Capacity to Proceed

The Challenges And What We Are Trying To Do About It

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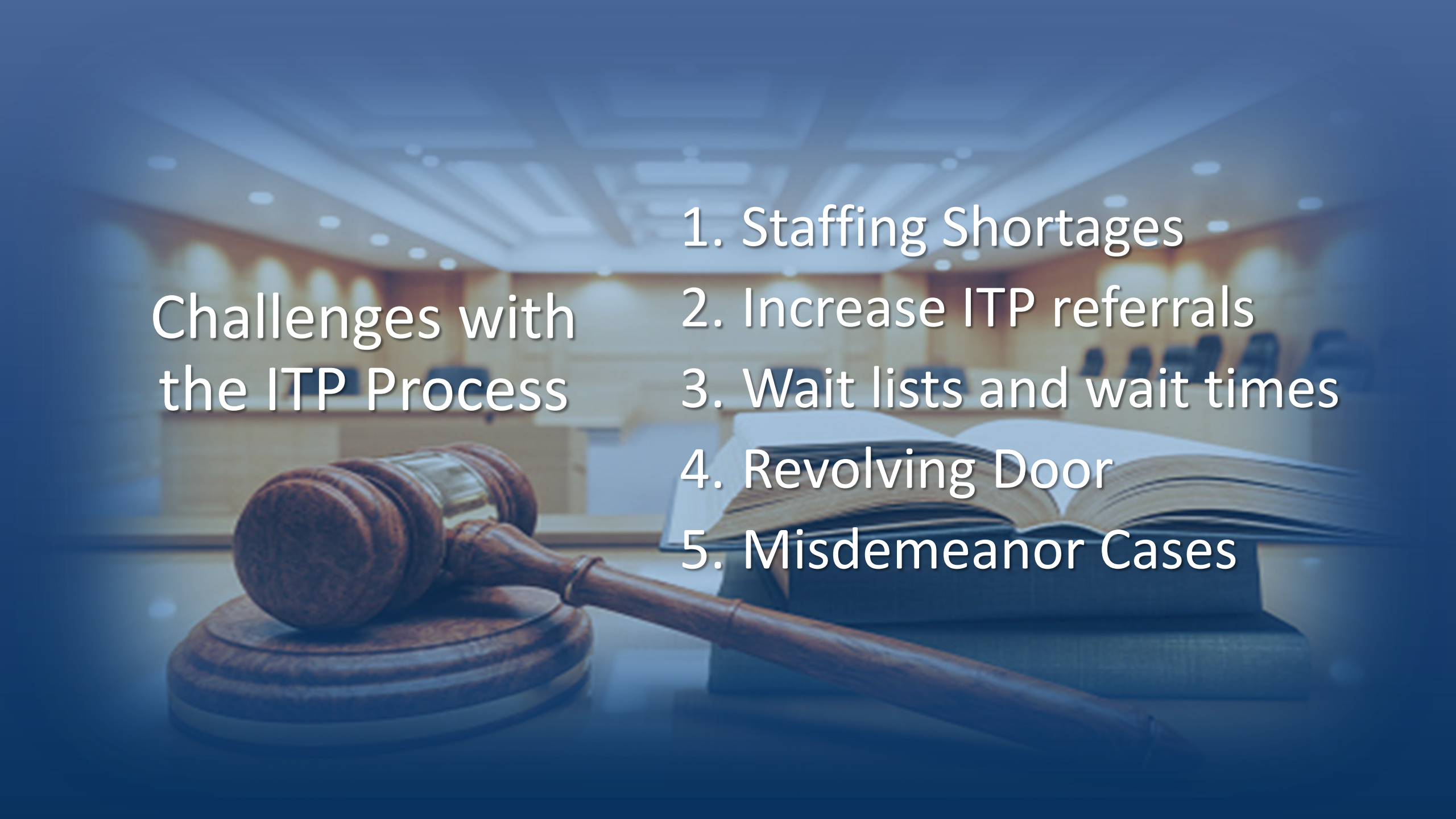
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

