

Welcome!

The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence-based training and offering technical assistance to professionals and community members alike. Whether you're a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.

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The role of Rural Community Partners in Addressing the Opioid Crisis

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Presenter Disclaimer

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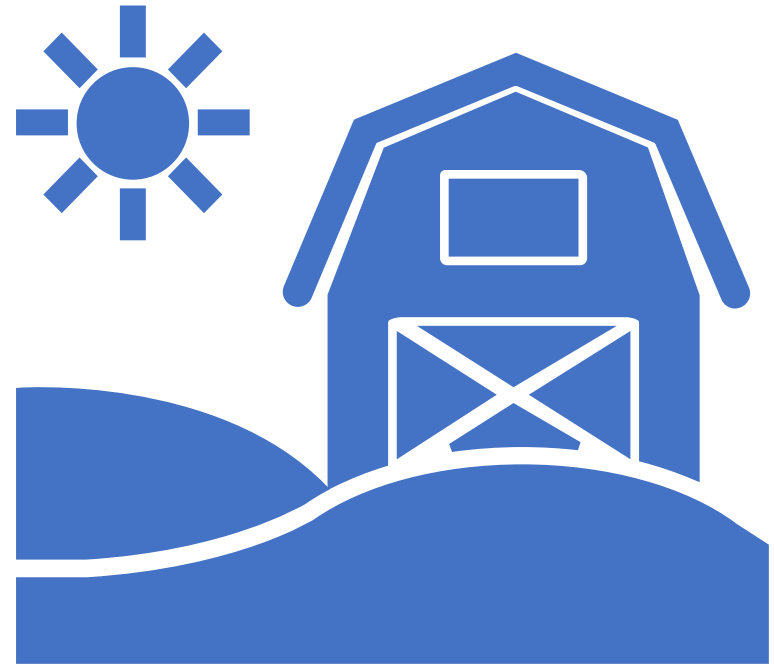
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Objectives:

- *Showcase the vital contributions of rural partners—such as nonprofits, faith-based groups, schools, and local leaders—in prevention, treatment, and recovery efforts.*
- *Present real-world examples and proven strategies that rural communities have successfully implemented to combat opioid misuse.*
- *Provide attendees with practical tools, and collaborative models to strengthen local responses and build sustainable solutions.*

What Makes Rural Communities Vulnerable

- *Health disparities.*
- *Healthcare access challenges.*
- *Disaster recovery difficulties.*
- *Persistent poverty.*
- *Demographic challenges.*



Specific Barriers to Care in Rural Communities

Shortage of
healthcare
professionals.

Limited
treatment
facilities.

Stigma and
social isolation.

Financial and
insurance
restrictions.

Technology and
telemedicine
gaps.

Co-occurring
mental health
disorders.

Cultural and
linguistic
barriers.

Hospital
closures.



SUD and OUD Impact on Families

Emotional strain

Child welfare
challenges

Intergenerational
trauma

Financial
hardship

SUD and OUD Impact on Communities



*WORKFORCE
DECLINE*



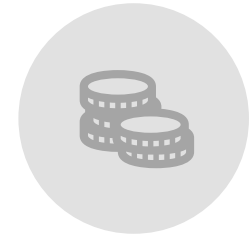
*HEALTHCARE
SYSTEM
STRAIN*



*LAW
ENFORCEMENT
BURDEN*



*SOCIAL
COHESION
EROSION*



*ECONOMIC
COSTS*

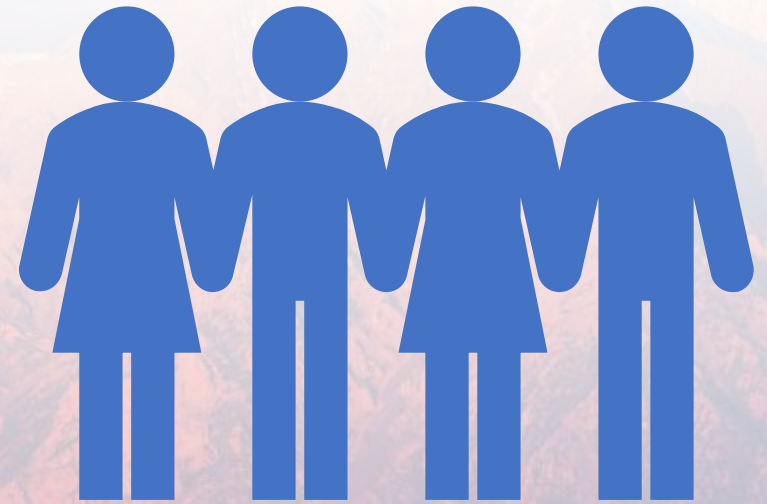


Example of Ripple Effects

Area of Life	Family Impact	Community Impact
Emotional wellbeing	Trauma, grief, anxiety	Stigma, reduced trust
Child welfare	More foster care placements	Overburdened social services
Economy	Loss of household income	Decline in workforce productivity
Healthcare	Delayed treatment access	Strained rural hospitals
Safety	Family instability	Law enforcement stretched thin

