

North Carolina Crisis System of Care Advisory Committee

October 28, 2026

Meeting Overview: Agenda, Goals, & Objective

Agenda

- **Agenda, Goals, & Objectives**.....9:00-9:20 am
- **Aligning on Revolving Door**.....9:20-9:50 am
- *Break*.....9:50-10:00 am
- **Key Improvements & Solutions: Limited Capacity & Integration**.....10:00-11:25 am
- *Break*.....11:25-11:35 am
- **Key Improvements & Solutions: Navigation Barriers**.....11:35 am-12:50 pm
- **Wrap Up & Next Steps**.....12:50-1:00 pm

2026 Advisory Committee Meeting Schedule

Today's Focus

Meeting #1 – Kickoff

September 2, 2026

Agenda:

- Introductions & Advisory Committee Overview
- Crisis System of Care Overview
- Current State of IVC
- IVC Challenge Areas & Reform Opportunities

Meeting #2

September 30, 2026

Agenda:

- Discuss Current State of IVC & Revolving Door
- Review Key Areas of Improvement & Solutions:
  - Overreliance on IVC to Enter Care
  - Dependence on Law Enforcement & EDs

Meeting #3

October 28, 2026

Agenda:

- Discuss Revolving Door Recommendations
- Review Areas of Key Improvement & Solutions:
  - Limited Integration
  - Navigation Barriers

Meeting #4

November 18, 2026

Proposed Agenda:

- Review Key Areas of Improvement & Solutions: Community Linkages

Meeting #5

December 16, 2026

Proposed Agenda:

- Finalize Revolving Door Recommendations
- Finalize IVC Recommendations

Today's Objectives



1. Gain a shared understanding of the revolving door pattern
2. Identify areas of improvement and opportunities for agreement related to solutions for:
    a. Limited Provider Capacity & Cross-System Integration
    b. Court Processes are Difficult to Navigate

Instructions: Level of Agreement Discussion

For members in-person: Use the **level of agreement cards** to indicate your level of agreement with the statements and solutions presented today.

For members joining virtually: Use the Webex chat to enter your level of agreement and use raise your hand function to participate in discussion.

Please be prepared to discuss:

Agreement with the Revolving Door Pattern (Slides 4 – 7 in Pre-Read)

- Do you agree with the description of the population(s) that cycle in and out of the "revolving door" in North Carolina? If not, how would you modify the description?
- Do you agree that that many of the causes of the "revolving door" pattern are the same as those contributing to IVC?

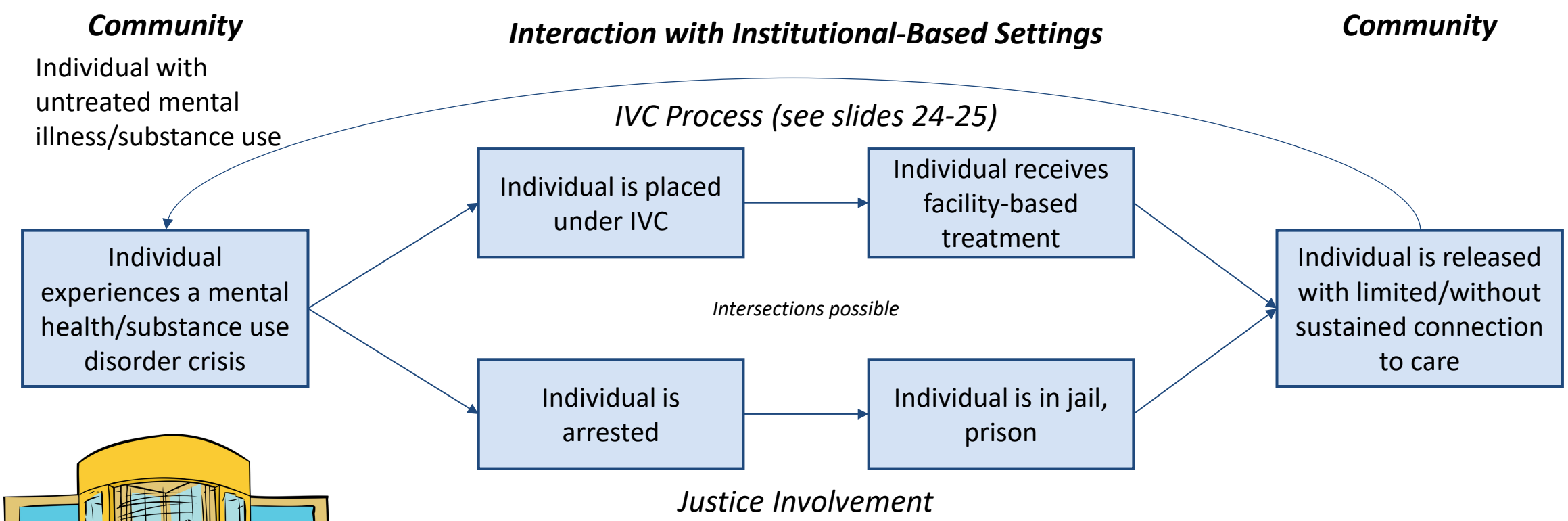
Agreement with Key Areas of Improvement & Potential Solutions

