



North Carolina

Traumatic Brain Injury (TBI)

State Action Plan

(2026–2029)



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Mental Health,
Developmental Disabilities and
Substance Abuse Services

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Executive Summary

The North Carolina Traumatic Brain Injury (TBI) State Action Plan outlines a strategic roadmap to improve services, support, and outcomes for people with TBI and their families. Grounded in stakeholder input, data-informed, and aligned with the NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) State Plan and the Administration for Community Living (ACL) TBI State Partnership Program, this plan identifies four strategic priorities:



Better Access to Services - Supporting access for people with lived experience to high-quality services including expanding access to the TBI Waiver, 1915i services, mental health/substance use services, medical, and specialty services.



Better Support Providers and Clinicians - Educating support providers, agencies, clinicians, and care managers on best practices for supporting people with TBI.



Better Support People with TBI and Caregivers - Providing people with TBI and caregivers support navigating life changes, supporting self-care, and promoting emotional wellbeing.



Better Equip Community to Prevent Brain Injuries - Reduce the incidence of brain injuries in the community by increasing awareness, promoting safe behaviors, and expanding access to prevention resources.

Each priority includes specific goals, actions, and progress measures to guide implementation and ensure accountability. DMHDDSUS will publish regular updates following implementation. The NC TBI State Action Plan will be reviewed and updated at least annually.

Introduction

Traumatic Brain Injury (TBI) is a major public health issue in North Carolina and across the United States. A TBI happens when a bump, blow, or jolt to the head disrupts normal brain function. These injuries can lead to long-term challenges with thinking, emotions, movement, and daily living.

The National Picture

According to the Centers for Disease Control and Prevention (CDC), in 2020 there were approximately 214,110 TBI-related hospitalizations, and in 2021, there were 69,473 TBI-related deaths in the United States. That's more than 586 hospitalizations and 190 deaths every day. These numbers do not include TBIs treated in emergency rooms, urgent care clinics, or those that go unreported. Older adults (ages 75 and up) are especially at risk, accounting for 32% of hospitalizations and 28% of deaths related to TBI. Men are nearly twice as likely to be hospitalized and three times more likely to die from a TBI than women.¹

The North Carolina Picture

TBI is a growing concern in North Carolina. Falls are the leading cause of TBI-related emergency department visits, hospitalizations, and deaths in the state. The NC Department of Health and Human Services (NCDHHS) reported that in 2024²:

- 8,260 people were hospitalized due to TBI.
- 2,668 people experienced TBI-related deaths.
- 32,068 people visited emergency departments for TBI-related injuries.

The Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMHDDSUS) has recognized these challenges and is committed to building a public system that supports people living with brain injuries to lead the life they choose. This includes receiving the support needed here in North Carolina from immediate acute care to long-term services in their home and community.

In its 2024–2029 Strategic Plan³, DMHDDSUS committed to:

- Increasing access to TBI services statewide.
- Expanding home- and community-based support.
- Improving provider training and capacity.
- Supporting individuals with lived experience and their families.

¹ [Traumatic Brain Injury Partnerships Resources | ACL Administration for Community Living](#)

² [Traumatic Brain Injuries in North Carolina, 2024 – Division of Public Health](#)

³ [DMH/DD/SUS Strategic Plan for 2024-2029 | NCDHHS](#)

North Carolina launched new Medicaid services for people with TBI in July 2023 through the 1915i State Plan Amendment (SPA). Community Living and Supports help people to learn skills to live at home, build community, and live more independently and interdependently. Respite provides breaks in care for the person with TBI and their caregivers. Supported employment helps people to gain, maintain, and thrive in competitive integrated employment. And Community Transitions support a person's right to live in a home of their own.

North Carolina also launched the TBI Waiver Pilot in 2018. This pilot is only available within [Alliance Health](#)'s counties currently – Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, and Wake Counties. To date, 105 people with TBI are receiving services through the waiver. In 2023, the NC General Assembly provided the authority to expand the waiver statewide however, as of the development of this plan, no funding has been allocated to add TBI waiver slots. In preparation for when funding is received, the TBI team consisting of both DMHDDSUS and NC Medicaid have been engaging with stakeholders to ensure service definitions, clinical coverage policy, plans, and providers will be ready. This work will continue as part of this action plan.

