



State of North Carolina

JOSH STEIN

GOVERNOR

February 5, 2026

EXECUTIVE ORDER NO. 33

PROTECTING NORTH CAROLINIANS THROUGH STRONGER BEHAVIORAL HEALTH AND CRIMINAL JUSTICE SYSTEMS

WHEREAS, Governor Josh Stein is committed to protecting all North Carolinians and recognizes that enhancing access to behavioral health resources and strengthening our criminal justice system are both necessary for a safer and stronger North Carolina; and

WHEREAS, according to Mental Health America, North Carolina ranks 38th nationally in access to mental health care; and

WHEREAS, in the past year, more than 1 in 5 adults in North Carolina experienced mental illness and about 1 in 20 adults in North Carolina experienced serious mental illness; and

WHEREAS, in 2023, up to 20 percent of children and adolescents in North Carolina experienced mental illness; and

WHEREAS, 97 of 100 North Carolina counties are designated Mental Health Professional Shortage Areas, which the federal Health Resources and Services Administration ("HRSA") defines as an area, population, or facility experiencing a shortage of mental health care providers; and

WHEREAS, according to the *2024-2029 Strategic Plan* for the North Carolina Department of Health and Human Services ("DHHS"), North Carolina's existing mental health workforce meets only 13 percent of mental health needs; and

WHEREAS, insufficient reimbursement rates are a key barrier to the recruitment and retention of the behavioral health workforce, deterring new providers from entering the behavioral health workforce and leading existing providers of behavioral health services to stop accepting insurance; and

WHEREAS, the Caregiving Workforce Strategic Leadership Council, led by DHHS and the North Carolina Department of Commerce, identified the behavioral health workforce as one of its key focus areas with the greatest need; and

WHEREAS, 12 out of 47 patient units among DHHS's state psychiatric hospitals are unable to be operated due to insufficient staffing; and

WHEREAS, the North Carolina Department of Adult Correction ("DAC") is facing dire staffing shortages for correctional officers, with 3,950 prison beds unavailable due to staffing shortages that result from the starting pay for North Carolina's correctional officers being the second lowest in the country, ultimately putting staff and the public at risk; and

WHEREAS, the North Carolina Department of Public Safety ("DPS") is facing dire staffing shortages for youth counselors, youth counselor technicians, and youth services behavioral specialists supporting youths in the juvenile justice system due to the non-competitive starting pay, which allows only 400 out of 445 beds to be operational within juvenile detention centers; and

WHEREAS, youths in the juvenile justice system needing crisis services in North Carolina must go to a hospital, which requires significant staffing resources, especially for extended stays; and

WHEREAS, there are persistent gaps in rural access to behavioral health services, including inconsistent availability of mental health and substance use disorder services, crisis response, and school-based care, along with underdeveloped care coordination and fragmented service delivery systems; and

WHEREAS, law enforcement officers and other first responders routinely encounter people experiencing behavioral health crises in their work; and

WHEREAS, there is recognition of the need to increase access to behavioral health resources for law enforcement and first responders, given the nature of their work; and

WHEREAS, law enforcement officers and first responders are more likely to die by suicide than in the line of duty; and

WHEREAS, many entities, including local law enforcement, the DPS, and organizations such as the North Carolina Council on Developmental Disabilities and the Autism Society of North Carolina conduct trainings to improve interactions for people with intellectual and developmental disabilities (“I/DD”) and first responders; and

WHEREAS, access to affordable, timely, and quality health care is a critical factor in preventing and managing mental health disorders; and

WHEREAS, 15.9 percent of adults with mental illness in North Carolina have private health insurance that does not cover treatment for mental or emotional problems; and

WHEREAS, North Carolinians are five times more likely to be forced to use out-of-network providers for mental health care than for primary care; and

WHEREAS, the Substance Abuse and Mental Health Services Administration and other groups, such as the National Alliance on Mental Illness (“NAMI”), have recommended broader expansion of insurance coverage for crisis services, especially for Medicare and commercial insurance; and

WHEREAS, North Carolina saw the largest drop in enrollment in the Affordable Care Act (“ACA”) health plans in 2026 due to the expiration of ACA premium tax credits on December 31, 2025, with 21 percent fewer enrollments in 2026, which is likely to decrease access to quality health care, including mental health services; and

