

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

March 3, 2025

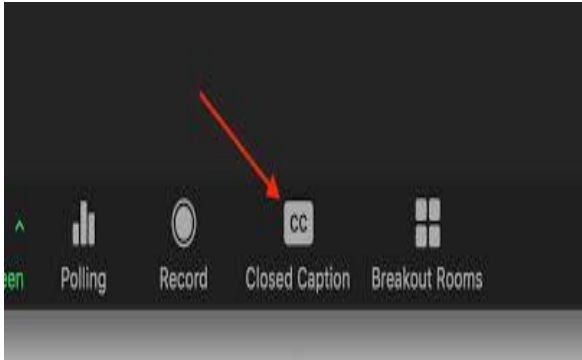


Housekeeping

- 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.



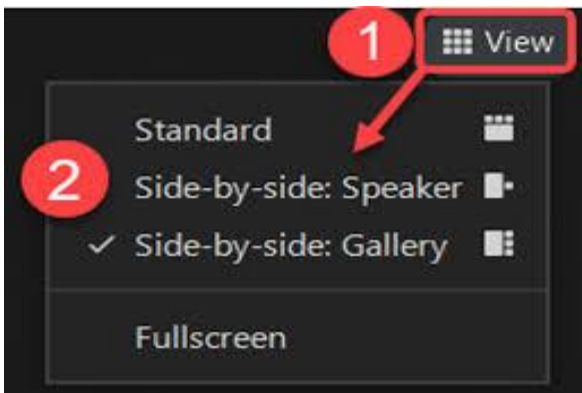
Housekeeping



- 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:

Habrá 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: Substance Use Services and Programming
4. Q&A

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



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

Mary Beth Cox, MPH

Substance Use Epidemiologist

NCDHHS Division of Public Health



- Mary Beth joined the Injury and Violence Prevention Branch in 2016 as a Substance Use Epidemiologist.
- She leads a team monitoring the statewide impacts of the use of alcohol, opioids, and other drugs.
- She believes that public health saves lives and is passionate about making data accessible, approachable, and actionable.

Anna Stanley, LCMHCS, LCAS, CCS

State Opioid Treatment Authority Coordinator

DMH/DD/SUS



- North Carolina State Opioid Treatment Authority Coordinator
- Licensed Clinical Mental Health Counselor and Licensed Clinical Addictions Specialist
- Expertise in Opioid Treatment

Guest Speakers

Eric Morse, MD Addiction & Sports Psychiatrist, Morse Clinics and Carolina Performance



- Working in OTPs and OBOTs everyday since 2002
- Founder of the Morse Clinics serving NC since 2010
- PCSS/ORN/GI mentor since 2003
- Marie and Glaser Awards for lifetime achievement in MOUD

MH/SU/IDD/TBI System Announcements & Updates

PROBLEM GAMBLING AWARENESS MONTH

→ SEEKING UNDERSTANDING



March is Problem Gambling Awareness Month, dedicated to increasing public awareness of gambling-related issues and promoting prevention, treatment, and recovery services.

NC DMH/DD/SUS Problem Gambling Program:

- Offers **prevention, education, outreach, and treatment services** for individuals and families affected by problem gambling.
- Provides a **24/7 helpline** (1-877-718-5543) and online chat for immediate support from [MoreThanAGame.nc.gov](https://www.morethanagame.nc.gov)
- Includes resources for youth prevention, professional training, and self-help tools.

ECU Partnership – Gambling Research & Policy Initiative:

- A collaboration between NCDHHS and **East Carolina University** to promote research, inform policy, and support evidence-based prevention and treatment efforts.

Get Involved:

- Access the [Problem Gambling Awareness Month 2025 Toolkit](#) for outreach materials and educational resources.

MARCH IS BRAIN INJURY AWARENESS MONTH



March is Brain Injury Awareness Month, a time to recognize the challenges faced by individuals living with brain injuries and to promote access to support and resources.

DMHDDSUS Resources:

- Access support services for individuals with traumatic brain injury (TBI) through community-based programs.
- Find information on treatment, care coordination, and rehabilitation services for those affected by brain injuries.
- Learn about available state-funded programs for individuals with co-occurring conditions.

Get Involved with the Brain Injury Association of North Carolina (BIANC):

- **Attend Events:** Participate in educational workshops, community gatherings, and virtual awareness events throughout the month.
- **Show Support:** Join fundraising efforts and awareness campaigns to support individuals with brain injuries.
- **Volunteer Opportunities:** Engage with BIANC to help raise awareness and provide direct support to those impacted.

Learn more and get involved: [BIANC Brain Injury Awareness Month](#)

Inclusion Works Lunch and Learn: National Developmental Disability Awareness Month

Inclusion and awareness of people with I/DD is important; about 15% of the world's population has a disability.

Join Inclusion Works to celebrate National Developmental Disabilities Awareness Month, observed throughout March.

Date/Time: Wednesday, March 19, 2025, 12:00-1:00 p.m.

Registration Link: [Register for the webinar](#)

Closed-Captioning & American Sign Language (ASL) Interpreters will be provided.



Lunch and Learn Replays

Inclusion Works Employment Model Lunch & Learn



DMH/DD/SUS hosted a webinar that covered different kinds of **employment models** available through **Employment and Independence for People with Disabilities (EIPD)**.

Watch the replay and join Inclusion Works for a discussion on Self-Employment, On the Job Training, Customized Employment, Supported Employment, and Project SEARCH®.

Closed-Captioning & American Sign Language (ASL) Interpreters are provided.

[Visit Inclusion Works](#)

[Watch The Replay](#)

Connections App Lunch and Learn: Supporting Peers and Providers



DMH/DD/SUS has partnered with CHES Health and Trillium Health Resources to provide critically needed support for North Carolinians working toward recovery from substance use disorders.

DMH/DD/SUS hosted a webinar to learn about the resources available through the Connections App, a free digital tool that provides peer support and care management tools for individuals during treatment and recovery.

Closed-Captioning & American Sign Language (ASL) Interpreters are provided.

[Watch The Replay](#)

DSP Recruitment and Retention Grants

As part of its [Direct Support Professional Workforce Plan](#), NCDHHS has invested **\$3 million** to strengthen North Carolina's **Direct Support Professional (DSP)** workforce, supporting individuals with intellectual and developmental disabilities (I/DD).

- **Provider Agency Grants:** Over 140 agencies received funding to improve DSP recruitment, retention, and job satisfaction.
- **New Opportunities Coming:** A second round of incentives will launch in **Spring 2025**, focusing on recruitment, retention, and training.
- **Inclusion Connects Initiative:** Part of a broader effort to expand access, choice, and community participation for individuals with I/DD.

Learn more: [NCDHHS Press Release](#)



You're invited!

Register for a Research Session

Over the last year the DMH/DD/SUS has rolled out an Accessible Communications campaign to improve understanding and access to benefits for people with I/DD, TBI, and SMI, with a focus on:

- **Tailored Plans (TPs)**
- **Tailored Care Management (TCM)**
- **1915(i) services**
- **Innovations waiver**

To better understand the impact of the campaign, **we will host an information-gathering session** on your reflections, opinions on the materials, and feedback to inform future content updates.

We invite **partners and stakeholders, including local and state CFAC members**, to attend this 60-minute online focus group and provide input. **Spaces are limited.**



Date: March 14th, 11 a.m. EST

Register [here](#) or use the code above.

Thanks for considering participating!

