

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

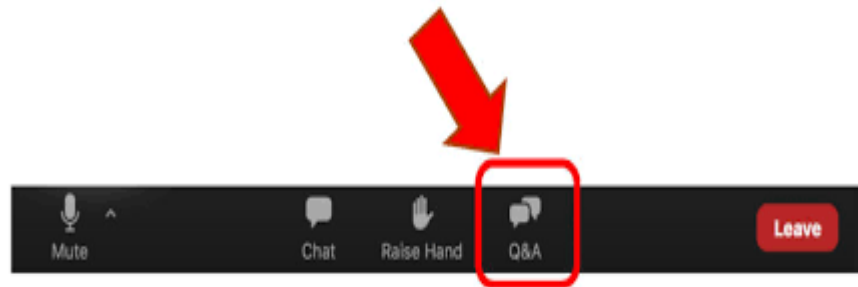
NC DHHS Division of Mental Health,
Developmental Disabilities, and Substance Use Services

August 4, 2025

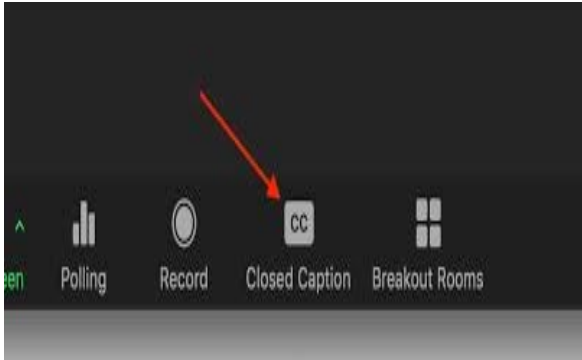


Housekeeping

- Reminders about the webinar technology:
 - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
 - Please make sure your microphone is muted for the duration of the call unless you are speaking or asking questions.
 - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows after the presentation.



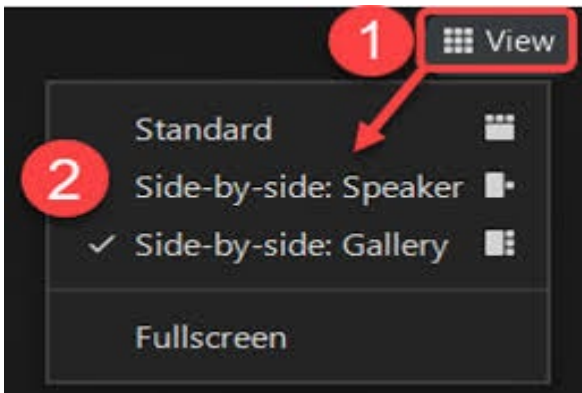
Housekeeping



- American Sign Language (ASL) Interpreters and Closed-Captioning
 - ASL Interpreters and Closed-Captioning options will be available for today's event.
 - For closed-captioning options select the "Closed Caption" feature located on your control panel.

Intérpretes en lengua de signos americana (ASL) y subtítulos:

Habrán intérpretes de ASL y opciones de subtítulos disponibles para el evento de hoy. Para opciones de subtítulos, seleccione la función "Subtítulos" ubicada en su panel de control.



- Adjusting Video Layout and Screen View
 - Select the "View" feature located in the top-right hand corner of your screen.

Agenda

1. Introductions
2. MH/SU/IDD/TBI System Announcements & Updates
3. Focus: Reducing Stigma and Increasing Access to Care

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



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

MH/SU/IDD/TBI System Announcements & Updates

Awareness Celebrations

Recognizing Overdose Awareness Week & International Overdose Awareness Day

This August, we honor **Overdose Awareness Week (August 25-31)** and **International Overdose Awareness Day (August 31)** — a time to remember those we've lost, support those in recovery, and reaffirm our commitment to ending overdose.

Key facts in North Carolina (2024) via the [North Carolina Overdose Epidemic Data Page](#):

- **Estimated overdose death rate:** 29.7 per 100,000 residents — representing **3,213 lives lost** (a 28% decrease from 2023).
- Overdose was the **#1 cause of death among people experiencing homelessness** in recent years.
- **1 in 4** who died of an overdose also had a mental health disorder such as depression, anxiety, or bipolar disorder.

2025 International Overdose Awareness Day theme:

One big family, driven by hope.

#OneBigFamily #DrivenByHope #IOAD2025 #EndOverdose

[SAMHSA Overdose Awareness Week Toolkit](#)



Program Highlights


Order Free 988 Print Materials for Back-to-School Outreach

The North Carolina Department of Health and Human Services is providing free, printed [988](#) educational materials for schools, local governments and community organizations for Back-to-School outreach.

- Sign up today for these **new bilingual posters, post cards, flyers, wallet cards and stickers** designed for youth.
- Order materials by submitting a [988 order form](#) and a [Crisis Services order form](#) by **August 4 (Today!)** to **receive them by mid-August** to share with your community!



Strengthen the Crisis System




No matter your struggle, you are not alone.

The 988 Suicide and Crisis Lifeline is free, private, and here to help. Whether feeling lonely, depressed, anxious, or thinking about hurting yourself, you'll get support that can make a difference.

988 | SUICIDE & CRISIS LIFELINE

Call, text or chat 988 — anytime.
988lifeline.org

 NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Governor's Institute Podcast Features State Opioid Expert

Anna Stanley, LCMHCS, LCAS, CCS- NCDHHS State Opioid Treatment Authority Administrator, recently joined Amy Johnson on the [Addiction Medicine Podcast](#) to discuss opioid treatment programs (OTPs) in North Carolina.

- NC currently has **94 licensed OTPs**, a **25% increase** over the past five years.
- These programs offer **methadone treatment**, counseling, case management, peer support, and resource referrals.
- Anna discussed [a recent Yale study](#) showing **abstinence-only models can be more harmful** than no treatment at all, underscoring that **MOUD (medications for opioid use disorder) is the gold standard**.

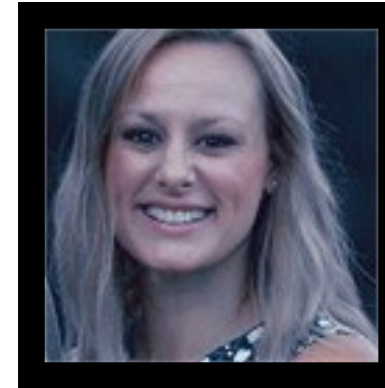
Why it matters:

- MOUD expansion is a key priority in the [DMH/DD/SUS 5-year strategic plan](#).
- From January to May 2025, NC saw an **8% decrease in suspected drug overdose deaths** compared to the same period in 2024.
- Medicaid expansion has played a vital role in improving access to these life-saving services.

Listen to the episode: [S5 E1 Opioid Treatment Program – Addiction Medicine Podcast](#)



Prevent substance misuse and overdose



Inclusion Connects!

July Report & Summary Now Available

CDHHS released its **third Inclusion Connects quarterly report** on **July 15, 2025**.

- Highlights progress in expanding **service access and supports** for people with I/DD across North Carolina.
- Includes a **report summary** outlining key metrics and activities to make information more accessible.

Read the full report and summary:

[Visit the Inclusion Connects Data and Reporting Webpage](#)



Improve access to quality I/DD and TBI services



Inclusion Connects: Data Summary

Summary views of key metrics from the [Inclusion Connects Quarterly Report](#) are available in the following sections.

