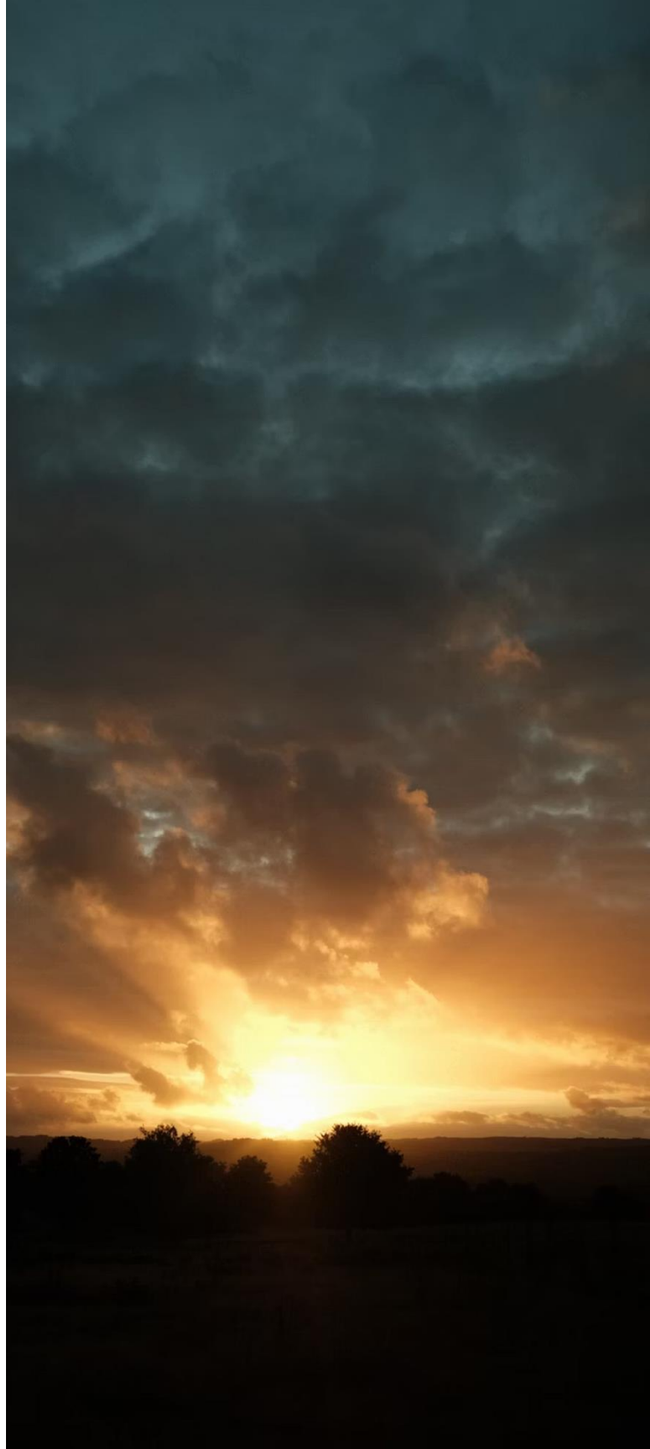
Rutherford County Collaborative Strategic Planning

Report & Recommendations

Monday September 8th, 2025

Gatespring: Scott Luetgenau, MSW, LCAS, CSI



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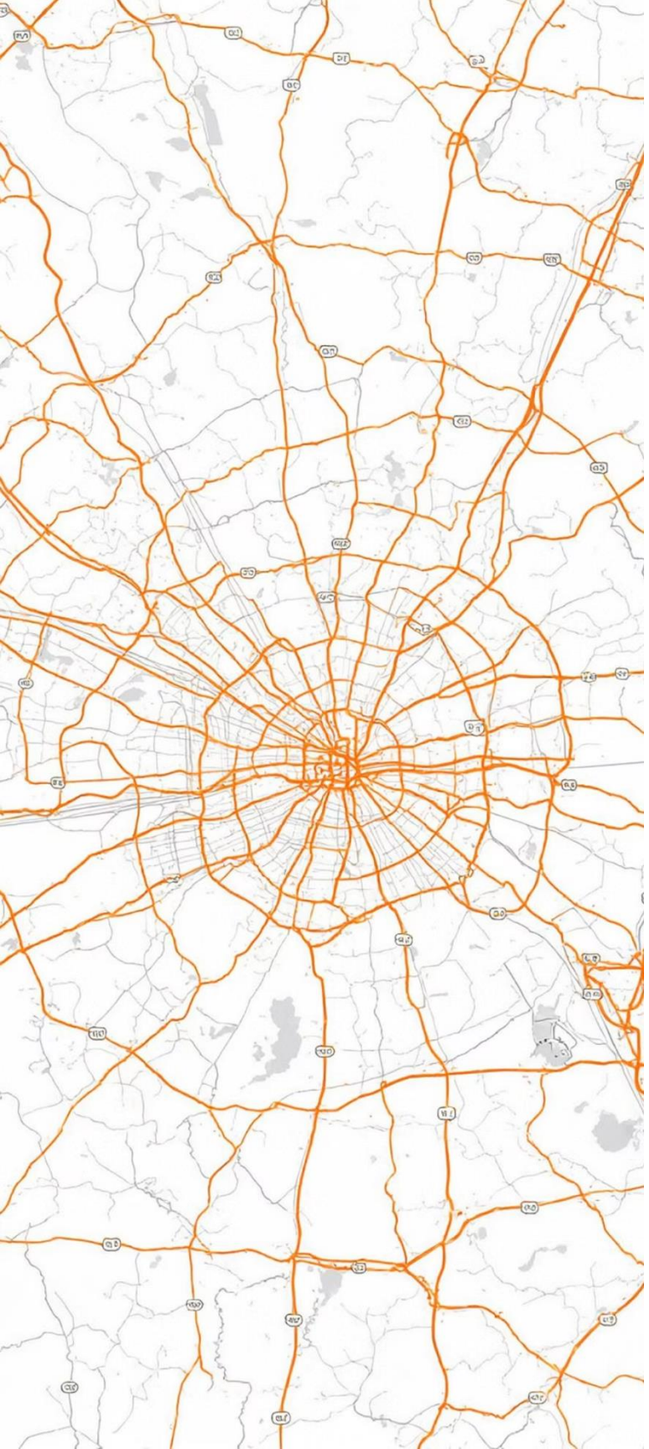