Non-Law Enforcement Transportation (NLET) Program

Now Live: NLET Advisory Group Member Applications

As part of the monitoring and oversight process for the NLET Program, the State is establishing an Advisory Group composed of diverse representation from experienced stakeholder organizations and the community.

- The Advisory Group will:
 - Provide feedback about the NLET Program's implementation.
 - Provide recommendations for any improvements needed to ensure the Program's success.
- The expected time commitment is about 4 hours per month.
- Interested individuals can apply here: <https://forms.office.com/g/WvQJvUiQPL> and through the DMHDDSUS Webpage under: *Get Involved - Councils and Committees*
- The deadline for applications is May 9, 2025.



The Non-Law Enforcement Transportation (NLET) program will provide transportation for: Adults, children and adolescents requiring transportation on a voluntary basis or are involuntarily committed (IVC) after the first exam between facilities and clinics (e.g., from an emergency department to a facility-based crisis center); Individuals in crisis that need transportation upon discharge from a facility.

The program will initially operate in select regions, which will be identified through a competitive request for proposal process.

March 2025 Recovery & Overdose Prevention Conferences

NC "One Community in Recovery"

March 5-7 | Greensboro, NC



(Free Registration)

A two-day event uniting recovery professionals and advocates to strengthen recovery efforts across North Carolina.

- Keynotes from national recovery leaders
- Panel discussions, case studies, and networking
- Community connection sessions

Recovery Alliance Initiative (RAI) Symposium

March 13-14 | New Bern, NC



Bringing together individuals and professionals to share insights, support recovery, and implement programming in their communities.

- Explore recovery principles and best practices
- Learn how to apply recovery strategies
- Connect with peers in the recovery movement

NC Summit on Reducing Overdose

March 18-20 | Raleigh, NC



Bringing together government leaders, service providers, and individuals with lived experience to tackle the opioid crisis.

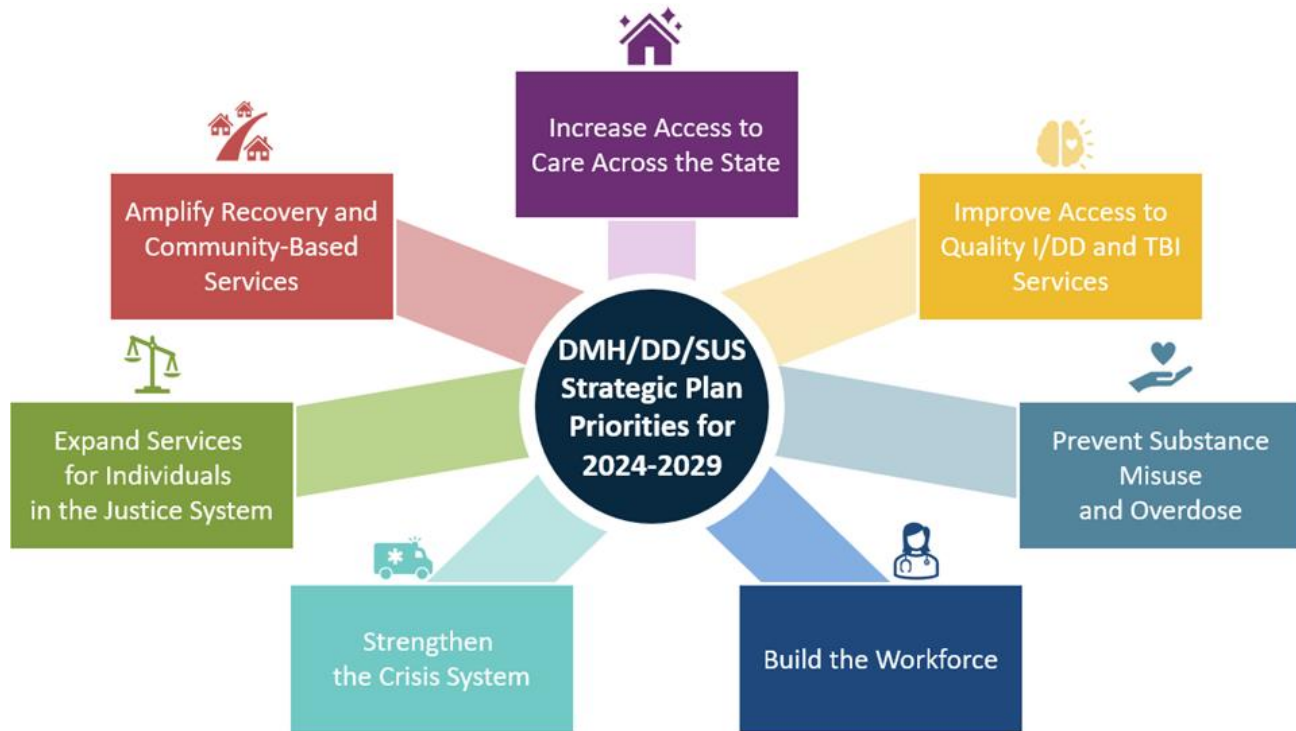
- Focus on prevention, harm reduction, treatment & recovery
 - Interactive workshops and keynote speakers
- \$275 (Regular) | \$40 (Scholarship) |

Deadline: March 11

Substance Use Services and Programming



Priority 3: Prevent Substance Misuse and Overdose



Goals

- **Increase Primary Prevention Engagement.** Delay initial substance exposure or use and deter access to substances that can be misused by children and adolescents, using harm reduction strategies to prevent escalation and misuse in young adults.
- **Increase Access to Evidence Based SUD Treatment.** Increase timely access to SUD services, especially for geographies and populations with low penetration rates.



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.

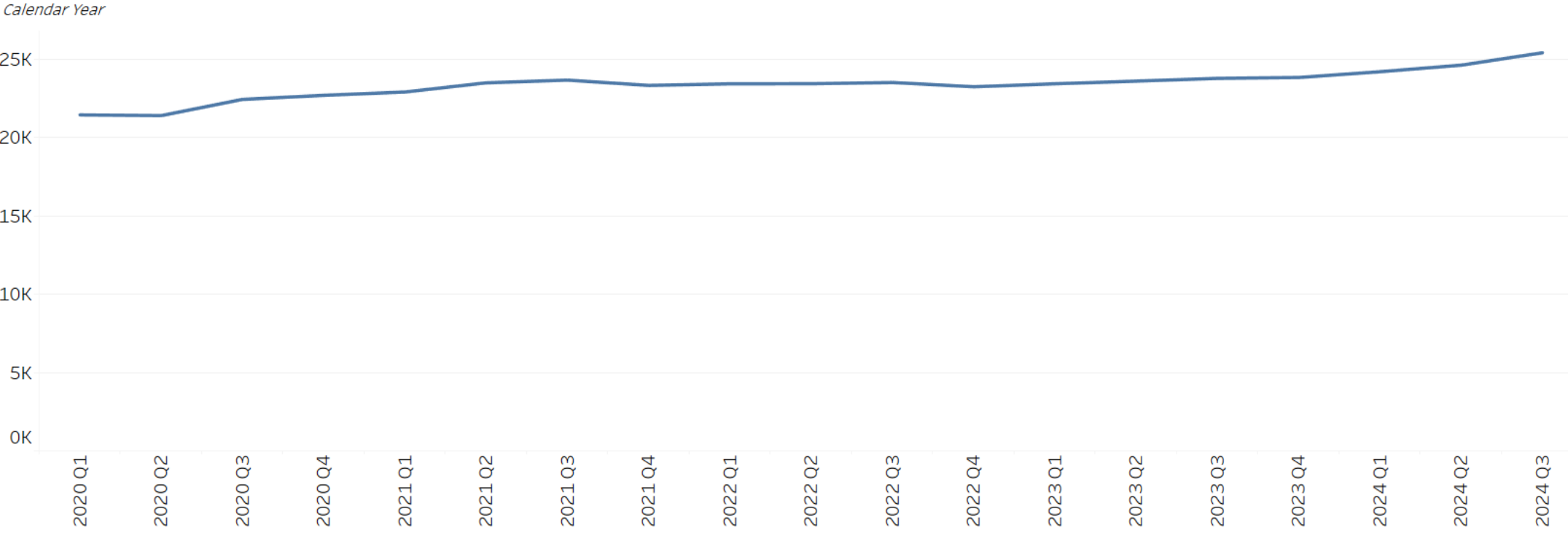
Recovery Communities and Workplaces

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.

