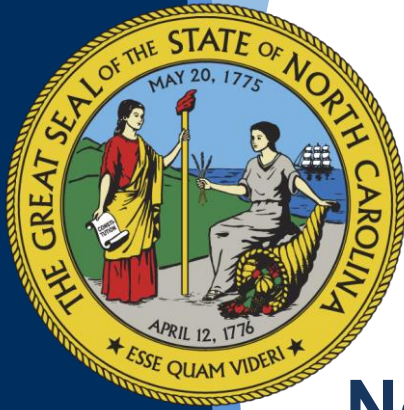




North Carolina State of the State: Behavioral Health

Carrie Brown, MD, MPH, DFAPA

Deputy Secretary for Facilities, Behavioral Health & IDD

Chief Psychiatrist

NC Department of Health and Human Services (NC DHHS)

Presentation to the North Carolina Psychiatric Association

September 27, 2026

Carrie Brown, MD, MPH, DFAPA



- As Deputy Secretary for Facilities, Behavioral Health & IDD and as the Chief Psychiatrist for NC DHHS, she provides psychiatric leadership for North Carolina's public behavioral health system.
- She oversees both the
 - Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS) and
 - Division of State Operated Healthcare Facilities (DSOHF)
- A graduate of Princeton University, she completed her medical training at Duke University and earned her MPH from the UNC Gillings School of Global Public Health.
- She also holds consulting faculty appointments in the Departments of Psychiatry at both UNC and Duke.

Disclosures

Carrie Brown, MD, has no relevant financial relationships to disclose



NC DHHS Headquarters

Highlight Issues

- **State Budget Update**
- **NC Medicaid Updates**
 - Federal H.R. 1 Implementation/ Medically Frail Policy
 - Clinical Coverage Policy on RB-BHT
 - Clinical Coverage Policy on Peer Support Services
- **Legislative Changes in the Mental Health and Justice Systems**
 - H307 - Iryna's Law (SL 2025-93)
 - H1104 – (SL 2026-38)
- **DSOHF / State Psychiatric Hospitals Updates**
 - Vacant Position Abolishment
 - Justice Units
- **DMH/DD/SUS Updates**
 - Crisis System and BH Scan Data
 - Opioid Treatment Programs/ Access to MOUD Across NC
- **NC Advisory Council on Cannabis appointed by Governor Stein**
 - HB328 – Regulate Hemp-Derived Consumables

State Budget Update

State budget enacted in July 2026, the first full budget in more than two years.

NC Medicaid

- ✓ \$1 billion for the Medicaid Rebase for the new fiscal year
- ✓ \$12 million for the Medicaid Enterprise System to modernize NC Medicaid
- ✓ \$9 million for the Healthy Opportunities Pilot program

State Operated Healthcare Facilities

- ✓ Additional 2.5% salary increase for all DHHS nurses and healthcare technicians, in addition to the 3% salary increase for all state employees
- ✓ Recurring operational funding for the Electronic Health Record system that was launched for all facilities in August 2025

NC Medicaid Updates

NC Medicaid Updates: H.R. 1 Requirements

Upcoming changes to NC Medicaid from federal H.R. 1

- October 1 – new restrictions on eligibility for non-U.S. citizens
- **January 1** – start of the new work and community engagement requirement to maintain Medicaid coverage unless the enrollee is excluded
- Individuals who are “**medically frail**” are excluded, each state must define

PUBLIC LAW 119–21—JULY 4, 2025

under part B of title XVIII, and is not otherwise eligible to enroll under such plan.

“(ii) SPECIFIED EXCLUDED INDIVIDUAL.—For purposes of clause (i), the term ‘specified excluded individual’ means an individual, as determined by the State (in accordance with standards specified by the Secretary)—

“(V) who is medically frail or otherwise has special medical needs (as defined by the Secretary), including an individual—

“(aa) who is blind or disabled (as defined in section 1614);

“(bb) with a substance use disorder;

“(cc) with a disabling mental disorder;

“(dd) with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living; or

“(ee) with a serious or complex medical condition;

NC Medicaid Updates: North Carolina's Approach to Defining Medically Frail for Behavioral Health Populations

Defining Disabling Mental Condition and Substance Use Disorder

- Anyone flagged as Tailored Plan eligible (for renewals)
- Mental Health diagnosis based (ICD-10): all moderate and severe mood disorders, all agoraphobias, hoarding disorder, all primary psychotic disorders
- Personality disorders not included
- Substance use disorders diagnosis based (ICD-10): all dependence diagnoses, all SUD with psychosis diagnoses, all SUD with complicated withdrawal
- Service based qualifiers: inpatient psychiatric hospitalization, partial hospitalization, all residential and day-programs, facility-based crisis, ECT, TMS, OBOT and OTP service codes

NC Medicaid Updates: Exemptions from the Work and Community Engagement Requirements

- Younger than 19 or older than 64
- Parent, guardian, family caregiver of dependent child under 14
- Pregnant or pregnant in the last 12 months
- Qualify for Medicare
- SSI or SSDI recipient
- Veteran with total disability
- SNAP/FNS household meeting SNAP work rules
- Meet Work First (TANF) work rules
- In foster care or former foster youth up to age 26
- American Indian, Alaska Native or eligible for Indian Health Services
- In jail or prison or released in the last 3 months
- Blind or disabled

Important NC Medicaid Clinical Coverage Updates

NC Medicaid Updates: Children with Autism

Currently experiencing an exponential increase in utilization and spending on Research-Based Behavioral Health Treatment (RB-BHT)

- Beneficiaries receiving RB-BHT increased 249% SFY 22-25
- The increase far outpaces the increase in ASD diagnosis in the state
- This is a national issue: CMS ABA Toolkit

NC DHHS is addressing this increase with these strategies

- ✓ Released a white paper, “*Ensuring Person-Centered Care for Children with Autism Spectrum Disorder in the NC Medicaid Program*”
- ✓ Engaged in community and subject matter expert feedback
- ✓ Utilized national guidelines to update **Clinical Coverage Policy 8F (CCP 8F), RB-BHT Services**

NC Medicaid Updates: Children with Autism

HB 696 included these requirements for CCP 8F

- Treatment plans requesting more than 16 hours of services per week per beneficiary must be reauthorized every 90 days (up from 180 days)
- New restrictions on the use of telehealth for RB-BHT service delivery and assessment
- Requirements relating to supervision of paraprofessionals by a Licensed Qualified Autism Service Provider (LQASP)
- Requirement that Board Certified Behavior Analysts and Qualified Autism Services Practitioner supervisors enroll as in-state providers

NC Medicaid Updates: Children with Autism

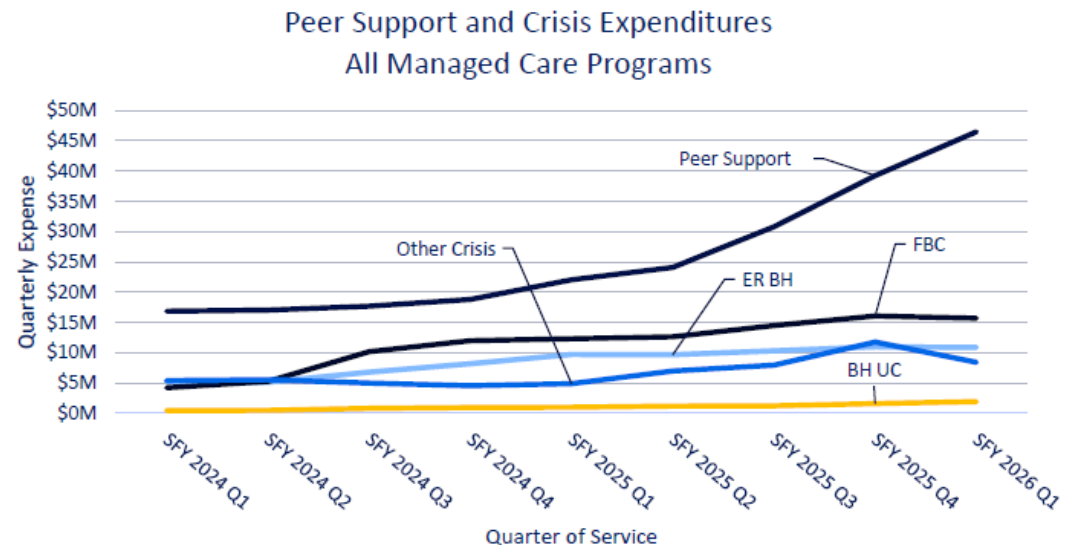
Additional CCP 8F changes (in addition to HB 696 requirements)

