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

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



Report to the

Joint Legislative Oversight Committee on Health and Human Services

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

October 1, 2019

Introduction

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

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

The data those facilities must submit are:

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

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

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

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

Part A: Reports Submitted

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

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

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

Atrium Health Kings Mountain

County: Cleveland

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Blue Ridge HealthCare

County: Burke

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Brynn Marr Hospital – Child/Adolescent Unit

County: Onslow

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | ber of ferred to a |
|---|--|---------------|---|--|---------------------------|-----------------------|
| | MH: | 473 | 141 | 141 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 141 |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| 480 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 2 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individual: | s to a different facility/ | program: | | |
| Stabilized by Needed Ong | oing MH, II | DD, or SU Se | rvices in the Communi | ty | | |

Brynn Marr Hospital – Adult Unit

County: Onslow

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason fo Individuals, the Num Individuals That Were Re Different Facility or Pr | ber of ferred to a |
|---|--|--------------|---|--|--|-----------------------|
| | MH: | 184 | 50 | 50 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 50 |
| | SUD: | 1 | 0 | 0 | Degree of Aggression | N/A |
| 188 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individual | s to a different facility/ | program: | | |
| Stabilized by Needed Ongo | oing MH,IC | DD, or SU Se | rvices in the Communit | у | | |

Caiyalynn Burrell Child Crisis Center – FBC Unit

County: Buncombe

Facility Type: Facility-Based Crisis

July-December, 2018 [designated October 2018]

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

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

Caiyalynn Burrell Child Crisis Center – NHMD Unit

County: Buncombe

Facility Type: Nonhospital Medical Detoxification

July-December, 2018 [designated October 2018]

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

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

Cape Fear Valley Medical Center

County: Cumberland

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Cape Fear Valley Medical Center – Roxie Avenue

County: Cumberland

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Initiated at This Facility, the Number That Were Referred | For Each Primary Reason fo | ber of ferred to a |
|---|--|---------------|---|--|----------------------------|-----------------------|
| | MH: | 10 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| 10 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individual: | s to a different facility/ | program: | | |
| | | | | | | |

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | h Primary g Condition, ımber of Is Receiving t Under IVC itions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | ber of ferred to a |
|---|---|--|---|--|---------------------------|-----------------------|
| | MH: | * | * | * | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | * | * | * | Degree of Aggression | N/A |
| * | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | * | * | * | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referring | g individuals | s to a different facility/ | program: | | |
| | | | | | | |

CarolinaEast Medical Center

County: Craven

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | n Primary g Condition, imber of Is Receiving t Under IVC tions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | nber of eferred to a |
|---|---|---|---|--|---------------------------|-------------------------|
| | MH: | 194 | 25 | 19 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 1 |
| | | | | | Other | 18 |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| 194 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| lease list other reasons fo | or referring | gindividuals | s to a different facility/ | program: | | |
| Stabilized but Needed Ong | going MH, | DD, or SU S | ervices in the Commun | ity | | |

$Carolinas\ Health Care\ System-North East\ Unit$

County: Cabarrus

Facility Type: Inpatient Hospital

July-December, 2018

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

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

$Carolinas\ Health Care\ System-Stanly$

County: Stanly

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Charlotte-East Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | n Primary g Condition, imber of Is Receiving t Under IVC tions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Initiated at This Facility, the Number That Were Referred | For Each Primary Reason f | ber of ferred to a |
|---|---|---|---|--|---------------------------|-----------------------|
| | MH: | 57 | 1 | 1 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 1 |
| | SUD: | 0 | N/A | N/A | Degree of Aggression | N/A |
| 59 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 2 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | gindividuals | to a different facility/ | program: | | |
| Continued Care | | | | | | |

Carolinas Medical Center – Charlotte-North Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or Pi | ber of ferred to a |
|---|--|---------------|---|--|---|-----------------------|
| | MH: | 233 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | 5 | 0 | 0 | Degree of Aggression | N/A |
| 244 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 6 | 0 | 0 | Degree of Aggression | N/A |
| | · | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referring | g individual: | s to a different facility/ | program: | | |
| | | | | | | |

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

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Davidson-Fraser Fir Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Davidson-Mountain Laurel Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Davidson-River Birch Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Catawba Valley Medical Center

County: Catawba

Facility Type: Inpatient Hospital

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

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

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

Charles A. Cannon, Jr. Memorial Hospital

County: Avery

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Charles George Veterans Affairs Medical Center

