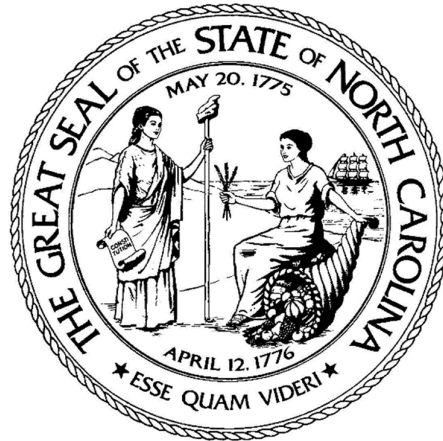


**Data Submission on Respondents Receiving Treatment under
Involuntary Commitment (IVC) in Designated Facilities**

NCGS §122C-294(b)



Report to the

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

By

North Carolina Department of Health and Human Services

May 18, 2023

Introduction

G.S. § 122C-255 mandates biannual reporting to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (“Division”) by certain facilities that provide care to individuals 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. (added per S.L. 2021-77)
 - (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. (added per S.L. 2021-77)
- (2) The number of individuals for whom an involuntary commitment proceeding was initiated at the facility, who were referred to a different facility or program.
- (3) The reason for referring the individuals described in subdivision (2) of this section to a different facility or program, including the need for more intensive medical supervision.

Session Law 2018-33, Section 43 amended G.S. § 122C-294, “Local plan and data submission”, to require 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 25 who had at least two units designated that serve specific age groups, presenting conditions, or other specialized populations. Each facility with more than one unit now submits reports per unit. Facilities that are approved to treat individuals under inpatient commitment through their licensed facility-based crisis and nonhospital medical detoxification service now submit reports per service. The 69 reporting facilities include:

- 39 Acute Care Hospitals / Medical Centers
- 9 Psychiatric Hospitals
- 11 Facility-Based Crisis (FBC) centers

- 1 Nonhospital Medical Detoxification (NHMD) center
- 5 Combination FBC/NHMD centers
- 4 Veterans Affairs Medical Centers

This is a dynamic list of designated facilities – meaning, some facilities have not held designation for the entire fiscal year. The list of IVC-designed facilities is accessible via <https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/involuntary-commitments/nc-facilities-designated-custody-and-treatment-individuals-under-petitions-involuntary-commitment>.

Reports Submitted

This report covers the information provided by the IVC-designated facilities for SFY 2021-2022, and represents the information received for two, six-month periods of July-December of 2021 and for January-June of 2022, respectively.

The total reported number of IVC admissions for SFY 2021-2022 was 40,243. When added to the number of individuals for whom proceedings were initiated after voluntary admission (N=576), that total was 40,819. For people who encountered multiple involuntary admissions during this reporting period, each admission is included in those counts.

The Division has actively worked with facilities to improve consistency and uniformity in their meeting reporting obligations under this section. Every IVC-designated facility during this reporting period submitted no less than ten (10) of twelve (12) reports. The percentage of designated facilities reporting monthly is almost at 100%.

Reports that do not cover the entire six-month period are noted accordingly. 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 (0s) in the reporting blocks indicate that the facility submitted monthly reports but did not have any admissions of persons under IVC orders, nor did they begin IVC proceedings on individuals who were admitted voluntarily. Unless otherwise noted, the facility serves the male and female 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 81 | MH: | 81 | Law Enforcement | 59 | 0 | 2 | 0 | Degree of Aggression | 0 | 83 |
| | | | EMS | 5 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 2 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 15 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|----|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 98 | MH: | 98 | Law Enforcement | 76 | 0 | 8 | 0 | Degree of Aggression | 0 | 106 |
| | | | EMS | 6 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 1 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 14 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 1 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

AdventHealth Hendersonville – Geriatric Behavioral Health Unit

County: Henderson
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 65 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 5 | MH: | 5 | Law Enforcement | 2 | 0 | 0 | 0 | Degree of Aggression | 0 | 5 |
| | | | EMS | 2 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 1 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 5 | MH: | 5 | Law Enforcement | 3 | 0 | 0 | 0 | Degree of Aggression | 0 | 5 |
| | | | EMS | 2 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Alamance Regional Medical Center

County: Alamance
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 166 | MH: | 164 | Law Enforcement | 71 | 15 | 0 | 0 | Degree of Aggression | 0 | 166 |
| | | EMS | 39 | 9 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 53 | 18 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 2 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 2 | 1 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 161 | MH: | 158 | Law Enforcement | 63 | 4 | 1 | 0 | Degree of Aggression | 0 | 162 |
| | | EMS | 22 | 3 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 73 | 15 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 3 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 2 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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

January-June 2022 *[designated June 3, 2022]*

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 15 | MH: | 15 | Law Enforcement | 15 | 0 | 0 | 0 | Degree of Aggression | 0 | 15 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Atrium Health Cabarrus

County: Cabarrus
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 55 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 36 | MH: | 36 | Law Enforcement | 2 | 0 | 4 | 0 | Degree of Aggression | 0 | 40 |
| | | | EMS | 22 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 12 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 34 | MH: | 34 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | 34 |
| | | | EMS | 24 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 1 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 8 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 419 | MH: | 419 | Law Enforcement | 157 | 6 | 0 | 0 | Degree of Aggression | 0 | 419 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 139 | 20 | | | | | | |
| | | Private Transportation | 123 | 52 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 417 | MH: | 417 | Law Enforcement | 299 | 141 | 2 | 0 | Degree of Aggression | 0 | 419 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 100 | 16 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 18 | 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 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| Method of transport was not clear or not documented. | | | | | | | | | | |

Atrium Health Stanly

County: Stanly
 Facility Type: Inpatient Hospital
 Population Served: Adults 18-65

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 137 | MH: | 137 | Law Enforcement | 26 | 0 | 7 | 0 | Degree of Aggression | 0 | 144 |
| | | | EMS | 70 | 1 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 21 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 20 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|-----|---|-----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 159 | MH: | 159 | Law Enforcement | 9 | 0 | 0 | 0 | Degree of Aggression | 0 | 159 |
| | | | EMS | 113 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 37 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 117 | MH: | 117 | Law Enforcement | 117 | 0 | 0 | 0 | Degree of Aggression | 0 | 117 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | MH/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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 98 | MH: | 98 | Law Enforcement | 98 | 0 | 0 | 0 | Degree of Aggression | 0 | 98 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | MH/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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Brynn Marr Hospital – Adolescent Inpatient Psychiatric Unit

County: Onslow
 Facility Type: Inpatient Hospital (private)
 Population Served: Adolescents ages 13-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | | |
| 301 | MH: | 301 | Law Enforcement | 301 | 1 | 0 | 0 | Degree of Aggression | 0 | 301 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|---|---|
| | MH: | | | | | | | Degree of Aggression | | |
| 336 | MH: | 336 | Law Enforcement | 336 | 0 | 0 | 0 | Degree of Aggression | 0 | 336 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 153 | MH: | 153 | Law Enforcement | 153 | 3 | 4 | 0 | Degree of Aggression | 0 | 157 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-July 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 216 | MH: | 216 | Law Enforcement | 216 | 0 | 5 | 0 | Degree of Aggression | 0 | 221 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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 |
|--|---|------------------------|---|---|--|--|---|--|---|---|
| | | | | | | | | | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 6 | 6 | Degree of Aggression | 4 | 6 |
| | | EMVS | 0 | 0 | Medical Acuity | | | 2 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMVS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMVS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|---|---|
| | | | | | | | | | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 1 | 1 | Degree of Aggression | 1 | 1 |
| | | EMVS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMVS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMVS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Caldwell Memorial Hospital

County: Caldwell

Facility Type: Inpatient Hospital

Population Served: Adults ages 18-64

July-December 2021

| 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: | | | | | | | Degree of Aggression | | |
| 217 | 217 | Law Enforcement | 217 | 50 | 3 | 0 | Degree of Aggression | 0 | 220 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|-----|---|
| | MH: | | | | | | | Degree of Aggression | | |
| 283 | 283 | Law Enforcement | 283 | 27 | 3 | 0 | Degree of Aggression | 0 | 286 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Cape Fear Valley Medical Center

County: Cumberland
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 275 | MH: | 267 | Law Enforcement | 111 | 0 | 3 | 0 | Degree of Aggression | 0 | 278 |
| | | EMS | 90 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 56 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 10 | 0 | | | | | | |
| | SUD: | 7 | Law Enforcement | 1 | 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 | 2 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 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 | 0 | 0 | | | | | | |
| Walk-in / from ED | | 1 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 344 | MH: | 325 | Law Enforcement | 133 | 0 | 1 | 0 | Degree of Aggression | 0 | 345 |
| | | EMS | 119 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 49 | 0 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 23 | 0 | | | | | | |
| | SUD: | 19 | 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 | 2 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 4 | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Carolina Dunes Behavioral Health – Child Acute Unit

County: Brunswick
 Facility Type: Inpatient Hospital (private)
 Population Served: Children and Adolescents ages 5-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 182 | MH: | 182 | Law Enforcement | 182 | 0 | 1 | 0 | Degree of Aggression | 0 | 183 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 177 | MH: | 177 | Law Enforcement | 177 | 5 | 0 | 0 | Degree of Aggression | 0 | 177 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 160 | 160 | Law Enforcement | 160 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 160 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 135 | 135 | Law Enforcement | 135 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 135 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

