   Other   0   Other   0   Other	Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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 Refer Individuals, the Number of Individ That Were Referred to a Differe Facility or Program	Total Number of Individuals
Mobile Crisis Team		MH:	758	Law Enforcement	758	0	10	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Provider				Mobile Crisis Team	0	0			Other 0	
Contract Transportation				Provider	0	0				
Medical Unit				Walk-in / from ED	0	0				
Other				Contract Transportation	0	0				
Number   Contract Transportation   Contrac				Medical Unit	0	0				
758    EMS				Other	0	0				
758   Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
758   Provider					0	0			Medical Acuity 0	
Contract Transportation 0 0 0   Medical Unit 0 0 0   Medical Acuity 0 0   Medical Unit 0 0   Medical Unit 0 0 0   Medical Unit				Mobile Crisis Team	0	0			Other 0	
Contract Transportation 0 0 0   Medical Unit 0 0 0   Medical Acuity 0 0   Medical Unit 0 0   Medical Unit 0 0 0   Medical Unit	750			Provider	0	0				760
Contract Transportation 0 0 0   Medical Unit 0 0 0   Medical Acuity 0 0   Medical Unit 0 0   Medical Unit 0 0 0   Medical Unit	700			Walk-in / from ED	0	0				/ 00
Medical Unit				Contract Transportation	0	0				
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0  EMS 0 0 0 Medical Acutry 0  Mobile Crisis Team 0 0 0  Provider 0 0 0  Walk-in / from ED 0 0  Contract Transportation 0 0  Medical Unit 0 0 0  Other 0 0						·				
EMS 0 0 0 Medical Acuty 0 Medical Acuty 0 Other 0 Othe				Other	0	0				
Mobile Crisis Team		MH/IDD:	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	
Contract Transportation						0				
Contract Transportation 0 0   0						-				
Other 0 0					0	·				
						· ·				
ease list other reasons for referring individuals to a different facility/program:						0				
	lease list other reasons for I	referring ind	ividuals to a	different facility/program						

MH:	Receiving Treatment Under IVC
Mobile Crisis Team	
Worker	
Walk-in / from ED	
Contract Transportation	1
Contract Transportation	l
Notice	
SUD:   Law Enforcement	
**  EMS	1
Mobile Crisis Team	
Provider	1
Walk-in / from ED	
Contract Transportation	*
Medical Unit	
MH/IDD:   Law Enforcement   *   *	
MH/IDD:	
	1
Mobile Crisis Team * * Other *	
Within Crisis reality	1
Provider * *	
waix-iii/ IIOIII ED	
CONTRACT HAISPOTATION	1
Medical Unit * * Other * *	
passage of the passag	
ease list other reasons for referring 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 2023 [July, October through December reports not submitted]

MH	H:				hour Facility and Completion of the Required 24-hour Examination	Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	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
		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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
SUE	ID:	3	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				) )
) J			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
<u> </u>	لينتنننن		Other	0	0			<u> </u>	4
MH	H/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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for refer	erring ind	ividuals to a	different facility/program						

Fotal Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presenti Under IVC Proceeding	n, Transportation Method Undividuals 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: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contract Transportation	*	*				
		Medical Unit	*	*				
		Other	*	*				
	SUD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
*		Provider	*	*				*
		Walk-in / from ED	*	*				
		Contract Transportation	*	*				
		Medical Unit	*	*				
		Other	*	*				
	MH/IDD: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
		EMS	*	*			Medical Acuity *	
		Mobile Crisis Team	*	*			Other *	
		Provider	*	*				
		Walk-in / from ED	*	*				
		Contract Transportation	*	*				
		Medical Unit	*	*				
		Other	*	*				
ase list other reasons for I	eferring individuals	o a different facility/program						

#### Johnston UNC Health

County: Johnston

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting			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	
	MH:	290	Law Enforcement	290	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
290			Provider	0	0				1 200
<b>290</b>			Walk-in / from ED	0	0				290
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
	5555555555		Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	ividuals to a	a different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Present the	Numbe	ndition, er of esenting	Transportation Method L 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 Referrin, Individuals, the Number of Individual That Were Referred to a Different Facility or Program	
	MH:		232	Law Enforcement	232	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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	
232				Provider	0	0				233
<b>ZOZ</b>				Walk-in / from ED	0	0				ZJJ
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	0	0				
Please list other reasons for	referring	individ	uals to a	different facility/program						

#### Margaret R. Pardee Memorial Hospital

County: Henderson

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

# July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of 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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	61	Law Enforcement	36	0	6	0	Degree of Aggression	0	
			EMS	3	0			Medical Acuity	0	
			Mobile Crisis Team	1	0			Other	0	
			Provider	10	2					
			Walk-in / from ED	11	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	17	Law Enforcement	7	0	8	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
70			Provider	5	0					$\cap$
/ O			Walk-in / from ED	4	1					92
, •			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for I	eferring inc	lividuals to a	different facility/program							

# January-June 2024 [May report not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g 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		f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	51	Law Enforcement	31	4	0	0	Degree of Aggression	0	
			EMS	9	2			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	11	3					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	24	Law Enforcement	10	4	0	0	Degree of Aggression	0	
			EMS	2	1			Medical Acuity	0	
			Mobile Crisis Team	2	2			Other	0	
75			Provider	0	0					75
/ )			Walk-in / from ED	10	2					/ )
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	eterring inc	lividuals to a	a different facility/program	:						

#### Maria Parham Health Franklin – Adult Unit

County: Franklin

Facility Type: Inpatient Hospital

Population Served: Adults 18-54, also Transgender

# July-December 2023

Total 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 fo Individuals, the Number of I That Were Referred to a I Facility or Progran	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	258	Law Enforcement	257	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
258			Provider	0	0					258
230			Walk-in / from ED	0	0					230
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring ind	lividuals to a	a different facility/program				·	·		

Presenting Under IVC Proceedings  For Each For E		Condition, mber of Presenting	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 IVO
	MH:	239	Law Enforcement	239	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
ാവ			Provider	0	0				ാാറ
239			Walk-in / from ED	0	0				239
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
se list other reasons for	referring ind	ividuals to a	different facility/program						

#### Maria Parham Health-Franklin – Geriatric Unit

County: Franklin

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older, also Transgender

## July-December 2023

Total 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 I Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	88	Law Enforcement	88	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
QQ			Provider	0	0					QQ
00			Walk-in / from ED	0	0					00
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring inc	lividuals to a	a different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nur	mber of Presenting	Transportation Method L 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:	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				TO/
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	J		Other	0	0				

### Mission Health – Acute Inpatient Child Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Children ages 4-12

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	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	
	MH:	41	Law Enforcement	18	1	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				
			Contract Transportation	0	0				
			Medical Unit	17	0				
			Other	4	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	
11			Provider	0	0				11
41			Walk-in / from ED	0	0				<b>1 4</b> ⊥
. –			Contract Transportation	0	0				• <del></del>
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
lease list other reasons for r MH: Individuals transported	Ŭ		a different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting 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 Individuals, the Number of In That Were Referred to a Di Facility or Program	dividuals fferent	Total Number of Individuals Receiving Treatment Under IVC
	MH:	16	Law Enforcement	6	0	0	0	Degree of Aggression	0	
			EMS	4	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
16			Provider	0	0					16
TO			Walk-in / from ED	0	0					10
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for in MH: Individuals transported			a different facility/program							

### Mission Health – Acute Inpatient Adolescent Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 13-17

### July-December 2023

otal Number of Individuals Presenting Under IVC Proceedings	Individuals		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 Referrin Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	39	Law Enforcement	26	0	0	0	Degree of Aggression 0	
			EMS	4	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	4	0				
			Other	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	
20			Provider	0	0				1 20
<b>コ</b> フ			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
			a different facility/program						
H: Individuals transported	by family o	friend.							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber 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 R Individuals, the Number of Inc That Were Referred to a Diff Facility or Program	dividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	48	Law Enforcement	35	3	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	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	8	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	
10			Provider	0	0					10
40			Walk-in / from ED	0	0					40
. •			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for MH: 7 Individuals transporte				:		·	·			

### Mission Health – Adult Inpatient Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Adults 18-64

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 fo Individuals, the Number of I That Were Referred to a I Facility or Program	ndividuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	468	Law Enforcement	224	12	4	0	Degree of Aggression	0	
			EMS	112	6			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	59	3					
			Other	73	4					
	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	
468			Provider	0	0					472
400			Walk-in / from ED	0	0					4/2
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for			different facility/program							
MH: Individuals transported	by family or	triend.								

