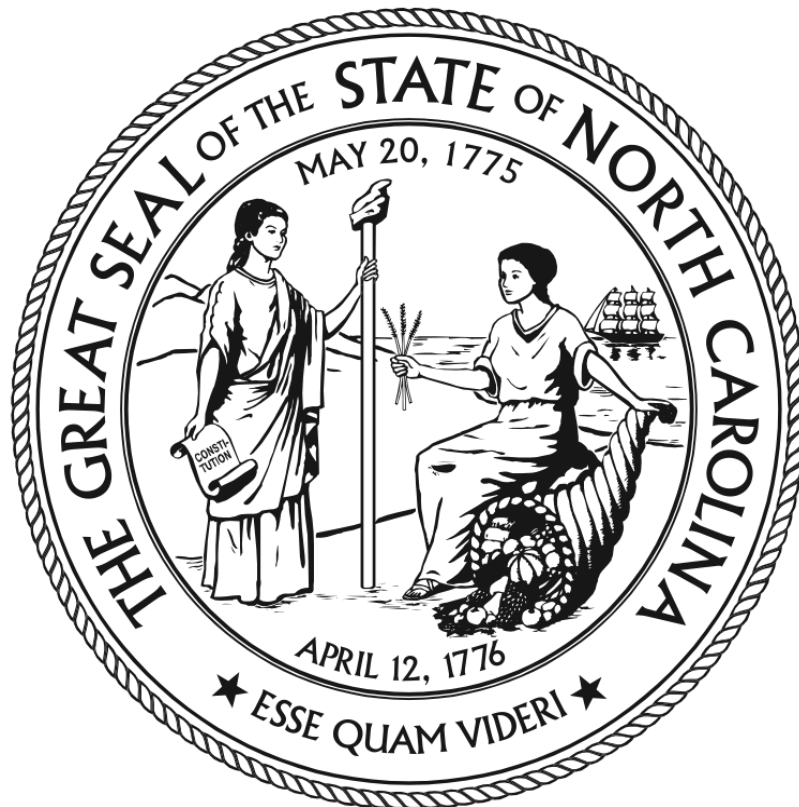


NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

*State Health Director*

**Annual Report to the North Carolina Medical  
Society and Commission for Public Health**

OCTOBER 2025



# State of North Carolina

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# Background on State Health Director’s Annual Report

NC General Statute 130A-33. Commission for Public Health – Regular and special meetings. Each year there shall be four regular meetings of the Commission for Public Health, one of which shall be held conjointly with a general session of the annual meeting of the North Carolina Medical Society. The State Health Director shall submit an annual report on public health at this meeting. NC Department of Health and Human Services (NCDHHS), Division of Public Health (DPH), and Dr. Lawrence Greenblatt, State Health Director, are pleased to provide this report in fulfillment of this statutory requirement and to promote the connection of public health and clinical medicine.

## Introduction & Executive Summary

NCDHHS has an unwavering commitment to meet the needs of all North Carolinians. In collaboration with our partners, the department provides essential services to improve the health, safety and well-being of North Carolinians by increasing access to care, focusing on whole person health, and building a sustainable workforce. More details of the following topics are found in the report.

### 1. Access to Care

#### MEDICAID EXPANSION

Medicaid expansion is a cornerstone of NCDHHS’ strategy to close coverage gaps and improve access to care. Since Medicaid expansion began in 2023, more than 670,000 North Carolinians have gained access to affordable health care, including veterans and workers in child care, construction, hospitality, home health care and other industries essential to the state. Including those covered through Medicaid expansion, NC Medicaid provides affordable health coverage to more than three million children, older adults, people living with disabilities and other working adults.

Since Medicaid expansion launched on Dec. 1, 2023:

- New enrollees have filled more than 6.1 million prescriptions for heart health, diabetes, seizures and other illnesses and have received more than \$86 million in claims for dental services.
- More than one-third of new enrollees, 233,000+ members, live in rural communities where they may not have had access to health care.
- Overdoses in North Carolina decreased, with related visits to emergency departments down by 29% and suspected overdose deaths down by 27% from 2023 to 2024. In addition, more mental health providers serve people covered by Medicaid since expansion.

