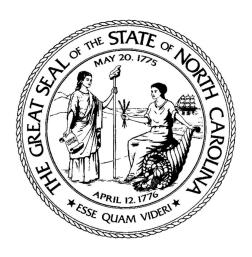
# Data Submission on Respondents Receiving Treatment under Involuntary Commitment (IVC) in Designated Facilities

NCGS §122C-294(b)



## Report to the

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

By

North Carolina Department of Health and Human Services

May 18, 2023

#### Introduction

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

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

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

- (1) The number and primary presenting conditions of individuals receiving treatment from the facility under a petition of involuntary commitment.
- (1a) The transportation method utilized by individuals admitted under a petition of involuntary commitment to the 24-hour facility. (added per S.L. 2021-77)
- (1b) The number of individuals moved to voluntary status at any time between arrival at the 24-hour facility and completion of the required 24-hour examination. (added per S.L. 2021-77)
- (2) The number of individuals for whom an involuntary commitment proceeding was initiated at the facility, who were referred to a different facility or program.
- (3) The reason for referring the individuals described in subdivision (2) of this section to a different facility or program, including the need for more intensive medical supervision.

Session Law 2018-33, Section 43 amended G.S. § 122C-294, "Local plan and data submission", to require the following.

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

There are 69 facilities covered by this reporting requirement for this reporting period. Of these 69, there were 25 who had at least two units designated that serve specific age groups, presenting conditions, or other specialized populations. Each facility with more than one unit now submits reports per unit. Facilities that are approved to treat individuals under inpatient commitment through their licensed facility-based crisis and nonhospital medical detoxification service now submit reports per service. The 69 reporting facilities include:

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

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

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

#### **Reports Submitted**

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

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

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

Reports that do not cover the entire six-month period are noted accordingly. The Division looks forward to continuing to work with facilities to help them further demonstrate improved reporting in subsequent years.

Reports that have all zeros (0s) in the reporting blocks indicate that the facility submitted monthly reports but did not have any admissions of persons under IVC orders, nor did they begin IVC proceedings on individuals who were admitted voluntarily. Unless otherwise noted, the facility serves the male and female genders.

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

County: Henderson

Facility Type: Inpatient Hospital

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

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method I Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	81	Law Enforcement	59	0	2	0	Degree of Aggression 0	
	_		EMS	5	0			Medical Acuity 0	
			Mobile Crisis Team	2	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	15	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
01			Provider	0	0				00
ΟŢ			Walk-in / from ED	0	0				00
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	reterring ind	lividuals to a	different facility/program	1:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method I Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason of Individuals, the Number of That Were Referred to a Facility or Progra	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	76	0	8	0	Degree of Aggression	0	
			EMS	6	0			Medical Acuity	0	
			Mobile Crisis Team	1	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	14	0					
			Private Transportation	0	0					
			Medical Unit	1	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
ΛO			Provider	0	0					106
90			Walk-in / from ED	0	0					TOD
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown different facility/program	0	0					

#### AdventHealth Hendersonville – Geriatric Behavioral Health Unit

County: Henderson

Facility Type: Inpatient Hospital

Population Served: Geriatric, 65 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	
	MH:	5	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	1	0			,	
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
J			Walk-in / from ED	0	0				
_			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		ı		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
Please list other reasons for	l roforning in	dividuale se			U				
riease list other reasons for	reverring in	uividuais to a	a univerent facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Individuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number That Were Referred to Facility or Progr	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	5	Law Enforcement	3	0	0	0	Degree of Aggression	0	
			EMS	2	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
			Provider	0	0					
J			Walk-in / from ED	0	0					)
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1	T		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for I	reterring in	idividuals to a	a different facility/program	1:						

#### Alamance Regional Medical Center

County: Alamance

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method Undividuals Presenting Undividuals Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to	f Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	164	Law Enforcement	71	15	0	0	Degree of Aggression	0	
	_		EMS	39	9			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	1	0					
			Walk-in / from ED	53	18					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	2	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
166			Provider	0	0					166
TOO			Walk-in / from ED	2	1					T00
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	ividuals to a	different facility/program	:						

MH:   158   Law Enforcement   63   4   1   0   Degree of Aggression   0	Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method \( \) Individuals Presenting \( \) Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program		f Individuals Different	Total Number of Individuals Receiving Treatment Under N
Mobile Crisis Team		MH:	158			4	1	0			
Provider				EMS	22	3			Medical Acuity	0	
Malk-in / from ED					0	0			Other	0	
Private Transportation											
Medical Unit					73						
161			Medical Unit		_						
161  SUD: 3 Law Enforcement 1 0 0 0 Degree of Aggression 0 Medical Acuity 0 Other 0 Ot											
### 1461    FMS					0			1	1		
161    Mobile Crisis Team		SUD:	3				0	0			
161    Provider											
Private Transportation									Other	0	
Private Transportation   0   0	161										167
Medical Unit	TOT										TOZ
Unknown   0   0   0	_										_
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0  EMS 0 0 0  Medical Acuity 0  Mobile Crisis Team 0 0  Provider 0 0 0  Walk-in / from ED 0 0											
EMS 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 O Provider 0 0 O Walk-in / from ED 0 0						_					
Mobile Crisis Team         0         0         Other         0           Provider         0         0         0         0         Walk-in / from ED         0 </td <td></td> <td>MH/IDD:</td> <td>0</td> <td></td> <td>_</td> <td>-</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>		MH/IDD:	0		_	-	0	0			
Provider         0         0           Walk-in / from ED         0         0						-					
Walk-in / from ED 0 0						-			Other	0	
Private Transportation 0 0											
Medical Unit 0 0											
Unknown 0 0 0  ease list other reasons for referring individuals to a different facility/program:						U					

#### Appalachian Regional Behavioral Healthcare

County: Avery

Facility Type: Inpatient Hospital (private)

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

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

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

#### Atrium Health Cabarrus

County: Cabarrus

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	36	Law Enforcement	2	0	4	0	Degree of Aggression	0	
			EMS	22	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	12	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
36			Provider	0	0					10
סכ			Walk-in / from ED	0	0					40
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	lividuals to a	a different facility/program	ı: 						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	34	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	24	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	1	0					
			Walk-in / from ED	0	0					
			Private Transportation	8	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	_
34			Provider	0	0					21
<b>34</b>			Walk-in / from ED	0	0					J 34
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons for	referring in	dividuals to a	a different facility/program							

#### Atrium Health Kings Mountain

County: Cleveland

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referri Individuals, the Number of Individu That Were Referred to a Different Facility or Program	Total Number of Individuals
	MH:	419	Law Enforcement	157	6	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	139	20				
			Private Transportation	123	52				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
419			Provider	0	0				419
419			Walk-in / from ED	0	0				1 419
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring in	dividuals to a	different facility/program						

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	417	Law Enforcement	299	141	2	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	100	16					
			Medical Unit	0	0					
			Unknown	18	4					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
417			Provider	0	0					110
41/			Walk-in / from ED	0	0					419
. — .			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for Method of transport was not				:		·		·		

#### Atrium Health Stanly

County: Stanly

Facility Type: Inpatient Hospital

Population Served: Adults 18-65

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Undividuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referri Individuals, the Number of Individu That Were Referred to a Different Facility or Program	
	MH:	137	Law Enforcement	26	0	7	0	Degree of Aggression 0	
			EMS	70	1			Medical Acuity 0	
			Mobile Crisis Team	21	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	20	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
137			Provider	0	0				144
T2/			Walk-in / from ED	0	0				<b>⊥44</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring in	dividuals to a	a different facility/program	: -					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason fo Individuals, the Number of I That Were Referred to a I Facility or Progran	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	159	Law Enforcement	9	0	0	0	Degree of Aggression	0	
			EMS	113	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0			<u>.                                    </u>		
			Walk-in / from ED	37	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
150			Provider	0	0					159
159			Walk-in / from ED	0	0					122
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for r	eferring in	dividuals to a	a different facility/program	1:						

#### Brynn Marr Hospital – Child Inpatient Psychiatric Unit

County: Onslow

Facility Type: Inpatient Hospital (private)

Population Served: Children ages 5-12

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings WH: 117 Law Enforcement EMS			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	117	Law Enforcement	117	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
117			Provider	0	0					117
<b>TT/</b>			Walk-in / from ED	0	0					<b>/</b>
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	reterring ir	ndividuals to a	a different facility/program	1:						

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	98	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
ΩQ			Provider	0	0					NO
70			Walk-in / from ED	0	0					70
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		T			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons for I	reterring in	dividuals to a	a different facility/program	i:						

#### Brynn Marr Hospital – Adolescent Inpatient Psychiatric Unit

County: Onslow

Facility Type: Inpatient Hospital (private)

Population Served: Adolescents ages 13-17

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method Undividuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to Facility or Progr	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	301	Law Enforcement	301	1	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
301			Provider	0	0					301
OOT			Walk-in / from ED	0	0					OOT
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0			1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring inc	dividuals to a	a different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Each Primary nting Condition, the Number of duals Presenting INC Proceedings    Sale   Sale		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC	
	MH:	336	Law Enforcement	336	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
336			Provider	0	0					336
220			Walk-in / from ED	0	0					330
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	1		Unknown	0	0					
Please list other reasons for	reterring inc	dividuals to a	a different facility/program	1:						

#### Brynn Marr Hospital – Adult Inpatient Psychiatric Unit

County: Onslow

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Undividuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	153	Law Enforcement	153	3	4	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
153			Provider	0	0					157
TOO			Walk-in / from ED	0	0					TD/
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	dividuals to a	a different facility/program	:						

#### January-July 2022

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individual: Receiving Treatment Under N
	MH:	216	Law Enforcement	216	0	5	0	Degree of Aggression	0	
	•		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
SUD	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
<b>21</b> 6			Provider	0	0					221
216			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					

#### Caiyalynn Burrell Child Crisis Center

County: Buncombe

Facility Type: Facility-Based Crisis

Population Served: Children and Adolescents ages 6-17

#### July-December 2021

MH: 0 Law Enforcement 0 0 0 6 6 Degree of Aggression 4 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 Walk-in / from ED 0 0 Medical Unit 0 0 Unknown 0 0 0 EMS 0 0 0 EMS 0 0 0 Medical Acuity 0 Other 0 0  SUD: 0 Law Enforcement 0 0 0 0 Provider 0 0 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Mobile Crisis Team 0 0 0 Private Transportation 0 0 0 Medical Unit 0 0 0 Mobile Crisis Team 0 0 0 Medical Unit 0 0 0 Mobile Crisis Team 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	al Number of Individuals Living Treatment Under IVC
Mobile Crisis Team	
Provider	
Walk-in / from ED	
Private Transportation	
Medical Unit	
Unknown	
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0	
EMS	
Mobile Crisis Team	
Provider	
Walk-in / from ED	_
Private Transportation	
Medical Unit	U
Unknown	
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0  EMS 0 0 0  Mobile Crisis Team 0 0  Provider 0 0  Walk-in / from ED 0 0  Private Transportation 0 0  Medical Unit 0 0	
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Other 0 Walk-in / from ED 0 0 Provider Transportation 0 0 Medical Unit 0 0	
Mobile Crisis Team	
Provider 0 0 0  Walk-in / from ED 0 0  Private Transportation 0 0  Medical Unit 0 0	
Walk-in / from ED	
Private Transportation         0         0           Medical Unit         0         0	
Medical Unit 0 0	
Unknown 0 0	
Please list other reasons for referring individuals to a different facility/program:	
riease institutier reasons for referring intrividuals to a university program.	

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	1	1	Degree of Aggression	1	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0				-	
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	
$\cap$			Provider	0	0					1
U			Walk-in / from ED	0	0					
•			Private Transportation	0	0					_
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:						

#### Caldwell Memorial Hospital

County: Caldwell

Facility Type: Inpatient Hospital

Population Served: Adults ages 18-64

#### July-December 2021

MH:   217   Law Enforcement   217   50   3   0   Degree of Aggression   0	Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, mber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	217	Law Enforcement	217	50	3	0	Degree of Aggression 0	
Provider		_		EMS	0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Private Transportation				Provider	0	0			·	
Medical Unit				Walk-in / from ED	0	0				
Company				Private Transportation	0	0				
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0				Medical Unit	0	0				
EMS				Unknown	0	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Private Transportation   0   0   0				Mobile Crisis Team	0	0			Other 0	
Private Transportation   0   0   0	217			Provider	0	0				220
Medical Unit	ZII			Walk-in / from ED		0				ZZU
Unknown					0	0				
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 Walk-in / from ED 0 0 Private Transportation 0 0 Medical Unit 0 0 Unknown 0 0				Medical Unit	0	0				
EMS				Unknown	0	0				
Mobile Crisis Team		MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider						0				
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0										
Medical Unit         0         0           Unknown         0         0				Walk-in / from ED	0	0				
Unknown 0 0										
lease list other reasons for referring individuals to a different facility/program:						0				
	Please list other reasons fo	or referring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings		Proceedings		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Num Individuals That Were Re Different Facility or Pr	ber of ferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	283	Law Enforcement	283	27	3	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
283			Provider	0	0					286
LOD			Walk-in / from ED	0	0					<b>ZOD</b>
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:						

#### Cape Fear Valley Medical Center

County: Cumberland

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	267	Law Enforcement	111	0	3	0	Degree of Aggression 0	
			EMS	90	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	56	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	10	0				
	SUD:	7	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	4	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
275			Provider	0	0				278
Z/J			Walk-in / from ED	2	0				Z/0
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown	0	0				
Please list other reasons fo	or reterrin	gindividúals	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	th Primary og Condition, umber of Is Presenting Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referrin Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	325	Law Enforcement	133	0	1	0	Degree of Aggression 0	
			EMS	119	0		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	49	0				
			Private Transportation	1	0				
			Medical Unit	0	0				
			Unknown	23	0				
	SUD:	19	Law Enforcement	8	0	0	0	Degree of Aggression 0	
			EMS	5	0		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
344			Provider	0	0			· ·	345
544			Walk-in / from ED	2	0				1 343
•			Private Transportation	0	0				0.0
			Medical Unit	0	0				
			Unknown	4	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
lease list other reasons fo	r referrin	g individual:	s to a different facility/p	rogram:					

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

County: Brunswick

Facility Type: Inpatient Hospital (private)

Population Served: Children and Adolescents ages 5-17

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	Primary Condition, mber of Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	182	Law Enforcement	182	0	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
182			Provider	0	0				183
LOZ			Walk-in / from ED	0	0				TO2
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	177	Law Enforcement	177	5	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
177			Provider	0	0				177
1//			Walk-in / from ED	0	0				L 1//
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:					

#### Carolina Dunes Behavioral Health – Geriatric Unit

County: Brunswick

Facility Type: Inpatient Hospital (private)

Population Served: Geriatric, 55 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referrin Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	160	Law Enforcement	160	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
160			Provider	0	0				160
TOO			Walk-in / from ED	0	0				I TOO I
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referring	g individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVO
	MH:	135	Law Enforcement	135	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
125			Provider	0	0				125
135			Walk-in / from ED	0	0				135
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
lease list other reasons fo	or referrin	ig individual	s to a different facility/p	rogram:		·			

#### CarolinaEast Medical Center

County: Craven

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	243	Law Enforcement	243	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
243			Provider	0	0				243
Z43			Walk-in / from ED	0	0				Z43
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referring	g individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Refer Individuals, the Number of Individuals That Were Referred to Different Facility or Program	Total Number of Individuals
	MH:	280	Law Enforcement	280	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
280			Provider	0	0				│ 280
ZOU			Walk-in / from ED	0	0				1 ZOU
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		•		
	MH/IDD:	0	Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	r referrin	g individual:	s to a different facility/p	rogram:					

#### Carolinas Medical Center-Charlotte – East Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 13-17, all genders

#### July-December 2021 [October report not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	85	Law Enforcement	85	12	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
85			Provider	0	0				OF
۵۵ -			Walk-in / from ED	0	0				00
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referrin	g individuals	to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method l Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	93	Law Enforcement	93	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
$\cap$			Provider	0	0				വാ
93			Walk-in / from ED	0	0				93
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
lease list other reasons fo	or referrin	ng individual	s to a different facility/p	rogram:					

#### Carolinas Medical Center-Charlotte – North Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	261	Law Enforcement	192	0	0	0	Degree of Aggression 0	
	_		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	57	0				
			Private Transportation	12	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
290			Provider	0	0				200
			Walk-in / from ED	0	0				230
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		ı		
	MH/IDD:		Law Enforcement	22	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	7	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or reterring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Condition, Number of Ials Presenting /C Proceedings	Transportation Method Undividuals Presenting Undividuals Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Ref Individuals, the Number o	f d to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	251	Law Enforcement	251	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0		0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
283			Provider	0	0					283
200			Walk-in / from ED	0	0					<b>ZO</b> 3
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDE	): 32	Law Enforcement	32	0	0		-0 00	0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
-1 11 11 11			Unknown	0	0					
Please list other reasons fo	or referri	ing individual	s to a different facility/p	rogram:						

#### Carolinas HealthCare System-Charlotte – South Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

#### July-December 2021

MH:	Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, ımber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individual: Receiving Treatment Under IV
Mobile Crisis Team		MH:	163	Law Enforcement	117	0	0	0	Degree of Aggression 0	
181				EMS		0			Medical Acuity 0	
181					45	5			Other 0	
181					0	0				
Medical Unit				Walk-in / from ED	0	0				
181										
181   SUD:   2   Law Enforcement   0   0   0   0   Degree of Aggression   0   Medical Acuity   0   Other   O										
181										
181		SUD:	2			_	0	0		
181						-				
Private Transportation   0   0   0     Medical Unit   0   0   0						-			Other 0	
Private Transportation   0   0   0     Medical Unit   0   0   0	1 2 1					-				1 2 1
Medical Unit	TOT					-				TOT
Unknown   0   0   0										
MH/IDD: 16 Law Enforcement 11 0 0 0 Degree of Aggression 0  EMS 5 0 Medical Acuity 0  Mobile Crisis Team 0 0 0  Provider 0 0 0  Walk-in / from ED 0 0  Private Transportation 0 0 0  Medical Unit 0 0 0  Unknown 0 0										
EMS 5 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Other 0 Walk-in / from ED 0 0 Omited Transportation 0 0 Medical Unit 0 0 0 Omited Transportation 0 0 Omited Transportation 0 0 Omited Transportation 0 0 Omited Transportation 0 Omited Tran						-	_	_		
Mobile Crisis Team		MH/IDD:	16			-	0	0		
Provider 0 0 0  Walk-in / from ED 0 0  Private Transportation 0 0  Medical Unit 0 0  Unknown 0 0						-				
Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0						-			Other 0	
Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0						-				
Medical Unit         0         0           Unknown         0         0										
Unknown 0 0										
	Please list other reasons fo	or referring	g individual			<u> </u>				
			,		J					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	tach Primary ting Condition, Number of uals Presenting VC Proceedings  191 Law Enforcement			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	191	Law Enforcement	191	0	0	0	Degree of Aggression	0	
	`		EMS	0	0		•	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
203			Provider	0	0					203
203			Walk-in / from ED	0	0					203
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0	_	_	l		
	MH/IDD:	12	Law Enforcement	12	0	0	0	Degree of Aggression	0	
			EMS Mobile Crisis Team	0	0			Medical Acuity	0	
			Provider	0	0			Other	U	
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	r referrin				<u> </u>					
income reasons re			an element delinery p	-20.000						

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

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

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

Total Number of Individuals Presenting Under IVC Proceedings	Presentin	umber of Is Present	ing	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	273	$\Box$	Law Enforcement	144	78	0	0	Degree of Aggression 0	
				EMS	5	4			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
				Provider	0	0				
				Walk-in / from ED	0	0				
				Private Transportation	115	56				
			2000	Medical Unit	0	0				
				Unknown	9	7				
	SUD:	0		Law Enforcement	0	0	0		Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
				Mobile Crisis Team	0	0			Other 0	
273				Provider	0	0				273
<b>2/</b> 3				Walk-in / from ED	0	0				2/3
				Private Transportation	0	0				
				Medical Unit	0	0				
				Unknown	0	0		-		
	MH/IDD:	0		Law Enforcement	0	0	0	0	Degree of Aggression 0	
				EMS	0	0			Medical Acuity 0	
			2000	Mobile Crisis Team	0	0			Other 0	
				Provider Walk-in / from ED	0	0				
				Private Transportation	0	0				
				Medical Unit	0	0				
				Unknown	0	0				
ease list other reasons fo	or referrin	a individ				- v	PO-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		***********	
reasens comer reasons in	or revenue	is marvio	uela	no a unicient launty/p	ivaralli.					

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

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

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring	Total Number of Individuals Receiving Treatment Under IVC
	MH:	247	Law Enforcement	92	43	0	0	Degree of Aggression 0	
			EMS	7	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Private Transportation	145	49				
			Medical Unit	0	0				
			Unknown	2	1				
	SUD:	65	Law Enforcement	11	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
316			Provider	0	0				316
OTO.			Walk-in / from ED	0	0				210
			Private Transportation	54	3				
			Medical Unit	0	0				
			Unknown	0	0		,		
	MH/IDD:	4	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	4	0				
			Medical Unit	0	0				
DI III II C	1 .		Unknown	0	0				
Please list other reasons for	or reterring	; individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for 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	Total Number of Individuals
	MH:	283	Law Enforcement	138	63	0	0	Degree of Aggression 0	
			EMS	7	4			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	137	50				
			Medical Unit	0	0				
			Unknown	1	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
283			Provider	0	0				283
LZOD			Walk-in / from ED	0	0				1 ZOO
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

#### Carolinas Medical Center-Davidson – River Birch Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	293	Law Enforcement	66	29	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	227	107				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
293			Provider	0	0				295
233			Walk-in / from ED	0	0				233
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0	_	_	I=	
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	r referring	rindividual							
rease hist other reasons re	or resenting	murviduai	s to a amerent facility/p	rogram.					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason fo Individuals, the Num Individuals That Were Rel Different Facility or Pr	ber of ferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	270	Law Enforcement	61	19	3	0	Degree of Aggression	0	
			EMS	2	1			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	207	54					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
270			Provider	0	0					273
_ Z/U			Walk-in / from ED	0	0					L 2/3
_, _,			Private Transportation	0	0					_, _,
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:						

#### CaroMont Regional Medical Center – Child and Adolescent Psychiatric Unit

County: Gaston

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 7-17

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	10	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	10	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	ļ.,		Unknown	0	0		ı		
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
4.0			Mobile Crisis Team	0	0			Other 0	4.0
10			Provider	0	0				10
TO			Walk-in / from ED	0	0				10
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0	_			
	MH/IDD:	0	Law Enforcement FMS	0	0	0	0	Degree of Aggression 0	
			Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	r referring	individual			J				
nedse list other redsolls re	J. Jereniliį	,uiviuuai	o to a annerent racinty/p	ogram.					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	the Number of Individuals Presenting Proceedings Proceedings  H: 12 Law Enforcement		Proceedings		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	12	Law Enforcement	0	0	0	0	Degree of Aggression	0	
		•	EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	12	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
12			Provider	0	0					12
TZ			Walk-in / from ED	0	0					12
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team Provider	0	0			Other	0	
			Walk-in / from ED	0	0					
				0	0					
			Private Transportation Medical Unit	0	0					
			Unknown	0	0					
ease list other reasons fo	r referrin									
icuse hist other reasons re	, retermi	g marviduai	s to a uniterest facility, p	iograffi.						

#### CaroMont Regional Medical Center – Adult Psychiatric Unit

County: Gaston

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	261	Law Enforcement	0	0	6	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	261	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
261			Provider	0	0				267
ZOT			Walk-in / from ED	0	0				<b>ZO</b> /
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	th Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method l Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	295	Law Enforcement	34	0	19	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	261	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0		,	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
200			Provider	0	0					210
<b>Z 3 3</b>			Walk-in / from ED	0	0					318
			Private Transportation	0	0					0 _ 0
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	4	Law Enforcement	4	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons fo	or referrin	g individual:	s to a different facility/p	rogram:						

#### Catawba Valley Medical Center – Adult Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	80	Law Enforcement	44	2	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	36	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	26	Law Enforcement	11	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
106			Provider	0	0				107
TOO			Walk-in / from ED	15	0				TO/
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
ol III I	1 .		Unknown	0	0				
Please list other reasons for	or reterring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	83	Law Enforcement	46	0	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	37	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	20	Law Enforcement	7	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
103			Provider	0	0				104
TOO			Walk-in / from ED	13	2				10 <del>4</del>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0	_			
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
lease list other reasons fo	or referrin								
The state of the s	crciii	5a.r.uadi.	- 12 a Janier Chertochity, p						

#### Catawba Valley Medical Center – Geriatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	26	Law Enforcement	7	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	19	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	2	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
28			Provider	0	0				70
20			Walk-in / from ED	2	0				20
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0	_			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	r roforring	individual							
ricase hist other reasons it	or revening	muividuai	s to a different facility/p	iograffi.					

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

#### Catawba Valley Medical Center – Adult Psychiatric Intensive Care Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

#### July-December 2021

N	MH:	7.4			of the Required 24-hour Examination	Initiated at This Facility (After Voluntary Admission)	Number That Were Referred to a Different Facility or Program	Individuals That Were Referred to a Different Facility or Program	Receiving Treatment Under IVC
	_	74	Law Enforcement	17	0	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	57	3				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
S	SUD:		Law Enforcement	6	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
108			Provider	0	0				110
TUO			Walk-in / from ED	28	2				TIU
			Private Transportation	0	0				
			Medical Unit	0	0				
_			Unknown	0	0		•		
N	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring i	ndividual:	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method l Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	37	1	2	0	Degree of Aggression 0	
			EMS	0	0		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	61	2				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	28	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
126			Provider	0	0				128
TZU			Walk-in / from ED	24	1				120
_			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
Diagram Ust atherman for					U				
Please list other reasons for	or reterring	gindividual	s to a different facility/p	rogram:					

#### Catawba Valley Medical Center – Medical-Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, also comorbid conditions

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	17	Law Enforcement	10	0	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	7	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	13	Law Enforcement	3	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
30			Provider	0	0				21
<b>3</b> 0			Walk-in / from ED	10	1				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
DI LI LI LI	L , .		Unknown		0				
Please list other reasons for	or referrin	g individual:	s to a different facility/p	rogram:					

otal Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method l Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individual: Receiving Treatment Under IV
	MH:	22	Law Enforcement	8	0	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			· · · · · · · · · · · · · · · · · · ·	
			Walk-in / from ED	14	2				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	6	Law Enforcement	3	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
<b>၁</b> ၀			Provider	0	0				20
28			Walk-in / from ED	3	0				29
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ase list other reasons fo	or referrin	g individual:	s to a different facility/p	rogram:		·			·

#### Charles A. Cannon, Jr. Memorial Hospital

County: Avery

Facility Type: Inpatient Hospital

Population Served: Adults ages 18-64, also Veterans

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	93	Law Enforcement	85	3	1	0	Degree of Aggression 0	
	_		EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	0	0				
			Private Transportation	5	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
93			Provider	0	0				$\Omega I$
75			Walk-in / from ED	0	0				94
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
DI LI LI LI C	1		Unknown	0	0				
Please list other reasons for	or reterring	individual:	s to a different facility/p	rogram:					

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

otal Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of Is Presenting Proceedings	Transportation Method L Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nu Individuals That Were R Different Facility or	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	98	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
NO			Provider	0	0					NO.
70			Walk-in / from ED	0	0					70
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	1		Unknown	0	0					
ease list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:						

#### Charles George Veterans Affairs Medical Center

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	17	Law Enforcement	0	0	3	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	7	0				
			Private Transportation	1	0				
			Medical Unit	0	0				
			Unknown	8	0				
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
4.0			Mobile Crisis Team	0	0			Other 0	- 4
18			Provider	0	0				21
TO			Walk-in / from ED	0	0				<b>Z</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	1	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
Diagram list other second for			Unknown		0				
Please list other reasons fo	or reterring	g maiviaŭal	s to a different facility/p	rogram:					

MH:	Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	14	Law Enforcement	3	0	0	0	Degree of Aggression 0	
Provider		· ·		EMS	1	0			Medical Acuity 0	
Malk-in / from ED   9   0				Mobile Crisis Team	0	0			Other 0	
Private Transportation				Provider	0	0				
Medical Unit				Walk-in / from ED	9	0				
14				Private Transportation	0	0				
14    SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0				Medical Unit	1	0				
The last content of the				Unknown	0	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
14				EMS	0	0			Medical Acuity 0	
Private Transportation   0   0   0     Medical Unit   0   0   0				Mobile Crisis Team	0	0			Other 0	
Private Transportation   0   0   0     Medical Unit   0   0   0	1 /			Provider	0	0				11
Medical Unit	14			Walk-in / from ED	0	0				l 14
Unknown				Private Transportation	0	0				
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0 ENS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 Walk-in / from ED 0 0 Private Transportation 0 0 0 Medical Unit 0 0 0 Unknown 0 0 0				Medical Unit	0	0				
EMS				Unknown	0	0				
Mobile Crisis Team         0         0           Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0		MH/IDD:	0	Law Enforcement	0	0	0	0		
Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0					0	0			Medical Acuity 0	
Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				Mobile Crisis Team	0	0			Other 0	
Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				Provider	0	0				
Medical Unit         0         0           Unknown         0         0				Walk-in / from ED	0	0				
Unknown 0 0					0					
lease list other reasons for referring individuals to a different facility/program:						0				
	Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

#### Cleveland Crisis Recovery Center

County: Cleveland

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	40	Law Enforcement	30	6	12	5	Degree of Aggression 3	
			EMS	0	0			Medical Acuity 1	
			Mobile Crisis Team	0	0			Other 1	
			Provider	0	0				
			Walk-in / from ED	10	3				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	13	Law Enforcement	13	5	5	2	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 2	
			Mobile Crisis Team	0	0			Other 0	_
54			Provider	0	0				71
<b>)4</b>			Walk-in / from ED	0	0				/ <u>/</u> _
•			Private Transportation	0	0				′ –
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	r referrin	g individuals	to a different facility/p	rogram:					
VIH: Level of Acuity									

Total Number of Individuals Presenting Under IVC Proceedings Individuals Presenti Under IVC Proceedin		ig Condition, umber of Is Presenting			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program		Total Number of Individuals Receiving Treatment Under IVC
	MH:	26	Law Enforcement	9	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	17	4					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	2	Law Enforcement	2	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
าด			Provider	0	0					าด
<b>Z J</b>			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	1	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	1	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
ease list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:						

#### Coastal Plain Hospital (Nash UNC Health Care)

County: Nash

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings				Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason in Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	418	Law Enforcement	418	83	1	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	37	Law Enforcement	37	2	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
456			Provider	0	0					157
430			Walk-in / from ED	0	0					457
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1			
	MH/IDD:	1	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	ividuals to a	a different facility/program							

	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings		resenting Condition, the Number of dividuals Presenting Under IVC dividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	458	Law Enforcement	458	90	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	28	Law Enforcement	28	2	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
486			Provider	0	0					107
400			Walk-in / from ED	0	0					487
. • •			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Į.	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
ease list other reasons for re	eferring in	dividuals to a	different facility/program	1:						

#### Cone Health – Child/Adolescent Unit

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 12-17

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings		enting Condition, the Number of duals Presenting Under duals Present		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program		Total Number of Individuals Receiving Treatment Under IVC
	MH:	82	Law Enforcement	76	67	0	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	3	3					
0.4			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	3	3					
	SUD:	2	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					01
04			Walk-in / from ED	1	1					04
•			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	lividuals to a	different facility/program	ı.		·		·		

Presenting Under IVC Proceedings	senting Under IVC the Number of		Individuals Presenting Under IVC		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program		Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	85	76	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	13	13					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
S	SUD:	1	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
$\cap$			Provider	0	0					$\cap$
<b>フ</b> フ			Walk-in / from ED	0	0					ココ
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
M	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
ease list other reasons for re			Unknown	0	0					

#### Cone Health – Adult Unit

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of Individuals That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	324	Law Enforcement	302	81	1	0	Degree of Aggression 0	
			EMS	9	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	5	3				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	8	3				
	SUD:	31	Law Enforcement	30	9	0	0	Degree of Aggression 0	
			EMS	1	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
355			Provider	0	0				356
			Walk-in / from ED	0	0				330
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown		0				1
	MH/IDD:	0	Law Enforcement EMS	0	0	0	0	Degree of Aggression 0  Medical Acuity 0	-
			Mobile Crisis Team		-				-
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring in	ndividuals to a	a different facility/program	1:					

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ting Conditior Number of uals Presentin VC Proceeding	Individuals Presenting I g Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	292	Law Enforcement	238	53	8	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	51	9					
			Private Transportation	2	1					
			Medical Unit	0	0					
			Unknown	1	0					
	SUD:	13	Law Enforcement	10	3	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
305			Provider	0	0					313
วบว			Walk-in / from ED	3	0					515
			Private Transportation	0	0					0 - 0
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD	): 0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
		•	EMS	0	0		,	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	I referring	individuals to			J					

## Davis Regional Medical Center – Delta Adult Service

County: Iredell

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, nber of Presenting	Transportation Method I Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	246	Law Enforcement	76	34	0	0	Degree of Aggression	0	
	_		EMS	85	46			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	85	51					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
246			Provider	0	0					246
Z40			Walk-in / from ED	0	0					240
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	ividuals to	different facility/program	:				,		

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

otal Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method I Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IV
	MH:	141	Law Enforcement	29	9	0	0	Degree of Aggression	0	
			EMS	24	10			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	88	44					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
141			Provider	0	0					141
<b>141</b>			Walk-in / from ED	0	0					│ <del>┃ ┃ ┃</del> ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown different facility/program	0	0					

## Davis Regional Medical Center – Delta DDU Service

County: Iredell

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	59	Law Enforcement	8	7	0	0	Degree of Aggression	0	
			EMS	25	14			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	26	13					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1			
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
59			Provider	0	0					50
ンフ			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1	1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	reterring indi	ividuals to a	a different facility/program	i:					·	

#### January-June 2022 [June not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	116	Law Enforcement	27	5	0	0	Degree of Aggression	0	
			EMS	22	11			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	67	35					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
116			Provider	0	0					116
TT0			Walk-in / from ED	0	0					TTO
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	lividuals to a	a different facility/program	:						

## Davis Regional Medical Center – Traditions Geriatric Service

County: Iredell

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referrir Individuals, the Number of Individua That Were Referred to a Different Facility or Program	
	MH:	78	Law Enforcement	18	2	0	0	Degree of Aggression 0	
			EMS	28	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	32	6				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
78			Provider	0	0				1 70
/ 0			Walk-in / from ED	0	0				1 /0
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
lease list other reasons for I	eferring in	dividuals to a	different facility/program	:		·			

## January-June 2022 [June not submitted]

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to Facility or Progr	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	47	Law Enforcement	10	1	0	0	Degree of Aggression	0	
	-		EMS	14	5			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	23	8					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
17			Provider	0	0					17
4/			Walk-in / from ED	0	0					<b>4</b> /
• •			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring inc	dividuals to a	different facility/program							

## Daymark Recovery C.R.C. Statesville

County: Iredell

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2021

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

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Individuals Presenting L		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
$\cap$			Provider	0	0					$\cap$
U			Walk-in / from ED	0	0					U
•			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0			1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	reterring in	dividuals to a	different facility/program	1:						

## Daymark Recovery Services: Asheboro Crisis Center

County: Randolph

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

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

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

ndividuals	mber of s Presenting Proceedings	Individuals Presenting L Proceedings	Jtilized for Inder IVC	Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
IH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
-		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Private Transportation	0	0				
		Medical Unit	0	0				
		Unknown	0	0				
JD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0			·	$\wedge$
		Walk-in / from ED	0	0				U
		Private Transportation	0	0				
		Medical Unit	0	0				
		Unknown	0	0				
IH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		EMS	0	0			Medical Acuity 0	
		Mobile Crisis Team	0	0			Other 0	
		Provider	0	0				
		Walk-in / from ED	0	0				
		Private Transportation	0	0				
		Medical Unit	0	0				
		Unknown	0	0				
JIH	H:	D: 0	H: 0 Law Enforcement  EMS  Mobile Crisis Team Provider  Walk-in / from ED Private Transportation Medical Unit Unknown  D: 0 Law Enforcement EMS  Mobile Crisis Team Provider Walk-in / from ED Private Transportation Medical Unit Unknown  H/IDD: 0 Jaw Enforcement EMS  Mobile Crisis Team Provider Walk-in / from ED Private Transportation Medical Unit Unknown  EMS  Mobile Crisis Team Provider Walk-in / from ED Private Transportation Medical Unit Unknown	H:   0   Law Enforcement   0	H:   0   Law Enforcement   0   0	Bammaton   Bammaton	Box   Box	Examination   Company   Company

## Daymark Recovery Services: Davidson Crisis Center

County: Davidson

Facility Type: Facility-Based Crisis

Population Served: Adults 18-65, all genders

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
Λ			Provider	0	0					$\cap$
U			Walk-in / from ED	0	0					U
_			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1	1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
Please list other reasons for I	oforming !-	dividuale to	Unknown	0	0					
riease list other reasons for i	referring in	nviuudis to a	a unierent racility/program							

Total Number of Individuals Presenting Under IVC Proceedings	Presention the N	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Individuals Presenting I		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
Λ			Provider	0	0					$\cap$
U			Walk-in / from ED	0	0					
_			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1	1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	ndividuals to a								

## Daymark Recovery Services: Facility Based Crisis of Cabarrus

County: Cabarrus

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2021

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

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Undividuals Presenting Undividuals Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number That Were Referred to Facility or Progr	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
Λ			Provider	0	0					$\cap$
U			Walk-in / from ED	0	0					
•			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for I	eferring in	dividuals to a	a different facility/program	1:						

## Daymark Recovery Services: Monroe Crisis Recovery Center

County: Union

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2021

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

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the N Individua	ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Differ	duals Total Number of Individuals
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0
			EMS	0	0				)
			Mobile Crisis Team	0	0			Other (	)
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	SUD:	0	Law Enforcement	0	0	0	0	.0	0
			EMS	0	0				0
_			Mobile Crisis Team	0	0			Other (	
Λ			Provider	0	0				
U			Walk-in / from ED	0	0				0
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		T		
	MH/IDD:	0	Law Enforcement	0	0	0	0	0 00	0
			EMS	0	0				0
			Mobile Crisis Team	0	0			Other (	0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	a different facility/program	1:					

#### Dix Crisis Center

County: Onslow

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

# July-December 2021 [includes NHMD data]

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method I Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	97	Law Enforcement	96	49	3	1	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	1	
			Provider	0	0					
			Walk-in / from ED	1	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	38	Law Enforcement	38	24	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
135			Provider	0	0					138
TOO			Walk-in / from ED	0	0					120
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons for i MH: continued psychosis, re				ı:		·				

Fotal Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method ( Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to	f Individuals Different	Total Number of Individuals Receiving Treatment Under IV
	MH:	89	Law Enforcement	87	62	0	0	Degree of Aggression	0	
			EMS	1	1			Medical Acuity	0	
			Mobile Crisis Team	1	1			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
$\circ \circ$			Provider	0	0					00
89			Walk-in / from ED	0	0					89
-			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
ase list other reasons for I	eferring in	ndividuals to a	a different facility/program	ı:					,	

#### Dix Crisis Center

County: Onslow

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

#### July-December 2021

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

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason I Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	52	Law Enforcement	52	34	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	_
52			Provider	0	0					<b>E</b> 2
) J			Walk-in / from ED	0	0					<b>5</b> 2
			Private Transportation	0	0					<b>)</b>
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for I	eferring in	dividuals to a	different facility/program							

# Duke Regional Hospital

County: Durham

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	242	Law Enforcement	0	0	0	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	242	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
242			Provider	0	0					242
<b>Z4Z</b>			Walk-in / from ED	0	0					<b>  242</b>
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	ividuals to a	different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason of Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	261	Law Enforcement	35	3	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	207	2					
			Private Transportation	0	0					
			Medical Unit	19	0					
		,	Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
261			Provider	0	0					261
ZOI			Walk-in / from ED	0	0					ZOI
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for I	reterring in	aiviauais to a	a different facility/program	1						

## Durham Recovery Response Center

County: Durham

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method I Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Number o That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	44	Law Enforcement	42	10	8	0	Degree of Aggression	0	
			EMS	0	0		•	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	2	1					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	4	Law Enforcement	4	3	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
74			Provider	0	0					06
/4			Walk-in / from ED	0	0					00
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	26	Law Enforcement	25	4	4	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	1	1					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	dividuals to a	a different facility/program	1:						

Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Undividuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
I	MH:	12	Law Enforcement	12	3	0	0	Degree of Aggression 0	
	1		EMS	0	0		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	2	Law Enforcement	2	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
18			Provider	0	0				18
TO			Walk-in / from ED	0	0				10
			Private Transportation	0	0				
			Medical Unit	0	0				
L			Unknown	0	0				
	MH/IDD:	4	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				

### Durham Recovery Response Center

County: Durham

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

#### July-December 2021

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

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	ch Primary og Condition, umber of Is Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	3	Law Enforcement	3	1	0	0	Degree of Aggression	0	
		•	EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	2	Law Enforcement	2	1	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
6			Provider	0	0					
Ö			Walk-in / from ED	0	0					ם ו
_			Private Transportation	0	0					_
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	1	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons for I	eferring in	dividuals to a	a different facility/program				·			

## Fayetteville NC Coastal Health Care System (Fayetteville VAMC)

County: Cumberland

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Refe Individuals, the Number of Individ That Were Referred to a Differe Facility or Program	Total Number of Individuals
	MH:	68	Law Enforcement	22	1	14	2	Degree of Aggression 0	
			EMS	13	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 2	
			Provider	5	0				
			Walk-in / from ED	23	1				
			Private Transportation	5	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	39	Law Enforcement	14	0	5	0	Degree of Aggression 0	
			EMS	7	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
107			Provider	0	0				126
TO/			Walk-in / from ED	14	2				1 120
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	2	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for I MH: Veterans transferred In-				:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Undividuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number That Were Referred to Facility or Progr	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	77	Law Enforcement	3	0	6	0	Degree of Aggression	0	
			EMS	43	23			Medical Acuity	0	
			Mobile Crisis Team	1	1			Other	0	
			Provider	0	0					
			Walk-in / from ED	29	9					
			Private Transportation	0	0					
			Medical Unit	1	0					
			Unknown	0	0					
	SUD:	5	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	2	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
82			Provider	0	0					00
OZ			Walk-in / from ED	3	0					00
~ —			Private Transportation	0	0					0 0
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	dividuals to a	a different facility/program	:						

## FirstHealth Moore Regional Hospital

County: Moore

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Undividuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for R Individuals, the Number of Ind That Were Referred to a Diff Facility or Program	ividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	327	Law Enforcement	105	30	8	3	Degree of Aggression	0	
			EMS	3	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	3	
			Provider	0	0					
			Walk-in / from ED	219	69					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
327			Provider	0	0					335
JZI			Walk-in / from ED	0	0					
· - ·			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for MH: Higher Acuity / needed h			a different facility/program	ı:						

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to Facility or Progr	f Individuals Different	Total Number of Individuals Receiving Treatment Under IV
	MH:	311	Law Enforcement	143	53	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	165	53					
			Private Transportation	0	0					
			Medical Unit	3	1					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
311			Provider	0	0					312
DTT			Walk-in / from ED	0	0					$\square$ $DTZ$
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
ease list other reasons for	referring in	dividuals to a	a different facility/program	1:						

## Frye Regional Medical Center – General Adult Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, MI

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method Undividuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	101	Law Enforcement	101	0	0	0	Degree of Aggression	0	
			EMS	0	0		,	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
101			Provider	0	0					101
TUT			Walk-in / from ED	0	0					TOT
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring inc	lividuals to a	a different facility/program	1:						

Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Undividuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for R Individuals, the Number of Ind That Were Referred to a Diff Facility or Program	ividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	42	Law Enforcement	42	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1			
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
// )			Provider	0	0					17
42			Walk-in / from ED	0	0					42
· —			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1	,		
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown different facility/program	0	0					

## Frye Regional Medical Center – General Adult Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, MI/SU

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings		of the Re		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Number of That Were Referred to a	f Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	1	Law Enforcement	1	0	0	0	Degree of Aggression	0	
	-		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
1			Provider	0	0					1
1			Walk-in / from ED	0	0					
_			Private Transportation	0	0					_
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring inc	lividuals to a	different facility/program	:						

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

## Frye Regional Medical Center - Adult Psychiatric Unit III

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program		f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	99	Law Enforcement	99	0	0	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
$\cap$			Provider	0	0					- $0$
22			Walk-in / from ED	0	0					33
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0			1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	ividuals to a	a different facility/program	I:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	nch Primary ng Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	110	Law Enforcement	110	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1	<del>,</del>	
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
110			Provider	0	0				110
TTU			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring i	ndividuals to a	different facility/program	1					

## Frye Regional Medical Center – New Horizons Adult Psychiatric Unit

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting	Transportation Method Undividuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Number of That Were Referred to a	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	60	Law Enforcement	60	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
60			Provider	0	0					L
UU			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring ind	lividuals to a	different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Condition, Number of Jals Presenting /C Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	72	Law Enforcement	72	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
72			Provider	0	0				<b>  7</b> 2
72			Walk-in / from ED	0	0				/2
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD	: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring	individuals to	a different facility/program	i:					

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

County: Catawba

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	139	Law Enforcement	139	0	0	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
139			Provider	0	0					139
TOD			Walk-in / from ED	0	0					133
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring inc	lividuals to a	different facility/program							

Fotal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method I Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	or Each Primary Reason for Referring idividuals, the Number of Individuals That Were Referred to a Different Facility or Program		Total Number of Individuals Receiving Treatment Under IV
	MH:	138	Law Enforcement	138	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
	·		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
120			Provider	0	0					120
138			Walk-in / from ED	0	0					138
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					

## Good Hope Hospital

County: Harnett

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason t	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	203	Law Enforcement	203	0	0	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
203			Provider	0	0					203
<b>ZU</b> 3			Walk-in / from ED	0	0					<b>ZU</b> 3
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
ni irani c	1		Unknown	0	0					
Please list other reasons fo	or reterring	individual	s to a different facility/p	rogram:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	166	Law Enforcement	166	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
166			Provider	0	0				166
TOO			Walk-in / from ED	0	0				T00
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
n			Unknown	0	0				
Please list other reasons for	orreterring	; individual:	s to a different facility/p	rogram:					

## Haywood Regional Medical Center

County: Haywood

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	144	Law Enforcement	143	9	2	0	Degree of Aggression 0	
	-		EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	6	Law Enforcement	6	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
150			Provider	0	0				152
TOU			Walk-in / from ED	0	0				I IJZ I
			Private Transportation	0	0				_
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
Diagonalist otherwise C	L				0				
Please list other reasons fo	or reterring	ginaividual	s to a different facility/p	rogram:					
İ									

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	141	Law Enforcement	141	12	5	1	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 1	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
142			Provider	0	0				147
142			Walk-in / from ED	0	0				L 14/
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo									
MH: Needed placement wi	nere she c	ould receive	e ECT, due to treatment r	esistant de	epression.				

## High Point Medical Center

County: Guilford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings		Proceedings		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	134	Law Enforcement	58	4	3	0	Degree of Aggression 0	
			EMS	9	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			•	
			Walk-in / from ED	63	1				
			Private Transportation	4	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:		Law Enforcement	6	0	0	0	Degree of Aggression 0	
			EMS	7	1			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
157			Provider	0	0				160
TD/			Walk-in / from ED	9	0				TOO
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	1	0		,		
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
DI 11 1 1 1			Unknown	0	0				
Please list other reasons fo	orreterring	gindividual	s to a different facility/p	rogram:					

otal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Refee Individuals, the Number of Individuals That Were Referred t Different Facility or Program	Total Number of Individuals
	MH:	122	Law Enforcement	21	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	96	6				
			Private Transportation	0	0				
			Medical Unit	5	1				
			Unknown	0	0				
	SUD:	26	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
148			Provider	0	0				148
140			Walk-in / from ED	24	0				140
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
and the other services	L				<u> </u>				
ase list other reasons fo	or reterrinį	gindividual	s to a different facility/p	rogram:					·

## Holly Hill Hospital – Child Psychiatric Inpatient Unit

County: Wake

Facility Type: Inpatient Hospital

Population Served: Children ages 5-13

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	129	Law Enforcement	129	0	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
4			Mobile Crisis Team	0	0			Other 0	4 0 0
129			Provider	0	0				130
エムジ			Walk-in / from ED	0	0				130
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0	_	_		
	MH/IDD:	0	Law Enforcement FMS	0	0	0	0	Degree of Aggression 0	
			Mobile Crisis Team	0	0			Medical Acuity 0 Other 0	
			Provider	0	0			Other 0	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	r referring	individual							
. rease histother reasons it	J. Jerening	5uiviuuai	o to a afficient facility/p	- Ograini.					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason fo Individuals, the Numb Individuals That Were Ref Different Facility or Pro	per of erred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	88	Law Enforcement	88	0	2	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
00			Provider	0	0					$\Box$
00			Walk-in / from ED	0	0					3U
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:						

## Holly Hill Hospital – Adolescent Psychiatric Inpatient Unit

County: Wake

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 14-17

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, nber of Presenting	Transportation Method U Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	627	Law Enforcement	627	0	5	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
627			Provider	0	0				632
			Walk-in / from ED	0	0				032
			Private Transportation	0	0				
			Medical Unit	0	0				
	ļ		Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
DI III II C	1 , .		Unknown	0	0				L
Please list other reasons for	or reterring	individual	s to a different facility/pi	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for R Individuals, the Number Individuals That Were Referr Different Facility or Progr	of red to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	522	Law Enforcement	522	0	10	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
522			Provider	0	0					532
JZZ			Walk-in / from ED	0	0					<b>332</b>
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		•			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	l		Unknown	0	0					
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:						

## Holly Hill Hospital – Adult Psychiatric Inpatient Unit

County: Wake

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	th Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason t	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	2680	Law Enforcement	2,680	0	43	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	6	Law Enforcement	6	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
2,686			Provider	0	0					2,729
טסט.צ			Walk-in / from ED	0	0					2./29
_, - ,			Private Transportation	0	0					_,,
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:			·			

Total Number of Individuals Presenting Under IVC Proceedings	Prese th Indivi	Each Primare nting Condition Number of duals Present IVC Proceedi	rn, Transportation Method Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason to Individuals, the Nun Individuals That Were Run Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	2277	Law Enforcement	2,259	0	101	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	1	0			Other	0	
			Provider	2	0					
			Walk-in / from ED	11	0					
			Private Transportation	3	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	1	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
2,278			Provider	0	0					2,379
<b>Z.Z/O</b>			Walk-in / from ED	0	0					Z.3/3
_/			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0			,		
	MH/II	DD: 0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
DI III II	ı ,		Unknown	0	0					
Please list other reasons for	or rete	rring individ	uais to a different facility/p	rogram:						

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

County: Wake

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, also Chemical Dependency

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	28	Law Enforcement	28	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
28			Provider	0	0				28
20			Walk-in / from ED	0	0				20
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		,		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
Please list other reasons fo	I or roforrin				U				
riease list other reasons to	or referrin	R mainianai	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason fo Individuals, the Numl Individuals That Were Ref Different Facility or Pr	per of erred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	10	Law Enforcement	10	0	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
10			Provider	0	0					11
TO			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	L.		Unknown	0	0		1	,		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	1		Unknown	0	0					
Please list other reasons for	or referring	ındıvidual	s to a different facility/p	rogram:						

#### Johnston UNC Health

County: Johnston

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason t	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	294	Law Enforcement	294	0	0	0	Degree of Aggression	0	
	_		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
294			Provider	0	0					201
<b>Z</b> 2 2 4			Walk-in / from ED	0	0					294
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referring	individual	s to a different facility/p	rogram:		·				

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	282	Law Enforcement	250	1	4	1	Degree of Aggression 1	
			EMS	17	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	13	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	1	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
205			Provider	0	0				200
285			Walk-in / from ED	0	0				289
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	3	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ease list other reasons fo	r referring	g individual	s to a different facility/p	rogram:					

## Margaret R. Pardee Memorial Hospital

County: Henderson

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Undividuals Presenting Undividuals Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	148	Law Enforcement	32	5	0	0	Degree of Aggression 0	
			EMS	3	1			Medical Acuity 0	
			Mobile Crisis Team	6	1			Other 0	
			Provider	14	5				
			Walk-in / from ED	57	9				
			Private Transportation	33	16				
			Medical Unit	0	0				
			Unknown	3	1				
	SUD:	9	Law Enforcement	3	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
157			Provider	0	0				157
T)/			Walk-in / from ED	1	1				TO/
			Private Transportation	5	5				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
Di Li				0	0				
Please list other reasons for	or referrin	g individual:	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	130	Law Enforcement	62	12	0	0	Degree of Aggression	0	
			EMS	11	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	2	0					
			Walk-in / from ED	53	11					
			Private Transportation	1	0					
			Medical Unit	0	0					
			Unknown	1	1					
	SUD:	7	Law Enforcement	6	1	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	_
137			Provider	0	0					137
TO/			Walk-in / from ED	1	0					T2/
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD	: 0	Law Enforcement	0	0	0		Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referri	ng individual	s to a different facility/p	rogram:						

### Maria Parham Health Franklin – Adult Unit

County: Franklin

Facility Type: Inpatient Hospital

Population Served: Adults 18-54, also Transgender

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	107	Law Enforcement	107	107	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0			•		
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
107			Provider	0	0					107
TO/			Walk-in / from ED	0	0					TO/
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
Di			Unknown	0	0					
Please list other reasons fo	or reterrini	gindividual	s to a different facility/p	rogram:						
ì										

MH:	mber of Individua Treatment Under	mber of eferred to a	For Each Primary Reason Individuals, the Nur	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24 hour Facility and Completion of the Required 24-hour Examination		Transportation Method Undividuals Presenting Undividuals Proceedings	Condition, mber of Presenting	Presenting the Nu Individuals	Total Number of Individuals Presenting Under IVC Proceedings
Mobile Crisis Team		2	Degree of Aggression	2	10	91	180	Law Enforcement	180	MH:	
180		0	Medical Acuity	•		0	0	EMS			
Malk-in / from ED		0	Other			0	0	Mobile Crisis Team			
Private Transportation						0	0	Provider			
Medical Unit						0	0	Walk-in / from ED			
180						0	0	Private Transportation			
180						0	0	Medical Unit			
180						0	0	Unknown			
180		0	Degree of Aggression	0	0	0	0	Law Enforcement	0	SUD:	
180		0	Medical Acuity			0	0	EMS			
Private Transportation 0 0 0		0	Other			0	0	Mobile Crisis Team			
Private Transportation	$\Omega$					0	0				100
Private Transportation	LDU										TOU
Unknown							0				
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0  EMS 0 0 0  Mobile Crisis Team 0 0  Provider 0 0  Walk-in / from ED 0 0  Private Transportation 0 0 0  Medical Unit 0 0  Unknown 0 0											
EMS 0 0 0 Medical Acuity 0 Other 0 Oth											
Mobile Crisis Team         0         0           Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				0	0		-			MH/IDD:	
Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0							0				
Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0		0	Other			-					
Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0						_					
Medical Unit         0         0           Unknown         0         0						-					
Unknown 0 0						_					
Please list other reasons for referring individuals to a different facility/program:						0					
Tests in other reasons to the reasons to extract the introduction of the reasons to the reasons							rogram:	s to a different facility/p	individuals	r referring	Please list other reasons for

### Maria Parham Health-Franklin – Geriatric Unit

County: Franklin

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older, also Transgender

### July-December 2021

Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	100	Law Enforcement	100	100	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
100			Provider	0	0				100
TOO			Walk-in / from ED	0	0				TOO
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
Diagram list other records			Unknown	0	0				
Please list other reasons fo	rreterring	ginaividuai	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of Is Presenting Proceedings	Transportation Method L Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason ( Individuals, the Nun Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	98	52	5	1	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	1	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		•			
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
98			Provider	0	0					103
フロ			Walk-in / from ED	0	0					103
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		•			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:						

## Mission Health – Acute Inpatient Child Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Children ages 4-12

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, nber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Re Individuals, the Number	of ed to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	34	Law Enforcement	15	0	0	0	Degree of Aggression	0	
	_		EMS	8	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	3	0					
			Medical Unit	0	0					
			Unknown	8	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
34			Provider	0	0					2/
34			Walk-in / from ED	0	0					54
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		ı			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	1		Unknown	0	0					
Please list other reasons fo	or referring	individual	s to a different facility/p	rogram:						

MH:   18	al Number of Individuals
Mobile Crisis Team	
Provider	
Walk-in / from ED	
Private Transportation   3	
Medical Unit	
SUD:   0   Law Enforcement   0   0   0   Degree of Aggression   0	
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0	
18    EMS	
Mobile Crisis Team	
Provider	
Private Transportation   0   0	
Private Transportation   0   0	10
Medical Unit   0   0     Unknown   0   0	19
Unknown   0   0   0	
MH/IDD:         0         Law Enforcement         0         0         0         Degree of Aggression         0           EMS         0         0         Medical Acuity         0	
EMS 0 0 Medical Acuity 0	
Mobile Crisis Team 0 0 Other 0	
Provider 0 0	
Walk-in / from ED 0 0	
Private Transportation 0 0	
Medical Unit 0 0	
Unknown 0 0	
ease list other reasons for referring individuals to a different facility/program:	

## Mission Health – Acute Inpatient Adolescent Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 13-17

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	24	Law Enforcement	16	0	3	0	Degree of Aggression 0	
			EMS	5	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			· · · · · ·	
			Walk-in / from ED	0	0				
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	1	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
24			Provider	0	0				<b>コフ</b>
<b>L</b> 24			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
Discount of the second of	1		Unknown	0	0				
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:					
İ									

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Undividuals Presenting I		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason ( Individuals, the Nun Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	25	Law Enforcement	15	0	0	0	Degree of Aggression	0	
			EMS	3	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	5	0					
			Medical Unit	2	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	_
25			Provider	0	0					25
ZO			Walk-in / from ED	0	0					_ ZO
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:						

## Mission Health – Adult Inpatient Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Adults 18-64

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	536	Law Enforcement	246	15	9	0	Degree of Aggression 0	
			EMS	171	6			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	83	6				
			Medical Unit	0	0				
			Unknown	36	1				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
536			Provider	0	0				545
220			Walk-in / from ED	0	0				3 <del>4</del> 3
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
Diagram list other recess for	l		Unknown		0				
Please list other reasons for	orreierring	g imaividual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals 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 Nun Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	471	Law Enforcement	218	10	7	0	Degree of Aggression	0	
			EMS	138	4			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	70	1					
			Medical Unit	10	3					
			Unknown	35	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
471			Provider	0	0					170
4/1			Walk-in / from ED	0	0					4/0
—			Private Transportation	0	0					., .
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrinț	g individual	s to a different facility/p	rogram:						

#### Mission Health – Geriatric Unit

County: Buncombe

Facility Type: Inpatient Hospital

Population Served: Geriatric, 65 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenti the I Individu	ach Primary ing Condition, Number of als Presenting C Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	56	Law Enforcement	11	0	0	0	Degree of Aggression 0	
			EMS	30	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	9	2				
			Medical Unit	0	0				
			Unknown	6	0				
	SUD:		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
56			Provider	0	0				56
סכ			Walk-in / from ED	0	0				00
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD		Law Enforcement	0	0	0		Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referri	ng individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu	mber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	42	Law Enforcement	7	0	0	0	Degree of Aggression 0	
	_		EMS	23	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	0	0				
			Private Transportation	9	0				
			Medical Unit	1	0				
			Unknown	2	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
42			Provider	0	0				1 12
42			Walk-in / from ED	0	0				<b>4</b> 2
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown	0	0				
Please list other reasons fo	or referring	; individual:	s to a different facility/p	rogram:					

#### Neil Dobbins Center

County: Buncombe

Facility Type: Facility-Based Crisis & Nonhospital Medical Detoxification

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentir the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	1	1	Degree of Aggression 1	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
$\cap$			Provider	0	0				1
U			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0			-	
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	L	a individual							
riease list other reasons to	n referrin	ig muividuai	s to a universent racinty/p	rogram:					
1									
i									

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	2	2	Degree of Aggression	1	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	1	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
$\cap$			Provider	0	0					<b>)</b>
U			Walk-in / from ED	0	0					
•			Private Transportation	0	0					_
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo MH: Psychiatric Acuity	r referrin	g individual:	s to a different facility/p	rogram:		·				

## New Hanover Regional Medical Center

County: New Hanover

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	502	Law Enforcement	0	0	4	0	Degree of Aggression 0	
	_		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	502	188				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
502			Provider	0	0				506
JUZ			Walk-in / from ED	0	0				<b>300</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0	_			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	r referring	individual			·				
reasense other reasons re	v reterriti	murviudal	3 to a different facility/p	rogram.					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual				Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	398	Law Enforcement	59	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	317	191				
			Private Transportation	0	0				
			Medical Unit	9	0				
			Unknown	13	0				
	SUD:	3	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
401			Provider	0	0				401
4U1			Walk-in / from ED	0	0				4U1
–			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	3	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown	0	0				
Please list other reasons for	or referrin	g individual:	s to a different facility/p	rogram:					

## Novant Health Forsyth Medical Center – Adult Behavioral Health Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	the Number of Individuals Presenting Under IVC Proceedings  MH: 184 Law Enfo		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for 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	Total Number of Individuals
	MH:	184	Law Enforcement	4	3	24	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	155	57				
			Private Transportation	9	0				
			Medical Unit	12	0				
			Unknown	4	0			<u> </u>	
	SUD:	48	Law Enforcement	2	0	7	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
232			Provider	0	0				263
232			Walk-in / from ED	37	0				1 203
			Private Transportation	2	0				
			Medical Unit	3	0				
			Unknown	4	0		ı		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
DI LI LI C			Unknown	0	0				
Please list other reasons fo	or reterring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentir the N Individua	th Primary og Condition, umber of Is Presenting Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for F Individuals, the Number Individuals That Were Refer Different Facility or Prog	of red to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	174	Law Enforcement	13	0	9	1	Degree of Aggression	0	
		•	EMS	0	0			Medical Acuity	1	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	121	87					
			Private Transportation	35	20					
			Medical Unit	5	0					
			Unknown	0	0					
	SUD:	40	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
214			Provider	0	0					222
<b>Z 14</b>			Walk-in / from ED	28	0					223
			Private Transportation	8	0					
			Medical Unit	4	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:						

## Novant Health Forsyth Medical Center – Geriatric Behavioral Health Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older, all genders

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC F	Condition, mber of Presenting	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Re	of ed to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	25	Law Enforcement	2	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	16	0					
			Private Transportation	4	0					
			Medical Unit	3	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0		0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
25			Provider	0	0					25
20			Walk-in / from ED	0	0					20
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown		0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	.0	0	
			EMS	0	0				0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	l		Unknown	0	0					
Please list other reasons fo	or referring	individual	s to a different facility/p	rogram:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, amber of s Presenting Proceedings	Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	22	Law Enforcement	0	0	0	0	Degree of Aggression 0	
	1		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	17	3				
			Private Transportation	2	0				
			Medical Unit	3	0				
			Unknown	0	0				
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
23			Provider	0	0				<b>วว</b>
23			Walk-in / from ED	1	0				23
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
lease list other reasons for	or referring	g individual:	s to a different facility/p	rogram:					

## Novant Health Presbyterian Medical Center – Adolescent Behavioral Health Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

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

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	33	Law Enforcement	5	0	3	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	23	5				
			Private Transportation	1	0				
			Medical Unit	0	0				
			Unknown	4	0				
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
<b>2</b> /			Provider	0	0				27
<b>34</b>			Walk-in / from ED	1	0				<b>3</b> /
•			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	the Number of dividuals Presenting of the IVC Proceedings  H: 18 Law Enforce		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason ( Individuals, the Nun Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	18	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0		•	Medical Acuity	0	1
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					1
			Walk-in / from ED	14	0					
			Private Transportation	4	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0		-	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
19			Provider	0	0					10
19			Walk-in / from ED	1	0					1 19
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	ig individual	s to a different facility/p	rogram:						

## Novant Health Presbyterian Medical Center – Adult Behavioral Health Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nu Individuals Under IVC F	Condition, mber of Presenting				Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for 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	to a Total Number of Individuals  Receiving Treatment Under IVC
	MH:	195	Law Enforcement	12	0	26	0	Degree of Aggression (	)
			EMS	0	0			Medical Acuity (	)
			Mobile Crisis Team	0	0			Other (	)
			Provider	0	0				
			Walk-in / from ED	161	7				
			Private Transportation	7	0				
			Medical Unit	0	0				
			Unknown	15	0				
	SUD:	33	Law Enforcement	4	0	0	0	-0	)
			EMS	0	0				)
			Mobile Crisis Team	0	0			Other (	
229			Provider	0	0				255
<b>ZZ</b> 3			Walk-in / from ED	25	0				233
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	4	0				
	MH/IDD:	1	Law Enforcement	1	0	0	0		)
			EMS	0	0			Medical Acuity (	
			Mobile Crisis Team	0	0			Other (	0
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
Diagraphic athennes (	L	talan da e	Unknown	0	0				
Please list other reasons fo	or reterring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of Is Presenting Proceedings	Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	202	Law Enforcement	9	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	185	7				
			Private Transportation	8	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	27	Law Enforcement	5	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
220			Provider	0	0				220
229			Walk-in / from ED	21	0				229
			Private Transportation	0	0				
			Medical Unit	1	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
lease list other reasons fo	r referrin	g individual:	s to a different facility/p	rogram:					

### Novant Health Rowan Medical Center – Lifeworks Behavioral Health

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Adults 18-54

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Refer Individuals, the Number of Individuals That Were Referred to Different Facility or Program	Total Number of Individuals
	MH:	258	Law Enforcement	99	23	1	0	Degree of Aggression 0	
	_		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	158	38				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	1	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
258			Provider	0	0				259
ZJO			Walk-in / from ED	0	0				<b>  ZJJ</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
01 11 11 6	ı , .		Unknown		0				
Please list other reasons fo	or reterring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nu Individuals That Were R Different Facility or	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	219	Law Enforcement	105	14	0	0	Degree of Aggression	0	
	-		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0				·	
			Walk-in / from ED	114	16					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
	•		EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
219			Provider	0	0					219
<b>Z1</b> 3			Walk-in / from ED	0	0					Z19
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referring	g individual	s to a different facility/p	rogram:						

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

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	127	Law Enforcement	66	11	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	61	11				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
127			Provider	0	0				127
L LZ/			Walk-in / from ED	0	0				<u>                                   </u>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrinį	g individual	s to a different facility/p	rogram:					

MH:   119   Law Enforcement   49   4   0   0   Degree of Aggression   0	Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary og Condition, umber of Is Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
Mobile Crisis Team		MH:	119	Law Enforcement	49	4	0	0	Degree of Aggression 0	
Provider			,	EMS	0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Private Transportation				Provider	0	0				
Medical Unit				Walk-in / from ED	70	6				
Unknown				Private Transportation	0	0				
119   SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0   Medical Acuity   0   Other   O				Medical Unit	0	0				
The content of the				Unknown	0	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
119				EMS	0	0			Medical Acuity 0	
Private Transportation   0   0   0     Medical Unit   0   0   0				Mobile Crisis Team	0	0			Other 0	
Private Transportation   0   0   0     Medical Unit   0   0   0	110			Provider	0	0			·	110
Private Transportation   0   0   0     Medical Unit   0   0   0	119			Walk-in / from ED	0	0				1119
Unknown				Private Transportation	0	0				
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0 Walk-in / from ED 0 0 Private Transportation 0 0 0 Medical Unit 0 0 Unknown 0 0				Medical Unit	0	0				
EMS				Unknown	0	0				
Mobile Crisis Team		MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				EMS	0	0		•	Medical Acuity 0	
Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				Mobile Crisis Team	0	0			Other 0	
Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				Provider	0	0				
Medical Unit         0         0           Unknown         0         0				Walk-in / from ED	0	0				
Unknown 0 0				Private Transportation	0	0				
Please list other reasons for referring individuals to a different facility/program:						0				
	Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:					
	1									
	1									

#### Novant Health Thomasville Medical Center

County: Davidson

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older, all genders

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	181	Law Enforcement	109	0	0	0	Degree of Aggression 0	
	_		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	61	0				
			Private Transportation	7	0				
			Medical Unit	0	0				
			Unknown	4	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
181			Provider	0	0				181
TOT			Walk-in / from ED	0	0				I TOT I
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
ni ii ii			Unknown	0	0				
Please list other reasons for	or reterring	gındividual	s to a different facility/p	rogram:					
Ì									
İ									

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method l Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Num Individuals That Were Re Different Facility or Pi	ber of ferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	94	Law Enforcement	18	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	43	0					
			Private Transportation	33	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
$\cap$ 1			Provider	0	0					$\cap$
94			Walk-in / from ED	0	0					94
•			Private Transportation	0	0					•
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	r referrin	g individual:	s to a different facility/p	rogram:						

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

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adolescents ages 12-17

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)		For Each Primary Reason for Individuals, the Numb	er of erred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	810	Law Enforcement	804	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	6	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
810			Provider	0	0					810
OTO			Walk-in / from ED	0	0					OTO
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		,			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	L		Unknown	0	0					
Please list other reasons fo	or reterring	gindividual	s to a different facility/p	rogram:						

MH:   638	Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	h Primary g Condition, umber of Is Presenting Proceedings	Transportation Method l Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IV
Mobile Crisis Team		MH:	638	Law Enforcement	617	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Private Transportation   1				Provider	0	0				
Medical Unit   3				Walk-in / from ED	0	0				
Company				Private Transportation	1	0				
SUD:   0   Law Enforcement   0   0   0   0   Degree of Aggression   0				Medical Unit	3	0				
EMS				Unknown	17	0				
Mobile Crisis Team		SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider				EMS	0	0		•	Medical Acuity 0	
Private Transportation   0   0   0				Mobile Crisis Team	0	0			Other 0	
Private Transportation	c			Provider	0	0				c
Medical Unit	りろみ			Walk-in / from ED	0	0				0.58
Unknown				Private Transportation	0	0				000
MH/IDD: 0 Law Enforcement 0 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Provider 0 0 0 Walk-in / from ED 0 0 Private Transportation 0 0 0 Medical Init 0 0				Medical Unit	0	0				
EMS         0         0         Medical Acuity         0           Mobile Crisis Team         0         0         Other         0           Provider         0         0         Other         0           Walk-in / from ED         0         0         Other         0           Private Transportation         0         0         Other         0           Medical Unit         0         0         Other         0				Unknown	0	0				
Mobile Crisis Team         0         0           Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0		MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0				EMS	0	0			Medical Acuity 0	
Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0				Mobile Crisis Team	0	0			Other 0	
Private Transportation 0 0 Medical Unit 0 0				Provider	0	0			·	
Medical Unit 0 0				Walk-in / from ED	0	0				
				Private Transportation	0	0				
				Medical Unit	0	0				
Unknown U U				Unknown	0	0				
ease list other reasons for referring individuals to a different facility/program:	ease list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

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

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	th Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	667	Law Enforcement	653	0	0	0	Degree of Aggression 0	
			EMS	3	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	7	0				
			Medical Unit	0	0				
			Unknown	4	0				
	SUD:	5	Law Enforcement	4	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
672			Provider	0	0				672
0/2			Walk-in / from ED	0	0				0/2
· · ·			Private Transportation	1	0				• • •
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrin	g individual:	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	585	Law Enforcement	568	0	0	0	Degree of Aggression	0	
			EMS	0	0		•	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	12	0					
			Medical Unit	0	0					
			Unknown	5	0					
	SUD:	3	Law Enforcement	3	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					588
588			Walk-in / from ED	0	0					200
			Private Transportation	0	0					0 0 0
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for Public safety transport fror			s to a different facility/p	rogram:						

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

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, MI/SUD

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nur Individuals Under IVC P	Condition, nber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	338	Law Enforcement	333	0	0	0	Degree of Aggression 0	
	_		EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	4	0				
	SUD:	8	Law Enforcement	5	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
346			Provider	0	0				346
<b>340</b>			Walk-in / from ED	0	0				<b>340</b>
• • •			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	3	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Nun Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	378	Law Enforcement	370	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	4	0					
			Medical Unit	0	0					
			Unknown	4	0					
	SUD:	5	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
383			Provider	0	0					383
202			Walk-in / from ED	0	0					303
			Private Transportation	4	0					
			Medical Unit	0	0					
			Unknown	0	0		•			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	1		Unknown	0	0					
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:						

### Old Vineyard Behavioral Health – Older Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

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

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	56	Law Enforcement	56	0	0	0	Degree of Aggression 0	
	l '		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
56			Provider	0	0				
טכ			Walk-in / from ED	0	0				<b>0</b> C
•			Private Transportation	0	0				•
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	l		Unknown	0	0				
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

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

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referrin Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	172	Law Enforcement	168	0	0	0	Degree of Aggression 0	
	_		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	3	0				
			Medical Unit	0	0				
			Unknown	1	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
172			Provider	0	0				172
1/2			Walk-in / from ED	0	0				<b>1/</b> 2
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referring	; individual:	s to a different facility/p	rogram:					

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

County: Forsyth

Facility Type: Inpatient Hospital

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

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

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	57	Law Enforcement	57	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
L 57			Provider	0	0				L 57
J/			Walk-in / from ED	0	0				J /
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		,		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown	0	0				
Please list other reasons fo	or referrir	ng individual	s to a different facility/p	rogram:					
İ									

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	227	Law Enforcement	223	0	0	0	Degree of Aggression	0	
			EMS	0	0		•	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	4	0					
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
227			Provider	0	0					227
<b>ZZ</b> /			Walk-in / from ED	0	0					<b>ZZ</b> /
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1		,	
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit Unknown	0	0					
lease list other reasons fo	rroforrin				U					
rease his other reasons ro	or reverring	R marviana:	s to a different facility/p	iogram:						

## Phoenix Counseling Center

County: Gaston

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
$\cap$			Provider	0	0				$\cap$
U			Walk-in / from ED	0	0				U
_			Private Transportation	0	0				_
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	L	a individual			0				
riease list other reasons to	n referrin	ig muividuai	s to a universent racinty/p	rogram:					
İ									
1									

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nu Individuals That Were R Different Facility or	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
Λ			Provider	0	0					$\cap$
U			Walk-in / from ED	0	0					U
_			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:						

## Recovery Response Center

County: Vance

Facility Types: Facility-Based Crisis

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Refe Individuals, the Number of Individuals That Were Referred Different Facility or Program	Receiving Treatment Under IVC
	MH:	4	Law Enforcement	4	1	1	1	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 1	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
Λ			Provider	0	0				
4			Walk-in / from ED	0	0				
•			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for MH: While inpatient guest		•	7-1		ecompensate. HRRC does not	t administer forced medic	cations and due to acuity le	vel was referred to higher leve	of care to MPH.

otal Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individual: Receiving Treatment Under IV
	MH:	17	Law Enforcement	17	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
17			Provider	0	0				17
17			Walk-in / from ED	0	0				1/
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ise list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

### Recovery Response Center

County: Vance

Facility Types: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

#### July-December 2021

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

Total Number of Individuals Presenting Under IVC Proceedings	Presentii the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Refer Individuals, the Number of	Total Number of Individuals
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		•	EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	8	Law Enforcement	8	0	0	0	Degree of Aggression 0	
		•	EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
0			Provider	0	0				0
0			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ease list other reasons fo	or referrir	ng individual	s to a different facility/p	rogram:					

## Rutherford Regional Medical Center

County: Rutherford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	174	Law Enforcement	166	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	8	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
177			Provider	0	0				177
<b>1</b> //			Walk-in / from ED	0	0				<b> </b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	3	Law Enforcement	3	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:					
1									
1									ļ

MH:	Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	the Number of Individuals Presenting Under IVC Proceedings  WH: 111 Law Enfor		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
EMS		MH:	111	Law Enforcement	102	0	7	0	Degree of Aggression 0	
Provider				EMS	0	0			Medical Acuity 0	
Walk-in / from ED				Mobile Crisis Team	0	0			Other 0	
Private Transportation				Provider	9	3				
Medical Unit				Walk-in / from ED	0	0				
113				Private Transportation	0	0				
113    SUD:   2   Law Enforcement   2   0   0   0   Degree of Aggression   0   Medical Acuity   0   Other   0   Other   0   Other   0   Other   0   Other   0   Other   0   Other   0   Other   0   Other				Medical Unit	0	0				
The first content of the fir				Unknown	0	0				
Mobile Crisis Team		SUD:	2	Law Enforcement	2	0	0	0	Degree of Aggression 0	
113				EMS	0	0			Medical Acuity 0	
Private Transportation				Mobile Crisis Team	0	0			Other 0	
Private Transportation	112			Provider	0	0				120
Private Transportation	112			Walk-in / from ED	0	0				LZU
Unknown				Private Transportation	0	0				
MH/IDD: 0   law Enforcement 0 0 0 0 0 Degree of Aggression 0    ENS 0 0 0   Medical Acuity 0    Mobile Crisis Team 0 0 0   Other 0    Provider 0 0 0    Walk-in / from ED 0 0    Private Transportation 0 0 0    Medical Unit 0 0 0    Medical Unit 0 0 0    Unknown 0 0 0				Medical Unit	0	0				
EMS 0 0 0 Medical Acuity 0 Mobile Crisis Team 0 0 0 Other 0 Provider 0 0 OWalk-in / from ED 0 OPrivate Transportation 0 0 Medical Unit 0 0 OWalk-in / Gransportation 0 OWalk-in / Gransportation 0 OWalk-in / Gransportation OWalk-in / Gransportation OWalk-in / Gransportation OWalk-in / Gransportation OWalk-in / Gransportation OWalk-in / Gransportation OWalk-in / Gransportation OWALK				Unknown	0	0				
Mobile Crisis Team         0         0           Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0		MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
Provider         0         0           Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				EMS	0	0			Medical Acuity 0	
Walk-in / from ED         0         0           Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0					0	0			Other 0	
Private Transportation         0         0           Medical Unit         0         0           Unknown         0         0				Provider	0	0				
Medical Unit         0         0           Unknown         0         0				Walk-in / from ED	0	0				
Unknown 0 0				Private Transportation	0	0				
					0					
Please list other reasons for referring individuals to a different facility/program:						0				
	Please list other reasons for	or referrin	g individual:	s to a different facility/p	rogram:					

## SECU Youth Crisis Center, a Monarch Program

County: Mecklenburg

Facility Type: Facility-Based Crisis

Population Served: Children and Adolescents ages 6-17

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	33	Law Enforcement	33	10	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
33			Provider	0	0				33
- <b>3</b> 3			Walk-in / from ED	0	0				<b>33</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings  MH: 37 Law E		Transportation Method Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	37	Law Enforcement	37	7	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
		•	EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
37			Provider	0	0				27
5/			Walk-in / from ED	0	0				5/
• .			Private Transportation	0	0				•
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ease list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:	·		·		·

## SECU Youth Crisis Center, a Monarch Program

County: Mecklenburg

Facility Type: Nonhospital Medical Detoxification

Population Served: Children and Adolescents ages 6-17

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	h Primary g Condition, umber of Is Presenting Proceedings	Transportation Method L Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
		_	Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	_
$\cap$			Provider	0	0				$\cap$
U			Walk-in / from ED	0	0				U
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
					0				
Please list other reasons fo	or reterrin	g individuals	s to a different facility/p	rogram:					

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

### Strategic Behavioral Health-Garner – Child and Adolescent Unit

County: Wake

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 5-17

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

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings  MH: 168 Law Enforcement		of the Required 24-hour Examination		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC	
	MH:	168	Law Enforcement	168	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
168			Provider	0	0				168
TOO			Walk-in / from ED	0	0				T00
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1 , .		Unknown	0	0				
Please list other reasons fo	or reterrin	g individual:	s to a different facility/p	rogram:					

## Strategic Behavioral Health-Garner – Adult Unit

County: Wake

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

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

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	the Number of Individuals Presenting Under IVC Proceedings  MH: 69 Law Enforcement		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	69	Law Enforcement	66	0	1	0	Degree of Aggression 0	
			EMS	3	0		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			·	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
$\epsilon \circ$			Provider	0	0			·	70
n9			Walk-in / from ED	0	0				70
			Private Transportation	0	0				, 0
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referring	g individuals	s to a different facility/p	rogram:					

## Tanglewood Arbor (Monarch)

County: Robeson

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			•	
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
$\cap$			Provider	0	0				$\cap$
U			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit Unknown	0	0				
Please list other reasons fo	l or roforring				U				
ricase list other reasons to	л тетептіпі	s maiviadal:	s to a different facility/p	rogram.					

Total Number of Individuals Presenting Under IVC Proceedings	Presentir the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	A Whom IVC Proceeding Was Initiated at This Facility, the Initiated at This Facility, Number That Were Referred (After Voluntary Admission)  The Third That Were Referred to a Different Facility or Program		Individuals That Were Referred to a Different Facility or Program		Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
_			Mobile Crisis Team	0	0			Other	0	_
$\cap$			Provider	0	0					$\cap$
U			Walk-in / from ED	0	0					l U
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	ng individual	s to a different facility/p	rogram:						

## Tanglewood Arbor (Monarch)

County: Robeson

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	_
$\cap$			Provider	0	0				$\cap$
U			Walk-in / from ED	0	0				U
_			Private Transportation	0	0				_
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	L	a individual			0				
riease list other reasons to	n referrin	ig muividuai	s to a universent racinty/p	rogram:					
İ									
1									

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
$\cap$			Provider	0	0					1 <b>^</b>
U			Walk-in / from ED	0	0					l U
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	ig individual	s to a different facility/p	rogram:						

## The Balsam Center for Hope and Recovery

County: Haywood

Facility Type: Facility-Based Crisis

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring	Total Number of Individuals Receiving Treatment Under IVC
	MH:	0	Law Enforcement	0	0	5	5	Degree of Aggression 4	
	_		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 1	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	1	Law Enforcement	1	0	9	9	Degree of Aggression 8	
	·		EMS	0	0		·	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 1	
1			Provider	0	0				1 [
			Walk-in / from ED	0	0				TO
_			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ease list other reasons fo	v		711	•					
IH: Client had become in JD: due to psychosis that				nd was una	able to reduce symptoms.				

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Ind Individuals Presenting Under IVC Proceedings  MH: 0 Law E		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referri Individuals, the Number of Individuals That Were Referred to Different Facility or Program	Total Number of Individuals
	MH:	0	Law Enforcement	0	0	5	5	Degree of Aggression 4	
		•	EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 1	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
$\cap$			Provider	0	0				
U			Walk-in / from ED	0	0				1 3
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrin	g individual:	s to a different facility/p	rogram:			·		
MH: The psychosis continu	ied; medic	cation was n	ot helping reduce the sy	mptoms.					

## Triangle Springs – Cedars Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings			Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring	Total Number of Individuals Receiving Treatment Under IVC
	MH:	152	Law Enforcement	151	13	0	0	Degree of Aggression 0	
	_		EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	4	Law Enforcement	4	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
175			Provider	0	0				175
T/3			Walk-in / from ED	0	0				<b>1/</b> 3
			Private Transportation	0	0				_, _,
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	19	Law Enforcement	18	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	1	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referring	individual	s to a different facility/p	rogram:		·	·		

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	154	Law Enforcement	152	5	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
177			Provider	0	0				177
L 1//			Walk-in / from ED	0	0				<b>1//</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	23	Law Enforcement	22	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	1	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrin	g individual:	s to a different facility/p	rogram:					

## Triangle Springs – Meadows Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older, SUD focus

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason to Individuals, the Nun	ber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	109	Law Enforcement	105	8	3	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	2	0					
			Private Transportation	2	0					
			Medical Unit	0	0					
			Unknown	0	0			•		
	SUD:	10	Law Enforcement	10	1	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
158			Provider	0	0					161
TOO			Walk-in / from ED	0	0					TOT
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1			
	MH/IDD:	39	Law Enforcement	39	3	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit Unknown	0	0					
Di contra di contra di	1				0					
Please list other reasons fo	or reterring	gindividual	s to a different facility/p	rogram:						,
i										
i										

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	117	Law Enforcement	117	1	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	2	Law Enforcement	2	0	1	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
150			Provider	0	0					160
159			Walk-in / from ED	0	0					160
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	40	Law Enforcement	40	1	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	r referrin	g individual	s to a different facility/p	rogram:						

## Triangle Springs – Sunrise Unit

County: Wake

Facility Type: Inpatient Hospital (private)

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	131	Law Enforcement	127	7	2	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	3	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	4	Law Enforcement	4	1	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
159			Provider	0	0				161
TOD			Walk-in / from ED	0	0				TOT
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	24	Law Enforcement	22	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referring	g individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	136	Law Enforcement	134	3	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	3	Law Enforcement	3	0	0	0	Degree of Aggression 0	
			EMS	0	0		,	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
170			Provider	0	0				171
L I/U			Walk-in / from ED	0	0				<b>1/1</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	31	Law Enforcement	29	3	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrin	g individual	s to a different facility/p	rogram:					

## UNC Health Blue Ridge

County: Burke

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, all genders

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	206	Law Enforcement	123	64	0	0	Degree of Aggression 0	
			EMS	7	3			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	75	38				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
206			Provider	0	0				206
ZUD			Walk-in / from ED	0	0				ZUD
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring in	dividuals to a	a different facility/program	1:					

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

#### UNC Health Southeastern

County: Robeson

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Present the Individu	ach Primary ing Condition, Number of Ials Presenting I/C Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	338	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	338	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	50	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
401			Provider	0	0				401
4U1			Walk-in / from ED	50	0				401
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD	: 13	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	13	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown	0	0				
Please list other reasons for	referring	individuals to a	a different facility/program	1:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Number of That Were Referred to a Facility or Progra	Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	330	Law Enforcement	212	4	24	4	Degree of Aggression	0	
			EMS	76	15			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	4	
			Provider	0	0					
			Walk-in / from ED	34	0					
			Private Transportation	8	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	20	Law Enforcement	7	0	2	0	Degree of Aggression	0	
			EMS	6	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
362			Provider	0	0					388
<b>302</b>			Walk-in / from ED	7	0					200
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0		1			
	MH/IDD:	12	Law Enforcement	6	0	0	0	Degree of Aggression	0	
			EMS	2	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	4	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
					0					
Please list other reasons for MH: Referrals were minors.			Unknown different facility/program	0	0					

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

County: Wake

Facility Type: Nonhospital Medical Detoxification

Population Served: Adults 18-120

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	For Each Presenting the Nun Individuals Under IVC P	Condition, nber of Presenting	Transportation Method Undividuals Presenting Undividuals Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	10	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	4	0					
			Medical Unit	0	0					
			Unknown	5	0					
	SUD:	8	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
18			Provider	0	0					18
TO			Walk-in / from ED	0	0					10
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	7	0		1			
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring indi	ividuals to a	different facility/program							

Fotal Number of Individuals Presenting Under IVC Proceedings	Presenting the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method \( \) Individuals Presenting \( \) Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IV
	MH:	16	Law Enforcement	4	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	12	0					
	SUD:	7	Law Enforcement	4	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
7.7			Provider	0	0					22
23			Walk-in / from ED	1	0					23
			Private Transportation	1	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
ase list other reasons for I	referring ir	ndividuals to a	different facility/program	1:						

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

County: Wake

Facility Type: Facility-Based Crisis

Population Served: Adults 18-120

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, amber of s Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	83	Law Enforcement	13	0	0	0	Degree of Aggression	0	
			EMS	4	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	1	0					
			Walk-in / from ED	0	0					
			Private Transportation	9	0					
			Medical Unit	0	0					
			Unknown	56	0					
	SUD:	19	Law Enforcement	4	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
102			Provider	0	0					102
$\perp UZ$			Walk-in / from ED	0	0					LUZ
			Private Transportation	2	0					
			Medical Unit	0	0					
			Unknown	13	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	dividuals to	a different facility/program	:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method Undividuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	86	Law Enforcement	15	0	0	0	Degree of Aggression	0	
			EMS	9	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	1	0					
			Walk-in / from ED	11	0					
			Private Transportation	19	0					
			Medical Unit	0	0					
			Unknown	31	0					
	SUD:	8	Law Enforcement	3	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
$\cap I$			Provider	0	0					$\cap$ $\Lambda$
94			Walk-in / from ED	2	0					94
			Private Transportation	1	0					
			Medical Unit	0	0					
			Unknown	1	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons for I	referring in	dividuals to a	a different facility/program			·				

## UNC Hospital at WakeBrook

County: Wake

Facility Type: Inpatient Hospital

Population Served: 18-120

## July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	n Primary g Condition, mber of g Presenting Proceedings	Transportation Method Undividuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program		Total Number of Individuals Receiving Treatment Under IVC
	MH:	293	Law Enforcement	79	0	0	0	Degree of Aggression 0	
			EMS	9	0			Medical Acuity 0	
			Mobile Crisis Team	1	0			Other 0	
			Provider	2	0				
			Walk-in / from ED	3	0				
			Private Transportation	34	0				
			Medical Unit	0	0				
			Unknown	165	0				
	SUD:	2	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
295			Provider	0	0				295
<b>Z 3 3</b>			Walk-in / from ED	0	0				<b>  293</b>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	2	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring inc	lividuals to a	a different facility/program	:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary ng Condition, umber of Is Presenting C Proceedings	Transportation Method I Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason of Individuals, the Number of That Were Referred to a Facility or Progra	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	236	Law Enforcement	98	0	0	0	Degree of Aggression	0	
			EMS	10	0			Medical Acuity	0	
			Mobile Crisis Team	1	0			Other	0	
			Provider	2	0					
			Walk-in / from ED	18	0					
			Private Transportation	29	0					
			Medical Unit	0	0					
			Unknown	78	0					
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
つつフ			Provider	0	0					227
237			Walk-in / from ED	0	0					237
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	1	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	ndividuals to a	different facility/program	i:						

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

County: Orange

Facility Type: Inpatient Hospital

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

#### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Ni Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason of Individuals, the Number of That Were Referred to a Facility or Progra	of Individuals a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	253	Law Enforcement	47	0	0	0	Degree of Aggression	0	
			EMS	63	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	9	0					
			Walk-in / from ED	82	0					
			Private Transportation	52	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	22	Law Enforcement	9	0	0	0	Degree of Aggression	0	
			EMS	5	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
275			Provider	0	0					275
Z/3			Walk-in / from ED	5	0					L Z/3
-, -			Private Transportation	3	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	dividuals to a	different facility/program							

MH:   245   Law Enforcement   33   0   0   0   Degree of Aggression   0	per of Individuals vatment Under IVC
Mobile Crisis Team	
Provider 7 0 0 Walk-in / from ED 90 0 0 Private Transportation 80 0 0 Medical Unit 0 0 0 Unknown 0 0 0  EMS 8 0 0 0 Mobile Crisis Team 0 0 0 Provider 1 0 0 Mobile Crisis Team 0 0 Provider 1 0 0 Walk-in / from ED 1 0 Private Transportation 1 0 0 Medical Unit 0 0 0 Degree of Aggression 0 Other 0  2  MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0	
Notice   N	
Private Transportation   80   0   0     Medical Unit   0   0   0   0	
Medical Unit	
Unknown   0   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   0   0   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   Degree of Aggression   De	
SUD:   33   Law Enforcement   22   0   0   0   Degree of Aggression   0	
EMS 8 0 Medical Aculty 0 Other 0 Provider 1 0 Other 0 Private Transportation 1 0 Medical Unit 0 Other 0 Medical Unit 0 Other 0	
278    Mobile Crisis Team	
278   Provider   1	
Private Transportation   1   0	
Private Transportation   1   0	70
Medical Unit         0         0           Unknown         0         0           MH/IDD:         0         Law Enforcement         0         0         0         Degree of Aggression         0	10
Unknown         0         0           MH/IDD:         0         Law Enforcement         0         0         0         Degree of Aggression         0	_
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0	
EMS 0 0 Medical Acuity 0	
Mobile Crisis Team 0 0 Other 0	
Provider 0 0	
Walk-in / from ED 0 0	
Private Transportation 0 0	
Medical Unit 0 0	
Unknown 0 0 ease list other reasons for referring individuals to a different facility/program:	

### UNC Medical Center – Adult Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

MH:   297	
Mobile Crisis Team	
Provider   13	
Walk-in / from ED	
Private Transportation   22   0     Medical Unit   0   0   0	
Medical Unit	
Unknown   0   0   0   0   Degree of Aggression   0	
425  SUD: 128 Law Enforcement 80 0 0 0 0 Degree of Aggression 0 Medical Acuity 0 Medical Acuity 0 Other 0 Provider 4 0 Other 0	
### EMS	
Mobile Crisis Team	
## Provider   4   0	
Private Transportation   5	
Private Transportation   5	425
Private Transportation   5	423
Unknown	
MH/IDD: 0 Law Enforcement 0 0 0 0 Degree of Aggression 0 EMS 0 0 0 Mobile Crisis Team 0 0 Provider 0 0	
EMS         0         0         Medical Acuity         0           Mobile Crisis Team         0         0         Other         0           Provider         0         0         0         0         0	
Mobile Crisis Team         0         0         Other         0           Provider         0	
Provider 0 0	
Walk in / from ED	
Private Transportation 0 0	
Medical Unit 0 0	
Unknown 0 0	
Please list other reasons for referring individuals to a different facility/program:	

Fotal Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Number o That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IV
	MH:	271	Law Enforcement	151	0	0	0	Degree of Aggression	0	
			EMS	17	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	19	0					
			Walk-in / from ED	66	0					
			Private Transportation	18	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	112	Law Enforcement	83	0	0	0	Degree of Aggression	0	
			EMS	17	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
202			Provider	3	0					202
383			Walk-in / from ED	5	0					383
			Private Transportation	4	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					

#### UNC Medical Center – Geriatric Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Geriatric, 50 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	
	MH:	181	Law Enforcement	53	0	0	0	Degree of Aggression 0	
			EMS	57	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	9	0				
			Walk-in / from ED	41	0				
			Private Transportation	21	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	11	Law Enforcement	8	0	0	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
192			Provider	0	0				192
192			Walk-in / from ED	1	0				1 192
			Private Transportation	1	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	referring in	dividuals to a	a different facility/program	1:					

Total Number of Individuals Presenting Under IVC Proceedings	Preser the Individ	Each Primary ting Conditi Number of uals Present VC Proceedi	on, Transportation Method Individuals Presenting Proceedings	Under IVC	Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to a Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	128	Law Enforcement	57	0	0	0	Degree of Aggression 0	
			EMS	19	0		·	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	3	0				
			Walk-in / from ED	35	0				
			Private Transportation	14	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	13	Law Enforcement	9	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
141			Provider	0	0				141
<b>⊥</b> 廿⊥			Walk-in / from ED	2	0				<b></b>
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/ID	D: 0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
Diagram list atheresas of		ta an ana -	Unknown	0	0				
Please list other reasons for I	reterring	gindividuals	to a different facility/progra	m:					

### UNC Medical Center – Crisis Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: All ages

# July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method ( Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Number of In That Were Referred to a Dif Facility or Program	dividuals	Total Number of Individuals Receiving Treatment Under IVC
	MH:	137	Law Enforcement	30	0	0	0	Degree of Aggression	0	
			EMS	41	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	11	0			<u> </u>		
			Walk-in / from ED	39	0					
			Private Transportation	16	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	66	Law Enforcement	31	0	0	0	Degree of Aggression	0	
			EMS	24	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
203			Provider	2	0					1 202
ZU5			Walk-in / from ED	5	0					203
			Private Transportation	4	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	dividuals to a	a different facility/program	1:						

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

# UNC Medical Center – Eating Disorder Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: All ages, Eating Disorders focus

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method l Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Number of I That Were Referred to a D	ndividuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	21	Law Enforcement	3	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	4	0					
			Walk-in / from ED	13	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	1	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
22			Provider	1	0					22
$\angle$			Walk-in / from ED	0	0					22
			Private Transportation	0	0					<u>—"—</u>
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	referring in	dividuals to a	a different facility/program	1:						

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

# UNC Medical Center – Peripartum Unit

County: Orange

Facility Type: Inpatient Hospital

Population Served: Peripartum women of child-bearing age

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method Individuals Presenting U		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	That Were Referred to	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	45	Law Enforcement	5	0	0	0	Degree of Aggression	0	
			EMS	18	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	9	0					
			Private Transportation	13	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	6	Law Enforcement	4	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
51			Provider	1	0					L [1
$\mathbf{D}\mathbf{T}$			Walk-in / from ED	0	0					$\mathbf{D}$
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0			•		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for I	eferring in	dividuals to a	a different facility/program	1:						

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual:	n Primary g Condition, imber of s Presenting Proceedings	Individuals Presenting L Proceedings			Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	Individuals, the Number of That Were Referred to a	f Individuals Different	Total Number of Individuals Receiving Treatment Under IVC
	MH:	13	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	4	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	2	0					
			Walk-in / from ED	1	0					
			Private Transportation	5	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	2	Law Enforcement	1	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
15			Provider	0	0					15
TO			Walk-in / from ED	1	0					T 2
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons for I	referring inc	dividuals to a	a different facility/program	i.		·				

# Veterans Affairs Medical Center-Durham

County: Durham

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings		Condition, mber of Presenting	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	33	Law Enforcement	2	0	5	0	Degree of Aggression 0	
	_		EMS	13	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	12	0				
			Private Transportation	5	0				
			Medical Unit	0	0				
			Unknown	1	0				
	SUD:	5	Law Enforcement	2	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
16			Provider	0	0				52
40			Walk-in / from ED	3	0				) <u> </u>
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	8	Law Enforcement	1	0	1	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	1	0				
			Private Transportation	4	0				
			Medical Unit	0	0				
			Unknown	1	0				
Please list other reasons fo	or referring	individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Nun Individuals That Were Re Different Facility or P	ber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	46	Law Enforcement	2	0	0	0	Degree of Aggression	0	
			EMS	4	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	2	0					
			Walk-in / from ED	33	0					
			Private Transportation	2	0					
			Medical Unit	3	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
<b>67</b>			Provider	0	0					<b>57</b>
J/			Walk-in / from ED	0	0					<b>)</b> /
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	11	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	5	0					
			Walk-in / from ED	6	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin <sub>i</sub>	g individual	s to a different facility/p	rogram:						

# Vidant Medical Center – Adult Psychiatric Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	202	Law Enforcement	72	0	2	0	Degree of Aggression 0	
			EMS	34	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0			•	
			Walk-in / from ED	90	2				
			Private Transportation	6	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
205			Provider	0	0				207
203			Walk-in / from ED	0	0				<b>20</b> /
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		,		
	MH/IDD:	3	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	3	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
DI III II C			Unknown	0	0				
Please list other reasons fo	or reverring	g individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method I Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	212	Law Enforcement	47	0	1	0	Degree of Aggression 0	
			EMS	38	0			Medical Acuity 0	
			Mobile Crisis Team	1	0			Other 0	
			Provider	9	0				
			Walk-in / from ED	63	0				
			Private Transportation	36	0				
			Medical Unit	7	0				
			Unknown	11	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
212			Provider	0	0				213
$Z \perp Z$			Walk-in / from ED	0	0				Z
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

# Vidant Medical Center – Geropsychiatric/Psychiatric Medical Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Geriatric, 65 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individuals	Primary Condition, mber of Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	70	Law Enforcement	18	0	0	0	Degree of Aggression 0	
	_		EMS	12	0			Medical Acuity 0	
			Mobile Crisis Team	1	0			Other 0	
			Provider	2	0				
			Walk-in / from ED	34	0				
			Private Transportation	3	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
<u> 7</u> Ω			Provider	0	0				70
<i>/ U</i>			Walk-in / from ED	0	0				/ 0
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	r referring								
ricuse historiel reasons to	or referring	, marviduai.	sto a different facility) p	rograffi.					

Fotal Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	h Primary g Condition, umber of Is Presenting Proceedings	Transportation Method U Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	57	Law Enforcement	7	0	0	0	Degree of Aggression 0	
			EMS	13	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	8	0				
			Walk-in / from ED	14	0				
			Private Transportation	6	0				
			Medical Unit	6	0				
			Unknown	3	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0		·	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
<b>F7</b>			Provider	0	0				<b>F7</b>
57			Walk-in / from ED	0	0				<b>ગ</b> /
• •			Private Transportation	0	0				• •
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ease list other reasons fo	or referrin	g individual:	s to a different facility/p	rogram:					

# Vidant Medical Center – Acute Psychiatric Intensive Care Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, mber of s Presenting Proceedings	Transportation Method L Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	36	Law Enforcement	20	0	0	0	Degree of Aggression 0	
	-		EMS	10	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	6	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
36			Provider	0	0				36
20			Walk-in / from ED	0	0				30
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown	0	0				
Please list other reasons for	or referring	ındividual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of deferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	36	Law Enforcement	17	0	0	0	Degree of Aggression	0	
	l '		EMS	10	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	4	0					
			Private Transportation	1	0					
			Medical Unit	1	0					
			Unknown	3	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
36			Provider	0	0					36
20			Walk-in / from ED	0	0					20
			Private Transportation	0	0					
			Medical Unit	0	0					
		,	Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	L .		Unknown	0	0					
lease list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:						

### Vidant Medical Center – MI/IDD Unit

County: Pitt

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older, dually diagnosed

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, imber of s Presenting Proceedings	Transportation Method L Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for 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	Total Number of Individuals
	MH:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
20			Provider	0	0				1 20
20			Walk-in / from ED	0	0				20
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:	20	Law Enforcement	8	0	0	0	Degree of Aggression 0	
			EMS	1	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	9	0				
			Private Transportation	2	0				
			Medical Unit Unknown	0	0				
Please list other reasons fo	l r roforring	a individual			U 0				_
ricase iist oulet redsolls it	or revening	g murvidudi	s to a uniterent facility/p	iografii.					

	onder ive i	s Presenting Proceedings	Individuals Presenting U	Itilized for Jnder IVC	to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or F	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
N	MH:	2	Law Enforcement	0	0	0	0	Degree of Aggression	0	
	_		EMS	2	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
S	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
38			Provider	0	0					20
- 20 I			Walk-in / from ED	0	0					20
			Private Transportation	0	0					
			Medical Unit	0	0					
L			Unknown	0	0					
N	MH/IDD:	36	Law Enforcement	9	0	0	0	Degree of Aggression	0	
			EMS	6	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	9	0					
			Walk-in / from ED	3	0					
			Private Transportation	5	0					
			Medical Unit	1	0					
			Unknown	3	0					
ease list other reasons for	referring	individual	s to a different facility/p	rogram:						

# Vidant North (Halifax Regional Medical Center)

County: Halifax

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	n Primary g Condition, imber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	132	Law Enforcement	132	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
132			Provider	0	0				132
IJZ			Walk-in / from ED	0	0				132
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	l or roforring	r individual			U 0				
riease list other reasons to	or reserring	g murviduai	s to a univerself facility/p	rogram:					

otal Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	th Primary og Condition, umber of Is Presenting Proceedings	Transportation Method I Individuals Presenting I Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or F	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	89	Law Enforcement	89	0	0	0	Degree of Aggression	0	
			EMS	0	0		·	Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
0N			Provider	0	0					90
07			Walk-in / from ED	0	0					07
			Private Transportation	0	0					0 0
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
	1		Unknown	0	0					
ease list other reasons for	or referrin	g individual	s to a different facility/p	rogram:				·		

# Vidant Roanoke-Chowan Hospital – Northside Behavioral Health Unit

County: Hertford

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the No Individua	h Primary g Condition, umber of ls Presenting Proceedings	Transportation Method L Individuals Presenting L Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program		Total Number of Individuals Receiving Treatment Under IVC
	MH:	349	Law Enforcement	347	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
349			Provider	0	0				349
3 <del>4</del> 3			Walk-in / from ED	0	0				) 3 <del>4</del> 3
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		1		
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown		0				
Please list other reasons fo	or reterrin	g individual	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentir the N Individua	ch Primary ng Condition, lumber of als Presenting C Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Nun Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	364	Law Enforcement	364	6	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
261			Provider	0	0					<b>ン</b> に //
364			Walk-in / from ED	0	0					364
• • •			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons for	or referrin	ng individual:	s to a different facility/p	rogram:						

# Vidant Roanoke-Chowan Hospital – Stepping Stone Senior Care

County: Hertford

Facility Type: Inpatient Hospital

Population Served: Geriatric, 55 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Undividuals Presenting Understandings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring	Total Number of Individuals Receiving Treatment Under IVC
	MH:	231	Law Enforcement	227	0	0	0	Degree of Aggression 0	
			EMS	4	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
231			Provider	0	0				231
ZOT			Walk-in / from ED	0	0				Z
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0		•		
	MH/IDD:		Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
	1		Unknown	0	0				
Please list other reasons fo	or referrin	g individual:	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method U Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason ( Individuals, the Nun Individuals That Were Re Different Facility or P	nber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	119	Law Enforcement	119	8	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
119			Provider	0	0					119
117			Walk-in / from ED	0	0					<b>  119</b>
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:				,		

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

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Nu Individual	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method Undividuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	58	Law Enforcement	26	13	5	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	32	7				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	10	Law Enforcement	3	2	1	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
60			Provider	0	0				7/1
UO .			Walk-in / from ED	7	3				<b>/4</b>
• •			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referrin	g individual:	s to a different facility/p	rogram:					

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the Ni Individua	h Primary g Condition, umber of s Presenting Proceedings	Transportation Method L Individuals Presenting U Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IVC
	MH:	47	Law Enforcement	13	7	1	0	Degree of Aggression 0	
			EMS	0	0		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	1	0				
			Walk-in / from ED	30	5				
			Private Transportation	0	0				
			Medical Unit	3	1				
			Unknown	0	0				
	SUD:	5	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
52			Provider	0	0				53
コム			Walk-in / from ED	3	2				. 55
<b>-</b>			Private Transportation	0	0				
			Medical Unit	1	1				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

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

County: Rowan

Facility Type: Inpatient Hospital

Population Served: Veterans 18 and older

### July-December 2021

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

Total Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	Aumber of Individuals Presenting Proceedings		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	3	Law Enforcement	0	0	2	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	3	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
_			Mobile Crisis Team	0	0			Other 0	
2			Provider	0	0				
<b>ס</b>			Walk-in / from ED	0	0				<b>.</b>
_			Private Transportation	0	0				•
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ease list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

# Wake Forest Baptist Health – Child and Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Children and Adolescents ages 5-17

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	the Number of Individuals Presenting Under IVC Proceedings		ting Condition, Number of Juals Presenting VC Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Individuals, the Numbe	er of erred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	72	Law Enforcement	29	27	0	0	Degree of Aggression	0	
	_		EMS	2	0			Medical Acuity	0	
			Mobile Crisis Team	1	1			Other	0	
			Provider	6	3					
			Walk-in / from ED	34	31					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	SUD:	2	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	2	1			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
77			Provider	0	0					フフ
//			Walk-in / from ED	0	0					//
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	3	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	2	1					
			Private Transportation	0	0					
			Medical Unit	0	0					
	1		Unknown	0	0					
Please list other reasons for	or referring	ındıvidual	s to a different facility/p	rogram:						

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

# Wake Forest Baptist Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	the Number of Individuals Presenting Proceedings er IVC Proceedings		Transportation Method Utilized for Individuals Presenting Under IVC Proceedings Transportation Method Utilized for Individuals Presenting Under IVC Proceedings of the Required 24-hour Examination Examination		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	229	Law Enforcement	96	36	0	0	Degree of Aggression 0	
			EMS	37	8			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	27	11				
			Walk-in / from ED	69	16				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	SUD:	14	Law Enforcement	4	2	0	0	Degree of Aggression 0	
			EMS	3	2			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
245			Provider	2	1				245
<b>Z4</b> 3			Walk-in / from ED	5	2				<b>Z4</b> 3
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	2	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS	2	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	or referrinį	g individual	s to a different facility/p	rogram:					

Fotal Number of Individuals Presenting Under IVC Proceedings	Presentin the N Individua	ch Primary og Condition, umber of Is Presenting Proceedings	Transportation Method U Individuals Presenting Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of Individuals That Were Referred to a Different Facility or Program	Total Number of Individuals Receiving Treatment Under IV
	MH:	212	Law Enforcement	72	26	0	0	Degree of Aggression 0	
			EMS	37	13		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	14	5			·	
			Walk-in / from ED	83	32				
			Private Transportation	0	0				
			Medical Unit	6	2				
			Unknown	0	0				
	SUD:	15	Law Enforcement	8	4	0	0	Degree of Aggression 0	
		,	EMS	2	1		•	Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
220			Provider	1	1				1 110
228			Walk-in / from ED	4	1				228
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
	MH/IDD:	1	Law Enforcement	1	0	0	0	Degree of Aggression 0	
			EMS	0	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
ease list other reasons fo	or referrin	g individual	s to a different facility/p	rogram:					

#### Wilson Medical Center

County: Wilson

Facility Type: Hospital

Population Served: Adults 18 and older

### July-December 2021

Total Number of Individuals Presenting Under IVC Proceedings	Presenting the Nu Individual	r Each Primary enting Condition, ne Number of duals Presenting INC Proceedings			Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility (After Voluntary Admission)	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason for Referring Individuals, the Number of	Total Number of Individuals Receiving Treatment Under IVC
	MH:	180	Law Enforcement	117	0	14	1	Degree of Aggression 0	
			EMS	12	0			Medical Acuity 1	
			Mobile Crisis Team	2	0			Other 0	
			Provider	0	0				
			Walk-in / from ED	10	0				
			Private Transportation	3	0				
			Medical Unit	0	0				
			Unknown	36	0				
	SUD:	54	Law Enforcement	35	0	2	0	Degree of Aggression 0	
			EMS	8	0			Medical Acuity 0	
			Mobile Crisis Team	0	0			Other 0	
235			Provider	0	0				251
233			Walk-in / from ED	1	0				<b>ZJI</b>
			Private Transportation	2	0				
			Medical Unit	0	0				
			Unknown	8	0	_		I	
	MH/IDD:	1	Law Enforcement	0	0	0	0	Degree of Aggression 0	
			EMS Mobile Crisis Team	1	0			Medical Acuity 0	
				0	0			Other 0	
			Provider Walk-in / from ED	0	0				
			Private Transportation	0	0				
			Medical Unit	0	0				
			Unknown	0	0				
Please list other reasons for	l or referring	z individual							
riease list otilel leasons it	n reterring	g murvidudi	s to a unrelent facility/p	rogralli.	<u>'</u>	<u>'</u>			
İ									

Total Number of Individuals Presenting Under IVC Proceedings	For Each Primary Presenting Condition, the Number of Individuals Presenting Under IVC Proceedings		Transportation Method l Individuals Presenting l Proceedings		Number of Individuals Moved to Voluntary Status at any Time Between Arrival at the 24- hour Facility and Completion of the Required 24-hour Examination	Number of Individuals for	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason Individuals, the Nur Individuals That Were R Different Facility or I	mber of eferred to a	Total Number of Individuals Receiving Treatment Under IVC
	MH:	98	Law Enforcement	77	0	18	0	Degree of Aggression	0	
			EMS	11	0			Medical Acuity	0	
			Mobile Crisis Team	2	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	2	0					
			Private Transportation	4	0					
			Medical Unit	1	0					
			Unknown	1	0					
	SUD:	16	Law Enforcement	15	0	0	0	Degree of Aggression	0	
			EMS	1	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
114			Provider	0	0					132
114			Walk-in / from ED	0	0					152
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
	MH/IDD:	0	Law Enforcement	0	0	0	0	Degree of Aggression	0	
			EMS	0	0			Medical Acuity	0	
			Mobile Crisis Team	0	0			Other	0	
			Provider	0	0					
			Walk-in / from ED	0	0					
			Private Transportation	0	0					
			Medical Unit	0	0					
			Unknown	0	0					
lease list other reasons fo	or ref <mark>errin</mark>	g individual:	s to a different facility/p	rogram:						