Agenda

Strategic Planning Process Recap

Community Interview Themes and Trends

Overdose Trends and Context

Strategy Recommendations: Exhibit A & B

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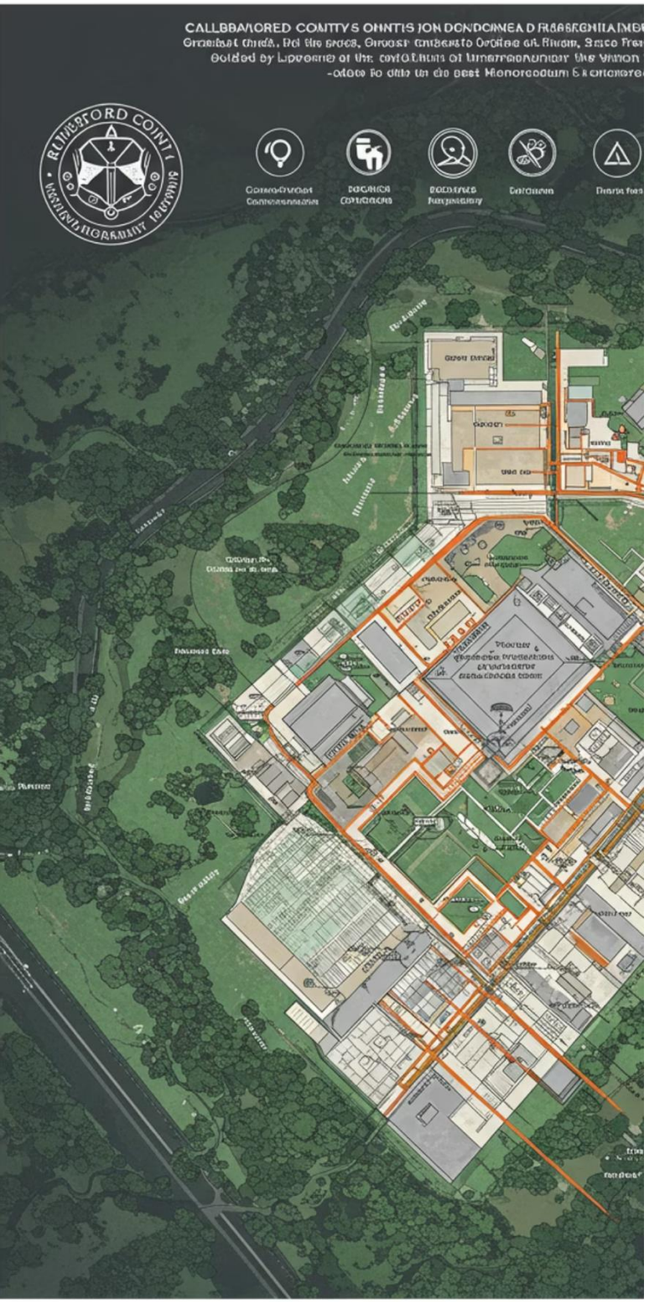

Strategic Framework Planning Process

Guided by the North Carolina Opioid Settlement Memorandum of Agreement (MOA)

Rutherford County chose a collaborative, evidence-informed planning process to maximum impact and sustainability of funds

Gatespring:

- Conducted over 75 interviews
- 11 visits to Rutherford County
- Reviewed local/state data
- Consulted other planning initiatives across disciplines/organizations
- Engaged in a variety of other planning deliverables

Two sets of MOA strategies:

- **Exhibit A**: *Strongly supported & evidence-based*
- **Exhibit B**: Community-prioritized, emerging or complementary

Source: *North Carolina MOA (2021).*

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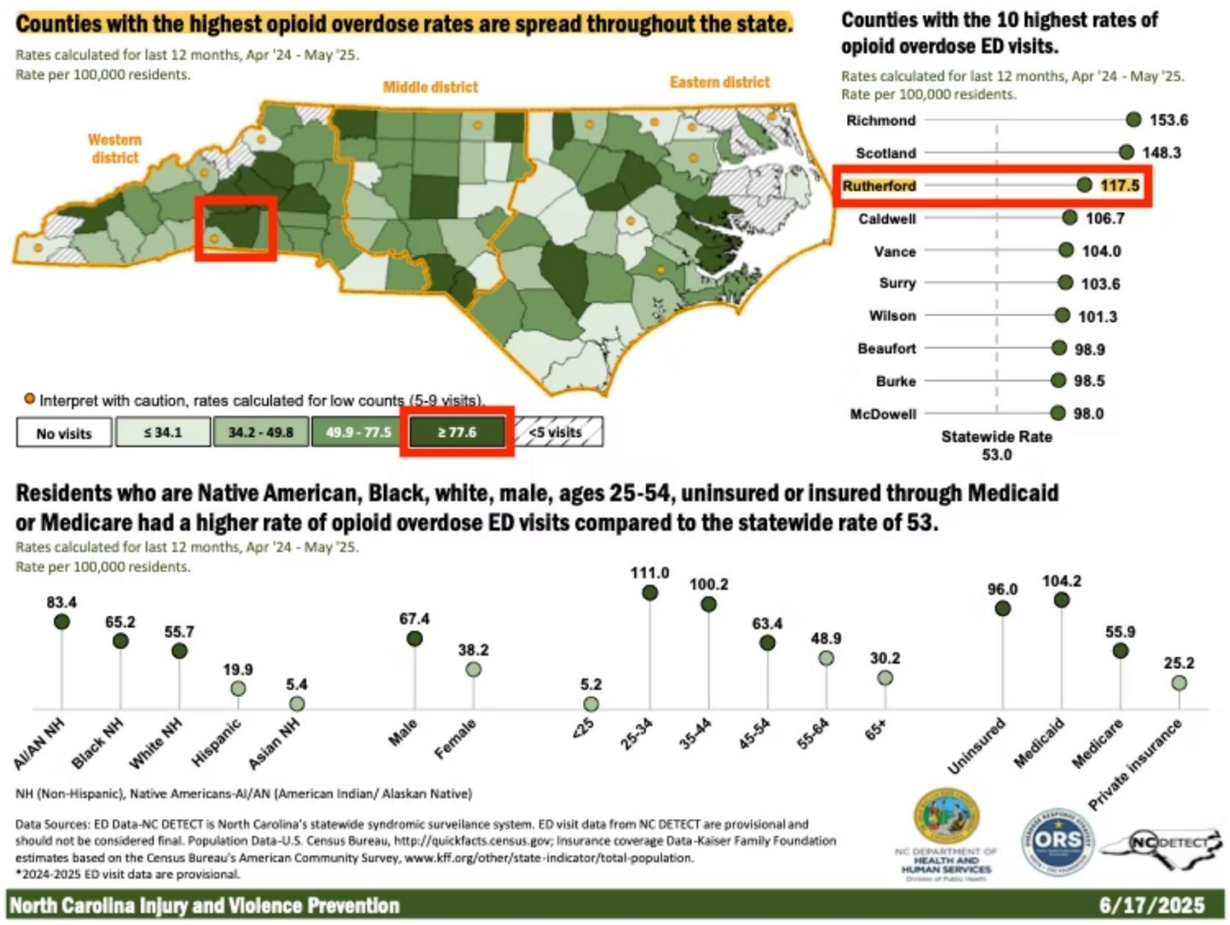