Despite widespread support for Medicaid, Congress has approved massive cuts to the program that will hurt the state. Recent changes will take health care away from North Carolinians, worsen health outcomes, take billions from our state's economy, disproportionately harm rural communities and drive up costs for everyone, including employers.

## HEALTHY OPPORTUNITIES PILOTS

A \$650 million investment to address non-medical drivers of health such as housing, food, and transportation

In just under three years, the first-of-its kind innovative program has been described as a "life changer" for thousands of North Carolina families. Healthy Opportunities proves the best way to lower health care costs and create healthier communities is to reduce the need for medical care in the first place.

The program addresses people's social needs with services like food, housing, transportation and assistance related to interpersonal violence and toxic stress. It is part of a broader set of initiatives — including Medicaid Expansion, medical debt relief, mental health investments, SNAP and WIC maximization, and integrating physical and mental health – that are focused on improving the health and economic well-being of North Carolinians.

The Healthy Opportunities Pilot currently does not have funding appropriated from the NC General Assembly.

## TELEHEALTH EXPANSION

NCDHHS is actively promoting telehealth to increase equitable access to care, especially in rural and underserved areas.

The Rural Health Information Technology and Telehealth Program (HITT) administered by NCDHHS Office of Rural Health is designed to strengthen the digital infrastructure of rural and safety-net health care providers across the state. Long distances and a severe shortage of medical specialists and addiction care create obstacles for rural North Carolinians to receive the care they need. Recognizing that rural communities often face barriers to adopting new technologies, the program offers targeted support to providers and communities to ensure providers can implement and sustain information technology systems that improve access, efficiency, and quality of care.

## PROGRAM SERVICES AND FOCUS AREAS

- **Electronic Health Records (EHRs):** The program helps providers select, implement, and optimize EHR systems to improve documentation, care coordination, and reporting.
- **Telehealth:** Technical assistance is available for establishing and expanding telehealth services, with an emphasis on long-term sustainability, workflow integration, and equitable patient access.
- **Health Information Exchange (HIE):** HITT supports providers in connecting to **NC HealthConnex**, the state's designated health information exchange, enabling secure data sharing that enhances patient care and strengthens population health management.
- **Assessment and Planning:** Participating practices receive structured needs assessments, individualized coaching, and guidance on best practices for digital health adoption.
- **Training and Technical Support:** The program provides ongoing training, educational resources, and vendor connections to help providers keep pace with evolving technologies.

## IMPACT

By reducing barriers to technology adoption, the HITT Program helps rural health practices deliver more efficient, coordinated, and patient-centered care. Expanded telehealth capacity increases access to services for patients who face transportation or geographic challenges, while improved EHR use and HIE participation support better care continuity and public health data reporting.

Ultimately, HITT plays a critical role in advancing health equity across North Carolina by ensuring rural and underserved communities benefit from the same digital health innovations available in urban areas.

## MENTAL HEALTH CRISIS SYSTEM

The state has invested \$131 million to build a statewide mental health crisis response system that works for everyone, including at least 12 new urgent care centers and more than 114 new crisis beds. The goal is to ensure people are able to get the right care at the right time in the setting that is right for them.

- **Increasing Mobile Crisis Teams Statewide:** These services deploy teams who are trained and experienced to respond to people experiencing a mental health emergency, including mental health professionals and peer support specialists who can de-escalate crisis situations and provide appropriate support.
- **Crisis Support Highlight (The Retreat at Fernwood in Wake County):** Peer respite is a critical resource for people with mental health care needs. The Retreat at Fernwood and other peer respite services are an important part of the mental health crisis response system. They offer non-clinical support from people who know what it's like to work through their own mental health or substance use struggles and live a fulfilling, productive and happy life in recovery. This peer respite center will offer 24-hour care from peer support specialists.
- **Non-Law Enforcement Transportation Pilot Program:** Providing trauma-informed transportation for people in mental health crisis who need to be transported from emergency rooms to residential treatment. In the past, much of this transportation was provided by law enforcement; but non-law enforcement transportation provides a safe, therapeutic alternative for people already in mental health distress.