Report Overview

- In May 2024, DHHS and DRNC agreed to improve services for people with I/DD, helping them transition from institutions to community-based care.
- This report highlights the progress made toward this goal and DHHS's commitment to better supporting the I/DD community.

Data Sources

- The Inclusion Connects Quarterly Report uses data collected from LME/MCOs reporting requirements
- NCDHHS reviews reports from LME/MCOs and collaborates with them to address any gaps
- Read the [full Quarterly Report](#)

Last updated July 15, 2025

New Talkspace Partnership Expands Free Virtual Therapy for Justice-Impacted Teens



Expand services for people in the justice system

NCDHHS and Talkspace have launched a new partnership to provide **free, confidential mental health therapy** to justice-impacted youth ages 13–17 in North Carolina.

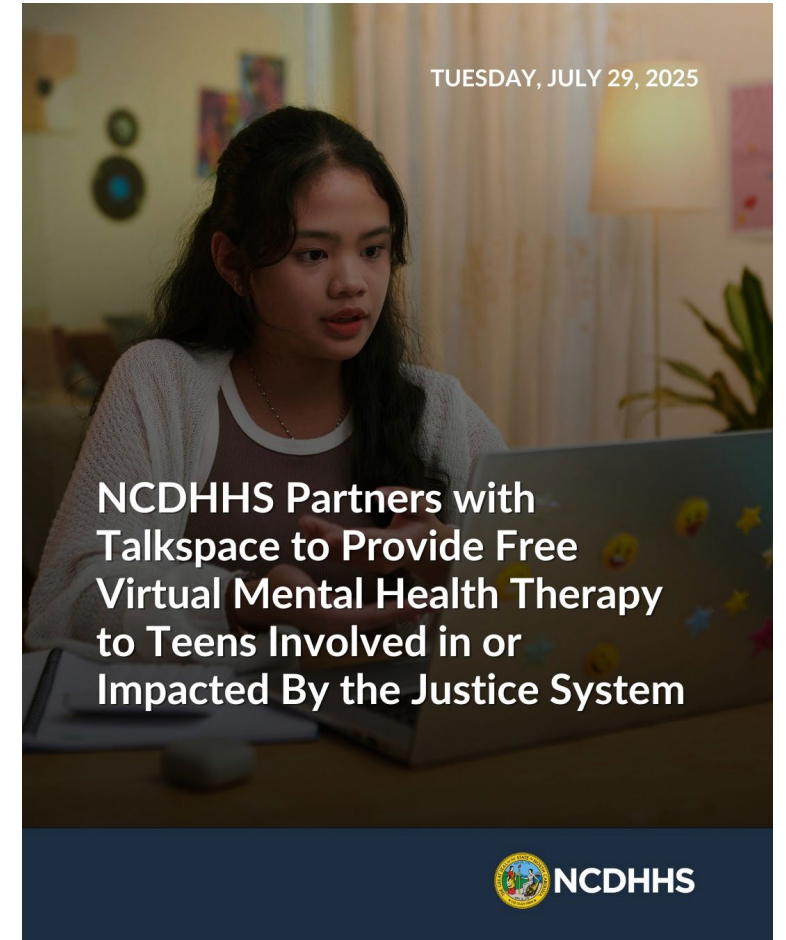
Key Features:

- 24/7 access to licensed therapists via text, audio, or video
- No appointments required – engage anytime, anywhere
- Referrals through court counselors and community partners
- Voluntary participation; not court-ordered

The program aims to reach up to **20,000 teens** over two years and is part of a broader effort to expand behavioral health support for youth in the justice system.

Learn more at talkspace.com/coverage/ncyouth

Talkspace



Request for Applications: Strong Minds, Strong Communities Mental Health Intervention

NCDHHS DMH/DD/SUS, in partnership with The University of North Carolina at Greensboro (UNCG), is seeking **community-based organizations** to implement the *Strong Minds, Strong Communities (SMSC)* mental health program.

Opportunity Highlights:

- Receive up to **\$166,950 in Year 1 funding**
- Build your **Community Health Worker (CHW)** team and add a licensed clinical supervisor
- Support **culturally competent, evidence-based mental healthcare** for underserved and rural populations

Key Dates:

- **RFA Posted:** July 25, 2025
- **Applications Due:** September 1, 2025
- **Award Period:** October 1, 2025 – September 30, 2026
- **Info Sessions:**
 - Aug. 5, 2–3 PM- [Join the meeting](#)
 - Aug. 7, 10–11 AM- [Join the meeting](#)

More info: [Strong Minds, Strong Communities Program Website](#)

Questions? Contact Claire Poindexter: c_poinde@uncg.edu



Build the workforce



NCDHHS

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



UNC GREENSBORO

Center for Youth, Family
and Community Partnerships

Supporting Transition Age Youth with Opioid Use Disorders



Prevent substance misuse and overdose

Award Recipients Announced

Two North Carolina community-based agencies have been selected to pilot evidence-based programs that expand access to treatment and recovery supports for **Transition Age Youth (TAY)** with opioid use disorders.

Awarded Organizations:

- [Kellin Foundation](#) – Greensboro
- [HIGHTS](#) – Cullowhee

Funded through the **State Opioid Response (SOR)** grant, this initiative focuses on youth ages 16–25; over **162,000** of whom are estimated to experience a substance use disorder in NC.

Program Goals:

- Expand access to **medications for opioid use disorder (MOUD)**
- Integrate **family-based treatment and education** to support youth in their homes
- Reduce need for **foster care, residential placement, or justice involvement**
- For older youth: address **housing, education, and employment** as part of recovery



HOPE 4 NC Update

Hope4NC Helpline: 1-855-587-3463

Our Hope4NC teams continue to connect and engage with those impacted by Hurricane Helene.

- Recently, Vaya Health teams took part in the Macon County Smart Start Family Block Party, sponsored by [Macon Program for Progress](#), where families received essential supplies and children enjoyed fun activities to promote engagement and wellness.
- During the event, staff connected with representatives from Jackson County's [No Wrong Door for Support and Recovery](#), who shared concerns about clients still struggling with trauma related to Hurricane Helene.

In response, Hope4NC Vaya Health teams discussed ways to collaborate and committed to providing resources to help.



Community Events

Visit to Christian Recovery Centers Inc (CRC) in Shallotte

On July 16, DMH/DD/SUS leadership visited [Christian Recovery Center, Inc.](#) in Shallotte—a long-term residential treatment program that blends **faith-based approaches** with evidence-based clinical care for individuals with substance use issues.

What Makes CRC Unique:

- Combines spiritual support with **Suboxone, psychiatric/mental health care, and SACOT**
- Offers a **phased treatment model** that can extend up to **two years**
- Focuses on peer support, community contribution, and individualized recovery goals

Key Impact:

- **100% increase in retention** since integrating MOUD and mental health supports early in recovery
- Referrals available for participants choosing ongoing MOUD as part of their journey



Prevent substance misuse and overdose



Pyramid Healthcare Ribbon Cutting



Prevent substance misuse and overdose

NCDHHS leaders joined [Pyramid Healthcare](#) to celebrate the opening of their new detox and inpatient treatment facility in Concord.

The **32-bed residential treatment center** is the **first licensed Level 3.5 substance use facility** in NC to accept **Medicaid patients**.

It offers residential clinical services + medications for Opioid Use Disorders (MOUD)

Pyramid Healthcare **plans to expand capacity to 86 beds**, with all current beds expected to serve Medicaid beneficiaries.



