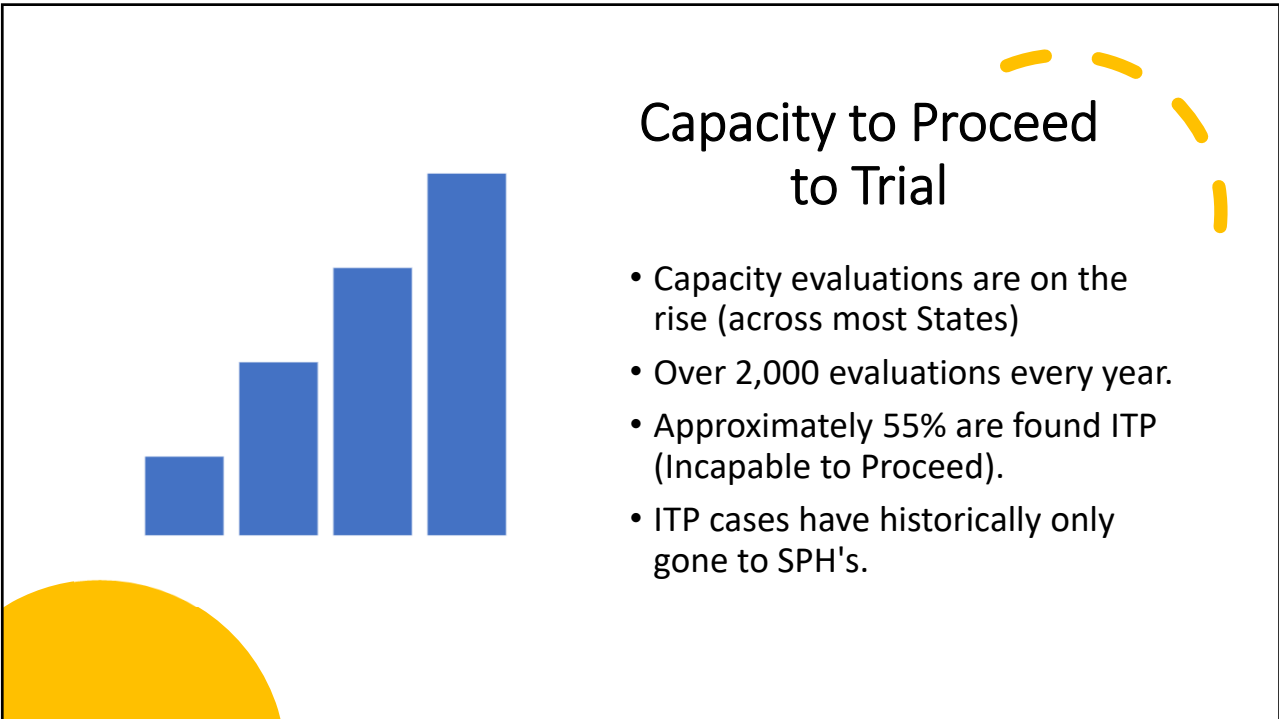




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## Increase in Capacity Evaluations

	Alliance	Trillium	Sandhills	Eastpointe	Vaya	Partners	CRH	
Year								Total
2015	115			22	8	60 (6mo.)	808	
2016	260	80		63	23	101	816	
2017	245	140		72	29	139	816	
2018	275	90	310	60	100	150	896	1881
2019	260	98	336	55	150	155	816	1870
2020	240	87	327	37	135	125	816	1642
2021	270	60	301	40	200	172	835	1706
2022	320	52 (9mo.)	228	30	270	160 (9mo.)	940	2066

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### Capacity Evaluations (Jan. 1 to Aug 31)

- Total Evaluations Ordered = 1739\*
- Local Certified Forensic Evaluations (LCFE) = 939
  - 52% of cases are Misdemeanors only
- Central Regional Hospital (CRH) Evaluations = est. 800\*

\*CRH 2023 data not yet available

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### LCFE Evaluation Wait Times (Jan-Aug 2023)

**§ 15A-1002:**

10 days for Misd. in custody  
 20 days for Misd. out of custody  
 30 days felonies  
 60 days CRH

Days Between Evaluation and Report Submitted			
Average	5.27		
Median	2.00		
SD	7.96		

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### LCFE Capacity Decisions (Jan – Aug 2023)

Initial Capacity Evaluations	
Capable to Proceed (CTP)	186
Incapable to Proceed (ITP)	278
Unable to Determine (UTD)	56
<b>Total</b>	<b>520</b>

- 60% found ITP (Overall)
- 69% found ITP (Misd.)