## STATE SUICIDE PREVENTION ACTION PLAN

The North Carolina Department of Health and Human Services recently released the state's Suicide Prevention Action Plan for 2026 – 2030. This [five-year plan](#) outlines a coordinated, evidence-based approach and promising practices to reduce suicide deaths and self-harm injuries statewide. The plan includes strategies to build coordinated prevention systems, reduce access to lethal means, increase community awareness and skills, improve identification and support for at-risk populations, enhance crisis-response capacity, expand access to high-quality suicide care, and measure impact through robust surveillance. The plan also prioritizes rural communities that may not have existing support networks.

Strategies included in the plan were shaped by internal subject matter experts through a review of the most recent statewide suicide data, evidence-based strategies, the 2024 Health and Human Services National Strategy for Suicide Prevention, and feedback from more than 170 of public comments.

Comments were from a broad range of sectors and perspectives including clinicians, parents, community advocates, school staff and people with suicide-centered lived experience.

Components of the plan include expanding mental health training for the non-clinical workforce, such as barbers and other community members, expanding mental health services in school settings, educating older adults and their families about the increased risks of social isolation and loneliness, and enhancing mental health treatment engagement and support programs for justice-involved individuals.

In North Carolina, suicide is among the top five leading causes of death for people ages 10 to 65 and is the fourth leading cause of death for youth ages 10-18. The average suicide rate among military veterans was 2.7 times higher than non-veterans from 2018-22. Nearly 1,600 suicides were recorded in North Carolina in 2023, according to data from the N.C. Violent Death Reporting System.

## EXPANDING MENTAL HEALTH SERVICES IN SCHOOLS

The North Carolina Department of Health and Human Services partnered with United Healthcare to increase access to high-quality, virtual mental health care through [Hazel Health](#). This initiative will provide access to Hazel Health’s mental health services to nearly 400,000 students – amounting to almost 30% of North Carolina’s K-12 student population. Any student enrolled in a participating district will be able to access one of Hazel’s on-staff, licensed therapists before, during and after the school day.

## NORTH CAROLINA IS A NATIONAL LEADER IN THE 988 SUICIDE AND CRISIS LIFELINE

The 988 Suicide and Crisis Lifeline provides help and support for anyone suffering from depression, anxiety, or interpersonal issues, or someone who just needs someone to speak with. North Carolina’s 988 service is operated by the REAL Crisis Center in Greenville ([realcrisis.org](https://realcrisis.org)), a not-for-profit organization dedicated to providing immediate and ongoing crisis services for anyone in need, free from commitment and at no charge.

- From June 2024 through May 2025, 988 in North Carolina averaged more than 11,500 contacts (call, text or chat) per month.
- In May 2025, the center received more than 13,300 contacts, including almost 3,000 from people who identified as veterans and more than 200 from Spanish-speaking individuals. A recent survey revealed that one in three callers to 988 from North Carolina say the service saved their life or someone else’s life.

## IMPROVING ACCESS TO TREATMENT FOR SUBSTANCE USE DISORDER

Mobile Opioid Treatment Program units began rolling out statewide in 2025. OTPs are state and federally licensed programs that provide Medications for Opioid Use Disorder (MOUD) along with other supports for treatment and recovery, including counseling, case management and peer support services.

All mobile units are extensions of a brick-and-mortar opioid treatment program. The first unit in the state was sponsored by Morse Clinics, which provides MOUD and counseling services for people experiencing Opioid Use Disorder. Morse Clinics serves Wake, Chatham, Johnston, Halifax, Granville, Franklin, Warren,

Northampton, Person, Orange, Randolph, Vance, Harnett, and Durham counties. As many as 10 mobile OTPs may be operational by the end of 2025, including six that will serve areas impacted by Hurricane Helene.