Director Crosbie Tours Holy Angels Residential Facility

Director Kelly Crosbie recently toured [Holy Angels in Belmont, NC](#) with Ginger Yarbrough and Tina Barrett:

A nonprofit residential facility serving people of all ages with intellectual and developmental disabilities, including young children with medical complexity.

The visit highlighted how Holy Angels provides **lifespan care** through integrated services that support dignity, independence, and personal growth.

- Serves ~185 individuals, from infants to aging adults
- Staff of 350+ deliver residential care, medical services, therapies, and family support
- Operated by the Sisters of Mercy South Central Community



Improve access to quality I/DD and TBI services



NCDHHS 35th American Disabilities Act Anniversary Celebration

More than 120 NCDHHS staff and partners gathered in Raleigh on July 24 to celebrate the **35th anniversary of the Americans with Disabilities Act (ADA)**—landmark legislation that has expanded opportunity for millions of Americans since 1990.

The event, held during **Disability Pride Month**, featured panel discussions and remarks from leaders across the state.

The ADA continues to guide NCDHHS in advancing disability rights through programs like:

- **Inclusion Connects and Inclusion Works**
- **Employment and Independence for People with Disabilities (EIPD)**
- **North Carolina's Olmstead Plan**

Learn more about the ADA: ada.gov

Explore services for people with disabilities: [1915\(i\) Services](https://www.ncdhhs.gov/1915-i)



Stay Connected with Hot Topics!

We can't fit everything into today's presentation, but you can catch all the latest updates **every Tuesday and Thursday** through our **Hot Topics Newsletter** and **webpage**.

- New programs and initiatives
- Community success stories
- Upcoming events and funding opportunities
- Resources you can share with your networks

Sign up for the [Hot Topics Newsletter](#)

Visit the [Hot Topics page](#)



Reducing Stigma and Increasing Treatment

Reducing Stigma and Increasing Access to Care

DMH/DD/SUS Interventions

1. Unshame NC
2. MOUD Saturation Plan
3. Mobile OTP
4. Naloxone Distribution and Saturation Plan

Strategic Plan Priorities:



Increase access to care across the state



Prevent substance misuse and overdose



Focused Interventions

Office-Based Opioid Treatment (OBOT) Expansion with North Carolina Behavioral Health Consultation Line (NC-PAL)

Expand the NC-PAL program to include MOUD support for physicians offering Office-Based Opioid Treatment (OBOT).

Expand SUD Treatment Access for Adolescents

Target services for adolescents with tailored programs that integrate substance use treatment with existing mental health services.

Prevention

Establish a statewide program for evidence-based substance misuse prevention models, focusing on community-level initiatives that encourage socialization for teens.

Updated Naloxone Saturation Plan and Distribution

Revise the naloxone plan to enhance availability through funding, training support, and inclusion in crisis response team service definitions.

Medications for Opioid Use Disorder (MOUD) Saturation Plan

Collaborate with providers to increase the availability of Medications for Opioid Use Disorder (MOUD) across more counties and programs.

Mobile Opioid Treatment Program (OTP) Implementation

Launch more mobile OTP units to improve access to opioid treatment for marginalized, homeless, rural, and underserved communities.

Post Overdose Recovery Team (PORT)

Increase the utilization of PORTs statewide to support individuals after an overdose.

Recovery Communities and Workplaces

Revamp prevention approaches to promote healthy communities and socialization for teens using evidence-based strategies.

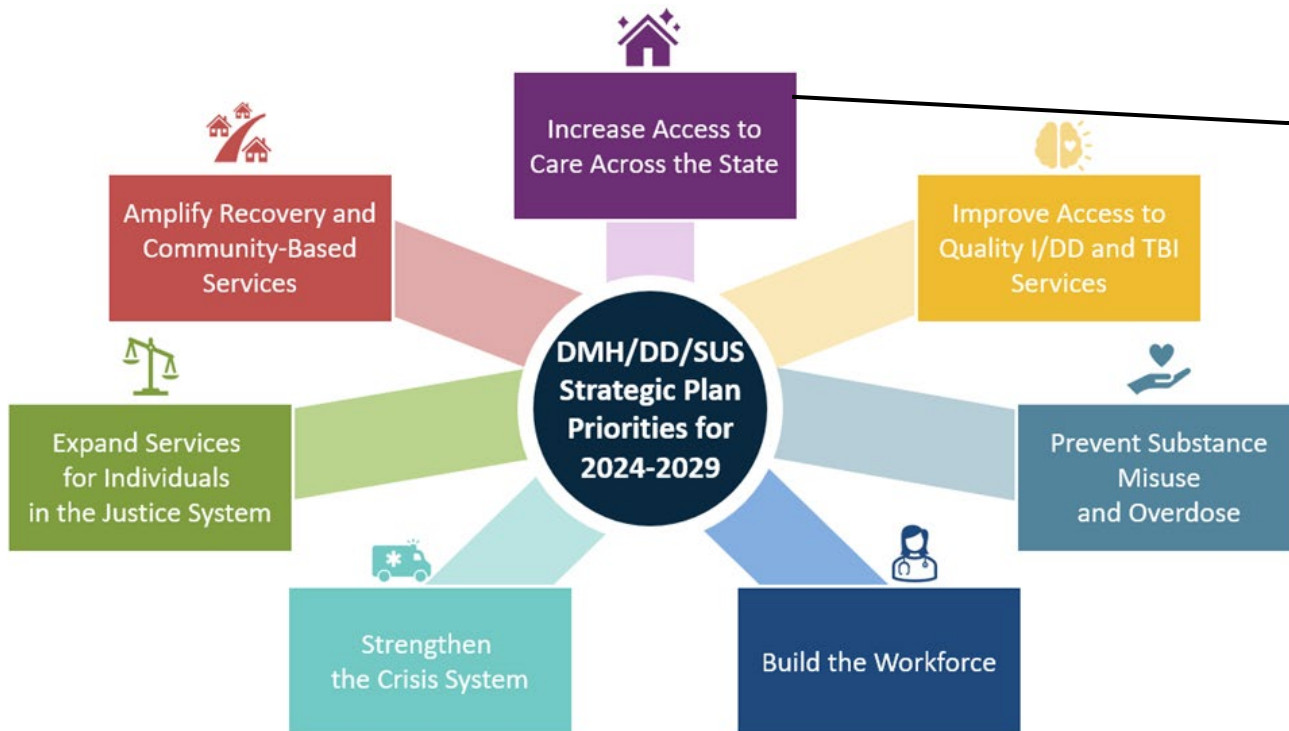
Collegiate Harm Reduction

Fund Collegiate Recovery Programs (CRPs) that support students in recovery through housing, dedicated staff, and regular recovery meetings.