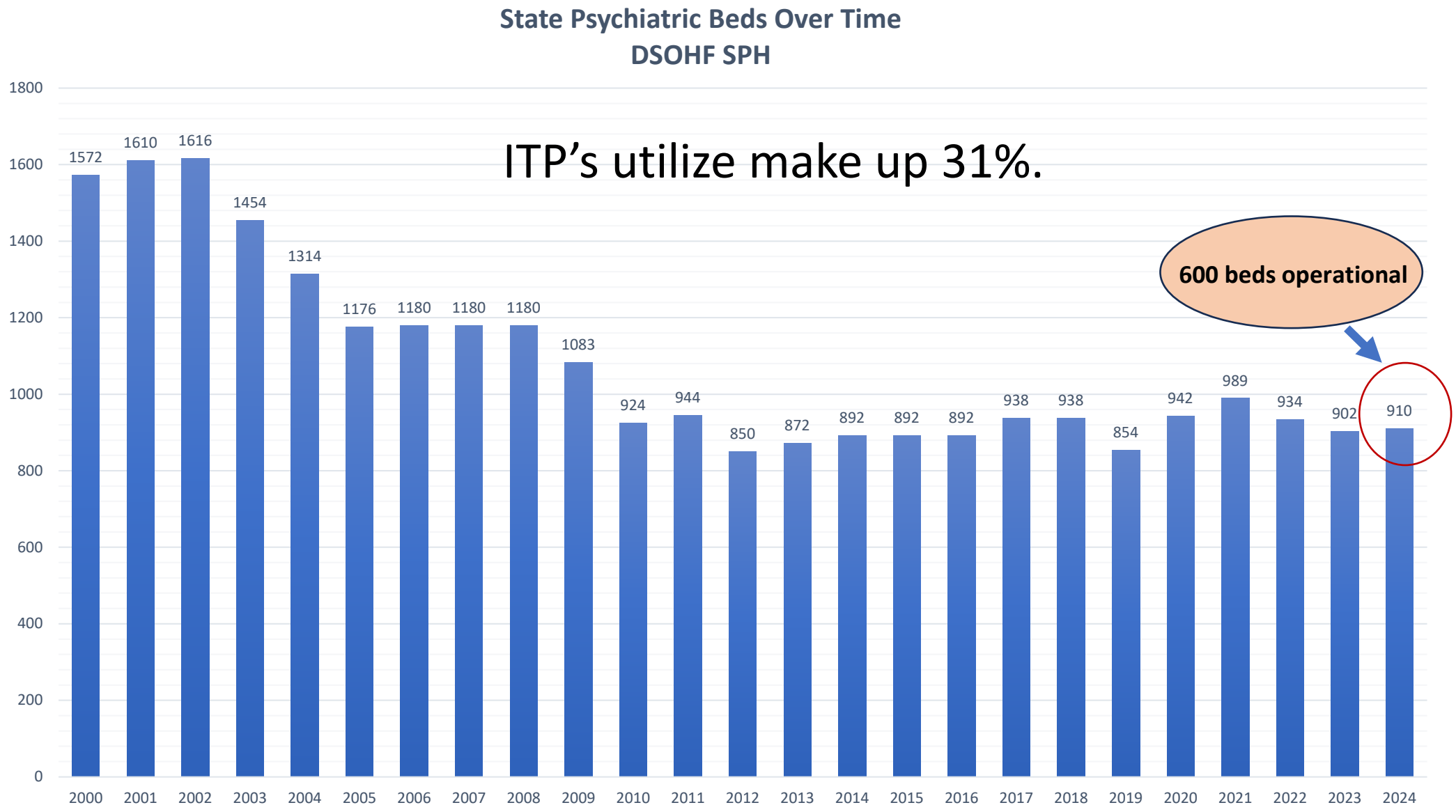


Challenges with the ITP Process

1. Staffing Shortages
2. Increase ITP referrals
3. Wait lists and wait times
4. Revolving Door
5. Misdemeanor Cases

Staffing Shortages

- **Nationwide healthcare shortages**
- **COVID impact – lost 100+ hospital employees**
- **Non-competitive pay**


State Psychiatric Beds Over Time
DSOHF SPH
ITP’s utilize make up 31%.
600 beds operational
1800
1600
1400
1200
1000
800
600
400
200
0
1572
1610
1616
1454
1314
1176
1180
1180
1180
1083
924
944
850
872
892
892
892
938
938
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2018
2019
2020
2021
2022
2023
2024

Increase in Referrals

Over 2900 capacity evaluations were ordered in 2024.