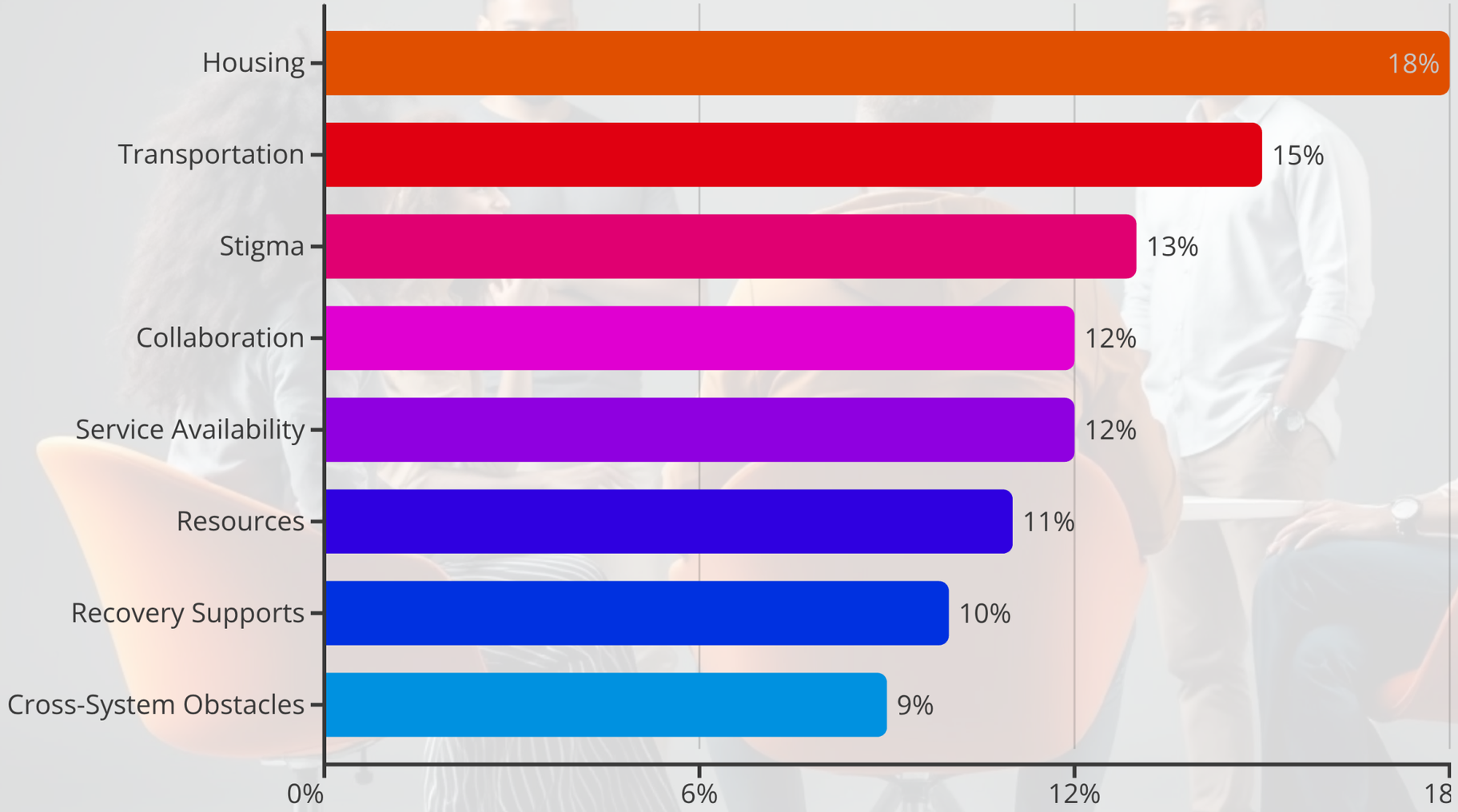
County Data Trends

- **Rutherford County** is among the top counties with the highest opioid overdose emergency department (ED) visit rates, with 117.5 visits per 100,000 residents—more than double the statewide average.

- **Insurance status matters:** Uninsured and Medicaid-insured residents experience significantly higher overdose ED visit rates, highlighting critical gaps in equitable access to care.

Source: *North Carolina Department of Health and Human Services. (2025). Opioid overdose emergency department visit rates by county, demographic, and insurance status in North Carolina (Apr 2024–May 2025) [Data visualization]. North Carolina Injury and Violence Prevention. https://www.ncdhhs.gov/*

Key Trends in Interviews (*Frequency Distribution*)



***Source**: Gatespring Consulting. (2024). Community interviews: Rutherford County opioid response [Unpublished raw data].*

Community Interview Insights

75+ interviews: Providers, people with lived experience, families, law enforcement, county staff

Themes included:

- Urgent need for **pre- and post-incarceration supports**
- **Transportation and housing** as persistent barriers
- Strong endorsement of **peer support**
- **Community collaboration & stigma as a core barrier**

> ***"You walk out of jail with nothing and no one."***
>
> ***"If there's no ride, there's no treatment. It's that simple."***
>
> ***"Our kids are learning about fentanyl from TikTok."***
>
> ***"People think addiction is a choice. They don't see the work it takes to get better."***

Source: *Gatespring Consulting. (2024). Community interviews: Rutherford County opioid response [Unpublished raw data].*

Community Interview Insights

Additional takeaways:

- Strong support for treatment and prevention
- Gaps in trauma-informed care for families
- Confusion or fear about 911 and Good Samaritan protections (N.C. Gen. Stat. Ann. § 90-96.2)
- Provider burnout and fatigue from fragmented systems

"You get tired of asking for help when no one can help you."