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, imber 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:	429	Law Enforcement	239	11	5	0	Degree of Aggression 0	
			EMS	77	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Contract Transportation	8	1				
			Medical Unit	2	0				
			Other	102	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	
429			Provider	0	0				434
423			Walk-in / from ED	0	0				434
. — -			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I MH: 84 Individuals transport									

#### Mission Health – Geriatric Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Geriatric, 65 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Individuals		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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	45	Law Enforcement	17	1	1	0	Degree of Aggression	0	
			EMS	15	2			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	5	0					
			Other	8	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	
<i>1</i> $\square$			Provider	0	0					16
45			Walk-in / from ED	0	0					40
. •			Contract Transportation	0	0					. •
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for I MH: Individuals transported			a different facility/program							

otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	57	Law Enforcement	20	0	3	0	Degree of Aggression 0	
			EMS	20	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	17	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	
57			Provider	0	0				<b>6</b> 0
<b>3</b> /			Walk-in / from ED	0	0				UU
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ease list other reasons for i									
H: 13 Individuals transporte	ed by family	or friend. 4	1 unknown						

### Monroe Crisis Recovery Center

County: Union

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method L 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 Rel Individuals, the Number of Indiv That Were Referred to a Diffe Facility or Program	viduals	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	13	Law Enforcement	4	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
12			Provider	0	0					12
TO			Walk-in / from ED	9	0					T.O
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	eferring ind	lividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L 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 I Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	1	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	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	8	Law Enforcement	3	0	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	
Q			Provider	0	0					10
0			Walk-in / from ED	5	0					I IU
_			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0		ı	· · · · · · · · · · · · · · · · · · ·		
	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for r	ererring ind	aividuals to a	a different facility/program	:						

### New Hanover Regional Medical Center

County: New Hanover

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2023

MH:	Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 I Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	432	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	
Contract Transportation				Provider	0	0					
Medical Unit				Walk-in / from ED	432	145					
Other				Contract Transportation	0	0					
## Add				Medical Unit	0	0					
## Add				Other	0	0					
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
## Provider					0	0			Medical Acuity	0	
Contract Transportation   0   0				Mobile Crisis Team	0	0			Other	0	
Contract Transportation   0   0	127			Provider	0	0					127
Contract Transportation   0   0	432			· · · · · · · · · · · · · · · · · · ·							43Z
Other   0   0   0   0   Degree of Aggression   0				· · · · · · · · · · · · · · · · · · ·							
MH/IDD: 0   Law Enforcement 0 0 0 0 0 Degree of Aggression 0						-					
EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contract Transportation 0 0 0 Medical Idnit 0 0 0 Other 0 0						-					
Mobile Crisis Team		MH/IDD:	0			·	0	0		-	
Provider 0 0 0  Walk-in / from ED 0 0  Contract Transportation 0 0  Medical Unit 0 0 0  Other 0 0						·			· · · · · · · · · · · · · · · · · · ·		
Walk-in / from ED				· · · · · · · · · · · · · · · · · · ·		· ·			Other	0	
Contract Transportation   0   0						·					
Medical Unit											
Other 0 0						-					
						· · · · · · · · · · · · · · · · · · ·					
lease list other reasons for referring individuals to a different facility/program:						0					
	Please list other reasons for i	referring ind	ividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Conditio Number of Ials Presentio /C Proceedin	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	401	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0	.5555555555555555555555555		Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	401	136				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
404			Mobile Crisis Team	0	0			Other 0	404
401			Provider	0	0				401
401			Walk-in / from ED	0	0				401
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other		0	^	I .	D	
	MH/IDD	: 0	Law Enforcement EMS	0	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring	individuals t	NO. 1						
ricase list other reasons for r	Ciciling	marviduais t	o 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 2023

Total 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:	404	Law Enforcement	37	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	208	86				
			Contract Transportation	147	64				
			Medical Unit	12	3				
			Other	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	
404			Provider	0	0				404
404			Walk-in / from ED	0	0				I 4U4
. • .			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	J		Other	0	0				
Please list other reasons for	referring ind	lividuals to a	a different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method L 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:	341	Law Enforcement	31	12	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	140	55				
			Contract Transportation	161	79				
			Medical Unit	9	4				
			Other	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	
341			Provider	0	0				341
341			Walk-in / from ED	0	0				341
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
Discouling the second of the			Other	0	0				
Please list other reasons for	referring ind	iividualS to a	. unrecent racility/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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				lack
U			Walk-in / from ED	0	0				U
			Contract Transportation	0	0				•
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring in	dividuals to a	a different facility/program	i:					

otal Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings  MH: 0		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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals 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 different facility/program:	0	0					

#### 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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 Individuals, the Number of Ir That Were Referred to a Di Facility or Program	ndividuals ifferent	Total Number of Individuals Receiving Treatment Under IVC
	MH:	48	Law Enforcement	22	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	4	0					
			Contract Transportation	22	0					
			Medical Unit	0	0					
			Other	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	
ΛQ			Provider	0	0					/ // Q
40			Walk-in / from ED	0	0					<del>4</del> 0
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit Other	0	0					
the state of					U					
lease list other reasons for I	ererring ind	ividuals to a	i different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	er IVC the Number of		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:	57	Law Enforcement	27	0	0	0	Degree of Aggression 0	
		-1-1-1-1-1-1-1-1-1-1-	EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	11	0				
			Contract Transportation	19	0				
			Medical Unit	0	0				
			Other	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	
57			Provider	0	0				57
<i>J 1</i>			Walk-in / from ED	0	0				<i>31</i>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		I -	I	
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
		-1-1-1-1-1-1-1-1-1-1-	EMS Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring inc			ı:					

#### 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	270	Law Enforcement	116	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	114	0					
			Contract Transportation	40	0					
			Medical Unit	0	0					
			Other	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	
270			Provider	0	0					270
Z/U			Walk-in / from ED	0	0					Z/U
<b>—</b> · · ·			Contract Transportation	0	0					_, _,
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referri <mark>ng ind</mark>	ividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber 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 Refer Individuals, the Number of Individ That Were Referred to a Differen Facility or Program	Total Number of Individuals
	MH:	380	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	188	0				
			Contract Transportation	36	0				
			Medical Unit	0	0				
			Other	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	
380			Provider	0	0				380
200			Walk-in / from ED	0	0				1 300
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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	0.000.0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
DI 11 11 6					U				
Please list other reasons for I	ererring inc	aividuals to a	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 2023

