

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

Side by Side with DMH/DD/SUS

Improving our system together.

Kelly Crosbie, MSW, LCSW

Director

NCDHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

August 10, 2026



**SIDE BY SIDE
WITH DMH/DD/SUS**

Improving our system together.

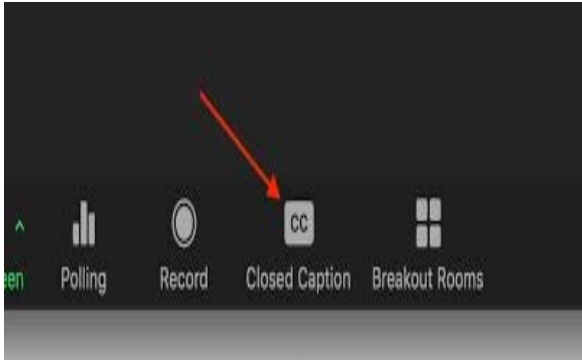


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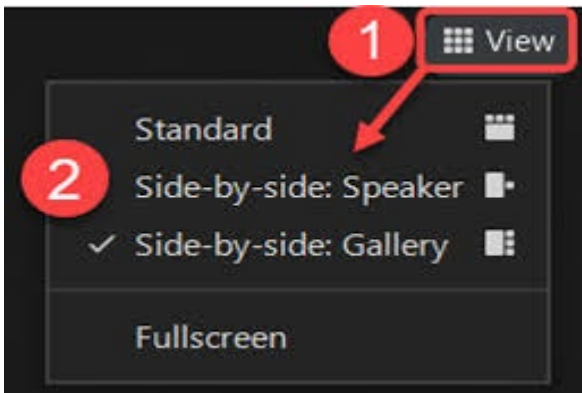
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- American Sign Language (ASL) Interpreters and Closed-Captioning
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Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. Focus: Overdose Prevention Awareness

Kelly Crosbie, MSW, LCSW, DMH/DD/SUS Director



- 30 years in MH/SU/IDD Field
- 15 years in DHHS
- DMH/DD/SUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience

MH/SU/IDD/TBI System Announcements & Updates

State Budget Highlights: Single Stream Funding

- Continues monthly advance payments to LMEs
- Allows up to \$30 million from a Medicaid surplus to be transferred to single-stream funding, if available.
- Maintains expectations that LMEs continue providing at least the same overall level of single-stream (state-funded) services.
- Transfers \$14 million recurring from the Opioid Abatement Reserve to support single-stream funding (to backfill the \$14m cut).

State Budget Highlights: Crisis Services and Inpatient Capacity

- Reduces local inpatient psychiatric bed (three-way beds) funding by an additional \$2 million.
 - Reflects Legislature's expectation that Medicaid expansion will offset some of the costs for state-funded services
- Continues higher reimbursement for higher-acuity patients.
- Up to 40% of funding may continue supporting:
 - Facility-based crisis
 - Non-hospital detoxification
 - Peer respite
- Continued emphasis on equitable statewide distribution of beds.

State Budget Highlights: Substance Use Services

- Medication for Opioid Use Disorder
 - Establishes a permanent grant program supporting medications for opioid use disorder (MOUD) in county jails.
 - Prioritizes counties with greatest opioid burden.
 - Requires a multidisciplinary review process.
- Opioid Settlement Funds
 - \$4 million for opioid remediation through the LMEs
 - \$2 million for naloxone procurement and distribution
 - \$49.5 million for directed grants to 56 community programs

State Budget Highlights: Strengthening I/DD Services & Workforce

- Continues investment in Direct Support Professional (DSP) compensation through provider rate increases.
- Directs DHSR to adopt rules allowing live-in DSPs in certain licensed group homes to support workforce recruitment and retention.
- Eliminates Medicaid copayments for Innovations and TBI Waiver participants.

House Bill 1104

Major Themes

- Updates involuntary commitment procedures (IVC)
- Updates assisted outpatient procedures (AOT)
- Clarifies responsibilities among hospitals, providers, law enforcement, clerks, magistrates, and LMEs
- Includes multiple projects (IVC evals in jails) and studies (IVC process)
- Delegates DHHS to convene a 'revolving door' committee. DHHS is co-convening with DPS (Crisis System of Care Advisory Group—begins in September).

TBI Updates

NCDHHS Releases 2026-2029 TBI State Action Plan

A new statewide roadmap, shaped by lived experience and the [Brain Injury Advisory Council](#), sets four strategic priorities to improve TBI services and outcomes.

OBISSS Launches Statewide

Beginning August 1, DMH/DD/SUS is managing the Online Brain Injury Screening and Support System (OBISSS) in partnership with Disability Rights NC. The tool is available for individuals ages 10 and older and helps improve identification, referral, and statewide planning for brain injury services.

OBISSS provides

- Brain injury screening
- Symptom assessment
- Personalized next steps and resources



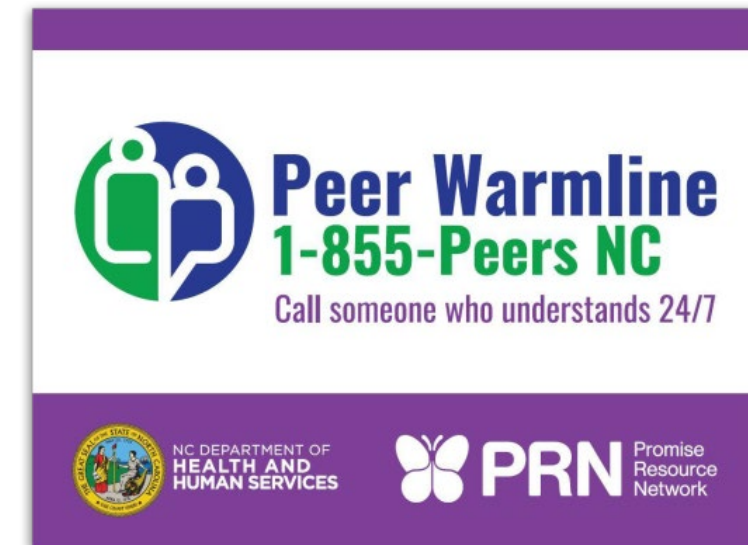


Strengthen the Crisis System



Text and Chat Now Available on the NC Peer Warmline

New options expand access to the 24/7 crisis service operated by Promise Resource Network, connecting more people with trained peer specialists.