CarolinaEast Medical Center

County: Craven
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | | Other |
| 243 | 243 | Law Enforcement | 243 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 243 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC | |
|--|---|------------------------|---|---|--|--|---|--|----------------------|---|-------|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | | Other |
| 280 | 280 | Law Enforcement | 280 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 280 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Carolinas Medical Center-Charlotte – East Unit

County: Mecklenburg
 Facility Type: Inpatient Hospital
 Population Served: Adolescents ages 13-17, all genders

July-December 2021 [October report not submitted]

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 85 | 85 | Law Enforcement | 85 | 12 | 0 | 0 | Degree of Aggression | 0 | 85 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 93 | 93 | Law Enforcement | 93 | 3 | 0 | 0 | Degree of Aggression | 0 | 93 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 290 | 261 | Law Enforcement | 192 | 0 | 0 | 0 | Degree of Aggression | 0 | 290 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 57 | 0 | | | | | | |
| | | Private Transportation | 12 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 29 | 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 | 7 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 283 | 251 | Law Enforcement | 251 | 0 | 0 | 0 | Degree of Aggression | 0 | 283 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 32 | Law Enforcement | 32 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Carolinas HealthCare System-Charlotte – South Unit

County: Mecklenburg
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older, all genders

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 181 | 163 | Law Enforcement | 117 | 0 | 0 | 0 | Degree of Aggression | 0 | 181 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 45 | 5 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 1 | 0 | | | | | | | | |
| | 2 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 2 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 16 | Law Enforcement | 11 | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 203 | 191 | Law Enforcement | 191 | 0 | 0 | 0 | Degree of Aggression | 0 | 203 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 12 | Law Enforcement | 12 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Carolinas Medical Center-Davidson – Fraser Fir Unit

County: Mecklenburg
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older, all genders

July-December 2021 [October-November reports not submitted]

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 273 | MH: | 273 | Law Enforcement | 144 | 78 | 0 | 0 | Degree of Aggression | 0 | 273 | |
| | | | EMS | 5 | 4 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 115 | 56 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 9 | 7 | | | | | | |
| | 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 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | 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 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|-----|---|-----|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 336 | MH: | 336 | Law Enforcement | 152 | 57 | 0 | 0 | Degree of Aggression | 0 | 336 | |
| | | | EMS | 8 | 5 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 176 | 63 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | 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 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Carolinas Medical Center-Davidson – Mountain Laurel Unit

County: Mecklenburg
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older, all genders

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 316 | 247 | Law Enforcement | 92 | 43 | 0 | 0 | Degree of Aggression | 0 | 316 | |
| | | EMS | 7 | 3 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 1 | 0 | | | | | | |
| | | Private Transportation | 145 | 49 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 2 | 1 | | | | | | |
| | 65 | Law Enforcement | 11 | 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 | | | | | | |
| | | Private Transportation | 54 | 3 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 4 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 4 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 283 | 283 | Law Enforcement | 138 | 63 | 0 | 0 | Degree of Aggression | 0 | 283 | |
| | | EMS | 7 | 4 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 137 | 50 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 1 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 293 | 293 | Law Enforcement | 66 | 29 | 2 | 0 | Degree of Aggression | 0 | 295 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 227 | 107 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 270 | 270 | Law Enforcement | 61 | 19 | 3 | 0 | Degree of Aggression | 0 | 273 | | |
| | | EMS | 2 | 1 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 207 | 54 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

CaroMont Regional Medical Center – Child and Adolescent Psychiatric Unit

County: Gaston
 Facility Type: Inpatient Hospital
 Population Served: Children and Adolescents ages 7-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 10 | MH: | 10 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 10 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 10 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 12 | MH: | 12 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 12 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 12 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 261 | MH: | 261 | Law Enforcement | 0 | 0 | 6 | 0 | Degree of Aggression | 0 | 267 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 261 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 299 | MH: | 295 | Law Enforcement | 34 | 0 | 19 | 0 | Degree of Aggression | 0 | 318 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 261 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | MH/IDD: | 4 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 106 | 80 | Law Enforcement | 44 | 2 | 1 | 0 | Degree of Aggression | 0 | 107 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 36 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 26 | Law Enforcement | 11 | 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 | 15 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 103 | 83 | Law Enforcement | 46 | 0 | 1 | 0 | Degree of Aggression | 0 | 104 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 37 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 20 | 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 | 13 | 2 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 28 | MH: | 26 | Law Enforcement | 7 | 0 | 0 | 0 | Degree of Aggression | 0 | 28 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 19 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 2 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 2 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 21 | MH: | 21 | Law Enforcement | 7 | 0 | 2 | 0 | Degree of Aggression | 0 | 23 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 14 | 2 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 108 | MH: | 74 | Law Enforcement | 17 | 0 | 2 | 0 | Degree of Aggression | 0 | 110 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 57 | 3 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 34 | 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 | 28 | 2 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 126 | MH: | 98 | Law Enforcement | 37 | 1 | 2 | 0 | Degree of Aggression | 0 | 128 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 61 | 2 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 28 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 24 | 1 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 30 | 17 | Law Enforcement | 10 | 0 | 1 | 0 | Degree of Aggression | 0 | 31 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 7 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 13 | 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 | 10 | 1 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 28 | 22 | Law Enforcement | 8 | 0 | 1 | 0 | Degree of Aggression | 0 | 29 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 14 | 2 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 6 | Law Enforcement | 3 | 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 | 3 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Charles A. Cannon, Jr. Memorial Hospital

County: Avery
 Facility Type: Inpatient Hospital
 Population Served: Adults ages 18-64, also Veterans

July-December 2021

| 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 |
|--|---|------------------------|---|-----------------|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 93 | MH: | 93 | Law Enforcement | 85 | 3 | 1 | 0 | Degree of Aggression | 0 | 94 |
| | | EMS | 2 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 1 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| | | Private Transportation | 5 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | 0 | | | | | |
| | | SUD: | 0 | Law Enforcement | 0 | | | 0 | 0 | |
| | EMS | 0 | 0 | 0 | 0 | 0 | 0 | Medical Acuity | 0 | |
| | Mobile Crisis Team | 0 | 0 | 0 | 0 | 0 | 0 | Other | 0 | |
| | Provider | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Walk-in / from ED | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Private Transportation | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Medical Unit | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Unknown | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | EMS | 0 | 0 | 0 | 0 | 0 | 0 | Medical Acuity | 0 | |
| | Mobile Crisis Team | 0 | 0 | 0 | 0 | 0 | 0 | Other | 0 | |
| | Provider | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Walk-in / from ED | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Private Transportation | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Medical Unit | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022 [designation removed June 2, 2022 – provider request]

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----------------|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 98 | MH: | 98 | Law Enforcement | 98 | 0 | 0 | 0 | Degree of Aggression | 0 | 98 |
| | | EMS | 0 | 0 | 0 | | | 0 | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | 0 | 0 | |
| | | Provider | 0 | 0 | 0 | | | 0 | 0 | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | 0 | 0 | |
| | | Private Transportation | 0 | 0 | 0 | | | 0 | 0 | |
| | | Medical Unit | 0 | 0 | 0 | | | 0 | 0 | |
| | | Unknown | 0 | 0 | 0 | | | 0 | 0 | |
| | | SUD: | 0 | Law Enforcement | 0 | | | 0 | 0 | |
| | EMS | 0 | 0 | 0 | 0 | 0 | 0 | Medical Acuity | 0 | |
| | Mobile Crisis Team | 0 | 0 | 0 | 0 | 0 | 0 | Other | 0 | |
| | Provider | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Walk-in / from ED | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Private Transportation | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Medical Unit | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Unknown | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | EMS | 0 | 0 | 0 | 0 | 0 | 0 | Medical Acuity | 0 | |
| | Mobile Crisis Team | 0 | 0 | 0 | 0 | 0 | 0 | Other | 0 | |
| | Provider | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Walk-in / from ED | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| Private Transportation | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Medical Unit | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Please list other reasons for referring individuals 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 2021

| 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 |
|--|---|------------------------|---|---|--|--|---|--|----------------|-----------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 18 | MH: | 17 | Law Enforcement | 0 | 0 | 3 | 0 | Degree of Aggression | 0 | 21 | |
| | | EMS | 1 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 7 | 0 | | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 8 | 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 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-----------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 14 | MH: | 14 | Law Enforcement | 3 | 0 | 0 | 0 | Degree of Aggression | 0 | 14 | |
| | | EMS | 1 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 9 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 1 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Cleveland Crisis Recovery Center

County: Cleveland
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 54 | MH: | 40 | Law Enforcement | 30 | 6 | 12 | 5 | Degree of Aggression | 3 | 71 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 1 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 1 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 10 | 3 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 13 | Law Enforcement | 13 | 5 | 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 | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | MH/IDD: | 1 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| MH: Level of Acuity | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 29 | MH: | 26 | Law Enforcement | 9 | 0 | 0 | 0 | Degree of Aggression | 0 | 29 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 17 | 4 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 2 | Law Enforcement | 2 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | MH/IDD: | 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 | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 1 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Coastal Plain Hospital (Nash UNC Health Care)

County: Nash
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 456 | MH: | 418 | Law Enforcement | 418 | 83 | 1 | 0 | Degree of Aggression | 0 | 457 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 37 | Law Enforcement | 37 | 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 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | MH/IDD: | 1 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 486 | MH: | 458 | Law Enforcement | 458 | 90 | 1 | 0 | Degree of Aggression | 0 | 487 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 28 | Law Enforcement | 28 | 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 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Cone Health – Child/Adolescent Unit