Total 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referrir Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	233	Law Enforcement	101	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	132	23				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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 ZDD			Walk-in / from ED	0	0				Z33
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	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 L 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:	214	Law Enforcement	85	26	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	129	23				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
214			Provider	0	0				214
<b>L L L H</b>			Walk-in / from ED	0	0				<b>Z</b>
			Contract Transportation	0	0				
			Medical Unit	0	0	[::::::::::::::::::::::::::::::::::::::			
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
				0	0				
Please list other reasons for	referring in	dividuals to a	a different facility/program						
					2				

#### Novant Health Rowan Medical Center – Linn Geriatrics Unit

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber 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 Refer Individuals, the Number of Individu That Were Referred to a Differen Facility or Program	Total Number of Individuals
	MH:	86	Law Enforcement	50	4	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	36	9				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
86			Provider	0	0				06
00			Walk-in / from ED	0	0				00
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	1000
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	<u> Inggressia</u>		Other	0	0				
Please list other reasons for	reterring ind	aividuals 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 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	77	Law Enforcement	35	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	42	10				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
77			Provider	0	0				<b>  77</b>
//			Walk-in / from ED	0	0				//
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting			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:	120	Law Enforcement	79	0	0	0	Degree of Aggression 0	
			EMS	19	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	20	0				
			Contract Transportation	1	0				
			Medical Unit	1	0				
			Other	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	
120			Provider	0	0				120
LZU			Walk-in / from ED	0	0				IZU
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	a different facility/program						

	the I	ing Condi Number of Ials Prese /C Procee	of nting	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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
1	MH:	15	9	Law Enforcement	90	0	0	0	Degree of Aggression 0	
				EMS	23	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	46	0				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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	
159				Provider	0	0				159
エンフ				Walk-in / from ED	0	0				LOD
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	0	0				
Please list other reasons for re	eferring i	individua	Is to a	different facility/program	:					

### Old Vineyard Behavioral Health Services – Acute Adolescent Psychiatric Inpatient Unit

County: Forsyth

Facility Type: Inpatient Hospital (private)

Population Served: Adolescents ages 12-17

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	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 fo Individuals, the Number of That Were Referred to a Facility or Prograi	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	517	Law Enforcement	517	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
[17			Provider	0	0					<b>[17</b> ]
517			Walk-in / from ED	0	0					517
<b>–</b> <i>i</i>			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for I	eferring ind	ividuals to a	different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	571	Law Enforcement	571	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
571			Provider	0	0					571
J/I			Walk-in / from ED	0	0					$\cup$ $\cup$ $\cup$ $\cup$
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0	_		I		
	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for r	eferring ind	ividuals to a								

### Old Vineyard Behavioral Health Services – Acute Adult Psychiatric Inpatient Unit

County: Forsyth

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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 fo Individuals, the Number of I That Were Referred to a I Facility or Progran	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	622	Law Enforcement	622	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	13	Law Enforcement	13	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
635			Provider	0	0					635
033			Walk-in / from ED	0	0					<b>U</b> 33
			Contract Transportation	0	0					
			Medical Unit Other	0	0					
	MH/IDD:	0	Law Enforcement	0	0	•	0	D	•	
	IVIH/IUU:	U	EMS	0	0	0		Degree of Aggression Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0			Other		
			Walk-in / from ED	0	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for i	eferring ind	ividuals to a	different facility/program	:						
			, p. eg. em							

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	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:	852	Law Enforcement	852	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	9	Law Enforcement	9	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
861			Provider	0	0				861
OOT			Walk-in / from ED	0	0				OOT
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
I:-tt					U				
Please list other reasons for I	reterring indi	ividuals to a	i different facility/program						

#### Old Vineyard Behavioral Health – Older Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital (private)

Population Served: Geriatric, 55 and older

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	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 Refe Individuals, the Number of Indivi That Were Referred to a Differe Facility or Program	duals Total Number of Individuals
	MH:	202	Law Enforcement	202	0	0	0	Degree of Aggression (	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				8888
	SUD:	1	Law Enforcement	1	0	0	0	Degree of Aggression C	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other C	
203			Provider	0	0				203
ZUO			Walk-in / from ED	0	0				U ZUS
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression C	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other C	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	eferring ind	ividuals to a	a different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings		mber of Presenting	Transportation Method L 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:	207	Law Enforcement	207	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		· · · · · · · · · · · · · · · · · · ·		
	SUD:	1	Law Enforcement	1	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
000			Mobile Crisis Team	0	0			Other 0	000
208			Provider	0	0				208
200			Walk-in / from ED	0	0				200
			Contract Transportation Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
	Willy IDD.	Ŭ	EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
lease list other reasons for	referring ind	ividuals to a	different facility/program	:					

### Old Vineyard Behavioral Health – Acute Dual Diagnosis Inpatient Unit

County: Forsyth

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, MI/SUD

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting	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:	364	Law Enforcement	364	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	96	Law Enforcement	96	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
460			Provider	0	0				460
400			Walk-in / from ED	0	0				400
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0		0	5 th :	
	MH/IUU:	U	EMS	0	0	0		Degree of Aggression 0  Medical Acuity 0	
			Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	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:	397	Law Enforcement	397	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:		Law Enforcement	19	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
/11 <i>C</i>			Provider	0	0				1116
416			Walk-in / from ED	0	0				416
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	reterring inc	dividuals to a	different facility/program						

#### Old Vineyard Behavioral Health - Mood Disorders Unit

County: Forsyth

Facility Type: Inpatient Hospital (private)

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

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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	That Were Referred to a Different	
	MH:	197	Law Enforcement	197	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	7	Law Enforcement	7	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
204			Provider	0	0	-			204
ZU4			Walk-in / from ED	0	0				L ZU4
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	ividuals to a	a different facility/program		·				

otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L 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 f Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	164	Law Enforcement	164	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
164	5.555555555		Provider	0	0					164
TO4			Walk-in / from ED	0	0					104
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0		I	ı		
	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					
			Contract Transportation	0	0					
			Medical Unit Other	0	0					
	[p-p-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5				U					
ease list other reasons for	referring indi	ividuals to a	a different facility/program						·	

### Phoenix Counseling Center

County: Gaston

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

## July-December 2023

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 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:	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 I	referring i	individuals to a	a different facility/program:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber 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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals 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 in	dividuals to a	a different facility/program:							

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

### January-June 2024 [facility designated March 22, 2023; unit opened May]

Total Number of Individuals Presenting Under IVC Proceedings	resenting Under IVC 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:	64	Law Enforcement	64	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	6/
$\mathcal{L}$			Provider	0	0				
04			Walk-in / from ED	0	0				04
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	iividuals to a	a different facility/program						

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18-30

### January-June 2024 [designated March 22, 2023; unit opened May]

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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	54	Law Enforcement	54	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
54			Provider	0	0				
J4			Walk-in / from ED	0	0				) <del>34</del>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	<u> </u>		Other	0	0				
Please list other reasons for	reterring ind	aividuals to a	a different facility/program						