DMH/DD/SUS Panelists



Jeff Wilkins

Patient Reported Outcomes
Analyst
Quality and Evaluation Team



Anna Stanley

State Opioid Treatment Authority
(SOTA)
SUD Prevention, Treatment and
Recovery Section



Lauren Garvie

State Opioid Treatment Authority
(SOTA)
Western Region Coordinator
SUD Prevention, Treatment and
Recovery Section



Amy O'Regan

Naloxone Coordinator
SUD Prevention, Treatment and
Recovery Section

NC DMH/DD/SUS 2025 Perceptions of Care Survey



Jeff Wilkins, PhD

Patient Reported Outcomes Analyst

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

Quality and Evaluation Team

2025 Perceptions of Care Survey

Annual Mental Health & Substance Use Treatment Services Satisfaction Survey

August 11, 2025 – September 24, 2025

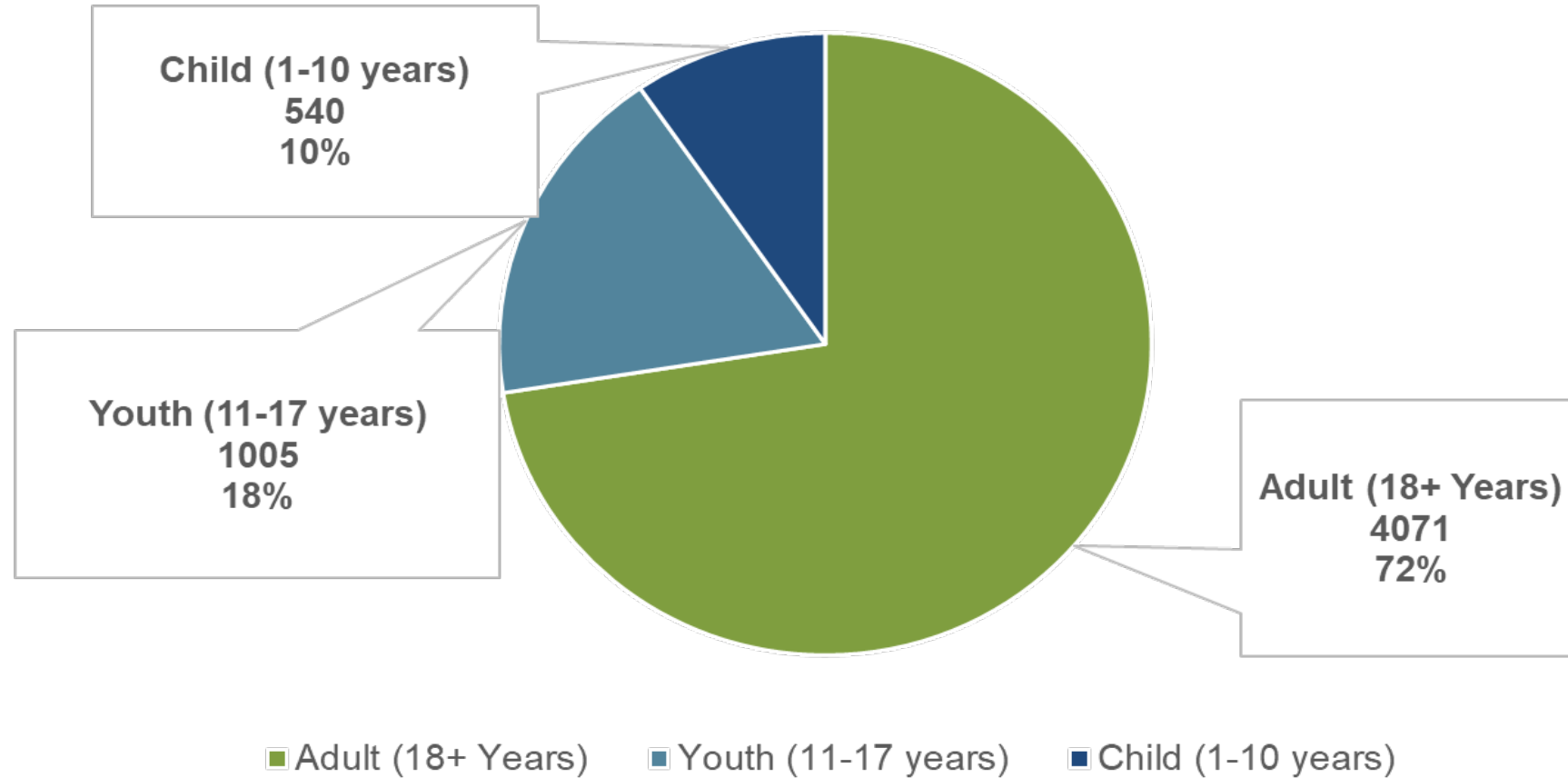
- **An annual assessment of consumer perception of care for mental health and substance use treatment services. A SAMHSA reporting requirement for Community MHBG**
- **Mental Health Statistics Improvement Program (MHSIP) Survey**
- **Sample of 7,778 respondents**
- **Standard a**
 - **Survey is voluntary, confidential, no right or wrong answers**
 - **Provide private area to complete and secure method to return**

Survey Items (Examples)

Access to Services	• <i>Services were available at times that were good for me.</i> • <i>Staff were willing to see me as often as I felt it was necessary.</i>
Treatment Planning	• <i>I, not staff, decided my treatment goals.</i> • <i>I helped to choose my child's services.</i>
Quality & Appropriateness	• <i>I was given information about my rights.</i> • <i>Staff were sensitive to my cultural background.</i>
Cultural Sensitivity	• <i>Staff treated me with respect.</i> • <i>Staff spoke with me in a way that I understand.</i>
Outcomes	• <i>I am better able to deal with crisis.</i> • <i>My child is doing better in school and/or work.</i>
Functioning	• <i>I do things that are more meaningful to me.</i> • <i>My child is better able to do things he or she wants.</i>
Social Connectedness	• <i>I feel I belong in my community.</i> • <i>In a crisis, I would have the support I need from family or friends.</i>
General Satisfaction	• <i>Overall, I am satisfied with the services I received here.</i> • <i>I received services that were right with me.</i>

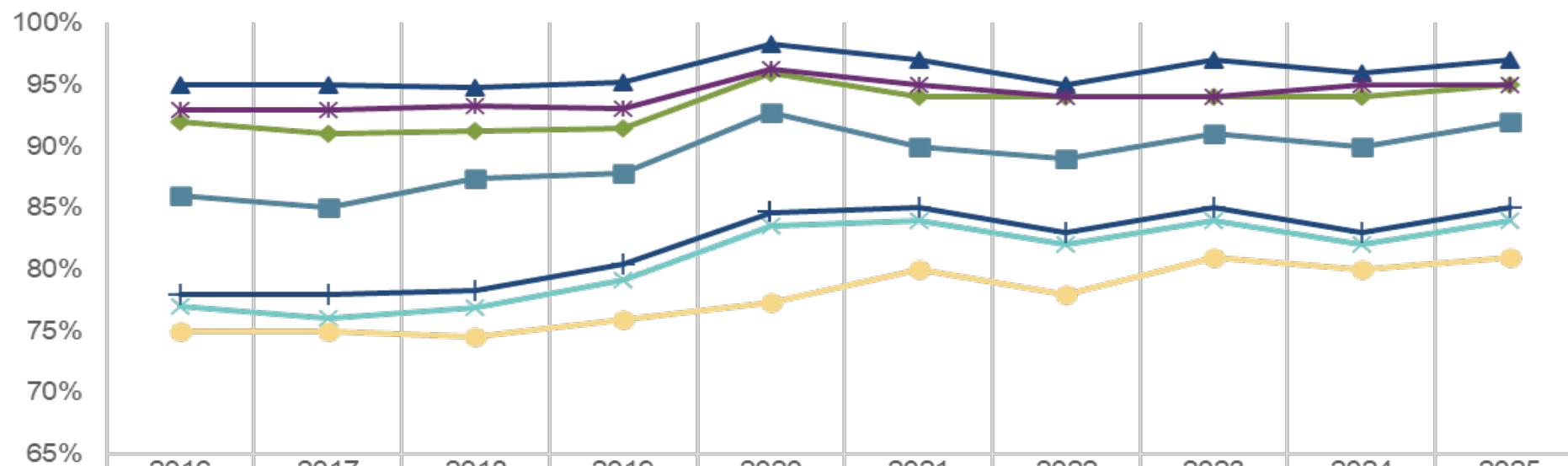
2025 Survey Sample (N = 7,778)

