



**Year 1 Annual Report:  
Division of Mental Health,  
Developmental Disabilities,  
and Substance Use Services  
Strategic Plan 2024–2029**

**North Carolina Department of  
Health and Human Services**

**February 2026**

# Letter from the Secretary

Over the course of my career as a family physician, I have witnessed firsthand how critical attention to mental health is in delivering comprehensive care. My experiences have shown me that mental and emotional well-being are deeply intertwined with physical health, often influencing the course of illnesses and the effectiveness of treatment plans. By prioritizing mental health, I have seen remarkable improvements not only in individual patients but also in the lives of their families, reinforcing the belief that addressing these needs is essential for fostering resilience, healing, and lasting wellness within the community.



This is why one of my priorities as Secretary of Health and Human Services is addressing the mental health crisis in our state by strengthening our statewide coordinated systems of care. Making services easy to access when and where they are needed will improve the health and wellbeing of all North Carolinians.

One of our focus areas is improving mental health support for people who are involved in the justice system as more than 50% of people in prisons and jails in North Carolina identify as having a mental health need, and 75% identify as having a substance use disorder. Our approach centers on care over punishment, expanding services that help people avoid incarceration, receive treatment while incarcerated and successfully re-enter their communities. This work includes:

- Partnerships with community organizations like Jubilee Home in Durham and Aya House in Rowan County to provide housing support, mental health treatment and employment assistance for people recently released from incarceration.
- Expanding our Law Enforcement Assisted Diversion (LEAD) programs to keep non-violent, low-level offenders out of jail, so they receive treatment and not punishment.
- Strengthening re-entry and recovery supports by launching Forensic Assertive Community Treatment teams in Pitt, New Hanover, Wake/Durham, Buncombe, and Mecklenburg counties, helping people transition successfully from incarceration and reducing the likelihood of returning to jail or prison.
- Training more than 40 juvenile justice clinicians in trauma-informed, evidence-based practices through partnerships with UNC Greensboro and the Juvenile Justice and Delinquency Prevention Program to help youth who are involved in the justice system.
- Expanding capacity restoration services to Wake County, building on successful programs in Mecklenburg and Pitt counties, so people can regain competency for trial in alternative settings rather than waiting in state hospitals.

At the same time, we are building a crisis system that works for everyone, giving you someone to call, someone to respond and a place to go if you are struggling with your mental health. This includes increasing mental health facilities in communities across the state and adding more mental health beds for children and adolescents needing a higher level of care.

Our mission and vision are clear. We are building a healthier North Carolina that puts people first, meeting their health needs at the right time and in the setting that is best for them. This purpose drives all the work we do and will continue to be our motivational force as we strive to accomplish the goals included in this strategic plan.

Thank you for your continued support,

A handwritten signature in black ink, appearing to read "DS".

**Dev Sangvai, MD, MBA**

*Secretary, Health and Human Services*

# Letter from the Director

To Our Partners:

We've had a big year at the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS). Since publishing the DMH/DD/SUS Strategic Plan 2024–2029 in September 2024, we have hit the ground running, fulfilling our commitment to make changes that people across North Carolina can see and feel. We have made significant progress toward achieving the vision set out in the Strategic Plan, and we are just getting started.



The Strategic Plan set ambitious goals for DMH/DD/SUS and our community partners to increase access to care and improve quality of care for people across the state with mental health, substance use disorder (SUD), intellectual or developmental disability (I/DD), or traumatic brain injury (TBI) needs. Our community partners were essential to the development of the Strategic Plan—both in providing thoughtful feedback on the plan and in doing the on-the-ground work to make the Plan a reality.

In this Year 1 Annual Report, we share key accomplishments across all of our strategic priorities, provide updates on the measures we are tracking to demonstrate our successes through our Strategic Plan Dashboard, and forecast what's ahead in the next four years of the Plan. The first year of the Strategic Plan included many achievements but also challenges. We've supported Hurricane Helene response and recovery efforts and faced a dynamic and uncertain policy and financing environment at both the federal and state levels. I'm proud to say that DMH/DD/SUS has spent the past year advancing the values and goals laid out by the Strategic Plan, including building our workforce, growing community crisis supports, and expanding access to services for people involved in the justice system.

Some standout accomplishments include:

- **Expanding our community crisis capacity by:**
  - Opening seven new Behavioral Health Urgent Care centers (BHUC) and one new Facility-Based Crisis center
  - Helping people access crisis services through a [centralized website](#) and promoting community crisis services through the [Crisis to Care](#) campaign
  - Growing our mobile crisis response capacity and funding the creation of nine new Mobile Outreach, Response, Engagement and Stabilization (MORES) teams to support families with youth experiencing a crisis
- **Investing in services to support people reentering communities from incarceration**, including \$9.5 million to establish Forensic Assertive Community Treatment (FACT) teams to provide wrap-around support for people re-entering communities from justice settings in six counties
- **Improving access to stigma-free evidence-based substance use disorder treatment by:**

- Opening two Mobile Opioid Treatment Programs to provide medication for opioid use disorder for hard-to-reach communities
- Launched [Unshame](#) with First Lady Anna Stein to end stigma and promote evidence-based care for SUD
- **Strengthening services and supports for people with I/DD, including:**
  - Increasing by 20% the number of people with I/DD who receive home and community-based services while on the waitlist for the Innovations Waiver, which covers a wide range of services for Medicaid-enrolled members
  - Publishing the new [Inclusion Connects Work Plan](#), which outlines our goals to improve services for people with I/DD
  - Created [Accessible Communications toolkits](#) to help individuals with I/DD understand the services available to them
- **Growing recovery and community-based supports**, including opening two new peer respite centers, giving more communities access to these recovery-oriented and stigma-free environments
- **Building our workforce through targeted investments**, including expanding the [Licensed Workforce Loan Repayment Program](#) for licensed professionals who provide mental health, SUD, I/DD, and TBI services in rural and underserved communities and building a new pipeline of social workers through the [Public Service Leadership Program](#).

I am excited to share more of our accomplishments throughout this Annual Report—the first in a series of Strategic Plan Annual Reports—and make good on our commitment to increase public transparency and accountability. I am proud of the progress we have made so far and am grateful to all our community partners for their continued support in implementing the Strategic Plan.

Warmly,



**Kelly Crosbie, MSW, LCSW**

*Director, Division of Mental Health, Developmental Disabilities, and Substance Use Services*

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# Introduction

## Purpose of the Year 1 Annual Report

The [DMH/DD/SUS Strategic Plan 2024-2029](#) focuses on the most pressing mental health, substance use, I/DD, and TBI issues facing North Carolinians. This Year 1 Annual Report:

- Reinforces the vision and goals of the Strategic Plan
- Provides key updates on each Strategic Plan priority area, including:
  - Information on initiatives launched in Year 1
  - Performance on Strategic Plan measures
  - “Spotlights” on community partners that have enabled the success of key initiatives
- Forecasts DMH/DD/SUS’s Strategic Plan areas of focus for Year 2 and beyond

DMH/DD/SUS intends to publish an Annual Report each year of the Strategic Plan to inform community partners and the public about its recent efforts and plans for future initiatives.

## Measuring Our Success



Where available, DMH/DD/SUS will demonstrate Year 1 (2025) performance on measures identified in the Strategic Plan and reported through the Strategic Plan [Dashboard](#). Launching the Dashboard was a significant accomplishment for the Division in Year 1. It will allow us to monitor Strategic Plan progress over time and take an evidence-based approach to future policy decisions.

Performance for each measure is reported in [Appendix B: Measuring Progress](#) as:

- “Increase,” for metrics where the number or percent increased compared to previous years;
- “No Change,” for metrics where there was no meaningful change in number or percent compared to previous years;
- “Decrease,” for metrics where the number or percent declined compared to previous years; or
- “Retired,” for cases where DMH/DD/SUS has/will be replacing a measure and is no longer reporting data

There are several metrics where 2025 data is not yet available. In those cases, DMH/DD/SUS has noted the date of the most recent data. Some metrics have changed since publication of the strategic plan; those changes are noted in Appendix B as well.

For measures where data is not yet available, DMH/DD/SUS is working to update the Dashboard to provide the latest high-quality data. Improvement across many of these measures will take time and continued investment—and in the current policy and funding environment, maintaining foundational progress can be a win for ensuring access to care.

DMH/DD/SUS continues to refine and improve data collection and validation methods.

Throughout the next four years DMH/DD/SUS will make updates to the measure list including adding new measures, changing measure specifications, and removing measures where there are data quality issues, barriers to collecting the data, or a more meaningful measure was identified to replace it.

## Background on the DMH/DD/SUS Strategic Plan

The Division's community partners, including cross-Divisional and cross-Departmental partners, were critical to the development of the Strategic Plan. In August 2023, DMH/DD/SUS began discussions to identify initial priorities and goals to drive the work of the Division. The Division developed the Strategic Plan in collaboration with providers, Local Management Entity/Managed Care Organizations (LME/MCOs), consumers and families, and incorporated feedback from over 130 public comments.

The Strategic Plan lays out DMH/DD/SUS's mission, vision, and principles (see *Figure 1*) and reiterates DMH/DD/SUS's commitment to serving all North Carolinians who seek mental wellness or live with a mental health issue, SUD, I/DD or TBI. The Strategic Plan includes a specific focus on targeted populations including people with co-occurring disorders, people who speak languages other than English, active service members and veterans, and historically underserved groups. It establishes seven Priorities (see *Table 1*), which each have subsequent goals and initiatives (see *Appendix A* for full list of initiatives) that DMH/DD/SUS aims to meet.