There are 96 Opioid Treatment Programs (OTPs) in North Carolina, with physical locations in 55 counties. With OTP patients residing in all 100 NC counties, the mobile units will extend treatment opportunities to people in more areas.

## RURAL HEALTH TRANSFORMATION PROGRAM

NCDHHS works to create a healthier state for everyone who calls this state home, including the more than three million people in rural North Carolina. NCDHHS will apply to receive funding from the federal [Rural Health Transformation Program](#) (RHTP) on or before Nov. 5, 2025. The U.S. Centers for Medicaid and Medicare Services released the [Notice of Funding Opportunity](#) on Monday, Sept. 15, 2025. CMS is expected to announce awards by **Dec. 31, 2025**. The program is part of H.R. 1, a federal bill signed into law by President Trump in July to address rural health concerns due to federal cuts to the Medicaid program.

The Medicaid program will see cuts of approximately \$1 trillion nationwide in the next 10 years due to H.R. 1, including \$49.9 billion in North Carolina, and these cuts will disproportionately impact people who live in rural communities. North Carolina's rural population is the second largest in the country, behind only Texas. People in rural areas have higher rates of chronic disease and less access to care, and North Carolina has the third-highest rate of rural hospital closures behind Texas and Tennessee.

- 437,185 people in rural North Carolina have heart disease, a 53% higher rate than people in urban areas.
- 508,855 people in rural North Carolina have diabetes; a 29% higher rate than in urban areas.
- 1,135,967 people in rural North Carolina suffer from chronic diseases, 16% higher than the rate for people who live in urban areas.

Funding from the RHTP would provide address the financial strain rural providers, especially hospitals and clinics in rural communities, have felt for years. The RHTP provides \$50 billion that will be distributed in 10 payments to all 50 states over the next five years. Half will be distributed equally to all states independent of the size of the rural population or specific needs. The other half will be distributed based on a number of factors shared by CMS. NCDHHS anticipates a strong application that takes advantage of prior programs, existing partnerships, and our history of innovation to improve rural health.

## 2. Whole Person Well-Being

**WHOLE-PERSON HEALTH FRAMEWORK:** The strategic plan emphasizes integrating physical, mental, and social health to address both medical and non-medical drivers of health

**MENTAL HEALTH TRANSFORMATION:** A comprehensive overhaul of the mental health system, supported by an \$835 million investment, aims to deliver care when and where people need it

**CHILD AND FAMILY WELL-BEING:** Programs and targeted investments in mental health services for children and youth with complex needs

### **Example: Children and Families Specialty Plan**

Children and families in the child welfare system often find it hard to navigate getting the health care, social services and mental health care they need. In 2025, NCDHHS will launch a first-of-its kind initiative called the Children and Families Specialty Plan. The program is a single, statewide NC Medicaid Managed Care plan that will wrap Medicaid-enrolled children, youth and their families in the child welfare system with seamless, integrated and coordinated health care.

Supporting children served by the child welfare system requires a close coordination across multiple systems and partners to ensure we support preserving families, reunification and securing permanency to ensure the best outcomes. The CFSP is designed to support this population by providing health care and mental health care coverage that follows the person — regardless of their geographic location or situation — and works across these multiple systems.

### **Example: Launch of Unshame NC**

Many people with substance use disorder (SUD) experience shame that keeps them from seeking help. NCDHHS, in collaboration with national nonprofit Shatterproof, launched the Unshame North Carolina campaign in July 2025 to end stigma related to SUD.

Unshame NC has two primary goals to increase knowledge and awareness of SUD and medications for opioid use disorder (MOUD) as a treatment option.

The campaign highlights the stories of North Carolinians who have experience with substance use disorder and recovery. The Unshame NC website provides links to resources, including information on how to find the right treatment center and guidance for providers and family members seeking care for a loved one.

