

STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER GOVERNOR

MANDY COHEN, MD, MPH SECRETARY

October 1, 2019

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 308, Legislative Office Building Raleigh, NC 27603

The Honorable Donny Lambeth, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 303, Legislative Office Building Raleigh, NC 27603

The Honorable Josh Dobson, Chair Joint Legislative Oversight Committee on Health and Human Services North Carolina General Assembly Room 307B, Legislative Office Building Raleigh, NC 27603

Dear Chairmen:

North Carolina General Statute 122C-294, as amended by Session Law 2018-33, Section 43, requires the Department of Health and Human Services to provide an annual report containing 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. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions, please contact Kody Kinsley, Deputy Secretary for Behavioral Health and Intellectual and Development Disabilities, at 919-733-7011.

Sincerely,

Mandy Cohen, MD, MPH

Secretary

Kody H. Kinsley

Deputy Secretary for Behavioral Health & IDD

North Carolina Department of Health and Human Services

Matt Gross cc: Jovce Jones

Erin Matteson

Hattie Gawande Rob Kindsvatter Mariorie Donaldson

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STATE OF NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER GOVERNOR MANDY COHEN, MD, MPH
SECRETARY

October 1, 2019

SENT VIA ELECTRONIC MAIL

Mr. Mark Trogdon, Director Fiscal Research Division Suite 619, Legislative Office Building Raleigh, NC 27603-5925

Dear Director Trogdon:

North Carolina General Statute 122C-294, as amended by Session Law 2018-33, Section 43, requires the Department of Health and Human Services to provide an annual report containing 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. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

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Sincerely,

Mandy Cohen, MD, MPH

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North Carolina Department of Health and Human Services

cc:

Matt Gross Hattie Gawande Dave Richard Steve Owen Kody Kinsley Joyce Jones Rob Kindsvatter Lisa Wilks Theresa Matula Susan G. Perry Erin Matteson Marjorie Donaldson Zack Wortman Mark Collins Denise Thomas Deborah Landry Katherine Restrepo Jessica Meed reports@ncleg.net

Luke MacDonald

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

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



Report to the

Joint Legislative Oversight Committee on Health and Human Services

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

October 1, 2019

Introduction

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

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

The data those facilities must submit are:

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

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

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

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

Part A: Reports Submitted

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

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

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

Atrium Health Kings Mountain

County: Cleveland

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Blue Ridge HealthCare

County: Burke

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Brynn Marr Hospital – Child/Adolescent Unit

County: Onslow

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Brynn Marr Hospital – Adult Unit

County: Onslow

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Caiyalynn Burrell Child Crisis Center – FBC Unit

County: Buncombe

Facility Type: Facility-Based Crisis

July-December, 2018 [designated October 2018]

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

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

Caiyalynn Burrell Child Crisis Center – NHMD Unit

County: Buncombe

Facility Type: Nonhospital Medical Detoxification

July-December, 2018 [designated October 2018]

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

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

Cape Fear Valley Medical Center

County: Cumberland

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Cape Fear Valley Medical Center – Roxie Avenue

County: Cumberland

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

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

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

CarolinaEast Medical Center

County: Craven

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

County: Cabarrus

Facility Type: Inpatient Hospital

July-December, 2018

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

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

$Carolinas\ Health Care\ System-Stanly$

County: Stanly

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Charlotte-East Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Charlotte-North Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Davidson-Fraser Fir Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Davidson-Mountain Laurel Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Carolinas Medical Center – Davidson-River Birch Unit

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Catawba Valley Medical Center

County: Catawba

Facility Type: Inpatient Hospital

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

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

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

Charles A. Cannon, Jr. Memorial Hospital

County: Avery

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Charles George Veterans Affairs Medical Center

County: Buncombe

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Cleveland Crisis Recovery Center

County: Cleveland

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Coastal Plain Hospital

County: Nash

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Daymark Crisis Recovery Center – Davidson Crisis Center

County: Davidson

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Daymark Crisis Recovery Center – FBC Cabarrus

County: Cabarrus

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Daymark Crisis Recovery Center – FBC Iredell

County: Iredell

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Daymark Crisis Recovery Center – FBC Union

County: Union

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Duke Regional Hospital

County: Durham

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Duke University Medical Center

County: Durham

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Durham Recovery Response Center

Durham County:

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

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

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

Psychiatric Needs Beyond the Capability of this Facility

January-June, 2019

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

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

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

First Health-Moore Regional Hospital

County: Moore

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Frye Regional Medical Center

County: Catawba

Facility Type: Inpatient Hospital

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

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

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

Good Hope Hospital

County: Harnett

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Halifax Regional Medical Center

County: Halifax

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Holly Hill Hospital – Child/Adolescent Unit

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [December report submitted]

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

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

Holly Hill Hospital – Adult Unit

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [December report submitted]