"They don't just need recovery services—they need help staying alive."

"There are so many people trying to do good here, but they're burning out."

Source: *Gatespring Consulting. (2024). Community interviews: Rutherford County opioid response [Unpublished raw data].*

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Strategy Overview

MOA Strategies grounded in:

- Research/evidence-based interventions
- Community interviews and lived experience
- NC DOJ regulations

Divided into:

- Exhibit A: High-impact, evidence-based
- Exhibit B: Flexible and community-driven

Source: *North Carolina MOA (2021).*

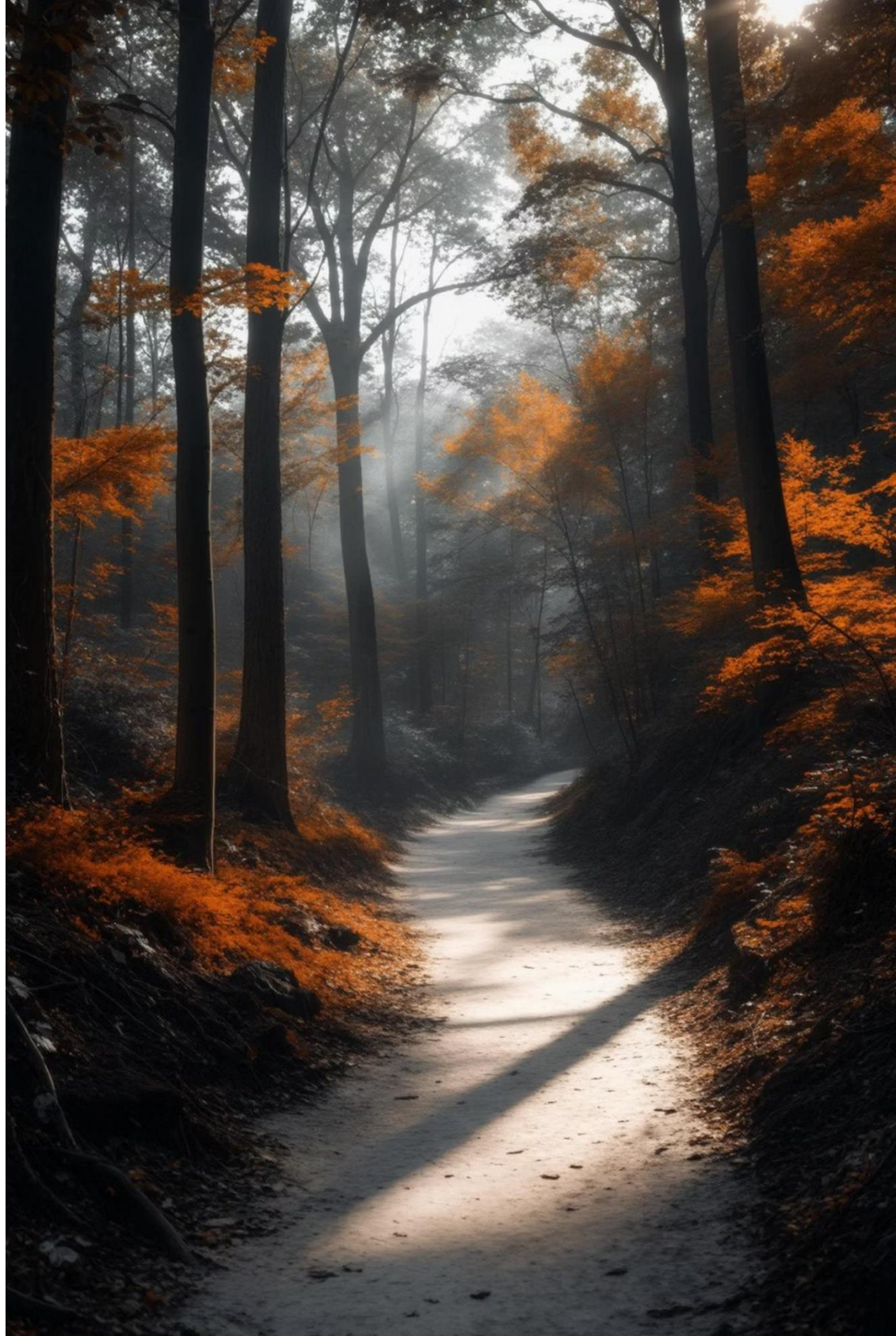

Exhibit A, Strategies 2 & 11 – Expand Access to Evidence-Based Treatment, and Expand Addiction Treatment for Incarcerated Persons

- Increase availability of buprenorphine, methadone, and naltrexone
- Support Medicaid-accepting prescribers and treatment follow-up post-release
- Reduce wait times and improve continuity of care

"There's not enough people in this county prescribing Suboxone and taking Medicaid. People who want help get tired of waiting."

"After jail, people with opioid addiction end up right back where they started because there's no follow-up and no meds."

"I had to wait 19 days to get on bupe. That was 18 days too long."

Source: *Volkow, N. D., & Blanco, C. (2023). The role of medication in opioid use disorder treatment. New England Journal of Medicine, 388(8), 675–678. https://doi.org/10.1056/NEJMp2215262*

Exhibit A, Strategy 6 - Early Intervention

Early intervention identifies and addresses risk factors for substance use and mental health issues in youth—before they escalate into crises, school failure, or involvement in the justice system. Research and local input strongly support prioritizing early intervention programs as a foundation for long-term prevention and improved community health.Supports access to MOUD, appointments, job interviews, and community recovery supports

Youth who participate in structured early intervention programs are 30–50% less likely to develop substance use disorders later in life compared to peers without such supports.