**Table 1: DMH/DD/SUS Strategic Plan Priorities**

Our Priorities
1. <b>Increase Access to Care Across the State:</b> We will make it easier for people to access and stay in services to promote wellness, prevent suicide, address problem gambling, and live self-directed lives.
2. <b>Increase Access to Quality I/DD and TBI Services:</b> We will increase access to services so that more individuals with I/DD and TBI are able to live the lives of their choosing in their community.
3. <b>Prevent Substance Misuse and Overdose:</b> We will use primary prevention, harm reduction techniques, and increase timely access to services to prevent substance misuse and overdose.
4. <b>Build the Workforce:</b> We will encourage all individuals delivering care and supporting care delivery to offer quality, evidence-based services and support them in having a clear understanding of their role and a path for professional growth.



Figure 1: DMH/DD/SUS Mission, Vision, and Principles

## Our Priorities

5. **Strengthen the Crisis System:** We will implement our crisis to care vision to meet the needs of people in distress across the state, ensuring that every North Carolinian has someone to contact, someone to respond and a safe place for help.
6. **Expand Services for Individuals in the Justice System:** The Division will create alternatives to incarceration, increase access to behavioral health treatment, and develop supports to deflect and divert more individuals from the justice system, as well as maintain stability upon re-entry.
7. **Amplify Recovery and Community-Based Services:** We will strengthen the continuum of care for children and adults living with serious and complex mental health and substance use, including co-occurring I/DD and TBI.

By 2029, when the Strategic Plan is fully implemented, North Carolinians will be able to see progress against these priorities through:

- **More prevention**, resulting in more children and youth growing up in safer and healthier spaces with a reduced need for services later in life.
- **More access** to quality services that meet people's needs in every community.
- **More people living self-directed lives** of their choosing in their communities, with support close to home.
- **More people reaching recovery** and managing their health, with a safe place to live, meaningful daily activities, and a strong community.
- **A more supported workforce** that is well-trained, happier, and healthier.

## The Evolving North Carolina Context

DMH/DD/SUS's Strategic Plan builds upon previous efforts by NCDHHS and its partners, including the [Opioid Action Plan](#), [Behavioral Health Roadmap](#), [Suicide Prevention Action Plan](#), and [Olmstead Plan](#). These efforts laid the foundation for our progress during the first year of the Strategic Plan. Additionally, DMH/DD/SUS was allocated approximately \$230 million of an historic 2023 General Assembly [investment](#) to support mental health, SUD, and I/DD and TBI system transformation in the state, which the Division has invested in initiatives across Strategic Priority areas to build capacity, improve access, and support the workforce. Many of these initiatives are highlighted in this report.

Since beginning implementation of the Strategic Plan, external factors (e.g., Hurricane Helene) and changes in state and federal policy and financing have impacted how behavioral health services are delivered and financed in North Carolina.

As of the date of this report, North Carolina remains without a fully enacted FY 2025-2027 biennial state budget. Without a budget, per North Carolina law, funding remains at 2025 levels, which is insufficient to adequately fund NC Medicaid, the largest payer of mental health and SUD services in the state, leading to significant uncertainty for mental health, SUD, I/DD, and TBI providers who rely on Medicaid and other state funding.

Additional state funding changes in 2025, including the elimination of the Governor's Task Force on Mental Health and Substance Use Reserve Fund, the \$15.6 million cut from three-way bed funding for community psychiatric and inpatient crisis beds at a time when there is limited capacity at state psychiatric hospitals, and \$18.5 million in cuts to LME-MCOs (which includes funding that covers services for uninsured individuals) have created new challenges in the way that DMH/DD/SUS ensures needs are met across the state.

Further, federal shifts in policy and financing priorities, such as reductions in SAMHSA staffing and deep federal Medicaid financing cuts and coverage losses, will impact access to and quality of mental health, SUD, I/DD, and TBI services in the state.

These environmental factors have affected operations for community-based providers and created stress and anxiety in communities that rely on their services. As described below, in the face of these budget constraints and fiscal threats, DMH/DD/SUS is working closely with our partners within NCDHHS and in the community to alleviate stress and continue to advance our priorities and goals.

### **Hurricane Helene**

In September 2024, just after publishing the Strategic Plan, Hurricane Helene hit North Carolina, placing 39 counties primarily in the Western part of the state under a state of emergency. Over 100 lives were lost, and hundreds of thousands of residents saw their homes and businesses damaged or destroyed. The storm resulted in the evacuation of 145 health care facilities (including hospitals, mental health, and community health facilities) across the region.

The mental health impact of the storm was incalculable. DMH/DD/SUS worked quickly to [address](#) the immediate needs of people who were affected while also investing in long-term services in the region. Since Helene, DMH/DD/SUS has made targeted investments to support mental health, SUD, and I/DD and TBI providers and bolster access to services in the region, continuing its support as residents manage the long-term effects of the storm.



### **Our Commitment**

DMHDDSUS will continue to meet the needs of its communities & advance the Strategic Plan despite federal and state funding cuts.

# Priority 1: Increase Access to Care Across the State

North Carolinians are not seeking treatment as often as they could due to care not being available in places they are comfortable, deep-rooted stigma, and a lack of service preparedness to meet the needs of specific communities. For people experiencing challenges with their mental health, problem gambling, or an SUD, recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Essential to recovery is being able to access care—the first priority outlined in DMH/DD/SUS's Strategic Plan.

**Table 2: Priority 1 Goals and Year 1 Progress**

	Our Goals	Progress in Year 1
Priority 1: Increase Access to Care Across the State	<b>1.1: Increase Treatment Initiation and Retention.</b> Make it easier for children, adolescents, and adults of all ages to access evidence-based services in a timely manner and stay in services for the recommended duration of treatment.	Some progress
	<b>1.2: Promote Access to Integrated Care.</b> Expand care models that promote integrated behavioral health care across the continuum and with primary care.	Significant progress
	<b>1.3: Increase Caregiver Supports.</b> Promote services and supports for family members and caregivers.	Some progress

## Year 1 Strategic Plan Progress

In 2025, DMH/DD/SUS has made important strides in expanding access to care across the state, including increasing awareness of mental health, SUD, I/DD, and TBI resources, partnering with community organizations to reach priority populations where they are, and growing the capacity for integrated primary care and mental health and SUD services.

### Increasing Awareness, Initiation, and Retention of Treatment

DMH/DD/SUS launched several critical awareness and communications campaigns in late-2024 and 2025 to make it easier for people to find the right care, in the right place, at the right time for them.

Key accomplishments include:

- **Reaching over 1.2 million people across the state through the Accessible Communications campaign**, which created easy-to-understand information on [Tailored Plans](#) and [Tailored Care Management](#), [1915\(i\) services](#), and [Innovation Waiver services](#).

- **Launching Unshame NC with First Lady Stein** in 2025 to increase awareness and decrease stigma around SUD and medications for opioid use disorder (MOUD).
- **Creating a directory for crisis services and walk-in clinics** to help people find providers in their communities.
- **Awarding grant funding to community organizations** to support outreach and engagement efforts for at-risk or marginalized populations, including Latinx communities, Asian American and Pacific Islanders (AAPI), older adults, caregivers, faith-based groups, and LGBTQ+ individuals, who may not seek services through traditional clinical pathways.
- **Increasing investments in National Alliance on Mental Illness NC (NAMI) through a \$1.8 million contract** that includes expansion of NAMI programs to serve all counties, funding support groups and community inclusion projects, and **increasing the number of NAMI on Campus chapters** to connect students with their peers to raise mental health awareness and help students access supports and services.

Since launch, over **1.5 million people** have visited the **Unshame website**, and 50 community organizations have joined the state's coalition.



### **Initiative Spotlight: UCA Waves Supporting Mental Health for Asian American and Pacific Islander (AAPI) Communities**

UCA Waves focuses on addressing the cultural, linguistic, and system barriers to mental health care for AAPI residents. Suicide rates have risen in recent years among the AAPI community; suicide was the [leading cause of death](#) among Asian American youth in 2018-2022. Since 2024, UCA Waves has served first and second-generation immigrants, refugees, students, parents, and members of the LGBTQIA+ community.

In 2025, DMH/DD/SUS provided two grants to UCA Waves to support outreach and engagement efforts in the AAPI community. The first allowed UCA Waves to scale up its peer support programs, education efforts, youth development programs, and expand outreach efforts to build connections in the community. The second grant funded one-on-one mental health education through Community Health Workers.

Support from DMH/DD/SUS enabled UCA Waves to reach several critical milestones in 2025, including hosting a *Roots & Resilience* conference, which brought together over 300 youth, families, clinicians and policymakers to bridge data with lived experience.



Figure 2: UCA Waves Youth Presented at APHA Conference, Awarded Best Abstract Student Award

### **Promoting Access to Integrated Care**

DMH/DD/SUS made progress toward further integrating mental health and SUD treatment throughout its behavioral health service array and in primary care settings through two key initiatives:

**1. Expanding access to care in Certified Community Behavioral Health Clinics (CCBHCs)**, which provide a “one-stop shop” for a range of mental health and SUD services, and provide comprehensive care coordination across mental health, SUD, physical health care, and social services to help people with higher mental health and SUD needs receive a broad array of services in one place.

- In the fall of 2025, all five NCDHHS-funded CCBHCs began their contract with DMH/DD/SUS, funded through American Rescue Plan Act (ARPA) funding.

**2. Increasing adoption of the Collaborative Care Model (CoCM) in primary care offices to give more people with mild to moderate mental health and SUD conditions access to treatment in their primary care providers’ office.**

- DMH/DD/SUS invested \$5 million to help providers with start-up costs such as hiring, which was identified by NC Medicaid and the Collaborative Care Consortium as a barrier to implementation of the model.