Unshame NC



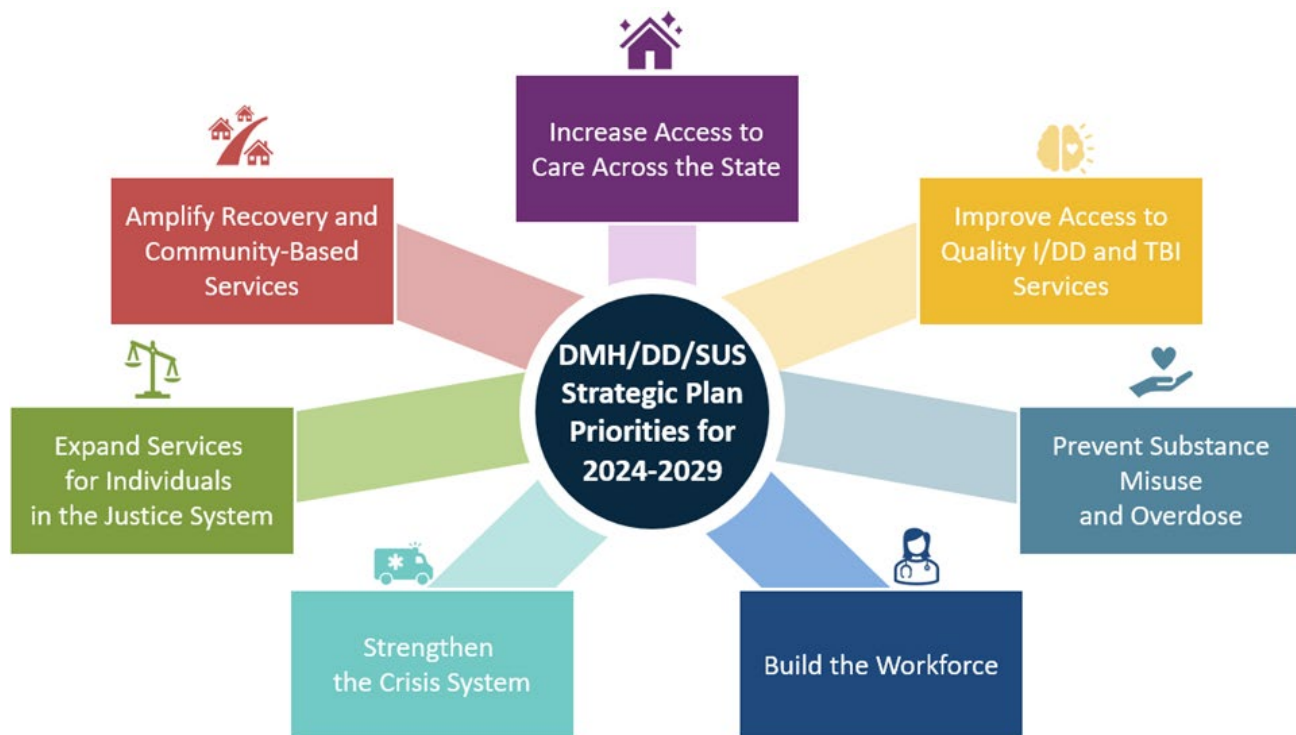
Priority 1: Increase Access to Care Across the State



Goals

- **Increase Treatment Initiation and Retention.** Make it easier for children, adolescents, and adults of all ages to access evidence-based services in a timely manner and stay in services for the recommended duration of treatment.
- **Promote Access to Integrated Care.** Expand care models that promote integrated behavioral health care across the continuum and with primary care.
- **Increase Caregiver Supports.** Promote services and supports for family members and caregivers.

Priority 3: Prevent Substance Misuse and Overdose



Goal:

Increase Access to Evidence Based SUD Treatment, including MOUD. Increase timely access to SUD services, especially for geographies and populations with low penetration rates.

Unshame NC Launch

DMH/DD/SUS Director Kelly Crosbie joined NC First Lady Anna Stein and NCDHHS Secretary Dev Sangvai for the official launch of **Unshame NC** — a statewide public awareness campaign to reduce stigma and promote evidence-based treatment for substance use.

Launch Highlights:

- Featured powerful stories from individuals in recovery
- Reinforces a key goal of the DMH/DD/SUS Strategic Plan: expanding access to **Medications for Opioid Use Disorder (MOUD)**

Why it matters:

- **57%** of North Carolinians know someone with opioid use disorder
- Only **34%** know how to access treatment
- **Unshame NC** seeks to close this gap and empower communities with resources, knowledge, and hope



Speakers



Adam Barnard
Community SUD
Advocacy and Empowerment Team
DMH/DD/SUS



Ashley Wurth
Services for Justice Involved
Individuals Team Lead
DMH/DD/SUS



Philip Cooper CCHW, CPSS
Chief Change Agent
Operation Gateway and
Voices of Affrilachia

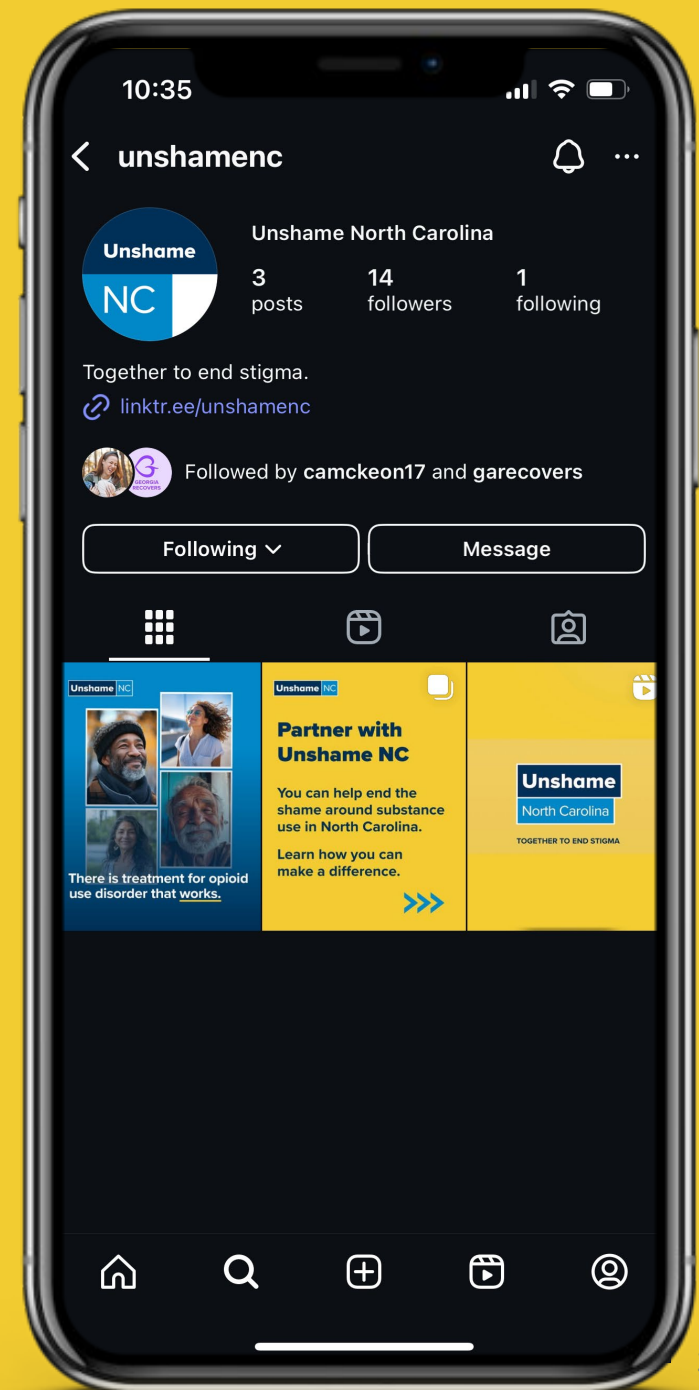
Unshame NC Objectives

Unshame NC is a statewide initiative dedicated to changing how we view and support people with substance use issues. By challenging misconceptions and promoting compassion, we aim to create a North Carolina where everyone can live a full and meaningful life.

Goal #1: Increase knowledge and awareness of substance use issues and MOUD.