Resource: Matthews KA, Spears KS, Anderson-Lewis C. Rural Health Disparities: Contemporary Solutions for Persistent Rural Public Health Challenges. *Prev Chronic Dis* 2025;22:250202. DOI: <http://dx.doi.org/10.5888/pcd22.250202>

Rural Community Partners



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Healthcare Providers and Community Health Centers

Rural hospitals, clinics, primary care doctors, nurses, and behavioral health specialists deliver treatment and recovery services.

- *Programs like HRSA's Rural Communities Opioid Response Program (RCORP) have expanded provider capacity.*



Resource:

<https://www.hrsa.gov/sites/default/files/hrsa/rural-health/rhd-2023-addressing-sud-in-rural-communities.pdf>

• CDC Opioid Use Disorder- Rural Policy Brief - <https://www.cdc.gov/rural-health/php/policy-briefs/opioid-overdoses-policy-brief.html>

• The Role of Community Health Centers in Addressing the Opioid Epidemic - <https://www.kff.org/medicaid/the-role-of-community-health-centers-in-addressing-the-opioid-epidemic/>



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Key Roles of Healthcare Providers

- *Prevention education.*
- *Screening and early intervention.*
- *Medication-assisted treatment (MAT).*
- *Prevention initiatives.*
- *Recovery support*
- *Telehealth expansion:*

Challenges in Rural Healthcare

- *Workforce shortages.*
- *Limited treatment facilities.*
- *Transportation barriers.*
- *Stigma.*

Local Governments

Key Roles

- *Policy leadership.*
- *Funding coordination.*
- *Public health infrastructure.*
- *Cross-sector convening.*
- *Emergency response.*
- *Community engagement.*

Why Local Governments Are Especially Important in Rural Areas

- *Limited resources.*
- *Trusted leadership.*
- *Flexibility.*
- *Sustainability.*

Schools and Educators

Key Roles

- Prevention education.
- Early identification.
- Family engagement.
- Mental health support.
- Community collaboration.
- Resilience building.

Why Schools Are Especially Important in Rural Areas

- Trusted institutions.
- Limited healthcare access.
- Youth focus.
- Stigma reduction.



Libraries

Why Libraries Are Effective Partners

- *Trusted community hubs.*
- *Accessible resources.*
- *Information and education.*
- *Partnerships with prevention groups.*
- *Digital literacy and workforce support*
- *Community conveners*



Faith Based Organizations

Key Roles

- Trusted support networks.
- Counseling and spiritual care.
- Recovery programs.
- Community convening.
- Practical assistance.
- Advocacy and education.

Why They are Especially Important in Rural Areas

- Accessibility.
- Stigma reduction.
- Family-centered approach.
- Volunteer power.

Peer Recovery Specialists

Key Roles of Peer Recovery Specialists

Lived experience support.

Stigma reduction.

Navigation of services.

Crisis support.

Community integration.

Advocacy.

Why They're Especially Important in Rural Areas

Trust and relatability.

Workforce shortages.

Accessibility.

Long-term recovery.

First Responders

Key Roles

- Overdose reversal.
- Emergency stabilization.
- Data collection.
- Community education.
- Connection to services.
- Collaboration.

Why They're Especially Important in Rural Areas

- Geographic challenges.
- Limited healthcare access.
- Trusted presence.



Law Enforcement

Key Roles

- Overdose response.
- Diversion programs.
- Community policing.
- Collaboration with healthcare.
- Education and prevention.
- Supply disruption.

Why Law Enforcement Is Especially Important in Rural Areas

- Limited resources.
- Geographic reach.
- Trust and visibility.
- Safety and security.



Community Coalitions

Key Roles of Community Coalitions

- Cross-sector collaboration
- Local leadership.
- Needs assessment.
- Program development.
- Advocacy.
- Sustainability

Why Coalitions Are Especially Important in Rural Areas

- Resource pooling.
- Community trust.
- Flexibility.
- Holistic approach.



Non-Profit and National Network

Key Roles of Nonprofits

- Direct services.
- Education and prevention.
- Capacity building.
- Grant management.

Key Roles of National Networks

- Advocacy.
- Technical assistance.
- Data and research.
- Peer connections.

Why They're Especially Important in Rural Areas

- Resource gaps.
- Scalability.
- Sustainability.