- Clarified details for requirements relating to diagnosis, assessment, Treatment Plan, service documentation, transition of care, and billing
 - Included new requirements to use specified diagnostic and assessment tools to support diagnostic integrity, and individualized and measurement-based treatment planning
- Added caregiver involvement requirements
- Clarified policy to make explicit the activities and services not covered by Medicaid (e.g., naps/lunch not tied to therapeutic goals in the treatment plan)

NC Medicaid Updates: Peer Support Services

Peer Support Services (PSS) expenditures have increased since SFY 24

- Between SFY 24 and SFY 25, Mercer reports approx. 25% growth in overall number of peer support provider agencies
- Costs for the services are widely distributed among providers; however, the top 10 providers in SFY 25 account for 23% of the overall service spend
- While crisis-related services do not exhibit the same level of growth seen with PSS, there is not a marked decrease in overall expenses or trends that correspond with the growth in PSS



NC Medicaid Updates: Peer Support Services

Policy Changes to Manage PSS Utilization (1/2)

- Designate Peer Support Services to adult beneficiaries with a serious mental illness (SMI) or substance use disorder (SUD)
- Strengthen requirements for a beneficiary to have documented recovery-oriented needs related to their SMI or SUD diagnosis
- Add prior approval requirements for PSS
 - 24 units (6 hours) of Peer Supports Services (PSS) can be provided without prior approval. Unmanaged units are allowed once per episode of care per beneficiary
 - Requires coordination with existing behavioral health or substance use service providers, clinical home, care manager or care coordinator to develop integrated plan of care

NC Medicaid Updates: Peer Support Services

Policy Changes to Manage PSS Utilization (2/2)

- Add soft unit limits for PSS
 - Max of 176 units (44 hours) of PSS over 60-day authorization period (no more than 88 units (22 hours) per 30 calendar day period)
- Limits may be exceeded for medical necessity with additional utilization review
 - An updated parity report will be required to submit to the Centers for Medicare and Medicaid (CMS) along with the State Plan Amendment (SPA) submission
- Add requirement that a Comprehensive Clinical Assessment (CCA) must be submitted with an authorization request when PSS is requested for more than 9 months duration

NC Medicaid Updates: Peer Support Services

Policy Changes to Improve Coordination of Care

- Require PSS provider organizations to provide at least Comprehensive Clinical Assessment (CCA), psychotherapy, and medication management services
 - If medication management services are not provided within the PSS provider organization, a Memorandum of Understanding/Memorandum of Agreement is required with a medication management provider.
 - Integration of PSS with other clinical services reinforces PSS as complementary service to enhance the effectiveness of other mental health and SUD services.
- Require PSS provider organizations to link a beneficiary to needed mental health and SUD services within defined timelines.
- Require PSS staff to collaborate with a beneficiary's health plan, clinical home, and care manager/care coordinator; when applicable.

Legislative Changes in the Mental Health and Justice Systems

Mental Health Provisions Introduced by Iryna's Law (enacted in October 2025)

- **Mandatory Mental Health Evaluation Triggers**

Ordered when a defendant:

- Is charged with a violent offense and was involuntarily committed in the past 3 years, or
- Is reasonably believed to be a danger to self or others

- **Commitment Examiner Requirement**

The judicial official must:

- Order an initial exam by a certified commitment examiner,
- Require law enforcement to transport the defendant to a crisis evaluation setting,
- Instruct the examiner to either petition for involuntary commitment or issue a written report of no grounds

- **Custody During Commitment Proceedings**

If a petition is filed, custody follows commitment proceedings. If not, and other release conditions aren't met, the defendant stays in a local confinement facility until conditions are satisfied

House Select Committee Formed

- **After Iryna's Law was enacted in October 2025, the House Select Committee on Involuntary Commitment and Public Safety met six times from Nov 2025 through April 2026 and made recommendations to the General Assembly to address issues**
- **Led to new legislation (HB 1104) enacted in July 2026 titled "An act to improve the involuntary commitment process and increase public safety and to implement an inpatient capacity restoration program"**

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

SESSION LAW 2026-38
HOUSE BILL 1104

AN ACT TO IMPROVE THE INVOLUNTARY COMMITMENT PROCESS AND
INCREASE PUBLIC SAFETY AND TO IMPLEMENT AN INPATIENT CAPACITY
RESTORATION PROGRAM.

Whereas, the House Select Committee on Involuntary Commitment and Public Safety met six times during the 2025 to 2026 biennium, conducted meaningful work and engaged in productive discussion; and

Whereas, the House Select Committee on Involuntary Commitment and Public Safety identified several areas needing further study and has made recommendations; Now, therefore,

The General Assembly of North Carolina enacts:

HB 1104 (SL 2026-38)

- **Requires studies on bed/staffing shortages, outpatient commitment and jail health**
- **Proposals required for telehealth and mobile crisis for first examinations**
- **Tightens outpatient commitment criteria**
- **Codifies a three-track capacity restoration program**
- **Requires a hearing for involuntary treatment solely to restore capacity**
- **Subsection (b1) of G.S. 15A-533 becomes effective July 1, 2028, and applies to persons appearing before a judicial official for the determination of pretrial release conditions on or after that date**

HB 1104 - SECTION 11 — Criteria for Outpatient Commitment

Outpatient commitment if ALL of the following:

- Respondent has a mental illness.
- Is capable of surviving safely in the community...without posing a danger, when engaged in treatment.
- In need of treatment... to prevent further disability or deterioration that would predictably result in dangerousness.
- Is unable to make an informed decision to seek voluntarily or comply with recommended treatment.
- History of declining or nonadherence to prescribed treatment and ONE or more of the following in the “relevant past:”
 - prior violent convictions
 - Repeated protective-order violations
 - Repeated incarcerations
 - Repeated hospitalizations.

Applies to respondents scheduled to be discharged from an inpatient hospital setting or released from a county jail or state prison, OR within courts discretion.

HB 1104 - SECTION 11 (cont.) - Treatment Plan, Duration & Compliance

- **If hospitalized, initial treatment plan prepared by hospital staff in cooperation with the outpatient provider.**
- **If incarcerated, initial treatment plan prepared by jail or prison staff in cooperation with outpatient provider.**
- **Respondent is required to comply with the plan and any updates.**
- **Commitment is for up to 180 days (previously 90 days), with the inpatient portion not to exceed 90 days.**
- **There is a rebuttable presumption of dangerousness if the respondent is non-adherent to the plan.**
- **Law becomes effective December 1, 2026**

EXAMINATION FOR OUTPATIENT COMMITMENT

Name of Respondent	DOB	Age	Sex	Race	M.S.
Address (Street or Box Number)	City	State	Zip	County	Phone

EXAMINATION INFORMATION

The examination and evaluation for the above-named respondent:

was conducted on ____/____/____ (MM/DD/YYYY) at ____:____ ☐ A.M. ☐ P.M.

was conducted:

☐ In person at the following facility _____ OR Via means of telehealth[∞]

[∞]For telehealth examinations only: ☐ I certify to a reasonable degree of medical certainty that the results of the examination via means of telehealth were the same as if I had been personally present with the respondent OR ☐ The respondent needs to be taken for a face-to-face examination.

SECTION I – CRITERIA FOR COMMITMENT

Pursuant to G.S. 122C-263(d), I have conducted an examination and evaluation for the above-named respondent and it is my opinion that the respondent meets the criteria for outpatient commitment as the respondent is:

- ☐ An individual with a mental illness;
- ☐ Reasonably determined to be capable of surviving safely in the community without posing a danger to others, when engaged in treatment for the respondent's mental illness;
- ☐ Based upon the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122C-3 (11*);
- ☐ Current mental status or the nature of the respondent's illness limits or negates the respondent's ability to make an informed decision to seek treatment voluntarily or comply with recommended treatment;
- ☐ The respondent has a history of declining or nonadherence to prescribed treatment by a licensed treatment provider and one or more of the following, occurring within the relevant past:
 1. A demonstrated history of prior violent convictions.
 2. Repeated violations of a civil protective order.
 3. Repeated incarcerations.
 4. Repeated involuntary inpatient psychiatric hospitalizations.
- ☐ The respondent is scheduled to be discharged from an inpatient hospital setting or released from a county jail or state prison.[∞]
- ☐ None of the above

[∞] An individual residing in a noninstitutional setting that meets all other criteria set forth may be subject to outpatient commitment within the court's discretion N.C. Gen. Stat. § 122C-263 (d)(1)(f)).