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, High Acuity

## July-December 2023

Fotal Number of Individuals Presenting Under IVC Proceedings	der IVC the Number of		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 Referrir Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	201	Law Enforcement	201	13	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	0	0				33 33
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				99
	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				205
ZUI			Walk-in / from ED	0	0				203
			Contract Transportation	0	0	_			
		********************	Medical Unit	0	0				
	/		Other	0	0	•	Г		
	MH/IDD:	0	Law Enforcement	0	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				
			Contract Transportation	0	0				88 88
			Medical Unit	0	0				
			Other	0	0				
ease list other reasons for	eferring indi	viduals 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 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:	189	Law Enforcement	186	4	0	0	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	189
			Mobile Crisis Team	0	0			Other 0	
189			Provider	0	0				
TOD			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
	100000000000000000000000000000000000000		Contract Transportation	0	0				
			Medical Unit Other	0	0				
Diagon list ather seen of the	Interestición				0				
Please list other reasons for	referring ind	iiviuudis to a	i different facility/program						

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, High Acuity

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC	Condition, mber of Presenting	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:	186	Law Enforcement	186	5	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
186			Provider	0	0				188
TOD			Walk-in / from ED	0	0				100
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	ividuals to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g 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	Individuals, the Number of Individuals That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	195	Law Enforcement	195	4	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
195			Provider	0	0				195
TDD			Walk-in / from ED	0	0				133
			Contract Transportation	0	0				
			Medical Unit	0	0				
		,	Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring ind	lividuals to a	different facility/program						

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method L 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	Of the Individuals for 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 Individi That Were Referred to a Differen Facility or Program	Total Number of Individuals
	MH:	234	Law Enforcement	233	7	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	1	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
234			Provider	0	0				235
L Z 3 4			Walk-in / from ED	0	0				Z33
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	lividuals to a	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			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:	267	Law Enforcement	267	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0	$\dashv$		Other 0	007
267			Provider	0	0				267
207			Walk-in / from ED	0	0				<b>20</b> /
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
Please list other reasons for		individuals +-			0				
riease list other reasons for			a unrerent facility/program	•					

### Rutherford Regional Medical Center

County: Rutherford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Re Individuals, the Number of Indiv That Were Referred to a Diffe Facility or Program	viduals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	115	Law Enforcement	11	4	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	2	1			Other	0	
			Provider	30	5					
			Walk-in / from ED	26	7					
			Contract Transportation	0	0					
			Medical Unit	2	0					
			Other	44	16					
	SUD:	39	Law Enforcement	7	1	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
154			Mobile Crisis Team	1	0			Other	0	
			Provider	14	5					154
1.04			Walk-in / from ED	3	0					104
			Contract Transportation	0	0					-0 .
			Medical Unit	0	0					
			Other	14	8					
	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for Other methods of transporta										

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings MH: 127		Transportation Method L 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:	127	Law Enforcement	69	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	2	0			Other 0	
			Provider	17	7				
			Walk-in / from ED	1	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	38	23				
	SUD:	17	Law Enforcement	6	2	0	0	Degree of Aggression 0	
144			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	4	2				144
			Walk-in / from ED	0	0				<b>144</b>
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	7	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				
			Contract Transportation	0	0				
				0	0				
					0				
ease list other reasons for re ther methods of transportati		dividuals to a	Medical Unit Other different facility/program	0	0				

### SECU Youth Crisis Center, a Monarch Program

County: Mecklenburg

Facility Type: Facility-Based Crisis

Population Served: Children and Adolescents ages 6-17

## July-December 2023

MH:   61   Law Enforcement   46   21   0   0   Degree of Aggression   0	of Individuals ent Under IVC
Mobile Crisis Team	
Provider	
Walk-in / from ED	
Contract Transportation	
Medical Unit	
Other	
61    SUD:   O   Law Enforcement   O   O   O   O   Degree of Aggression   O   Medical Acuity   O   O   O   O   O   O   O   O   O	
61    EMS	
Mb/IDD: 0 Law Enforcement 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
61    Provider   0   0   0	
Walk-in / from ED	
Contract Transportation	1
Medical Unit	Щ.
Other         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	
Mobile Crisis Team 0 0 O	
Provider 0 0	
Walk-in / from ED 0 0	
Contract Transportation 0 0	
Medical Unit 0 0	
Other 0 0  ease list other reasons for referring individuals to a different facility/program:	

Total 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:	116	Law Enforcement	100	24	0	0	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	10				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
116			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				116
חוו			Walk-in / from ED	0	0				116
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	lividuals to a	a different facility/program						

### SECU Youth Crisis Center, a Monarch Program

County: Mecklenburg

Facility Type: Nonhospital Medical Detoxification

Population Served: Children and Adolescents ages 6-17

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	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 Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals 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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
Λ			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					$\cap$
U			Walk-in / from ED	0	0					0
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for I	referring indi	viduals to a	different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method L 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:	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
0			Mobile Crisis Team	0	0			Other 0	_
			Provider	0	0				$\cap$
			Walk-in / from ED	0	0				U
			Contract Transportation	0	0				_
			Medical Unit	0	0				
		4	Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	reterring ir	ndividuals to a	a different facility/program	:					

### Synergy Recovery at the Shirley B. Randleman Center

County: Wilkes

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### January-June 2024 [facility designated April 9, 2024]

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L 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:	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	eferring in	dividuals to a	a different facility/program						

### Tanglewood Arbor (Monarch)

County: Robeson

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition the Number of Individuals Presentin Under IVC 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: 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  Medical Unit	0	0				
		Other/Unknown	0	0				
Diago list ather reasons fo	r referring individu	als to a different facility/program		U				
ricase list other reasons re	referring mulvidu	ав со а интегенстванну/ ргодтан						

MH		Law Enforcement EMS	0			Program		
				0	0	0	Degree of Aggression 0	
			0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
[2000000000000000000000000000000000000		Contracted Transportation	0	0				
E		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	_
$\cap$		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	
	78383838387838383838383	Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
	313131313131313131313131	Walk-in / from ED	0	0				
		Contracted Transportation	0	0				
		Medical Unit	0	0				
ease list other reasons for referrin		Other/Unknown	0	0				

### Tanglewood Arbor (Monarch)

County: Robeson

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

### July-December 2023

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	0	0	Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
		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				
		Law Enforcement 0	0	0		Degree of Aggression 0	
		EMS 0	0			Medical Acuity 0	
0		Mobile Crisis Team 0	0			Other 0	_
		Provider 0	0				$\cap$
		Walk-in / from ED 0	0				U
		Contracted Transportation 0	0				_
		Medical Unit 0	0	-			
		Other/Unknown 0	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 Other/Unknown 0	0				
In and Park at the same of			0				
iease iist other reasons fo	r referring individuals	s to a different facility/program:					

Total Number of Individuals Presenting Under IVC Proceedings	For Each Pring Presenting Con the Number Individuals Pre Under IVC Proces	dition, of senting	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:	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				$\cap$
U			Walk-in / from ED	0	0				U
			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			Medical 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				
Nacca list ather research	or referring in d	to to to to to to to	to a different facility/progr		U				
riease iist other reasons to	or referring ind	iviuuais	to a universit facility/progr	dIII:					

# The Balsam Center for Hope and Recovery

County: Haywood

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2023 [September through December reports not submitted]

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 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	Of the Individuals for Whom 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:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_		24.24.24.24.24.24.24	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:		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 i	ndividual	s to a different facility/progr	am:					
•									