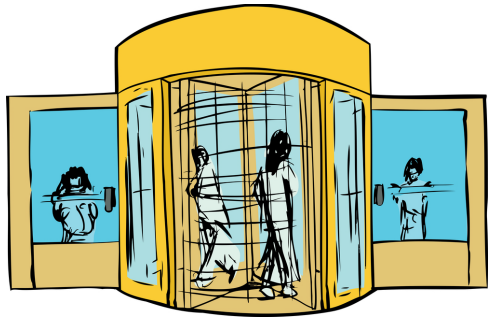
- What would you add or modify?
- What other considerations should be raised?
- Will this work in both urban and rural areas? Across regions?
- What concerns do you have about barriers to implement in your community today?
- Is there something similar working in your community today to lift up to the group?
- Are there any potential unintended consequences to this solution to elevate?

Aligning on Revolving Door

The Populations that Cycle In and Out of the "Revolving Door"

The North Carolina General Assembly defines the populations that get caught in "revolving door" as individuals with mental health and/or substance use needs who "cycle repeatedly through arrest, detention, or involuntary commitment, only to be released back into the community without sustained stabilization or support."[1]





[1] General Assembly of North Carolina Session 2025, Session Law 2026-38

Contributing Factors to the "Revolving Door" Pattern

A substantial portion* of individuals experiencing mental health and substance use crises cycle in and out of arrest, detention, and IVC because of:

- Insufficient capacity and limited utilization of **community-based crisis services and outpatient care.**
- Insufficient **data and tracking of individuals** placed on IVC and/or interacting with the justice system.
- **Overreliance on law enforcement to respond to MH/SU crises.**
- Inadequate **follow-up and connection to community-based treatment** for individuals following IVC, arrest, and/or detention.
- Lack of **housing, employment, and social supports.**

While many of these factors are relevant to people experiencing MH/SU crises with no justice system involvement, for people with justice involvement, **inadequate** MH/SU **treatment in jails and prisons** is also a factor that exacerbates the revolving door pattern.

** Data is not conclusively available on the scale of the revolving door pattern.*

What is your level of agreement with the causes of the revolving door pattern? If not, what else would you add? How would you modify? Are there any other aspects of the revolving door pattern that are critical to discuss?

Key Areas of Improvement & Proposed Solutions

Key Improvement Areas & Initial Solutions

10/28 ADVISORY COMMITTEE MEETING FOCUS

1. Overreliance on IVC to Enter Care

1. Strengthen clinically led crisis access points
2. Create clear pathways to voluntary care
3. Ensure timely clinical input into court processes
4. Expand public awareness of non-IVC options

2.A. Dependence on Law Enforcement

1. Expand alternative transport options
2. Invest in supportive transport

2.B. Dependence on Emergency Departments

1. Increase crisis facility capacity

3. Limited Provider Capacity & Cross-System Integration

1. Build Crisis Provider Capacity to Support IVC Process
2. Expand Telehealth Capacity for IVC First Exams
3. Improve Collaboration Between Community-Based Crisis Providers & EDs

4. Court Processes are Difficult to Navigate

1. Strengthen & Standardize Training & Guidance
2. Promote Least Restrictive Alternatives to Care
3. Increase Person-Centered Supports During IVC Proceedings

5. Weak Follow-Up & Community Linkages Contribute to Repeat Crises

1. Ensure rapid post-crisis follow-up
2. Leverage peer support services
3. Strengthen care coordination
4. Expand community-based alternatives

Reminder: Plan for Discussion and Sharing Advisory Committee Feedback

Use the **level of agreement** to indicate your level of agreement with the statements and solutions presented today. The level of agreement ranges from 1 (strongly disagree) to 5 (strongly agree)

1. I strongly disagree and feel I must stand in the way of this decision
2. I disagree but will not stand in the way
3. I am undecided and/or abstain from voting
4. I agree with some reservations
5. I am in complete agreement and unreservedly support this decision

For members in-person: Use the level of agreement cards to indicate your level of agreement with the statements and solutions presented today.

