

Capacity to Proceed Restoration Services

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Challenges with the ITP Process

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

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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)

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DCCRP and CBCRP 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

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HB 576

(Session Law 2025-27)

§ 122C-256 Capacity restoration pilot programs:

- Enacted June 27, 2025
 - CBCRP and DCCRP officially recognized and regional
 - Sheriffs can opt in
 - 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

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Goals

- Quicker access to care.
- Resolve cases more quickly.
- Reduce SPH admissions and wait times.
- Reduce cost.
- Reduce the number of ITP defendants in jails.

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Restoration Treatment – SPH’s

- Unit based and/or “treatment mall”
- Individualized Treatment Plans
- Typical interventions:
 - Psychoeducation – group using revised Florida CompKit; individual if indicated
 - Psychiatric medication, as needed
 - Psychotherapy and substance use treatment, as indicated
 - Milieu - recreational and social activities
- National inpatient restoration rate = ~80% within 90-120 days

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CBCRP Pilots

- Launched in July 2023
- Located in Mecklenburg, Wake, and Cumberland Counties
- Supported with Federal Mental Health Block Grant
- Provide wrap-around services
 - Psychiatry
 - Nursing
 - Counseling
 - Psychoeducation
 - Case Management
 - Peer Support
 - Temporary housing, food, transportation

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DBCRP Pilots

Mecklenburg
County

Pitt County

Wake
County

- Pitt and Mecklenburg are regional programs
- Same services at SPH and CBCRP’s
- Supported by Governor Task Force funds initially; BH Justice Investment
- Mecklenburg launched in Dec. 2023; Pitt launched Feb. 2025; Wake June 2025

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- Mecklenburg DCCRP**
 - 60+ individuals served to date
 - 80% of participants restored
 - Avg time to restoration = 55 days (180+ at SPH)
 - 60% reduction in Meck SPH waitlist**
 - Expanded to 25 beds and regional
- CBCRP's**
 - 16 individuals served to date
 - Reduced jail time
 - Engagement with services post-adjudication
 - Consumer and stakeholder surveys

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Creating a System of Capacity Restoration

Historically

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

Current 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

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Referral Process

DCCRP:

- Those on waiting list for SPH are screened for eligibility
- Courts can order assessment for eligibility (e.g., do not meet IVC)
- Attorneys and court are notified.
- Def remains on waitlist and can still go to SPH if needed.

CBCRP:

- LCFE/CRH makes recommendation
- If Def is eligible for bond, Court can order Def into the program
- 30-day updates are provided
- If/when restored, independent evaluation

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Contact Information

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

CBCRP Providers:

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- Wake County (Elwin Adult Behavioral Health Services): Brooke McLaughlin, brooke.mclaughlin@elwyn.org
- Mecklenburg County (Atrium Behavioral Health): Yolonda Tindal, caprestorationprogramreferral@atriumhealth.org