Number of Individuals Served by an Opioid Treatment Program (OTP)
Calendar Year



Individuals Served by Opioid Treatment Program (OTP)

Number of Individuals Served by a Recovery Community Center

Children (13-17) or Adults (18+) Beginning Treatment for Substance Use Disorder (SUD)

Opioid Overdose Emergency Department Visits

Why it matters: OTPs provide both medication and therapy for individuals with Substance Use Disorders (SUD), which are both evidence-based models of SUD treatment. OTPs help people move into and maintain recovery.

Target: Increase

Related initiatives:

OBOT Expansion with NC Behavioral Health Consultation Line (NC-PAL)	Mobile OTP Implementation	Medications for Opioid Use Disorder Saturation Plan
Post Overdose Recovery Team	Recovery Communities and Workplaces	

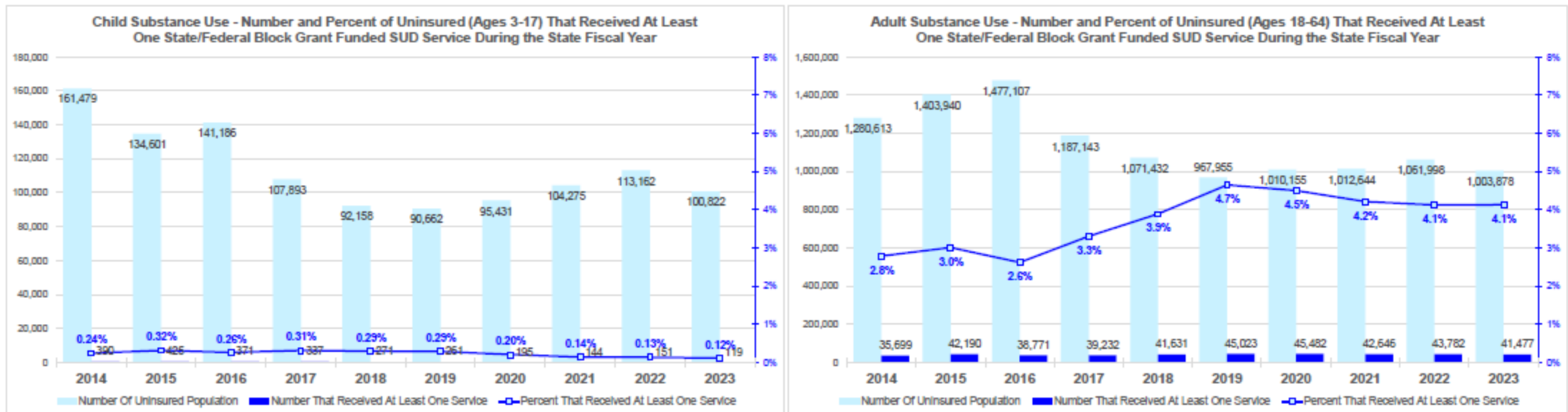
SUD Prevalence & Treatment Rates

SUD Prevalence

16.36% of adults ages 18+ (1 in 6 adults)

7.70% of youth ages 12-17 (1 in 13 youth)

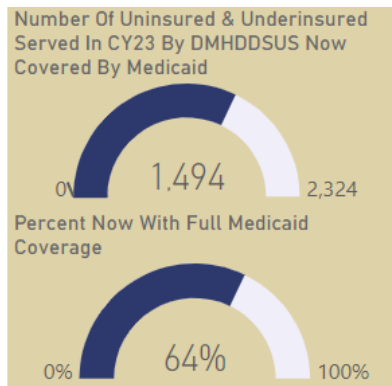
State/Federal Block Grant Funded



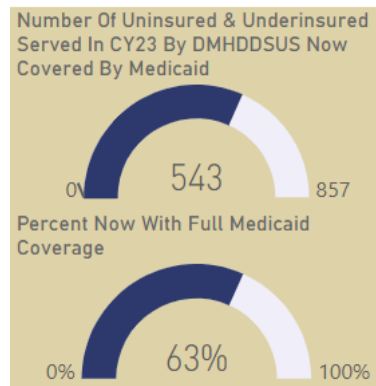
- In FY23, for Medicaid enrollees 1.13% of children and 6.3% adults received at least one SUD service.
- For the uninsured population, <1% of the children and 4.1% of adults received at least one state/block grant service.

Impact of Medicaid Expansion on Individuals with SUD

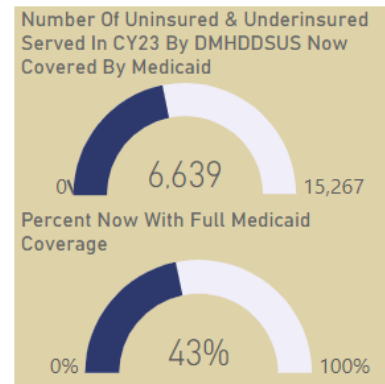
Developmental Disabilities



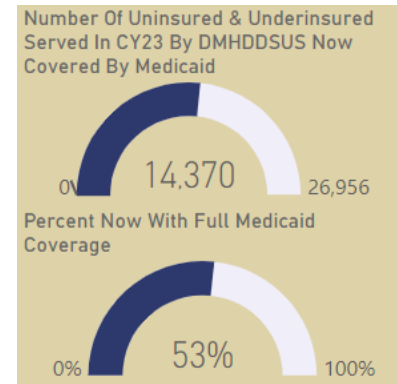
Co-Occurring IDD & MH or SUD



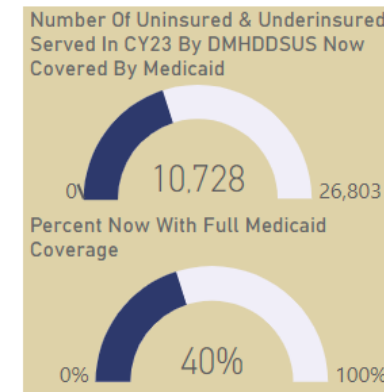
Substance Use Disorder



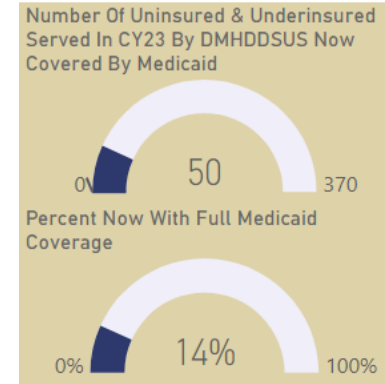
Co-Occurring MH/SUD



Mental Health



Unknown Diagnosis



Overall, **47%** of DMHDDSUS people served in calendar year 2023 who did not have full Medicaid **now have full Medicaid**.