Development of the Plan

This NC TBI State Action Plan uses data from the North Carolina Gaps and Needs Assessment completed in partnership with Brain Injury Association of North Carolina (BIANC)⁴, TBI Services Dashboard⁵, and reflects the voices of people with lived experience, families, providers, and advocates to build upon the work and update strategies from the *2023 North Carolina State TBI Action Plan*⁶. It also aligns with the goals of the Administration for Community Living (ACL) TBI State Partnership Program and the DMHDDSUS Strategic Plan.

North Carolina receives funding from the ACL Traumatic Brain Injury State Partnership Program⁷, which aims to build strong systems of care that help people with TBI live independently and with dignity. The ACL program requires states to:

- Create a TBI State Plan based on stakeholder input.
- Strengthen services and support across the lifespan.
- Include people with lived experience in planning and leadership.

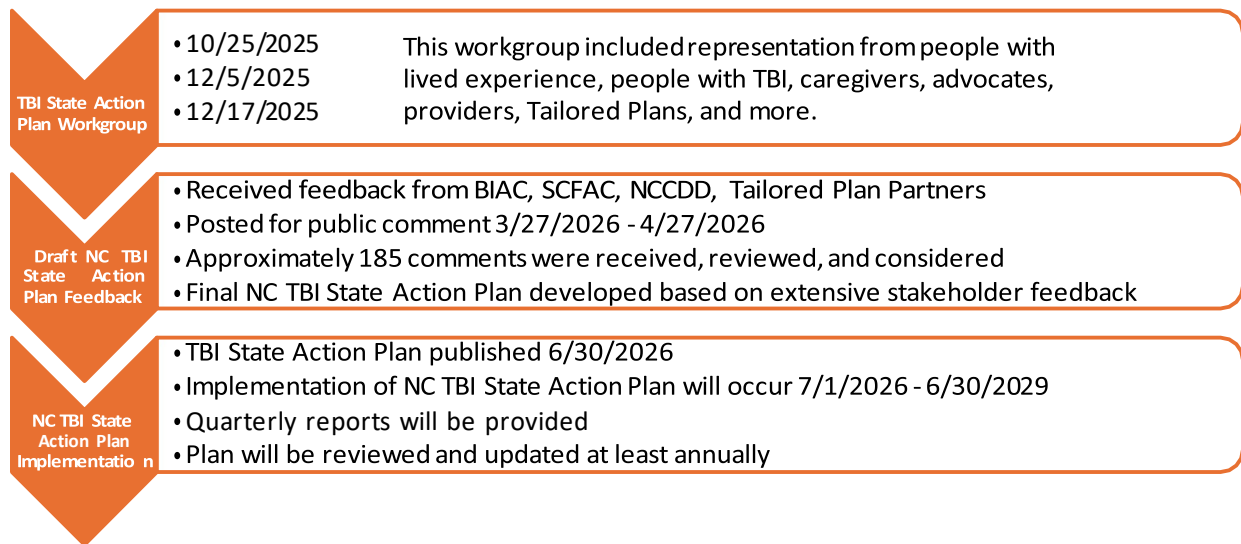
⁴ <https://www.ncdhhs.gov/needs-and-gaps-powerpoint-2025-f/download?attachment>

⁵ <https://medicaid.ncdhhs.gov/reports/dashboards/nc-medicaid-traumatic-brain-injury-tbi-dashboard>

⁶ <https://www.ncdhhs.gov/tbistateactionplan2023final2/open>

⁷ [ACL Awards Traumatic Brain Injury State Partnership Program Grants | ACL Administration for Community Living](#)

NCDHHS values the input and perspective of all stakeholders. We are grateful for all the time, expertise, and experience the community offers in the development and implementation of the NC TBI State Action Plan. Community stakeholders involved include the Brain Injury Advisory Council (BIAC), State Consumer and Family Advisory Committee (SCFAC), North Carolina Council on Developmental Disabilities (NCCDD), Brain Injury Association of North Carolina (BIANC), and Tailored Plans, in addition to the many people with TBI and caregivers. The NC TBI State Action Plan was developed with the TBI community through the following steps:



Together, we can create a system where people with TBI in North Carolina have the opportunity to live a full, supported life - close to home, with dignity and choice.

