

RUTHERFORD COUNTY

RUTHERFORD COUNTY COLLABORATIVE STRATEGIC PLANNING RECOMMENDATIONS

PRESENTED TO

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GATESPRING



Rutherford County Collaborative Strategic Planning Recommendations

Prepared for County Commissioners

Presented by Gatespring – Scott Luetgenau, MSW, LCAS, CSI

Over the past year, Rutherford County and Gatespring have completed a collaborative strategic planning process to guide how opioid settlement funds should be invested for maximum impact. More than 75 stakeholders participated, including people with lived experience, providers, law enforcement, healthcare leaders, and community members. This process reviewed state and national data, included multiple site visits, and was anchored in community interviews.

The outcome is a set of 15 recommended strategies aligned with the North Carolina MOA. These strategies balance prevention, treatment, harm reduction, and recovery support. Each strategy listed below will have a synopsis of the MOA-approved strategy, external research/evidence citations supporting the strategy, and a quote from the community interviews conducted in Rutherford County over the past year.

Approval of these recommendations will:

- Finalize the county's collaborative process.
- Authorize submission of strategies to the State.
- Unlock the ability to fund both Exhibit A and Exhibit B strategies, addressing urgent needs like transportation, stigma, housing, and family supports.
- Position Rutherford to release Requests for Applications (RFAs) in spring 2026, ensuring investments match community needs.

Recommended Strategies

1. Early Intervention for Youth

Synopsis: Prevention is most effective when it begins early and is reinforced consistently. Evidence-based school and family programs build protective factors while reducing the likelihood of later substance use. Investing in youth lowers long-term costs in healthcare, education, and justice systems.

Evidence: Youth interventions reduce the risk of future substance use disorders by 30–50% and yield \$7–10 in savings for every \$1 invested (Spoth et al., 2009; Jones et al., 2020).

Community Voice:

“The only way to break generational cycles is to start early” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

Recommended Strategies (cont.)

2. Family and Children Supports

Synopsis: Addiction impacts entire families, not only the individual using substances. Trauma-informed services for parents and children strengthen resilience and reduce the risk of future substance use. Providing family-centered care builds long-term stability and healthier communities.

Evidence: Family-based programs reduce relapse and improve child well-being (Lang et al., 2015; Patrick et al., 2023).

Community Voice:

“Substance use impacts the entire family, the trauma does not just go away” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“Support the whole family or we keep spinning our wheels” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

3. Recovery Housing

Synopsis: Stable housing is essential for recovery, yet many people are denied housing if they are prescribed MOUD. Residences tied to treatment, employment, and transportation help people stay sober and avoid homelessness. Recovery housing reduces relapse risk and builds community safety.

Evidence: Recovery residences improve abstinence rates by 10–25% and reduce criminal justice involvement (Jason & Ferrari, 2010; Polcin et al., 2010).

Community Voice:

“Safe housing is the difference between resetting and relapsing” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

4. Employment-Related Services

Synopsis: Employment provides income, purpose, and accountability, all of which sustain recovery. Recovery-friendly job programs combine workforce development with treatment support. Communities that invest in employment services see stronger long-term recovery outcomes.

Evidence: Employment is one of the strongest predictors of sustained recovery (Tzablah et al., 2023).

Community Voice:

“Having work was what finally kept me focused on recovery” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

Recommended Strategies (cont.)

5. Transportation Supports

Synopsis: Lack of transportation prevents people from accessing treatment, court, or jobs. Even a small barrier, like gas money, can derail recovery. Providing vouchers, ride-shares, and rural transit connects people to the care and services they need.

Evidence: Transportation is a top barrier to care in rural areas, and its absence leads to missed visits and poorer health outcomes (Syed et al., 2013).

Community Voice:

“A \$10 gas card would’ve changed everything that week” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“No bus. No car. No care” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

6. Criminal Justice Diversion (Recovery Court)

Synopsis: Recovery courts divert individuals from jail into treatment, accountability, and support services. They reduce costs while improving outcomes for participants and the broader community. Treating addiction as a health issue rather than a crime is proven to reduce repeat offenses.

Evidence: Recovery courts reduce recidivism by up to two-thirds and generate \$2–3.36 in savings for every \$1 invested (National Institute of Justice, 2008; Marr, 2022).

Community Voice:

“Jail just makes things worse, not better. We need real options” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

7. Post-Overdose Response Teams (PORT)

Synopsis: Survivors of an overdose are at the highest risk of a repeat event in the following days. PORTs reach people quickly and provide connections to treatment, naloxone, and social support. Meeting people at this “reachable moment” saves lives.