For members joining virtually: Use the Webex chat to enter your level of agreement and use raise your hand function to participate in discussion.

After voting, the group will discuss potential modifications and other opportunities to address the areas of improvement and potential solutions.

Limited Provider Capacity & Cross-System Integration

Problem Definition

- BHUCs and FBCs are not able to consistently conduct IVC first examinations due to safety concerns, 24-hour receiving facility protocols with additional requirements, and inconsistent onsite capabilities of maintaining appropriate supervision over individuals under IVC orders.
- Some, but not all, of North Carolina's BHUCs and FBCs use telehealth for IVC first exams.
- It is challenging today to conduct an IVC first exam in the community via a mobile crisis team, which do not currently require IVC examiners on staff, resulting in a reassessment at BHC, FBC, or ED.
- Information is not shared among providers, which can result in duplicating information gathering and prolonging potentially stressful experiences for individuals.

What is your level of agreement with this problem definition?

Proposed Solutions

1. Build Crisis Provider Capacity to Support IVC Process. Position mobile crisis teams, BHUCs, and FBCs can conduct IVC first examinations and minimize dependence on hospitals.

What is your level of agreement with these proposed solutions?

2. Expand Telehealth Capacity for IVC First Exams. Expand capacity for EDs and community-based providers to leverage telehealth for IVC first examinations.

What is your level of agreement with these proposed solutions?

3. Improve Collaboration Between Community-Based Crisis Providers & EDs. Coordinate IVC data collection, transportation, and entry processes between community-based crisis providers and EDs.

What is your level of agreement with these proposed solutions?

For Consideration

- What would you add or modify?
- What other considerations should be raised?
- Will this work in both urban and rural areas? Across regions?
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Court Processes are Difficult to Navigate

Problem Definition

- The IVC process is difficult to navigate for individuals and families with the process being opaque and varying by geography.
- Individuals and families often do not receive professional support during the IVC process.
- Least restrictive alternatives are underutilized and not integrated into the court processes.

What is your level of agreement with this problem definition?

Proposed Solutions

1. Strengthen & Standardize Training & Guidance. Improve existing guidance and develop, where needed, new standardized statewide guidance and training on IVC processes and procedures for courts, law enforcement, EMS, and crisis providers to ensure all entities in the IVC process are working together to best support individuals under IVC orders.

What is your level of agreement with these proposed solutions?

2. Promote Least Restrictive Alternatives to Care. Increase use of least restrictive alternatives and community-based stabilization whenever clinically appropriate.

What is your level of agreement with these proposed solutions?

3. Increase Person-Centered Supports During IVC Proceedings. Provide peer-support services to individuals under IVC orders as they navigate court processes and hearings.

What is your level of agreement with these proposed solutions?

For Consideration

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- What other considerations should be raised?
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Wrap Up & Next Steps

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Next Meeting's Focus

Meeting #4

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Proposed Agenda:

- Review Key Areas of Improvement & Solutions: Community Linkages

Meeting #5

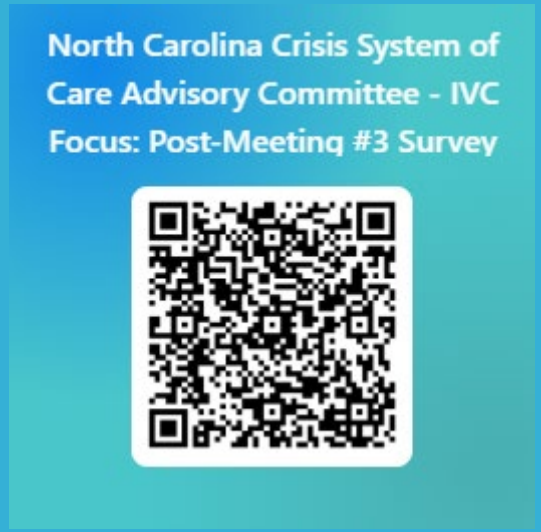
December 16, 2026

Proposed Agenda:

- Finalize Revolving Door Recommendations
- Finalize IVC Recommendations

Reminder: Post-Meeting Survey & Contact Information

Use the QR code to complete the post-meeting survey:



For any questions or comments, contact:

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