	Law Enforcement EMS	*	Examination		Different Facility or Program	Facility or Program	
	ENAC	-	*	*	*	Degree of Aggression *	
	LIVIJ	*	*			Medical Acuity *	
	Mobile Crisis Team	*	*			Other *	
	Provider	*	*				
	Walk-in / from ED	*	*				
	Contract Transportation	*	*				
		*	*				
1	Other	*	*				
		*	*	*			
	EMS	*	*			ivicultal Acuity	
	Mobile Crisis Team					Other *	
	Provider	*	*				*
1	Walk-in / from ED	*	*				<del>-</del>
	Contract Transportation	*	*				
	Medical Unit	*	*				
	Other	*	*				
D: *	Law Enforcement	*	*	*	*	Degree of Aggression *	
	EMS	*	*				
	Mobile Crisis Team	*	*			Other *	
	Provider	*	*				
	Walk-in / from ED	*	*				
	Contract Transportation	*	*				
	Medical Unit	*	*				
		*	*				
	2 *	Medical Unit Other  * Law Enforcement  EMS Mobile Crisis Team Provider Walk-in / from ED Contract Transportation Medical Unit Other  Law Enforcement  EMS Mobile Crisis Team Provider Walk-in / from ED Contract Transportation Medical Unit Other Walk-in / from ED Contract Transportation Medical Unit Other	Medical Unit  Other  Law Enforcement  EMS  Mobile Crisis Team  Provider  Walk-in / from ED  Contract Transportation  Medical Unit  Other  Law Enforcement  *  *  *  *  *  *  *  *  *  *  *  *  *	Medical Unit	Medical Unit	Medical Unit	Medical Unit

### Triangle Springs – Cedars Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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	8	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				112
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	22	Law Enforcement	22	5	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to	a different facility/program						

tal 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 IVO
	MH:	69	Law Enforcement	65	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	4	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
78			Provider	0	0				$ \circ$ $\cap$
/ 0			Walk-in / from ED	0	0				00
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		·		
	MH/IDD:	8	Law Enforcement	8	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other a different facility/program	0	0				

### Triangle Springs – Meadows Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, SUD focus

## July-December 2023

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:	75	Law Enforcement	75	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
വാ			Provider	0	0				
93			Walk-in / from ED	0	0				95
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	18	Law Enforcement	18	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	lividuals to	a different facility/program	:					
•									
									!

Total Number of Individuals Presenting Under IVC Proceedings	For Each Prin Presenting Con the Numbe Individuals Pre Under IVC Proc	ndition, er of senting	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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	33	Law Enforcement	32	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	1	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
12			Provider	0	0					
43			Walk-in / from ED	0	0					45
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
	MH/IDD:	9	Law Enforcement	9	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	referring individ	uals to a	different facility/program			·		·		

### Triangle Springs – Sunrise Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method L 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:	87	Law Enforcement	85	12	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	2	2				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	2	Law Enforcement	2	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
06			Provider	0	0				$\cap$ $\cap$ $\cap$
96			Walk-in / from ED	0	0				90
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	7	Law Enforcement	7	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	lividuals to a	different facility/program	:					
•									

MH:   75   Law Enforcement   70   9   0   0   Degree of Aggression   0	Total Number of Individuals Presenting Under IVC Proceedings	Presenting Under IVC the Number of		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Time Between Arrival at the 24- hour Facility and Completion	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	75	Law Enforcement	70	9	0	0	Degree of Aggression 0	
Provider			EMS	0	0			Medical Acuity 0		
Walk-in / from ED   5				Mobile Crisis Team	0	0			Other 0	
Contract Transportation				Provider	0	0				
Medical Unit   0   0   0   0   0   0   0   0   0				Walk-in / from ED	5	0				
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0   Medical Acuity   0   Other   Other   0   Other   Oth				Contract Transportation	0	0				
SUD:   0				Medical Unit	0	0				
Medical Acuity   0   Other				Other	0	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0	1.00000001.00000001.00000001.00000001.000000		Medical Acuity 0	
Contract Transportation   0   0				Mobile Crisis Team	0	0			Other 0	
Contract Transportation   0   0	OE			Provider	0	0				
Contract Transportation   0   0	00			Walk-in / from ED	0	0				65
Other 0 0 0  MH/IDD: 10 Law Enforcement 10 2 0 0 Degree of Aggression 0  EMS 0 0 0  Mobile Crisis Team 0 0 0  Provider 0 0 0  Walk-in / from ED 0 0 0  Contract Transportation 0 0 0  Medical Unit 0 0 0  Other 0 0				Contract Transportation	0	0				
MH/IDD: 10 Law Enforcement 10 2 0 0 0 Degree of Aggression 0  EMS 0 0 0  Medical Acuity 0  Mobile Crisis Team 0 0  Provider 0 0  Walk-in / from ED 0 0  Contract Transportation 0 0  Medical Acuity 0  Other 0  Other 0  Walk-in / from ED 0 0  Contract Transportation 0 0  Medical Unit 0 0 0  Other 0 0				Medical Unit	0	0				
EMS 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 Walk-in / from ED 0 0 Contract Transportation 0 0 Medical Unit 0 0 Other 0 0				Other	0	0				
Mobile Crisis Team		MH/IDD:	10	Law Enforcement	10	2	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Contract Transportation   0   0				Provider	0	0				
Medical Unit				Walk-in / from ED	0	0				
Other 0 0				Contract Transportation	0	0				
Please list other reasons for referring individuals to a different facility/program:				Other	0	0				
	lease list other reasons for r	eferring inc	dividuals 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings		Transportation Method L 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 Reff Individuals, the Number of Indivi That Were Referred to a Differ Facility or Program	duals Total Number of Individuals
	MH:	181	Law Enforcement	122	71	2	0	Degree of Aggression (	)
			EMS	15	9			Medical Acuity (	)
			Mobile Crisis Team	0	0			Other (	)
			Provider	0	0				
			Walk-in / from ED	36	28				
			Contract Transportation	2	2				
			Medical Unit	6	3				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression (	)
			EMS	0	0			Medical Acuity (	)
			Mobile Crisis Team	0	0			Other (	
181			Provider	0	0				183
TOT			Walk-in / from ED	0	0				LOO
			Contract Transportation	0	0				
			Medical Unit	0	0				
		,	Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression (	
			EMS	0	0			Medical Acuity (	
			Mobile Crisis Team	0	0			Other (	)
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	][[[[]]		Other	0	0				
Please list other reasons for	reterring ind	dividuals to a	i 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 L Individuals Presenting U Proceedings			Number of Individuals for	at This Facility, the Number That Were Referred to a 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	123	53	5	0	Degree of Aggression 0	
			EMS	12	7			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	10	6				
			Contract Transportation	4	3				
			Medical Unit	6	4				
			Other	0	0			<del>,</del>	
	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				160
TOO			Walk-in / from ED	0	0				160
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	dividuals to a	a different facility/program			·			

#### **UNC Health Southeastern**

County: Robeson

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Num Individuals Under IVC P	Condition, ober of Presenting	Transportation Method L 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:	207	Law Enforcement	75	1	3	0	Degree of Aggression 0	
			EMS	70	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	50	1				
			Contract Transportation	0	0				
			Medical Unit	12	1				
			Other	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				210
<b>ZU</b> /			Walk-in / from ED	0	0				210
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
dance that address are a first			Other	0	0				
lease list other reasons for I	rererring indi	viduais to a	i dirrerent racility/program						

otal Number of Individuals Presenting Under IVC Proceedings	For Each F Presenting C the Num Individuals F Under IVC Pr	Condition, ber of Presenting	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:	228	Law Enforcement	130	0	0	0	Degree of Aggression 0	
			EMS	43	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	55	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		-		
	SUD:	0	Law Enforcement EMS	0	0	0	0	Degree of Aggression 0	
			Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
220			Provider	0	0			Other 0	220
228			Walk-in / from ED	0	0				228
220			Contract Transportation	0	0				220
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ease list other reasons fo	or referring i	ndividual	s to a different facility/pr	rogram:					