WHEREAS, North Carolina launched the 988 suicide and crisis line in 2022 with investments in local call centers, mobile crisis teams, and crisis stabilization units; and

WHEREAS, according to analysis from NC Health News, involuntary commitment petitions in North Carolina nearly doubled from 2011 to 2021, exceeding 106,000 in 2021; and

WHEREAS, the average wait time for placement in a state psychiatric facility for a person in jail experiencing mental health problems is nearly six months; and

WHEREAS, concerns remain regarding the transport of patients with behavioral health needs, particularly during the involuntary commitment process, including the impact to patients being transported and the strain on the law enforcement personnel who are primarily responsible for such transport; and

WHEREAS, 76 percent of people who entered DAC custody in FY 2024-2025 had a substance use condition requiring placement in a DAC substance use treatment program, and 30 percent of that population had a co-occurring mental health condition; and

WHEREAS, 39 percent of males and 67 percent of females who entered DAC custody over the past five years had a need for mental health services; and

WHEREAS, more than 20,000 at-risk youths and their families are served annually through Juvenile Crime Prevention Councils, and among youths assessed, at least 38 percent were determined to have mental health needs; and

WHEREAS, youth activities that result in involvement in the justice system can increase a young person’s risk of adult criminal activity, lower educational attainment, difficulty finding a job, and additional trauma or psychological distress; and

WHEREAS, in 2025, there were 2,876 admissions to juvenile detention centers and 162 commitments to youth development centers statewide, and, on any given day, more than 600 North Carolina youths are served in these secure custody settings; and

WHEREAS, 97.7 percent of juveniles committed to North Carolina youth development centers had at least one mental health diagnosis, and, on average, these youths had four distinct mental health and/or substance use disorder diagnoses; and

WHEREAS, formerly incarcerated people are fellow North Carolinians and neighbors, and robust reentry services can improve outcomes for those reentering their communities and help them reduce further justice involvement; and

WHEREAS, on January 29, 2024, then-Governor Roy Cooper issued Executive Order No. 303, 38 N.C. Reg. 1036-1040 (February 16, 2024), which established a unified approach to improving education, rehabilitation, and reentry services for incarcerated and formerly incarcerated people in North Carolina; and

WHEREAS, North Carolina was one of the first states to join Reentry 2030, a national initiative that aims to improve reentry success, and DAC is leading a coordinated approach across government committed to helping the people in our custody navigate the complex transition process; and

WHEREAS, the North Carolina General Assembly invested a historic \$835 million in behavioral health, I/DD, and traumatic brain injury (“TBI”) services in the 2023 budget, and DHHS has made significant progress in implementing the behavioral health roadmap as highlighted in the *Transforming North Carolina’s Behavioral Health System* report in September 2024, with further opportunity to leverage this funding over coming years; and

WHEREAS, in December 2025, North Carolina received an award of \$213 million from the federal government for the Rural Health Transformation Program for the first year of a five-year program, and DHHS intends to make investments that address persistent rural gaps in behavioral health services; and

WHEREAS, ensuring North Carolinians can access basic supports like food, especially through programs like Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women Infants and Children (WIC), and SUN Bucks (or Summer Electronic Benefit Transfer program), along with housing, transportation, and employment can help people manage behavioral health conditions, ease the strain on the crisis system, and reduce involvement in the criminal justice system, including for people reentering communities; and

WHEREAS, the Governor is committed to strengthening North Carolina’s behavioral health and criminal justice systems, addressing public safety, enhancing access to behavioral health care, and improving overall health outcomes for North Carolinians.

NOW, THEREFORE, pursuant to the authority vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED:**

Section 1. Definitions

The Governor directs the use of the following definitions for this Executive Order:

- i. “Behavioral health crisis system” refers to the public health infrastructure, including the 988 Suicide and Crisis Hotline, crisis intervention teams, mobile crisis team, co-responder teams, behavioral health urgent cares (“BHUC”), facility-based crisis (“FBC”) units, and Local Management Entity-Managed Care Organizations (“LME/MCOs”) that support people experiencing mental health or substance use disorder crises.
- ii. “Functional Family Therapy” is a short-term, evidence-based intervention program for at-risk youths and their families, focusing on improving family dynamics to address behavioral issues, substance abuse, and delinquency.
- iii. “Juvenile Crime Prevention Councils” are located in all 100 counties, and these funded partnerships (state, county, and local) produce a continuum of needed sanctions and

services at the local level, address the issues of delinquent juveniles and juveniles most likely to become delinquent, and address the family issues surrounding delinquent behavior.