Focus Areas

The NC TBI State Action Plan is implemented as a collaboration among NCDHHS divisions, including DMHDDSUS, NC Medicaid, Division of Public Health, Division of Employment and Independence for People with Disabilities, and external partners such as the Brain Injury Association of North Carolina, Tailored Plan, and others. BIAC, SCFAC, NCCDD, and others provide ongoing feedback throughout implementation of this plan.

To improve connection between people with TBI and their chosen communities, the NC TBI State Action Plan focuses on three priority areas.



Better Access to Services: Supporting access for people with lived experience to high-quality services including expanding access to the TBI Waiver, 1915i services, mental health/substance use services, medical, and specialty services.



Better Support Providers and Clinicians: Educating support providers, agencies, clinicians, and care managers on best practices for supporting people with TBI.



Better Support People with TBI and Caregivers: Providing people with TBI and caregivers support navigating life changes, supporting self-care, and promoting emotional wellbeing.



Better Equip Communities to Prevent Brain Injuries: Reducing the incidence of brain injuries in the community by increasing awareness, promoting safe behaviors, and expanding access to prevention resources.

Activities by Focus Area



1. Better Access to Services

People with TBI may often be unaware that they have experienced TBI or how that TBI may be impacting their life. It is important to increase screening so people can be linked to the right services and early intervention support.

In addition to more general services like CAP-DA, CAP-C, and the State Medicaid Plan, there are services available specifically for people with TBI in North Carolina, including:

- 1915i Services
- State-Funded Services
- Services provided with State Appropriated Funds

North Carolina is piloting a TBI Medicaid Waiver program in counties served by Alliance Health – Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, and Wake. As of the writing of this plan, this pilot has been unable to be delivered statewide without additional appropriations from the General Assembly. Until this pilot is implemented statewide, each Tailored Plan will keep a Registry of Interest.

People with TBI and caregivers report that the rules and processes can be complex and difficult to understand. Documents governing policies and service definitions are not written in an accessible manner. Clear and accessible communication is a need.

The Division of Employment and Independence for People with Disabilities (EIPD) also supports TBI-Specific programs. Many times, people with TBI face challenges returning to jobs they had before their injury. EIPD helps people to navigate this new experience and get the support necessary to return to work or find new employment opportunities. TBI Screening is an important step in identifying and supporting people with TBI to reach employment across the lifespan.

Goal: By June 30, 2029, NCDHHS will help people with TBI access needed services throughout the recovery journey as measured by the increase in the number of people screened for TBI and increase in the number of people accessing TBI services in North Carolina.

Key Actions and Planned Completion Dates

1. Expand TBI Waiver Statewide

Planned Completion	Action Steps	Complete?
October 2026	A. Assess waiver service array in pilot.	
March 2027	B. Develop best practice recommendations for waiver eligibility.	
March 2027	C. Develop comprehensive implementation plan with timeline for waiver expansion to be implemented pending General Assembly appropriation of funding.	
September 2027	D. Publish Eligibility Guide in accessible language.	
July 2028	E. Assess feasibility of developing a separate Acquired Brain Injury (ABI) waiver.	

2. Develop understanding of TBI prevalence in North Carolina.

Planned Completion	Action Steps	Complete?
July 2026	A. Implement standardized Registry of Interest/TBI Waiver Waitlist management protocol for the TBI Waiver.	
August 2026	B. Implement a Statewide screening initiative that educates and enables clinicians, health plans, providers, justice system, and people to utilize the screening tool.	