#### UNC Health Care Alcohol and Drug Detoxification Program at WakeBrook

County: Wake

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18-120

### July-December 2023 [facility closed July 9, 2023]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting	Transportation Method L 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:	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	_
1			Provider	0	0				1
			Walk-in / from ED	0	0				
_			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	different facility/program	i:		·			

### UNC Health Care Facility-Based Crisis Program at WakeBrook

County: Wake

Facility Type: Facility-Based Crisis

Population Served: Adults 18-120

### July-December 2023 [facility closed September 28, 2023]

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 Referrin Individuals, the Number of Individual That Were Referred to a Different Facility or Program	
	MH:	33	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	3	0			Medical Acuity 0	
			Mobile Crisis Team	1	0			Other 0	
			Provider	2	0				
			Walk-in / from ED	20	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	6	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	
2/			Provider	0	0				21
34			Walk-in / from ED	1	0				34
•			Contract Transportation	0	0				
			Medical Unit	0	0				1
			Other	0	0				55 25
	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I Patients arrived with family r	_		a different facility/program						

### UNC Hospital at WakeBrook

County: Wake

Facility Type: Inpatient Hospital

Population Served: Adults ages 18-120

# July-December 2023 [facility closed September 20, 2023]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	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	Of the Individuals 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 Number of That Were Referred to a Facility or Progran	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	77	Law Enforcement	29	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	29	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	16	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	
70			Provider	0	0					70
78			Walk-in / from ED	1	0					/ / 0
			Contract Transportation	0	0					, , ,
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for MH: Patients arrived to the H	Ū		7.1							

#### UNC Hospitals Youth Behavioral Health – 4 YBH Unit

County: Granville

Facility Type: Inpatient Hospital (private)

Population Served: Children and Adolescents ages 10-17, Autism Spectrum, Neurodevelopmental Delays

January-June 2024 [designated Nov. 21, 2023; unit opened June 14, 2024]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	_
<b>7</b>			Provider	0	0				l 7
			Walk-in / from ED	0	0				l Z
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	referring ind	dividuals to a	a different facility/program						

#### UNC Hospitals Youth Behavioral Health – Cardinal Unit

County: Granville

Facility Type: Inpatient Hospital (private)

Population Served: Adolescents ages 15-17

### July-December 2023 [designated November 21, 2023]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber 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 Refi Individuals, the Number of Indivi That Were Referred to a Differ Facility or Program	duals Receiving Treatment Under IVC
	MH:	24	Law Enforcement	24	0	0	0	Degree of Aggression	)
			EMS	0	0			Medical Acuity	0
			Mobile Crisis Team	0	0			Other	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	
			EMS	0	0			Medical Acuity	
			Mobile Crisis Team	0	0			Other	
24			Provider	0	0				) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				<u> </u>
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0		)
			EMS	0	0			· · · · · · · · · · · · · · · · · · ·	0
			Mobile Crisis Team	0	0			Other	0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	dividuals 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 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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	119	Law Enforcement	116	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
119			Provider	0	0					119
TID			Walk-in / from ED	0	0					<b>  119</b>
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for in the Patient transport to the	Ū		a different facility/program							

#### UNC Hospitals Youth Behavioral Health - Dogwood Unit

County: Granville

Facility Type: Inpatient Hospital (private)

Population Served: Children and Adolescents ages 12-14

### January-June 2024 [designated November 21, 2023; unit opened February 7, 2024]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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	135	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
135			Provider	0	0				135
T22			Walk-in / from ED	0	0				133
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	lividuals to a	a different facility/program			·	·		

#### UNC Hospitals Youth Behavioral Health – New Day Unit

County: Granville

Facility Type: Inpatient Hospital (private)

Population Served: Adolescents ages 15-17

### January-June 2024 [designated November 21, 2023; unit opened April 15, 2024]

MH: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0  EMS 0 0 0  Mobile Crisis Team 0 0 0  Provider 0 0 0  Walk-in / from ED 0 0  Contract Transportation 0 0 0  Medical Unit 0 0 0  SUD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0  EMS 0 0 0 Degree of Aggression 0  Medical Unit 0 0 0 Degree of Aggression 0  Medical Unit 0 0 0 Degree of Aggression 0  Medical Acuty 0 Degree of Aggression 0  Medical Init 0 Degree of Aggression 0  Medical Unit 0 Degree of Aggression 0  Medical Unit 0 Degree of Aggression 0  Medical Unit 0 Degree of Aggression 0  Other 0 Degree of Aggression 0  Other 0 Degree of Aggression 0  Other 0 Degree of Aggression 0  Medical Unit 0 Degree of Aggression 0  Other 0 Degree of Agg	
Mobile Crisis Team	
Provider   0   0   0	
Walk-in / from ED	
Contract Transportation	
Medical Unit	
Other 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Degree of Aggression 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Other 0 Other 0 Other 0 Contract Transportation 0 0 0	
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0	
EMS	
Mobile Crisis Team	
Provider 0 0 0  Walk-in / from ED 0 0  Contract Transportation 0 0	
Walk-in / from ED	
Contract Transportation 0 0	1
	J
Medical Unit	
Wedical Offic 0	
Other 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 OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	
Provider 0 0	
Walk-in / from ED 0 0	
Contract Transportation 0 0	
Medical Unit 0 0	
Other 0 0	

#### UNC Medical Center - Child/Adolescent Unit

County: Orange

Facility Type: Inpatient Hospital

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

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber 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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	133	Law Enforcement	19	0	0	0	Degree of Aggression 0	
			EMS	15	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	4	0				
			Walk-in / from ED	76	0				
			Contract Transportation	6	0				
			Medical Unit	0	0				
			Other	13	0				
	SUD:	12	Law Enforcement	10	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
145			Provider	0	0				145
143			Walk-in / from ED	0	0				140
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for Transport method was either									

otal Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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 IV
	MH:	57	Law Enforcement	6	0	0	0	Degree of Aggression 0	
			EMS	11	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	3	0				
			Walk-in / from ED	0	0				
			Contract Transportation	25	0				
			Medical Unit	0	0				
			Other	12	0				
	SUD:	2	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
FΛ			Provider	0	0				ΓN
59			Walk-in / from ED	0	0				コヨ
• •			Contract Transportation	0	0				• •
			Medical Unit	0	0				
			Other	1	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
se list other reasons for	referring ind	ividuals to a	a different facility/program			·			
nsport method was not in	dicated on c	rder.							