DRAFT
under
development

Name of Respondent:	DOB:
SECTION II – DESCRIPTION OF FINDINGS	
Clear description of findings (findings for each criterion checked in Section I must be described):	
SECTION III – INITIAL TREATMENT PLAN	
<i>The outpatient treatment provider shall examine the respondent and develop an initial outpatient treatment plan. The plan shall include, at a minimum, the specific services to be provided, including medications as indicated, the recommended frequency of participation in services, the name of the provider who has agreed to provide the services, the arrangements made for the initial contact with each service provider, and any other relevant information. (N.C.G.S. § 122C-265(c1))</i>	
Name of Provider	Service and Frequency
Initial Appointment Date	
Diagnoses:	
Required medications (name <u>only</u>):	
<i>*The provider may modify medications based on clinical judgment as per N.C.G.S. § 122C-271 (a1). Medication changes do not require modifying this form.</i>	
Any other relevant information:	

Name of Respondent: _____	DOB: _____
SECTION IV – RECOMMENDATION FOR DISPOSITION	
☐ Outpatient Commitment for _____ days (respondent must meet ALL of the first six criteria outlined in Section <u>II</u>) Proposed Outpatient Treatment Center or Physician: (Name) _____ (Address & Phone Number) _____ Management and Supervision by: (LME/MCO, alternative) _____ ☐ Respondent no longer meets statutory criteria for outpatient commitment; <u>terminate proceedings</u> <u>† Outpatient commitment period may not extend beyond 180 days</u>	
_____ Signature of <u>Qualified Professional</u> _____ Print Name of <u>Qualified Professional</u> _____ Address of Facility _____ City and State _____ Telephone Number	This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment _____ Original Signature – Record Custodian _____ Title _____ Address of Facility _____ Date

PC: Clerk of Superior Court where petition was initiated; Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised; Respondent or Respondent's Attorney and State's Attorneys, when applicable; Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Facility/Physician (Substance Abuse Commitment). NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the examiner shall communicate his findings to the clerk by telephone.

HB 1104 - SECTION 13 — Implement Inpatient Capacity Restoration Program

- **Rewrites G.S. 15A-1001–1010, establishing a formal capacity-restoration framework for defendants found incapable to proceed to trial.**
- **Separates the ITP and IVC processes.**
- **Designed to improve throughput, direct defendants to most appropriate setting, and protect due process rights.**
- **G.S. 15A-1001(c):**
“Persons found incapable to proceed should be provided with capacity restoration services whenever feasible and appropriate... carried out in as efficient and timely a manner as possible.”
- **Restoration services may include:**
 - educational instruction on the justice system
 - psychoeducational instruction on the defendant's condition
 - other medically reasonable mental health treatment or counseling.

Capacity Restoration Pilot Program is now incorporated in law, providing three options for capacity restoration.

Early Outcomes for Capacity Restoration Pilots

130+

individuals served

80%

of participants restored

50 days

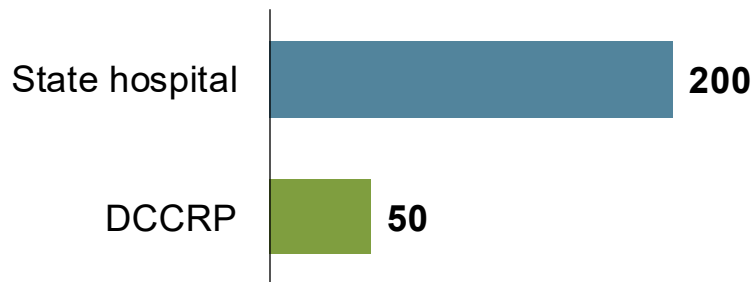
average time to restoration

60%

cut in Broughton waitlist

DCCRP, results to date

Average days to restoration



CBCRP to date

- 30+ individuals served across three counties
- Reduced time spent in jail
- Continued engagement with services after adjudication

Updates on the State Psychiatric Hospitals and the Crisis System

DSOHF Updates: State Psychiatric Hospitals

Vacant Position Abolishment

- In the new state budget, NC General Assembly required that DHHS eliminate \$35M in state appropriations for vacant positions
- This abolishment has a significant impact on the State Psychiatric Hospitals at approximately 230 positions

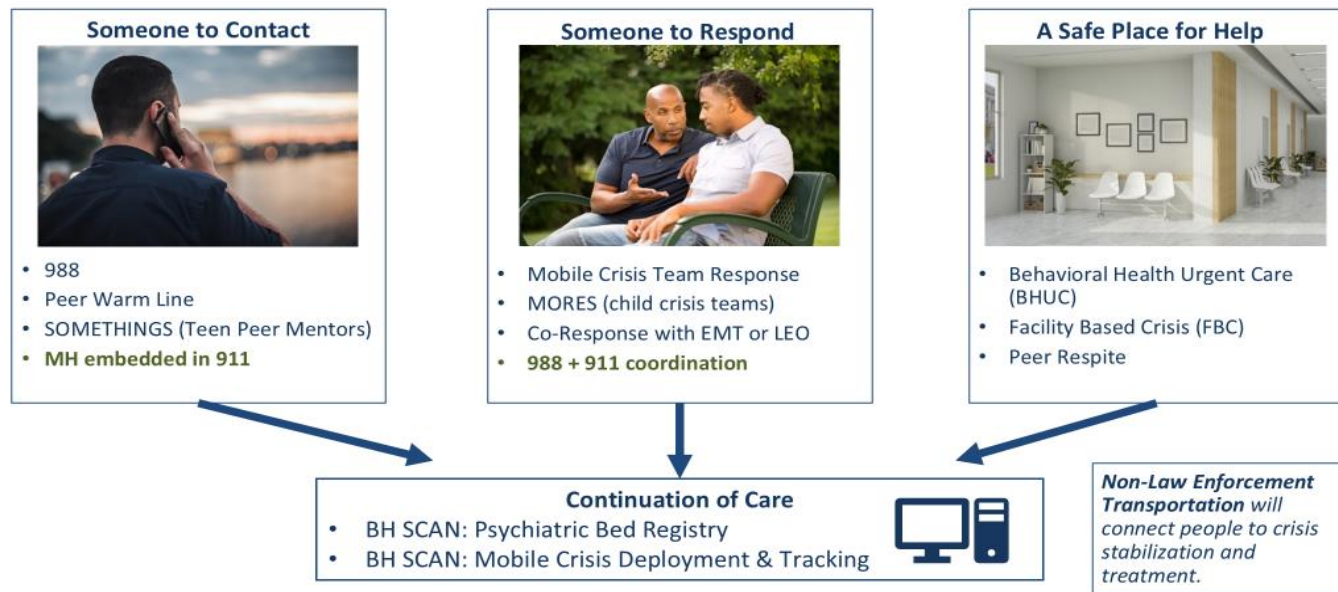
New Justice Units

- The three State Psychiatric Hospitals have a waitlist of 150-200 for inpatient psychiatric services for capacity restoration for individuals adjudicated Incapable to Proceed (ITP)
- There will be substantially increased need for ITP beds when Iryna's Law is fully implemented in July 2028
- DSOHF is currently focused on opening one 20 bed Justice Unit per psychiatric hospital for a total of 60 beds
- To accomplish this goal, DSOHF implemented a graduated sign-on bonus for new hires during months of June, July, August

DMH/DD/SUS Updates: Crisis System

Crisis to Care – Effectively Responding to Mental Health Crisis

DMHDD/SUS' crisis to care model helps ensure people have trauma-informed models of crisis response.



DMH/DD/SUS Updates: Crisis System

North Carolina Crisis Services

Get help 24/7.

[Versión en español](#)

You are not alone. Get support for social or family situations, depression, anxiety, panic attacks, thoughts of suicide, alcohol or drug use, or if you just need someone to talk to.

If this is a life-threatening emergency, call 911. If you need the police, ask for a CIT (Crisis Intervention Team) Officer. They have special training.



Connect with someone now

Free, private and available 24 hours a day, 7 days a week.

988 Lifeline

Call 988, text 988 or chat online with a crisis counselor now.

NC Peer Warmline

Call 855-PEERS-NC to talk to someone who has personal experience with mental health or substance use issues (English only).

Get help in person

Have help come to you or go someplace safe.

Community Crisis Centers

Go to a safe place where you can get help from a licensed clinician.