Evidence: PORTs reduce overdose deaths by 21% and increase referrals to treatment (Jackson, 2023; Centers for Disease Control and Prevention [CDC], 2024).

Community Voice:

“They patched me up and let me walk out. I went straight to score” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“We have to meet people the day it happens, not three weeks later” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

Recommended Strategies (cont.)

8. Naloxone Saturation

Synopsis: Naloxone is the fastest and most effective tool for reversing overdoses. Making it widely available normalizes prevention and ensures families and bystanders can save lives. Broad saturation reduces stigma while protecting the community.

Evidence: Community naloxone distribution reduces overdose deaths by up to 37% (Wheeler et al., 2015; Zhao et al., 2024).

Community Voice:

“I know people who died because nobody had Narcan” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“Everyone needs a kit. Everyone needs to know how to use it” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

9. Syringe Service and Harm Reduction Programs

Synopsis: Syringe services prevent the spread of disease and connect people to treatment and healthcare. They save money by avoiding costly hospitalizations for preventable infections. These programs also serve as trusted entry points into the healthcare system.

Evidence: SSPs reduce HIV and Hepatitis C transmission by 50–80% and increase treatment entry 3.5 times (Des Jarlais & Carrieri, 2023; CDC, 2024).

Community Voice:

“We have too many new cases of hepatitis C that could have been prevented” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

10. Peer Recovery Support Services

Synopsis: Peers use their lived experience to connect with people who distrust traditional providers. They guide individuals through care, reduce isolation, and model hope. Communities that invest in peer services see better treatment retention.

Evidence: Peer recovery support improves engagement, retention, and recovery outcomes (Watson et al., 2023).

Community Voice:

“Having a peer coach made all the difference for me” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“Peers get through where clinicians can’t” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

Recommended Strategies (cont.)

11. Expand Access to Medications for Opioid Use Disorder (MOUD)

Synopsis: MOUD is the gold standard for treating opioid addiction. Expanding same-day starts, mobile treatment, and telehealth prescribing prevents delays that can cost lives. Ensuring access aligns Rutherford with proven best practices.

Evidence: MOUD reduces overdose mortality by more than 50% (Sordo et al., 2017; Volkow & Blanco, 2023). Every \$1 invested yields up to \$12 in savings (National Institute on Drug Abuse [NIDA], 2022).

Community Voice:

“I had to wait 19 days to get on bupe. That was 18 days too long” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“People are dying waiting for care. We need treatment that starts now” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

12. Jail-Based Treatment Expansion

Synopsis: The weeks after leaving jail are among the most dangerous for people with opioid use disorder. Providing MOUD in jail and continuing treatment upon release prevents overdoses and improves community safety. This strategy recognizes addiction as a treatable disease.

Evidence: Jail-based MOUD reduces overdose death risk after release by up to 85% and increases community engagement in treatment (Brinkley-Rubinstein et al., 2018; National Academies of Sciences, Engineering, and Medicine, 2019).

Community Voice:

“We need real treatment options inside, not just drug classes” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“We lose too many in the first weeks after release” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

13. Emergency Department and Hospital Training

Synopsis: Hospitals are often the first point of contact during an overdose or crisis. Training staff to start buprenorphine and provide compassionate care turns the ED into a gateway for recovery. Without this step, many patients leave untreated and return to unsafe use.

Evidence: ED-initiated buprenorphine increases treatment engagement and lowers illicit opioid use (D’Onofrio et al., 2023).

Community Voice:

“I walked out with an IV still taped to my arm. No one said a word about recovery” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“The ED is the front door. Start treatment there” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

Recommended Strategies (cont.)

14. Stigma Reduction Initiatives

Synopsis: Stigma is one of the greatest barriers to treatment. Campaigns and training can shift perceptions of addiction to a health condition rather than a moral failing. Reducing stigma increases treatment entry and retention.

Evidence: Stigma reduction campaigns improve treatment uptake by up to 20% (McGinty & Barry, 2020).