Programs that train parents, teachers, and caregivers in early identification and referral significantly **decrease later behavioral issues, improve school outcomes, and provide substantial cost savings (up to $7–$10 per $1 invested).**

> ***"So many kids are living in destabilized and scary environments at home, and they come in traumatized and ill-equipped to engage in school. Early intervention allows us to reach them before they fall through the cracks."***
>
> ***"When you work with kids, you're making a proactive investment—the only way to break generational cycles is to start early, support families, and provide resources before crisis hits."***
>
> ***"Kids are traumatized by life outside of school, and the classroom is the most stable place they have. It's hard to pick up and say, 'today we're going to do algebra' when their basic needs aren't being met."***

Sources: *Spoth, R., Trudeau, L., Guyll, M., Shin, C., & Redmond, C. (2009). Universal intervention effects on substance use among young adults mediated by delayed adolescent substance initiation. American Journal of Public Health, 99(11), 2048–2054. https://doi.org/10.2105/AJPH.2008.145581, Jones, T. M., et al. (2020). Implementation of Youth Mental Health First Aid: A school-based early intervention. School Mental Health, 12(3), 544–556. https://doi.org/10.1007/s12310-020-09392-8*

Exhibit A, Strategy 8 – Post-Overdose Response Teams (***PORT***)

- Respond to overdose survivors within 24–72 hours
- Pair peer recovery support and clinical navigation
- Partner with EMS, ERs, law enforcement

> ***"When someone overdoses and survives, reaching them quickly is key. Otherwise, they're gone."***
>
> ***"We're missing the window after an OD. People are most open right then."***
>
> ***"They patched me up and let me walk out. I went straight to score."***

Source: *Barocas, J. A., et al. (2022). Post–overdose outreach strategies and linkage to treatment. Drug and Alcohol Dependence, 231, 109278. https://doi.org/10.1016/j.drugalcdep.2022.109278*

Exhibit A, Strategy 11– Expanding Treatment for People in Jail

> *"We need real treatment options inside, not just drug classes. Medications save lives while people are in jail and after they leave."*
>
> *"After jail, people with opioid addiction end up right back where they started because there's no follow-up and no meds."*

North Carolina's MOA **prioritizes jail-based addiction care as a "high-impact strategy"** and **specifically names support for MOUD inside detention facilities**.

National studies show that jail-based MOUD programs **increase engagement in community-based treatment after release by over 60%**.

Providing MOUD in correctional settings **reduces risk of overdose death by 75–85%** in the first weeks post-release and **cuts recidivism rates**.

Source: *Final NC Opioid MOA, Exhibit A, Strategy 11; Brinkley-Rubinstein, L., McKenzie, M., Macmadu, A., et al. (2018). A randomized trial of methadone initiation prior to release from incarceration. American Journal of Public Health, 108(6), 811–817. https://doi.org/10.2105/AJPH.2018.304403; National Academies of Sciences, Engineering, and Medicine. (2019). Medications for Opioid Use Disorder Save Lives. https://doi.org/10.17226/25310*

Exhibit A, Strategy 3 – Peer Recovery Support Services

- Expand peer roles across systems: courts, jails, hospitals, treatment
- Build sustainable infrastructure for supervision, training, and payment
- Value lived experience alongside clinical care

"Having a peer coach made all the difference for me. They understand what it's like and made me feel comfortable."

"People trust those who've been through it. It worked for my son when nothing else did."

"You need someone who knows the system but also knows the streets. That's what a peer is."

Source: *Watson, D. P., et al. (2023). Peer support services for recovery from substance use disorders: A review of the evidence. Substance Abuse, 44(2), 123–134. https://doi.org/10.1080/08897077.2022.2041593*

Exhibit B, Strategy E.8 – Support for Children and Families Affected by Addiction

Provide trauma-informed support for children, caregivers, and families

Integrate behavioral health, school supports, and wraparound care

Prevent intergenerational cycles of addiction

> ***"If we take the individual with the substance use disorder out of the family unit, the unit itself never gets healing."***
>
> ***"Barriers are not just for the people with substance use disorder. They absolutely affect the whole family."***
>
> ***"Substance use impacts the entire family… the trauma doesn't just go away when someone stops using."***

Sources: *Brensilver, M., Heinzerling, K. G., & Shoptaw, S. (2013). Pharmacotherapy of adolescent substance use disorders. CNS Drugs, 27(10), 827–841. https://doi.org/10.1007/s40263-013-0093-3 Lang, J. M., Campbell, K., & Vanerploeg, J. (2015). Trauma-Informed Care: A Paradigm Shift Needed for Services with Families. Families in Society, 96(3), 155–162. https://doi.org/10.1606/1044-3894.2015.96.21 Patrick, S. W., Barfield, W. D., & Poindexter, B. B. (2023). Neonatal opioid withdrawal syndrome and family-centered care: A policy statement. Pediatrics, 151(4), e2022057997. https://doi.org/10.1542/peds.2022-057997*

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Exhibit A, Strategy 7 – Naloxone Distribution

- Normalize community-wide naloxone access, education, and use through expanded availability and training
- Integrate with schools, businesses, libraries, and faith centers
- Train family members, peers, and youth

"I know people who died because nobody had Narcan."

"Community members have to know where to get Naloxone and not be scared to ask for it."

"My sister didn't carry it because she thought it meant she was still using."

Source: *Wheeler, E., et al. (2015). Opioid overdose prevention programs providing naloxone to laypersons — United States, 2014. Morbidity and Mortality Weekly Report, 64(23), 631–635.* https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm

Exhibit A, Strategy 4 – Recovery Housing

- Increase safe, recovery-friendly housing options
- Prioritize access for MOUD participants
- Integrate housing with employment and peer supports

"People relapse because they go straight from jail to the street."

"There aren't safe places to go, especially if you're on medication for addiction."

"Even halfway houses told me no because of my prescription."

Source: *Jason, L. A., & Ferrari, J. R. (2010). Oxford House recovery homes: Characteristics and effectiveness. Psychological Services, 7(2), 92–102. https://doi.org/10.1037/a0019180 National Academies of Sciences, Engineering, and Medicine. (2022). Medications for opioid use disorder save lives. https://doi.org/10.17226/25310*

Exhibit B, Strategy 12 – Support Stigma Reduction Efforts

B.12 Option B Strategy: Support stigma reduction efforts regarding treatment and support for persons with opioid use disorder (OUD), including reducing the stigma on effective treatment.