- Recent data from a statewide survey indicates 57% of North Carolinians know someone with opioid use disorder.
- Despite this widespread issue, only 34% of North Carolina residents know how to find quality treatment for themselves or their loved ones.
- Additionally, only one in five adults in North Carolina recognizes that opioid use disorder is a medical condition.

These findings highlight the urgent need for comprehensive education that connects people to lifesaving resources and treatment.



### 3. Sustainable Workforce

#### NORTH CAROLINA CAREGIVING WORKFORCE STRATEGIC LEADERSHIP COUNCIL

A statewide effort to strengthen the state's caregiving workforce, specifically in the fields of nursing, direct care and mental health and substance use. Some successes of the NC Caregiving Workforce Strategic Leadership Council:

- **Expand Academic Coaching for Community College Students:** The North Carolina Community College System (NCCCS) completed a successful three-year pilot program, funded by a grant from NC GlaxoSmithKline Foundation, that demonstrated higher nursing program student retention rates and improved NCLEX pass rates across six health science colleges, underscoring the value of dedicated academic coaching in strengthening student success.
- **Invest in Clinical Partnerships:** In May 2024, a partnership between UNC System and the North Carolina Area Health Education Centers (AHEC) expanded the number of Clinical Instructor Partnership (CIP) programs statewide. The CIP program provides specific skills to bedside nurses to help them become RN clinical instructors while remaining in their current clinical role. This model addresses the shortage of nursing instructors by offsetting the traditional compensation gap that exists between bedside nursing and educational settings.
- **Expanding Loan Forgiveness Programs for Registered Nurses:** NCDHHS' Office of Rural Health plans to launch a new incentive program to support registered nurses and clinical nurse specialists this fall. In order to qualify, interested RNs must commit up to four years in rural, medically underserved areas of the state.
- **Expand Career Pathways for Unlicensed Professionals:** Session Law 2025-37, signed by Gov. Stein on July 1, allows Associates-prepared human services professionals with a specified number of years of relevant professional experience to practice as an Associate or Qualified Professional, roles that currently require a Bachelor's degree. This greatly expands the pipeline for human services professionals and provides a new career path for those with an associate's degree.
- **Incent Recruitment and Retention for Publicly Funded Mental Health Roles:** The NC General Assembly appropriated \$20 million for a loan repayment program to strengthen North Carolina's mental health and substance use workforce by incentivizing providers to serve in underserved counties, helping to close critical care gaps across the state.
- **Increase Training and Credentialing for Peer Support Professionals:** NCDHHS partnered with the UNC School of Social Work and NC certified peers to create a free, state-wide, standardized peer support specialist training and certification process. Foundations of Peer Support, Part I, launched Aug. 1, and the second, in-person aspect of the training will go live later in 2025.
- **Advance the Data Landscape for the Direct Care Workforce:** NCDHHS is launching NC's inaugural National Core Indicators State of the Workforce Survey for Aging and Disabilities this Fall to help advance the data landscape for direct care workers.
- **Build Career Pathways for the Direct Care Workforce:** NCDHHS [launched](#) its free Direct Support Professional (DSP) Advanced training certificate this Fall at three pilot community colleges as part of its [Direct Support Professional Workforce Plan](#). The Department also awarded \$3 million to agencies and employers to recruit, support, train and retain DSPs through hiring and retention bonuses, on-the-job training and direct financial supports.

