

GATESPRING

RUTHERFORD COUNTY · OPIOID SETTLEMENT FUNDS

RFA 26-29

Application One-Sheets

Ten submissions · Updated 6/1/2026 · Concise program briefs

Submissions in this packet

#	APPLICANT · PROJECT · STRATEGY	AMOUNT (3 YRS)	STATUS
01.	McLeod Centers for Wellbeing <i>Treatment Access Fund</i> A2 · Evidence-Based Addiction Treatment	\$362,976	FUNDED
02.	McLeod Centers for Wellbeing <i>Peer Support & Transportation Access</i> A3 · Recovery Support Services	\$150,000 request \$216,542	W/ CONDITIONS
03.	McLeod Centers for Wellbeing <i>Naloxone Initiative</i> A7 · Naloxone Distribution	\$30,000	W/ CONDITIONS
04.	Mosaic Hope <i>Rutherford County TBRI Collaborative · Early Intervention</i> A6 · Prevention	\$265,200	W/ CONDITIONS
05.	Preferred Choice Healthcare <i>In-Custody SUD Treatment + MOUD Implementation & Re-entry Coordination</i> A11 · In-Custody SUD Treatment & MOUD	\$870,000	W/ CONDITIONS
06.	Rutherford Housing Partnership <i>Rutherford Family Stabilization Program (RFSP)</i> A3 · Recovery Support Services	\$244,040 request	NOT REC.
07.	Rutherford County Sheriff's Office <i>Inmate Overdose Prevention Monitoring (Cell-Guardian)</i> A11 · In-Custody MOUD	\$127,105 request	NOT REC.
08.	United Way of Rutherford County <i>Rutherford Recovery Support Services</i> A3 · Recovery Support Services	\$416,986 request	NOT REC.
09.	United Way of Rutherford County <i>Rutherford Mobile Harm Reduction Team</i> A9 · Harm Reduction	\$270,000 request \$417,534	FUNDED
10.	U&I Enrichment & Recovery Center <i>Recovery Community Center Expansion & Peer Support</i> A3 · Recovery Support Services	\$150,000	W/ CONDITIONS

Treatment Access Fund

McLeod Centers for Wellbeing · A2 · Evidence-Based Addiction Treatment

\$362,976

3-YEAR RECOMMENDED
AWARD

Year 1: \$120,992

APPLICANT CONTACT

Nonprofit (501(c)(3)) · EIN 56-0953783 · Charlotte, NC
Katherine Long, Chief Development Officer · 704-641-3149
Katherine.Long@mcleodcenters.org

Bridge funding for methadone treatment and residential care, delivered through a Spindale FQHC medication unit with Blue Ridge Health.

KEY FEATURES

- Pay-for-care fund covering 60-day methadone bridge and residential placements while Medicaid or insurance is activated.
- Co-located in Blue Ridge Health's Spindale FQHC; integrates MOUD with primary care to reduce stigma and travel burden.
- Peer Support coordinates Medicaid enrollment, primary care linkage, transportation, and housing supports.

POPULATION SERVED

Justice-involved individuals, uninsured and underinsured Rutherford residents, those with high clinical acuity needing methadone or residential care.

OUTCOMES (YEAR 1 → YEAR 3)

Year 1: ~48 served (45 methadone + 3 residential). Year 3: ~95 served. 3-year total ~215.

EVIDENCE BASE

SAMHSA, ASAM, CDC: methadone is the standard of care for severe OUD and significantly reduces opioid mortality.

CAPACITY

50+ year operator (4,700+ patients/yr; 867,000+ MOUD doses); one of four NC programs accepting methadone within residential care. Blue Ridge Health partnership in place.

MOA alignment. MOA Option A/B Strategy 2 (treatment for OUD).

Peer Support & Transportation Access Program

McLeod Centers for Wellbeing · A3 · Recovery Support Services

\$150,000

3-YEAR RECOMMENDED AWARD

Year 1: \$50,000 · Request was \$216,542

APPLICANT CONTACT

Nonprofit (501(c)(3)) · EIN 56-0953783 · Charlotte, NC
 Katherine Long, Chief Development Officer · 704-641-3149
 Katherine.Long@mcleodcenters.org

Embedded Peer Support Specialist plus flexible transportation funds to keep people engaged in methadone treatment.