NC Preventing Overdose--Highlights

- DMHDDSUS sent more than one million doses of naloxone to agencies serving those at highest risk for overdose, 114,000 doses in 2024
- More than 10,000 naloxone doses distributed on the Qualla Boundary with Eastern Band of Cherokee Indian, ten harm reduction vending machines implemented, resulting in some months of no overdose deaths
- 40+ community-based programs across North Carolina received direct funding to expand overdose prevention activities, including services for **justice-involved** individuals
- 22 high risk counties participated in focused prevention and education activities or capacity building
- The secure storage “Lock Your Meds” campaign reached in 8.7m impressions

NALOXONE SAVES



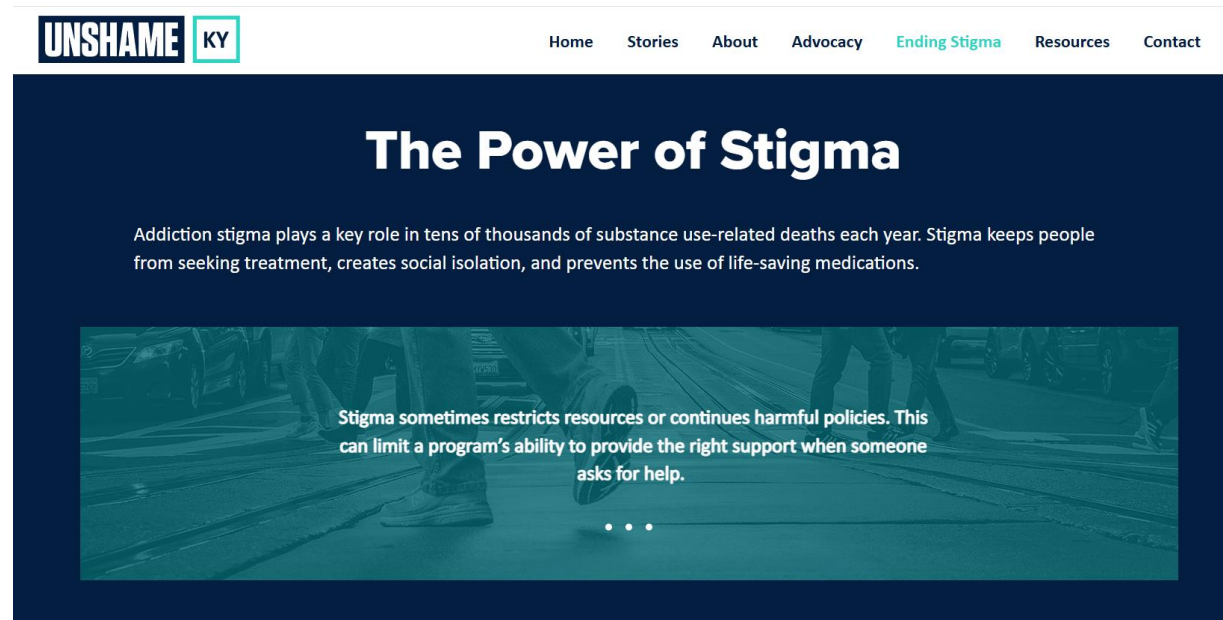
NC Preventing Access to Opioids

Lock Your Meds. Talk It Up Lock It Up

- **79.8%** of **North Carolinians** strongly agree/agree they give careful consideration to how medication is stored
- Compared to 12 months ago, **31.8%** are more likely to securely store prescription medications found in their homes.
- **21.1%** of North Carolinians have a medication lock box in their home that is used to store medications.

Reducing Substance Use Stigma

Coming Soon: UNSHAME NC

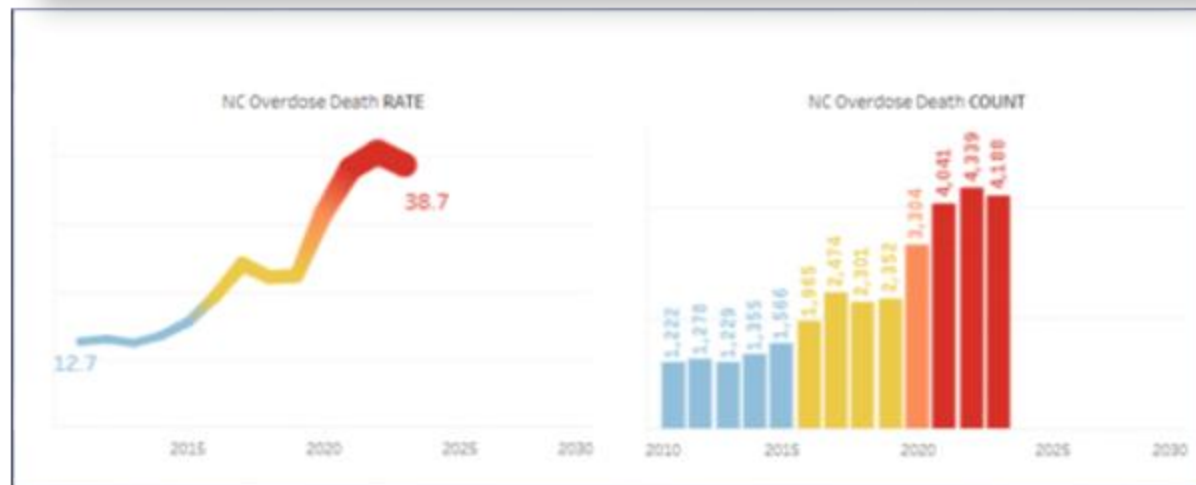


Decreasing Overdose ED Visits and Deaths

Learn more about the [Opioid and Substance Use Action Plan](#) and access the [dashboard](#) here!



29% decrease* in overdose ED visits from 2023 to 2024.



5% decrease* in overdose deaths from 2022 to 2023.

27% decrease in *suspected* overdose deaths from 2023 to 2024.

*Note 2024 ED data and 2023 death data are provisional and subject to change.