County: Guilford
 Facility Type: Inpatient Hospital
 Population Served: Adolescents ages 12-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 84 | 82 | Law Enforcement | 76 | 67 | 0 | 0 | Degree of Aggression | 0 | 84 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 3 | 3 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 3 | 3 | | | | | | |
| | 2 | 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 | 1 | 1 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 99 | 98 | Law Enforcement | 85 | 76 | 0 | 0 | Degree of Aggression | 0 | 99 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 13 | 13 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Cone Health – Adult Unit

County: Guilford
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 355 | 324 | Law Enforcement | 302 | 81 | 1 | 0 | Degree of Aggression | 0 | 356 | |
| | | EMS | 9 | 2 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 5 | 3 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 8 | 3 | | | | | | |
| | 31 | Law Enforcement | 30 | 9 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 1 | 1 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 305 | 292 | Law Enforcement | 238 | 53 | 8 | 0 | Degree of Aggression | 0 | 313 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 51 | 9 | | | | | | |
| | | Private Transportation | 2 | 1 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 1 | 0 | | | | | | |
| | 13 | Law Enforcement | 10 | 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 | 3 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | | |
| 246 | 246 | Law Enforcement | 76 | 34 | 0 | 0 | Degree of Aggression | 0 | 246 | |
| | | EMS | 85 | 46 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 85 | 51 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022 [May-June reports not submitted]

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method 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: | | | | | | | Degree of Aggression | | |
| 141 | 141 | Law Enforcement | 29 | 9 | 0 | 0 | Degree of Aggression | 0 | 141 | |
| | | EMS | 24 | 10 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 88 | 44 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Davis Regional Medical Center – Delta DDU Service

County: Iredell
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 59 | 59 | Law Enforcement | 8 | 7 | 0 | 0 | Degree of Aggression | 0 | 59 | |
| | | EMS | 25 | 14 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 26 | 13 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022 [June not submitted]

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 116 | 116 | Law Enforcement | 27 | 5 | 0 | 0 | Degree of Aggression | 0 | 116 | |
| | | EMS | 22 | 11 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 67 | 35 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 78 | 78 | Law Enforcement | 18 | 2 | 0 | 0 | Degree of Aggression | 0 | 78 | |
| | | EMS | 28 | 2 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 32 | 6 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022 [June not submitted]

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 47 | 47 | Law Enforcement | 10 | 1 | 0 | 0 | Degree of Aggression | 0 | 47 | |
| | | EMS | 14 | 5 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 23 | 8 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Daymark Recovery C.R.C. Statesville

County: Iredell
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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 | |
|--|---|--------|---|-----------------|--|--|---|--|----------------------|---|---|
| | | | | | | | | Degree of Aggression | | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | | | SUD: | 0 | Law Enforcement | | | 0 | 0 | | 0 |
| | | | EMS | 0 | 0 | Medical Acuity | 0 | | | | |
| | | | Mobile Crisis Team | 0 | 0 | Other | 0 | | | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | | MH/DD: | 0 | Law Enforcement | 0 | 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 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC | |
|--|---|--------|---|-----------------|--|--|---|--|----------------------|---|---|
| | | | | | | | | Degree of Aggression | | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | | | SUD: | 0 | Law Enforcement | | | 0 | 0 | | 0 |
| | | | EMS | 0 | 0 | Medical Acuity | 0 | | | | |
| | | | Mobile Crisis Team | 0 | 0 | Other | 0 | | | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | | MH/DD: | 0 | Law Enforcement | 0 | 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 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Daymark Recovery Services: Asheboro Crisis Center

County: **Randolph**
 Facility Type: **Facility-Based Crisis**
 Population Served: **Adults 18 and older**

July-December 2021 *[designated December 10, 2021]*

| 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 <i>(After Voluntary Admission)</i> | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|---|---|--|---|---|
| | | | | | | | | | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility <i>(After Voluntary Admission)</i> | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|---|---|--|---|---|
| | | | | | | | | | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

Daymark Recovery Services: Facility Based Crisis of Cabarrus

County: Cabarrus
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

Daymark Recovery Services: Monroe Crisis Recovery Center

County: Union
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

Dix Crisis Center

County: Onslow
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021 *[includes NHMD data]*

| 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 <i>(After Voluntary Admission)</i> | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|---|---|------------------------|---|----|--|---|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 135 | MH: | 97 | Law Enforcement | 96 | 49 | 3 | 1 | Degree of Aggression | 0 | 138 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 1 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 1 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 38 | Law Enforcement | 38 | 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 | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: MH: continued psychosis, required longer length of stay | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility <i>(After Voluntary Admission)</i> | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|---|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 89 | MH: | 89 | Law Enforcement | 87 | 62 | 0 | 0 | Degree of Aggression | 0 | 89 |
| | | | EMS | 1 | 1 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 1 | 1 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Dix Crisis Center

County: Onslow
 Facility Type: Nonhospital Medical Detoxification
 Population Served: Adults 18 and older

July-December 2021

These data were reported with the Facility-Based Crisis numbers for this time period.

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 52 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 52 |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 52 | Law Enforcement | 52 | 34 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Duke Regional Hospital

County: Durham
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|---|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 242 | MH: | 242 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 242 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 242 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 261 | MH: | 261 | Law Enforcement | 35 | 3 | 0 | 0 | Degree of Aggression | 0 | 261 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 207 | 2 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 19 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Durham Recovery Response Center

County: **Durham**
 Facility Type: **Facility-Based Crisis**
 Population Served: **Adults 18 and older**

July-December 2021

| 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 |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 74 | MH: | 44 | Law Enforcement | 42 | 10 | 8 | 0 | Degree of Aggression | 0 | 86 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 2 | 1 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 4 | Law Enforcement | 4 | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 26 | Law Enforcement | 25 | 4 | 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 | 1 | 1 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 18 | MH: | 12 | Law Enforcement | 12 | 3 | 0 | 0 | Degree of Aggression | 0 | 18 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 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 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 4 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Durham Recovery Response Center

County: Durham
 Facility Type: Nonhospital Medical Detoxification
 Population Served: Adults 18 and older

July-December 2021

These data were reported with the Facility-Based Crisis numbers for this time period.

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 6 | MH: | 3 | Law Enforcement | 3 | 1 | 0 | 0 | Degree of Aggression | 0 | 6 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 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 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | | | | | | | | | | | |
| MH/DD: | 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 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | | | | | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 107 | 68 | Law Enforcement | 22 | 1 | 14 | 2 | Degree of Aggression | 0 | 126 | |
| | | EMS | 13 | 3 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 2 | | |
| | | Provider | 5 | 0 | | | | | | |
| | | Walk-in / from ED | 23 | 1 | | | | | | |
| | | Private Transportation | 5 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 39 | Law Enforcement | 14 | 0 | 5 | 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 | 14 | 2 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 2 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: MH: Veterans transferred in-patient unit to 2C at Fayetteville VA | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 82 | 77 | Law Enforcement | 3 | 0 | 6 | 0 | Degree of Aggression | 0 | 88 | |
| | | EMS | 43 | 23 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 1 | 1 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 29 | 9 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 1 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 5 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 2 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 3 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

FirstHealth Moore Regional Hospital

County: Moore
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 327 | MH: | 327 | Law Enforcement | 105 | 30 | 8 | 3 | Degree of Aggression | 0 | 335 |
| | | | EMS | 3 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 3 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 219 | 69 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| MH: Higher Acuity / needed higher level of care | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 311 | MH: | 311 | Law Enforcement | 143 | 53 | 1 | 0 | Degree of Aggression | 0 | 312 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 165 | 53 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 3 | 1 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals 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

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 101 | MH: | 101 | Law Enforcement | 101 | 0 | 0 | 0 | Degree of Aggression | 0 | 101 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 42 | MH: | 42 | Law Enforcement | 42 | 0 | 0 | 0 | Degree of Aggression | 0 | 42 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 1 | MH: | 1 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | 1 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 67 | MH: | 67 | Law Enforcement | 67 | 0 | 0 | 0 | Degree of Aggression | 0 | 67 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 99 | 99 | Law Enforcement | 99 | 0 | 0 | 0 | Degree of Aggression | 0 | 99 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | 0 | MH/DD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 110 | 110 | Law Enforcement | 110 | 0 | 0 | 0 | Degree of Aggression | 0 | 110 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | 0 | MH/DD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | | |
| 60 | 60 | Law Enforcement | 60 | 0 | 0 | 0 | Degree of Aggression | 0 | 60 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----|---|
| | MH: | | | | | | | Degree of Aggression | | |
| 72 | 72 | Law Enforcement | 72 | 0 | 0 | 0 | Degree of Aggression | 0 | 72 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

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

County: Catawba
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 139 | MH: | 139 | Law Enforcement | 139 | 0 | 0 | 0 | Degree of Aggression | 0 | 139 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 138 | MH: | 138 | Law Enforcement | 138 | 0 | 0 | 0 | Degree of Aggression | 0 | 138 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Good Hope Hospital

County: **Harnett**
 Facility Type: **Inpatient Hospital (private)**
 Population Served: **Adults 18 and older**

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 203 | MH: | 203 | Law Enforcement | 203 | 0 | 0 | 0 | Degree of Aggression | 0 | 203 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 166 | MH: | 166 | Law Enforcement | 166 | 0 | 0 | 0 | Degree of Aggression | 0 | 166 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Haywood Regional Medical Center

County: Haywood
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 150 | MH: | 144 | Law Enforcement | 143 | 9 | 2 | 0 | Degree of Aggression | 0 | 152 | |
| | | | EMS | 1 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 6 | Law Enforcement | 6 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 142 | MH: | 141 | Law Enforcement | 141 | 12 | 5 | 1 | Degree of Aggression | 0 | 147 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 1 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 1 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |
| MH: Needed placement where she could receive ECT, due to treatment resistant depression. | | | | | | | | | | | |