Mobile Crisis Teams

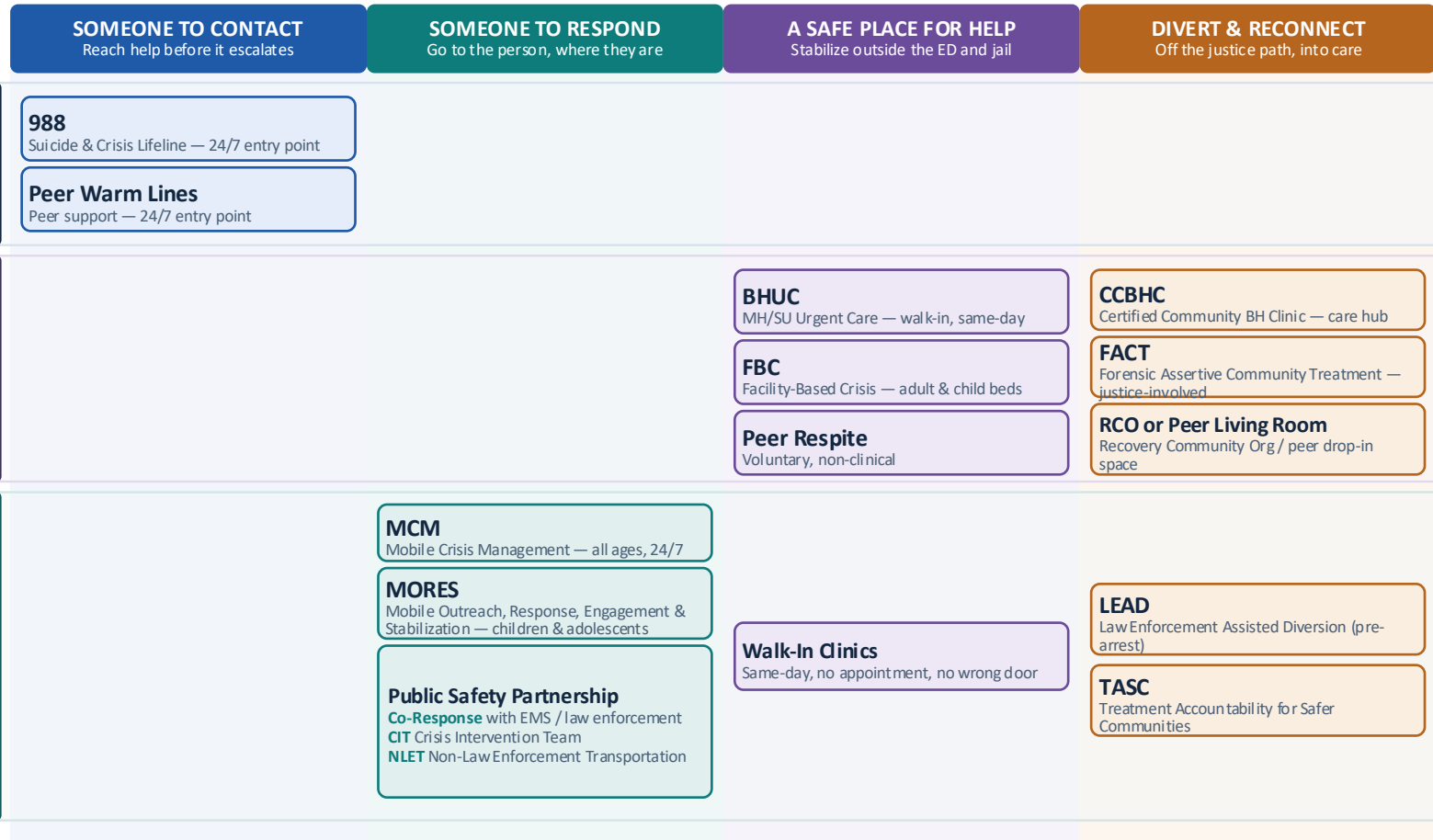
Mental health specialists will meet you in a safe place for free, day or night.

Open Access/ Walk-In Clinics

Same-day support for mental health or substance use needs.

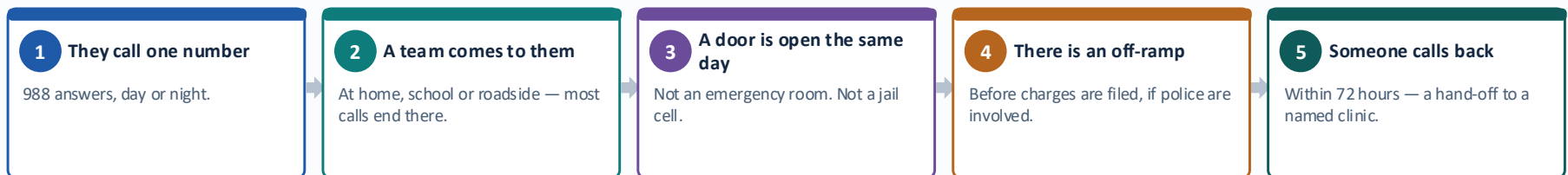
Crisis, Diversion & Re-Entry Ecosystem – The Target State

What must exist at each level of geography — and what it all adds up to for one person in crisis.



WHAT THIS LOOKS LIKE TO A PERSON IN CRISIS

The community continuum, read from the person's side.





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

North Carolina 988 Performance Dashboard

Past 12 Months (7/25-6/26)



The 988 Suicide & Crisis Lifeline offers 24/7 call, text, and chat access to trained crisis counselors who can help people experiencing suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress. When an individual contacts (defined as a call, chat, or text) 988, the contact goes to the National Operator (Vibrant Emotional Health). The individual may choose a specialized hotline (Veteran, Spanish), which will route them to a specialized call center. If they don't choose a hotline, their area code is used to route them to the NC 988 call center (REAL Crisis Intervention Inc.). If a contact is unanswered by the NC 988 call center after 2 minutes, it is routed back to the National Operator for a response.

180,531
NC Contact Volume

89.0%
NC 988 Answer Rate (Call/Chat/Text)

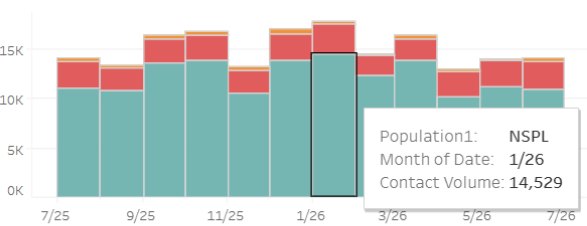
21.9 seconds
Avg Time to Answer Calls (NC 988 Call Center)

24.9%
of Contacts are from Repeat Callers (NC 988 Call Center)

7.5%
of Contacts Referred to Mobile Crisis (NC 988 Call Center)

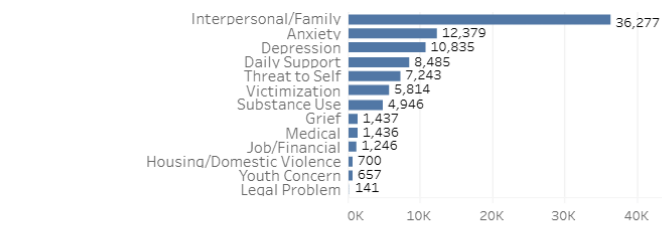
Contact Volume

NSPL, Veteran, Spanish



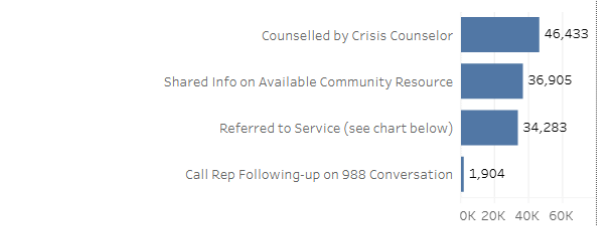
Reason for Contacting 988 (NC 988 Call Center)

Caller can report multiple reasons



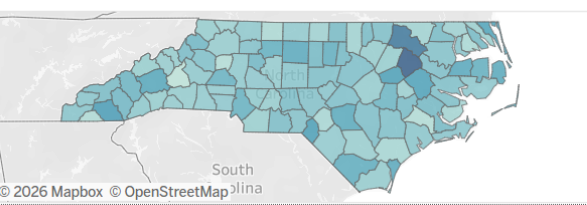
Support Offered by 988 (NC 988 Call Center)

Caller can receive multiple supports

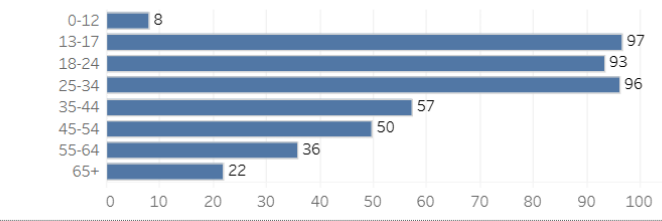


Contacts Per 10K

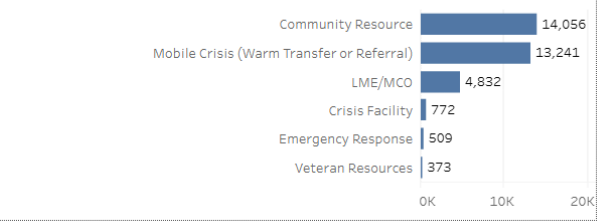
to 250



Contacts per 10K by Age Group (NC 988 Call Center)