3. Standardize services experience across North Carolina

Planned Completion	Action Steps	Complete?
January 2027	A. Develop standard service array to be provided by Tailored Plans through TBI State Appropriations.	
March 2027	B. Complete landscape assessment of available service array, including transportation, across the severity continuum for someone experiencing TBI.	
December 2027	C. Fully implement standard service array to be provided by Tailored Plans through TBI State Appropriations.	

4. Educate community on services available using accessible communication.

Planned Completion	Action Steps	Complete?

December 2026	A. Develop and implement communication plan to ensure people with TBI and caregivers understand available services.	
October 2027	B. Develop and launch accessible TBI Resource Hub.	
December 2027	C. Develop and publish a service guide for people with TBI including services provided by DMHDDSSUS, EIPD, NC Medicaid, Managed Care Organizations, and others.	
March 2028	D. Develop educational content specifically for people with TBI and caregivers on the TBI Resource Hub.	
December 2028	E. Develop transition planning guidance documents for care managers and transition coordinators to use following initial brain injury to include recommended referrals, linkage, and assessments.	
June 2029	F. Each LME/MCO will develop and publish a TBI-specific webpage.	



Measuring Progress

We will track progress toward this goal with the following metrics:

Metric	Desired Outcome
Number of people screened for TBI using the Online Brain Injury Screening and Support System (OBISSS) across North Carolina.	Screen at least: Year 1: 500 Year 2: 750 Year 3: 1000
Number of people receiving any TBI-specific services, including 1915i, TBI Waiver, State-Funded TBI Services, and services through State TBI Appropriations. Baseline will be determined as point in time total of people accessing TBI services as of 6/30/2026.	10% increase in overall number of people receiving services



2. Better Support Providers and Clinicians

The TBI workforce is limited in North Carolina. Finding doctors and specialists willing and able to work with people with TBI is challenging. Doctors and specialists, including mental health and substance use clinicians, may feel unprepared to work with people with TBI. Providers and practitioners also report challenges with enrolling and billing through Medicaid.

Direct support professionals are a key piece in access to services. Direct support professionals report not feeling well prepared or trained for the role. They also report being underpaid or having insufficient hours.

Goal: By June 30, 2029, NCDHHS will build a well-trained, high-quality workforce across the support continuum as evidenced by 85% of people surveyed reporting that they can see their primary care provider when they need to, see their specialists when they need to, and their care manager links them to the services they need.

Key Actions and Planned Completion Dates

1. Train the workforce continuum.

Planned Completion	Action Steps	Complete?
December 2026	A. Identify existing resources and gaps in TBI training resources to clinicians, providers, care managers, direct support professionals, and community.	
March 2027	B. Incorporate TBI-specific content in NCDHHS departmental workforce initiatives.	
July 2027	C. Develop and implement comprehensive training plan for clinicians, providers, care managers, direct support professionals, and community stakeholders.	
February 2028	D. Identify and implement training for hospitals, trauma centers, and transition planning staff about community services and transition planning.	

2. Grow the provider network.

Planned Completion	Action Steps	Complete?
October 2026	A. Implement and facilitate a statewide TBI Provider Collaborative.	
July 2027	B. Identify provider, clinician, specialist, and care manager knowledge and skills gaps.	
March 2028	C. Support LME/MCOs and Medicaid to standardize provider experience in enrollment process.	



Measuring Progress

We will track progress toward this goal with the following metrics:

Metric	Desired Outcome by 6/30/29
Percentage of people surveyed reporting 'agree' or 'highly agree' to the statement: I can see my primary care doctor when I need to.	85%
Percentage of people surveyed reporting 'agree' or 'highly agree' to the statement: I can see my specialists when I need to.	85%
Percentage of people surveyed reporting 'agree' or 'highly agree' to the statement: My care manager links me to the services I need.	85%



3. Better Support People with TBI and Caregivers

People with TBI and their caregivers often face big challenges that go beyond medical treatment. TBI can affect memory, emotions, and daily functioning, making it hard for people to live independently. People living with TBI and their caregivers have experienced a major life change. In addition to changes in abilities, people are also entering into the public services system for the first time. People are managing appointments, providing emotional support, and handling financial stress. Better support is needed to give both people living with TBI and caregivers access to therapy, education, and community programs to reduce isolation and improve quality of life.