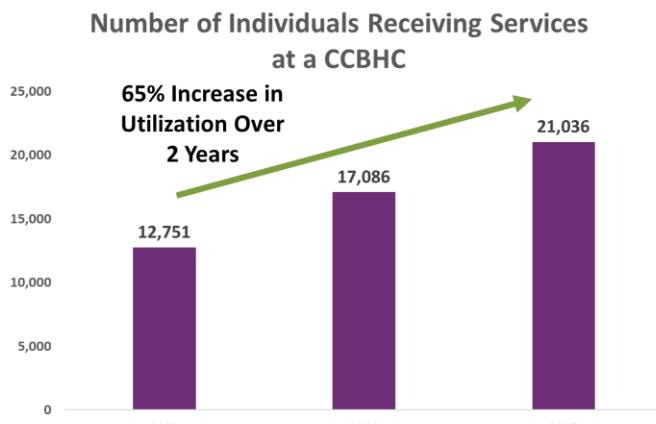


Figure 3: Number of Individuals Receiving Services at a CCBHC

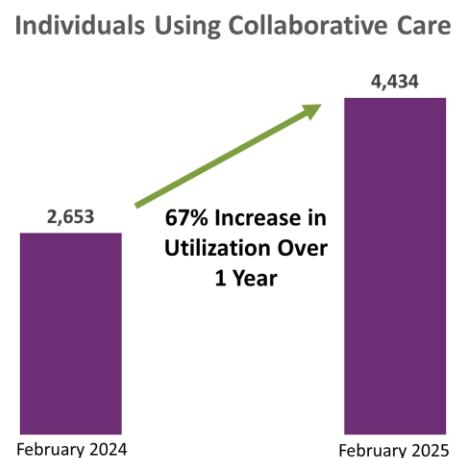


Figure 4: Number of Individuals Using CoCM

### Increase Caregiver Supports

DMH/DD/SUS awarded over **\$2 million in grants to three community-based organizations to develop or expand sibling and family support programs for caregivers** of individuals with mental health, SUD, I/DD, or TBI needs. These programs will offer supports to caregivers who face challenges navigating confusing and often overwhelming systems and ensure the caregivers have the resources to care for their loved ones and themselves.

## Looking Ahead



Over the next four years, DMH/DD/SUS will continue its efforts to increase access to services, including by:

- Expanding outreach, engagement, and connection to mental health, SUD, I/DD, and TBI services in **nontraditional community-based settings to reach marginalized communities in trusted spaces**
- Formalizing the certification process for CCBHCs to **increase the number of CCBHCs** across the state in the coming years
- Increasing the network of mental health and SUD providers that have **open access hours and next-day services** to expand community-based entry points to care

## Priority 2: Improve Access to Quality I/DD and TBI Services

Too few people with I/DD or TBI in North Carolina can access services that allow them to live independently and with dignity in their communities. North Carolina's Innovations Waiver covers a wide range of services for children and adults with I/DD enrolled in NC Medicaid, but more than 19,000 individuals remain on the Waiver's waitlist, one of the largest waitlists in the country. What many on the waitlist don't know is that they may be eligible to receive similar services while they wait. DMH/DD/SUS, in partnership with NC Medicaid, has taken foundational steps to educate people on opportunities that exist for them to access these services as well as to expand access to other community supports for people with I/DD and TBI through the Strategic Plan.

**Table 3: Priority 2 Goals**

	Our Goals	Progress in Year 1
<b>Priority 2: Improve Access to Quality I/DD and TBI Services</b>	<b>2.1: Increase I/DD Services.</b> Increase the number of people with I/DD receiving high-quality services in their homes and communities.	Some progress
	<b>2.2: Increase TBI Services.</b> Increase the number of people with TBI receiving high-quality services in their homes and communities.	Future focus
	<b>2.3: Increase Community Living Supports.</b> Increase the number of people with an I/DD or TBI who access and maintain independent housing and supported employment.	Some progress

### Year 1 Strategic Plan Progress

In 2025, DMH/DD/SUS focused on growing access to key services for individuals with I/DD that help them remain safe and supported in their homes and become more engaged in their communities through employment and other activities. Many of these initiatives focus on getting people with I/DD connected to the services they are eligible to receive through awareness efforts and investments in community partners who have strong relationships with individuals with I/DD and their families. This priority is closely tied to building the workforce, as efforts to grow the direct support professional workforce will support increased access to care for individuals with I/DD and TBI.

## Increasing Access to 1915(i) Services for Individuals with I/DD

1915(i) services help individuals live in their own home and community instead of a care facility and include services like support with activities of daily living, support with skills to participate in community activities or find a job and respite services for caregivers. DMH/DD/SUS has focused its efforts during Year 1 of the Strategic Plan on increasing awareness of 1915(i) services.

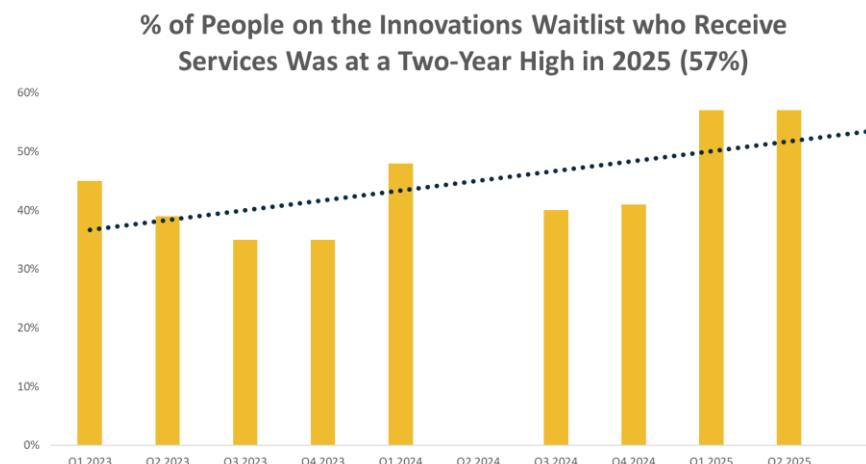


Figure 5: Percent of Individuals on Innovations Waiver Waitlist who Received a HCBS, mental health, or SUD service

Key accomplishments include:

- **Launching an Innovations Waiver Waitlist Dashboard to strengthen our understanding of the needs of individuals on the waitlist**, which provides quarterly updates on the demographics, diagnoses, and locality of individuals on the waitlist
  - Understanding these characteristics is a first step in connecting individuals to the services they need while on the waitlist
- **Increasing the number of individuals receiving 1915(i) home and community-based services** by more than 2,200 people in fiscal year 2025, a 21% increase from the start of the fiscal year.
- **Increasing awareness of 1915(i) services** through the Accessible Communications [toolkit](#)
- **Connecting people on the Innovations Waiver waitlist with 1915(i) services**, utilizing the [Innovations Waiver Waitlist Dashboard](#).
  - DMH/DD/SUS is investigating if these services are meeting the needs of the people receiving the services, to inform efforts with NC Medicaid on broader Innovations Waiver improvements.

### **Initiative Spotlight: Utilizing Remote Patient Support for People with I/DD and TBI Through Trillium Ultimate Living Assistant (TULA)**

Trillium LME-MCO is piloting an innovative care delivery approach called [TULA](#), which utilizes remote supports and person-centered enabling devices to help people with I/DD and TBI increase their independence and autonomy in their communities.

TULA devices pair technology with real people behind the screen to offer personalized and real-time support via a specialized service center and remote monitoring. Services are tailored to each individual's preferences and help manage their physical health conditions through connected health tools like blood pressure monitors and glucose meters.

Over 400 TULA devices have been deployed across 46 counties, garnering positive responses from both individuals and their families. Families have shared that TULA helps individuals with I/DD and TBI maintain their daily schedules and complete tasks. For Ronnie, a 67-year-old who lives independently in his family home, TULA has helped him to remain safely in the home after the death of his mother. Together with the care of a supported living provider, TULA helps Ronnie complete daily routines, manage chronic kidney disease, and stay connected with the people who matter most to him.



Figure 6: Ronnie and his TULA device

### **Improving Access to Community Living Supports**

In addition to accessing services, people with I/DD deserve choice in where they live and work. Through DMH/DD/SUS's [Inclusion Connects](#) initiative, DMHDDUS has worked to connect people with I/DD with community living and employment supports in their chosen communities.

Key accomplishments include:

- **Transitioning 82 people with I/DD from institutional settings** to community settings in fiscal year 2025.
- **Publishing a Community Living Guide** that includes resources about housing, services, and financial supports for individuals with I/DD and their caregivers.
- **Investing in Employment Coordinator positions** at each LME-MCO to connect more individuals to jobs in the community alongside peers without disabilities.
- **Training providers and direct support professionals** who care for people with I/DD to **help individuals find employment** through the [Inclusion Works](#) initiative.

### Initiative Spotlight: OE Enterprise's Inclusion Works Provider Innovation Initiative

OE Enterprises is one of four providers that were awarded funding through the Inclusion Works Provider Innovation Initiative to strengthen efforts to connect people with I/DD to competitive integrated employment (CIE).

OE and other providers remain in the early days of implementing their innovation initiatives, but OE has outlined clear goals for their work, including:

- Expanding the number and types of community-based employment opportunities available to individuals
- Launching educational and outreach efforts to build family and community awareness about inclusive employment
- Strengthening their staff capabilities through training, onboarding and process improvements

Long-term, OE aims to ensure every individual who wants to work has the opportunity, support, and belief that they can succeed.



Figure 7: Figure 3: An OE Employment Specialist with someone they connected to work.

## Looking Ahead



Over the next four years, DMH/DD/SUS will continue its efforts to improve access to quality I/DD and TBI services, including by:

- Developing and implementing a comprehensive **TBI State Action Plan**
- Standardizing access and use of over **\$3 million in appropriated TBI State Funds** across Tailored Plans
- Launching a **statewide TBI service utilization dashboard** and implementing **statewide screening processes** to identify people with TBI
- Standardizing how individuals on the Innovations Waiver waitlist receive care management support to ensure **everyone eligible for 1915(i) services receives them**

## Priority 3: Prevent Substance Misuse and Overdose

North Carolina is fighting to help more individuals reach recovery at a time when substance use overdose deaths remain high. The Strategic Plan builds upon foundational efforts, such as the [Opioid and Substance Use Action Plan](#), to address the risks and effects of substance use in communities, including targeted initiatives to address the opioid epidemic, to help more individuals reach recovery.