This is a 33% increase over the past 5 years, consistent with national trends.

Approximately 60% are found ITP…1,700 patients/year

ITP State Psychiatric Hospital (SPH) Wait List

<u>Waitlists in Other States:</u>

TX=2500

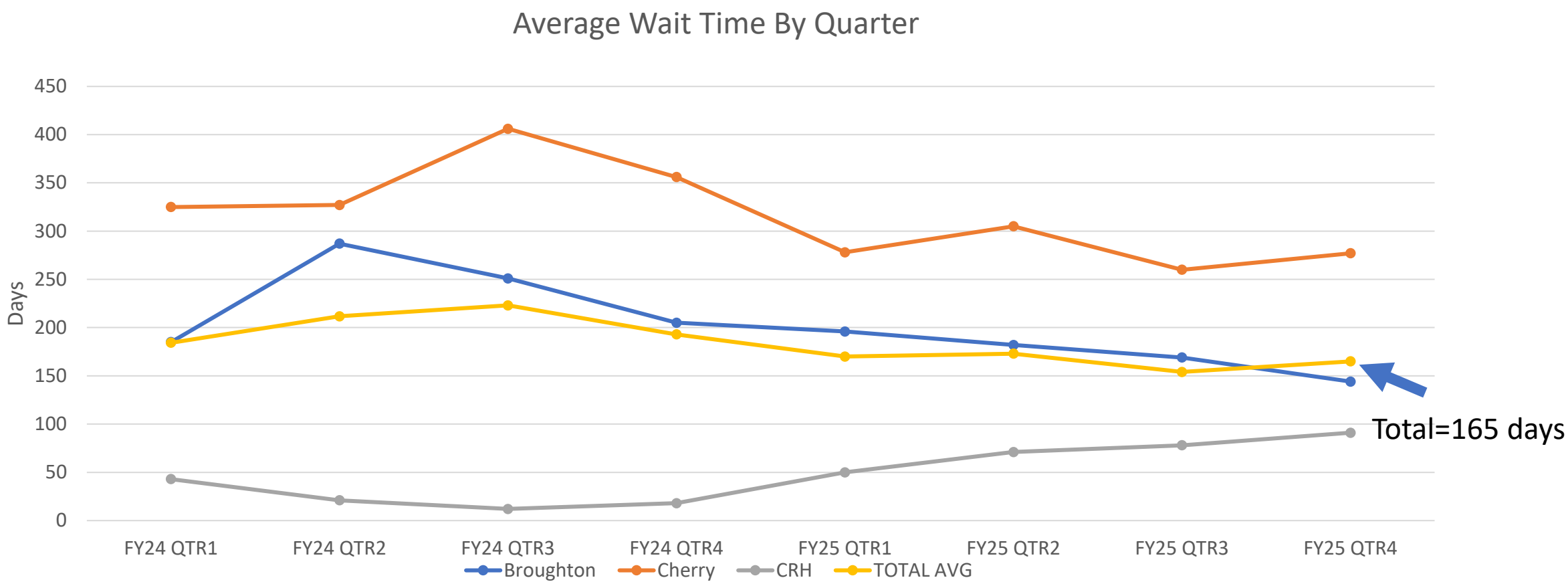
GA=360

VA=75

OK=200

ITP Number on Waitlist	
Jun-23	213
…	…
Jun-24	148
Jul-24	157
Aug-24	159
Sep-24	155
Oct-24	161
Nov-24	154
Dec-24	153
Jan-25	149
Feb-25	157
Mar-25	152
Apr-25	155
May-25	130
Jun-25	135
Jul-25	137
Aug-25	138

Wait Times For Capacity Restoration Admission



“Revolving Door”

- Defendants restored at SPH’s return to jail and wait for next court date.
- Many do not get adequate treatment or discontinue treatment and decompensate, requiring return to SPH.
- Cycle continues for a significant number of patients, thereby overutilizing SPH beds.