The North Carolina BIAC plays a significant role in advising the state to provide services and support that meet the needs of people with TBI and their caregivers. This includes making recommendations to the Governor, the General Assembly, and the Secretary of the Department of Health and Human Services about how services are planned, implemented, funded, and delivered across North Carolina.⁸

Goal: By June 30, 2029, NCDHHS will create easy access to information, respite, and peer services for people with TBI and their caregivers as measured by a report of 75% of people surveyed being able to find information when they need it, 75 peers being certified in year one of the program and a 2% increase in the number of people billing TBI respite services.

Key Action Steps and Completion Dates

Within the TBI Resource Hub, create content specifically for people with TBI and caregivers.

Planned Completion	Action Steps	Complete?
January 2027	A. Develop In-Reach process that includes use of informed decision-making tool(s).	
December 2028	B. Create and promote discharge roadmap* guide for newly injured people about community services and support available. <i>*Roadmap should coordinate with guidance documents developed in "Better Access to Services."</i>	

⁸ [§ 143B-216.65. North Carolina Brain Injury Advisory Council – creation and duties.](#)

June 2029	C. Develop veteran-specific transition resources to include all veterans regardless of status of discharge.	
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Develop TBI peers and Respite opportunities within the services continuum.

Planned Completion	Action Steps	Complete?
June 2027	A. Improve and promote the respite care continuum for those with TBI.	
December 2027	B. Implement TBI Peer Support Certification	
June 2029	C. Incorporate TBI Peers into 988 peer warmline.	

Support opportunities for people with TBI and Caregivers to advise North Carolina.

Planned Completion	Action Steps	Complete?
Annually	A. Complete a statewide gap and needs assessment of TBI services and supports.	Annually
Annually	B. Use gap and needs assessment, BIAC, SCFAC, NCCDD, and community feedback to update and adjust the NC TBI State Action Plan.	Annually
Ongoing	C. Provide administrative support to Brain Injury Advisory Council.	Ongoing
Ongoing	D. Provide regularly scheduled and ad hoc updates to BIAC, SCFAC, and NCCDD and request feedback on initiatives.	Ongoing



Measuring Progress

We will track progress toward this goal with the following metrics:

Metric	Desired Outcome
Number of TBI Certified Peers.	75 peers certified in year 1 of program
Number of people with TBI using respite care.	2% increase
Percentage of people surveyed reporting “agree” or “highly agree” to the statement: I can find the information about TBI services when I need it.	75%



4. Better Equip Communities to Prevent Brain Injuries

North Carolina is focusing on prevention strategies that can make a real difference for people and communities. A key part of this work is understanding how TBIs happen, who is most at risk, and what situations lead to injuries. By looking closely at statewide surveillance data, we can identify patterns and direct prevention efforts where they will have the greatest impact.

Our strategic approach includes several priorities. First, we want to reduce fall-related TBIs by promoting proven prevention programs, such as home safety checks, exercise programs that improve balance and strength, and community education efforts. This will occur through partnerships with senior centers, local agencies, medical providers, and other organizations to make sure people have the information and support they need to stay safe. Another priority area includes increasing awareness of non-traumatic causes of brain injury, such as acquired brain injuries occurring when oxygen delivery to the brain is compromised during events like a drug overdose.

Another important focus is improving how we collect and use TBI data. By strengthening our surveillance systems and increasing screening in health care and community settings, we can get a more complete picture of how many people are affected by TBIs and what services they need. Better data will help us respond more effectively and make sure our prevention work reaches every part of the state, including communities that have been historically underserved.