**Table 4: Priority 3 Goals**

	Our Goals	Progress in Year 1
<b>Priority 3: Prevent Substance Misuse and Overdose</b>	<b>3.1: Increase Primary Prevention Engagement.</b> Delay initial substance exposure or use and deter access to substances that can be misused by children and adolescents and use harm reduction strategies to prevent escalation and misuse in young adults.	<b>Future focus</b>
	<b>3.2: Increase Access to Evidence Based SUD Treatment.</b> Increase timely access to SUD services, especially for geographies and populations with low penetration rates.	<b>Significant progress</b>

### Year 1 Strategic Plan Progress

In 2025, DMH/DD/SUS made progress toward engaging young people in primary prevention and increasing access to evidence-based treatment through several key initiatives.

#### Engagement in Primary Prevention

Engaging young people early to prevent substance misuse is critical to support healthy development and limit substance use disorders. DMH/DD/SUS has partnered with Wake Forest to **monitor youth substance use behaviors and access to substances** and is tracking 2025 trends for forthcoming analyses. During the first year of the Strategic Plan, DMH/DD/SUS began planning efforts to launch a broader strategy around prevention (*see Looking Ahead section below*).

#### Increasing Access to Evidence-Based Treatments and Harm Reduction

DMH/DD/SUS works closely with LME-MCOs and community-based organizations to increase access to evidence-based treatments and harm reduction interventions for people with SUD, and in 2025 made significant strides to increasing access. Key accomplishments include:

- **Improving processes for purchasing and deploying naloxone kits**, which rapidly reverse opioid overdoses, to allow organizations across the state to [request naloxone be shipped directly to them at no cost](#).
  - NCDHHS purchased over 700,000 doses of naloxone on behalf of organizations in 2025.

### Initiative Spotlight: NC Harm Reduction Coalition Distributes Naloxone to Communities at Highest Risk of Overdose

Beginning in late 2024, DMH/DD/SUS began partnering with Alliance LME-MCO and NC Harm Reduction Coalition (NCHRC) to improve naloxone ordering and delivery processes to decrease costs and better reach communities at highest risk of opioid overdoses. Naloxone is an opioid overdose reversal drug and comes in several different formulations for different settings and use cases. NCHRC has been able to leverage their flexible purchasing processes and strong relationships with frontline providers to rapidly adapt to changing community needs in their purchasing processes.

Since launching this partnership, over 150,000 naloxone kits have been distributed to people who need it. NCHRC has also been able to support the state in purchasing other needed items for people with opioid use disorder such as fentanyl test strips, which can help save lives for people who are using opioids.



Figure 8: NCHRC naloxone kits being prepared for distribution to communities

- **Opening two new mobile Opioid Treatment Programs (OTPs),** which expand the reach of opioid treatment to hard-to-reach communities; 54 counties in North Carolina now have OTPs.
  - OTPs offer assessments, counseling, medication for opioid use disorder, and other SUD treatment services.

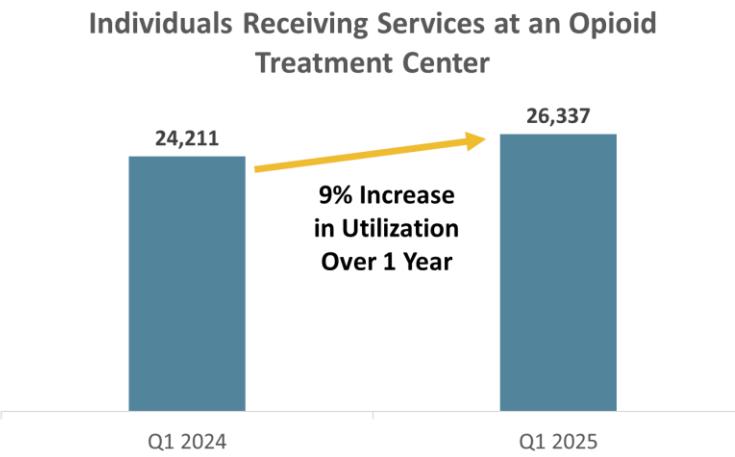


Figure 9: Individuals Receiving Services at an OTP

### Initiative Spotlight: Morse Clinic's Mobile OTP Delivering Service to Hard-to-Reach Populations

In July 2025, [North Carolina's first mobile OTP](#) began providing services through Morse Clinic. This moment was a long time in the making for Morse Clinic, which had been working with state policymakers for years to modernize regulations to allow for mobile OTPs in the state, which went into effect in 2024.

Since July, the mobile unit has served over 150 patients. The mobile unit has been particularly successful at increasing utilization for people of color and unhoused communities compared to their brick-and-mortar locations. Their goal is to save as many lives as possible through easily accessible MOUD treatment that keeps people engaged in their long-term recovery. Morse Clinic recently acquired a second mobile unit which will bring OTP to Granville and Franklin counties for the first time.



Figure 10: Ribbon Cutting for Morse Clinic's Mobile OTP

## Looking Ahead



Over the next four years, DMH/DD/SUS will increase the number of individuals engaged in SUD treatment and increase engagement in prevention, including by:

- Developing a comprehensive **prevention and early intervention strategy** and expanding **youth-focused SUD programs**
- **Increasing the capacity of primary care providers to offer evidence-based SUD treatment** by expanding the [North Carolina Behavioral Health Consultation Line \(NC-PAL\)](#)
- Scaling **Mobile OTP** programs
- Supporting **office-based opioid treatment (OBOT) expansion** via NC-PAL and increasing access to MOUD in community health centers

## Priority 4: Build the Workforce

Some of North Carolina's access challenges are due to workforce shortages, and we are not using the current workforce to its full capacity. Forty percent of North Carolina residents live in a Mental Health Professional Shortage Area. North Carolina I/DD provider agencies experience turnover rates of 30% among their DSP staff. Furthermore, not enough Certified Peer Support Specialists (CPSS) are actually employed as a CPSS. The Strategic Plan focuses its workforce initiatives on expanding access to CPSS, DSPs, and licensed providers to address these challenges.

**Table 5: Priority 4 Goals**

	Our Goals	Progress in Year 1
Priority 4: Build the Workforce	<b>4.1: Strengthen Peer Workforce.</b> Build a well-trained and well-utilized peer workforce whose work leverages lived experience.	Significant Progress
	<b>4.2: Strengthen DSP Workforce.</b> Build a well-trained and supported DSP workforce.	Significant Progress
	<b>4.3: Increase Licensed Providers.</b> Increase the number of licensed providers entering the public workforce.	Some Progress
	<b>4.4: Increase Supports for Unlicensed Providers.</b> Increase training and support for unlicensed professionals providing services to people using the public system.	Some Progress

## Year 1 Strategic Plan Progress

In the first year of the Strategic Plan, DMH/DD/SUS made significant investments to strengthen and grow the workforce, to include improving training, recruitment and retention of CPSS, DSPs, and qualified professionals (QPs).

### Strengthening the Peer Workforce

North Carolina's vibrant peer workforce was a critical partner to DMH/DD/SUS in efforts to standardize and expand training opportunities for CPSS in the first year of the Strategic Plan. These efforts ensure new CPSS feel ready to enter the field and existing CPSS have opportunities to grow in their profession. Key accomplishments include:

- **Launching a statewide, standardized, and free peer support certification curriculum** in partnership with CPSS across the state and the UNC School of Social Work.
  - The initial, online certification curriculum launched in August 2025 and the secondary in-person curriculum launched in October 2025.

- **Providing scholarships for over 300 CPSS** to take existing certification courses in 2024 and 2025, before DMH/DD/SUS had launched the free stateside courses, to ensure access to no-cost certification training for new CPSS.

### Initiative Spotlight: Creating Peer Support Training Curricula by Peers, For Peers

Benjamin “Benji” Horton found peer support through his own recovery journey, and credits having a peer to talk to about his struggles with addiction and mental health issues that arose from chronic pain and trauma from his military service as critical to his recovery. It also inspired him to enter the mental health and SUD field. He achieved his Master’s in crisis and trauma counseling but felt like something was missing when working as a counselor. So he decided to make a career shift and become a CPSS working with unhoused veterans across the state. Now, Benji is a program director who mentors and teaches 30 CPSS for 37 programs all over the state.

Working with peers across the state, he saw how the system of training and certifying CPSS varied by course and lacked the on-the-ground perspective peers hold. When DMH/DD/SUS announced it would develop a standardized online and in-person curricula for certifying peers, together with an advisory group of CPSS, Benji was quick to join. He saw how the writing process brought together lived experience from many different perspectives—the work he does with veterans is different from a CPSS who works on an ACT team or in a hospital—and bringing those experiences together better prepares peers to view their work through multiple lenses.

Benji credits the many people who worked on the curricula for its success. Benji sees this training as a first step toward more professionalization and recognition of the peer support field, where CPSS no longer feel as though their role is a “stepping stone” to other professions.



Figure 11: Benji Horton(far right) with members of the North Carolina Certified Peer Support Specialist Workgroup, which supported curriculum development

## Creating Professional Growth Opportunities for DSPs

DSP shortages and frequent DSP staff turnover create instability for I/DD provider organizations and individuals who rely on these services. In 2024 and 2025, DMH/DD/SUS supported growth of this essential workforce through training initiatives and recruitment and retention funding. Key accomplishments include:

- **Launching an Advanced DSP course** in partnership with three community colleges in fall 2025; the course provides credit toward a Human Services Associate's degree, helping DSPs advance in their profession.
- **Funding \$3 million in DSP recruitment and retention initiatives** proposed by DSP provider organizations.
  - Many of the grants are funding hiring or longevity bonuses, and some providers are piloting mentoring, leadership, and professional development programs for DSPs.

There are **full waiting lists** for the Advanced DSP Course at two community colleges.