Surveys Completed by Client Age



2025 Adult POC Domain Ratings

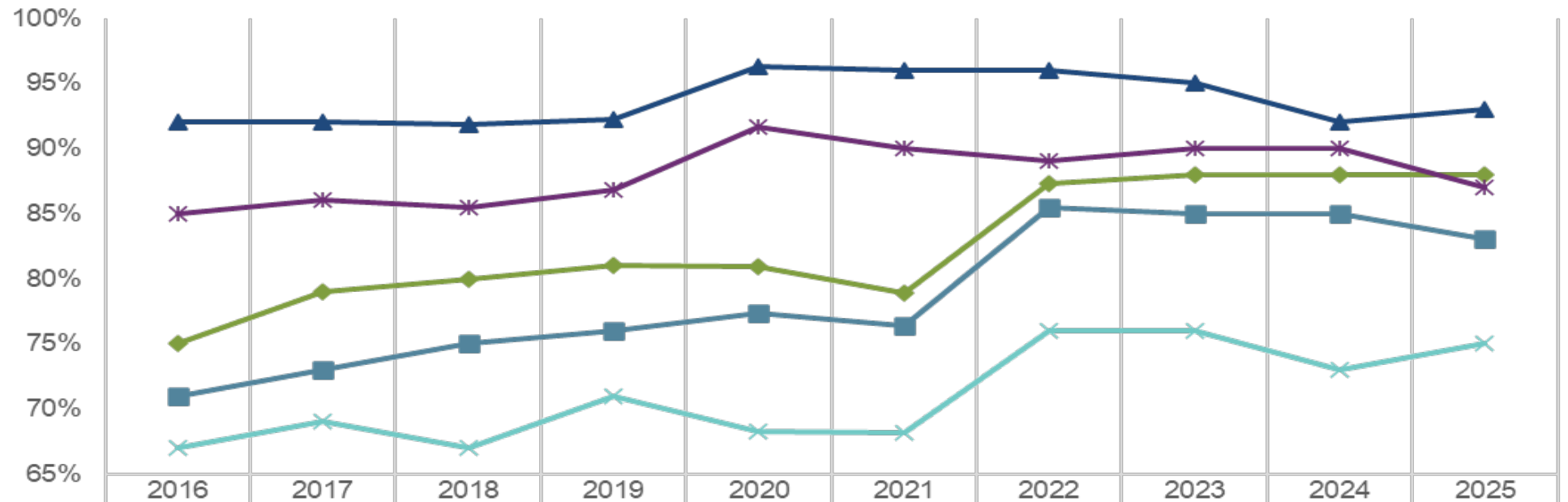
Adult Annual Trends 2025



◆ Access	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
■ Treatment Planning	86%	85%	87%	88%	93%	90%	89%	91%	90%	92%
▲ Quality & Appropriateness	95%	95%	95%	95%	98%	97%	95%	97%	96%	97%
✕ Outcomes	77%	76%	77%	79%	84%	84%	82%	84%	82%	84%
+ Functioning	78%	78%	78%	80%	85%	85%	83%	85%	83%	85%
● Social Connectedness	75%	75%	75%	76%	77%	80%	78%	81%	80%	81%
✱ General Satisfaction	93%	93%	93%	93%	96%	95%	94%	94%	95%	95%

2025 Youth POC Domain Ratings

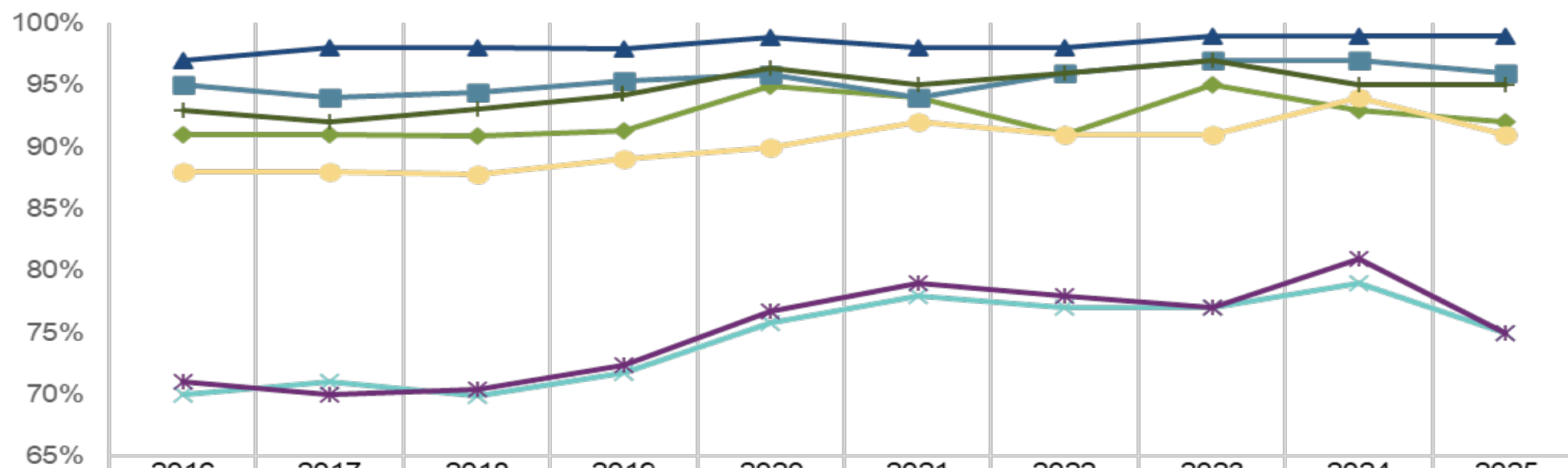
Youth Annual Trends 2025



Access	75%	79%	80%	81%	81%	79%	87%	88%	88%	88%
Treatment Planning	71%	73%	75%	76%	77%	76%	86%	85%	85%	83%
Cultural Sensitivity	92%	92%	92%	92%	96%	96%	96%	95%	92%	93%
Outcomes	67%	69%	67%	71%	68%	68%	76%	76%	73%	75%
General Satisfaction	85%	86%	86%	87%	92%	90%	89%	90%	90%	87%