Misdemeanor Cases

- Many not diverted from criminal justice system are found ITP and sent to SPH's.
- § 15A-1008: Maximum possible time is reached and cases often dismissed before adjudication.
- Resources waisted.

Negatively Impacts…

- Courts
- Jails
- SPH's
- Prisons
- Emergency Departments
- Other hospitals/crisis units
- Defendants!

DHHS Initiatives

Deflection and Diversion Investments	SPH Recruitment and Retention	Mental Health Courts and Capacity Dockets
Statute Changes	Community Based Capacity Restoration Programs (CBCRP)	Detention Center Capacity Restoration Programs (DCCRP)

Legislative Changes

- HB 576 enacted June 27, 2025
  - CBCRP and DCCRP officially recognize and regional
  - Legislative report on ITP and IVC due Jan. 2026

In the future…

- **Separate ITP and IVC process**
- Strengthen AOT
- Time limits for greater throughput
- Evaluation and report requirements

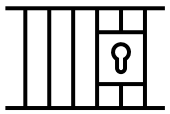
Creating a System of Capacity Restoration

Current State

State Hospitals
Inpatient Commitment via "HB95 procedure" G.S. 122C-58.8(b)

Future State

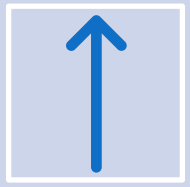
Hospitals (Inpatient Commitment)
- Refuses medication
- Psychosis is severe (active hallucinations, significant delusions)
- High risk of re-offending



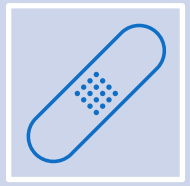
Jail (Custody)
- Ineligible for or cannot make bail
- Takes medication
- Likely restorable within 60 days

