Dealing with Capacity Issues

A Practical Approach

Dr. Robert Cochrane
Statewide Director of Forensic Services
robert.cochrane@dhhs.nc.gov

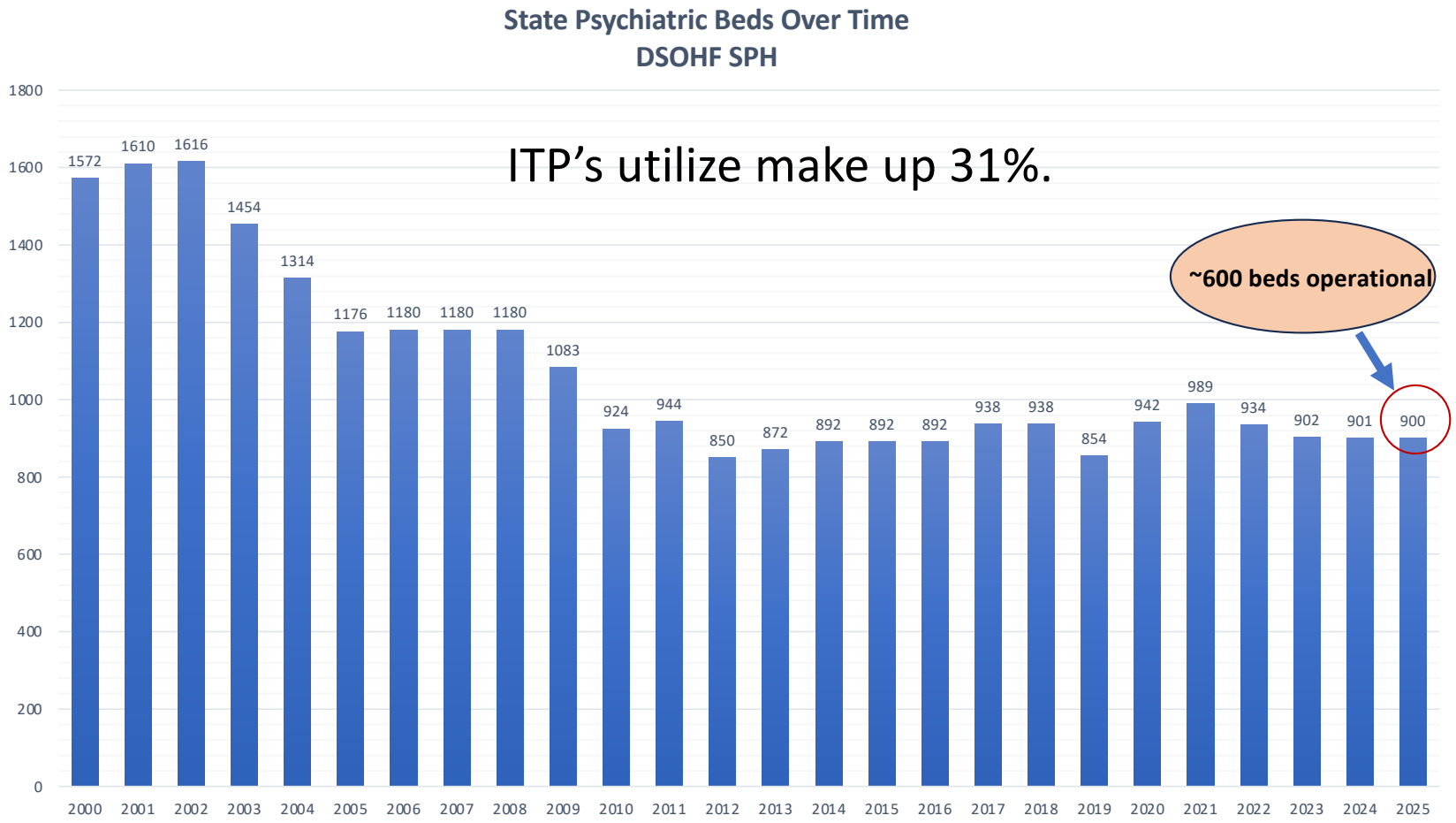
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

May 6, 2026


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
854
942
989
934
902
901
900
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025

Increase in Referrals

Over 2200 capacity evaluations are ordered each year.

Until last year, there was a 33% increase over the previous 5 years, consistent with national trends.