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### ITP State Psychiatric Hospital (SPH) Wait List, Wait Times, and Admissions

ITP Number on Waitlist	
Aug-22	150
Sep-22	158
Oct-22	178
Nov-22	192
Dec-22	197
Jan-23	195
Feb-23	195
Mar-23	203
Apr-23	197
May-23	207
Jun-23	213
Jul-23	193
Aug-23	192
Sep-23	184

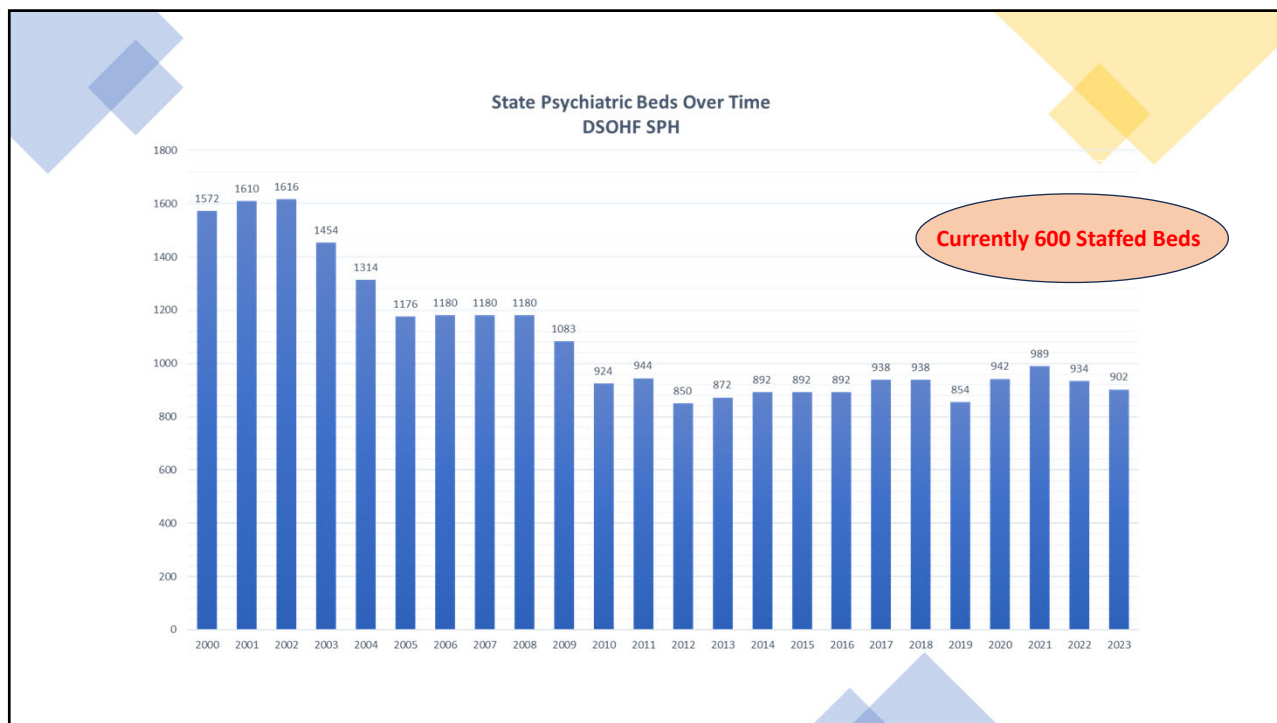
Referral to Acceptance SPH Wait Times Days		
	Average	Maximum
Broughton	250	471
Cherry	266	462
CRH	52	150