2025 Child POC Domain Ratings

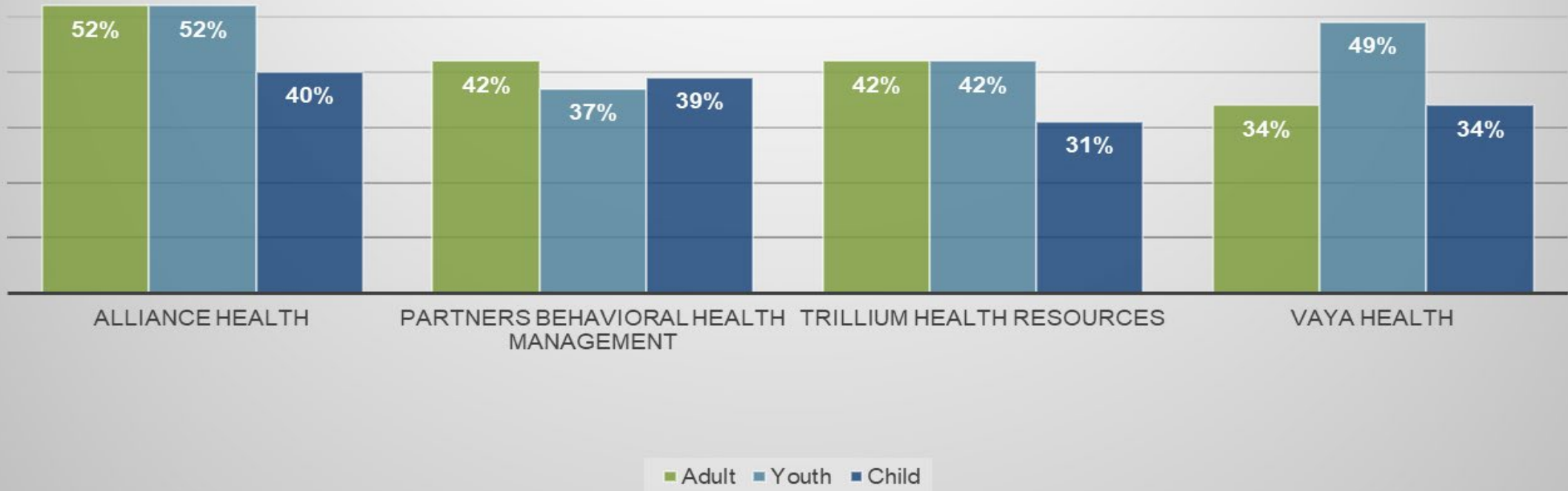
CHILD ANNUAL TRENDS 2025



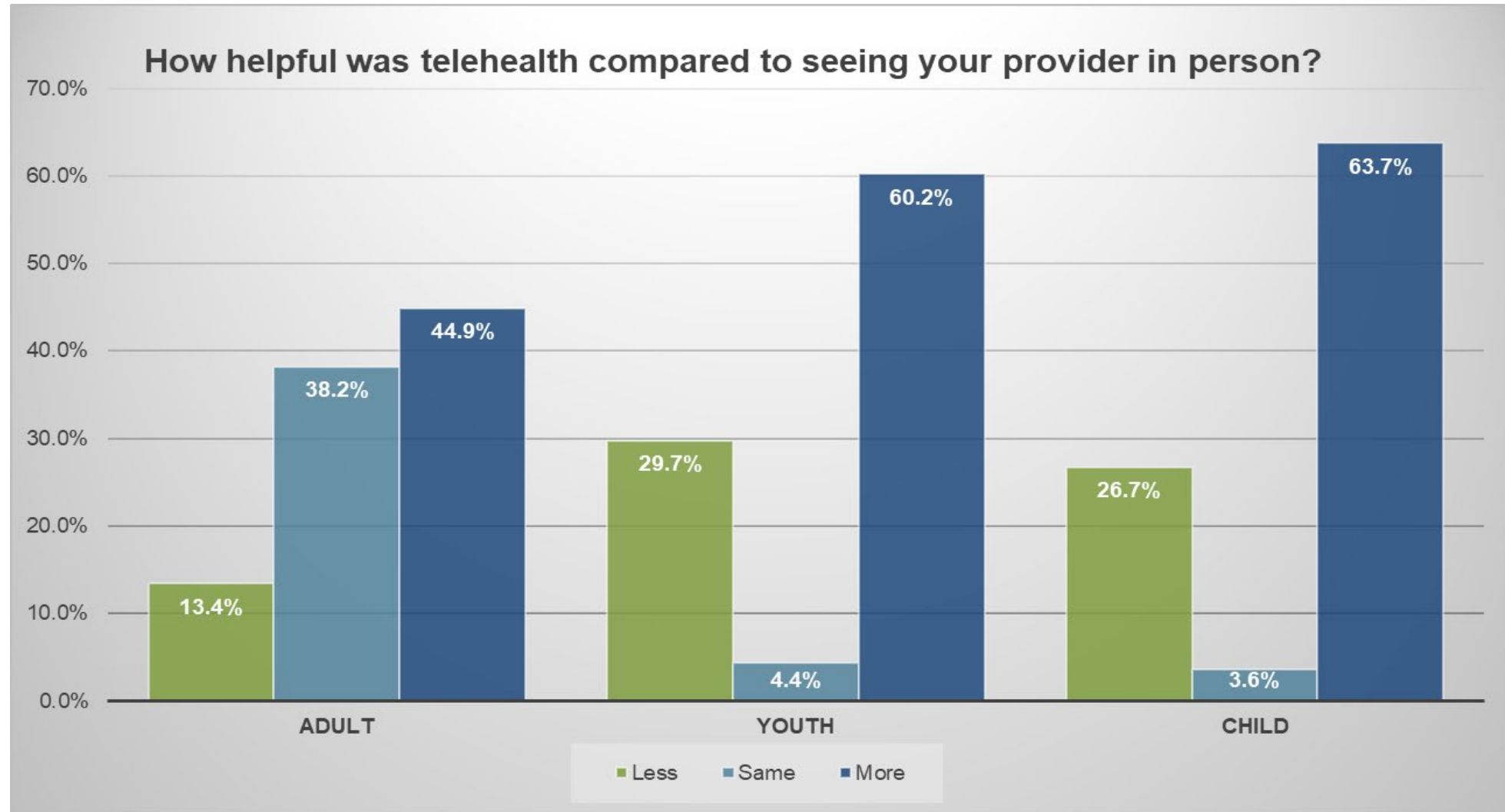
◆ Access	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
■ Treatment Planning	91%	91%	91%	91%	95%	94%	91%	95%	93%	92%
▲ Cultural Sensitivity	95%	94%	94%	95%	96%	94%	96%	97%	97%	96%
✧ Outcomes	97%	98%	98%	98%	99%	98%	98%	99%	99%	99%
✱ Functioning	70%	71%	70%	72%	76%	78%	77%	77%	79%	75%
● Social Connectedness	70%	70%	70%	72%	77%	79%	78%	77%	81%	75%
● General Satisfaction	71%	70%	70%	72%	77%	79%	78%	77%	81%	75%
	88%	88%	88%	89%	90%	92%	91%	91%	94%	91%
	93%	92%	93%	94%	96%	95%	96%	97%	95%	95%