High Point Medical Center

County: Guilford
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 157 | MH: | 134 | Law Enforcement | 58 | 4 | 3 | 0 | Degree of Aggression | 0 | 160 |
| | | EMS | 9 | 2 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 63 | 1 | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 23 | Law Enforcement | 6 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 7 | 1 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 9 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 148 | MH: | 122 | Law Enforcement | 21 | 0 | 0 | 0 | Degree of Aggression | 0 | 148 |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 96 | 6 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 5 | 1 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 26 | 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 | 24 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Holly Hill Hospital – Child Psychiatric Inpatient Unit

County: Wake
 Facility Type: Inpatient Hospital
 Population Served: Children ages 5-13

July-December 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|----------------|-------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 129 | MH: | 129 | Law Enforcement | 129 | 0 | 1 | 0 | Degree of Aggression | 0 | 130 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 88 | MH: | 88 | Law Enforcement | 88 | 0 | 2 | 0 | Degree of Aggression | 0 | 90 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Holly Hill Hospital – Adolescent Psychiatric Inpatient Unit

County: Wake
 Facility Type: Inpatient Hospital
 Population Served: Adolescents ages 14-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 627 | MH: | 627 | Law Enforcement | 627 | 0 | 5 | 0 | Degree of Aggression | 0 | 632 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 522 | MH: | 522 | Law Enforcement | 522 | 0 | 10 | 0 | Degree of Aggression | 0 | 532 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Holly Hill Hospital – Adult Psychiatric Inpatient Unit

County: Wake
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 2,686 | MH: | 2680 | Law Enforcement | 2,680 | 0 | 43 | 0 | Degree of Aggression | 0 | 2,729 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 6 | Law Enforcement | 6 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-------|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 2,278 | MH: | 2277 | Law Enforcement | 2,259 | 0 | 101 | 0 | Degree of Aggression | 0 | 2,379 |
| | | | EMS | 1 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 1 | 0 | | | Other | 0 | |
| | | | Provider | 2 | 0 | | | | | |
| | | | Walk-in / from ED | 11 | 0 | | | | | |
| | | | Private Transportation | 3 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 1 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please 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

Population Served: Adults 18 and older, also Chemical Dependency

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | | Other |
| 28 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 28 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | 28 | 28 | Law Enforcement | 28 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC | |
|--|---|------------------------|---|----|--|--|---|--|----------------------|---|-------|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | | Other |
| 10 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 11 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | 10 | 10 | Law Enforcement | 10 | 0 | 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 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Johnston UNC Health

County: Johnston
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 294 | 294 | Law Enforcement | 294 | 0 | 0 | 0 | Degree of Aggression | 0 | 294 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 285 | 282 | Law Enforcement | 250 | 1 | 4 | 1 | Degree of Aggression | 1 | 289 | |
| | | EMS | 17 | 3 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 13 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 1 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 3 | 3 | Law Enforcement | 2 | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Margaret R. Pardee Memorial Hospital

County: Henderson
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 157 | 148 | Law Enforcement | 32 | 5 | 0 | 0 | Degree of Aggression | 0 | 157 | |
| | | EMS | 3 | 1 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 6 | 1 | | | Other | 0 | | |
| | | Provider | 14 | 5 | | | | | | |
| | | Walk-in / from ED | 57 | 9 | | | | | | |
| | | Private Transportation | 33 | 16 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 3 | 1 | | | | | | | |
| | 9 | 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 | 1 | 1 | | | | | | |
| | | Private Transportation | 5 | 5 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 137 | 130 | Law Enforcement | 62 | 12 | 0 | 0 | Degree of Aggression | 0 | 137 | |
| | | EMS | 11 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 2 | 0 | | | | | | |
| | | Walk-in / from ED | 53 | 11 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 1 | 1 | | | | | | | |
| | 7 | Law Enforcement | 6 | 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 | 1 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | | |
| 107 | 107 | Law Enforcement | 107 | 107 | 0 | 0 | Degree of Aggression | 0 | 0 | 0 | 107 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | | |
| | | Provider | 0 | 0 | | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | | |
| | 0 | MH/IDD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC | |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | | |
| 180 | 180 | Law Enforcement | 180 | 91 | 10 | 2 | Degree of Aggression | 2 | 0 | 0 | 190 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | | |
| | | Provider | 0 | 0 | | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | | |
| | 0 | MH/IDD: | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 100 | MH: | 100 | Law Enforcement | 100 | 100 | 0 | 0 | Degree of Aggression | 0 | 100 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 98 | MH: | 98 | Law Enforcement | 98 | 52 | 5 | 1 | Degree of Aggression | 0 | 103 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 1 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Mission Health – Acute Inpatient Child Unit

County: Buncombe
 Facility Type: Inpatient Hospital
 Population Served: Children ages 4-12

July-December 2021

| 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 |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 34 | MH: | 34 | Law Enforcement | 15 | 0 | 0 | 0 | Degree of Aggression | 0 | 34 | |
| | | EMs | 8 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 3 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 8 | 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 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 18 | MH: | 18 | Law Enforcement | 7 | 0 | 1 | 0 | Degree of Aggression | 0 | 19 | |
| | | EMs | 5 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 3 | 0 | | | | | | | |
| | | Medical Unit | 1 | 0 | | | | | | | |
| | | Unknown | 2 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMs | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Mission Health – Acute Inpatient Adolescent Unit

County: Buncombe
 Facility Type: Inpatient Hospital
 Population Served: Adolescents ages 13-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 24 | 24 | Law Enforcement | 16 | 0 | 3 | 0 | Degree of Aggression | 0 | 27 | | |
| | | EMS | 5 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 1 | 0 | | | | | | | |
| | 0 | SUD: | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | MH/IDD: | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 25 | 25 | Law Enforcement | 15 | 0 | 0 | 0 | Degree of Aggression | 0 | 25 | | |
| | | EMS | 3 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 5 | 0 | | | | | | | |
| | | Medical Unit | 2 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | SUD: | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | MH/IDD: | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Mission Health – Adult Inpatient Unit

County: Buncombe
 Facility Type: Inpatient Hospital
 Population Served: Adults 18-64

July-December 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 536 | MH: | 536 | Law Enforcement | 246 | 15 | 9 | 0 | Degree of Aggression | 0 | 545 |
| | | EMS | 171 | 6 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 83 | 6 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 36 | 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 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 471 | MH: | 471 | Law Enforcement | 218 | 10 | 7 | 0 | Degree of Aggression | 0 | 478 |
| | | EMS | 138 | 4 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 70 | 1 | | | | | | |
| | | Medical Unit | 10 | 3 | | | | | | |
| | Unknown | 35 | 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 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Mission Health – Geriatric Unit

County: Buncombe
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 65 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 56 | 56 | Law Enforcement | 11 | 0 | 0 | 0 | Degree of Aggression | 0 | 56 | |
| | | EMS | 30 | 2 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 9 | 2 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 6 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 42 | 42 | Law Enforcement | 7 | 0 | 0 | 0 | Degree of Aggression | 0 | 42 | |
| | | EMS | 23 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 9 | 0 | | | | | | |
| | | Medical Unit | 1 | 0 | | | | | | |
| | | Unknown | 2 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Neil Dobbins Center

County: Buncombe

Facility Type: Facility-Based Crisis & Nonhospital Medical Detoxification

Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 1 | 1 | Degree of Aggression | 1 | 1 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

New Hanover Regional Medical Center

County: New Hanover
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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/IDD: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 502 | MH: | 502 | Law Enforcement | 0 | 0 | 4 | 0 | Degree of Aggression | 0 | 506 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 502 | 188 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | | SUD: | 0 | Law Enforcement | 0 | | | 0 | 0 | | 0 |
| | EMS | 0 | 0 | Medical Acuity | 0 | | | | | | |
| | Mobile Crisis Team | 0 | 0 | Other | 0 | | | | | | |
| | Provider | 0 | 0 | | | | | | | | |
| | Walk-in / from ED | 0 | 0 | | | | | | | | |
| | Private Transportation | 0 | 0 | | | | | | | | |
| | Medical Unit | 0 | 0 | | | | | | | | |
| | Unknown | 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 | 0 | | | | | | |
| | Provider | 0 | 0 | | | | | | | | |
| | Walk-in / from ED | 0 | 0 | | | | | | | | |
| Private Transportation | 0 | 0 | | | | | | | | | |
| Medical Unit | 0 | 0 | | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----------------|--|--|---|--|----------------|------------|---|
| | MH/IDD: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 401 | MH: | 398 | Law Enforcement | 59 | 0 | 0 | 0 | Degree of Aggression | 0 | 401 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 317 | 191 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 9 | 0 | | | | | | | |
| | | Unknown | 13 | 0 | | | | | | | |
| | | SUD: | 3 | Law Enforcement | 0 | | | 0 | 0 | | 0 |
| | EMS | 0 | 0 | Medical Acuity | 0 | | | | | | |
| | Mobile Crisis Team | 0 | 0 | Other | 0 | | | | | | |
| | Provider | 0 | 0 | | | | | | | | |
| | Walk-in / from ED | 0 | 0 | | | | | | | | |
| | Private Transportation | 0 | 0 | | | | | | | | |
| | Medical Unit | 0 | 0 | | | | | | | | |
| | Unknown | 3 | 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 | 0 | | | | | | |
| | Provider | 0 | 0 | | | | | | | | |
| | Walk-in / from ED | 0 | 0 | | | | | | | | |
| Private Transportation | 0 | 0 | | | | | | | | | |
| Medical Unit | 0 | 0 | | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Novant Health Forsyth Medical Center – Adult Behavioral Health Unit