Community (Bond)
- Motivated to receive treatment
- Low risk of re-offending

CBCRP and DCCRP Overview



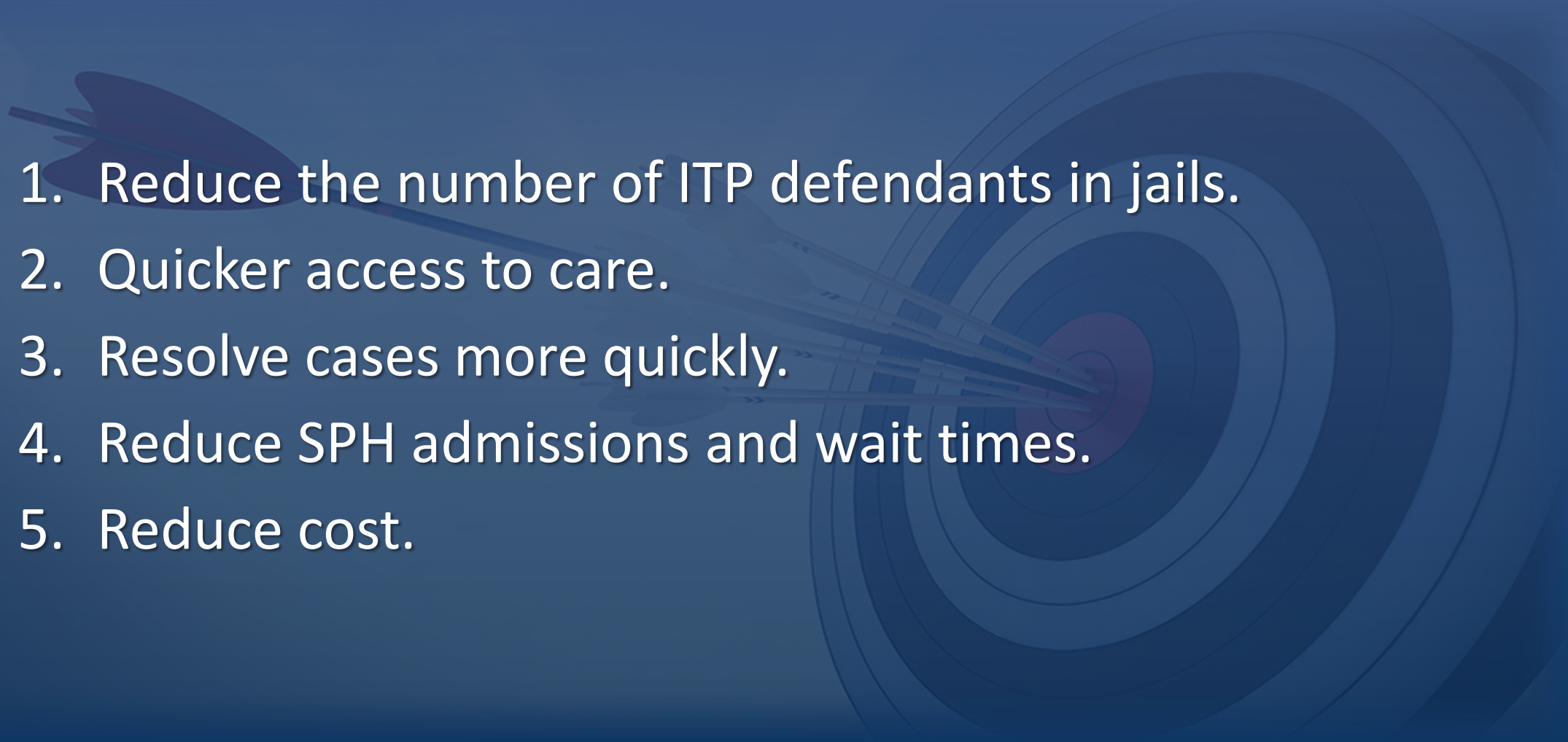
Growing number of states and federal system are utilizing CBCRP and DCCRP (N=19)



Research shows greater access to care, reduced use of SPH, >/= restoration rates, and faster time to restoration

We have received SAMHSA support – GAINS TA and Learning Collaborative

Goals



1. Reduce the number of ITP defendants in jails.
2. Quicker access to care.
3. Resolve cases more quickly.
4. Reduce SPH admissions and wait times.
5. Reduce cost.

CBCRP Pilots

- Launched in July 2023
- Located in Mecklenburg, Wake, and Cumberland Counties
- Supported with Federal Mental Health Block Grant
- Operationalized by allocations to LME/MCO's who contract with providers of capacity restoration
- Provide wrap-around services
  - Psychiatry
  - Nursing
  - Counseling
  - Psychoeducation
  - Case Management
  - Peer Support
  - Temporary housing, food, transportation

DBCRP Pilots

Mecklenburg County

Pitt County

Wake County

- Pitt and Mecklenburg are regional programs
- Supported by Governor Task Force funds initially; BH Justice Investment
- Mecklenburg launched in Dec. 2023; Pitt launched Feb. 2025; Wake June 2025

Pilot Outcomes

- **Mecklenburg DCCRP**
  - 60+ individuals served to date
  - 80% of participants restored
  - Avg time to restoration = 50 days (200+ at SPH)
  - **60% reduction in waitlist for Broughton**
  - Expanding to 25 beds and becoming regional

- **CBCRP's**
  - 16 individuals served to date
  - Reduced jail time
  - Engagement with services post-adjudication

Contact Information

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DCCRP Provider:

- NC RISE: Dr. Anna Abate, aabate@recoverysolutions.us .

CBCRP Providers:

- Cumberland County (CommuniCare): Sarah Hallock, shallock@cccommunicare.org
- Wake County (Elwin Adult Behavioral Health Services): Brooke McLaughlin, brooke.mcLaughlin@elwyn.org
- Mecklenburg County (Atrium Behavioral Health): Yolonda Tindal, caprestorationprogramreferral@atriumhealth.org