KEY FEATURES

- 1.0 FTE Certified Peer Support Specialist embedded in the Spindale medication unit.
- Flexible transportation: Rutherford County Transit, rideshare/taxi, gas cards, rides to weekend dosing in Gaston/McDowell or to residential care in Charlotte.
- Daily engagement, missed-dose outreach, overdose education, and warm handoffs to higher levels of care.

POPULATION SERVED

Methadone patients in Rutherford County, especially those at risk of disengagement due to transportation barriers, justice involvement, or housing instability.

OUTCOMES (YEAR 1 → YEAR 3)

Year 1: 45 individuals, ~200 transportation trips, 6 residential transports. Year 3: 55 individuals, 300 trips, 10 residential transports.

EVIDENCE BASE

Peer support improves retention and patient satisfaction; transportation access increases adherence in MOUD programs.

CONDITIONS

- Coordinate with the United Way mobile harm reduction work to avoid duplication and clarify referral lanes.
- Tighten evaluation plan around retention metrics tied to medication unit operations.
- Quarterly reporting on transportation utilization against budget.

MOA alignment. MOA A3 (recovery support services, peer staffing, transportation to care).

Naloxone Initiative

McLeod Centers for Wellbeing · A7 · Naloxone Distribution

\$30,000

3-YEAR RECOMMENDED
AWARD

Year 1: \$10,000

APPLICANT CONTACT

Nonprofit (501(c)(3)) · EIN 56-0953783 · Charlotte, NC
Katherine Long, Chief Development Officer · 704-641-3149
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Low-barrier naloxone purchase and distribution through the Spindale medication unit and justice partners.

KEY FEATURES

- Procures naloxone nasal spray at ~\$50 per kit (medication plus instruction/education materials).
- Distribution channels: McLeod's Spindale clinical site, detention/reentry partners, and outreach to highest-risk populations.
- Education on overdose recognition, response, and pathways to treatment included with each kit.

POPULATION SERVED

People actively using opioids and not in treatment, recently incarcerated/released individuals, peers and family members likely to witness an overdose.

DISTRIBUTION TARGETS

100 kits Year 1, 150 Year 2, 200 Year 3 (450 total).

EVIDENCE BASE

CDC and SAMHSA recognize community naloxone distribution as a top-tier overdose-mortality reduction strategy.

CONDITIONS

- Distribution-site documentation: log kits by site and population category to support reporting.
- Coordinate scope with existing naloxone distribution infrastructure in the county to extend rather than overlap reach.
- Verify NC DHHS state bulk-purchasing pricing where applicable.

MOA alignment. MOA A7 / Option A Strategy 7 (naloxone distribution).

Rutherford County TBRI Collaborative · Early Intervention

Mosaic Hope · A6 · Prevention

\$265,200

3-YEAR RECOMMENDED
AWARD

Year 1: ~\$88,400

APPLICANT CONTACT

Nonprofit · Rutherford County, NC

See applicant file for current contact details

Trust-Based Relational Intervention (TBRI) training and support for caregivers, school staff, foster and kinship families, and community leaders serving youth at elevated risk.

KEY FEATURES

- Trauma-informed, evidence-supported early intervention model addressing adverse childhood experiences and elevated SUD risk in youth.
- Caregiver training cohorts, school-staff training, foster/kinship family support, and community-leader capacity building.
- Connects identified youth and families to clinical referral pathways through Rutherford providers as needed.

POPULATION SERVED

Children, youth, and the adults who raise and serve them. Caregivers, foster and kinship families, school personnel, and community leaders in contact with at-risk youth.

REACH

Caregiver and staff training cohorts across multiple sites in Rutherford County across the three-year cycle.

EVIDENCE BASE

TBRI is a SAMHSA-recognized evidence-supported trauma-informed model. Prevention-focused early-intervention addressing adverse childhood experiences is associated with reduced SUD onset risk.

CONDITIONS

- Refine criteria for identifying youth at elevated risk and the families serving them.
- Outcomes plan: training-output metrics plus an outcomes proxy for youth and family impact.
- Document linkage protocols with Rutherford County Schools and DSS where appropriate.