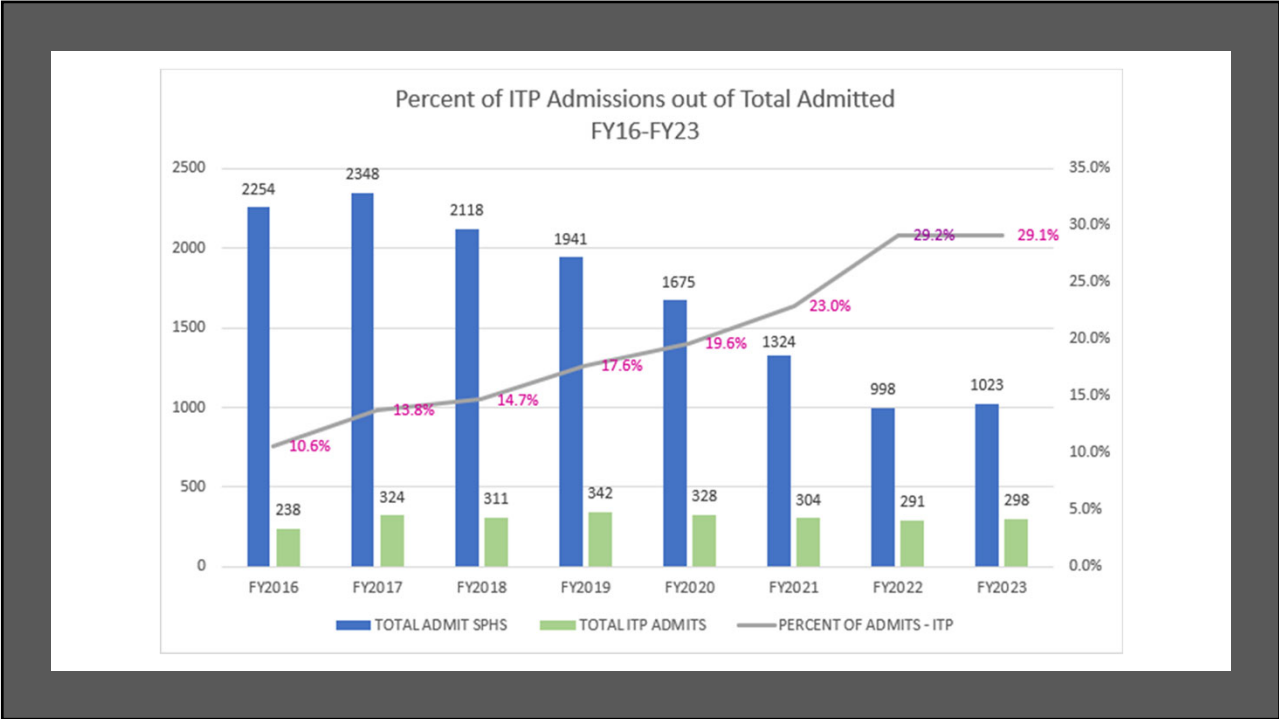
Current ITP Admissions
Broughton = 63
Cherry = 39
CRH = 79