- iv. “Juvenile Justice Behavioral Health Teams” are a statewide network of local and state teams at the LME/MCO level that work to increase awareness of and access to treatment programs for youths in the justice system who have substance use or mental health challenges. These teams deliver guidance and support to court officials; help create and support local networks of evidence-based, family-centered services and supports; and connect youths and their families with community resources via care management and navigation.
- v. “High-Priority Reentry Program” is a collaboration between DHHS, DAC, and the LME/MCOs that provides care coordination to eligible adults with severe mental illnesses who are leaving prison. The program provides specialized care coordination teams that work with adults before and after release from prison. The continuity of care includes development of a care plan, organization of behavioral health services, and coordination of referrals to services and supports. These services and supports include but are not limited to housing, food, employment, health care, transportation, and other social determinants of health.
- vi. “Local Management Entity-Managed Care Organizations (‘LME/MCOs’)” are behavioral health managed care organizations that provide regional behavioral health and I/DD coverage in North Carolina. They operate Behavioral Health I/DD Tailored Plans for Medicaid enrollees and also coordinate services for serious mental illness, severe substance use disorder, I/DD, or TBI for NC Medicaid Direct beneficiaries and Eastern Band of Cherokee Indians (‘EBCI’) Tribal Option members. There are four LME/MCOs operating across the state and serving all 100 counties: Alliance Health, Partners Health Management, Trillium Health Resources, and Vaya Health.
- vii. “Mobile Outreach, Response, Engagement and Stabilization (‘MORES’)” is a team-based crisis response intervention for children and adolescents experiencing emotional or behavioral needs. It provides access to a licensed clinician, a psychiatric consultation, support and resources, and follow-up care for eight weeks. MORES is aimed at promoting safe behavior and supporting and maintaining youths in their homes and communities while reducing long-term placements in residential settings and Emergency Department admissions.
- viii. “Multi-Systemic Therapy (‘MST’)” is an intensive, evidence-based treatment for youths with serious behavioral challenges, including those at risk of or returning from out-of-home placement, involved in chronic or violent offending, or experiencing mental health or substance use disorders. MST delivers individualized interventions in the home and community through a coordinated, team-based approach.
- ix. “Single-Stream Funding” is state funds, allocated by the North Carolina General Assembly, used by LME/MCOs to pay for mental health, substance use, and I/DD services for individuals who are uninsured and underinsured.
- x. “Specialty Mental Health Supervision Initiative” is a multifaceted program managed by DAC and aimed at addressing high rates of recidivism and supervision violations among people with mental health conditions and substance use disorders. The initiative includes special trainings for probation/parole officers and prepares trained officers to manage reduced-size caseloads of people with serious mental illnesses and co-occurring substance use disorders. The program provides officers and chiefs with ongoing trainings and includes stakeholder engagement and active collaboration with community resources.
- xi. “Treatment Accountability for Safer Communities (‘TASC’)” is a program managed by DHHS that connects the justice system and treatment system to improve mental health and reduce drug use and crime in all 100 North Carolina counties. TASC has a network that provides care management services to people with substance use or mental health disorders who are involved in the criminal justice system. TASC works collaboratively with individuals, public systems, and community-based service providers to promote healthy and safe communities.

- xii. “The 988 Suicide and Crisis Lifeline (‘988’)” is a joint federal and state partnership, launched nationwide and in North Carolina in July 2022, providing any North Carolinian experiencing a behavioral health crisis a three-digit phone number to call or text to receive help.

Section 2. Supporting the Behavioral Health and Public Safety Workforce

The Governor directs the Office of State Human Resources (“OSHR”) to assist DAC, DHHS, and DPS in expanding recruitment, implementing programs to improve hiring and retention, and addressing shortages of state agency staff critical to behavioral health and public safety.

Additionally, in consultation with the Office of State Budget and Management (“OSBM”), OSHR shall analyze salaries required to attract talent within local markets for relevant state positions at DHHS, DPS, and DAC; calculate additional funding needed for these salaries; and identify strategies that could fund such salary increases.