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

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

Johnston Memorial Hospital

County: Johnston

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Mission Health

County: Buncombe

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Monarch – SECU Youth Crisis Center FBC

County: Mecklenburg

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Monarch – SECU Youth Crisis Center NHMD

County: Mecklenburg

Facility Type: Nonhospital Medical Detoxification

July-December, 2018

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

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

Monarch - Tanglewood Arbor FBC

County: Robeson

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Monarch – Tanglewood Arbor NHMD

County: Robeson

Facility Type: Nonhospital Medical Detoxification

July-December, 2018

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

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

New Hanover Regional Medical Center

County: New Hanover

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Forsyth Medical Center-Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Forsyth Medical Center-Geriatric Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Presbyterian Medical Center

County: Mecklenburg

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Presbyterian Medical Center-Adult Unit

County: Mecklenburg

Facility Type: Facility-Based Crisis

July-December, 2018

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

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

Novant Health – Rowan Medical Center-Lifeworks Unit

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Novant Health – Rowan Medical Center-Linn Geriatrics Unit

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

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

Novant Health – Thomasville Medical Center

County: Davidson

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Old Vineyard Behavioral Health – Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Old Vineyard Behavioral Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Old Vineyard Behavioral Health – Older Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Recovery Response Center – Vance

County: Vance

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

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

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

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

Rutherford Regional Hospital

County: Rutherford

Facility Type: Inpatient Hospital

July-December, 2018

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

Total Number of Individuals Receiving Treatment Under IVC Petitions	the Number of Individuals Receiving		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or Pi	ber of ferred to a
	MH:	101	0	0	Degree of Aggression	N/A
					Medical Acuity	N/A
					Other	N/A
	SUD:	0	0	0	Degree of Aggression	N/A
101					Medical Acuity	N/A
					Other	N/A
	MH/IDD:	0	0	0	Degree of Aggression	N/A
					Medical Acuity	N/A
					Other	N/A
Please list other reasons fo	or referring	g individual:	s to a different facility/	program:		

Southeastern Regional Medical Center

County: Robeson

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

St. Luke's Hospital

County: Polk

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Strategic Behavioral Health – Leland-Child/Adolescent Unit

County: Brunswick

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Strategic Behavioral Health – Leland-Geriatric Unit

County: Brunswick

Facility Type: Inpatient Hospital

July-December, 2018 [designated November 2018]

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

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

The Balsam Center for Hope and Recovery

County: Haywood

Facility Type: Facility-Based Crisis

July-December, 2018 [December report submitted]

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

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

The Harbor

County: New Hanover

Facility Types: Facility-Based Crisis & Nonhospital Medical Detoxification

July-December, 2018

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

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

Triangle Springs

County: Wake

Facility Type: Inpatient Hospital

July-December, 2018 [designated December 2018]

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

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

UNC at WakeBrook

County: Wake

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

July 2018 – June 2019

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

UNC Hospitals – Department of Psychiatry

County: Orange

Facility Type: Inpatient Hospital

July 2018 – June 2019

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

Veterans Affairs Medical Center – Fayetteville

County: Cumberland

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Vidant Beaufort Hospital

County: Beaufort

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Vidant Duplin Hospital

County: Duplin

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Vidant Medical Center

County: Pitt

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Vidant Roanoke Chowan Hospital – Northside Behavioral Health

County: Hertford

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

Vidant Roanoke Chowan Hospital – Stepping Stone Senior Care

County: Hertford

Facility Type: Inpatient Hospital

July-December, 2018

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

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

W. G. Hefner Veterans Affairs Medical Center

County: Rowan

Facility Type: Inpatient Hospital

July-December, 2018

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

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

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

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

Wake Forest Baptist Health – Child/Adolescent Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

Total Number of Individuals Receiving Treatment Under IVC Petitions	For Each Primary Presenting Condition, the Number of Individuals Receiving Treatment Under IVC Petitions		Number of Individuals for Whom IVC Proceeding Was Initiated at This Facility	Of the Individuals for Whom IVC Proceeding Was Initiated at This Facility, the Number That Were Referred to a Different Facility or Program	For Each Primary Reason f Individuals, the Num Individuals That Were Re Different Facility or Pr	ber of ferred to a
	MH:	102	23	0	Degree of Aggression	N/A
					Medical Acuity	N/A
					Other	N/A
	SUD:	1	1	0	Degree of Aggression	N/A
108					Medical Acuity	N/A
					Other	N/A
	MH/IDD:	5	2	0	Degree of Aggression	N/A
					Medical Acuity	N/A
					Other	N/A
Please list other reasons fo	or referrin	g individual:	s to a different facility/	program:		

Wake Forest Baptist Health – Adult Unit

County: Forsyth

Facility Type: Inpatient Hospital

July-December, 2018

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

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

Part B: Reports Not Submitted

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

77

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

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