County: Forsyth
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older, all genders

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 232 | 184 | Law Enforcement | 4 | 3 | 24 | 0 | Degree of Aggression | 0 | 263 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 155 | 57 | | | | | | |
| | | Private Transportation | 9 | 0 | | | | | | |
| | | Medical Unit | 12 | 0 | | | | | | |
| | | Unknown | 4 | 0 | | | | | | |
| | 48 | Law Enforcement | 2 | 0 | 7 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 37 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 3 | 0 | | | | | | |
| | | Unknown | 4 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 214 | 174 | Law Enforcement | 13 | 0 | 9 | 1 | Degree of Aggression | 0 | 223 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 1 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 121 | 87 | | | | | | |
| | | Private Transportation | 35 | 20 | | | | | | |
| | | Medical Unit | 5 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 40 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 28 | 0 | | | | | | |
| | | Private Transportation | 8 | 0 | | | | | | |
| | | Medical Unit | 4 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Novant Health Forsyth Medical Center – Geriatric Behavioral Health Unit

County: Forsyth
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 55 and older, all genders

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 25 | 25 | Law Enforcement | 2 | 0 | 0 | 0 | | Degree of Aggression | 0 | 25 |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 16 | 0 | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | |
| | | Medical Unit | 3 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 23 | 22 | Law Enforcement | 0 | 0 | 0 | 0 | | Degree of Aggression | 0 | 23 |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 17 | 3 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 3 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 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 | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 1 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Novant Health Presbyterian Medical Center – Adolescent Behavioral Health Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

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

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 34 | 33 | Law Enforcement | 5 | 0 | 3 | 0 | Degree of Aggression | 0 | 37 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 23 | 5 | | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 4 | 0 | | | | | | | |
| | 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 | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 1 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 19 | 18 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 19 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 14 | 0 | | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 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 | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 1 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 229 | 195 | Law Enforcement | 12 | 0 | 26 | 0 | Degree of Aggression | 0 | 255 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 161 | 7 | | | | | | |
| | | Private Transportation | 7 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 15 | 0 | | | | | | |
| | 33 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 25 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 4 | 0 | | | | | | |
| | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 229 | 202 | Law Enforcement | 9 | 0 | 0 | 0 | Degree of Aggression | 0 | 229 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 185 | 7 | | | | | | |
| | | Private Transportation | 8 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 27 | Law Enforcement | 5 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 21 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 1 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Novant Health Rowan Medical Center – Lifeworks Behavioral Health

County: Rowan
 Facility Type: Inpatient Hospital
 Population Served: Adults 18-54

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 258 | 258 | Law Enforcement | 99 | 23 | 1 | 0 | Degree of Aggression | 0 | 259 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 158 | 38 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 1 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 219 | 219 | Law Enforcement | 105 | 14 | 0 | 0 | Degree of Aggression | 0 | 219 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 114 | 16 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Novant Health Rowan Medical Center – Linn Geriatric Unit

County: Rowan
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 55 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | | Other | |
| 127 | 127 | Law Enforcement | 66 | 11 | 0 | 0 | Degree of Aggression | 0 | 127 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | | |
| | | Provider | 0 | 0 | | | | | | | | |
| | | Walk-in / from ED | 61 | 11 | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | |
| | | Unknown | 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 | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | | | 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 | | | | | |
| | | | | Private Transportation | 0 | 0 | | | | | | |
| | | | | Medical Unit | 0 | 0 | | | | | | |
| | | | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC | | |
|--|---|------------------------|---|------------------------|--|--|---|--|----------------|---|----------------------|----------------------|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | | Other | |
| 119 | 119 | Law Enforcement | 49 | 4 | 0 | 0 | Degree of Aggression | 0 | 119 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | | |
| | | Provider | 0 | 0 | | | | | | | | |
| | | Walk-in / from ED | 70 | 6 | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | |
| | | Unknown | 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 | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | | | 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 | | | | | |
| | | | | Private Transportation | 0 | 0 | | | | | | |
| | | | | Medical Unit | 0 | 0 | | | | | | |
| | | | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 181 | 181 | Law Enforcement | 109 | 0 | 0 | 0 | Degree of Aggression | 0 | 181 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 61 | 0 | | | | | | |
| | | Private Transportation | 7 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 4 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 94 | 94 | Law Enforcement | 18 | 0 | 0 | 0 | Degree of Aggression | 0 | 94 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 43 | 0 | | | | | | |
| | | Private Transportation | 33 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Old Vineyard Behavioral Health Services – Acute Adolescent Psychiatric Inpatient Unit

County: Forsyth
 Facility Type: Inpatient Hospital
 Population Served: Adolescents ages 12-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 810 | 810 | Law Enforcement | 804 | 0 | 0 | 0 | Degree of Aggression | 0 | 810 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 6 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 638 | 638 | Law Enforcement | 617 | 0 | 0 | 0 | Degree of Aggression | 0 | 638 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 3 | 0 | | | | | | |
| | Unknown | 17 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: Public safety transport unit of referring hospital | | | | | | | | | | |

Old Vineyard Behavioral Health Services – Acute Adult Psychiatric Inpatient Unit

County: Forsyth
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 672 | 667 | Law Enforcement | 653 | 0 | 0 | 0 | Degree of Aggression | 0 | 672 | |
| | | EMS | 3 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 7 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 4 | 0 | | | | | | |
| | 5 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 588 | 585 | Law Enforcement | 568 | 0 | 0 | 0 | Degree of Aggression | 0 | 588 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 12 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 5 | 0 | | | | | | |
| | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| Public safety transport from referring hospital | | | | | | | | | | |

Old Vineyard Behavioral Health – Acute Dual Diagnosis Inpatient Unit

County: Forsyth
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older, MI/SUD

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 346 | 338 | Law Enforcement | 333 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 346 |
| | | EMS | 1 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 4 | 0 | | | | | | |
| | 8 | Law Enforcement | 5 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 3 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 383 | 378 | Law Enforcement | 370 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 383 |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 4 | 0 | | | | | | |
| | 5 | Law Enforcement | 1 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Old Vineyard Behavioral Health – Older Adult Unit

County: Forsyth
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 55 and older

July-December 2021 [October-December: merged with Adult Unit due to pandemic]

| 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: | SUD: | MH/IDD: | Degree of Aggression | | | | Medical Acuity | Other | |
| 56 | 56 | Law Enforcement | 56 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 56 |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022 [January: merged with Adult Unit due to pandemic]

| 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: | SUD: | MH/IDD: | Degree of Aggression | | | | Medical Acuity | Other | |
| 172 | 172 | Law Enforcement | 168 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 172 |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 3 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 1 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Old Vineyard Behavioral Health – Mood Disorders Unit

County: Forsyth

Facility Type: Inpatient Hospital

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

July-December 2021 [October: closed due to pandemic]

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 57 | 57 | Law Enforcement | 57 | 0 | 0 | 0 | Degree of Aggression | 0 | 57 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 227 | 227 | Law Enforcement | 223 | 0 | 0 | 0 | Degree of Aggression | 0 | 227 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 4 | 0 | | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Phoenix Counseling Center

County: Gaston
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | | |
| 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | SUD: | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | MH/IDD: | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

Recovery Response Center

County: Vance
 Facility Types: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 4 | MH: | 4 | Law Enforcement | 4 | 1 | 1 | 1 | Degree of Aggression | 0 | 5 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 1 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| MH: While inpatient guest refused to take any medications and began to further decompensate. HRRC does not administer forced medications and due to acuity level was referred to higher level of care to MPH. | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 17 | MH: | 17 | Law Enforcement | 17 | 0 | 0 | 0 | Degree of Aggression | 0 | 17 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Recovery Response Center

County: Vance
 Facility Types: Nonhospital Medical Detoxification
 Population Served: Adults 18 and older

July-December 2021

This data was reported with the Facility-Based Crisis numbers for this time period.

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | Total Number of Individuals Receiving Treatment Under IVC | | |
|--|---|---|--|--|---|--|---|----------------------|---|
| 8 | MH: | 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 | | | | |
| | | | Private Transportation | 0 | 0 | | | | |
| | | | Medical Unit | 0 | 0 | | | | |
| | | | Unknown | 0 | 0 | | | | |
| | | SUD: | 8 | Law Enforcement | 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 | | | |
| | | | | Private Transportation | 0 | 0 | | | |
| | | | | Medical Unit | 0 | 0 | | | |
| | | | | Unknown | 0 | 0 | | | |
| | | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | Degree of Aggression | 0 |
| | | | | EMS | 0 | 0 | | Medical Acuity | 0 |
| | | | | Mobile Crisis Team | 0 | 0 | | Other | 0 |
| | | | | Provider | 0 | 0 | | | |
| | | | | Walk-in / from ED | 0 | 0 | | | |
| | | | Private Transportation | 0 | 0 | | | | |
| | | | Medical Unit | 0 | 0 | | | | |
| | | | Unknown | 0 | 0 | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | |

Rutherford Regional Medical Center

County: Rutherford
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|----------------|------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 177 | MH: | 174 | Law Enforcement | 166 | 0 | 0 | 0 | Degree of Aggression | 0 | 177 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 8 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 113 | MH: | 111 | Law Enforcement | 102 | 0 | 7 | 0 | Degree of Aggression | 0 | 120 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 9 | 3 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 2 | Law Enforcement | 2 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