County: Buncombe

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or P | ber of ferred to a |
|---|--|---------------|---|--|--|-----------------------|
| | MH: | 19 | 1 | 1 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 1 |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| 20 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 1 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individuals | s to a different facility/ | program: | | |
| Stabilized but Needed Ong | going MH, | IDD, or SU So | ervices in the Commun | ity | | |

Cleveland Crisis Recovery Center

County: Cleveland

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Coastal Plain Hospital

County: Nash

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Daymark Crisis Recovery Center – Davidson Crisis Center

County: Davidson

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Daymark Crisis Recovery Center – FBC Cabarrus

County: Cabarrus

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Daymark Crisis Recovery Center – FBC Iredell

County: Iredell

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Daymark Crisis Recovery Center – FBC Union

County: Union

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Duke Regional Hospital

County: Durham

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Duke University Medical Center

County: Durham

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Durham Recovery Response Center

Durham County:

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | ber of ferred to a |
|---|--|------------|---|--|---------------------------|-----------------------|
| | MH: | 82 | 23 | 22 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 2 |
| | | | | | Other | 20 |
| | SUD: | 20 | 8 | 7 | Degree of Aggression | 0 |
| 104 | | | | | Medical Acuity | 0 |
| | | | | | Other | 7 |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | individual | s to a different facility/ | 'nrogram: | | |

Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community

Psychiatric Needs Beyond the Capability of this Facility

January-June, 2019

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | h Primary g Condition, umber of Is Receiving it Under IVC itions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or P | ber of ferred to a | |
|--|---|---|---|--|--|-----------------------|--|
| | MH: | 78 | 20 | 20 | Degree of Aggression | 7 | |
| | | | | | Medical Acuity | 4 | |
| | | | | | Other | 9 | |
| | SUD: | 17 | 6 | 6 | Degree of Aggression | 3 | |
| 95 | | | | | Medical Acuity | 1 | |
| | | | | | Other | 2 | |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A | |
| | | | | | Medical Acuity | N/A | |
| | | | | | Other | N/A | |
| Please list other reasons for referring individuals to a different facility/program: | | | | | | | |
| Stabilized but Needed Ong | going MH, | IDD, or SU S | ervices in the Commun | ity (6-MH, 2-SUD) | | | |

Psychiatric/Behavioral Needs Beyond the Capability of This Facility (2-MH)

Wanted to go to the VA Hospital (1-MH)

First Health-Moore Regional Hospital

County: Moore

Facility Type: Inpatient Hospital

July-December, 2018

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

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presentin the Nu Individua Treatmen | h Primary g Condition, Imber of Is Receiving t Under IVC itions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or Pi | ber of ferred to a |
|---|--|--|---|--|---|-----------------------|
| | MH: | 238 | 36 | 36 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 36 |
| | SUD: | 26 | 1 | 1 | Degree of Aggression | 0 |
| 264 | | | | | Medical Acuity | 0 |
| | | | | | Other | 1 |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individual: | s to a different facility/ | program: | | |
| Stabilized but Needed Ong | going MH, | IDD, or SUS | ervices in the Commun | ity (35-MH, 1-SUD) | | |
| Psychiatric/Behavioral Nee | eds Beyon | d the Capab | ility of This Facility (1-N | ИH) | | |

Frye Regional Medical Center

County: Catawba

Facility Type: Inpatient Hospital

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

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or Pi | ber of ferred to a |
|---|--|---------------|---|--|---|-----------------------|
| | MH: | 328 | 20 | 12 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 12 |
| | SUD: | 42 | 0 | 0 | Degree of Aggression | N/A |
| 377 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 7 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individual: | s to a different facility/ | program: | | |
| Stabilized but Needed Ong | going MH, | IDD, or SUS | ervices in the Commun | ity | | |

Good Hope Hospital

County: Harnett

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Halifax Regional Medical Center

County: Halifax

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Holly Hill Hospital – Child/Adolescent Unit

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [December report submitted]

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

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

Holly Hill Hospital – Adult Unit

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [December report submitted]

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

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

Johnston Memorial Hospital

County: Johnston

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or Pi | ber of ferred to a |
|---|--|---------------|---|--|---|-----------------------|
| | MH: | 332 | 11 | 11 | Degree of Aggression | 6 |
| | | | | | Medical Acuity | 2 |
| | | | | | Other | 3 |
| | SUD: | 4 | 0 | 0 | Degree of Aggression | N/A |
| 339 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 4 | 1 | 1 | Degree of Aggression | 1 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 0 |
| Please list other reasons fo | or referring | g individual: | s to a different facility/ | program: | | |
| Stabilized but Needed Ong ECT | going MH, | IDD, or SU S | ervices in the Commun | ity | | |
| Transferred to State Psychi | iatric Hosp | ital | | | | |