Finally, this plan emphasizes the importance of equity - making sure everyone in North Carolina, regardless of where they live or who they are, has access to resources that help prevent brain injuries.

Goal: By June 30, 2029, NCDHHS will equip communities to prevent brain injuries as evidenced by a 5% increased reach in the dissemination of data, educational messaging and the promotion of trainings on preventing TBI-related injury aimed at identified high-risk zones.

Key Action Steps and Completion Dates

1. Provide data and surveillance updates on TBI-related injury, deaths, hospitalizations, and emergency department visits.

Planned Completion	Action Steps	Complete?
November 2026	Create and disseminate TBI-related injury data factsheet.	
June 2027	Publish injury data dashboard to include deaths from TBI-related injury.	
June 2027	Create and disseminate annual publication of TBI-related injury report.	
Ongoing	Update core data products focused on TBI-related injury data.	

2. Promote educational opportunities to communities about TBI prevention strategies.

Planned Completion	Action Steps	Complete?
July 2027	Using data from Division of Public Health, identify areas in North Carolina with a high-risk of TBI.	
February 2028	Develop educational messaging that increases awareness of both traumatic and non-traumatic causes of brain injury, including those that may occur during drug overdose events.	
October 2028	Deploy targeted campaign and training (e.g., recognizing fall risks, safe environments) based on high-risk zones identified.	
February 2029	Identify additional partners to implement TBI prevention strategies.	
April 2029	Deliver TBI prevention strategies to identified partners.	



Measuring Progress

We will track progress toward this goal with the following metrics:

Metric	Desired Outcome
Number of partners receiving data and surveillance updates.	5% increase
Number of unique views on TBI prevention topic web pages.	10% increase

Number of times prevention strategies and evidence-based trainings are promoted	At least monthly promotion
Number of TBI prevention partners.	10% increase

What this plan needs to work

For the NC TBI State Action Plan to work, we need:

- Funding and workers
 - Funding to support new services and increase access
 - Enough trained workers to provide services
- Stakeholder engagement
 - Community Engagement to ensure people with TBI and their caregivers are informing the process
 - Strong collaboration between service providers, clinicians, practitioners, and government agencies

To support stakeholder engagement, DMHDDSUS provides administrative support to the BIAC. This council is open to the public and meets every other month. The BIAC is comprised of people with TBI, caregivers, providers, state employees, advocates, and others appointed by our governor and legislators as determined by our ACL Grant⁹ and state statute¹⁰.

What comes next?

The NC TBI State Action Plan is a living document and will keep evolving. NCDHHS will:

- Apply for ACL TBI State Partnership Grant upon release of Notice of Funding Opportunity (NOFO)
- Develop detailed project plan
- Work with families, stakeholders, and policymakers
- Track progress through quarterly reports and public reporting of metrics
- Work with people with TBI and caregivers to give voice in the process

⁹ [Traumatic Brain Injury Partnerships Resources | ACL Administration for Community Living](#)

¹⁰ [§ 143B-216.66. North Carolina Brain Injury Advisory Council – membership; quorum; compensation](#)

Glossary of Acronyms and Terms

ABI – Acquired Brain Injury

ACL – Administration for Community Living

BIAC – Brain Injury Advisory Council

CAP-C – Community Alternatives Program for Children

CAP-DA – Community Alternatives Program for Disabled Adults

CDC – Centers for Disease Control and Prevention

CFSP – Comprehensive Family Support Program

DD – Developmental Disabilities

DMHDDSUS – Division of Mental Health, Developmental Disabilities, and Substance Use Services

EIPD – Division of Employment and Independence for People with Disabilities

NC – North Carolina

NCCDD – North Carolina Council on Developmental Disabilities

NCDHHS – North Carolina Department of Health and Human Services

NOFO – Notice of Funding Opportunity

OBISS – Online Brain Injury Screening and Support System

PWLE – People with Lived Experience

QM – Quality Management

SCFAC – State Consumer and Family Advisory Committee

SP – Standard Plan

TBI – Traumatic Brain Injury

TP – Tailored Plan