

**Two-year Public-Private Partnership Pilot Program in
Cabarrus and Stanly Counties**

Session Law 2023-134, Section 9G.6A.(b)



Report to the

**Joint Legislative Oversight Committee on
Health and Human Services**

By

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

April 15, 2026

INTRODUCTION

Session Law 2023-134, Section 9G.6A.(a) mandated that, of the funds appropriated from the ARPA Temporary Savings Fund to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS), the sum of \$2,000,000 in nonrecurring funds for the 2023-2024 fiscal year be allocated to Truusight Health Solutions, LLC (Truusight), for a two year public private partnership pilot program in Cabarrus and Stanly Counties to address the needs of employees requiring access to behavioral health services and to support employers in this State to navigate the complex behavioral health system. The goals of the pilot program were to build a stronger and more connected behavioral health safety net, to reduce the societal costs related to employees with mental health or substance use issues, and to reduce stigma related to accessing behavioral health services. At a minimum, the pilot program was to ensure the following:

- (1) Involvement of representatives from local employers, impacted employees, relevant employer health benefit plans, local health systems, community-based behavioral health or substance use disorder treatment providers, a local management entity/managed care organization, and other relevant stakeholders;
- (2) The development of requirements and protocols necessary to operationalize an integrated and accountable coordinated system of care as part of the pilot program; and
- (3) The development and deployment of technology that tracks and manages access to services, including a database of all available substance use disorder treatment services and recovery support services relevant to the pilot program. The technology shall be compatible with NCCARE360 and connect employees and their dependents with both medical and nonmedical services.

Section 9G.6A.(b) mandated that the Department of Health and Human Services (DHHS), DMH/DD/SUS, in coordination with Truusight, submit a report to the Joint Legislative Oversight Committee on Health and Human Services no earlier than a year, but no later than 18 months, after the start date of the pilot program, which contains the following information:

- (1) an assessment of the success of the pilot program, including both qualitative and quantitative results detailing the benefits of the pilot program, any barriers or challenges faced by the pilot program, outcomes for both employees and employers and impacts to the counties involved in the pilot program; and
- (2) recommendations for permanent implementation of the pilot program, both within Cabarrus and Stanly Counties as well as statewide. These recommendations must be accompanied by estimates of the cost to the State for each recommendation.

The contract between DMH/DD/SUS and Truusight became effective July 1, 2023, with the pilot ending on June 30, 2025. The contract was later amended to extend the pilot through June 30, 2026. Truusight hired its first staff member for this effort on January 26, 2024. The pilot is ongoing; therefore, this report provides preliminary results only.

STAKEHOLDER ENGAGEMENT

Consistent with legislative requirements, Truusight conducted outreach to employers and community partners in Cabarrus and Stanly counties. Truusight utilized multiple avenues to connect with employers including, but not limited to, the local Chambers of Commerce, employer associations, and direct outreach to connect with organizations. Direct outreach focused primarily on employers with more than 100 employees and public sector entities.

Employer Engagement

Between February 1, 2024, and May 31, 2025, Truusight engaged 166 organizations across the two counties. As of September 26, 2025, 137 employers were actively participating in the pilot. Participating employers were engaged through either: (1) Preferred Partner arrangements, which included a customized link, training, and periodic impact reports; or (2) Broader Campaigns, coordinated through local networks, in which groups of employers shared a common link. Approximately 13,770 employees were introduced to the North Carolina Community Resource Center (NC CRC) platform during this period.

Community-Based Organizations and Providers

Truusight continues to conduct outreach to behavioral health, substance use, and social service providers, encouraging them to verify or update resource listings on the NC CRC platform. Truusight has engaged with Partners Health Management, the LME/MCO in Cabarrus and Stanly counties, and participated in local collaborative meetings to share information about the pilot and support provider participation.

Other Stakeholder Engagement

Truusight has coordinated with local health systems, including Atrium Health Cabarrus, and has maintained communication with benefits brokers and community nonprofits. These efforts have supported broader awareness of the platform and access to a wider range of community resources.

DMH/DD/SUS continues to monitor progress and maintain coordination with Truusight throughout these activities, consistent with contract requirements. These touchpoints include monthly meetings with Truusight to report on programmatic status and goals while also submitting quarterly reports on contract requirements to DMH/DD/SUS.

TECHNOLOGY IMPLEMENTATION

The legislation required the pilot to deploy technology that could track and manage access to services, incorporating a database of substance use disorder treatment resources and recovery support services. The legislation also required that the technology used would be compatible with NCCARE360 and that the pilot would connect employees and their dependents with medical and nonmedical services.