- **Why focus on stigma?**
  - *Stigma is a major treatment barrier*: Nearly **2 out of 3 people** with substance use disorders cite stigma as a primary reason for not seeking care.
  - Stigma in healthcare and community settings leads to **higher relapse rates, reduced treatment retention, and worse health outcomes**.
  - Campaigns and staff initiatives to reduce stigma have been shown to **increase treatment uptake by up to 20%** and foster more supportive, equitable communities.
- **Implementation includes:**
  - **Community education/media campaigns to reframe** OUD as a medical condition, not a moral failing.
  - **Training for public staff, healthcare, and community organizations on nonjudgmental, recovery-oriented approaches.**
  - **Engagement of people with lived experience in planning and public messaging** to promote empathy and accurate understanding.

Source: *Substance Abuse and Mental Health Services Administration. (2020). Stigma and Substance Use Disorders. https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/sud-stigma-tool.pdf McGinty, E. E., & Barry, C. L. (2020). Stigma reduction to combat the addiction crisis — Developing an evidence base. New England Journal of Medicine, 382(14), 1291–1292. https://doi.org/10.1056/NEJMp1917360 NC Opioid Settlement MOA, Exhibit B.12.*

Exhibit A, Strategy 9 – Syringe Services and Harm Reduction

Reduce infectious disease through clean syringe access	Offer education, testing, referrals, and care	Reduce stigma and increase safety

> ***"We have too many new cases of hepatitis C that could have been prevented."***
>
> ***"If folks are going to use, at least help them do it safely and find help if they want it."***
>
> ***"My buddy re-used the same needle five times. He's in the hospital now."***

Source: *Des Jarlais, D. C., & Carrieri, P. (2023). Syringe service programs in the United States: History and effectiveness. Harm Reduction Journal, 20(1), 1–12. https://doi.org/10.1186/s12954-023-00729-y Centers for Disease Control and Prevention. (2021). Summary of information on the safety and effectiveness of syringe services programs.*

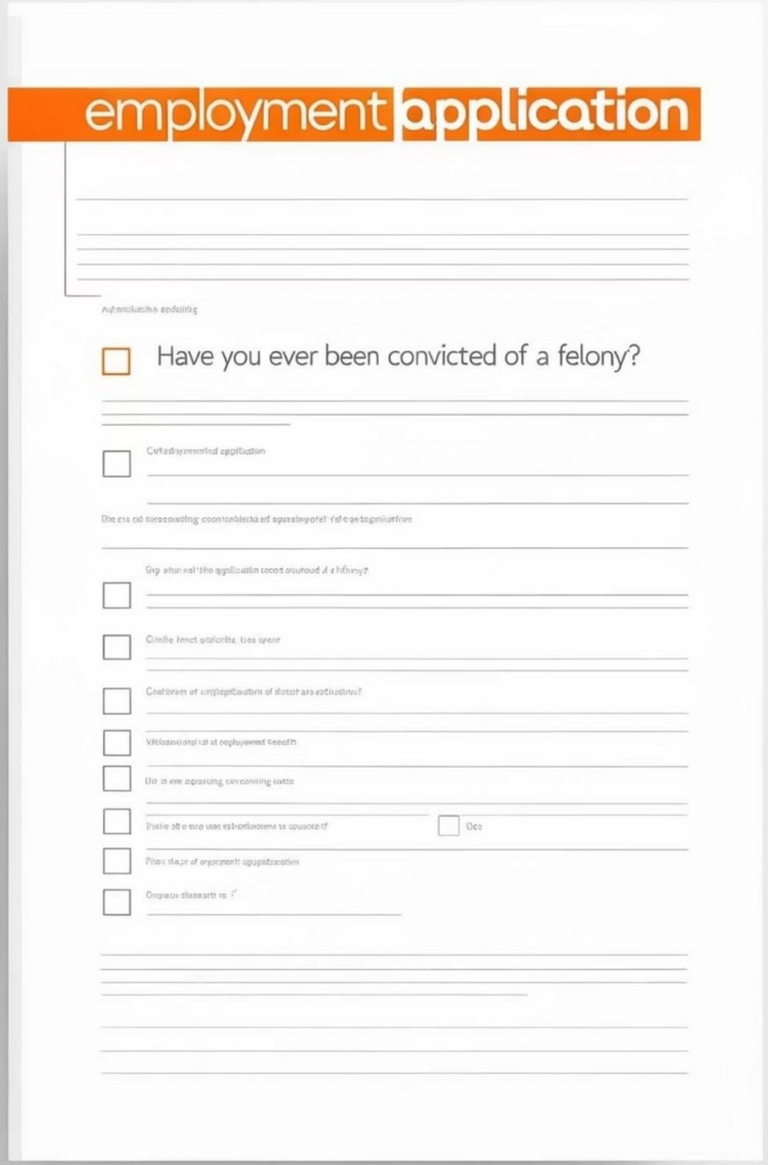
Exhibit A, Strategy 5 – Employment-Related Services

- Support job placement, coaching, and re-entry programs
- Partner with employers and workforce development boards
- Address barriers like records and gaps in employment

"Trying to get a job with a record and gaps in work history—everyone just says no."

"Having work was what finally kept me focused on recovery."

"You can't restart your life if you can't pay rent."