## Recruiting and Retaining Licensed Providers

To address mental health professional shortages, DMH/DD/SUS focused efforts during Year 1 of the Strategic Plan on building the pipeline of new licensed professionals while also retaining those who are in the field today. Key accomplishments include:

- **Expanding the Licensed Workforce Loan Repayment Program** to \$20 million in loan repayment for licensed professionals who provide mental health, SUD, I/DD, and TBI services in rural and underserved communities.
- **Launching the Public Service Leadership Program** to recruit a new pipeline of students at colleges and universities who are interested in becoming social workers, in partnership with the UNC School of Social Work.
  - Participants will receive specialized leadership training, mentorship, field placements in public service agencies (e.g., mental health, child welfare, I/DD), and professional development supports
- **Commissioning a study, with publication forthcoming, to address information gaps regarding licensed professional participation in the public workforce** and inform efforts to increase participation.

## Looking Ahead



Over the next four years, DMH/DD/SUS will continue to build a strong mental health, SUD, I/DD and TBI workforce by:

- Investing in initiatives to **create sustainable career pathways for CPSS**, including through advanced training opportunities and professional development resources
- Developing a **peer mentoring curriculum for individuals with I/DD and TBI**
- Launching an **incentive program to increase compensation for DSPs** who complete advanced training courses
- Partnering with community colleges to create a **pipeline of well-trained and prepared unlicensed mental health and SUD professionals** who are certified and building credits toward an associate's degree

## Priority 5: Strengthen the Crisis System

People across North Carolina—including numerous children each month—who are experiencing mental health and other crises continue to seek care in the emergency room because they feel like there is nowhere else to go. DMH/DD/SUS is working to build a crisis continuum that meets the needs of individuals in distress in a timely and effective manner by: ensuring individuals know what services are available and who to call to receive them; training staff appropriately to effectively deescalate crisis situations; and ensuring the system has enough capacity for every person to have a safe place to go, regardless of their geographic location or specific needs.

**Table 6: Priority 5 Goals**

	Our Goals	Progress in Year 1
Priority 5: Strengthen the Crisis System	<b>5.1: Connect to Crisis Care.</b> Connect individuals to appropriate crisis services and facilitate seamless handoffs.	Significant Progress
	<b>5.2: Increase Timely Mobile Crisis Care.</b> Ensure timely, quality crisis care in the community and connect individuals to the appropriate level of care.	Some Progress
	<b>5.3: Increase Community Crisis Facility Use.</b> Increase use of community-based behavioral health crisis facilities as an alternative to higher levels of care.	Significant Progress

## Year 1 Strategic Plan Progress

Across all three goals, DMH/DD/SUS made progress in strengthening the crisis system during the first year of the Strategic Plan. These efforts, described in more detail below, will help grow the crisis continuum to keep people safe during a crisis, quickly connecting them to relevant mental health and SUD services, and keep them out of the emergency department or justice setting.

### Connecting People to Crisis Care

DMH/DD/SUS made significant strides in 2025 in better connecting people to crisis care through its 988 hotline, coordinated education and communication campaigns, and reaching young people through mobile platforms. Key accomplishments include:

- **Educating the public on where to access community crisis services** through the Crisis to Care campaign.
  - The campaign reached over 236,000 people via print materials, over 115,000 people through Town Hall meetings, and many more through 40 public service announcements and a [new webpage](#)

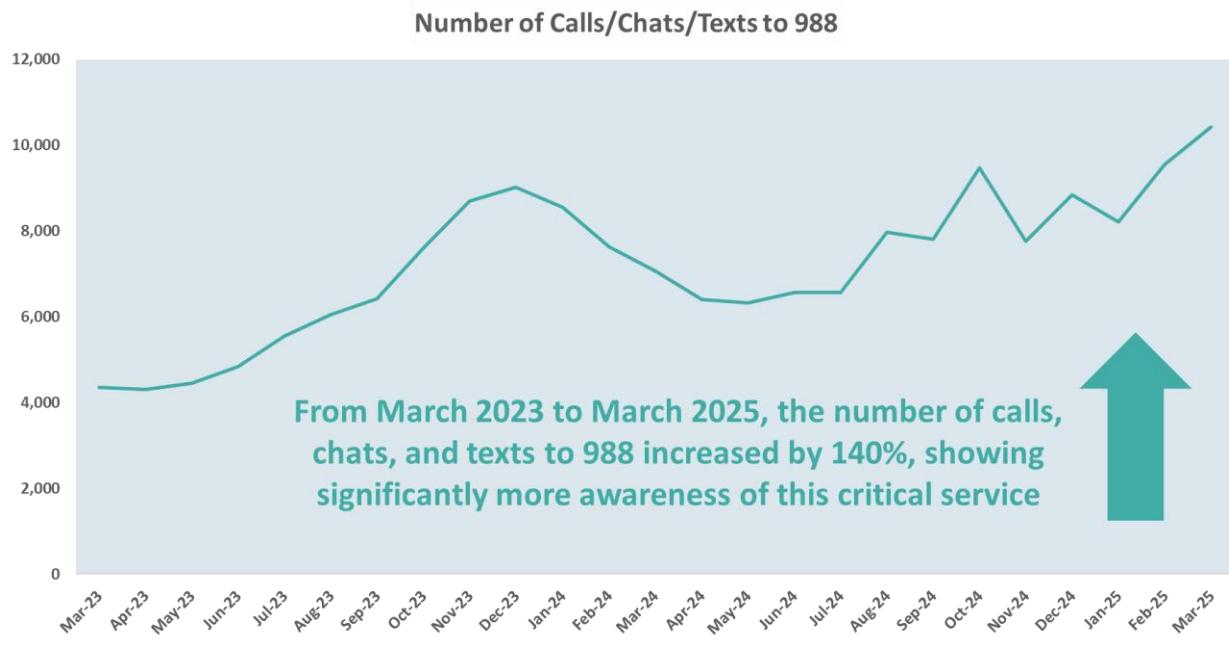


Figure 12: Number of Calls/Chats/Texts to 988

- **Connecting teens to peer mentors** who can provide support with mental health issues via text and video calls through the [Somethings app](#)
  - Over 3,800 teens have utilized the app across 96 counties.

#### Crisis Response During Hurricane Helene

When Hurricane Helene hit Western North Carolina, DMH/DD/SUS recognized this would be a moment when people needed crisis outreach quickly and continuously over the coming months. Working with NCDHHS and community partners, [Hope4NC](#) brought trained crisis counselors to people's doors in the region, delivering more than 11,000 individual or group counseling services, conducting more than 200,000 assessments and referrals, and answering more than 7,300 helpline calls.

#### Increasing Timely Mobile Crisis Capacity

Mobile crisis teams are a critical component of the crisis continuum, allowing counselors and mental health professionals to quickly meet people experiencing a mental health crisis where they are to de-escalate the situation. In the first year of the Strategic Plan, DMH/DD/SUS has focused on growing the capacity and reach of these supports. Key accomplishments include:

- Establishing **seven new Mobile Outreach, Response, Engagement, and Stabilization (MORES) teams** to support families with youth in crisis.

- MORES teams provide immediate and ongoing support for families, including support from family partners with lived experience and coordination with DSS to help keep children in their homes.

### Initiative Spotlight: Ongoing Support for Families After a Child Experiences a Crisis Through Daymark's MORES Program

One of the organizations that was able to launch a new MORES Program with DMH/DD/SUS funding was Daymark Recovery Services. MORES teams provide wrap-around support for families during a child's mental health or SUD crisis, and after the crisis is over. These programs include up to eight weeks of follow-up support, helping family members, providers, and if necessary, DSS staff, remain on the same page about what a child needs in the aftermath of a crisis.

Through its MORES program, Daymark has been able to keep children in their homes and communities, diverting them from placement in institutional and DSS settings. MORES has also engaged families in both mental health treatment services and social services to address their unmet health related social needs, helping to prevent the next crisis.

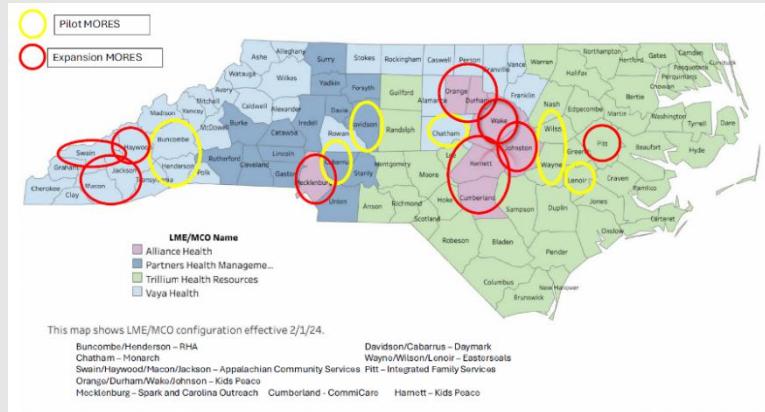


Figure 13: Map of MORES teams

### Expanding the Capacity of Community Crisis Facilities

For too many people, the emergency department is the only place to go when experiencing a mental health or SUD crisis. This is unfortunate, as care can be better provided in community settings like BHUCs and Facility Based Crisis Centers. In the first year of the Strategic Plan, DMH/DD/SUS focused on increasing the availability of community crisis services. Key accomplishments include:

Number of Unique Individuals Receiving Care at a BHUC

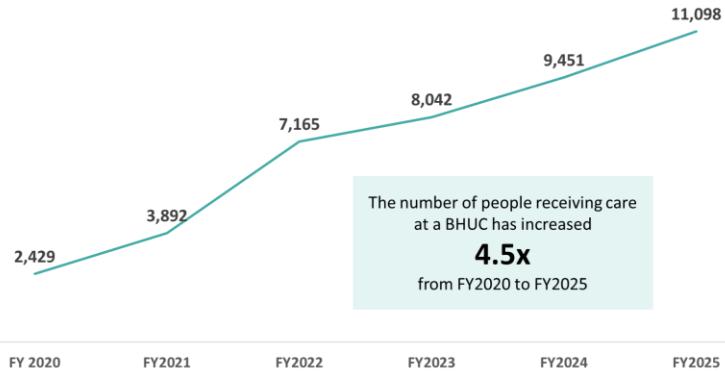


Figure 14: Number of Unique Individuals Receiving Care at a BHUC

- **Opening** six new BHUCs since May 2024, with seven more expected to open in the coming years.
- **Opening** of a Facility-Based Crisis Center in Alamance County in May 2025.