Goal #2: Improve support and acceptance of medications for opioid use disorder (MOUD) treatment and people who use substances.

Connecting through Content



How to Get Involved with Unshame NC

Connect with us on Social Media

Show your support by following us online and engaging with our content. Liking, commenting, and sharing goes a long way toward reaching more people.



**Unshame North
Carolina**



@unshamenc

Amplify the Message

Stay informed and educate your family and friends. We can work together to show more compassion.

- Attend a webinar.
- Sign up for Unshame NC newsletter.



SCAN ME

How to Get Involved with Unshame NC

Join the Community Coalition

Encourage your organization to become a Coalition Member and help us reach your community. There's no time or cost commitment to join!



SCAN ME



Share Your Story

Unshame NC collects stories from individuals all across the state. Change starts by lifting the voices of lived experience.



SCAN ME



NC MOUD Saturation and Integration Plan

Saarah Waleed, MS, NCC, LCMHC, Chief Clinical Officer – SU/ Justice Involved Services



Clinical Policy and Programs

- Substance Use
- Gambling
- Justice
- Primary Prevention
- MH/SU Workforce

NC Comprehensive MOUD Saturation and Integration Plan

What is the vision of this plan?

- 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).
 - Medication for opioid use disorder (MOUD) is the gold standard treatment for opioid use disorder.
 - FDA-approved medications include methadone, buprenorphine and naltrexone.
 - Counseling and therapies may be an important part of treatment as well.
 - Traditionally, success in MOUD treatment is measured in terms of program retention, adherence to MOUD, abstinence from opioid and other drug use and other individual-specific achievements.
 - 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.

Why is this important?

- 8 North Carolinians per day died of opioid poisoning in 2024
- Over 320,000 youth and adults misused opioids in the last year and over 221,000 youth and adults are estimated to have an opioid use disorder

Primary Objectives

1. **Reduce Stigma:** Address negative stereotypes and shift public and professional perceptions of MOUD through provider outreach, policy change, education, and centering lived experience.
2. **Expand Access:** Achieve MOUD availability, particularly of agonist medications, in all 100 counties through opioid treatment programs, office-based opioid practices and community partnerships.
3. **Increase Provider Capacity:** Train, mentor, and support new prescribers and clinics.
4. **Improve Retention in Treatment:** Enhance the quality and continuity of care to increase long-term engagement in treatment programs
5. **Ensure Equity:** Prioritize underserved populations including rural residents, pregnant individuals, justice-involved populations, adolescents, and racial/ethnic minorities.

Expand Access/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 to begin in late 2025 to focus on the development of consultation processes and infrastructure related to Substance Use Disorders (SUD) diagnosis and treatment. Services will 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.
- Preliminary work will include identification of the most underserved areas of the state through prevalence and penetration data, identification of existing prescribers and identification of other potential provider sites

Expand Access/Increase Capacity

Partnership with the NC Community Health Center Association (NCCHCA)

NCCHCA is the membership organization for the state's federally qualified health centers (FQHCs), also known as Community Health Centers. These agencies provide primary health care, dental care, behavioral health care and other supportive services in over 600 sites in 92 counties. In 2023, 31% of the 762,000 individuals served were uninsured.

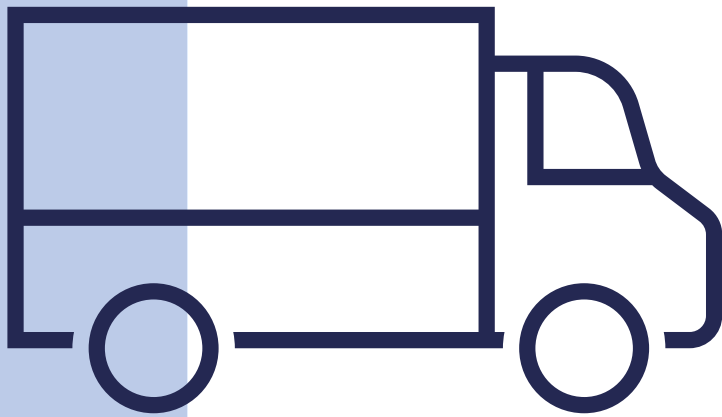
DMH/DD/SUS first partnered with NCCHCA in 2023 with the objective to increase access to evidence-based treatment for individuals with opioid use disorder through the provision of medications such as buprenorphine, clinical treatment services and peer services and support in more than 25 FQHC sites. Data through March 2025 includes the following:

- Assessments conducted: 38,652
- Buprenorphine prescribed: 17,604
- Clinical services provided: 30,152
- Peer services and supports: 9717

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.

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



Expand Access: Mobile Opioid Treatment Programs (OTPs)