Respondents Who Received Telehealth By LME/MCO

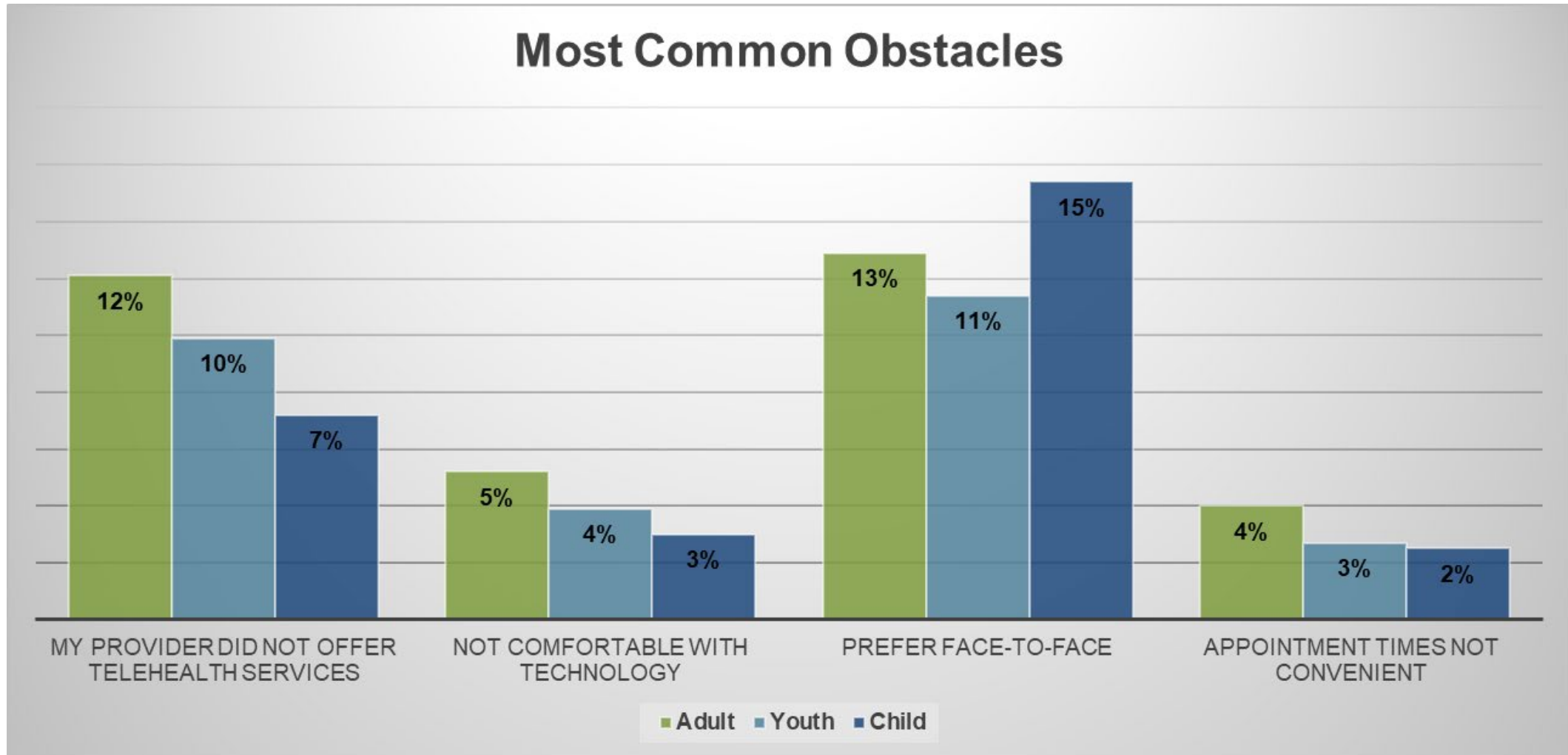
Did you/your child receive any telehealth services from your MH/SUD provider in the past 6 months? (Yes)



Telehealth Helpfulness



Obstacles to receiving telehealth services



2024 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform Reporting System*

Adult Consumer Survey Measures	N.C. Rate	U.S. Rate*
Access to Services	93.6%	87.5%
Participation in Treatment Planning	89.9%	85.2%
Quality/Appropriateness	96.5%	89.4%
Outcomes from Services	82.8%	76.7%
General Satisfaction with Care	95.5%	88.5%

Substance Use Treatment, Prevention, and Recovery Section



Amy O'Regan, MPH

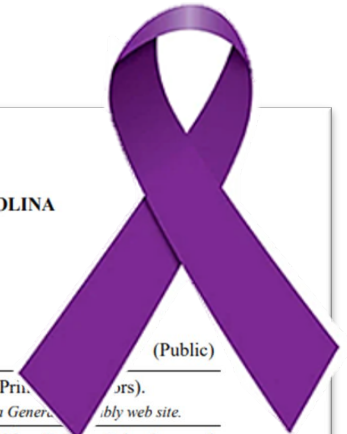
Naloxone Coordinator

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

SUD Prevention, Treatment and Recovery Section

Overdose Awareness Day: August 31

- Overdose Awareness Day is recognized internationally to
 - Remember lives lost to overdose
 - Reduce stigma related to substance use and overdose
- In 2021 the NC General Assembly designated August 31st of each year Overdose Awareness Day in North Carolina



GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2021	
H	HOUSE BILL 180
Short Title:	Designate Overdose Awareness Day. (Public)
Sponsors:	Representatives K. Baker, Davis, Sasser, and Dahle (Primary Sponsors). <i>For a complete list of sponsors, refer to the North Carolina General Assembly web site.</i>
Referred to:	Health, if favorable, State Government, if favorable, Rules, Calendar, and Operations of the House
March 1, 2021	
1	A BILL TO BE ENTITLED
2	AN ACT DESIGNATING THE THIRTY-FIRST DAY OF AUGUST OF EACH YEAR AS
3	OVERDOSE AWARENESS DAY.
4	Whereas, thousands of people from all socioeconomic backgrounds, races, and ages
5	die each year from drug overdose; and
6	Whereas, in 2018, the Centers for Disease Control and Prevention reported that there
7	were 67,367 drug overdose deaths in the United States, including 2,259 in North Carolina. Opioid
8	use accounted for about 70% of the total deaths, most of which could have been prevented; and
9	Whereas, International Overdose Awareness Day is a global event held on August
10	31st of each year to raise awareness of drug overdose, reduce the stigma of drug-related deaths,
11	and spread the message that overdose death is preventable; and
12	Whereas, the event also acknowledges the grief felt by families and friends
13	remembering those who have died or suffered a permanent injury because of drug overdose; and
14	Whereas, to better educate the State's citizens about drug addiction and overdose,
15	Overdose Awareness Day should be observed in North Carolina on August 31st of each year to
16	coincide with the international event; Now, therefore,
17	The General Assembly of North Carolina enacts:
18	SECTION 1. Chapter 103 of the General Statutes is amended by adding a new
19	section to read:
20	"§ 103-16. Overdose Awareness Day.
21	The thirty-first day of August of each year is designated as Overdose Awareness Day in North
22	Carolina."
23	SECTION 2. This act is effective when it becomes law.