Service Caller Referred To (NC 988 Call Center)





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

North Carolina Peer Warmline Performance Dashboard

Past 12 Months (3/25-2/26)



The Peer Warm Line is a 24/7 statewide phone support service in North Carolina where callers can speak with Peer Support Specialists—people who have lived experience with mental illness and/or substance use disorders and can provide non-clinical support and resources to others in crisis. The service, which launched on February 20, 2024, works in conjunction with the 988 Suicide and Crisis Lifeline, allowing callers to either dial 1-855-PEERS NC directly or opt to connect with peer support when calling 988. The Peer Warm

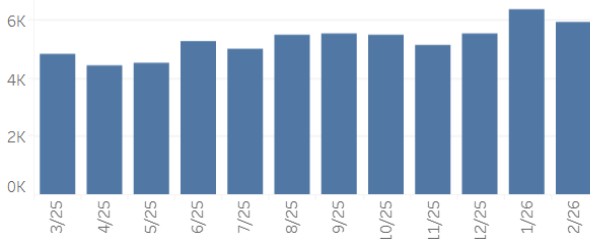
63,297
Total Calls

99.7%
of Callers Report being Satisfied
(of those who complete the survey)

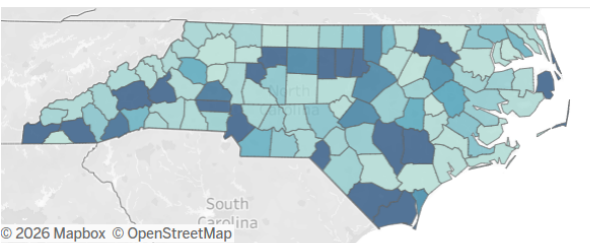
12 Minutes
Average Length of Call

40.0%
% of Individuals who Call More Than Once

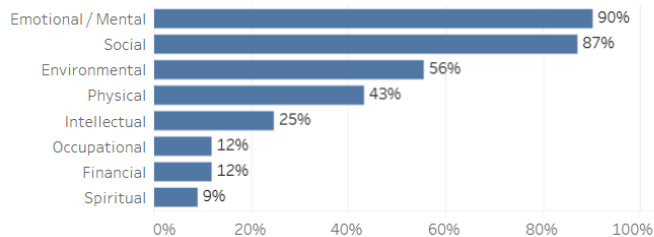
Contact Volume



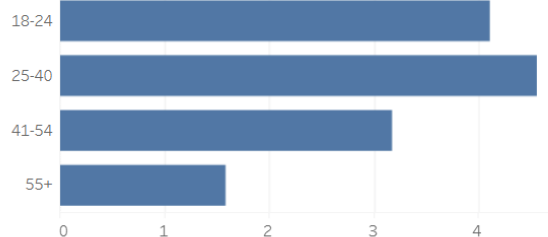
Contacts Per 10K 0 to 150



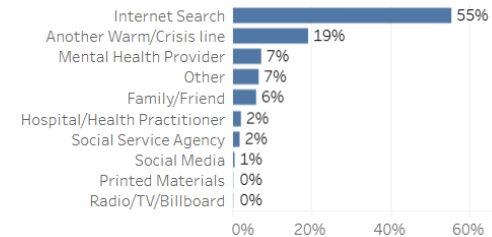
What Caller Needs Support With



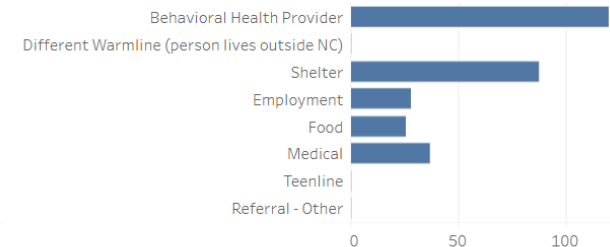
Unique Callers per 10K by Age Group



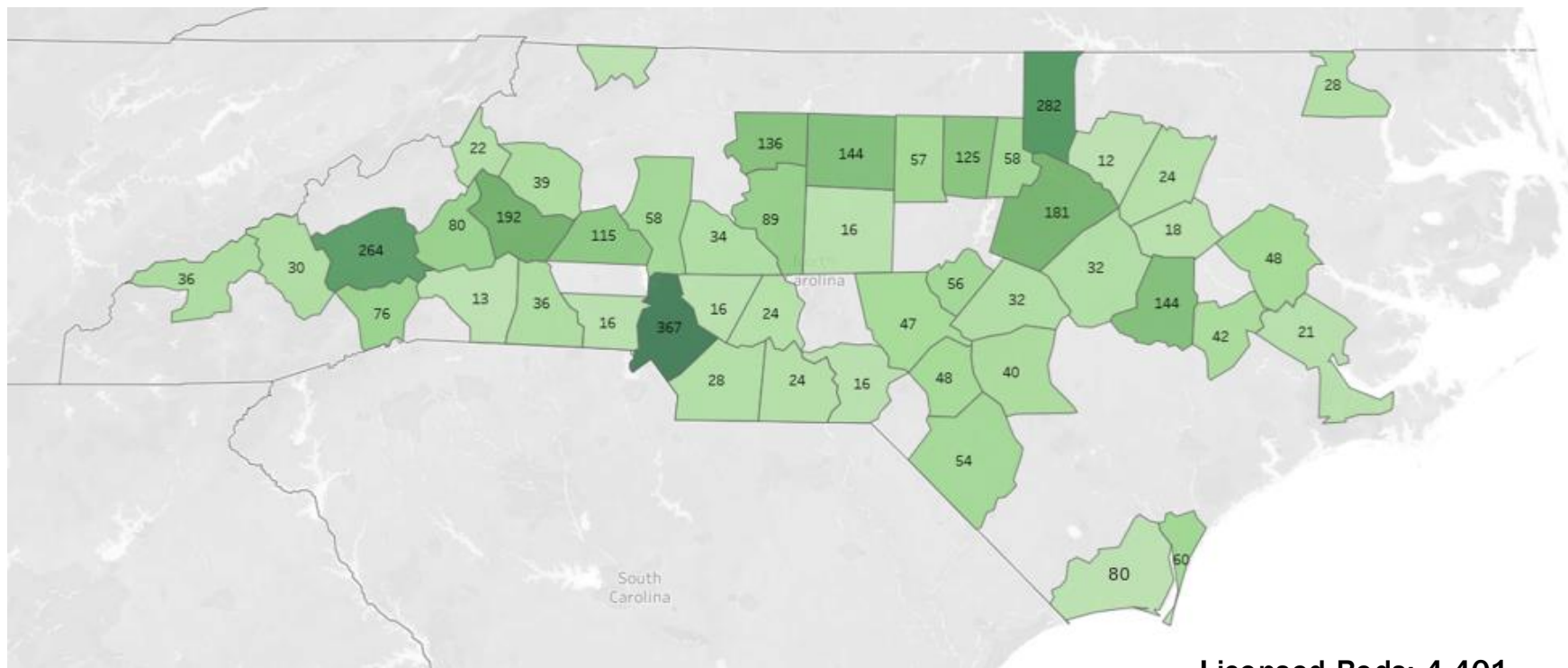
How Did They Hear about the PWL?



Service Caller Referred To



Behavioral Health Statewide Central Availability Navigator (BH SCAN) Statewide Operational Beds (September 2026)



Licensed Beds: 4,401
Operational Beds: 3,718

Operational Beds for the month of September for all service types, youth and adults on BH SCAN.

Note: BH SCAN has visibility into ~85% of beds statewide.

BH SCAN - Early Outcomes

BH SCAN is a statewide technology backbone connecting people in crisis to available care

Service Lines Added

102

Unique service lines added since launch

Spanning the full crisis continuum, community and state psychiatric inpatient, residential treatment, facility-based crisis centers, substance use treatment, and more

Real-Time Visibility

1,362%

increase in daily bed-tracking updates

At one NC health system after automated bed tracking; 928 beds live across 25 sites

Health Plans Added

8

Health Plans

Includes Children and Family Specialty Plan, Tailored Plans, and Standard Plans

Operational Capacity

3,718

BH SCAN beds operational and visible statewide

Of 4,401 licensed beds tracked on BH SCAN as of September 2026

More than a bed registry: Launched January 2023 with no beds enrolled, BH SCAN now tracks 4,400+ licensed beds and spans the crisis continuum. In-system digital referrals went live September 2025, 988 is now integrated, and four automated bed-tracking and electronic health record pilots are complete, which is reducing administrative burden and speeding placement to the right service type. Automated bed tracking is currently rolling out statewide.