MOA alignment. MOA A6 / Option A Strategy 6 (prevention; youth and family programming).

In-Custody SUD Treatment + MOUD Implementation & Re-entry Coordination

Preferred Choice Healthcare (PCH) · A11 · In-Custody SUD Treatment & MOUD

\$870,000

3-YEAR RECOMMENDED AWARD

Year 1: \$290,000

APPLICANT CONTACT

Nonprofit · Rutherford County, NC

See applicant file for current contact details

Four-partner model: PCH + Sheriff’s Office + Blue Ridge Health + McLeod

MOUD initiation and continuation inside the Rutherford detention center, with re-entry care coordination and warm handoffs to community treatment at release.

KEY FEATURES

- Clinical MOUD delivered by Preferred Choice Healthcare.
- Operational access and security through the Sheriff’s Office.
- Federally qualified prescribing through Blue Ridge Health.
- Methadone continuity through McLeod Centers.
- Re-entry coordination from custody to community treatment at release.

POPULATION SERVED

Individuals in custody at the Rutherford County Detention Center with OUD or at risk of OUD, and the same individuals returning to the community.

MODEL

Screening, assessment, and induction during incarceration. Continuation upon community return through community-based MOUD providers.

EVIDENCE BASE

In-custody MOUD initiation with continuity to community treatment is associated with reduced post-release overdose mortality (SAMHSA, NIDA, BJA).

CONDITIONS

- Four-partner memoranda of understanding executed before funds flow: PCH, Sheriff’s Office, Blue Ridge Health, McLeod.
- Re-entry handoff protocol documented; warm-hand metrics tracked from intake through community engagement.
- Quarterly reporting on screening, induction, continuation, and re-entry linkage rates.

MOA alignment. MOA A11 (in-custody SUD treatment and MOUD implementation; re-entry coordination).

Prepared by Gatespring for Rutherford County. Sourced from submitted application materials.

Rutherford Family Stabilization Program (RFSP)

Rutherford Housing Partnership (fiscal agent for Rutherford Long-Term Recovery) · A3 · Recovery Support Services

\$244,040

ORIGINAL REQUEST

Year 1: \$80,000

APPLICANT CONTACT

Nonprofit (501(c)(3)) · Rutherford County, NC

See applicant file for current contact details

High-intensity, low-volume family stabilization for households where opioid use disorder co-occurs with housing, justice, and financial crises.

KEY FEATURES

- Family stabilization coordinator working with a partner-consortium model across housing, justice, behavioral health, and child welfare.
- Intensive wraparound supports for a small caseload of households per year.
- Connection to community-based providers for clinical OUD treatment and recovery support.

POPULATION SERVED

Rutherford County households where opioid use disorder co-occurs with housing instability, justice involvement, and financial instability.

REACH

Low-volume, high-intensity caseload over the three-year cycle.

EVIDENCE BASE

Family-centered wraparound models for OUD-affected households are an established recovery-support modality.

MOA alignment. MOA A3 (recovery support services).

Inmate Overdose Prevention Monitoring (Cell-Guardian)

Rutherford County Sheriff's Office (Detention Center) · A11 · In-Custody MOUD

\$127,105

ORIGINAL REQUEST

Year 1: ~\$42,000

APPLICANT CONTACT

Rutherford County Sheriff's Office

See applicant file for current contact details

A passive monitoring system (Cell-Guardian) installed in the detention center to detect overdose events and prompt response.

KEY FEATURES

- Cell-by-cell monitoring technology to detect physiologic signs associated with overdose events.
- Alerts to detention staff for rapid response.
- Equipment purchase, installation, and ongoing service.

POPULATION SERVED

Individuals in custody at the Rutherford County Detention Center.

REACH

Equipment coverage across detention center housing areas.

EVIDENCE BASE

Passive overdose-detection technology is an emerging adjunct to direct treatment and supervision in correctional settings.

MOA alignment. MOA A11 (in-custody MOUD; submitted under A6 in original application file).