Community Voice:

“People think addiction is a choice. They don’t see the work it takes to get better” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

“We don’t fix outcomes if people feel judged at the door” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

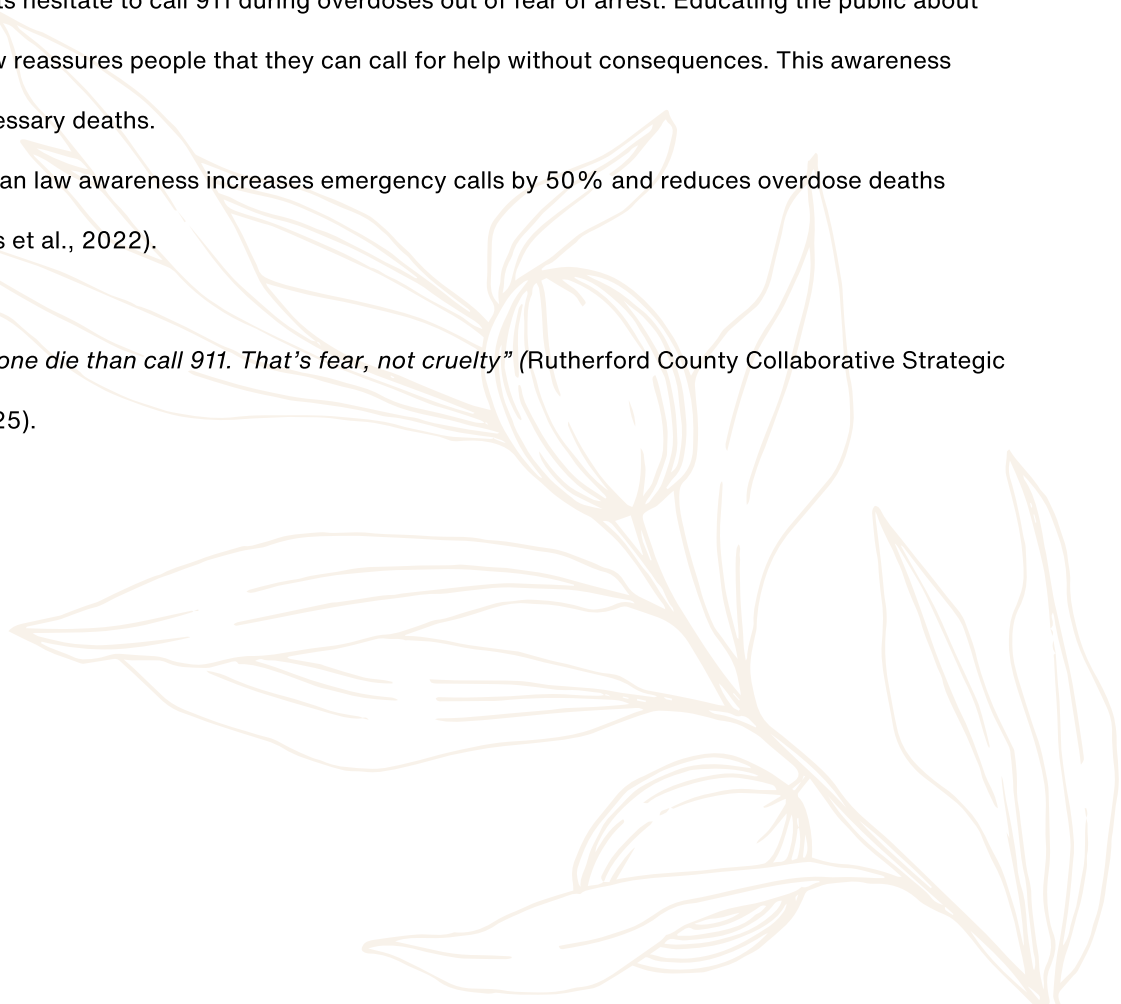
15. Good Samaritan Law Education

Synopsis: Many residents hesitate to call 911 during overdoses out of fear of arrest. Educating the public about the Good Samaritan Law reassures people that they can call for help without consequences. This awareness directly prevents unnecessary deaths.

Evidence: Good Samaritan law awareness increases emergency calls by 50% and reduces overdose deaths (Rees et al., 2017; Jones et al., 2022).

Community Voice:

“They’d rather let someone die than call 911. That’s fear, not cruelty” (Rutherford County Collaborative Strategic Planning Interviews, 2025).



Closing

Rutherford County's overdose crisis is severe. The county's ED overdose visit rate is 117.5 per 100,000, more than double the state average (North Carolina Department of Health and Human Services [NC DHHS], 2025). Young adults are particularly impacted, facing overdose rates three times higher than other age groups (NC DHHS, 2025).

By approving these 15 recommendations, commissioners will:

- Endorse a comprehensive, evidence-based, and community-driven strategy.
- Unlock both Exhibit A and Exhibit B strategies for implementation.
- Position Rutherford to issue RFAs in spring 2026 that respond directly to local needs and are designed for maximum impact/efficiency of resources.

“It is going to take the community, it is going to take a real collaborative effort, and it is going to take putting the politics aside. Everybody is going to have to get on the same page” (Rutherford County Collaborative Strategic Planning Interviews, 2025).

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Alone we can do so little;
together we can do so much

-HELEN KELLER



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