CHAPTER 122C
ARTICLE 4 - ORGANIZATION AND SYSTEM FOR DELIVERY OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

N.C.G.S. § 122C-142.2.

# Presence at a hospital for mental health treatment; assessment and placement upon discharge of juvenile in department of social services custody.

| SOURCE | LAST AMENDMENT IN THIS TEXT | RETRIEVED | SOURCE FINGERPRINT |
|---|---|---|---|
| General Statutes of North Carolina, as published by the General Assembly | No amendment history on record | 21 September 2026, 04:21 UTC | 572ae12ccd5a3dce52d98ef9 - 376001c09507bbb5470c7833 - e69602ca3645ca54 |

**§ 122C-142.2(a)** Definitions. - The following definitions apply in this section:

(1) Assessment. - A comprehensive clinical assessment, psychiatric evaluation, or a substantially equivalent assessment.

(2) Director. - The director of the county department of social services with custody of the juvenile, or the director's representative as authorized in G.S. 108A-14.

(3) Reserved for future codification purposes.

(4) Rapid Response Team. - A Department of Health and Human Services team of representatives from all of the following:

a.The Division of Child and Family Well-Being.

b.The Division of Health Benefits.

c.The Division of Mental Health, Developmental Disabilities, and Substance Use Services.

d.The Division of Social Services.

**§ 122C-142.2(b)** If a juvenile (i) is in the custody of a department of social services, (ii) requires mental health treatment, and (iii) is present in the hospital by any means other than an involuntary commitment or voluntary admission order that is in effect, the hospital shall contact the director to notify the director of the juvenile's presence in the hospital. The director shall contact the appropriate LME/MCO or prepaid health plan as soon as practicable and, in any event, no later than 24 hours after the determination that the juvenile should not remain at the hospital and no appropriate placement is immediately available, to request an assessment.

**§ 122C-142.2(c)** Consistent with the care coordination responsibilities under G.S. 122C-115.4(b)(5), the LME/MCO or prepaid health plan must, when applicable or required by their contract with the Department, arrange for an assessment to be performed by the juvenile's clinical home provider; the hospital, if able and willing; or other qualified licensed clinician within three business days following notification under subsection (b) of this section from the director. For purposes of this section, "business days" shall mean Monday through Friday, inclusive of holidays. The hospital shall reasonably cooperate with the LME/MCO or prepaid health plan to provide access to the juvenile during the juvenile's stay in the hospital.

**§ 122C-142.2(d)** Based on the findings and recommendations of an assessment conducted pursuant to this section, all of the following must occur:

(1) If the comprehensive clinical assessment recommends a traditional foster home or a Level I group home, the director shall identify and provide the placement within five business days. The county department of social services shall be responsible for transporting the juvenile to the identified placement as soon as practicable but no later than five business days after the recommendation is made.

(2) If the assessment recommends a level of care requiring authorization by the LME/MCO or prepaid health plan, the LME/MCO or prepaid health plan shall authorize an appropriate level of care and identify appropriate providers within five business days and assign a care manager for the duration that the LME/MCO or prepaid health plan provides services to the juvenile. Once an appropriate level of care has been authorized and providers identified, the director shall place the juvenile in the appropriate placement as soon as practicable but no later than five business days after the recommendation is made. The county department of social services shall be responsible for transporting the juvenile to the identified placement.

**§ 122C-142.2(d1)** The hospital shall not release the juvenile unless the juvenile meets hospital discharge criteria and at least one of the following conditions exists:

(1) The placement as recommended by the assessment is available.

(2) The consent of the individual or director authorized to consent to treatment pursuant to G.S. 7B-505.1.

**§ 122C-142.2(e)** The county department of social services shall provide ongoing case management, virtually or in person, to address the juvenile's educational and social needs during the juvenile's stay in the hospital. The hospital shall cooperate with the county department of social services to provide access to the juvenile during the juvenile's stay in the hospital.

**§ 122C-142.2(f)** The director, an LME/MCO, or a prepaid health plan shall notify the Rapid Response Team of any of the following circumstances:

(1) After completion of the assessment, the director under subdivision (d)(1) of this section or the LME/MCO or prepaid health plan under subdivision (d)(2) of this section anticipates being unable to identify an appropriate available placement or treatment provider for the juvenile.