*Waitlists in Other States:  
TX=2500; GA=360; VA=75; OK=200*

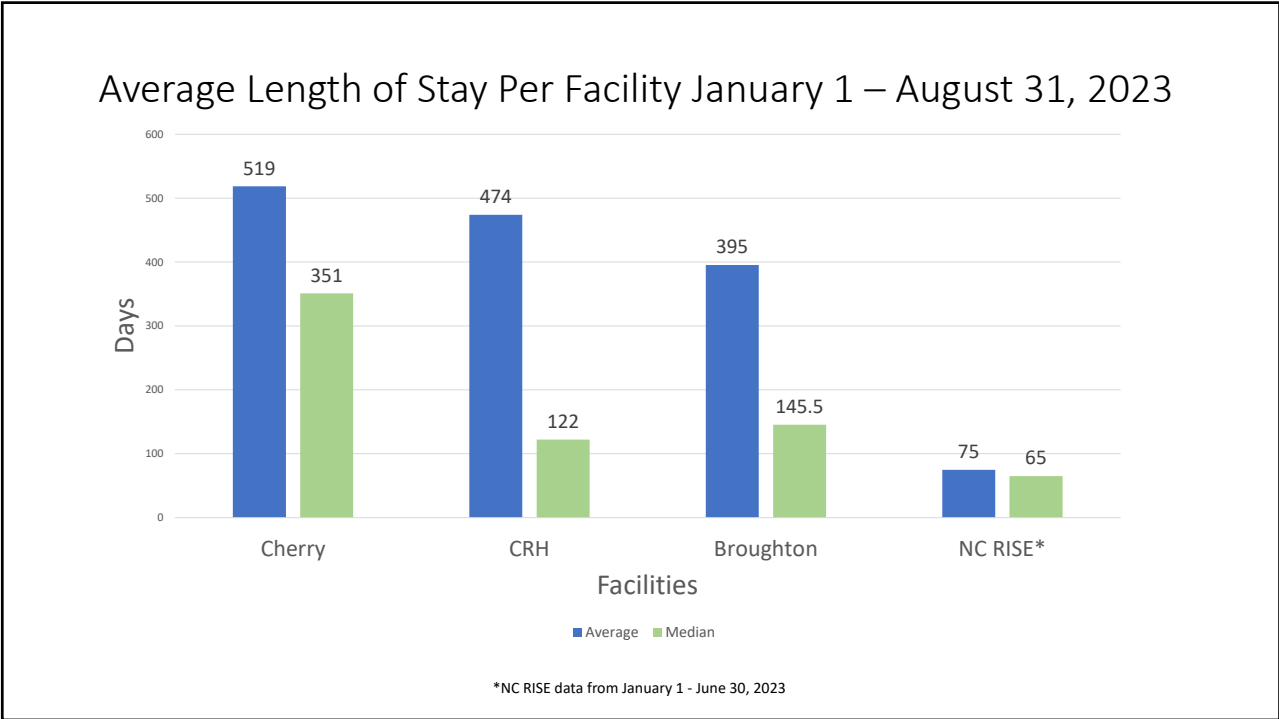
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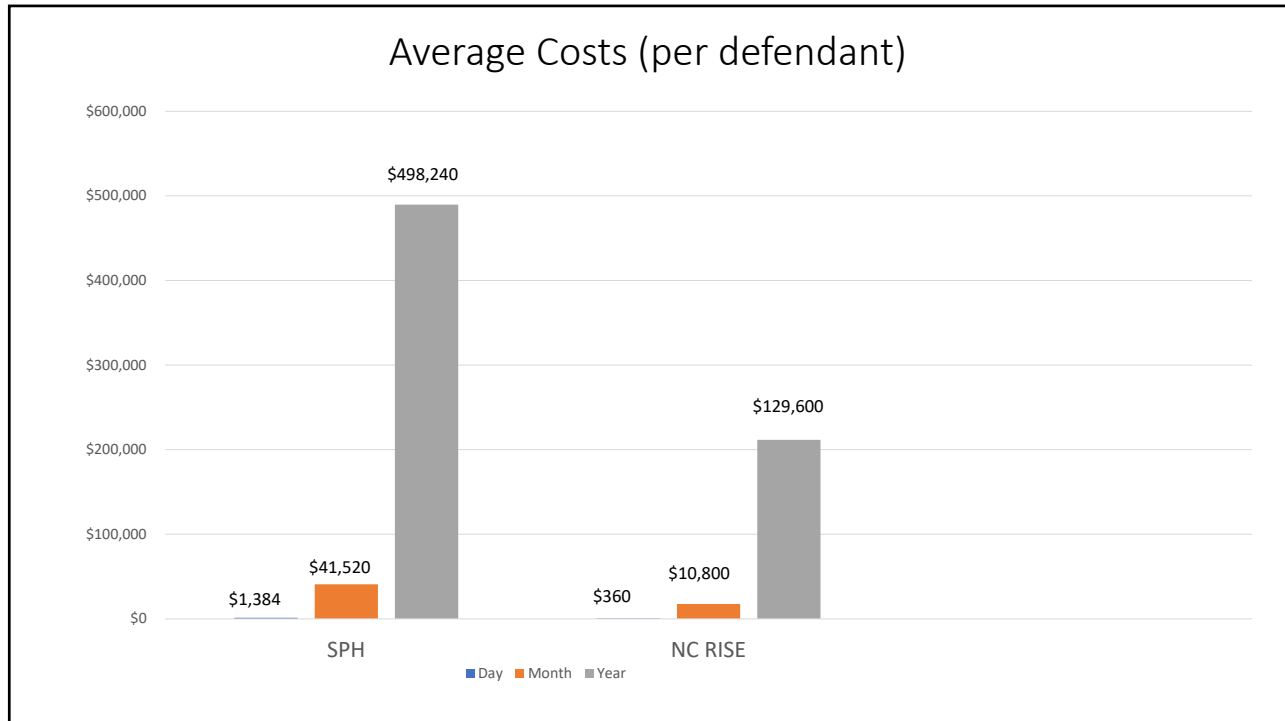
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## Indirect Costs

- ITP defendants do not get the care they need.
- They do not get care in a timely manner.
- They do get care at the right level.
- System get overwhelmed
  - More officers for arrest/processing
  - Longer time in detention
  - Courts further backlogged
  - DA and Defense caseloads increased

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## Deflection, Diversion, and Re-entry Efforts

- Capacity Restoration Pilots
  - Detention Center and Community Based CR programs (DCCRP, CBCRP)
- Mental Health Courts (7)
- Pre-crisis and engagement diversion programs (23)
- Re-entry community programs (29)
- *Post Arrest Misdemeanor Diversion?*

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## What happens to Misdemeanants?

- Some go to SPH
- Some go to DCCRP and CBCRP pilots
- Many "time out"
- They are often not connected to services upon release
- Recidivism

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## Looking Ahead...

- Need data on this high need, low risk population.
- How often do they recidivate and how frequently?
- Determine how many misdemeanants go to SPH versus other programs.
- Research which cases are dismissed during the CR process.
- See where there are delays in calendaring cases.

➤ ***AOC and DHHS Data Sharing Agreement***


➤ ***TA from SAMSHA GAINS Center on data collection/analyses***

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## Conclusions

- Misdemeanor diversion could supplement other efforts.
  - Capacity evaluation and restoration resources could be reserved for violent and felony cases.
  - Misdemeanor diversion would allow for increased behavioral health engagement.
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