## MENTAL HEALTH WORKFORCE INVESTMENT

Of the historic \$835 million investment the General Assembly allocated as part of Medicaid Expansion, \$115 million was directed toward training, recruitment, and retention of mental health professionals with emphasis on the following areas:

- NC Psychiatry Access Line (NCPAL): Expanding opportunities to connect pediatric and maternity clinical and social service providers with expert psychiatric consultation. NCPAL offers direct support to providers of adults with mental health and substance abuse disorders.
- State Facility Electronic Health Records: Supporting implementation of new electronic health records system within each of the state's psychiatric hospitals, neurodevelopment, and substance abuse care facilities.
- Loan Repayment Programs: Expanding student loan repayment programs to mental health professionals who commit to working in rural areas.
- Collaborative Care Model: Supporting start-up costs and expertise for practices to implement the collaborative care model, which integrates effective mental health services within primary care.
- State Facility Recruitment and Retention Bonuses: Funding to offer sign-on and retention bonuses to state facility employees to reduce turnover rates and improve job satisfaction for frontline health care workers employed by the state.
- Workforce Training and Development: Funding to support enhanced training, recruitment and retention for unlicensed mental health and I/DD workers including peer support specialists and direct support professionals.

## SUCCESSES OF SUPPORTING THE PUBLIC HEALTH WORKFORCE

The Department recognizes the importance of a robust public health workforce both locally and at the state level to support the well-being of North Carolinians. It has focused on bolstering public health recruitment and retention and reducing the number of vacancies in this space through ongoing strategic workforce planning and management. The We are NC Public Health statewide campaign aims to:

- Grow the pipeline of governmental public health workforce
- Increase awareness of careers in governmental public health, including current openings
- Highlight the essential role public health plays in the everyday lives of North Carolinians

The campaign offers a variety of tools, including flyers, templates, and social media ads to support workforce development.

With every public health crisis, we see the effectiveness of a public health system that prepares and supports its workforce to help North Carolinians be safer and healthier.

## 4. Organizational Excellence

- **Operational Excellence Goal:** NCDHHS is focused on efficient, effective, and innovative processes, including data-driven decision-making and improved internal operations
- **Strategic Plan 2023–2025:** Emphasizes cross-departmental coordination, performance measurement, and continuous improvement to ensure high-quality service delivery
- **Data Office Initiatives:** Enhancing the use of data across divisions to optimize services and improve outcomes

### EPIC IMPLEMENTATION AT STATE OPERATED HEALTH CARE FACILITIES

Earlier this year, NCDHHS celebrated the launch of an electronic health record system powered by Epic for North Carolina’s 13 state-operated healthcare facilities. These facilities provide critical medical and mental health treatment to adults and children with mental illness, developmental disabilities, substance use disorders, and neuro-medical conditions.

- This advancement will allow for improved and more comprehensive patient care, streamlined processes for staff, enhanced security for protection of patient data, and improved regulatory compliance.
- EHR allows HIPAA compliant sharing of medical records between state-operated facilities and other systems that provide care to our patients.
- In addition to electronic health records, as part of the Epic system, some state operated facilities will provide access to health data through the [MyChart online portal](#).

### PATH NC: STATEWIDE CHILD WELFARE INFORMATION SYSTEM TO SUPPORT BETTER OUTCOMES FOR CHILDREN AND FAMILIES

PATH NC equips child welfare staff with real-time data and decision-making tools to better protect children and to improve outcomes for children and families across the state. Until now, North Carolina’s 100 county departments of social services, who administer child welfare services, have operated with a patchwork of independent data systems – nearly half of counties are still largely reliant on manual processes and paper records for child welfare operations. PATH NC brings all 100 counties together for the first time into a unified system.

“PATH NC is more than a technology upgrade – it’s an investment in North Carolina’s children and families,” said NC Health and Human Services Secretary Dev Sangvai. “By providing social services staff with better tools, clearer data and integrated support, we are laying the foundation for a safer, more responsive child welfare system that delivers better, more consistent results – no matter where you live.”

## 5. Additional Public Health Highlights

### HURRICANE HELENE RECOVERY

Helene brought unprecedented devastation to the western part of our state. NCDHHS, alongside many of our local, state, federal, and private partners, mobilized quickly to respond and continues to provide an array of supports and services. Public health staff helped ensure people and communities had access to critical health services, helped re-open businesses, childcare and schools and re-established safe water and waste systems including wells and septic systems. Free well water testing kits and disinfection supplies were distributed in communities, and additional staff were on the ground helping share information.