SECU Youth Crisis Center, a Monarch Program

County: Mecklenburg
 Facility Type: Facility-Based Crisis
 Population Served: Children and Adolescents ages 6-17

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 33 | MH: | 33 | Law Enforcement | 33 | 10 | 0 | 0 | Degree of Aggression | 0 | 33 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|-----------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 37 | MH: | 37 | Law Enforcement | 37 | 7 | 0 | 0 | Degree of Aggression | 0 | 37 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

Strategic Behavioral Health-Garner – Child and Adolescent Unit

County: Wake
 Facility Type: Inpatient Hospital
 Population Served: Children and Adolescents ages 5-17

July-December 2021 [designation removed December 4, 2021 by DMH/DD/SAS]

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|----------------|-------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 168 | MH: | 168 | Law Enforcement | 168 | 1 | 0 | 0 | Degree of Aggression | 0 | 168 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Strategic Behavioral Health-Garner – Adult Unit

County: Wake
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021 [designation removed December 4, 2021 by DMH/DD/SAS]

| 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 |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 69 | MH: | 69 | Law Enforcement | 66 | 0 | 1 | 0 | Degree of Aggression | 0 | 70 |
| | | | EMS | 3 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Tanglewood Arbor (Monarch)

County: Robeson
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

Tanglewood Arbor (Monarch)

County: Robeson
 Facility Type: Nonhospital Medical Detoxification
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

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

The Balsam Center for Hope and Recovery

County: Haywood
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 1 | MH: | 0 | Law Enforcement | 0 | 0 | 5 | 5 | Degree of Aggression | 4 | 15 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 1 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 1 | Law Enforcement | 1 | 0 | 9 | 9 | Degree of Aggression | 8 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 1 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| MH: Client had become increasingly more psychotic during stay at ARU and was unable to reduce symptoms. SUD: due to psychosis that increased as detox protocol started | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 0 | MH: | 0 | Law Enforcement | 0 | 0 | 5 | 5 | Degree of Aggression | 4 | 5 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 1 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| MH: The psychosis continued; medication was not helping reduce the symptoms. | | | | | | | | | | |

Triangle Springs – Cedars Unit

County: Wake
 Facility Type: Inpatient Hospital (private)
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 175 | 152 | Law Enforcement | 151 | 13 | 0 | 0 | Degree of Aggression | 0 | 175 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 1 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 4 | Law Enforcement | 4 | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 19 | 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 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 177 | 154 | Law Enforcement | 152 | 5 | 0 | 0 | Degree of Aggression | 0 | 177 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | 23 | Law Enforcement | 22 | 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 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Triangle Springs – Meadows Unit

County: Wake
 Facility Type: Inpatient Hospital (private)
 Population Served: Adults 18 and older, SUD focus

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 158 | 109 | Law Enforcement | 105 | 8 | 3 | 0 | Degree of Aggression | 0 | 161 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 2 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 10 | Law Enforcement | 10 | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 39 | Law Enforcement | 39 | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 159 | 117 | Law Enforcement | 117 | 1 | 0 | 0 | Degree of Aggression | 0 | 160 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 2 | Law Enforcement | 2 | 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 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 40 | Law Enforcement | 40 | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Triangle Springs – Sunrise Unit

County: Wake
 Facility Type: Inpatient Hospital (private)
 Population Served: Adults 18 and older

July-December 2021

| 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/IDD: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 159 | MH: | 131 | Law Enforcement | 127 | 7 | 2 | 0 | Degree of Aggression | 0 | 161 | |
| | | | EMS | 1 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 3 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 4 | Law Enforcement | 4 | 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 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 24 | 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 | 0 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|-----|--|--|---|--|----------------|-------|---|
| | MH/IDD: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 170 | MH: | 136 | Law Enforcement | 134 | 3 | 1 | 0 | Degree of Aggression | 0 | 171 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 2 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 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 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 31 | Law Enforcement | 29 | 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 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | | |
| 206 | 206 | Law Enforcement | 123 | 64 | 0 | 0 | Degree of Aggression | 0 | 206 | |
| | | EMS | 7 | 3 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 75 | 38 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|-----|---|
| | MH: | | | | | | | Degree of Aggression | | |
| 234 | 234 | Law Enforcement | 172 | 89 | 1 | 0 | Degree of Aggression | 0 | 235 | |
| | | EMS | 26 | 12 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 22 | 17 | | | | | | |
| | | Private Transportation | 12 | 8 | | | | | | |
| | | Medical Unit | 1 | 1 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Health Southeastern

County: Robeson
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 401 | 338 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | 401 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 338 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 50 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 50 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 13 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 13 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 362 | 330 | Law Enforcement | 212 | 4 | 24 | 4 | Degree of Aggression | 0 | 388 | |
| | | EMS | 76 | 15 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 4 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 34 | 0 | | | | | | |
| | | Private Transportation | 8 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 20 | Law Enforcement | 7 | 0 | 2 | 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 | 7 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 12 | Law Enforcement | 6 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 2 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 4 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |
| MH: Referrals were minors. Unable to treatment [under IVC] at UNC Health Southeastern. | | | | | | | | | | |

UNC Health Care Alcohol and Drug Detoxification Program at WakeBrook

County: Wake
 Facility Type: Nonhospital Medical Detoxification
 Population Served: Adults 18-120

July-December 2021

| 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/ | DD: | | | | | | Degree of Aggression | Medical Acuity | | Other | |
| 18 | MH: | 10 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | 18 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | | Private Transportation | 4 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | | | Unknown | 5 | 0 | | | | | | | |
| | SUD: | 8 | Law Enforcement | 1 | 0 | | | 0 | 0 | | Degree of Aggression | 0 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | | | Unknown | 7 | 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 | | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC | | |
|--|---|-----|---|----|--|--|---|--|----------------|---|----------------------|---|
| | MH/ | DD: | | | | | | Degree of Aggression | Medical Acuity | | Other | |
| 23 | MH: | 16 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | 23 | | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | | Provider | 0 | 0 | | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | | | Unknown | 12 | 0 | | | | | | | |
| | SUD: | 7 | Law Enforcement | 4 | 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 | 1 | 0 | | | | | | | |
| | | | Private Transportation | 1 | 0 | | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | | |
| | | | 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 | | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | | |

UNC Health Care Facility-Based Crisis Program at WakeBrook

County: Wake
 Facility Type: Facility-Based Crisis
 Population Served: Adults 18-120

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 102 | MH: | 83 | Law Enforcement | 13 | 0 | 0 | 0 | Degree of Aggression | 0 | 102 |
| | | EMS | 4 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 9 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 56 | 0 | | | | | | |
| | SUD: | 19 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 13 | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 94 | MH: | 86 | Law Enforcement | 15 | 0 | 0 | 0 | Degree of Aggression | 0 | 94 |
| | | EMS | 9 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 11 | 0 | | | | | | |
| | | Private Transportation | 19 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 31 | 0 | | | | | | |
| | SUD: | 8 | Law Enforcement | 3 | 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 | 2 | 0 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Hospital at WakeBrook

County: Wake
 Facility Type: Inpatient Hospital
 Population Served: 18-120

July-December 2021

| 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: | | | | | | | Degree of Aggression | | |
| 295 | MH: | 293 | Law Enforcement | 79 | 0 | 0 | 0 | Degree of Aggression | 0 | 295 |
| | | | EMS | 9 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 1 | 0 | | | Other | 0 | |
| | | | Provider | 2 | 0 | | | | | |
| | | | Walk-in / from ED | 3 | 0 | | | | | |
| | | | Private Transportation | 34 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 165 | 0 | | | | | |
| | SUD: | 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 | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 2 | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|-----|---|----|--|--|---|--|---|---|
| | MH: | | | | | | | Degree of Aggression | | |
| 237 | MH: | 236 | Law Enforcement | 98 | 0 | 0 | 0 | Degree of Aggression | 0 | 237 |
| | | | EMS | 10 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 1 | 0 | | | Other | 0 | |
| | | | Provider | 2 | 0 | | | | | |
| | | | Walk-in / from ED | 18 | 0 | | | | | |
| | | | Private Transportation | 29 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 78 | 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 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 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 | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | |
| Unknown | | | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Medical Center – Child/Adolescent Unit (combined during pandemic)

County: Orange

Facility Type: Inpatient Hospital

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

July-December 2021

| 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 |
|--|---|------------------------|---|----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 275 | MH: | 253 | Law Enforcement | 47 | 0 | 0 | 0 | Degree of Aggression | 0 | 275 |
| | | | EMS | 63 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 9 | 0 | | | | | |
| | | | Walk-in / from ED | 82 | 0 | | | | | |
| | | | Private Transportation | 52 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 22 | Law Enforcement | 9 | 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 | 5 | 0 | | | | | |
| | | | Private Transportation | 3 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|---|---|
| | | | | | | | | Degree of Aggression | | |
| 278 | MH: | 245 | Law Enforcement | 33 | 0 | 0 | 0 | Degree of Aggression | 0 | 278 |
| | | | EMS | 35 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 7 | 0 | | | | | |
| | | | Walk-in / from ED | 90 | 0 | | | | | |
| | | | Private Transportation | 80 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 33 | Law Enforcement | 22 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 8 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 1 | 0 | | | | | |
| | | | Walk-in / from ED | 1 | 0 | | | | | |
| | | | Private Transportation | 1 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Medical Center – Adult Unit