Mission Health

County: Buncombe

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | ber of ferred to a |
|---|--|---------------|---|--|---------------------------|-----------------------|
| | MH: | 425 | 9 | 1 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 1 |
| | SUD: | 3 | 0 | 0 | Degree of Aggression | N/A |
| 429 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 1 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referring | g individual: | s to a different facility/ | program: | | |
| Psychiatric/Behavioral Nee | eds Beyon | d the Capab | ility of This Facility | | | |

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

Monarch – SECU Youth Crisis Center FBC

County: Mecklenburg

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Monarch – SECU Youth Crisis Center NHMD

County: Mecklenburg

Facility Type: Nonhospital Medical Detoxification

July-December, 2018

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

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

Monarch - Tanglewood Arbor FBC

County: Robeson

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Monarch – Tanglewood Arbor NHMD

County: Robeson

Facility Type: Nonhospital Medical Detoxification

July-December, 2018

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

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

New Hanover Regional Medical Center

County: New Hanover

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Forsyth Medical Center-Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Forsyth Medical Center-Geriatric Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Presbyterian Medical Center

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | h Primary g Condition, ımber of Is Receiving t Under IVC itions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | ber of ferred to a |
|---|---|--|---|--|---------------------------|-----------------------|
| | MH: | 50 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| 50 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referring | g individual: | s to a different facility/ | program: | | |
| | | | | | | |

Novant Health – Presbyterian Medical Center-Adult Unit

County: Mecklenburg

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Novant Health – Rowan Medical Center-Lifeworks Unit

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Rowan Medical Center-Linn Geriatrics Unit

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | nber of eferred to a |
|---|--|------------|---|---|---------------------------|-------------------------|
| | MH: | 186 | 34 | 34 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 34 |
| | SUD: | 3 | 1 | 1 | Degree of Aggression | 0 |
| 189 | | | | | Medical Acuity | 0 |
| | | | | | Other | 1 |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | individual | s to a different facility/ | nrogram. | | |

Stabilized but Needed Ongoing MH, IDD, or SU Services in the Community (33-MH, 1-SUD)

Psychiatric/Behavioral Needs Beyond the Capability of this Facility (1-MD)

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or Pi | ber of ferred to a |
|---|--|---------------|---|--|---|-----------------------|
| | MH: | 118 | 14 | 14 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 14 |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| 118 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referring | g individual: | s to a different facility/ | program: | | |
| Stabilized but Needed Ong | going MH, | IDD, or SUS | ervices in the Commun | ity | | |

Novant Health – Thomasville Medical Center

County: Davidson

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Initiated at This Facility, the Number That Were Referred | For Each Primary Reason f | ber of ferred to a | | | |
|---|--|-------------|---|--|---------------------------|-----------------------|--|--|--|
| | MH: | 66 | 1 | 1 | Degree of Aggression | 0 | | | |
| | | | | | Medical Acuity | 0 | | | |
| | | | | | Other | 1 | | | |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A | | | |
| 72 | | | | | Medical Acuity | N/A | | | |
| | | | | | Other | N/A | | | |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A | | | |
| | | | | | Medical Acuity | N/A | | | |
| | | | | | Other | N/A | | | |
| Please list other reasons for | Please list other reasons for referring individuals to a different facility/program: | | | | | | | | |
| Psychiatric/Behavioral Neo | eds Beyon | d the Capab | ility of This Facility | | | | | | |

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

Old Vineyard Behavioral Health – Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Old Vineyard Behavioral Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Old Vineyard Behavioral Health – Older Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Recovery Response Center – Vance

County: Vance

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Initiated at This Facility, the Number That Were Referred | For Each Primary Reason fo | ber of ferred to a |
|---|--|---------------|---|--|----------------------------|-----------------------|
| | MH: | 32 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | 14 | 0 | 0 | Degree of Aggression | N/A |
| 46 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referrin | g individual: | s to a different facility/ | program: | | |
| | | | | | | |

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

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

Rutherford Regional Hospital

County: Rutherford

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | h Primary g Condition, ımber of Is Receiving t Under IVC itions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Refer Individuals, the Number of Individuals That Were Referred t Different Facility or Program | |
|---|---|--|---|--|--|-----|
| | MH: | 101 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| 101 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referring | g individual: | s to a different facility/ | program: | | |
| | | | | | | |

Southeastern Regional Medical Center

County: Robeson

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

St. Luke's Hospital

County: Polk

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Strategic Behavioral Health – Leland-Child/Adolescent Unit

County: Brunswick

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Strategic Behavioral Health – Leland-Geriatric Unit

County: Brunswick

Facility Type: Inpatient Hospital

July-December, 2018 [designated November 2018]

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

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

The Balsam Center for Hope and Recovery

County: Haywood

Facility Type: Facility-Based Crisis

July-December, 2018 [December report submitted]

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

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

The Harbor

County: New Hanover

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

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

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

Triangle Springs

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [designated December 2018]

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

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

UNC at WakeBrook

County: Wake

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

July 2018 – June 2019

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

UNC Hospitals – Department of Psychiatry

County: Orange

Facility Type: Inpatient Hospital

July 2018 – June 2019

| Total Number of Individuals Receiving Treatment Under IVC Petition | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Initiated at This Facility, the Number That Were Referred | For Each Primary Reason f | nber of eferred to a |
|--|--|---------------|---|--|---------------------------|-------------------------|
| | MH: | 711 | 0 | 0 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 0 |
| | SUD: | 5 | 0 | 0 | Degree of Aggression | 0 |
| 716 | | | | | Medical Acuity | 0 |
| | | | | | Other | 0 |
| | MH/IDD: | 0 | 0 | 0 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 0 |
| Please list other reasons for | or referrin | g individual: | s to a different facility, | program: | | |
| | | | | | | |

Veterans Affairs Medical Center – Fayetteville

County: Cumberland

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Vidant Beaufort Hospital

County: Beaufort

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Vidant Duplin Hospital

County: Duplin

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Vidant Medical Center

County: Pitt

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Vidant Roanoke Chowan Hospital – Northside Behavioral Health

County: Hertford

Facility Type: Inpatient Hospital

July-December, 2018

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

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | n Primary g Condition, imber of Is Receiving t Under IVC tions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f | ber of ferred to a |
|---|---|---|---|--|---------------------------|-----------------------|
| | MH: | 349 | 0 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | 0 | N/A | N/A | Degree of Aggression | N/A |
| 349 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | N/A | N/A | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| lease list other reasons fo | or referring | gindividuals | s to a different facility/ | program: | | |
| | | | | | | |

Vidant Roanoke Chowan Hospital – Stepping Stone Senior Care

County: Hertford

Facility Type: Inpatient Hospital

July-December, 2018

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

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

W. G. Hefner Veterans Affairs Medical Center

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

| Total Number of Individuals Receiving Treatment Under IVC Petitions | the Number of Individuals Receiving | | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or P | nber of eferred to a |
|---|--|---------------|---|--|--|-------------------------|
| | MH: | 58 | 29 | 10 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 10 |
| | SUD: | 12 | 3 | 2 | Degree of Aggression | 0 |
| 76 | | | | | Medical Acuity | 0 |
| | | | | | Other | 2 |
| | MH/IDD: | 0 | N/A | N/A | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individual: | s to a different facility/ | program: | | |

MH: Reason given for ten referrals was need for ongoing treatment

SUD: Reason given for two referrals was need for ongoing treatment

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presenting the Nu Individua Treatmen | h Primary g Condition, Imber of Is Receiving t Under IVC itions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or P | ber of ferred to a |
|---|---|--|---|--|--|-----------------------|
| | MH: | 94 | 5 | 1 | Degree of Aggression | 0 |
| | | | | | Medical Acuity | 0 |
| | | | | | Other | 1 |
| | SUD: | 16 | 0 | 0 | Degree of Aggression | N/A |
| 110 | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 0 | N/A | N/A | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons for | or referring | g individual: | s to a different facility/ | program: | | |
| Stabilized but Needed Ong | going MH, | IDD, or SUS | ervices in the Commun | ity | | |

Wake Forest Baptist Health – Child/Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

| Total Number of Individuals Receiving Treatment Under IVC Petitions | Presentin the Nu Individua Treatmen | h Primary g Condition, umber of Is Receiving at Under IVC itions | Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility | Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program | For Each Primary Reason for Referr Individuals, the Number of Individuals That Were Referred to Different Facility or Program | |
|---|--|---|---|--|--|-----|
| 108 | MH: | 102 | 23 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | SUD: | 1 | 1 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| | MH/IDD: | 5 | 2 | 0 | Degree of Aggression | N/A |
| | | | | | Medical Acuity | N/A |
| | | | | | Other | N/A |
| Please list other reasons fo | or referrin | g individual: | s to a different facility/ | program: | | |
| | | | | | | |

Wake Forest Baptist Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Part B: Reports Not Submitted

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

77

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

Wilson Medical Center [designated October 2018] Veterans Affairs Medical Center-Durham