Opioid and Substance Use Action Plan (OSUAD) Dashboard

Live Walk-through of the OSUAP Dashboard



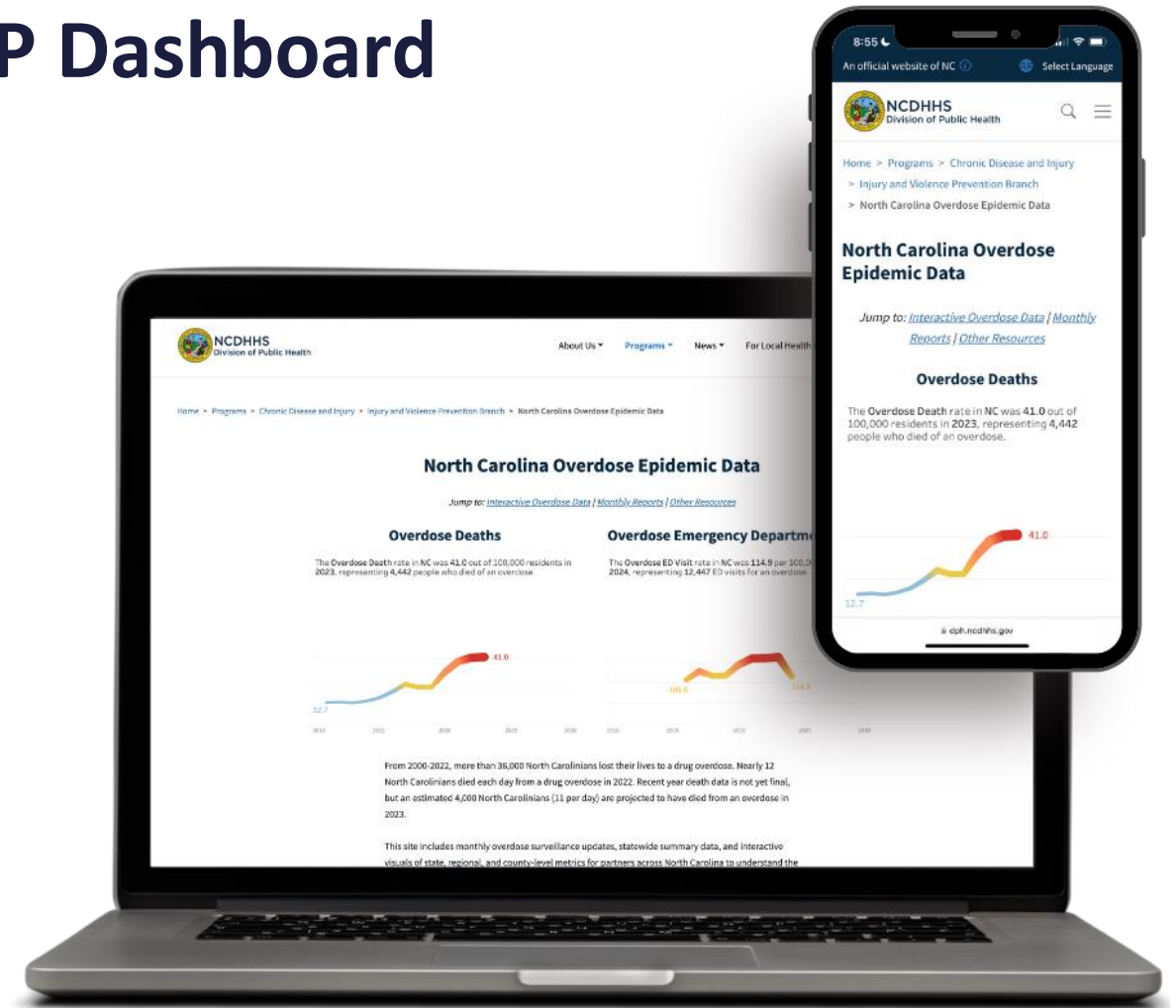
Mary Beth Cox, MPH (*she/her*)

Substance Use Epidemiologist

North Carolina Division of Public Health,

[Injury and Violence Prevention Branch](#)

[NC Department of Health and Human Services](#)



Link: <https://www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data>

OTPs, OBOTs, and Mobile Units

Medication for Opioid Use Disorder (MOUD)

Medication used to treat opioid use disorders, or **MOUD**, is the gold standard of care for the treatment of opioid use disorder

- Medications used are approved by the Food and Drug Administration (FDA) and are clinically tailored to meet each patient's needs
- Research shows that a combination of medication and counseling/behavioral therapies to provide a “whole-patient” approach can successfully treat opioid use disorder and help sustain recovery

Benefits of MOUD

- *The ultimate goal is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:*
 - Prevent or reduce overdose
 - Improve patient survival
 - Increase retention in treatment
 - Decrease illicit opioid use and other criminal activity among people with substance use disorders
 - Increase patients' ability to gain and maintain employment
 - Improve birth outcomes among women who have substance use disorders and are pregnant
 - Lower the person's risk for contracting HIV or hepatitis C by reducing potential for relapse

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

Opioid Withdrawal Timeline

- **Acute Withdrawal begins anywhere between 6-72 hours**



- 72 hours
 - peak symptoms include chills, goosebumps, fever, body ache, stomach cramps, diarrhea, insomnia, muscle pain, nausea, dilated pupils, drug cravings



- 1 week
 - tiredness, sweating, body aches, anxiety, irritability, nausea, drug cravings



- 2 weeks
 - psychological and emotional symptoms include depression, anxiety, irritability, restlessness, trouble sleeping, drug cravings



- 1-18 months
 - **Post-Acute Withdrawal** – drug cravings and depression **can last for weeks or months after acute withdrawal is over**

Medications for Opioid Use Disorder

Methadone - Agonist

Buprenorphine (Subutex®,
Suboxone®, Sublocade®) –
Partial Agonist

Naltrexone - Antagonist



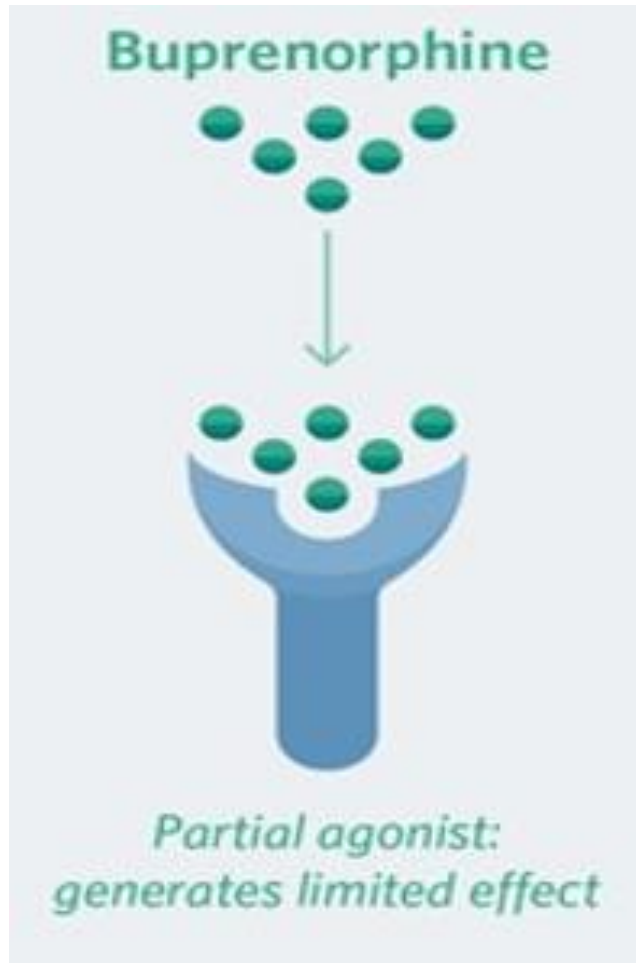
Methadone



- Oral medication available in liquid or dissolvable diskettes
- Full Opioid Agonist
- Synthetic opioid that fully binds to the same receptor sites as other heroin and other prescription opiates
- Produces the same effects as other opiates including some pain relief
- Has a long half life and slow onset of action, so when taken as prescribed, does not produce euphoria or sedation
- An adequate daily oral dose of methadone suppresses withdrawal and drug craving for 24-36 hours
- Therapeutically appropriate doses of methadone block the euphoric effects of heroin and other shorter acting opiates

Buprenorphine

- Sublingual tablet available in mono-therapy (buprenorphine/Subutex®), combination buprenorphine/naloxone (Suboxone®)
- Available as injectable extended-release subcutaneous injection (Sublocade®)
- Partial Opioid Agonist
- Synthetic opioid that partially binds to the same receptor sites as other heroin and other prescription opiates
- Has a greater affinity for the opioid receptor sites in the brain, so will push other opioids off if taken, which can lead to withdrawal
- Produces most of the same effects as other opiates including some pain relief, but has a ceiling effect, so larger doses are ineffective making overdose uncommon
- Has a long half life and slow onset of action, so when taken as prescribed, does not produce euphoria or sedation



Naltrexone



*Antagonist:
blocks effect*

Naltrexone

- Available as oral tablet taken daily or as a long-acting monthly injectable (Vivitrol®)
- Opioid Antagonist
- Tightly binds to opioid receptor sites in the brain and displaces them, precipitating withdrawal
- Produces no narcotic effect
- Produces no withdrawal symptoms when use is discontinued
- Produces no relief from opioid withdrawal symptoms
- Highly effective in preventing relapse when taken as directed, but has had little impact on treatment of opioid addiction due to very low patient compliance rate

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**

Services Offered at OTPs

Counseling, case management, and linkage to resources

Coordination of care between medical providers

STI screening, testing, and referrals for treatment

Specialized services for pregnant people

Naloxone distribution

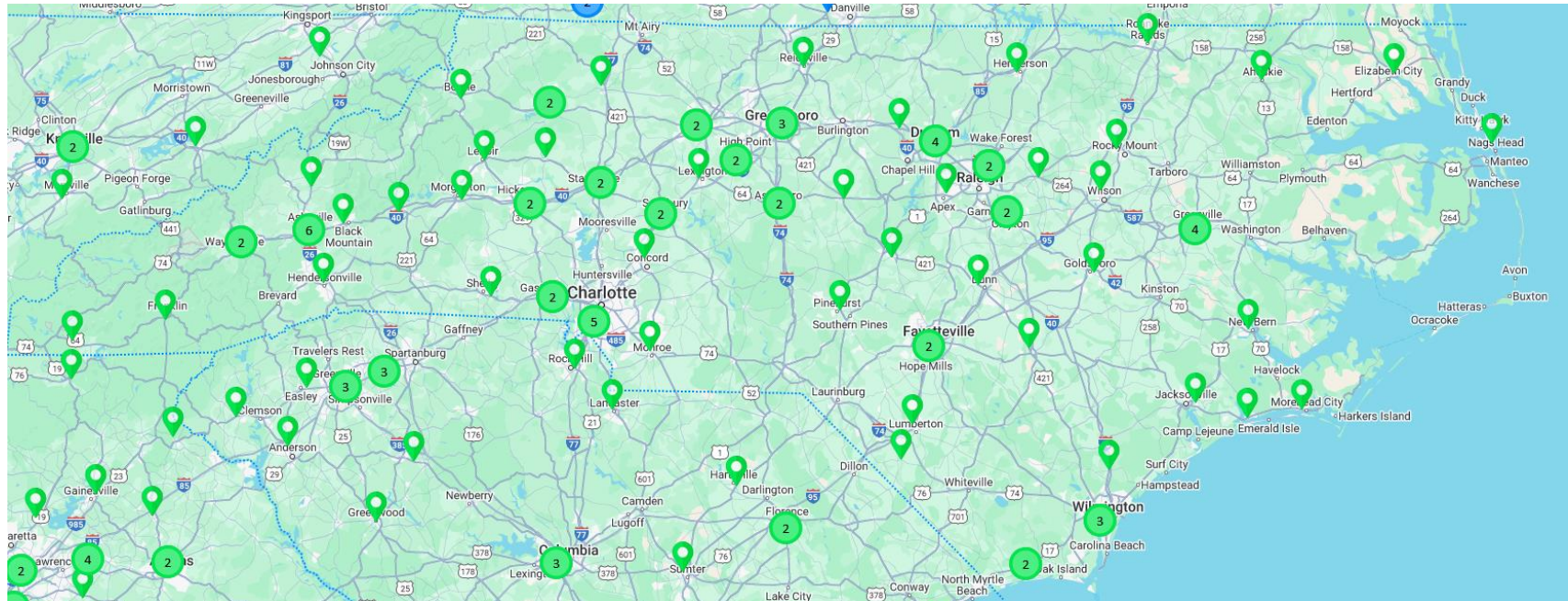
Some programs may offer integrated psychiatric and/or primary medical care

Other Benefits of an OTP

- **OTPs are the recommended level of care** for patients 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
- 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

OTPs in NC

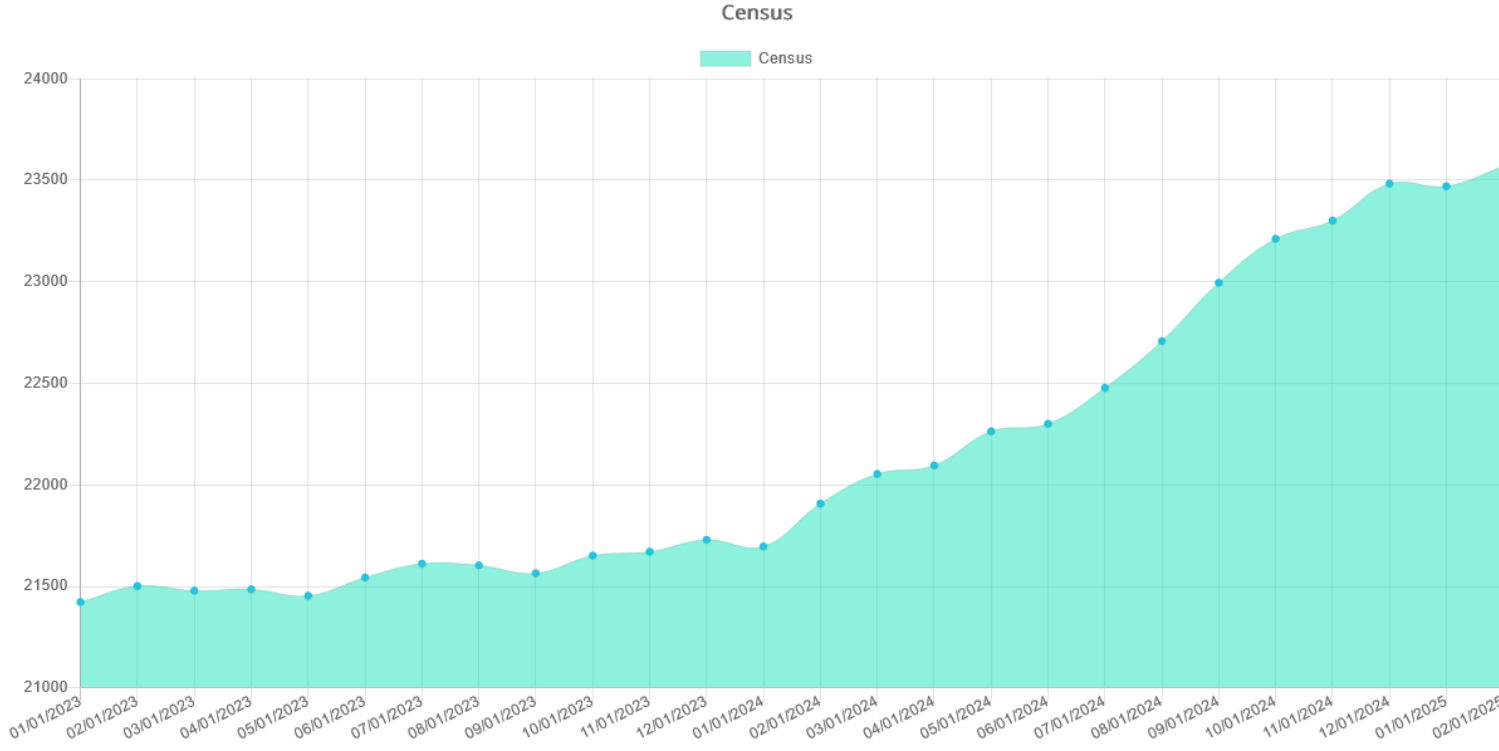
- 90 OTP Programs across the state
- 2 are North Carolina state operated inpatient Alcohol and Drug Abuse Treatment Centers (ADATC)
- 1 is operated by Eastern Band of Cherokee Indians on Tribal Land