#### UNC Medical Center – Adult Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2023

MH:   235   Law Enforcement   87   0   0   0   Degree of Aggression	0 0 0	
Mobile Crisis Team		
Provider	0	
Walk-in / from ED   96   0		
Contract Transportation   6		
Medical Unit		
Other   19   0   0   Degree of Aggression		
SUD:		
EMS   3   0		
Mobile Crisis Team	0	
Provider	0	
Contract Transportation	0	
Contract Transportation		287
Contract Transportation		ZO/
Other         0         0           MH/IDD:         0         Law Enforcement         0         0         0         Degree of Aggression		
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression		
EMS 0 0 Medical Acuity	0	
	0	
Mobile Crisis Team 0 0 Other	0	
Provider 0 0		
Walk-in / from ED 0 0		
Contract Transportation 0 0		
Medical Unit 0 0		
Other 0 0		
Please list other reasons for referring individuals to a different facility/program: Transport method was not indicated on order.		

otal Number of Individuals Presenting Under IVC Proceedings	For Each F Presenting C the Num Individuals P Under IVC Pr	ondition, ber of resenting	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:	153	Law Enforcement	49	0	0	0	Degree of Aggression 0	
			EMS	20	0			Medical Acuity 0	
			Mobile Crisis Team	1	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	12	0				
			Contract Transportation	50	0				
			Medical Unit	0	0				
		0.0.0.0.0.0.0.0.0.0.0	Other	21	0				
	SUD:		Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
162			Provider	0	0				162
TUZ			Walk-in / from ED	1	0				102
_			Contract Transportation	2	0				
			Medical Unit	0	0				
			Other	2	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ase list other reasons for in nsport method was family			different facility/program tindicated on order.						

#### UNC Medical Center – Geriatric Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Geriatric, 50 and older

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each P Presenting C the Num Individuals P Under IVC Pre	ondition, ber of resenting	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 f Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	99	Law Enforcement	11	0	0	0	Degree of Aggression	0	
			EMS	21	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	10	0					
			Walk-in / from ED	41	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	16	0					
	SUD:	9	Law Enforcement	6	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
108			Provider	0	0					108
TUO			Walk-in / from ED	2	0					TUO
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for r Fransport method was either										

### January-June 2024 [closed month of May for construction]

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting	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 IVO
	MH:	39	Law Enforcement	12	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	1	0				
			Contract Transportation	14	0				
			Medical Unit	0	0				
			Other	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	
20			Provider	0	0				20
<b>コ</b> フ			Walk-in / from ED	0	0				<b>ン</b> フ
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0		ı		
	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				
			Contract Transportation	0	0				
			Medical Unit Other	0	0				
and the ask as areas					U				
	-		different facility/program						
Isport method was either	ramily men	nuer / triend	d or not indicated on order.						

#### UNC Medical Center – Crisis Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: All ages

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC	Condition, mber of Presenting	Transportation Method L 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 I Individuals, the Number of In That Were Referred to a Did Facility or Program	dividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	256	Law Enforcement	54	0	0	0	Degree of Aggression	0	
			EMS	28	0			Medical Acuity	0	
			Mobile Crisis Team	1	0			Other	0	
			Provider	9	0					
			Walk-in / from ED	130	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	34	0					
	SUD:	56	Law Enforcement	44	0	0	0	Degree of Aggression	0	
			EMS	7	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
312			Provider	1	0					312
DTZ			Walk-in / from ED	4	0					
~			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I Transport method was eithei	Ū		7.1 0							

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, mber of Presenting	Transportation Method L 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 Referrin Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	186	Law Enforcement	39	0	0	0	Degree of Aggression 0	
			EMS	32	0			Medical Acuity 0	
			Mobile Crisis Team	2	0			Other 0	
			Provider	7	0				
			Walk-in / from ED	20	0				
			Contract Transportation	60	0				
			Medical Unit	0	0				
			Other	26	0				
	SUD:	22	Law Enforcement	6	0	0	0	Degree of Aggression 0	
			EMS	4	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
208			Provider	1	0				208
200			Walk-in / from ED	2	0				200
			Contract Transportation	5	0				
			Medical Unit	0	0				
			Other	4	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	3
			Provider Walk-in / from ED	0	0				
			·	0	0				
			Contract Transportation Medical Unit	0	0				
			Other	0	0				
Please list other reasons for i	oforring indi	ividuals to a			J				81 <u></u>
Fransport method was not in	Ū		a directerit racinty/program						
ransport method was not in	uicateu VII U	nuci.							

#### UNC Medical Center - Eating Disorder Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: All ages, Eating Disorders focus

## July-December 2023

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 Referrin Individuals, the Number of Individual That Were Referred to a Different Facility or Program	
	MH:	29	Law Enforcement	6	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	14	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	4	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				1 2O
25			Walk-in / from ED	0	0				l 29
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r									
Transport method was either	tamily mer	mber / friend	or not indicated on order.						

### January-June 2024 [closed month of May for construction]

Total Number of Individuals Presenting Under IVC Proceedings Individuals Presenting Under IVC Proceedings  MMH:  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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	20	Law Enforcement	0	0	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	0	0				
			Contract Transportation	10	0				
			Medical Unit	0	0				
			Other	7	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	
つへ			Provider	0	0				20
ZU			Walk-in / from ED	0	0				ZU
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
	J		Other	0	0				
ase list other reasons for insport method was not in			different facility/program						

### UNC Medical Center – Peripartum Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Peripartum women of child-bearing age

## July-December 2023

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 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: 1	104	Law Enforcement	21	0	0	0	Degree of Aggression 0	
			EMS	7	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	3	0				
			Walk-in / from ED	34	0				
			Contract Transportation	1	0				
			Medical Unit	0	0				
			Other	38	0				
	SUD:		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
104			Provider	0	0				104
1U4			Walk-in / from ED	0	0				104
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for Transport method was family			different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primare Presenting Conditi the Number of Individuals Present Under IVC Proceedi	on, Transportation Method I Individuals Presenting U 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	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH: 26	Law Enforcement	8	0	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	0	0					
		Contract Transportation	10	0					
		Medical Unit	0	0					
		Other	3	0					
	SUD: 1	Law Enforcement	0	0	0	0	Degree of Aggression	0	
		EMS	1	0			Medical Acuity	0	
		Mobile Crisis Team	0	0			Other	0	
77		Provider	0	0					77
<i>L1</i>		Walk-in / from ED	0	0					
		Contract Transportation	0	0					
		Medical Unit	0	0					
		Other	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					
		Contract Transportation	0	0					
		Medical Unit	0	0					
		Other	0	0					
		to a different facility/program	n:						
ransport method was not in	ndicated on order.								

#### Veterans Affairs Medical Center-Durham

County: Durham

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method L 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 fo Individuals, the Number of That Were Referred to a Facility or Program	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	34	Law Enforcement	3	0	8	0	Degree of Aggression	0	
			EMS	7	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	24	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	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	
20			Provider	0	0					10
38			Walk-in / from ED	1	0					49
			Contract Transportation	0	0					. •
			Medical Unit	0	0					
			Other	0	0					
	MH/IDD:	3	Law Enforcement	0	0	2	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	2	0					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for	referring inc	lividuals to a	a different facility/program							

Total Number of Individuals Presenting Under IVC Proceedings Under IVC the Number of Individuals Presentit Under IVC Proceedin  MH: 27		Condition, mber of Presenting	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	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a 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:	27	Law Enforcement	6	0	20	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	14	0				
			Contract Transportation	1	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	3	Law Enforcement	0	0	1	0	Degree of Aggression 0	
			EMS	3	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
36			Provider	0	0				E O
סכ			Walk-in / from ED	0	0				סכ
• •			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	6	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	6	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				

#### Vidant Roanoke-Chowan Hospital – Northside Behavioral Health Unit

County: Hertford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting of the Num Individuals of Under IVC P	Condition, nber of Presenting	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:	381	Law Enforcement	381	8	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0	_			
	SUD:	0	Law Enforcement EMS	0	0	0		Degree of Aggression 0  Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
204			Provider	0	0			other 0	201
381			Walk-in / from ED	0	0				381
<b>301</b>			Contract Transportation	0	0				301
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
ni 11 ii i			Other	0	0				
Please list other reasons for	eterring indi	viduals to a	different facility/program						