Speakers



Anna Stanley, LCMHCS, LCAS, CCS
State Opioid Treatment Authority
DMH/DD/SUS



Billie Alexander Avery, LCAS, CCS
Program Director
Morse Clinic North Raleigh

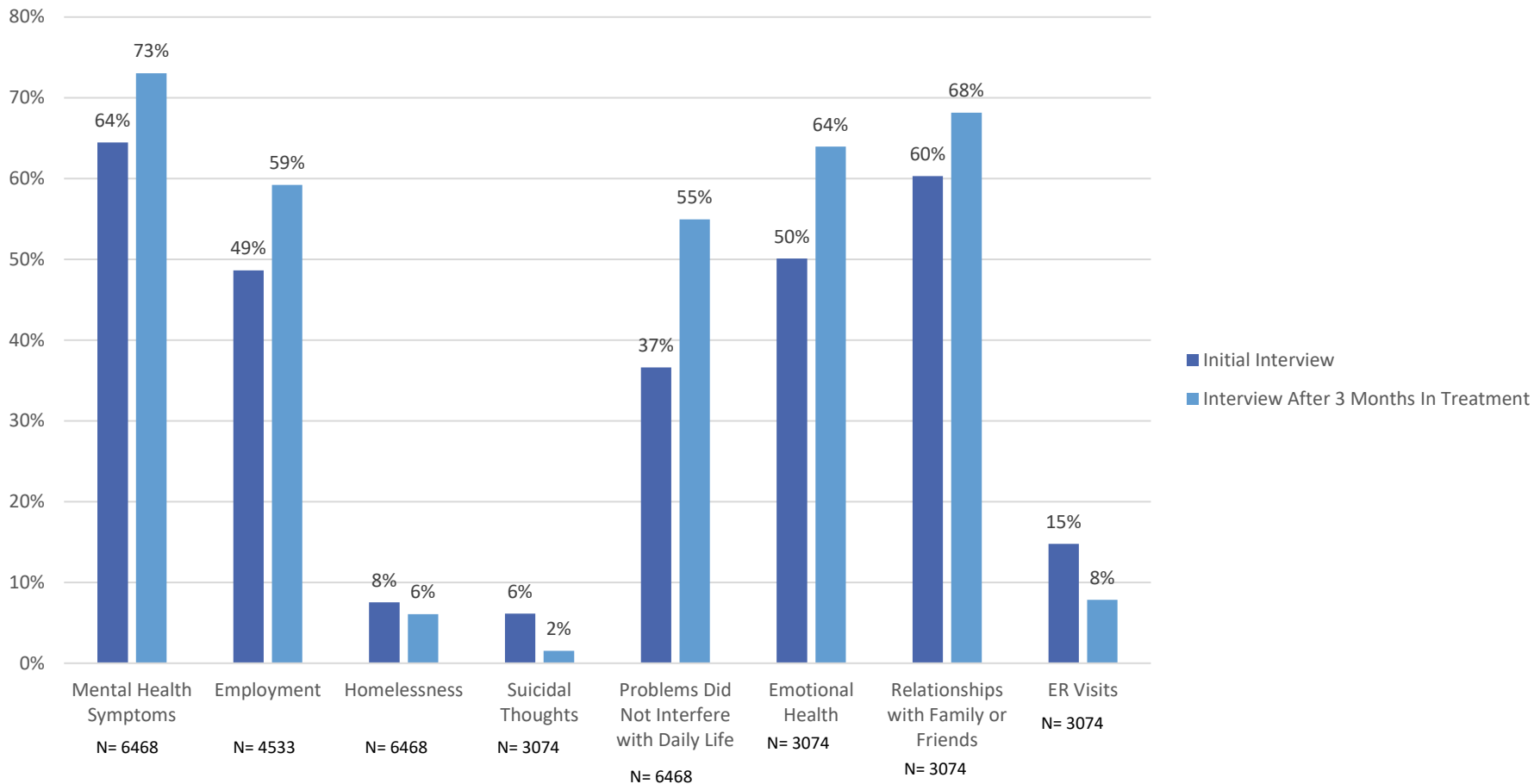
Opioid Treatment Programs

State and federally licensed facilities where comprehensive opioid treatment services are provided by a multidisciplinary treatment team that provide access to medication, counseling, case management, and peer support services

- **OTPs are the only level of care where all FDA approved medications for the treatment of opioid use disorder can be provided**
- **OTPs are the recommended level of care** for patients who are not successful in the OBOT setting
- **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

Opioid Treatment Outcomes

Outcomes for People In Opioid Treatment
NC-TOPPS Calendar Year 2024

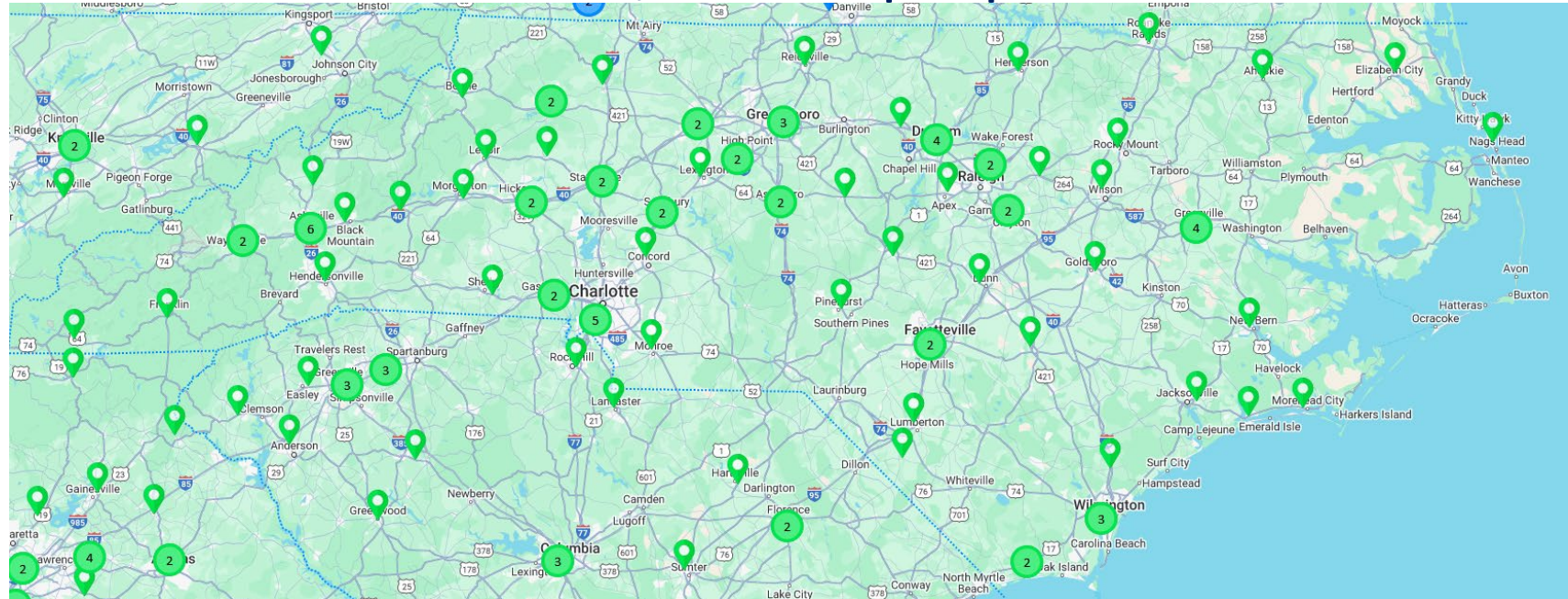


In calendar 2024, people in community and private Opioid Treatment services reported improved outcomes after 3 months in treatment for:

- Mental Health Symptoms
- Employment
- Homelessness
- Suicidal Thoughts
- Problems Not Interfering With daily Life
- Emotional Health
- Relationships With Friends/Family
- Reduced Emergency Room Visits

OTPs in NC

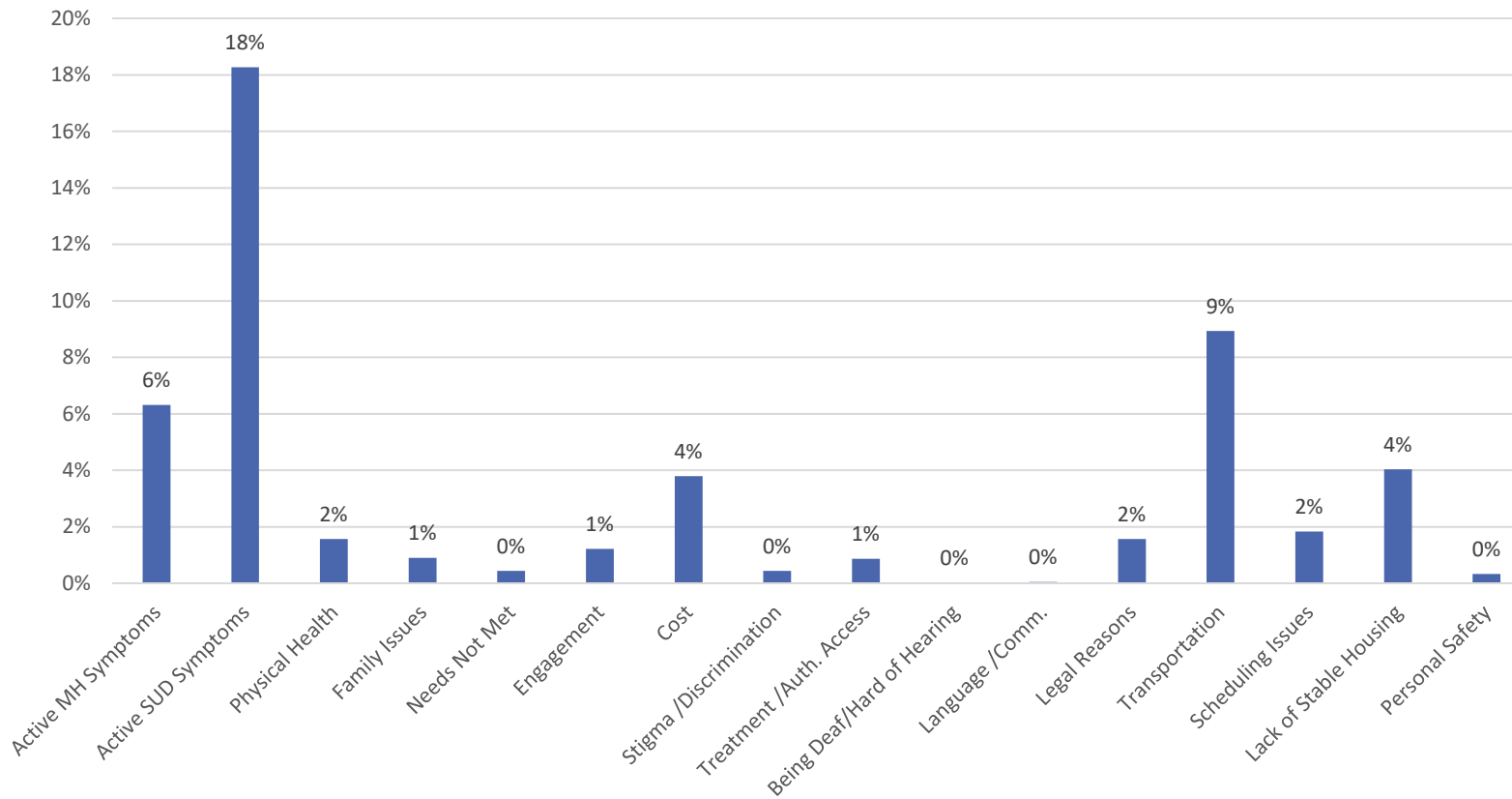
- 94 OTP Programs across 53 counties in North Carolina
- OTP patients reside in all 100 counties
- Our OTPs served 31,641 unique patients in 2024