Rural Collaborative Models and Frameworks



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Recovery-Oriented Systems of Care (ROSC)

A community-wide model that integrates services across the full continuum—from prevention through long-term recovery.

Key features:

- Creates a network of *connected, community-based services* (prevention, treatment, recovery supports).
- Emphasizes *person-centered care, peer support, trauma-informed practices, and integration with primary care.*
- Addresses social determinants (housing, employment, transportation) to improve sustainability. This model is particularly applicable in rural settings because it builds on existing community resources and partnerships rather than isolated programs.

Resource: <https://www.ruralhealthinfo.org/toolkits/substance-use/2/recovery/rosc>

Rural Centers of Excellence (RCORP) Partnership Framework

Funded through the federal Rural Centers of Excellence on Substance Use Disorders, this model fosters cross-sector collaborative networks focused on prevention, treatment, and recovery.

How it works:

- Academic and clinical partners work with local agencies, health providers, and community groups to **adapt evidence-based practices** to rural contexts.
- Focus areas include stigma reduction, access to medication-assisted treatment (MAT), recovery housing supports, and workforce development.
- Offers *training, technical assistance, and best practice dissemination* for rural coalitions and providers.

Resource: <https://www.hrsa.gov/rural-health/opioid-response/rcoe-sud>

Community Coalitions & Planning Models

Rural communities often form coalitions that bring together diverse stakeholders (health, law enforcement, schools, faith groups, recovery peers) to build coordinated responses.

Examples and components:

- **Communities That Care (CTC):** A structured, data-driven prevention planning system that engages community stakeholders to assess needs, select evidence-based programs, and track outcomes.
- Local coalitions that map community strengths, identify gaps, and plan integrated prevention and recovery supports.
- Coalitions often drive shared goals, pooled resources, and sustainability planning.

Resource: <https://nopn.org/guide/rural/partnerships>

Integrated Service Partnerships

Rural SUD programs increasingly link healthcare, social supports, and community partners so individuals receive more than treatment alone.

Examples of partnerships:

- Health care providers collaborating with EMS, law enforcement, and clinics to support screening, brief intervention, and referral to treatment (SBIRT).
- Agreements between recovery services and courts, housing agencies, job training programs, and transportation services to reduce barriers to care.
- Rural peer recovery support initiatives connected with treatment courts and workforce supports (e.g., through training and resource navigation).

Community Reinforcement & Family-Centered Collaboration

While not a “system” in itself, approaches like Community Reinforcement and Family Training (CRAFT) involve families and social networks as partners in the recovery process.

Why it is useful:

- Strengthens **informal support systems**, building motivation and engagement for treatment.
- Encourages broader community participation and resilience building around individuals in recovery.



Recovery Community Organizations (RCOs) & Housing Initiatives

RCOs—often grassroots partner networks—provide peer support, advocacy, and community building.

Typical roles in rural ecosystems:

- Partnering with *local businesses, healthcare providers and academic institutions.*
- Organizing *peer support groups, volunteer training, community education, and fundraising.*
- Catalyzing **sober living and recovery housing solutions** tailored to rural needs and geography.

Tips for Effective Rural Collaboration

To build and sustain these models locally, rural areas often leverage:

- **Shared governance structures or MOUs** that formalize cross-organizational roles and responsibilities.
- **Telehealth and mobile support services** to overcome distance barriers.
- **Peer and lived experience leadership** in program design and outreach.
- **Asset mapping and community needs assessments** to guide strategic planning and avoid service duplication.

In Summary

Rural
recovery
ecosystem
collaborations
work best
when they:

Integrate multiple sectors (healthcare, social services, justice, education, business).

Center lived experience and peer support.

Embed sustainability through formal partnerships, shared goals, and capacity building.

Adapt evidence-based frameworks like ROSC and RCORP partnerships to local rural conditions.



Case Study: Recovery Ecosystem Model of Care (REMC) Appalachian Region



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The Challenge

Location:

Pilot sites in Kentucky, West Virginia, and Ohio (rural Appalachian counties)

Lead Agency: The U.S. Department of Labor (DOL)

Appalachian communities were experiencing:

- High rates of opioid and substance use disorders
- Workforce shortages
- Limited treatment access in rural counties
- Few coordinated pathways connecting recovery to employment

Traditional approaches treated recovery and workforce development separately, resulting in fragmented services.