Ensuring Access to Medications for Opioid Use Disorder (MOUD) Across North Carolina

NC Naloxone Distribution and Saturation Plan



Reduce opioid overdose deaths by increasing **overdose education** and **naloxone distribution** among communities with high overdose rates and to those at highest risk of experiencing overdose.

WHY THIS MATTERS



Populations of color are **disproportionately impacted** by overdose, including Native American, Black, and Hispanic populations.



Individuals leaving carceral settings are **50 times more likely** to experience an overdose within 2 weeks of release.

OUR PROGRESS



In FY25, we purchased
366,484
naloxone kits
on behalf of programs
across the state.

OUR IMPACT



More communities
empowered with
lifesaving naloxone.



More people
educated and
prepared to act.



More **lives saved**
and families
supported.



Stronger, **healthier**
communities across
North Carolina.



Naloxone **saves lives**. Together, we can reduce overdose deaths and build a safer, healthier North Carolina.





5,943 Reversals Reported: Oct 2025 to Mar 2026

NC Comprehensive MOUD Saturation and Integration Plan

Expanding Access. Reducing Stigma. Supporting Recovery for All.



Ensure that **every individual** in North Carolina with **Opioid Use Disorder (OUD)** has access to **high-quality, evidence-based, person-centered care** through expanded availability of all forms of FDA-approved **Medications for Opioid Use Disorder (MOUD)**.



GOLD STANDARD TREATMENT

Medication for opioid use disorder (MOUD) is the **gold standard treatment** for opioid use disorder.



FDA-APPROVED MEDICATIONS

FDA-approved medications include **methadone, buprenorphine** and **naltrexone**.



COUNSELING & THERAPIES

Counseling and therapies may be an **important part** of treatment as well.



PERSON-CENTERED APPROACH

The goal is not to limit or dictate the amount of time an individual receives MOUD, but to **support each individual's choice** to determine the course of their recovery.

MOUD SATURATION PLAN – PRIMARY OBJECTIVES



- ✓ **Reduce Stigma:** Address negative stereotypes and shift public and professional perceptions of MOUD through provider outreach, policy change, education, and centering lived experience.



- ✓ **Expand Access:** Achieve MOUD availability, particularly of methadone AND buprenorphine, in all 100 counties through opioid treatment programs, office-based opioid practices and community partnerships.



- ✓ **Increase Provider Capacity:** Train, mentor, and support new prescribers and clinics.



- ✓ **Improve Retention in Treatment:** Enhance the quality and continuity of care to increase long-term engagement in treatment programs.



- ✓ **Ensure Equity:** Prioritize underserved populations including rural residents, pregnant individuals, justice-involved populations, adolescents, and racial/ethnic minorities.



OUR COLLECTIVE IMPACT

Together, we will expand access, reduce barriers, and support long-term recovery for individuals and communities across North Carolina.



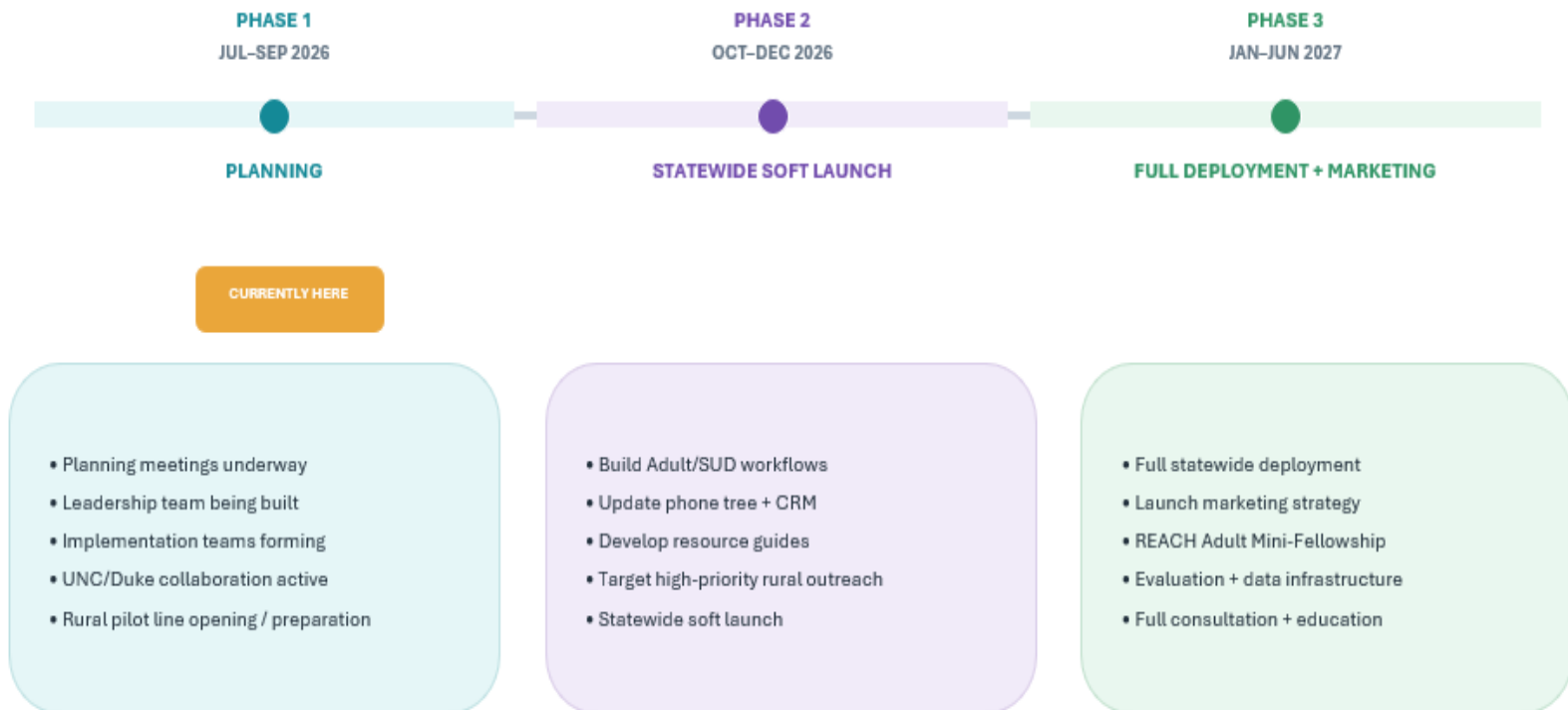
Increase Capacity Through Primary Care (NC-PAL)

Expansion of services under the NC Psychiatry Line (NC PAL)

- NC PAL provides consultation and education services to medical providers across the state
- Expansion focuses on the development of consultation processes and infrastructure related to Substance Use Disorders (SUD) diagnosis and treatment. Services include:
 - development of strategies to promote identification and brief treatment.
 - consultation to support providers treating SUD including opioid use disorder treatment, alcohol use treatment and other SUDs.
 - referral support to connect providers to existing practice support and technical assistance programs that are currently in place in NC.

NC-PAL Adult/SUD Expansion

Contract implementation timeline • July 2026 – June 2027



CURRENT CONTRACT STAGE

Phase 1 — Planning & build-out • ~7 weeks into the 13-week phase

Contract expectation: planning, team formation, stakeholder engagement, and preparation for the rural pilot should be actively underway.

Increase Capacity at FQHCs

- Expansion of MOUD services in 29 Federally Qualified Health Centers (FQHCs) and Community Health Centers across the state.
- These agencies provide primary health care, dental care, behavioral health care and other supportive services in over 600 sites in 92 counties.
- This project funds low barrier access to MOUD by providing buprenorphine, as well as clinical treatment services, and peer support services directly at the FQHC so that both physical health and behavioral health are accessible in one location.

We see patients thriving, accessing and getting housed, employment & improving relationships with family & friends.

Patients are making referrals for their own family and friends.