On March 25, 2024, Truusight launched the [North Carolina Community Resource Center](#) (NC CRC) platform utilizing FindHelp technology. FindHelp and Unite Us, the technology powering NCCARE360, operate as separate, proprietary systems and are not interoperable. Because of this, the compatibility requirement of S.L. 2023-134 was not achieved. The NC CRC platform includes features such as anonymous resource searching and optional closed-loop referrals.

While these functions are consistent with the pilot’s focus on reducing stigma and facilitating self-service resource navigation, the platform operates independently from the State’s NCCARE360 infrastructure.

DMH/DD/SUS communicated with NCCARE360 program staff and monitored progress; however, the State does not control vendor interoperability between private platforms. The lack of compatibility limited the ability to integrate NC CRC usage with existing statewide care-coordination and data systems.

PRELIMINARY RESULTS

The pilot remains in progress, and the results below reflect data collected through March 10, 2026.

NC CRC Platform Utilization

- 11,841 anonymous, unduplicated users (i.e., the number of unique individuals accessing the platform without being personally identified)
- 67 identified users (i.e., those whose identifies are known within the system usually because they created an account, submitted a request, or engaged through a referral or care coordination process)
- 11,791 total searches

The top search categories were:

1. Housing – 38.5%
2. Food – 18.3%
3. Health (including behavioral health and SUD) – 12.2%

Common search terms included “temporary shelter,” “help find housing,” “food pantry,” and “help pay for utilities.” These patterns indicate that employees often sought assistance related to social determinants of health, which may indirectly affect behavioral health needs.

Employer and Provider Feedback

A survey distributed to participating employers and community organizations after the first year indicated:

- 89% of respondents reported perceived benefits to their workforce
- The most-cited benefits were ease of connecting employees to community resources and general employee satisfaction
- Suggestions included continuing outreach and maintaining up-to-date resource listings

Scope of Behavioral Health Engagement

While behavioral health and SUD resources were incorporated into the platform, they were not among the highest-searched categories, limiting the ability to evaluate the pilot’s intended behavioral health outcomes at this stage.

ASSESSMENT OF PILOT PROGRESS

Based on preliminary data and the pilot’s implementation timeline, DMH/DD/SUS offers the following assessment:

- The pilot met legislative expectations for stakeholder engagement and the development of a resource-navigation platform.
- The pilot did not meet the statutory requirement for technology compatibility with NCCARE360, which limits integration with existing statewide care coordination systems.
- Utilization patterns suggest that employees primarily used the platform to address housing and food needs rather than behavioral health or substance use concerns.
- Due to the ongoing nature of the pilot, modest early usage levels, and the incomplete data available, it is too soon to determine the pilot’s impact on building a stronger behavioral health safety net, reducing societal costs, or reducing stigma associated with seeking behavioral health services.

DMH/DD/SUS will continue to monitor progress through June 2026 as required.

RECOMMENDATIONS

The Truusight pilot demonstrated employer interest in providing employees with easy access to community resources through a self-service platform. The platform’s incompatibility with NCCARE360 and the limited behavioral-health-related utilization are limiting factors in determining whether the pilot will achieve the outcomes envisioned in S.L. 2023-134.

Given the pilot’s findings to date, and to ensure efficient use of State resources, DMH/DD/SUS offers the following recommendations:

1. **Leverage Existing Statewide Infrastructure:** Rather than expanding NC CRC into additional counties, the State should prioritize strengthening and enhancing NCCARE360, which already operates statewide and supports medical and non-medical service coordination.
2. **Improve Public-Facing Access to Resources:** Consider enhancements to NCCARE360 that increase clarity and ease of use for individuals seeking either anonymous self-service searches or assistance from Resource Navigators.
3. **Broaden Outreach Through Scalable, Low-Cost Strategies:** In addition to employer-by-employer engagement, future initiatives could explore partnerships with utilities or other entities that reach large portions of the workforce.
4. **Support Navigator Capacity as Needed:** If new outreach strategies substantially increase demand for direct support, additional Resource Navigators may be required to maintain service quality.
5. **Pilot New Approaches in Selected Counties Before Scaling:** Testing any new outreach or access model in a subset of counties, including areas with significant disaster recovery and social need, would allow evaluation of the effectiveness of the outreach strategy before its statewide expansion.

DMH/DD/SUS remains committed to expanding access to behavioral health and substance use services statewide. Lessons learned from this pilot will inform ongoing State initiatives, including improvements to NCCARE360 and the Behavioral Health Statewide Central Availability Navigator (BH SCAN). Aligning future investments with existing statewide infrastructure will support stronger coordination, reduce duplication, and advance the State’s broader goals of improving access to care.