#### **Initiative Spotlight: Creating a One-Stop Shop for Crisis Care at Alamance Behavioral Health Center**

Since opening in 2024, Alamance Behavioral Health Center has served as a critical community crisis resource for people with mental health and SUD needs. With the opening of the Facility-Based Crisis Center in May 2025, the community now has access to even more treatment options that keep them out of the hospital and in their communities. Alamance Behavioral Health Center, funded by Vaya LME-MCO and managed by RHA Health Services, is an integrated campus that includes a BHUC, walk-in services, prescriptions, and a Peer Living Room in addition to the FBC.

The commitment to supporting a more responsive crisis system is working. Since 2024, 87% of the over 1,000 people served by the facility's BHUC were diverted from the emergency department, and 94% of those receiving care in the FBC have been similarly diverted from the emergency department.



Figure 15: Alamance Behavioral Health Center ceremony

## **Looking Ahead**



Over the next four years, DMH/DD/SUS will continue to improve access to services across the crisis continuum to decrease emergency department utilization and connect people to care in their communities, including by:

- Launching a **non-law enforcement transportation pilot** to provide trauma-informed transportation for people who need to be moved from an emergency department to residential treatment
- Creating a centralized dashboard to **track and deploy mobile crisis units** and track beds in community crisis facilities in real-time
- Improving involuntary commitment policies

## Priority 6: Expand Services for Individuals in the Justice System

Compared to the general population, a [disproportionate](#) number of youth and adults who are justice-involved have serious mental illness (SMI) and/or SUD. 83% of individuals in jail with mental illness don't receive mental health care after admission, and without the needed supports following release, formerly incarcerated people are 46.6 times more likely to die from an opioid overdose than the general population.

There are many points in the justice system where there are opportunities to support individuals with mental health disorders, SUDs, I/DD, or TBI—DMH/DD/SUS's Strategic Plan sets out clear goals for connecting individuals to care at these “[intercept](#)” points.

**Table 7: Priority 6 Goals**

	Our Goals	Progress in Year 1
<b>Priority 6: Expand Services for Individuals in the Justice System</b>	<b>6.1: Increase Engagement in Deflection and Diversion Programs.</b> Increase linkages for people with mental health needs, SUD, I/DD, or TBI to evidence-based care and services to provide an alternative to incarceration.	Some progress
	<b>6.2: Increase Successful Community Re-engagement.</b> Ensure successful community re-entry of justice-involved individuals with a broad range of needs.	Significant progress
	<b>6.3: Increase Use of Evidenced Based Programs for Justice Involved Youth.</b> Increase use of evidence-based programs and practices to support justice-involved youth.	Some progress
	<b>6.4: Increase Access to Capacity Restoration.</b> Increase the capacity and use of detention-based and community-based capacity restoration pilots.	Some progress

### Year 1 Strategic Plan Progress

DMH/DD/SUS made significant investments to expand services for individuals in the justice system during the first year of the Strategic Plan. In February 2025, DMH/DD/SUS [announced](#) its **\$11 million investment to strengthen treatment, recovery, and reintegration pathways for justice-involved individuals** who need support with mental health, substance use, I/DD, and TBI. This investment enabled many of the key accomplishments described below.

## Connecting Individuals to Deflection and Diversion Programs

Connecting with people in the community to prevent incarceration and instead connect people to the services they need—known as deflection and diversion—is critically important in preventing further trauma for people with mental health, SUD, I/DD, and TBI. DMH/DD/SUS made investments in deflection and diversion in 2025, with key accomplishments including:

- **Launching four new [Law Enforcement-Assisted Diversion \(LEAD\) programs](#)**, which allow police and sheriffs to redirect people at risk of being arrested to mental health, medical, and social services.
- **Offering training to partners in the justice system** to promote trauma-informed, recovery-oriented practices when engaging with people with mental health and SUD needs.

## Supporting Successful Community Reengagement

Access to safe housing, community supports, and medical, mental health, SUD, I/DD, and TBI services can be some of the biggest barriers for someone returning to the community after being incarcerated. National [estimates](#) find that formerly incarcerated people are almost 10 times more likely to be homeless than the general public, and access to mental health and SUD services can [prevent people from re-offending](#). DMH/DD/SUS made significant investments to increase supports for people as they return to their communities, with key highlights including:

- **Providing funding to [Hope Mission, Jubilee Home, Vaya Health, Alamance Academy, and Hope Restorations, Inc.](#)** to ensure people involved in the justice system, including those reentering their communities, have **access to housing and supported employment services** tailored to their needs.

## Initiative Spotlight: A New Beginning for Individuals Re-entering Communities Through Jubilee Home

Jubilee Home has been supporting individuals returning to their communities after incarceration with housing, peer support, connection to treatment and services, employment supports since 2020, creating a place of support and empowerment for people after the trauma of incarceration.

In November 2025, Jubilee Home opened a new home where women reentering their communities after incarceration can heal and seek stability in a safe, supportive environment. Women living in the home will also have wrap-around peer support from individuals with lived experience with incarceration and employment services.

Jubilee Home has seen the success of their approach in residents transitioning to permanent independent housing after their stay at Jubilee Home. One resident credits Jubilee Home with giving him a “crash course of life skills,” resulting in him securing his own apartment and job and maintaining a strong relationship with his therapist.



Figure 16: First Lady Stein and Director Crosbie join Jubilee Home for a ribbon cutting on a new home for women re-entering their communities

- Expanding **North Carolina Formerly Incarcerated Transition Program (NC FIT)** to four new counties to connect people with mental health and SUD services, including support from a community health worker, as they exit incarceration.
- Launching **Forensic Assertive Community Treatment (FACT) teams in two counties** to provide intensive, community-based support for individuals with SMI who have been incarcerated.
  - Teams in four additional counties will launch in early 2026
- Working with justice settings to increase **utilization of MOUD in jails** to ensure continuity of care for people as they reenter the community.

### Initiative Spotlight: Creating a “Safe Space” After Incarceration Through NC FIT Wellness

Recognizing the unique challenges that individuals with SMI face upon reentry to the community from incarceration, the University of North Carolina Department of Family Medicine created the NC FIT Wellness Program, an offshoot of the NC FIT initiative. NC FIT Wellness supports individuals with SMI immediately post-release from incarceration, providing co-located care from a psychiatrist and primary care provider, as well as support from a dedicated community health worker to help with short-term housing needs, rides to appointments, food, and clothing upon release.

The program has shown tremendous success and promise for expansion. In particular, the community health worker model has been effective in engaging people who historically have not used health care services and have high mistrust of institutions like hospitals. Some patients have shared that they view the clinic as a safe space to visit, even if they don't have a scheduled appointment.



Figure 17: A FIT Wellness patient at the clinic

### Supporting Justice-Involved Youth Through Evidence-Based Programs

DMH/DD/SUS has focused on supporting youth that have been in the juvenile justice system, as well as those who have been impacted by the justice system either individually or through a family member. Key accomplishments from the first year of the Strategic Plan include:

- Offering **free mental health and well-being support for justice-impacted youth ages 13–17** through the Talkspace online therapy platform
- Training over 40 juvenile justice clinicians in **trauma-informed and evidence-based practices** through a partnership with the Juvenile Justice and Delinquency Prevention program and University of North Carolina Greensboro

As many as **200,000** justice-impacted youth will engage with the TalkSpace platform over two years



## Expanding Access to Capacity Restoration Programs

People who are deemed incapable to proceed to trial receive services which restore a person's ability to understand trial proceedings and move forward in the justice system. Until recently, only state hospitals provided these services even though the number of people needing services has increased, overwhelming these hospitals.

In April 2025, DMH/DD/SUS supported the launch of capacity restoration services in Wake County, building upon the success of programs in Mecklenburg and Pitt counties.

Number of People Who Receive Detention or Community-Based Capacity Restoration Services

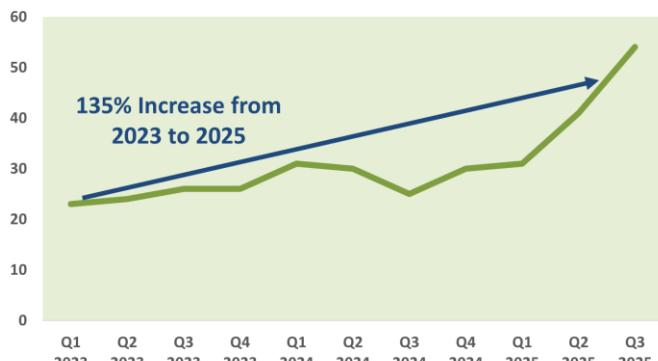


Figure 18: Number of People Who Receive Detention or Community-Based Capacity Restoration Services

## Looking Ahead



Over the next four years, DMH/DD/SUS will continue to expand mental health, SUD, I/DD, and TBI services for people involved in the justice system, including by:

- Expanding **clinical capabilities of clinicians inside juvenile justice settings** to address acute mental health needs
- Launching a **mentoring program for youth** to break the cycle and long-term impacts of justice system involvement
- Developing a **comprehensive strategy to support mental health for justice-involved youth**
- Expanding the reach of **FACT teams** to address the needs of people with SMI at risk of hospitalization or institutionalization

# Priority 7: Amplify Recovery and Community-Based Services

## Our Goals

Amplifying recovery and access to community-based services is a theme present across all of DMH/DD/SUS's priorities, but it is also critical to elevate as its own priority. For many North Carolinians living with significant mental health and SUD needs, community-based treatment continues to remain out of reach, often resulting in people seeking psychiatric treatment in emergency departments, becoming incarcerated and/or experiencing homelessness. DMH/DD/SUS's Strategic Plan lays out concrete goals to increase access to recovery and community-based services to prevent these outcomes.