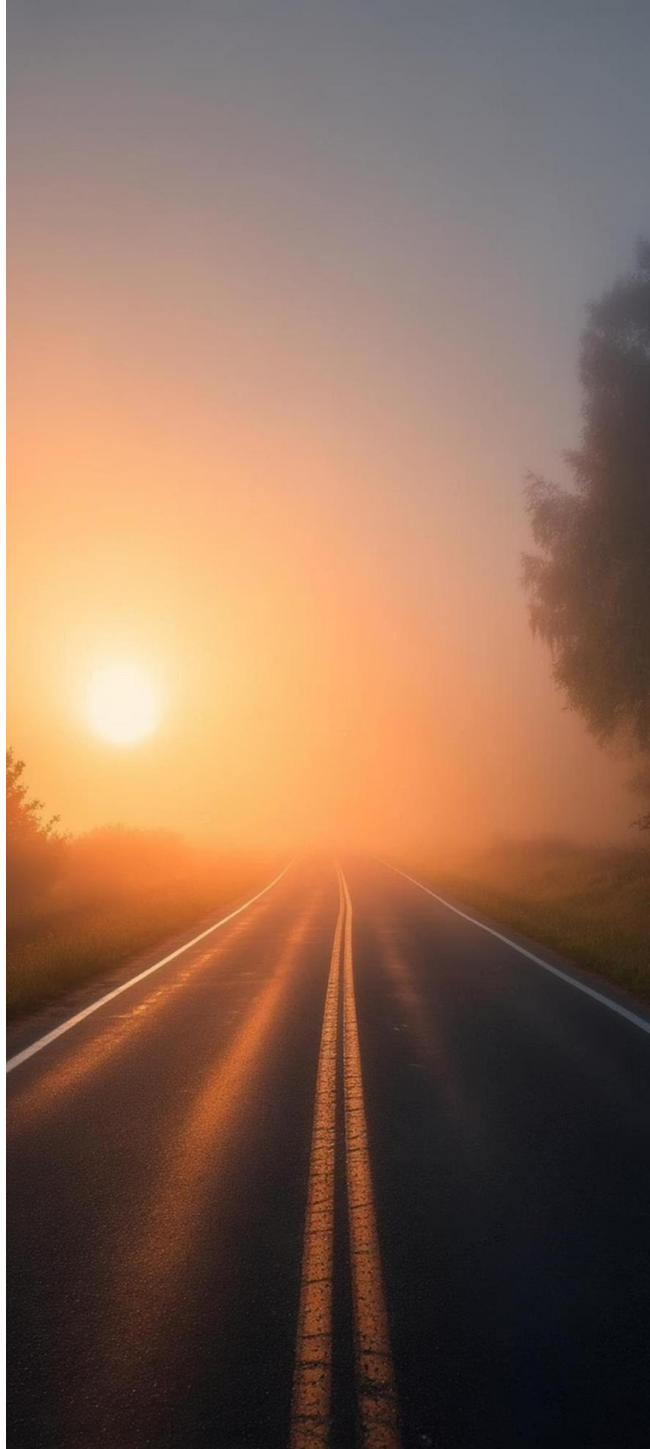
Source: *Tzablah, C. A., et al. (2023). Employment as a predictor of recovery from opioid use disorder. Journal of Substance Abuse Treatment, 149, 108997. https://doi.org/10.1016/j.jsat.2023.108997*

Exhibit A, Strategy 5 (Expanded) & Option B – Transportation Support for Treatment, Recovery, and Employment

- Transportation is a fundable strategy under both Exhibit A (employment support) and Exhibit B (treatment/recovery access)
- Supports access to MOUD, appointments, job interviews, and community recovery supports
- Examples include ride vouchers, fuel cards, shuttles, or transit partnerships
- Essential for rural and underserved residents facing logistical barriers

> ***"If there's no ride, there's no treatment. It's that simple."***
>
> ***"You can have the best clinic in the world, but if folks can't get there, what's the point?"***
>
> ***"A $10 gas card would've changed everything that week."***

Sources: *Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling towards disease: Transportation barriers to health care access. Journal of Community Health, 38(5), 976–993.* https://doi.org/10.1007/s10900-013-9681-1



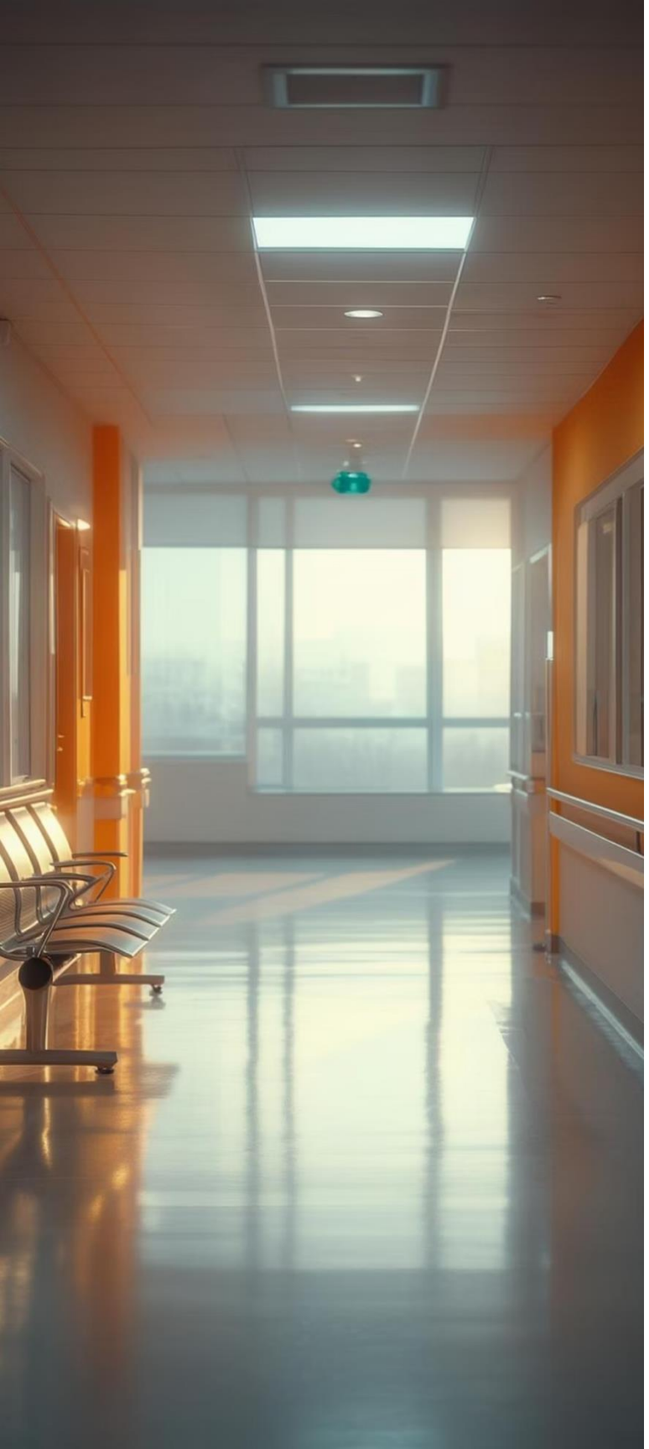


Exhibit B, Strategy C-6 – Emergency Room & Hospital Staff Training in SUD

- Train hospital providers in substance use care, stigma, and response
- Embed quick-start treatment options (e.g., buprenorphine)
- Improve care transitions post-ED visit - Build upon current peer placement

"There's a lack of comfort and training in the ER about how to talk to people with addiction."