(2) The assessment recommendations differ from the preferences of the individual or director authorized to consent to treatment pursuant to G.S. 7B-505.1 or from services readily available.

(3) There are delays in accessing needed behavioral health assessments.

(4) The juvenile has been released from the hospital in violation of subsection (d1) of this section.

**§ 122C-142.2(f1)** The director, pursuant to G.S. 7B-302(a1)(1) and the LME/MCO, or the prepaid health plan, are authorized to disclose confidential information to the Rapid Response Team to ensure the juvenile is protected from abuse or neglect and for the provision of protective services to the juvenile. All confidential information disclosed to the Rapid Response Team shall remain confidential, shall not be further redisclosed unless authorized by State or federal law or regulations, and shall not be considered a public record. Notification to the Rapid Response Team does not relieve the director, LME/MCO, prepaid health plan, or any other entity from carrying out their responsibilities to the juvenile.

**§ 122C-142.2(g)** Upon receipt of a notification made in accordance with subsection (f) of this section, the Rapid Response Team shall evaluate the information provided to determine if action from the Rapid Response Team is necessary to address the immediate needs of the juvenile. If action is necessary, the Rapid Response Team shall develop a plan with the county department of social services, LME/MCO or prepaid health plan, and hospital regarding the steps needed to meet the treatment needs of the juvenile. Any plan shall include the means by which to monitor the implementation of the plan.

**§ 122C-142.2(h)** Meetings of the Rapid Response Team convened under this section shall be limited to members of the Rapid Response Team and individuals from the relevant county department of social services, LME/MCOs, prepaid health plans, and the hospital that are invited by the Rapid Response Team, or other individuals or providers only if invited by the Rapid Response Team. The meetings of the Rapid Response Team shall not be open to the public. Subsection (f1) of this section shall apply to any information gathered for the meeting. Information shared at the meeting or documents created during the course of the meetings or during the course of evaluating and developing any response in accordance with subsection (g) of this section shall not be public record and shall not be disclosed or redisclosed unless authorized under State or federal law.

**§ 122C-142.2(i)** The LME/MCO or prepaid health plan shall notify monthly the Division of Social Services of the Department of Health and Human Services of all of the following information:

(1) The number of county department of social services notifications of assessments.

(2) The length of time to find placement for the juvenile.

(3) The number of recommendations at each level of care. (2021-132, s. 5(a); 2023-65, ss. 3.4, 5.2(b); 2025-16, s. 1.16(a).)

END OF SECTION TEXT APPARATUS FOLLOWS — DERIVED, NOT ENACTED

APPARATUS II
4 AUTHORITIES

## Authorities referenced

Every G.S. cross-reference appearing in the text of this section, in order of first appearance. Nothing is characterized; the operative language is quoted from the section itself.

| REFERENCE | APPEARS IN | OPERATIVE LANGUAGE IN THIS SECTION |
|---|---|---|
| G.S. 108A-14 | (a)(2) | *"the director's representative as authorized in"* |
| G.S. 122C-115.4(b)(5) | (c) | *"with the care coordination responsibilities under"* |
| G.S. 7B-505.1 | (d1)(2) | *"to consent to treatment pursuant to"* |
| G.S. 7B-302(a1)(1) | (f1) | *"The director, pursuant to"* |

APPARATUS III

## Citation

FULL SECTION

N.C. Gen. Stat. § 122C-142.2 (2026).

PINPOINT

N.C. Gen. Stat. § 122C-142.2(a) (2026).

Pinpoint keys are set in the left margin of the text rather than line numbers: subsection designators are stable across editions and paper sizes, line numbers are not.

COLOPHON

## Provenance

This document reproduces the text of one section of the General Statutes of North Carolina from a source file whose SHA-256 digest is printed on every page. The digest fixes the bytes this export was made from; if the State's file changes, the digest will not match.

The text of the section is unaltered. Subsection designators have been moved from the run of text into the margin. The amendment history and the table of authorities are derived from the section by mechanical extraction — they add no characterization of the law.

This is not the official text. The official text is published by the General Assembly of North Carolina.

SET IN SPECTRAL AND ARCHIVO
NORTH CAROLINA LAW — STATUTE EXPORT, FORMAT V1