**Table 8: Priority 7 Goals**

	<b>Our Goals</b>	<b>Progress in Year 1</b>
<b>Priority 7: Amplify Recovery and Community-Based Services</b>	<b>7.1: Increase Early Detection and Recovery Services.</b> Promote early detection and service provision to prevent SMI and substance use.	<b>Some progress</b>
	<b>7.2: Grow Recovery Supports.</b> Support the expansion of recovery supports and services for individuals with mental illnesses and substance use disorders.	<b>Some progress</b>
	<b>7.3: Improve Quality of Residential Interventions for Children with Complex Needs.</b> Invest in access and quality along the continuum of care for children and reduce duration of residential interventions.	<b>Some progress</b>

## Year 1 Strategic Plan Progress

In the first year of the Strategic Plan, DMH/DD/SUS improved access to recovery and community-based supports in several ways, including expanding peer support services and improving quality in psychiatric residential treatment facilities (PRTFs).

### Increasing Early Detection and Recovery Services

Providing timely services for people experiencing the onset of psychotic symptoms is an important step in setting people on a recovery-oriented treatment plan that helps people stay well and in their communities. DMH/DD/SUS worked closely with [First Episode Psychosis \(FEP\) programs](#) during the first year of the Strategic Plan to support their sustainability. Key accomplishments include:

- Supporting NC Medicaid's approval of Vaya including **FEP services as an In-Lieu-of Services.<sup>1</sup>**
- **Including individuals with diagnoses like Schizoaffective Disorder** and co-occurring autism spectrum disorder and substance use under the standard of care for FEP.
- **Developing a companion clinical guidance** for family caregivers to better understand FEP.

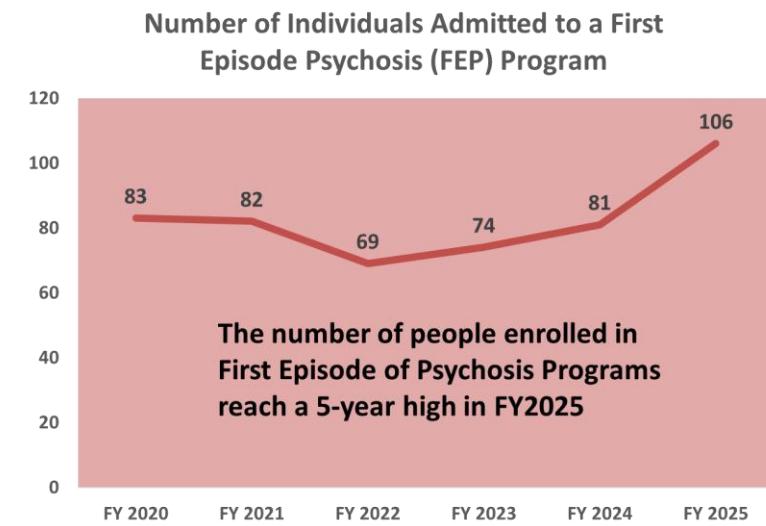


Figure 19: Number of Individuals Admitted to a First Episode Psychosis (FEP) Program

## Growing Recovery Services and Peer Supports

In tandem with DMH/DD/SUS's efforts to grow the peer support workforce, the division is also working to embed more peer support specialists in provider practices and grow the footprint of peer-run programs. Key accomplishments from the first year of the Strategic Plan include:

- Opening **two new peer respite**, which provide home-like settings for mental health and SUD treatment with 24-hour access to peer support specialists.
  - These programs have been highly utilized, reinforcing the need for further expansion and sustainable funding for these initiatives.
- Investing over **\$1 million to strengthen Clubhouses** across the state, which are community-based centers for

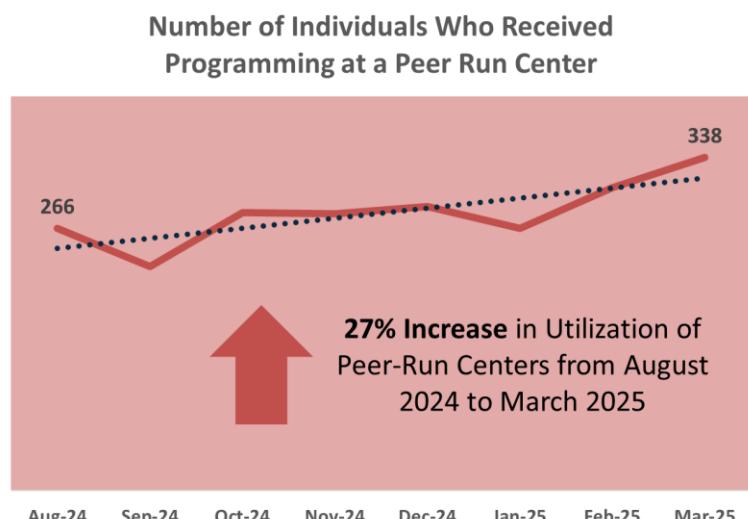


Figure 20: Number of Individuals Who Received Programming at a Peer Run Center

<sup>1</sup> In Lieu of Services (ILOS) are services that have been approved by the NC Department of Health and Human Services (NCDHHS) to be medically appropriate and cost-effective substitutes for covered services or setting under the State Medicaid Plan.

adults with SMI that offer an intentional, strengths-focused environment rooted in empowerment to support recovery from a mental health condition.

- Clubhouses provide opportunities for employment, socialization, education, and skill development, using a social practice model for treatment, in which members voluntarily participate in Clubhouse activities and duties alongside providers trained in the model.
- DMH/DD/SUS investments supported the state’s eight Clubhouses with training opportunities and modernization of facilities.
- Investing in **Individual Placement and Support (IPS)/Supportive Employment providers** who utilize employment as a tool for mental health and SUD recovery and to help people achieve their employment and education goals.
  - DMH/DD/SUS is investing over \$2 million in **sustaining statewide IPS teams** and working to expand two new teams **to increase capacity in underserved counties**.

### Turning Crisis into a First Step Toward Recovery at GreenTree's Refuge Program

Since opening their Peer Center in 2012, GreenTree has heard from participants that many who went to an emergency department during a crisis were turned away and not connected to services to support their mental health or substance use need. In 2021, GreenTree worked with Wake Forest Medical Center to begin receiving referrals to divert people from emergency departments into a welcoming, home-like environment where they could receive safe, no-risk peer support. The small, one-bedroom house across from their Peer Center served 200 people over the next few years.

When DMH/DD/SUS visited GreenTree in 2023, the Division was excited by the success of its respite program and sought to work with Partners LME-MCO to expand the service. In October 2025, this investment became a reality with the opening of the Refuge, a four-bedroom wing at GreenTree that can host people for up to 72 hours, providing peer support services and connecting people to resources to address their immediate needs. GreenTree allows people to connect with recovery services as they are ready.

One guest at the Refuge, described arriving feeling overwhelmed and afraid, but was welcomed with food, a shower, clean clothes, and a safe place to rest, including their own room for the first time in over a year. They had never considered substance use treatment before arriving at the Refuge, but they left with connections to an agency to start outpatient care. In their own words, “For the first time in a very long time, I feel hope that things can get better.”



Figure 21: The Refuge at GreenTree

## Improving the Quality of Care for Children with Complex Needs at PRTFs

For children with complex mental health needs, sometimes intensive inpatient care is necessary to prepare them to return to community settings. These scenarios should be a last resort and should be high-quality and in the least-restrictive setting as possible. DMH/DD/SUS is working to improve the quality of care for children in these residential settings and has made progress on this goal in 2025, including through:

- Investing in **36 quality improvement projects across all community-based PRTFs** to make these facilities safer, more trauma-informed, and more comfortable for the children and youth residing there.
- Launching a **two-year safety initiative, called Ukeru**, at all PRTFs, focused on de-escalating crises and preventing the use of restraint and seclusion.
- Developing **action plans for operational improvements at all PRTFs** based on findings from Trauma-Informed Organizational Culture Assessments that measured organizational practices related to trauma-informed care.

## Looking Ahead



Over the next four years, DMH/DD/SUS will build on its foundational work to amplify recovery and community services by:

- Expanding **peer-run wellness centers across the state** and standardizing practices and policies across these centers
- Partnering with Clubhouse International to **expand and strengthen Clubhouses** across the state, including opening 7–10 new Clubhouses
- Funding **expansion of FEP programs** and increasing awareness of early onset of SMI
- **Decreasing the length of stay for children in PRTFs and increasing trauma-informed care models** across all PRFTs (e.g., *Attachment, Regulation, and Competency* (ARC), *Children and Residential Experiences* (CARE), and the *Sanctuary* models)
- Creating **specialty PRTF programs** for youth demonstrating problem sexual behavior and youth with complex trauma, high dysregulation, and disruptive behaviors

# Conclusion

In the first year of the Strategic Plan, DMH/DD/SUS has made important strides toward achieving strategic goals across all seven priority areas. These accomplishments include increasing the number of beds available in our crisis system, expanding the number of peer-run centers providing support for individuals in the community, increasing access to services for people with I/DD, and investing in the future of our professional workforce. These accomplishments could not happen without DMH/DD/SUS's community partners, who provide critical feedback on where investments should flow, and lead initiatives that are changing lives across the state every day. Our accomplishments are giving people hope.

Over the next four years, as North Carolina's health care system likely continues to face significant federal and state funding threats, we intend to do even more, building upon the progress we made together in Year 1. We pledge to continue to work creatively with our community partners to launch new initiatives and identify opportunities to improve financial stability for community-based providers. We expect to see the needle move across more of our identified Strategic Plan measures as we forge forward, continuing to make changes for North Carolinians. We thank you for your collaboration and welcome continued feedback and engagement in the coming years.