"After someone overdoses, the ER could do more than just patch them up and send them out."

"I walked out with an IV still taped to my arm. No one said a word about recovery."

Source: *D'Onofrio, G., O'Connor, P. G., Pantalon, M. V., et al. (2023). Emergency department–initiated buprenorphine for opioid dependence: A randomized clinical trial. JAMA Network Open, 6(3), e234567.* https://doi.org/10.1001/jamanetworkopen.2023.4567

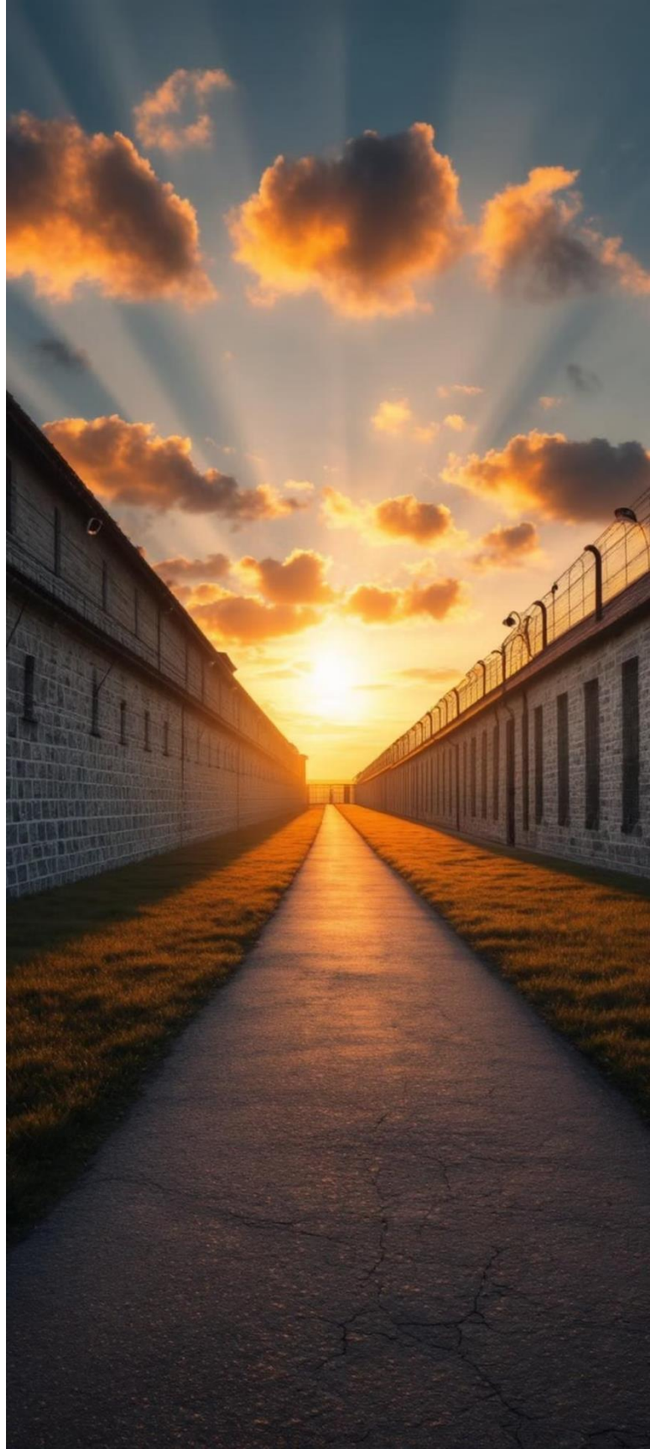
Exhibit A, Strategy 10 – Criminal Justice Diversion Programs

- Recovery court is overdue in a county with the **third highest hospital intake for OD in the state**
- **Expand diversion options** for people with SUD
- **Reduce reliance on jail for behavioral health issues**
- Link participants to **community-based care**

"Jail just makes things worse, not better. We need real options for people with addiction issues."

"Every time someone cycles in and out, the problem just grows."

"You come out angrier, sicker, and with nothing but a bus ticket."



Source: *Marr, M. (2022). The role of diversion programs in reducing criminalization of substance use. Substance Use & Misuse, 57(9), 1354–1363. https://doi.org/10.1080/10826084.2022.2047876*

Exhibit B, Strategy H-7 – Education on Good Samaritan Laws

- Increase public knowledge of protections under the law
- Train first responders, peers, and community leaders
- Promote trust in emergency services

"People are afraid to call for help during an overdose. They don't know the law protects them."

"I've tried to tell folks it's safe to call, but they don't believe it."

"They'd rather let someone die than call 911. That's fear, not cruelty."

Source: *Rees, D. I., Sabia, J. J., Argys, L. M., Latshaw, J., & Dave, D. (2017). With a little help from my friends: The effects of Good Samaritan and Naloxone Access laws on opioid-related deaths. Journal of Law and Economics, 60(2), 363–412. https://doi.org/10.1086/697445*

Supporting the Full Continuum of Care: *15 Opioid Strategies*

Prevention

- Community education campaigns
- School- and youth-focused programs
- Engagement of families, faith leaders, community groups

Harm Reduction

- Syringe service programs (SSPs)
- Naloxone distribution and overdose education
- Fentanyl test strips and other tools
- Collaboration with law enforcement and first responders

Treatment

- Support for Medications for Opioid Use Disorder (MOUD)
- Access to evidence-based outpatient/inpatient care
- Warm hand-offs and coordinated referrals
- Recovery courts and judicial diversion programs

Recovery Supports

- Peer support services and recovery coaching
- Recovery housing aligned with national standards
- Job training, housing, and wraparound services
- Family reintegration

Training & Public Education

- Stigma-reduction and trauma-informed care training
- Community/provider education on best practices
- Ongoing evaluation and engagement with lived experience

By implementing a holistic mix of these approaches, the community creates a responsive, resilient system that not only addresses acute opioid risks, but also empowers prevention, sustains recovery, and builds community capacity for long-term change.

Public Forum Announcement

1

Fall 2025

November 6th

6:00 - 7:30 PM

Rutherford County

Government Services Building

2

Community discussion on **final priorities** and **RFA timeline** for *Spring 2026*

3

Format includes:

- *Presentations of Collaborative Strategic Planning findings*
- *Awardee updates*
- *Opportunities for public input*