Approximately 60% are found ITP…1,300 patients/year

ITP State Psychiatric Hospital (SPH) Wait List

Waitlists in Other States:

TX=2500

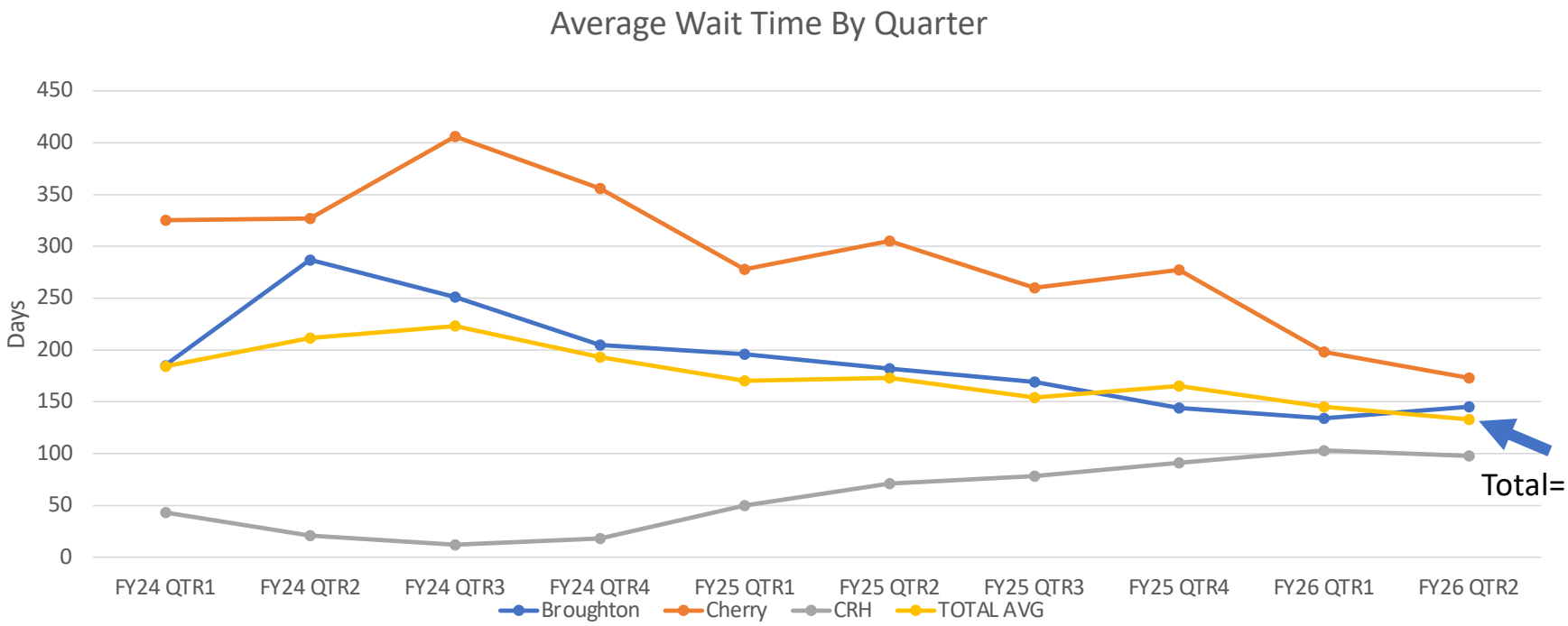
GA=360

VA=75

OK=200

ITP Number on Waitlist	
Jun-23	213
…	…
Jun-24	148
…	
Jun-25	135
…	
Mar-26	145

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
- Re-entry support (e.g., FACT, UNC Wellness)
- SPH Recruitment and Retention
- Mental Health Courts and Capacity Dockets
- Legislative Changes
- Community Based Capacity Restoration Programs (CBCRP)
- Detention Center Capacity Restoration Programs (DCCRP)

Legislative Changes

- HB 576 enacted June 27, 2025
  - § 122C-256
  - CBCRP and DCCRP officially recognized and regional
  - Legislative report on ITP and IVC submitted Jan. 2026

Additional efforts…

- Revise Iryna's Law regarding IVC
- Strengthen AOT
- Salary increases
- Time limits for greater throughput

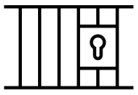
Creating a System of Capacity Restoration

Historically

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

Current/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

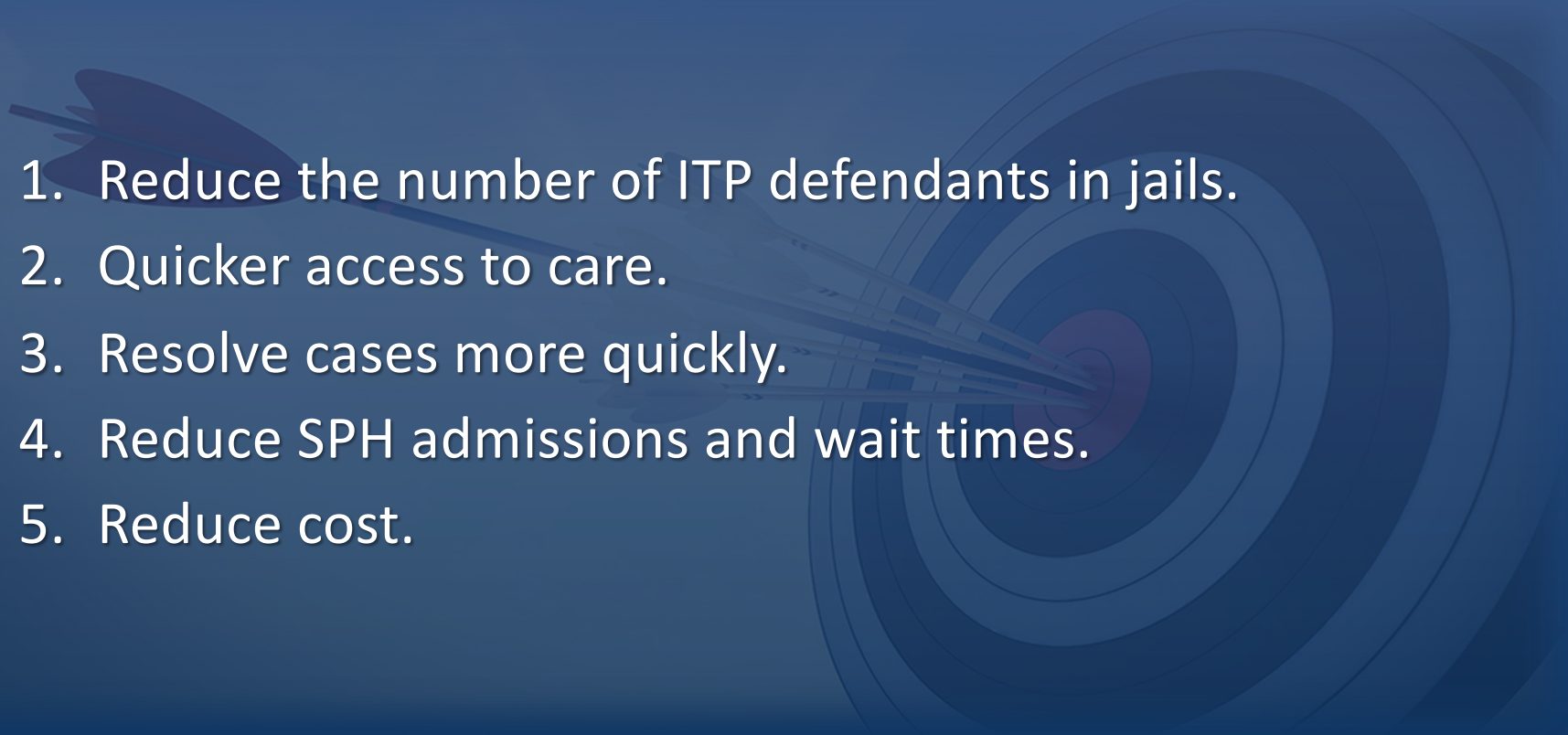
CBCRP and DCCRP Overview

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*

?

(formerly Wake County)

- *Pitt and Mecklenburg are regional programs
- Supported by Governor Task Force funds initially; BH Justice Investment
- Mecklenburg launched in Dec. 2022; Pitt launched Feb. 2025; Wake June 2025

Pilot Outcomes

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

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

Contact Information

Dr. Robert Cochrane, Statewide Director of Forensic Services, DHHS
robert.cochrane@dhhs.nc.gov

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): Olivia Banville, olivia.banville@elwyn.org
- Mecklenburg County (Atrium Behavioral Health): Yolonda Tindal, caprestorationprogramreferral@atriumhealth.org