The recovery effort includes the work of the Hope4NC program, which is delivering critical mental health and substance use disorder support for communities with crisis counselors on the ground. Between September 2024 and May 2025, Hope4NC delivered more than 11,300 individual or group counseling services and supportive contacts; more than 200,000 assessments, referrals and media outreach contacts; and answered more than 7,300 calls to their free, confidential 24/7 helpline.

Additionally, in the aftermath of disasters, NC public health professionals stepped up to support communities in their time of need. Through videos and case studies, NCDHHS is showing the critical role public health teams played in helping communities across Western North Carolina recover after Hurricane Helene. The [communications toolkit](#) includes:

- [Public service announcements videos \(English/Spanish\)](#) focused on restoring safe well water, reopening local restaurants and getting kids back to school safely.
- [One-page case studies](#) featuring real stories from North Carolinians impacted by the storm.
- [Social media graphics and sample posts](#) ready to be shared.

Together, these resources show how NCDHHS, NCDPH, local health departments, and our partners worked side-by-side with schools, businesses and families—not just during the emergency, but throughout recovery and still today. They also are intended to build community awareness about the resources available should a disaster occur—a timely message during this year’s hurricane season.

### HEALTH NORTH CAROLINA 2030 & NC STATE HEALTH IMPROVEMENT PLAN (NCSHIP) COMMUNITY COUNCIL

[Healthy NC 2030](#) is a plan that brought together multi-sector leaders and experts to develop a common set of health and well-being indicators and targets for the state over the next decade. The plan lays out 21 population-level goals and desired outcomes that can inform coordinated action across stakeholders and sectors. HNC2030 spans across the private and public sector along with engaging community organizations that focus on improving the health of North Carolinians.

Healthy North Carolina 2030 serves as the foundational vision for the [North Carolina State Health Improvement Plan](#), (NCSHIP) which operationalizes the priorities set out in HNC2030 and creates a unified strategy across multiple stakeholders to drive improvement in the indicators throughout the decade covered by HNC 2030. The NC SHIP documents are iterative, describe the process for improvement, and track improvement progress.

The 2020 NC SHIP began to lay out the processes for addressing – and offers a deeper dive into – the HNC 2030 indicators. The 2022 NC SHIP provided an update, along with additional detail, on the strategies and processes being used to achieve improvements on the HNC 2030 indicators. The latest report, [2023 NC SHIP](#) tracks progress on the HNC 2030 metrics and further refines strategies for improving the health of North Carolinians in the Clear Impact Scorecards. Clear Impact Scorecard for 2023-2024 can be found [here](#), and for 2024-2025, [here](#).

Building on the Community Council’s 2023-2024 “Year of Action,” the 2024-2025 year continued to move Onward for Action by engaging partners to strengthen health across the state, whether by adopting one or more HNC 2030 Indicator(s) into their organization’s strategic planning or by actively participating in one of the Community Councils. The NC SHIP Community Council now brings more than 100 partners to the table each year. That includes health leaders, educators, housing experts, and community advocates. These connections are critical to working towards a healthier North Carolina. [The HNC 2030 Scorecard](#) reflects the changes to the 21 population level indicators. There were changes at the NC population level from [last year’s report](#).

**10 Indicators saw improvement include:** Poverty, unemployment, short-term suspensions, adverse childhood experiences, third grade reading proficiency, excessive drinking, teen birth rate, uninsured rates, early prenatal care, and life expectancy.

**5 Indicators saw worsening include:** incarceration, access to exercise opportunities, HIV diagnosis, suicides, and infant mortality.

**6 Indicators had no change:** limited access to healthy foods, severe housing problems, drug overdose deaths, tobacco use, sugar sweetened beverage consumption among youth, and primary care clinicians.

As we are over the halfway point of Healthy NC 2030, the NC SHIP Community Council demonstrates the value of collective impact in addressing complex health challenges. NCDHHS will continue to build on its successes and address the key indicators that persist.