MH:	414	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		of the Required 24-hour Examination	Initiated at This Facility (After Voluntary Admission)	That Were Referred to a Different Facility or Program	That Were Referred to a Different Facility or Program	Receiving Treatment Under IVC
		Law Enforcement	414	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				
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	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	
414		Provider	0	0				111
414		Walk-in / from ED	0	0				414
		Contract Transportation	0	0				. – .
		Medical Unit	0	0				
		Other	0	0				
MH/IDI	DD: 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				
		Contract Transportation	0	0				
		Medical Unit	0	0				
		Other	0	0				

### Vidant Roanoke-Chowan Hospital – Stepping Stone Senior Care

County: Hertford

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

### July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	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 Refe Individuals, the Number of Indivi That Were Referred to a Differe Facility or Program	duals Possiving Treatment Under IVC
	MH:	106	Law Enforcement	106	1	0	0	Degree of Aggression (	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression (	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
106			Provider	0	0				106
TOO			Walk-in / from ED	0	0				I LUO I
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression (	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other C	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring ind	ividuals to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	Numbe	ndition,	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:		114	Law Enforcement	114	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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	
114				Provider	0	0				114
<u> </u>				Walk-in / from ED	0	0				<b></b>
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	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				
				Contract Transportation	0	0				
				Medical Unit	0	0				
				Other	0	0				
Please list other reasons for r	referring	individ	luals to a	different facility/program						
•										
				<del> </del>						

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

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	Individuals		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 Individuals, the Number of Ir That Were Referred to a Di Facility or Program	ifferent	Total Number of Individuals Receiving Treatment Under IVC
	MH:	38	Law Enforcement	20	2	0	0	Degree of Aggression	0	
			EMS	2	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	2	0					
			Walk-in / from ED	8	0					
			Contract Transportation	0	0					
			Medical Unit	6	0					
			Other	0	0					
	SUD:	11	Law Enforcement	7	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
10			Provider	0	0					10
43			Walk-in / from ED	1	0					49
			Contract Transportation	0	0					
			Medical Unit	2	1					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
Please list other reasons for I	eferring ind	lividuals to a	a different facility/program							

Fotal 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 L 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:	64	Law Enforcement	33	4	0	0	Degree of Aggression 0	
			EMS	6	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	2	0				
			Walk-in / from ED	15	2				
			Contract Transportation	0	0				
		202220000000	Medical Unit	8	0				
			Other	0	0				
	SUD:		Law Enforcement	20	1	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
86			Provider	0	0				96
00			Walk-in / from ED	1	0				00
			Contract Transportation	0	0				
			Medical Unit	1	0				
	<i> </i>		Other	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 Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
ease list other reasons for r	oforring individu				3				
ease use other reasons for i	ererring maividu	aais tU d	unresent facility/program	•					

#### 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 2023

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber 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	
	MH:	1	Law Enforcement	0	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	0	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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			Provider	0	0				1
			Walk-in / from ED	0	0				
			Contract Transportation	0	0				_
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	referring inc	dividuals to	a different facility/program	:					
									<del>.</del>

MH:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0		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
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			Mobile Crisis Team 0	0			Other 0	
Contracted Transportation				0				
Medical Unit   0   0   0   0   0   0   0   0   0								
Other/Unknown				0				
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0								
EMS								
Mobile Crisis Team		SUD: 0			0	0		
Provider								
Walk-in / from ED	_						Other 0	_
Contracted Transportation	Λ							$\cap$
Medical Unit	U							U
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  Provider 0 0  Walk-in / from ED 0 0  Contracted Transportation 0 0  Medical Unit 0 0 0  Other 0 0  Other 0 0								
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Other 0 Other 0 Walk-in / from ED 0 0 O Contracted Transportation 0 0 Medical Unit 0 0 O Other O								
Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Contracted Transportation 0 0 Medical Unit 0 0 0 Other/Unknown 0 0		MH/IDD: 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								
Walk-in / from ED							Other 0	
Contracted Transportation   0   0								
Medical Unit								
Other/Unknown 0 0								
	Nagas list athorysas f-							
Please list other reasons for referring individuals to a different facility/program:	nease list other reasons to	or referring individual	s to a different facility/program:					

#### Wake Forest Baptist Health – Child and Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 5-17

## July-December 2023

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 Referrin Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	19	Law Enforcement	14	8	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	5	5				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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	
10			Provider	0	0				10
19			Walk-in / from ED	0	0				1 19
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for r	referring ind	lividuals to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	For Each F Presenting C the Num Individuals P Under IVC Pr	ondition, ber of resenting	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 Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	54	Law Enforcement	24	21	0	0	Degree of Aggression	0	
			EMS	3	2			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	21	17					
			Contract Transportation	0	0					
			Medical Unit	6	4					
			Other	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	
54			Provider	0	0					
<b>34</b>			Walk-in / from ED	0	0					D4
•			Contract Transportation	0	0					•
			Medical Unit	0	0					
			Other	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					
			Contract Transportation	0	0					
			Medical Unit	0	0					
			Other	0	0					
lease list other reasons for I	eferring indiv	iduals to a	different facility/program							

### Wake Forest Baptist Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2023

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC I	Condition, mber of Presenting	Transportation Method L 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	Of the Individuals for 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 I That Were Referred to a D Facility or Program	ndividuals lifferent	Total Number of Individuals Receiving Treatment Under IVC
	MH:	217	Law Enforcement	92	17	0	0	Degree of Aggression	0	
			EMS	45	8			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	1	0					
			Walk-in / from ED	62	12					
			Contract Transportation	0	0					
			Medical Unit	17	4					
			Other	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	
224			Provider	0	0					224
<b>44</b>			Walk-in / from ED	2	1					<b>                                     </b>
			Contract Transportation	0	0					
			Medical Unit	2	1					
			Other	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	1	1					
			Contract Transportation	0	0					
			Medical Unit	1	1					
			Other	0	0					
lease list other reasons for I	reterring 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, nber of Presenting	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:	275	Law Enforcement	124	50	0	0	Degree of Aggression 0	
			EMS	46	11			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	84	32				
			Contract Transportation	0	0				
			Medical Unit	21	9				
			Other	0	0				
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
276			Provider	0	0				276
Z/0			Walk-in / from ED	0	0				Z/O
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for I	eterring indi	viduals to a	different facility/program						

#### Wilson Medical Center

County: Wilson

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2023

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	Total Number of Individuals Receiving Treatment Under IVC
209	MH:	156	Law Enforcement	53	0	0	0	Degree of Aggression 0	
			EMS	23	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	80	0				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
	SUD:	53	Law Enforcement	21	0	0	0	Degree of Aggression 0	
			EMS	5	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				200
			Walk-in / from ED	27	0				209
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	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				
			Contract Transportation	0	0				
			Medical Unit	0	0				
			Other	0	0				
Please list other reasons for	reterring in	dividuals 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				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	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
	SUD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	
			Provider	*	*				*
			Walk-in / from ED	*	*				-
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
	MH/IDD:	*	Law Enforcement	*	*	*	*	Degree of Aggression *	
			EMS	*	*			Medical Acuity *	
			Mobile Crisis Team	*	*			Other *	
			Provider	*	*				
			Walk-in / from ED	*	*				
			Contract Transportation	*	*				
			Medical Unit	*	*				
			Other	*	*				
lease list other reasons for I	eferring in	dividuals to a	a different facility/program						