Rutherford Recovery Support Services

United Way of Rutherford County (UWRC) · A3 · Recovery Support Services

\$416,986

ORIGINAL REQUEST

Year 1: \$138,995

APPLICANT CONTACT

Nonprofit (501(c)(3)) · Forest City, NC

Suzanne Mizsur-Porter, Executive Director · 828-286-3929

s.porter@uwrcinc.org

Continue and grow Rutherford's peer-led recovery ecosystem: Community Healing & Recovery Center, jail-based reentry team, and hospital ED peer.

KEY FEATURES

- Recovery Community Center coordinator (1.0 FTE) plus rent/utilities for the Community Healing & Recovery Center.
- Peer support, recovery groups, navigation, vital-record and Medicaid help, custody-release transport to residential treatment.
- Embedded peers in the Rutherford County Detention Center and at Rutherford Regional Hospital ED.

POPULATION SERVED

Adults with OUD/SUD at any stage of change; justice-involved and reentry populations; pregnant participants; families.

REACH

Hundreds annually; year-over-year growth in Recovery Community Center contacts and jail-based reentry support.

EVIDENCE BASE

SAMHSA, NIHRC, CDC peer-led models; UWRC operates the only Recovery Community Center in the county.

MOA alignment. MOA A3 (recovery support services), MOA Option B 6, B.7, C.10 (recovery centers, transportation, peer staffing in centers).

Rutherford Mobile Harm Reduction Team

United Way of Rutherford County (UWRC) · A9 · Harm Reduction

\$270,000

3-YEAR RECOMMENDED
AWARD

Year 1: \$90,000 · Request was
\$417,534

APPLICANT CONTACT

Nonprofit (501(c)(3)) · Forest City, NC
Suzanne Mizsur-Porter, Executive Director · 828-286-3929
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Sustain the Rutherford County mobile harm reduction team and syringe service program: a bridge for people not yet ready for treatment.

KEY FEATURES

- Mobile team (Certified Peer Support Specialist plus medical professional) traveling countywide with syringes, Narcan, fentanyl/medetomidine/xylazine test strips, HIV/HCV/glucose/BP rapid testing.
- Sterile supplies and wound care training; first aid; safe-sex/pregnancy items; LGBTQ-affirming services.
- Warm handoffs to MAT/MOUD, transport to treatment, and connection to UWRC's Community Healing & Recovery Center.

POPULATION SERVED

People who use drugs across all stages of readiness; high-risk populations including African Americans, unhoused individuals, uninsured, and reproductive-age adults. Projected 500-700 unique participants/year.

OPERATING REACH

Operates 5+ days/week countywide.

EVIDENCE BASE

CDC, SAMHSA, NHRC: syringe services prevent HIV/HCV, do not increase drug use, and are a primary pathway to treatment engagement. Federal funds will not pay for SSP staff or syringes; settlement dollars are one of the only allowable funding streams.

MOA alignment. MOA A9 (syringe service programs) / Option A Strategy 9 and Option B C-strategies (sterile supplies, naloxone, testing).

Recovery Community Center Expansion & Peer Support

U&I Enrichment & Recovery Center · A3 · Recovery Support Services

\$150,000

3-YEAR RECOMMENDED
AWARD

Year 1: \$50,000

APPLICANT CONTACT

Nonprofit · Rutherford County, NC

Lesia Crowe, Executive Director

See applicant file for current contact details

Community-based recovery center expansion with peer-led support staffing, walk-in services, and warm handoffs to clinical providers.

KEY FEATURES

- Recovery Community Center programming: sober social activities, peer-led recovery groups, family support, life-skills programming.
- Certified Peer Support Specialists staffing walk-in hours.
- Engagement and education for clients across MOUD, abstinence-based, and dual-recovery pathways.

POPULATION SERVED

Recovery-stage adults in Rutherford County.

REACH

Walk-in capacity and peer-led programming across the three-year cycle.

EVIDENCE BASE

Recovery Community Centers are a recognized SAMHSA-supported recovery-support modality; peer-led support is associated with sustained recovery outcomes.

CONDITIONS

- Resolution description updated to community-based recovery language; clinical/methadone-clinic activity language removed.
- Document referral protocols with clinical providers to ensure distinct service lanes.
- Sustainability plan: identify non-settlement revenue streams for post-cycle continuation.

MOA alignment. MOA A3 (recovery support services; peer-led recovery community centers).