Overdose Awareness Day Events in NC

- Find events in your local area at overdoseday.com

A Day of Healing through Hope & Harm Reduction
Asheville's 2019 Overdose Awareness Day Event

Saturday, August 31
2pm-9pm
Carrier Park

Free community meal
Grief sanctuary space
Naloxone training
Art & local musicians
Speakers panel
Candlelight vigil

REMEMBER ♥ HONOR ♥ SUPPORT ♥ LOVE

INTERNATIONAL OVERDOSE AWARENESS DAY
Community Event

NEW LOCATION!
1819 CATHERINE SIMMONS AVE
CHARLOTTE, NC 28216

AUGUST 30
4:00PM - 8:00PM

Come SPREAD LOVE. ♥ HONOR OUR LOVED ONES.

BE SEEN ON THE NEWS
Channel 9 News, Mecklenburg County and more!

CONNECTION WITH OUR LOCAL COMMUNITY LEADERS
Building stronger communities together.

MEET HAJEE HOUSE NETWORK, MCLEOD CENTERS, QUEEN CITY HARM REDUCTION & CAROLINA CARE PARTNERS IN PERSON.
Network in person. Make real connections.

THIS IS A COMMUNITY EVENT!
If you want to showcase your foundation or your business, or want to know how to start your foundation, THIS IS THE EVENT FOR YOU!

INFO, RESOURCES, SUPPORT. MOST OF ALL... Love ♥
FOR OUR FALLEN SOLDIERS

FREE FOOD, DRINKS & PLENTY OF LOVE!

Info, Support & Resources Available

REMEMBERING OUR LOVED ONES ♥ SUPPORTING OUR COMMUNITY ♥ SAVING LIVES
TOGETHER, WE CAN MAKE A DIFFERENCE. *Love Never Dies. ♥*

OUR PARTNERS: HAJEE HOUSE NETWORK | MCLEOD CENTERS | QUEEN CITY HARM REDUCTION | CAROLINA CARE PARTNERS | MECKLENBURG COUNTY

INTERNATIONAL OVERDOSE AWARENESS DAY
10 YEARS STILL NEEDED *Because...* NC REMEMBRANCE EVENT

MONDAY, AUGUST 31, 2026 | 5:00PM
(Full agenda coming soon)
Halifax Mall - Government Complex
300 N Salisbury Street, Raleigh, NC 27603

FULL AGENDA

- Event Check-In & Resource Setup
- Welcome & Opening Remarks
- Guest Speakers
- Morse Clinics Mobile Unit Tour
- Narcan Training
- Hidden in Plain Sight Trailer Experience
- Candlelight Vigil
- Closing Remarks

Together, we can save lives and build a healthier community.

HIDDEN IN PLAIN SIGHT

An interactive experience that helps adults recognize signs of drug use, hidden items, and current trends.

JP'S HOT DOGS

Amazing hotdogs, chips & drinks available for purchase!

ENGAGE & CONNECT
Visit with local resources and community partners.

INTERACTIVE ACTIVITIES
Fun, educational activities for all ages!

NARCAN TRAINING
Learn how to recognize an overdose and how to save a life.

PARKING
Lots of close free parking!

LEARN, CONNECT, PREVENT, SAVE LIVES. #OVERDOSE2026

FOLLOW US ON FACEBOOK:
International Overdose Awareness Day - NC Remembrance Event, Raleigh, NC

NAMES NOT NUMBERS
CHATHAM REMEMBERS, CHATHAM RESPONDS

Hosted by Chatham Diversion and Advocacy

Date: August 29, 2025
Time: 3:00 PM - 4:30 PM
Location: Wren Memorial Library
500 N 2nd Ave, Siler City, NC 2344

What to Expect:

- Memorial Wall
- Free Narcan & Overdose Prevention Kits (Provided by Chatham County Health Dept.)
- Voices of Remembrance
- Guest Speakers: Kim J. Barbara G.

"Join us as we say names, not numbers. Together, we remember. Together, we respond. To rise."

Life-Saving Overdose Reversal Medication

- Naloxone is a safe, FDA-approved medication that reverses the effects of an opioid overdose.
- How to get naloxone
 - For yourself or a loved one
 - Free pick up: Local health department, syringe service programs
 - Free by mail: Next Distro nextdistro.org/northcarolina
 - For programs
 - **State request form opens this week!**
 - <https://naloxonesaves-nc.org/where-can-i-get-naloxone/>



Naloxone Technical Assistance Available

- We offer direct support around:
 - ✓ Overdose prevention
 - ✓ Naloxone distribution planning
 - ✓ Purchasing naloxone and product comparisons
 - ✓ What to do with expired naloxone
 - ✓ Saturation planning
 - ✓ Reversal reporting
- Email Amy O'Regan:
amy.oregan@dhhs.nc.gov

Free Naloxone

Please take what you need!

Naloxone reverses opioid overdose! Carrying naloxone with you and being ready to give it is easy!

Peel	Place	Press
		
Peel back the foil and remove the nasal spray.	Gently insert the nozzle into their nostril.	Press the plunger all the way in until it clicks.

Wait 2-3 minutes between doses and call 911.

Find more naloxone near you here:



naloxonesaves-nc.org

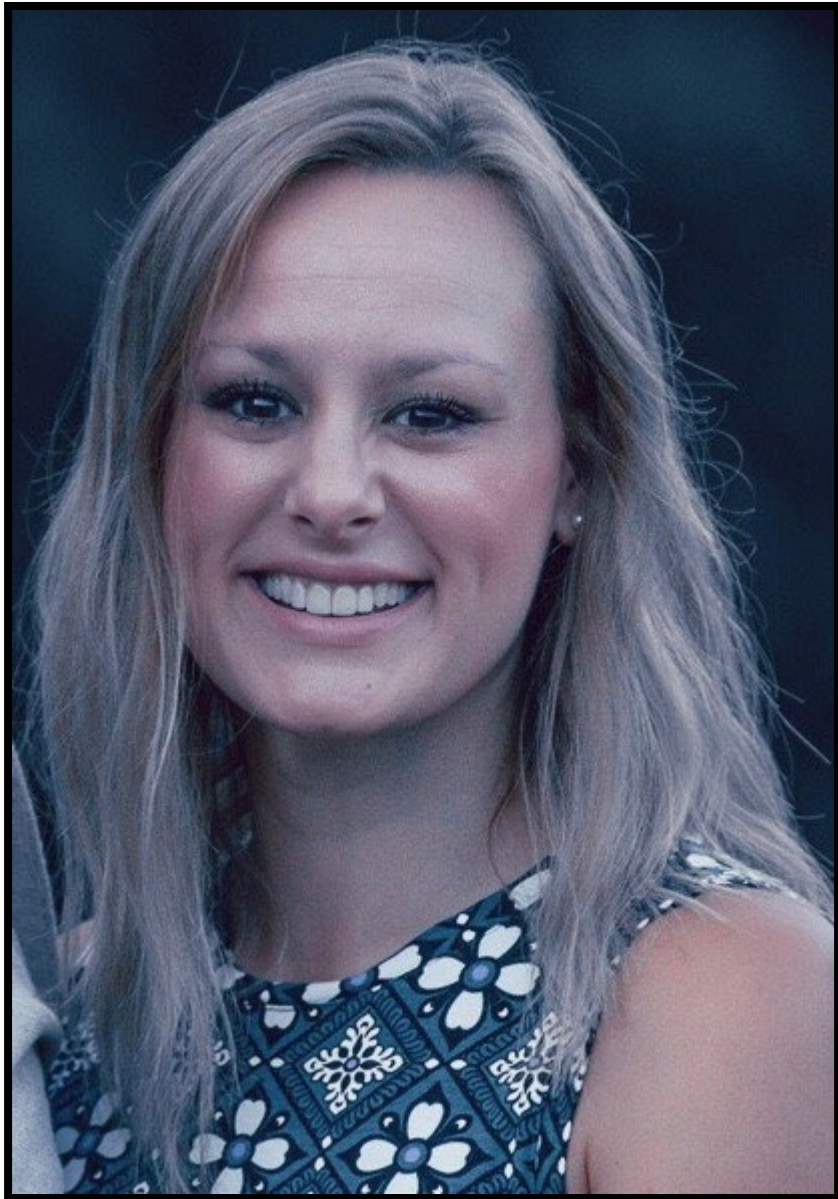
NALOXONE SAVES



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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¡Disponible en español!



Anna Stanley, LCMHCS, LCAS, CCS

State Opioid Treatment Authority (SOTA)

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

SUD Prevention, Treatment and Recovery Section

MOUD is a Life-Saving Treatment

- Medication used to treat opioid use disorders, or **MOUD**, is the gold standard of care for the treatment of opioid use disorder
- Yale study in 2023 found that non-medication-based treatments for opioid use disorder may be more harmful than no treatment at all
- Treatment with buprenorphine or methadone was associated with up to an 80% reduction in overdose incidents
- Individuals who were on MOUD after being withdrawn from opioids had an all-cause mortality rate that was 66% lower than those who received no additional treatment following withdrawal
- MOUD is among the most effective life-saving treatments for any chronic condition

Treating the Physical Symptoms of Addiction

- Medications work by treating the physical symptoms of addiction so that the individual can more effectively engage in recovery – and life
 - Normalize brain chemistry
 - Block the euphoric effects of opioids
 - Relieve physiological cravings
 - Restore normal body functions
- Medications are safe for long-term use, ranging from months to a lifetime

Treatment Options

Office Based Opioid Treatment
(OBOT)

Opioid Treatment Program
(OTP)

Office Based Opioid Treatment

- As of December 29, 2022, a DATA-Waiver registration is no longer required from the DEA for prescribers to treat patients with buprenorphine for opioid use disorder
- Any medical provider with controlled substances prescribing privileges may prescribe buprenorphine for opioid use disorder
- This allows for the integration of opioid use disorder treatment into other medical settings like primary care and psychiatry.
- **Office based prescribers are still unable to prescribe methadone for the treatment of Opioid Use Disorder**

Opioid Treatment Programs

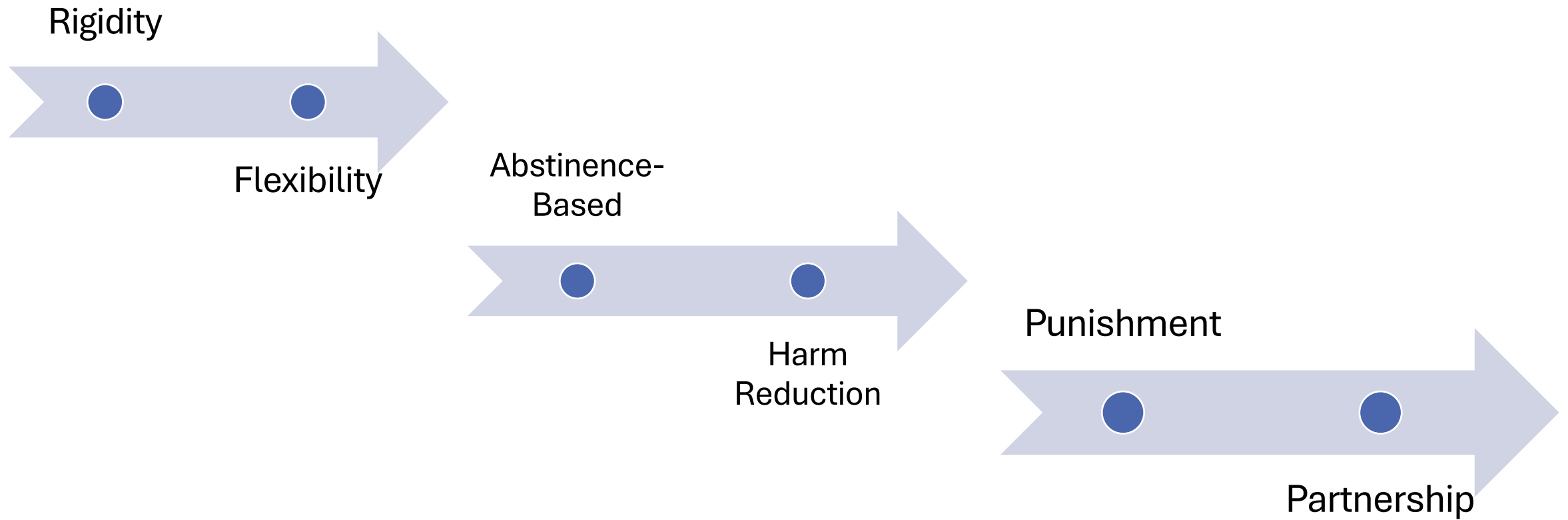
- State and federally licensed facilities where comprehensive opioid treatment services are provided by a multidisciplinary treatment team
 - Physicians
 - Physician Assistants
 - Nurse Practitioners
 - RNs, LPNs
 - Counselors specializing in addiction and mental health treatment
 - Peer Support Specialists
 - Case Managers
- **OTPs are the only level of care where all FDA approved medications for the treatment of opioid use disorder can be provided**

Historic Methadone Treatment Looked Like...