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

Opioid Treatment Barriers

Barriers To Opioid Treatment,
NC-TOPPS Calendar Year 2024



In calendar 2024, 9933 people answered the NC-TOPPS interview question related to barriers to treatment. Barriers identified in order of highest frequency:

- Active SUD Symptoms
- Transportation
- Active MH Symptoms
- Lack of Stable Housing
- Cost
- Physical Health
- Legal Reasons
- Scheduling Issues
- Family Issues
- Engagement
- Authorization Access



Morse Clinic Mobile Unit



Naloxone Distribution and Saturation Plan



What is Naloxone?

- Naloxone is a life-saving medication that is used to reverse the effects of an opioid poisoning.
- It is effective in reversing slowed/irregular breathing and central nervous system depression caused by a poisoning of opioids like heroin, fentanyl and prescription painkillers such as oxycontin and morphine.
- Naloxone can be administered as a nasal spray or as an intramuscular injection.
- Often referred to as Narcan – Narcan is a brand name for naloxone, manufactured by Emergent BioSolutions.
- Narcan and generic versions of the nasal application of naloxone are now available over the counter and can be purchased at pharmacies and online.
- Insurance typically covers the majority of the cost if you have a prescription, over the counter cost without a prescription ranges from \$29 to \$45 for 2 single dose spray applications.
- If you or a loved one are being prescribed opioids, please consider asking your prescribing physician for a naloxone prescription as well.

What is Naloxone?

- Naloxone nasal spray is safe, effective and easy to administer.
- The Naloxone Saves-NC website contains information on how to administer nasal and IM naloxone, how agencies can obtain naloxone and other harm reduction supplies cost free through the ordering portal, treatment resources, data and statistics, FAQs, etc.
- <https://naloxonesaves-nc.org/>



Why is Naloxone a Priority in the DMHDDSUS Strategic Plan?

One of the priorities in the DMHDDSUS Strategic Plan for 2024 – 2029 is *Prevent Substance Misuse and Overdose*

- Strategies under this priority include continued development and implementation of a naloxone distribution and saturation plan

What is the Naloxone Distribution and Saturation Plan and why is it important?

- Purpose: 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 an overdose
 - Populations of color are disproportionately impacted by overdose, including American Indians, Black and Hispanic populations
 - Individuals leaving carceral settings are 40 to 50 times more likely to experience an overdose within 2 weeks of release

Data and Statistics

The CDC recently reported fatal drug poisonings have finally dropped in the vast majority of states

- 30,000 fewer deaths were reported in 2024, although this data is still provisional in many states
- NC deaths were down an estimated 23%, representing an estimated 3213 people who died (8 people per day vs 12 people per day in 2023)
 - Increased availability of naloxone
 - Increased access to treatment
 - Medicaid expansion, opioid settlement funds
 - Number of opioid treatment programs and practices that treat and prescribe medications for the treatment of opioid use disorder
 - Increased access to harm reduction supplies, such as fentanyl test strips

– However ---

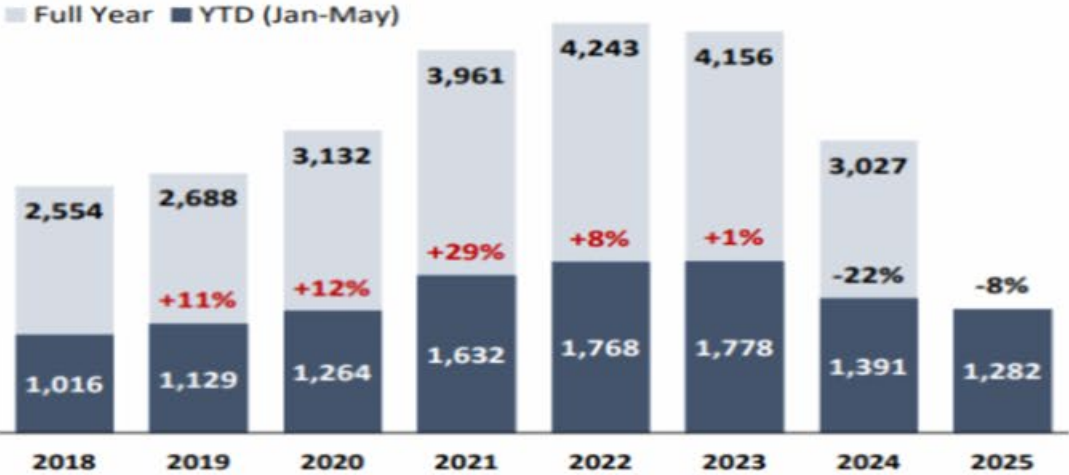
Suspected Overdose Deaths*, North Carolina Office of the Chief Medical Examiner (OCME) Data: May 2025

261 Suspected Overdose Deaths*, May 2025 compared to 278 in May 2024

*This category reflects an estimate of statewide medical examiner system overdose deaths. Note that some suspected overdoses may ultimately be certified as non-poisoning deaths, but the majority become confirmed as poisoning deaths.