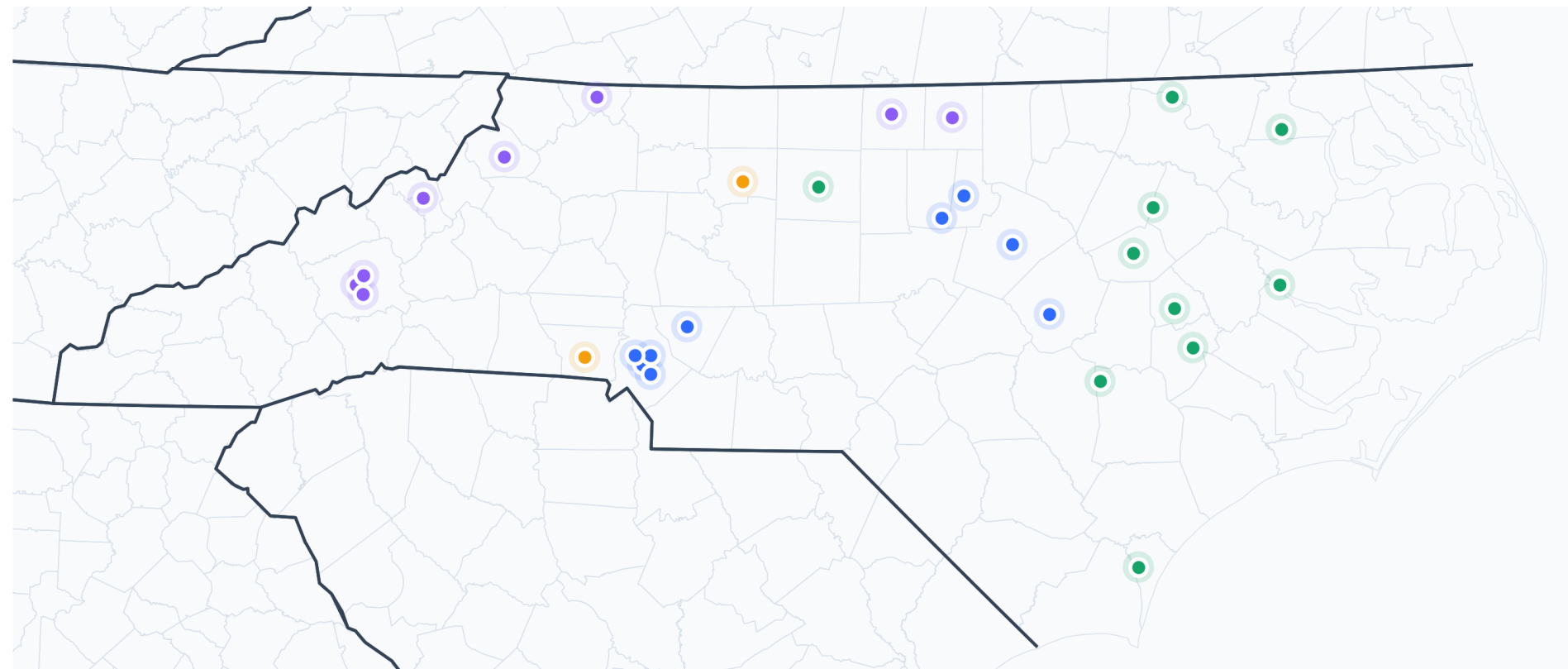
The low barrier model is working. Our health center is seeing patients who start out only wanting MOUD now seeking therapy, recovery housing, care management.

North Carolina FQHCs Funded for MOUD Services

29 funded FQHC locations • MOUD service expansion across North Carolina

Source: FQHC MOUD funding spreadsheet

● Alliance ● Vaya ● Partners ● Trillium



OTPs in NC

Expanding Access. Reaching Every Community. Supporting Recovery Across North Carolina.



99

OTP physical locations
across **57** counties
in North Carolina



100

OTP patients reside in
all **100** counties



33,595

unique patients
served in 2025

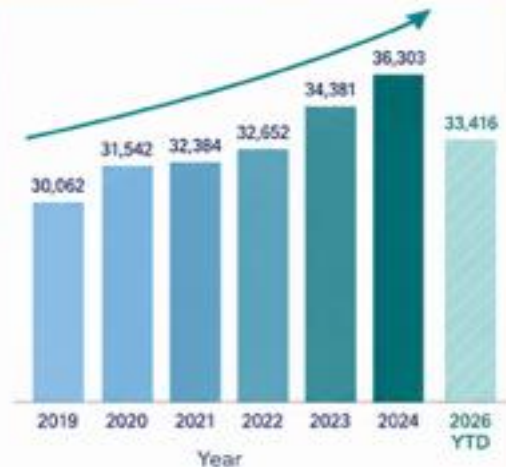
OTP LOCATIONS ACROSS NORTH CAROLINA



PATIENTS SERVED: GROWTH OVER TIME



Growth from
2019 to 2025
+20.8%
Increase in
patients served



OTP services are available statewide—reaching communities, changing lives, and supporting recovery for all North Carolinians.



Visit <https://www.thecarolinasquality.com/map/> to find contact information for the OTP in your area

Visit <https://www.thecentralregistry.com/map/> to find contact information for the OTP in your area

OTP GROWTH IN NORTH CAROLINA *in 2026* SO FAR

Expanding access. Meeting needs. Strengthening communities.



3
NEW PHYSICAL
LOCATIONS



1
NEW MOBILE
UNIT



Continuing to
expand access
across NC.

LOCATION KEY



EXISTING LOCATION
(COUNTY)



NEW LOCATION
(PHYSICAL)



MOBILE UNIT
(EXISTING)

MOBILE UNIT LAUNCH



Southlight Healthcare
Mobile Unit
(Wake County)

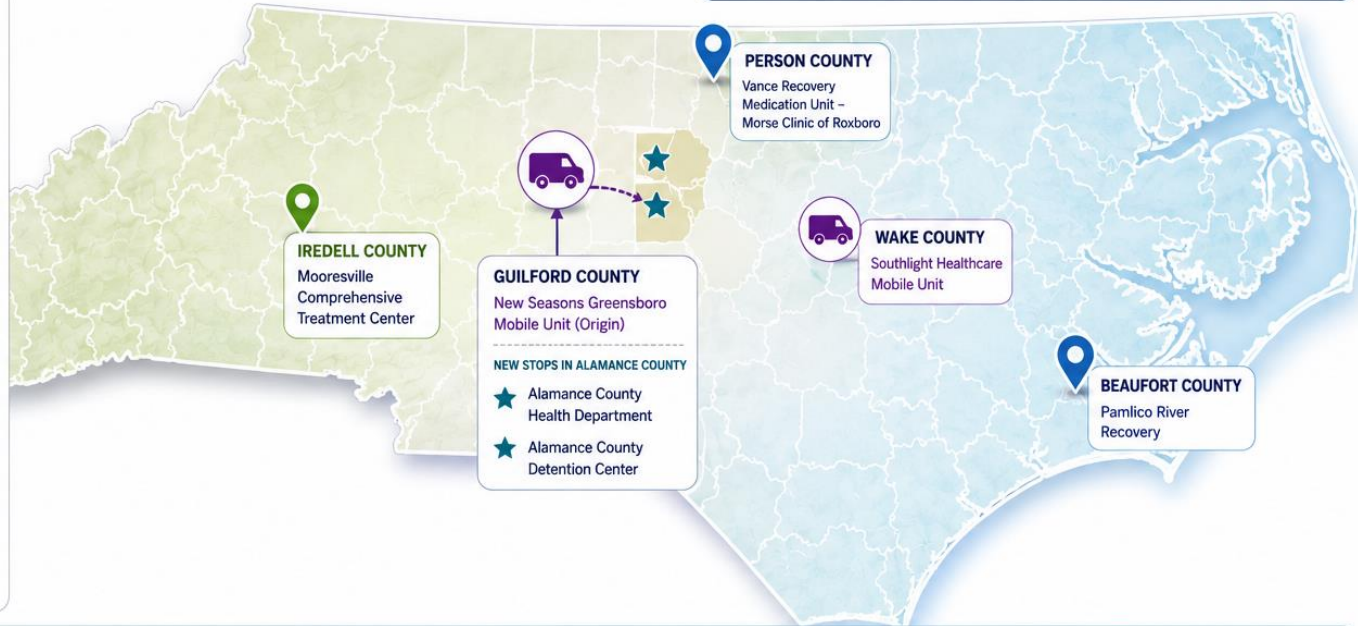
EXPANDED MOBILE UNIT REACH



New Seasons Greensboro
Mobile Unit
(Guilford County)

Added two new stops in 2026
to serve Alamance County:

- ★ Alamance County
Health Department
- ★ Alamance County
Detention Center



3 NEW PHYSICAL LOCATIONS

Expanding treatment access
in Person, Beaufort, and
Iredell Counties.