- Strict attendance requirements
- Punitive responses to drug use
- Limited shared decision-making
- Hesitation to offer take-homes
- High-barrier admissions

These practices restrict access despite physical locations.

NC Clinical Cultural Transformation of OTP Services



Modern Methadone Care Should Look Like

- Same day admissions
- Telehealth where/when appropriate
- Mobile and medication unit dosing options
- Individually tailored take home schedules
- Trauma-informed service delivery
- Supportive, non-punitive responses to drug use

Services Offered at OTPs

Counseling, case management, and linkage to resources

STI screening, testing, and referrals for treatment

Naloxone distribution

Coordination of care between medical providers

Specialized services for pregnant people

Some programs may offer integrated psychiatric and/or primary medical care

Other Benefits of an OTP

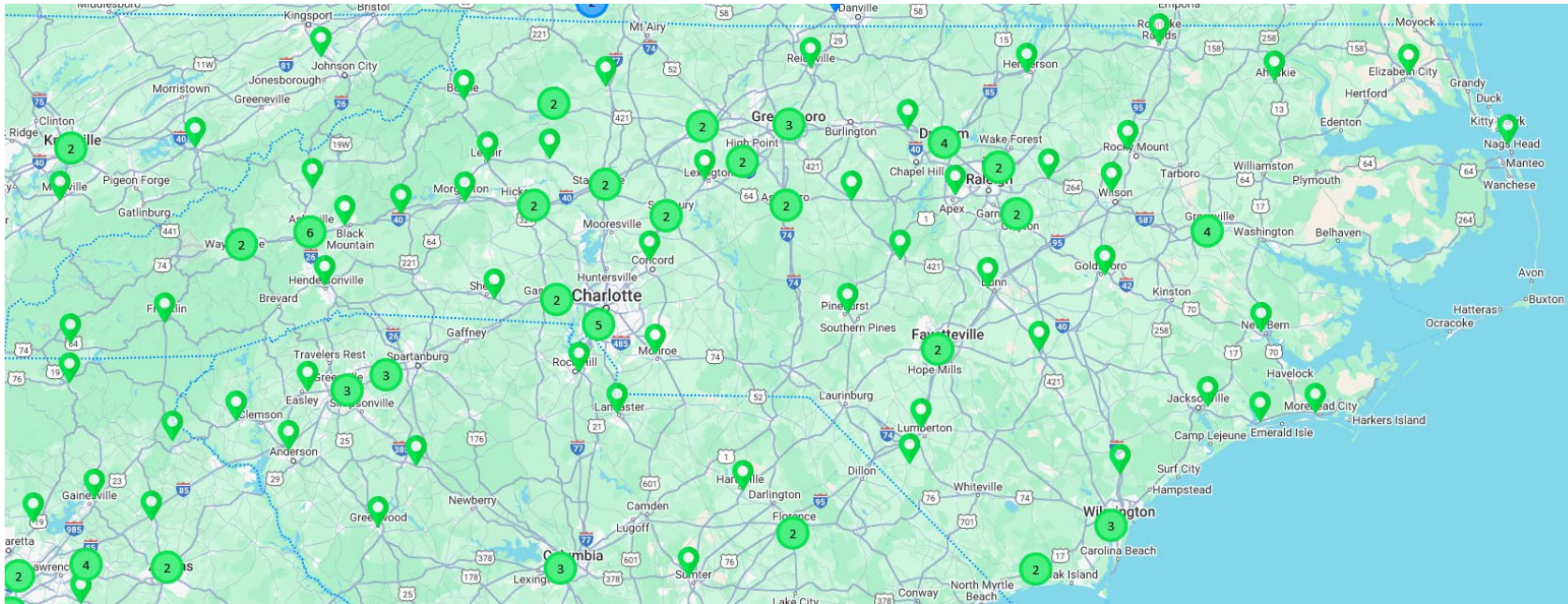
- **OTPs are the recommended level of care** for patients that would benefit from methadone over buprenorphine
- **OTPs are the recommended level of care** for patients that need to switch between medications
- Multidisciplinary treatment team offers wrap-around support for patients
- Greater access to counseling, case management, and peer support services
- Medicaid fully covers treatment at an OTP and state block grant funding is available for people who are uninsured
- Open access with same day onsite medication availability

Recent OTP Growth

- **In 2025**
 - + 8 physical locations
 - + 2 mobile units
 - + 3 previously unserved counties
- **So far in 2026**
 - + 3 physical locations
 - + 1 mobile unit
 - + 3 previously unserved counties

OTPs in NC

- 99 OTP physical locations across 57 counties in North Carolina
- OTP patients reside in all 100 counties
- Our OTPs served 33,595 unique patients in 2025



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



Lauren Garvie

State Opioid Treatment Authority (SOTA) Western Region Coordinator

Division of Mental Health, Developmental Disabilities, and
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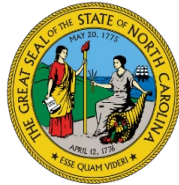
The Value of Peers in Treatment Engagement

- Dropout/disengagement rates, especially within first 90 days
- Patients struggling with barriers outside of OTP settings
- Staff often stretched thin addressing non-clinical needs
- Stigma and distrust impacting engagement
- Need for stronger community connection and recovery-oriented support
- Peers can work beyond standard clinic hours
- Lived experience helps peers build trust, credibility, and connection in ways traditional systems often cannot
- Peers provide proof that long-term recovery and stability are possible
- Remember peers do not replace clinical staff - they strengthen it

What Peers Can Do

- Build trust and support engagement in treatment, especially during the first 90 days when patients may disengage
- Provide hands-on navigation to community resources, not just referrals
- Assist with IDs, benefits, housing, transportation, license restoration, and appointments
- Provide and support advocacy, encouragement, and emotional support through shared lived experience
- Follow up with patients who begin disengaging from treatment
- Connect patients to recovery supports, harm reduction services, and housing
- Support reentry, workforce development, education, and community integration
- Peers can work alongside clinical staff in group settings, waiting areas and through warm handoffs
- Strengthen community engagement by helping OTPs/treatment providers connect with local events, organizations, and outreach opportunities

And the list goes on...

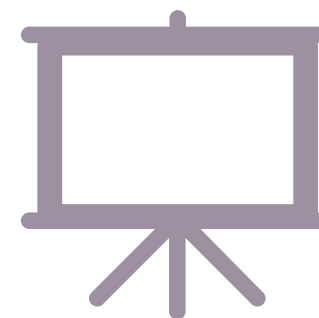


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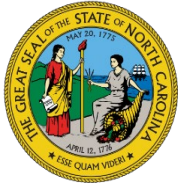
Question and Answer Session



Questions and feedback are welcome at
BHIDD.HelpCenter@dhhs.nc.gov.



The recording and presentation slides for this
webinar will be posted to the [Community
Engagement & Training](#) webpage.



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**HEALTH AND
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