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

OTPs in NC

- 23,569 patients currently enrolled
- Census has grown by over 20% in the past 5 years
- 31,957 unique patients served in the past year
- 38% of patients are funded by Medicaid
- 20% of patients are funded through state block grant funds



Mobile Units and Medication Units



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

Example: jails, residential facilities, shelters



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

Example: rural areas, jails



Morse Clinic Mobile Unit



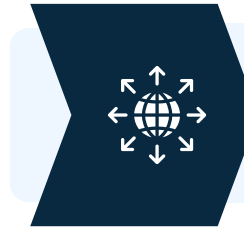
Expanding Access to Addiction Treatment Through NC STAR

The UNC Addiction Medicine Program leads efforts to expand addiction treatment across North Carolina. Through a partnership with **DMH/DD/SUS**, the program houses the Addiction Medicine Fellowship and the NC Substance Treatment and Recovery Network (NC STAR) to increase access to care for underserved populations.

Program Timeline:



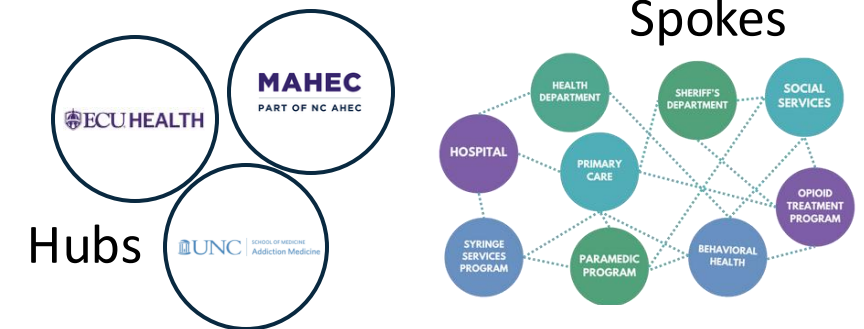
In **July 2019**, DMHDDUSUS partnered with UNC School of Medicine, Dept. of Psychiatry to launch North Carolina's first **Addiction Medicine Fellowship**.



In **July 2022**, the partnership expanded to include **NC STAR**, enhancing addiction treatment and recovery services statewide.

NCStar Network:

- Connects **three academic centers ("hubs")** with **community-based providers ("spokes")** to expand access to **Medications for Opioid Use Disorder (MOUD)** and other primary and behavioral health services.
- Strengthens education, research, and workforce development in addiction medicine.





UNC Addiction Medicine Program

JOSEPH WILLIAMS MD, PROGRAM DIRECTOR

H. CLAIRE WEST MD, NC STAR NETWORK, DIRECTOR

GABRIELA CASTRO MD, NC STAR NETWORK DATA TEAM LEAD

Guest Speakers

Joseph Williams, MD, FASAM
UNC Addiction Medicine
Program Director



- 12 years with the UNC Dept. of Psychiatry
- UNC Addiction Medicine Fellowship Training Director since 2023
- Board certified in Addiction Medicine, Psychiatry, and Forensic Psychiatry

H. Claire West, MD
Associate Professor of Medicine
UNC –Chapel Hill School of Medicine



- Internist and primary care provider
- Clinician-educator
- Clinical interests: Addiction, chronic pain and where they overlap
- **Director, NC STAR Network**

Gabriela Castro, MD
Assistant Professor
UNC Department of Family Medicine



- Family Physician
- Clinician-Educator
- Clinical Interests: Addiction, mental health and rural healthcare training pathways
- Data Team Lead, NC STAR Network

NC STAR Network

MISSION Increase access to evidence-based addiction care across the state of North Carolina with a focus on communities with the highest rates of overdose death

VISION Multidimensional referral network connecting people with care, and communities with resources



UNC Addiction Medicine Program

ADDICTION CONSULT SERVICE

- ▶ UNC-CH Main Hospital
- ▶ Diagnostic clarification
- ▶ Treatment recommendations
- ▶ Peer support, Case Mgt

UNC STAR Clinic

- ▶ Hospital follow-up for patients with OUD
- ▶ Buprenorphine titration
- ▶ Peer support, Case Mgt
- ▶ Connection to SSP

- ❖ **Dilemma:** Needed primary care clinics rx'ing MOUD to accept referred patients
- ❖ **Solution:** NC STAR Network to build capacity in the community

NC STAR Network

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Academic centers

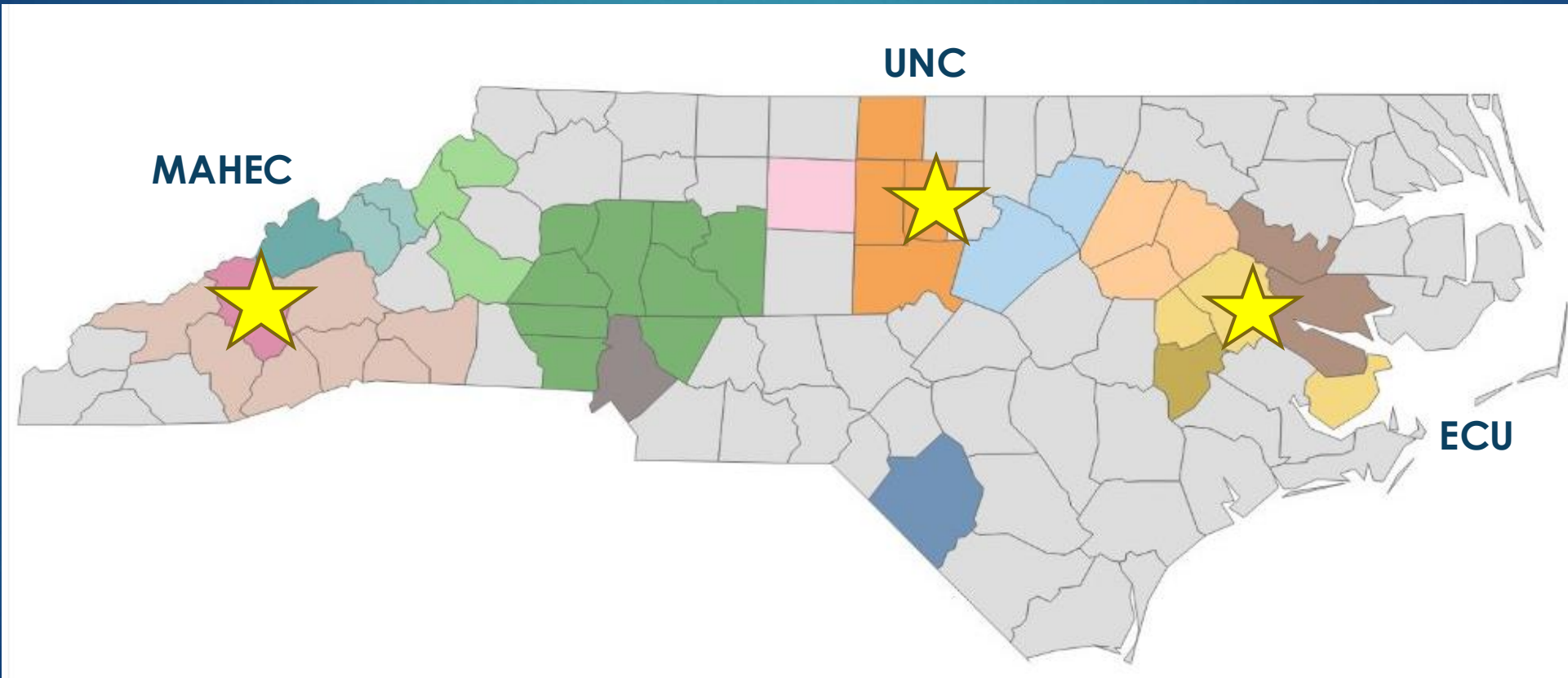
- UNC (Chapel Hill)
- MAHEC (Asheville)
- ECU (Greenville)