1 NEW MOBILE UNIT

Southlight Healthcare
Mobile Unit launched in
Wake County.



EXPANDED REACH IN ALAMANCE COUNTY

New Seasons Greensboro
Mobile Unit added two stops to bring
services to more people where
they live and work.



STRONGER TOGETHER

Building a stronger,
healthier North Carolina
through accessible,
compassionate care.



Existing locations remain open and continue to serve their communities.

Medication Units and Mobile Units

Expanding Access. Meeting People Where They Are.

MOBILE UNIT



A motor vehicle (van, RV) from which Opioid Treatment Program (OTP) services are provided at **one or more predetermined locations**.



EXAMPLES



Jails



Residential
Facilities



Shelters

MEDICATION UNIT



A stationary unit established as part of an OTP that operates at a **geographically separate location** from the OTP facility.



EXAMPLES



Jails



Rural Areas



Both mobile units and medication units play a vital role in expanding access to life-saving treatment—reaching more people, in more places.





MOUD CONTINUES BEHIND BARS

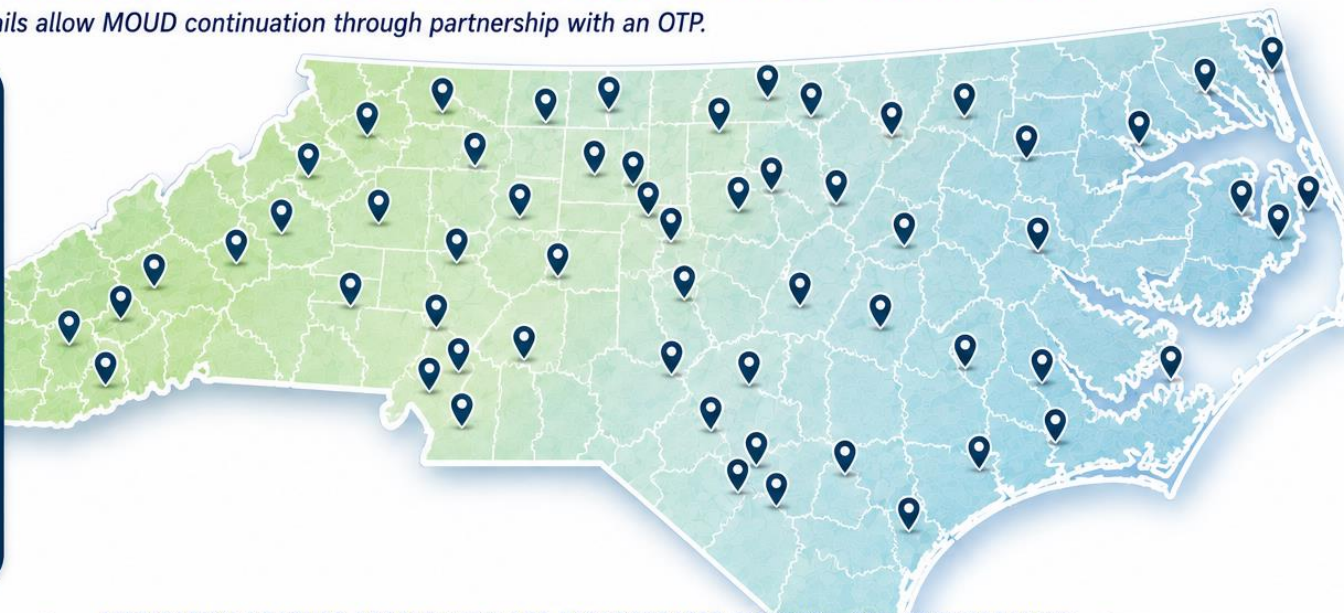
NORTH CAROLINA JAILS PARTNERING WITH OTPs

These jails allow MOUD continuation through partnership with an OTP.



56
JAILS

across North Carolina
allow MOUD
continuation through
partnership with an OTP.



MEDICATION REACHES PEOPLE WHO ARE INCARCERATED THROUGH ONE OF THREE WAYS

1 OTP WEEKLY DELIVERY



Medication delivered
to jail with
chain of custody.

2 OTP DAILY DOSING



OTP brings
medication to the jail
and directly doses
patients in custody.

3 OTP MOBILE UNIT STOP



OTP drives mobile unit
to jail to provide
medication to
patients in custody.



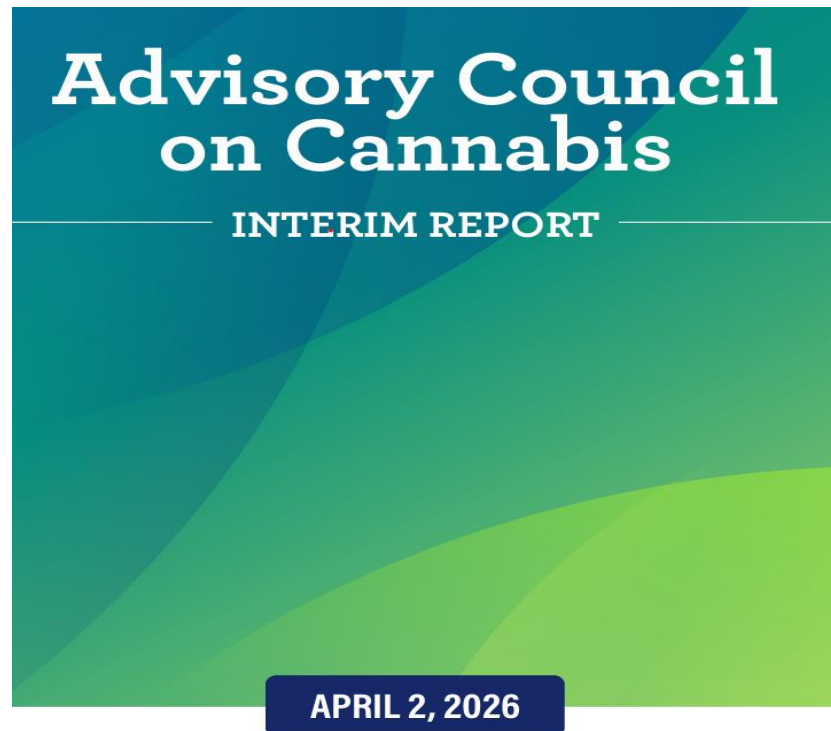
Access to MOUD behind bars is a bridge to recovery on the outside.

Partnerships. Compassion. Recovery. ❤️

NC Advisory Council on Cannabis

NC Advisory Council on Cannabis

- Governor Stein's Executive Order No. 16 – June 2025
- Interim Report released – April 2026



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

NC Advisory Council on Cannabis: Interim Findings

- **Council endorses:**

- Status quo is unacceptable
- Action is needed to ensure safety, especially for youth
- Action needed by General Assembly for comprehensive regulation
- Public health and public safety considerations must be central to any regulatory framework
- Regulatory system must prohibit youth access
- A regulated market should capture revenue from taxes and fees
- What should be regulated is the THC molecule as the intoxicating substance rather than continuing the legal but unworkable distinction between marijuana and hemp
- The type of regulation recommended for NC is an adult-use regulatory model with protections for medical consumers rather than a medical-only program

Cannabis Legislation in Progress

HB 328 – Regulate Hemp-Derived Consumables

- An act to regulate the sale, distribution and possession of hemp-derived consumable products and to add kratom as a schedule VI controlled substance
- Creates a new regulatory statute and implements licensing for manufacturers, distributors and retailers of hemp-derived consumables
- Prohibits sale or possession under age 21
- Provides for product safety with testing and labeling
- Establishes enforcement, penalties and criminal offenses
- Bans products on school properties

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

H

HOUSE BILL 328
Committee Substitute Favorable 3/25/25
Committee Substitute #2 Favorable 4/8/25
Senate Health Care Committee Substitute Adopted 6/17/25

4

Short Title: Regulate Hemp-Derived Consumables. (Public)

Sponsors:

Referred to:

March 10, 2025

A BILL TO BE ENTITLED
AN ACT TO REGULATE THE SALE, DISTRIBUTION, AND POSSESSION OF
HEMP-DERIVED CONSUMABLE PRODUCTS AND TO ADD KRATOM AS A
SCHEDULE VI CONTROLLED SUBSTANCE.
The General Assembly of North Carolina enacts:

PART I. REGULATE HEMP-DERIVED CONSUMABLE PRODUCTS
SECTION 1.(a) The General Statutes are amended by adding a new Chapter to read:

"Chapter 18D.
"Regulation of Hemp-Derived Consumable Products.
"Article 1.
"Regulation of Hemp-Derived Consumable Products.

Questions and Conclusion