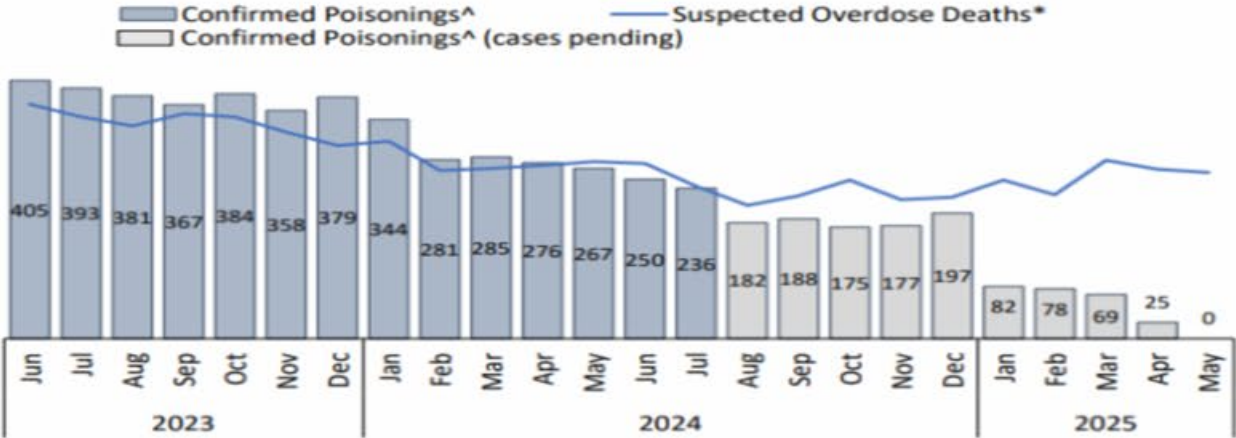
Year to year: Suspected overdose deaths are down 8% for 2025 compared to this time last year.

Percent change is YTD total compare to this time last year.



Month to month: Last 24 Months of Confirmed^ & Suspected Overdose Deaths*

Time required to investigate cases accounts for lower counts of confirmed cases in recent months



^This category reflects the number of deaths that have been confirmed as poisonings, regardless of intent, based on the results of a comprehensive investigation.

*The NC OCME began tracking suspected overdoses using the count of autopsies performed to rule out overdose by the entire medical examiner system in March 2017. In May 2020, identification of suspected overdoses also included supplemental examinations performed to rule out overdose. Beginning in July 2020 suspected overdoses were identified through the NC Rapid Overdose Death Detection (NC RODD) pilot program and exams from all eight autopsy centers across NC.

2024-2025 data are considered provisional and subject to change as cases continue to be finalized. NC OCME will update graphs on a monthly basis to reflect suspected overdose deaths and recently confirmed poisoning deaths. For additional information, please contact ocme.data.request@dhhs.nc.gov.

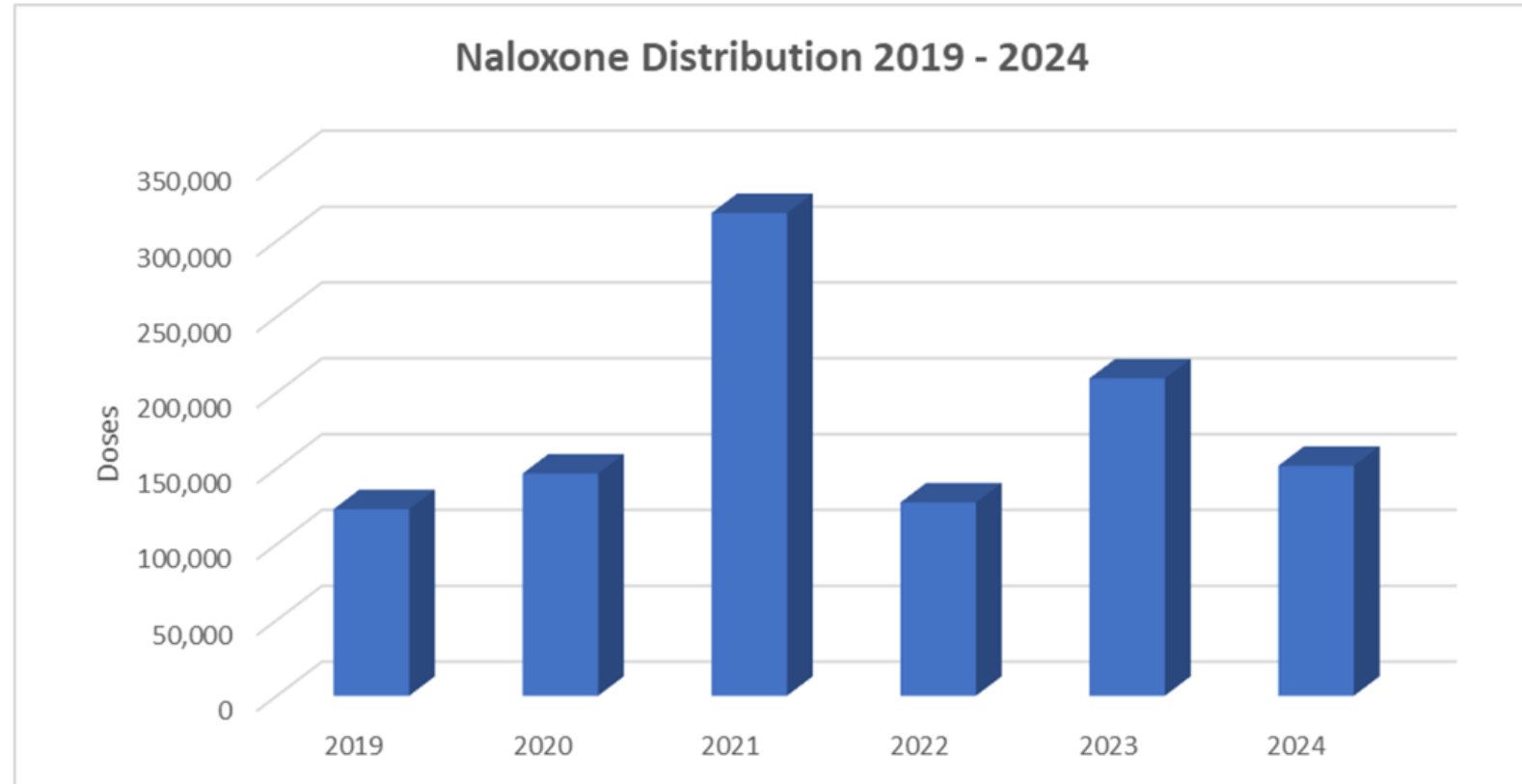


Naloxone Distribution

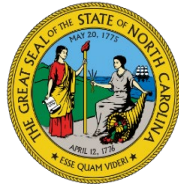
Distribution Partners:

- Syringe services programs
- Local health departments
- Treatment service providers
- Emergency medical services with naloxone leave behind programs
- Detention centers for reentry
- Justice involved reentry programs
- Post Overdose Response teams
- Organizations serving people experiencing homelessness
- Organizations directly serving people that are part of historically marginalized populations particularly American Indian and Black adults

Naloxone Distribution



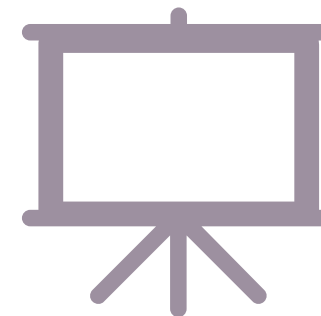
- Total: 1,076,324 doses (IM and Nasal) between 2019 - 2024, \$24 million invested
- Additional \$6m planned for 2025
- Funding Sources: State Opioid Response Grant and Substance Use Prevention, Treatment and Recovery Services Block Grant



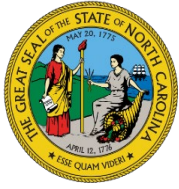
NC DEPARTMENT OF
**HEALTH AND
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Division of Mental Health,
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Questions and feedback are welcome at
BHIDD.HelpCenter@dhhs.nc.gov.



The recording and presentation slides for this
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