DPS and DHHS shall continue to offer the Responder Assistance Initiative (“RAI”) program, which provides a variety of confidential and free wellness resources, behavioral health treatment services, and peer support and consultation, to local and state emergency responders and explore strategies to increase awareness of the program in support of all public safety personnel, including through public outreach.

DPS shall provide voluntary training for law enforcement and other first responders on interacting with people who have developmental or cognitive differences.

Section 3. Strengthening the Behavioral Health Crisis System

The Governor directs DHHS to:

- i. Convene the NC Payers Council to develop processes to increase coverage of crisis services by private insurers in North Carolina to align with services provided by the public crisis system.
- ii. Recommend strategies for standardizing and improving the behavioral health crisis system across North Carolina, including how single-stream and Medicaid funding can be used most effectively to support the crisis system.
- iii. Expand models that embed mental health providers into 911 centers and better integrate mental health providers into 911 protocols by increasing coordination and transfers between 911 and 988 personnel; expand co-responder models that integrate mental health providers with law enforcement responding to behavioral health-related calls; and develop recommendations, in partnership with local governments that oversee 911 centers, to increase coordination between 911 and 988 around call handling and transfer protocols, cross-training for staff at 911 and 988, data sharing when appropriate, and increased education for the public to clarify when to use each number.

Additionally, DHHS and DPS shall recommend strategies to improve mental health transport and hold processes in emergency departments in a manner that protects the safety of the person being transported, the transporters, and the general public, including use of co-responder models, use of civilian positions for transport, and provision of appropriate crisis training for any professional completing transport.

Section 4. Improving the Involuntary Commitment Process

The Governor directs DHHS to convene a working group to recommend reforms to involuntary commitment (“IVC”) in North Carolina. The working group shall also work with mental health providers and hospitals to reliably and consistently implement existing IVC laws and any future reforms.

Section 5. Strengthening Behavioral Health Treatment for Incarcerated People

The Governor directs DHHS to standardize delivery of the TASC program and to partner with DAC to improve its application in North Carolina correctional facilities.

Section 6. Supporting Juvenile Justice Youths with Behavioral Health Needs

The Governor directs DPS, in partnership with DHHS, to provide recommendations on the creation of a facility within the Division of Juvenile Justice and Delinquency Prevention to provide in-patient intensive services for juveniles with the most serious behavioral health needs in order to better serve their behavioral health needs in a secure custody environment.

DPS and DHHS shall implement Section 5121 of the 2023 Consolidated Appropriations Act in such a way as to ensure continued behavioral health services for juveniles leaving juvenile justice.

DPS and DHHS shall collaborate to expand community-based behavioral health services and additional evidence-based practices for juveniles, including but not limited to MORES teams, MST, Juvenile Crime Prevention Council programming, and Functional Family Therapy as well as provision of crisis services to juveniles for IVC.

Section 7. Improving Reentry Supports for People with Mental Health Needs

The Governor directs DAC, in partnership with DHHS, to convene a working group to recommend strategies for improving or expanding services and supports to people with mental health conditions who are leaving DAC custody or are under DAC supervision, including but not limited to individuals in DAC's Specialty Mental Health Supervision Initiative and in the High-Priority Reentry Program.

Section 8. Savings Clause

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order, which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Section 9. No Private Right of Action

This Executive Order is not intended to create, and does not create, any individual right, privilege, or benefit, whether substantive or procedural, enforceable at law or in equity by any party against the State of North Carolina, its agencies, departments, political subdivisions, or other entities, or any officers, employees, or agents thereof, or any other person.

Section 10. Effect and Duration

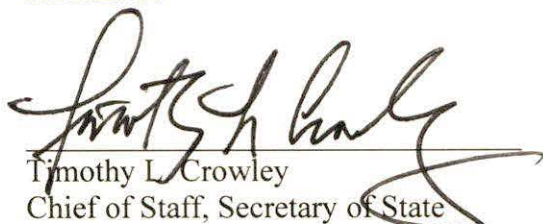
This Executive Order is effective immediately and shall remain in effect unless repealed, replaced, or rescinded by another applicable Executive Order.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 5th day of February in the year of our Lord two thousand and twenty-six.



Josh Stein
Governor

ATTEST:



Timothy L. Crowley
Chief of Staff, Secretary of State