Community Partnerships

- Primary care clinics
- Health departments
- Community Mental health
- Opioid Treatment Programs
- Emergency Departments
- Hospitals
- Syringe Service Programs
- Residential treatment programs

NC STAR Network

In FY24-25 NC STAR's 3 Academic Health Centers provided T&TA for more than 45 health care organizations across the state, including 11 new primary care clinics



Training & Technical Assistance

55

Didactics (CME)

- ▶ Fundamentals of Bup prescribing
- ▶ Medication for Opioid Use Disorder
- ▶ Trouble-shooting OUD Care (1-3)
- ▶ Urine drug screening
- ▶ Stigma training (1-4)
- ▶ Intersecting identities
- ▶ One-liner

Mentorship

- ▶ Individual coaching
- ▶ Group coaching
- ▶ 1:1 support
- ▶ Policy discussions
- ▶ Organizational planning
- ▶ Provider Forum

NC STAR FY25-26 Mid-Year Report

Table 4. Demographic and Clinical Characteristics of Patients Seen at NC Network Academic Clinics and Network Partner Clinics Jul 1, 2024 – Dec 31, 2024

	All Academic Clinics		All Partner Clinics		Academic + Partner Clinics	
	N=1271		N=2987		N=4258	
Age						
Avg	41.1	(19-86)	43.2	(18-88)	42.6	(18-88)
Sex						
Female	615	48.4%	1471	49.2%	2086	49.0%
Male	656	51.6%	1492	49.9%	2148	50.4%
Other / Unknown	0	-	24	0.8%	24	0.6%
Race						
American Indian / Alaskan Native	72	5.7%	80	2.7%	152	3.6%
Black / African American	55	4.3%	139	4.7%	194	4.6%
White	1000	78.7%	2619	87.7%	3619	85.0%
Other / Unknown	144	11.3%	149	5.0%	293	6.9%
Ethnicity						
Hispanic / Latine	9	0.7%	75	2.5%	84	2.0%
Not Hispanic / Latine	1249	98.3%	2763	92.5%	4012	94.2%
Unknown	13	1.0%	149	5.0%	162	3.8%
Payor						
Uninsured	214	16.8%	657	22.0%	871	20.5%
Commercial	363	28.6%	798	26.7%	1161	27.3%
Medicaid	579	45.6%	1219	40.8%	1798	42.2%
Medicare	115	9.0%	313	10.5%	428	10.1%
Pregnant / Parenting						
Yes	88	7.1%	36	1.2%	124	2.9%

Sample:

- 10 Partner Clinics + 3 Hubs
- July 1 – Dec 31
- All patients receiving buprenorphine

NC STAR FY25-26 Mid-Year Report

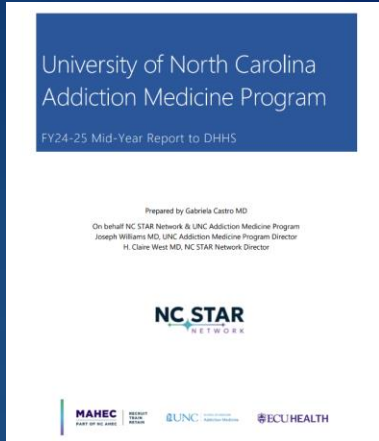
Training & Technical Assistance

Table 2. Training and Technical Assistance Sessions provided by NC Network faculty and staff to network partner clinics and community members.

Invited Presentation	Didactic Session	Individual Coaching	Group Coaching	Implementation Session	Collaborative Session	Peer Initiatives
12	41	14	15	22	32	13

Faculty provide education, clinical coaching and mentorship to individuals and to sites who aim to care for patients with OUD

Sites progress from implementation to collaborative sessions once prescribers are established and a patient panel has developed





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FY25-26 Mid-Year Report

3 Academic Centers

27 Network Partner Clinics

18 Community partnerships

151 Training & TA Sessions

4,258 patients rx'd MOUD

University of North Carolina
Addiction Medicine Program

FY24-25 Mid-Year Report to DHHS

Prepared by Gabriela Castro MD
On behalf NC STAR Network & UNC Addiction Medicine Program
Joseph Williams MD, UNC Addiction Medicine Program Director
K. Claire West MD, NC STAR Network Director



NC STAR Network Aims & Deliverables

Measure #1 Network development

- ▶ **Target:** 18
- ▶ **Mid Year:** 27

Measure #2 MOUD Access at Partner Clinics

- ▶ **Target:** 600 patients
- ▶ **Mid Year:** 2987 patients

Measure #3 MOUD Access at Academic Center Clinics

- ▶ **Target:** 600 patients
- ▶ **Mid Year:** 1271 patients

Measure #4 MOUD Access in Robeson County

- ▶ **Target:** 25
- ▶ **Mid Year:** 98 patients

Program Highlights and Future Directions

Building our team:

- Leadership & team development
- New faculty and expertise
- Interprofessional partners
- Inaugural Data Forum
- Provider Forum Expansion

Building infrastructure:

- Health systems partnerships
- Adjacent collaborations
 - NC Collaboratory
 - UNC School of Social Work
 - NC Farmworker Health Program

Thank you for the opportunity
to do this work

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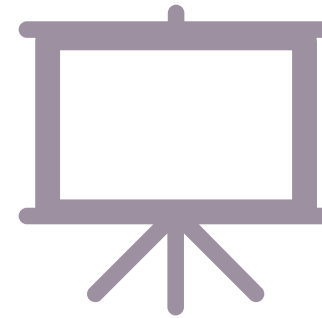
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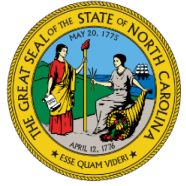
Q&A



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.

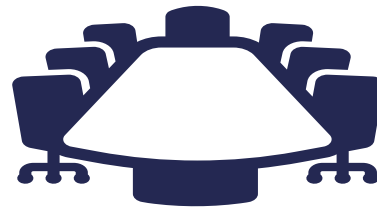


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