# Appendix

## Appendix A: Status Update on Strategic Plan Initiatives

Initiative	Status
<b>Priority 1: Increase Access to Care Across the State</b>	
Accessible Communications Campaign	Completed
Care Directory Online	In progress
Open Access Appointments/Next Day Network	In progress
CCBHCs	In progress
UNSHAME NC	In progress
Integration of Behavioral and Primary Care	In progress
Statewide partnerships to promote wellness and treatment	Under development
Community MH BG Access Grants	In progress
NAMI on Campus	In progress
<b>Priority 2: Improve Access to Quality I/DD and TBI Services</b>	
Inclusion Connects	In progress
HCBS Service Access	In progress
TCM Engagement	Under development
Waitlist Monitoring & Outreach	In progress
CIE	In progress
Expansion of TBI Waiver	Under development
<b>Priority 3: Prevent Substance Misuse and Overdose</b>	
Prevention	In progress
Updated Naloxone Saturation Plan and Distribution	Completed
MOUD Saturation Plan	In progress

Initiative	Status
OBOT Expansion with North Carolina Behavioral Health Consultation Line (NC-PAL)	In progress
Mobile OTP Implementation	In progress
Expand SUD Treatment Access for Adolescents	In progress
<b>Priority 4: Build the Workforce</b>	
Certification for Peer Support Specialists (CPSS)	Completed (add-on courses in progress)
Direct Support Professionals (DSP) Workforce Plan	In progress
Qualified Professional (QP) certification in partnership with the North Carolina Community College System	Completed
Consolidate “Training” Programs across DMH/DD/SUS	In progress
Create State Infrastructure and Oversight of Crisis and First Response Programs	Under development
<b>Priority 5: Strengthen the Crisis System</b>	
“Crisis to Care”	Completed
BHUC	In progress
FBC	In progress
Mobile Crisis Management	In progress
MORES	In progress
988 Suicide and Crisis Lifeline Expansion	Completed
Peer Line Expansion	Completed
Behavioral Health Statewide Central Availability Navigator (SCAN) Expansion	Under development
Crisis Services for Individuals with I/DD	Under development
Co-Responder Models Expansion	In progress
<b>Priority 6: Expand Services for Individuals in the Justice System</b>	
Expand Law-Enforcement Assisted Diversion	In progress

Initiative	Status
Investment in Programs that Support Individuals with SMI	In progress
Transitional Housing and Employment	In progress
Investment in Programs that Support Individuals with I/DD and TBI	Under development
JJBH Teams	Under development
Partner with and Support Justice System Partners	In progress
<b>Priority 7: Amplify Recovery and Community-Based Services</b>	
Expansion of Peer Respite, Living Room and Recovery Centers	In progress
Expansion of FEP programs	Under development
Child Residential Redesign	In progress

## Appendix B: Measuring Progress

DMH/DD/SUS has identified the measures below to track progress on the goals and priorities outlined in the Strategic Plan and reports results regularly through the Strategic Plan Dashboard.

For this Annual Report, performance for each measure is reported as:

- “Increase,” for metrics where the number or percent increased compared to previous years;
- “No Change,” for metrics where there was no meaningful change in number or percent compared to previous years;
- “Decrease,” for metrics where the number or percent declined compared to previous years; or
- “Retired,” for cases where DMH/DD/SUS has/will be replacing a measure and is no longer reporting data

There are several metrics where 2025 data is not yet available. In those cases, DMH/DD/SUS has noted the date of the most recent data. Some metrics have changed since publication of the strategic plan; those changes are noted below as well.

For measures where data is not yet available, DMH/DD/SUS is working to update the Dashboard to provide the latest high-quality data. Improvement across many of these measures will take time and continued investment—and in the current policy and funding environment, maintaining foundational progress can be a win for ensuring access to care.

Table 9: Color-Coding Key for Measure Performance

Where possible, these measures will be stratified to show different outcomes for different populations, including by geography (e.g., urban versus rural), historically marginalized populations, age and more.

Performance Color	Description
Light Green	Improvement in performance from prior years
Light Orange	Decline in performance from prior years
Light Blue	No change in performance from prior years
Light Gray	Retired measure

Many of these measures provide a snapshot on progress across multiple goals and priority areas.

Measure	Goal	Performance	Related Priority						
			1	2	3	4	5	6	7
1 Percentage of individuals who start mental health treatment	↑	No change (Medicaid & State Funded Services)	✓						
2 Percentage of individuals who continue in mental health treatment	↑	No change (Medicaid & State Funded Services)	✓						
3 Number of individuals using Collaborative Care	↑	Increase	✓						
4 Number of individuals receiving services at CCBHCs	↑	Increase	✓						
5 Percentage of people on the Innovations Waiver waitlist receiving a State-funded or Medicaid-funded home and community-based (HCBS) or mental health or substance use service	↑	Increase		✓					
6 Percentage of authorized community living supports, community networking, supported employment, and supported living services that are delivered	↑	Increase		✓					

Measure	Goal	Performance	Related Priority						
			1	2	3	4	5	6	7
7 Number of individuals that receive a TBI service (TBI Waiver or the State-funded TBI service)	↑	Increase		✓					
8 Number of individuals with I/DD receiving Supported Employment	↑	No change		✓					
9 Number of individuals served by OTP programs and Office-Based Opioid Treatment (OBOT)	↑	Increase			✓				
10 Number of individuals served by Recovery Community Centers <sup>2</sup>	↑	2,100 <sup>3</sup>			✓				
11 Percentage of Children (13–17) who begin treatment for SUD	↑	Retired			✓				
12 Percentage of adults (18+) who begin treatment for SUD	↑	Retired			✓				
13 <b>New Measure:</b> Children or adults who start SUD treatment	↑	No change (Medicaid & State Funded Services)			✓				
14 <b>Updated Measure:</b> Children or Adults Engaged in Treatment for SUD	↑	No change (Medicaid & State Funded Services)			✓				
15 Number of opioid overdose emergency department visits	↓	Decrease <sup>4</sup>			✓				
16 DSP Turnover Compared to Historic Baseline for Providers Receiving Retention and Recruitment Incentives		Retired			✓				

<sup>2</sup> This measure was updated by removing Collegiate Recovery Centers.

<sup>3</sup> As of December 2024.

<sup>4</sup> Decrease from 2023 to 2024; 2025 data is not yet available.

	Measure	Goal	Performance	Related Priority						
				1	2	3	4	5	6	7
17	DSP Turnover Ratio	↓	Decrease <sup>5</sup>				✓			
18	Number of scholarships given by DMH/DD/SUS for DSP training programs		Retired				✓			
19	<b>New Measure:</b> Number of Individuals Enrolled in Advanced DSP Certification Course	↑	New Initiative; 79 individuals enrolled since launch				✓			
20	Number of scholarships given by DMH/DD/SUS for Peer Support Specialist training programs		Retired				✓			
21	<b>New Measure:</b> Number of Individuals Enrolled in the Foundation of Peer Support Part I and II Course	↑	New Initiative; 159 individuals completed Part I since launch; 40 completed Part II				✓			
22	<b>New Measure:</b> Number of Individuals who Pass the Foundation of Peer Support Exam	↑	New Initiative; 159 passed exam in 2025				✓			
23	Number of CPSS who are employed as a peer support specialist	↑	Increase <sup>6</sup>				✓			
24	Number of Calls/Chats/Texts to 988 Suicide and Crisis Lifeline	↑	Increase					✓		

<sup>5</sup> Decrease from 2023 to 2025; 2025 data is not yet available.

<sup>6</sup> Increase from 2023 to 2024; 2025 data is not yet available.

Measure	Goal	Performance	Related Priority						
			1	2	3	4	5	6	7
25 Number of Medicaid or DMH/DD/SUS-funded crisis response visits (mobile crisis, Mobile Outreach Response Engagement and Stabilization (MORES), and co-response)	↑	No change					✓		
26 Number of people served by a Facility-Based Crisis Center or Behavioral Health Urgent Care Center	↑	Increase					✓		
27 Average number of people with mental health needs held in an emergency department each day	↓	Retired					✓		
28 Emergency Department utilization rate for those with a behavioral health diagnosis (Medicaid only)	↓	No change					✓		
29 Number of Medicaid children with mental health needs held in an emergency department or boarded in DSS office <sup>7</sup>	↓	Increase (DMH/DD/SUS defines success as a decrease in this measure)					✓		
30 Number of individuals with mental health or substance use needs served by a deflection or diversion program	↑	Decrease <sup>8</sup>						✓	
31 Number of individuals with mental health or substance use needs served by a re-entry program	↑	No change <sup>9</sup>						✓	
32 Number of justice-involved youth receiving evidenced based deflection/diversion, treatment, or re-entry services	↑	Retired						✓	

<sup>7</sup> DMH/DD/SUS is utilizing a new data source for this measure.

<sup>8</sup> Decrease from SFY2023 to SFY2024 as programs were impacted by the elimination of Governor's Task Force funding; SFY2025 data is not yet available.

<sup>9</sup> No change from SFY2023 to SFY2024; SFY2025 data is not yet available.

Measure	Goal	Performance	Related Priority						
			1	2	3	4	5	6	7
33 <b>New Measure:</b> Average time from referral to assessment for mental health or substance use needs or services for justice-involved youth	↓	Not yet available						✓	
34 Number of individuals who receive detention and community-based capacity restoration services	↑	Increase						✓	
35 Number of individuals served by a Peer Respite, Living Room, or Recovery Center	↑	Increase							✓
36 Number of individuals enrolled in a First Episode Psychosis (FEP) program	↑	Increase							✓
37 Number of individuals receiving a service at a Clubhouse	↑	No change							✓
38 Number of children served in an out-of-state Psychiatric Residential Treatment Facility (PRTF)	↓	Increase (DMH/DD/SUS defines success as a decrease in this measure)							✓
39 Average length of stay for children in PRTFs	↓	No change <sup>10</sup>							✓

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<sup>10</sup> No change from 2023 to 2024; 2025 data is not yet available.