County: Orange
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 425 | 297 | Law Enforcement | 115 | 0 | 0 | 0 | Degree of Aggression | 0 | 425 | |
| | | EMS | 93 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 13 | 0 | | | | | | |
| | | Walk-in / from ED | 54 | 0 | | | | | | |
| | | Private Transportation | 22 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 128 | Law Enforcement | 80 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 25 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 4 | 0 | | | | | | |
| | | Walk-in / from ED | 14 | 0 | | | | | | |
| | | Private Transportation | 5 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 383 | 271 | Law Enforcement | 151 | 0 | 0 | 0 | Degree of Aggression | 0 | 383 | |
| | | EMS | 17 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 19 | 0 | | | | | | |
| | | Walk-in / from ED | 66 | 0 | | | | | | |
| | | Private Transportation | 18 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 112 | Law Enforcement | 83 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 17 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 3 | 0 | | | | | | |
| | | Walk-in / from ED | 5 | 0 | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Medical Center – Geriatric Unit

County: Orange
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 50 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 192 | 181 | Law Enforcement | 53 | 0 | 0 | 0 | Degree of Aggression | 0 | 192 | |
| | | EMS | 57 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 9 | 0 | | | | | | |
| | | Walk-in / from ED | 41 | 0 | | | | | | |
| | | Private Transportation | 21 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 11 | Law Enforcement | 8 | 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 | 1 | 0 | | | | | | |
| | | Private Transportation | 1 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 141 | 128 | Law Enforcement | 57 | 0 | 0 | 0 | Degree of Aggression | 0 | 141 | |
| | | EMS | 19 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 3 | 0 | | | | | | |
| | | Walk-in / from ED | 35 | 0 | | | | | | |
| | | Private Transportation | 14 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 13 | Law Enforcement | 9 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 2 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Medical Center – Crisis Unit

County: Orange
 Facility Type: Inpatient Hospital
 Population Served: All ages

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 203 | 137 | Law Enforcement | 30 | 0 | 0 | 0 | Degree of Aggression | 0 | 203 | |
| | | EMS | 41 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 11 | 0 | | | | | | |
| | | Walk-in / from ED | 39 | 0 | | | | | | |
| | | Private Transportation | 16 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 66 | Law Enforcement | 31 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 24 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 2 | 0 | | | | | | |
| | | Walk-in / from ED | 5 | 0 | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 227 | 148 | Law Enforcement | 51 | 0 | 0 | 0 | Degree of Aggression | 0 | 227 | |
| | | EMS | 19 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 26 | 0 | | | | | | |
| | | Walk-in / from ED | 37 | 0 | | | | | | |
| | | Private Transportation | 15 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 79 | Law Enforcement | 71 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 3 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 2 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Medical Center – Eating Disorder Unit

County: Orange
 Facility Type: Inpatient Hospital
 Population Served: All ages, Eating Disorders focus

July-December 2021

| 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: | | | | | | | Degree of Aggression | | |
| 22 | MH: | 21 | Law Enforcement | 3 | 0 | 0 | 0 | Degree of Aggression | 0 | 22 |
| | | | EMS | 1 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 4 | 0 | | | | | |
| | | | Walk-in / from ED | 13 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 1 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 1 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/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 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|--------------|---|---|--|--|---|--|---|---|
| | MH: | | | | | | | Degree of Aggression | | |
| 8 | MH: | 8 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | 8 |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 1 | 0 | | | | | |
| | | | Walk-in / from ED | 1 | 0 | | | | | |
| | | | Private Transportation | 5 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/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 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

UNC Medical Center – Peripartum Unit

County: Orange
 Facility Type: Inpatient Hospital
 Population Served: Peripartum women of child-bearing age

July-December 2021

| 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: | | | | | | | Degree of Aggression | | |
| 51 | MH: | 45 | Law Enforcement | 5 | 0 | 0 | 0 | Degree of Aggression | 0 | 51 |
| | | EMS | 18 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 9 | 0 | 0 | | | | | |
| | | Private Transportation | 13 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | 0 | | | | | | |
| | SUD: | 6 | Law Enforcement | 4 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 1 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 1 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | 0 | | | | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| Private Transportation | | 0 | 0 | 0 | | | | | | |
| Medical Unit | | 0 | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|---|---|
| | MH: | | | | | | | Degree of Aggression | | |
| 15 | MH: | 13 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | 15 |
| | | EMS | 4 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 2 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 1 | 0 | 0 | | | | | |
| | | Private Transportation | 5 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | 0 | | | | | | |
| | SUD: | 2 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 1 | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | Unknown | 0 | 0 | 0 | | | | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| Private Transportation | | 0 | 0 | 0 | | | | | | |
| Medical Unit | | 0 | 0 | 0 | | | | | | |
| Unknown | 0 | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Veterans Affairs Medical Center-Durham

County: Durham
 Facility Type: Inpatient Hospital
 Population Served: Veterans 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 46 | 33 | Law Enforcement | 2 | 0 | 5 | 0 | Degree of Aggression | 0 | 52 | |
| | | EMS | 13 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 12 | 0 | | | | | | |
| | | Private Transportation | 5 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 1 | 0 | | | | | | |
| | 5 | 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 | 3 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 8 | Law Enforcement | 1 | 0 | 1 | 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 | 1 | 0 | | | | | | |
| Private Transportation | | 4 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 1 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 57 | 46 | Law Enforcement | 2 | 0 | 0 | 0 | Degree of Aggression | 0 | 57 | |
| | | EMS | 4 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 2 | 0 | | | | | | |
| | | Walk-in / from ED | 33 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 3 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 11 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 5 | 0 | | | | | | |
| | | Walk-in / from ED | 6 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Vidant Medical Center – Adult Psychiatric Unit

County: Pitt
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 205 | MH: | 202 | Law Enforcement | 72 | 0 | 2 | 0 | Degree of Aggression | 0 | 207 |
| | | | EMS | 34 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 90 | 2 | | | | | |
| | | | Private Transportation | 6 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | Unknown | 0 | 0 | | | | | |
| | MH/IDD: | 3 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 3 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 212 | MH: | 212 | Law Enforcement | 47 | 0 | 1 | 0 | Degree of Aggression | 0 | 213 |
| | | | EMS | 38 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 1 | 0 | | | Other | 0 | |
| | | | Provider | 9 | 0 | | | | | |
| | | | Walk-in / from ED | 63 | 0 | | | | | |
| | | | Private Transportation | 36 | 0 | | | | | |
| | | | Medical Unit | 7 | 0 | | | | | |
| | | | Unknown | 11 | 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 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Vidant Medical Center – Geropsychiatric/Psychiatric Medical Unit

County: Pitt
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 65 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 70 | MH: | 70 | Law Enforcement | 18 | 0 | 0 | 0 | Degree of Aggression | 0 | 70 | |
| | | EMS | 12 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 1 | 0 | Other | | | 0 | | | |
| | | Provider | 2 | 0 | | | | | | | |
| | | Walk-in / from ED | 34 | 0 | | | | | | | |
| | | Private Transportation | 3 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 57 | MH: | 57 | Law Enforcement | 7 | 0 | 0 | 0 | Degree of Aggression | 0 | 57 | |
| | | EMS | 13 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 8 | 0 | | | | | | | |
| | | Walk-in / from ED | 14 | 0 | | | | | | | |
| | | Private Transportation | 6 | 0 | | | | | | | |
| | | Medical Unit | 6 | 0 | | | | | | | |
| | | Unknown | 3 | 0 | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | 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 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Vidant Medical Center – Acute Psychiatric Intensive Care Unit

County: Pitt
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 36 | MH: | 36 | Law Enforcement | 20 | 0 | 0 | 0 | Degree of Aggression | 0 | 36 |
| | | | EMS | 10 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 6 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 36 | MH: | 36 | Law Enforcement | 17 | 0 | 0 | 0 | Degree of Aggression | 0 | 36 |
| | | | EMS | 10 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 4 | 0 | | | | | |
| | | | Private Transportation | 1 | 0 | | | | | |
| | | | Medical Unit | 1 | 0 | | | | | |
| | | Unknown | 3 | 0 | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | |
| | | | Provider | 0 | 0 | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | |
| | | 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 | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Vidant Medical Center – MI/IDD Unit

County: Pitt
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older, dually diagnosed

July-December 2021

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC | | | |
|--|---|------------------------|---|---|--|--|---|--|---|---|---|----------------------|---|----------------|
| | MH: | 0 | Law Enforcement | 0 | | | | 0 | 0 | 0 | | Degree of Aggression | 0 | Medical Acuity |
| 20 | | EMS | 0 | 0 | | | | | | | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | | | | | | | | |
| | | Provider | 0 | 0 | | | | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | | | | | | | | | |
| | | EMS | 0 | 0 | | | | | | | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | | | | | | | | |
| | | Provider | 0 | 0 | | | | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | | | | |
| MH/IDD: | 20 | Law Enforcement | 8 | 0 | | | | | | | | | | |
| | EMS | 1 | 0 | | | | | | | | | | | |
| | Mobile Crisis Team | 0 | 0 | | | | | | | | | | | |
| | Provider | 0 | 0 | | | | | | | | | | | |
| | Walk-in / from ED | 9 | 0 | | | | | | | | | | | |
| | Private Transportation | 2 | 0 | | | | | | | | | | | |
| | Medical Unit | 0 | 0 | | | | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC | | | |
|--|---|------------------------|---|---|--|--|---|--|---|---|---|----------------------|---|----------------|
| | MH: | 2 | Law Enforcement | 0 | | | | 0 | 0 | 0 | | Degree of Aggression | 0 | Medical Acuity |
| 38 | | EMS | 2 | 0 | | | | | | | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | | | | | | | | |
| | | Provider | 0 | 0 | | | | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | | | | | | | | | |
| | | EMS | 0 | 0 | | | | | | | | | | |
| | | Mobile Crisis Team | 0 | 0 | | | | | | | | | | |
| | | Provider | 0 | 0 | | | | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | | | | |
| MH/IDD: | 36 | Law Enforcement | 9 | 0 | | | | | | | | | | |
| | EMS | 6 | 0 | | | | | | | | | | | |
| | Mobile Crisis Team | 0 | 0 | | | | | | | | | | | |
| | Provider | 9 | 0 | | | | | | | | | | | |
| | Walk-in / from ED | 3 | 0 | | | | | | | | | | | |
| | Private Transportation | 5 | 0 | | | | | | | | | | | |
| | Medical Unit | 1 | 0 | | | | | | | | | | | |
| Unknown | 3 | 0 | | | | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | | | | |

Vidant North (Halifax Regional Medical Center)

County: Halifax
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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 |
|--|---|------------------------|---|-----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 132 | MH: | 132 | Law Enforcement | 132 | 0 | 0 | 0 | Degree of Aggression | 0 | 132 |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | 0 | | | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| Private Transportation | | 0 | 0 | 0 | | | | | | |
| Medical Unit | | 0 | 0 | 0 | | | | | | |
| Unknown | | 0 | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 89 | MH: | 89 | Law Enforcement | 89 | 0 | 0 | 0 | Degree of Aggression | 0 | 89 |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | 0 | | | | | |
| | SUD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| | | Private Transportation | 0 | 0 | 0 | | | | | |
| | | Medical Unit | 0 | 0 | 0 | | | | | |
| | | Unknown | 0 | 0 | 0 | | | | | |
| | MH/IDD: | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | 0 | | | Medical Acuity | 0 | |
| | | Mobile Crisis Team | 0 | 0 | 0 | | | Other | 0 | |
| | | Provider | 0 | 0 | 0 | | | | | |
| | | Walk-in / from ED | 0 | 0 | 0 | | | | | |
| Private Transportation | | 0 | 0 | 0 | | | | | | |
| Medical Unit | | 0 | 0 | 0 | | | | | | |
| Unknown | | 0 | 0 | 0 | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Vidant Roanoke-Chowan Hospital – Northside Behavioral Health Unit

County: Hertford
 Facility Type: Inpatient Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 349 | 349 | Law Enforcement | 347 | 0 | 0 | 0 | Degree of Aggression | 0 | 349 | | |
| | | EMS | 2 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 364 | 364 | Law Enforcement | 364 | 6 | 0 | 0 | Degree of Aggression | 0 | 364 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | | Unknown | 0 | 0 | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | | | Unknown | 0 | 0 | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

Vidant Roanoke-Chowan Hospital – Stepping Stone Senior Care

County: Hertford
 Facility Type: Inpatient Hospital
 Population Served: Geriatric, 55 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 231 | 231 | Law Enforcement | 227 | 0 | 0 | 0 | Degree of Aggression | 0 | 231 | | |
| | | EMS | 4 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 119 | 119 | Law Enforcement | 119 | 8 | 0 | 0 | Degree of Aggression | 0 | 119 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| | | | Private Transportation | 0 | 0 | | | | | | |
| | | | Medical Unit | 0 | 0 | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 | |
| | | | EMS | 0 | 0 | | | Medical Acuity | | 0 | |
| | | | Mobile Crisis Team | 0 | 0 | | | Other | | 0 | |
| | | | Provider | 0 | 0 | | | | | | |
| | | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | | 0 | 0 | | | | | | | |
| Medical Unit | | | 0 | 0 | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

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

County: Rowan
 Facility Type: Inpatient Hospital
 Population Served: Veterans 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 68 | 58 | Law Enforcement | 26 | 13 | 5 | 0 | Degree of Aggression | 0 | 74 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 32 | 7 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 10 | Law Enforcement | 3 | 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 | 7 | 3 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 52 | 47 | Law Enforcement | 13 | 7 | 1 | 0 | Degree of Aggression | 0 | 53 | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 1 | 0 | | | | | | |
| | | Walk-in / from ED | 30 | 5 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 3 | 1 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 5 | 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 | 3 | 2 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 1 | 1 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different 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 2021

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

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC | |
|--|---|------------------------|---|---|--|--|---|--|----------------------|---|-------|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | | Other |
| 3 | 3 | Law Enforcement | 0 | 0 | 2 | 0 | 0 | Degree of Aggression | 0 | 5 | |
| | | EMS | 0 | 0 | | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 3 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | SUD: | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | EMS | 0 | 0 | Medical Acuity | | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 0 | MH/IDD: | Law Enforcement | 0 | 0 | 0 | 0 | 0 | Degree of Aggression | | 0 |
| | | EMS | 0 | 0 | Medical Acuity | | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 77 | 72 | Law Enforcement | 29 | 27 | 0 | 0 | Degree of Aggression | 0 | 77 | | |
| | | EMS | 2 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 1 | 1 | | | Other | 0 | | | |
| | | Provider | 6 | 3 | | | | | | | |
| | | Walk-in / from ED | 34 | 31 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 2 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 2 | 1 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 3 | 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 | 2 | 1 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|-------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | Other | |
| 51 | 48 | Law Enforcement | 14 | 12 | 0 | 0 | Degree of Aggression | 0 | 51 | | |
| | | EMS | 4 | 3 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 30 | 27 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 2 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | | |
| | | Provider | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 2 | 0 | | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | | |
| | Unknown | 0 | 0 | | | | | | | | |
| | 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 | 0 | 0 | | | | | | | |
| | | Walk-in / from ED | 1 | 1 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | | |
| Unknown | 0 | 0 | | | | | | | | | |
| Please list other reasons for referring individuals 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 2021

| 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 |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 245 | MH: | 229 | Law Enforcement | 96 | 36 | 0 | 0 | Degree of Aggression | 0 | 245 |
| | | EMS | 37 | 8 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 27 | 11 | | | | | | |
| | | Walk-in / from ED | 69 | 16 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 14 | Law Enforcement | 4 | 2 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 3 | 2 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 2 | 1 | | | | | | |
| | | Walk-in / from ED | 5 | 2 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 2 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 2 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| Walk-in / from ED | | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|----|--|--|---|--|----------------|---|
| | | | | | | | | Degree of Aggression | Medical Acuity | |
| 228 | MH: | 212 | Law Enforcement | 72 | 26 | 0 | 0 | Degree of Aggression | 0 | 228 |
| | | EMS | 37 | 13 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 14 | 5 | | | | | | |
| | | Walk-in / from ED | 83 | 32 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 6 | 2 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | SUD: | 15 | Law Enforcement | 8 | 4 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 2 | 1 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 1 | 1 | | | | | | |
| | | Walk-in / from ED | 4 | 1 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | MH/IDD: | 1 | Law Enforcement | 1 | 0 | 0 | 0 | Degree of Aggression | 0 | |
| | | EMS | 0 | 0 | Medical Acuity | | | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | Other | | | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| Walk-in / from ED | | 0 | 0 | | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

Wilson Medical Center

County: Wilson
 Facility Type: Hospital
 Population Served: Adults 18 and older

July-December 2021

| 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: | | | | | | | Degree of Aggression | Medical Acuity | |
| 235 | 180 | Law Enforcement | 117 | 0 | 14 | 1 | Degree of Aggression | 0 | 251 | |
| | | EMS | 12 | 0 | | | Medical Acuity | 1 | | |
| | | Mobile Crisis Team | 2 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 10 | 0 | | | | | | |
| | | Private Transportation | 3 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 36 | 0 | | | | | | |
| | 54 | Law Enforcement | 35 | 0 | 2 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 8 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 1 | 0 | | | | | | |
| | | Private Transportation | 2 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 8 | 0 | | | | | | |
| | 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 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |

January-June 2022

| Total Number of Individuals Presenting Under IVC Proceedings | For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings | | Transportation Method Utilized for Individuals Presenting Under IVC Proceedings | | Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24-hour Facility and Completion of the Required 24-hour Examination | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission) | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program | | Total Number of Individuals Receiving Treatment Under IVC |
|--|---|------------------------|---|---|--|--|---|--|----------------|---|
| | MH: | | | | | | | Degree of Aggression | Medical Acuity | |
| 114 | 98 | Law Enforcement | 77 | 0 | 18 | 0 | Degree of Aggression | 0 | 132 | |
| | | EMS | 11 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 2 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 2 | 0 | | | | | | |
| | | Private Transportation | 4 | 0 | | | | | | |
| | | Medical Unit | 1 | 0 | | | | | | |
| | | Unknown | 1 | 0 | | | | | | |
| | 16 | 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 | 0 | 0 | | | | | | |
| | | Private Transportation | 0 | 0 | | | | | | |
| | | Medical Unit | 0 | 0 | | | | | | |
| | | Unknown | 0 | 0 | | | | | | |
| | 0 | Law Enforcement | 0 | 0 | 0 | 0 | Degree of Aggression | 0 | | |
| | | EMS | 0 | 0 | | | Medical Acuity | 0 | | |
| | | Mobile Crisis Team | 0 | 0 | | | Other | 0 | | |
| | | Provider | 0 | 0 | | | | | | |
| | | Walk-in / from ED | 0 | 0 | | | | | | |
| Private Transportation | | 0 | 0 | | | | | | | |
| Medical Unit | | 0 | 0 | | | | | | | |
| Unknown | | 0 | 0 | | | | | | | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | | | | |