



# North Carolina Crisis System of Care Advisory Committee

September 30, 2026

**The North Carolina Crisis System of Care Advisory Committee meetings are open to the public and subject to North Carolina [open meeting rules](#), including:**

- Members of the public may attend and observe any Advisory Committee meeting as well as record the meeting if they choose; however, members of the public will not be permitted to speak during the meeting.
- Meeting dates and times must be posted at least 48 hours in advance on the Secretary of State's [website](#).
- Meeting minutes must be recorded and made available at the public's request.

In addition, following each Advisory Committee meeting, the North Carolina Department of Health and Human Services' (NC DHHS) Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) will publish meeting materials on its [website](#).

# Meeting Overview: Agenda, Goals, & Objective

# Agenda

- **Agenda, Goals, & Objectives for Meeting #2**.....9:00-9:20 am
- **Aligning on Current State**.....9:20-10:00 am
- *Break*.....10:00-10:10 am
- **Key Improvements & Solutions: Overreliance on IVC to Enter Care**.....10:10-11:10 am
- *Break*.....11:10-11:20 am
- **Improvements & Solutions: Dependence on Law Enforcement & EDs**...11:20 am-12:45 pm
- **Wrap Up & Next Steps**.....12:45-1:00 pm

# 2026 Advisory Committee Meeting Schedule

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| <div>✓</div> <div>Meeting #1 – Kickoff</div> <div>September 2, 2026</div> <div>Agenda:</div> <div><ul style="list-style-type: none"><li>• Introductions &amp; Advisory Committee Overview</li><li>• Crisis System of Care Overview</li><li>• Current State of IVC</li><li>• IVC Challenge Areas &amp; Reform Opportunities</li></ul></div> | <div>Today's Focus</div> <div>Meeting #2</div> <div>September 30, 2026</div> <div>Agenda:</div> <div><ul style="list-style-type: none"><li>• Discuss Current State of IVC &amp; Revolving Door</li><li>• Review Key Areas of Improvement &amp; Solutions:<ul style="list-style-type: none"><li>○ Overreliance on IVC to Enter Care</li><li>○ Dependence on Law Enforcement &amp; EDs</li></ul></li></ul></div> | <div>Meeting #3</div> <div>October 28, 2026</div> <div>Proposed Agenda:</div> <div><ul style="list-style-type: none"><li>• Discuss Revolving Door Recommendations</li><li>• Review Areas of Key Improvement &amp; Solutions:<ul style="list-style-type: none"><li>○ Limited Integration</li><li>○ Navigation Barriers</li></ul></li></ul></div> | <div>Meeting #4</div> <div>November 18, 2026</div> <div>Proposed Agenda:</div> <div><ul style="list-style-type: none"><li>• Review Key Areas of Improvement &amp; Solutions:<br/>Community Linkages</li></ul></div> | <div>Meeting #5</div> <div>December 16, 2026</div> <div>Proposed Agenda:</div> <div><ul style="list-style-type: none"><li>• Finalize IVC Recommendations</li></ul></div> |
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1. Align on understanding of current state of the IVC process and “revolving door”
2. Identify areas of improvement and opportunities for agreement related to solutions for:
  - a) Overreliance on IVC to enter care
  - b) Dependence on law enforcement and emergency departments (EDs)

# Instructions: Level of Agreement Discussion

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

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

Please be prepared to discuss:

## **Agreement with the Current State & Key Issues**

- Do you agree with the description of the current state? If not, what else would you add? How would you modify?
- Are there any other aspects of the current state that are critical to discuss?

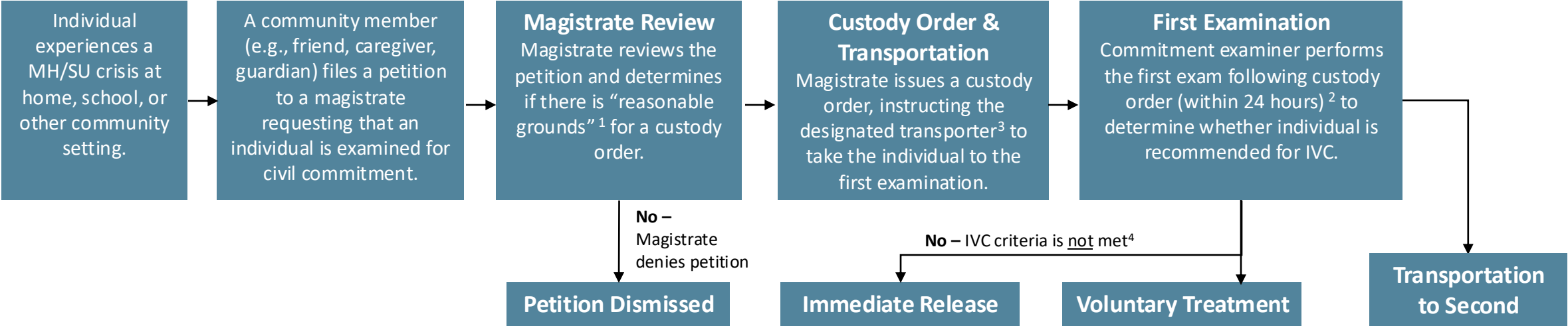
## **Agreement with Key Areas of Improvement & Potential Solutions**

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

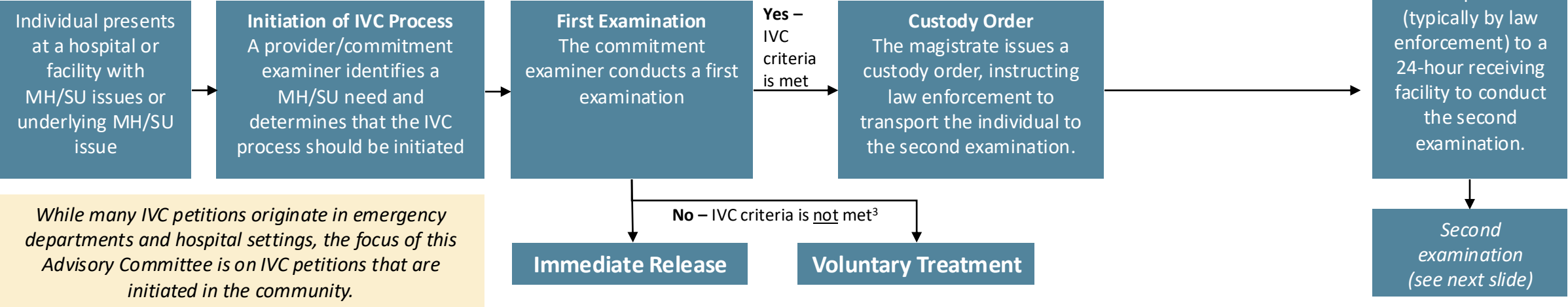
# Aligning on Current State

# Current IVC System Process Flow (1/2): Petition to First Examination Pathways

## IVC Initiated by Community-based Petition



## IVC Initiated in ED



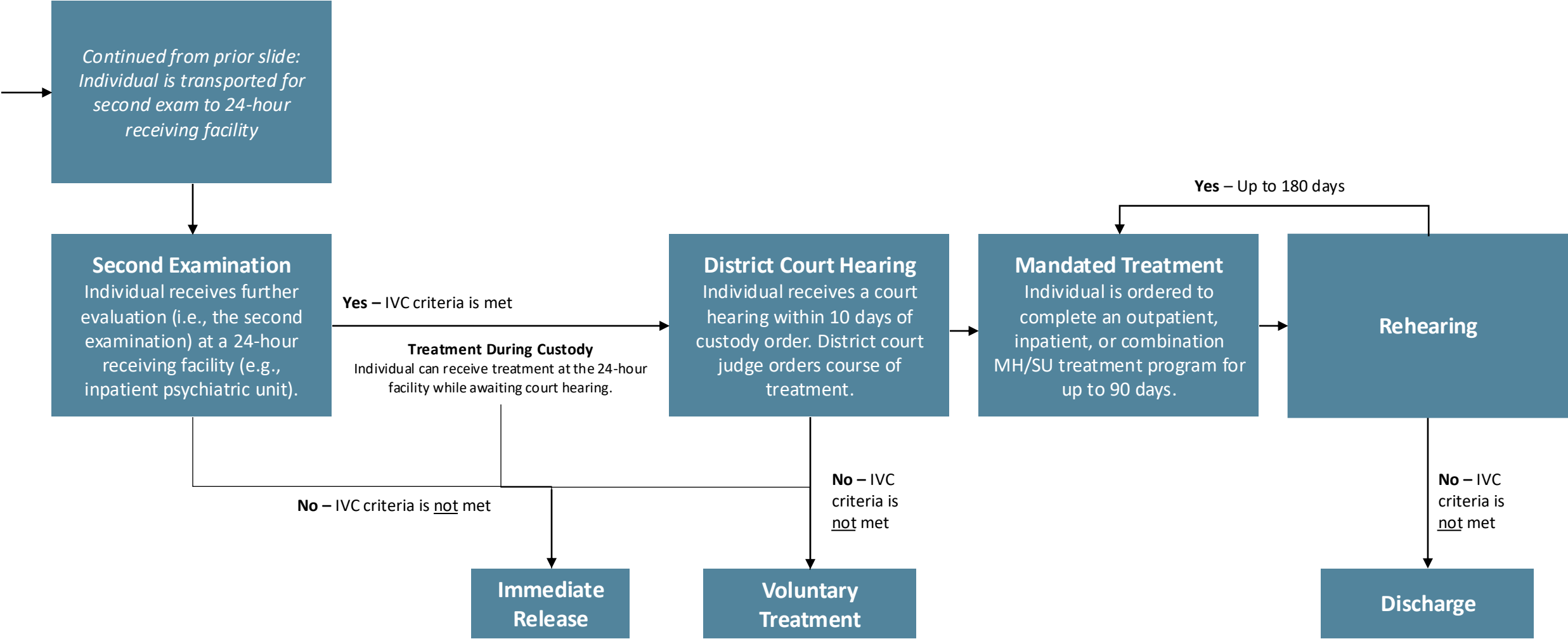
1. [Chapter 122C-261](#) uses both “probable cause” and “reasonable grounds” interchangeably as the basis for a magistrate’s decision to issue a custody order. More information can be found in the Appendix.

2. If an individual is detained and a 24-hour receiving facility is not available within 7 days after issuance of the custody order, then proceedings are terminated. Commitment examiners can issue a new IVC proceeding prior to the 7-day expiration period.

3. [Chapter 122C-251](#) requires cities/counties to be responsible for transportation of individuals under IVC orders and allows for county discretion when selecting the transportation providers.

4. A commitment examiner could recommend outpatient commitment, and the individual could be released prior to the court hearing.

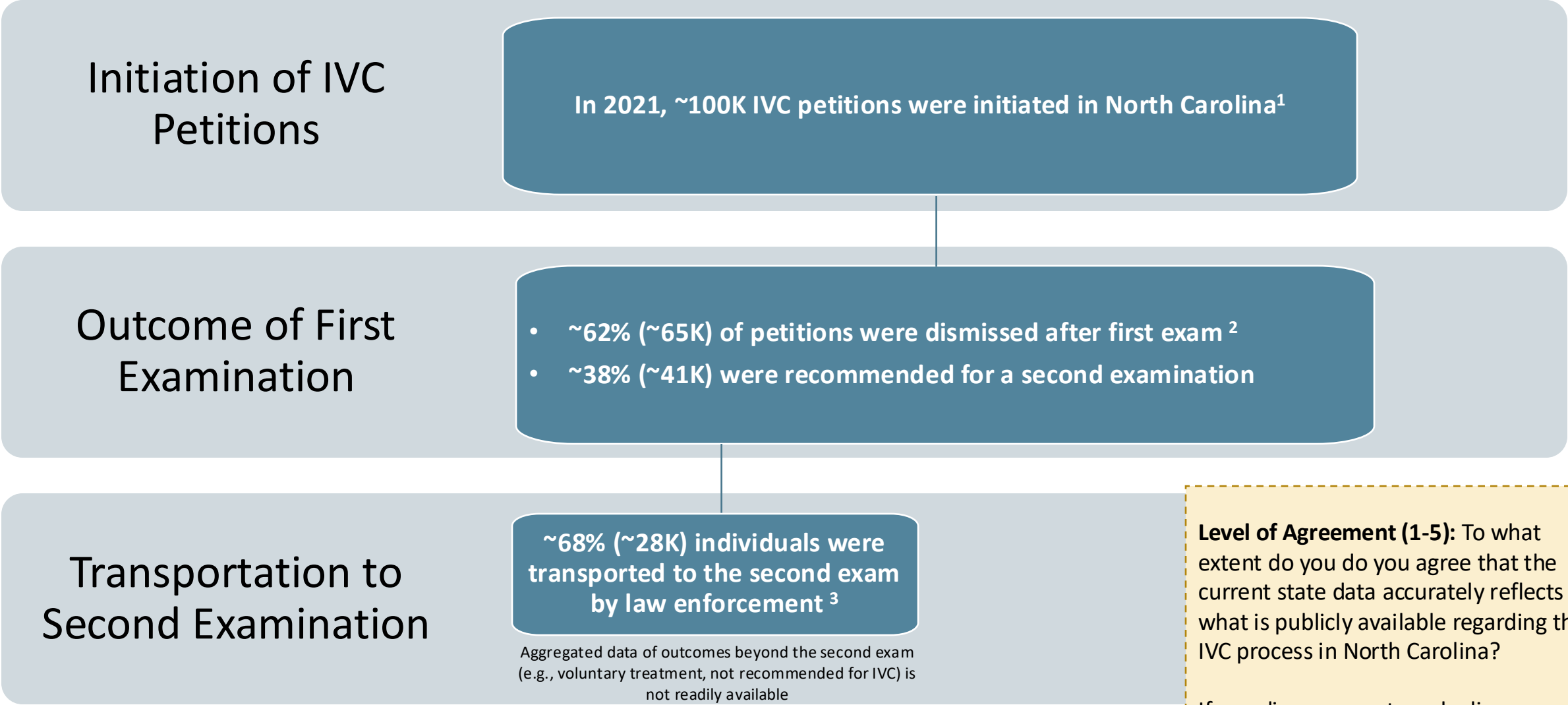
# Current IVC System Process Flow (2/2): Second Examination to Court Hearing



**Level of Agreement (1-5):** To what extent do you agree that the process flow accurately reflects the IVC process in North Carolina?

If you disagree or strongly disagree, why? What would you add? What would you modify?

# Summary: Key Takeaways from Available Data



**Level of Agreement (1-5):** To what extent do you agree that the current state data accurately reflects what is publicly available regarding the IVC process in North Carolina?

If you disagree or strongly disagree, why? What would you add? How would you modify?

1. Data from NC Health News may be slightly higher than represented due to some missing years of data for five of North Carolina’s 100 counties in 2021. These numbers represent unverified, raw data gathered by tallying special proceeding confidential numbers which are given for each petition for commitment to the NC Administrative Office of the Courts.

2. Number is an approximation and inclusive of IVC orders that became voluntary, recommended for outpatient treatment, and dismissed.

3. Numbers are approximations based on average transportation trends from 2019-2023 calculated in the DRNC report.

# Key Areas of Improvement & Proposed Solutions

# Reminder: Key Improvement Areas & Initial Solutions for Discussion Today

## 9/30 ADVISORY COMMITTEE MEETING FOCUS

### 1. Overreliance on IVC to Enter Care

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

### 2.A. Dependence on Law Enforcement

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

### 2.B. Dependence on Emergency Departments

1. Increase crisis facility capacity

### 3. Limited Integration of Crisis System into IVC Evaluation

1. Increase IVC evaluation capacity
2. Expand telehealth evaluations
3. Enable community-based evaluation
4. Streamline care coordination

### 4. Court & Operational Processes are Difficult to Navigate

1. Standardize training and guidance
2. Improve education
3. Promote least-restrictive alternatives
4. Strengthen cross-system coordination

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

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

## Reminder: Plan for Discussion and Sharing Advisory Committee Feedback

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

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

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

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

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

# Overreliance on IVC to Enter Care

### Problem Definition

- There is overreliance on IVC as the entry point to receive care
- Individuals experiencing a crisis in the community are often routed into a legal process before clinical assessment occurs
- Current processes reinforce the perception that accessing mental health and substance use treatment requires IVC

What is your level of agreement with this problem definition?

### Proposed Solutions

**1. Strengthen Clinically Led Crisis Access Points.** Expand and normalize access to 988, mobile crisis teams, BHUCs, FBC centers, and outpatient providers

What is your level of agreement with these proposed solutions?

**2. Create Clear Pathways to Voluntary Care.** Establish statewide referral pathways that connect individuals to voluntary crisis services before legal escalation, whenever clinically appropriate

What is your level of agreement with these proposed solutions?

**3. Ensure Timely Clinical Input Into Court Processes.** Ensure courts and law enforcement receive timely clinical information to assist IVC decision making

What is your level of agreement with these proposed solutions?

**4. Expand Public Awareness of Non-IVC Options.** Educate families and communities on how to access voluntary crisis services before a crisis escalates

What is your level of agreement with these proposed solutions?

### For Consideration

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

# Dependence on Law Enforcement & EDs

### Problem Definition

- Law enforcement is available 24/7 for emergencies and often are the default first responders for MH/SU crises
- County transportation plans often designate law enforcement as the primary transporters of individuals under IVC orders
- Responding to MH/SU crises strains law enforcement resources
- Patients can experience additional trauma from law enforcement during the IVC process

What is your level of agreement with this problem definition?

### Proposed Solutions

**1. Expand Alternative Transport Options.** Reduce reliance on law enforcement transport by expanding clinically appropriate transport options (including mobile crisis) before and after IVC decisions are made.

What is your level of agreement with these proposed solutions?

**2. Invest in Supportive Transport.** Reserve law enforcement for acute safety concerns and when engaged for IVC transports, ensure statewide transport protocols on trauma-informed practices are implemented.

What is your level of agreement with these proposed solutions?

### For Consideration

- What would you add or modify?
- What other considerations should be raised?
- Will this work in both urban and rural areas? Across regions?
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### Problem Definition

- Most first examinations occur in the ED, rather than other designated crisis facilities (i.e., BHUCs and FBCs)
- EDs are the primary site for physical and MH/SU stabilization. EDs are not always equipped to manage MH/SU crises
- Individuals waiting for inpatient placement may be boarded for days or weeks in the ED, negatively impact both patients, providers, and straining the system

What is your level of agreement with this problem definition?

### Proposed Solution

**1. Increase Crisis Facility Capacity.** Expand the ability of behavioral health urgent care centers (BHUCs) and facility-based crisis (FBC) centers be the sites of first exam

What is your level of agreement with this proposed solution?

### For Consideration

- What would you add or modify?
- What other considerations should be raised?
- Will this work in both urban and rural areas? Across regions?
- What concerns do you have about barriers to implement in your community today?
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# Wrap Up & Next Steps

# 2026 Advisory Committee Meeting Schedule

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

North Carolina Crisis System of  
Care Advisory Committee - IVC  
Focus: Post-Meeting #2 Survey



**For any questions or comments, contact:**  
Becky Zornick ([becky.zornick@dhhs.nc.gov](mailto:becky.zornick@dhhs.nc.gov))