The Collaborative Model

The Recovery Ecosystem Model of Care (REMC) was designed as a cross-sector rural partnership framework integrating:

1-Treatment & Healthcare

- Medication-assisted treatment (MAT) providers
- Behavioral health clinics
- Primary care providers
- Telehealth partners

2-Workforce & Economic Development

- Community colleges
- Workforce development boards
- Employers
- Apprenticeship programs

3-Recovery & Social Supports

- Peer recovery coaches
- Recovery community organizations (RCOs)
- Housing providers
- Transportation services

How the Model Works

Instead of operating independently, partners form a regional recovery ecosystem network with shared governance, coordinated referral systems, and joint planning.

Key strategies included:

- **Recovery-to-Work Pathways:** Individuals in recovery move directly from treatment into job training and employment pipelines.
- **Employer Engagement:** Businesses participate early, shaping training programs and committing to recovery-friendly hiring practices.
- **Peer Navigation:** Peer specialists guide individuals across treatment, training, and employment systems.
- **Braided Funding:** Blended federal, state, and local funds to sustain operations.

Outcomes Observed

Across pilot regions, the REMC approach demonstrated:

- Increased employment among individuals in recovery.
- Stronger collaboration between healthcare and workforce systems.
- Reduced stigma through employer education.
- Institutionalized cross-agency coordination structures.

Most importantly, communities reported a shift from isolated programming to a true recovery ecosystem model.

Why This Matters for Rural Communities

The REMC case highlights several transferable principles:

- ✓ *Integrate healthcare + workforce + recovery supports*
- ✓ *Build formal cross-sector governance structures*
- ✓ *Include employers as core partners*
- ✓ *Use peer recovery support as a system connector*
- ✓ *Focus on long-term sustainability, not short-term grants*



How It Connects to Other Models

This
case
reflects
elements
of:

Recovery-Oriented Systems of Care (ROSC)

Rural Centers of Excellence (RCORP) partnership structures

Community coalition models

Recovery Community Organization (RCO) leadership

A County-Level Example (Smaller Scale Rural Coalition)



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Case Study: Project Lazarus

Location: Wilkes County, North Carolina (rural Appalachian county)

Lead Convener: Local nonprofit + healthcare and community partners.

The Challenge: In the early 2000s, Wilkes County had one of the highest per-capita opioid overdose death rates in the United States. The county faced:

- High prescribing rates of opioid pain medications
- Limited addiction treatment services
- Stigma surrounding substance use disorder
- Fragmented systems (healthcare, law enforcement, schools working separately)

Rural geography and limited provider capacity compounded these issues.

The Collaborative Model

- *Project Lazarus emerged as a community coalition model grounded in public health and recovery-oriented principles.*
- *Rather than building a single program, the initiative created a countywide ecosystem approach.*

Core Partners Included:

- Primary care physicians and hospital systems
- Local health department
- Law enforcement
- School districts
- Faith leaders
- Treatment providers
- Peer recovery advocates
- Community members and families

Key Strategies Implemented

Strategy	Key Elements
Safer Prescribing & Clinical Engagement	<ul style="list-style-type: none">• Physician education on responsible opioid prescribing.• Implementation of pain management guidelines.• Increased use of medication-assisted treatment (MAT).
Naloxone Distribution	<ul style="list-style-type: none">• Community-wide overdose education.• Naloxone made available to families, law enforcement, and first responders.
Diversion & Supply Reduction	<ul style="list-style-type: none">• Permanent medication drop boxes.• Community awareness campaigns.
Recovery & Peer Support Expansion	<ul style="list-style-type: none">• Linkages between treatment providers and peer recovery supports.• Family education and engagement.
Data-Driven Decision Making	<ul style="list-style-type: none">• Continuous monitoring of overdose rates and prescribing patterns.• Shared data across partners.

Outcomes

Wilkes County saw a significant reduction in overdose deaths in the years following implementation, along with:

- Improved collaboration between agencies*
- Reduced opioid prescribing rates*
- Increased community awareness and reduced stigma*
- Replication of the model in other rural North Carolina counties*



Why This Is a Strong Rural Recovery Ecosystem Example


This case highlights several elements critical to sustainable rural recovery systems:


- ✓ *Community coalition structure (shared ownership).*
- ✓ *Healthcare + public health + law enforcement alignment.*
- ✓ *Prevention, treatment, and recovery supports integrated.*
- ✓ *Peer and family engagement.*
- ✓ *Policy and practice changes embedded locally.*

Importantly, Project Lazarus did not rely on a single funding stream — it evolved through blended funding, strong local leadership, and community buy-in.



Transferable Lessons for Counties

 Start with a neutral convener (health department or trusted nonprofit).

 Use local data to drive urgency and align partners.

 Engage prescribers early.

 Integrate prevention initiatives alongside treatment and recovery supports.

 Build formal communication channels between sectors.

12-Month County Implementation Roadmap



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PHASE 1: Foundation & Alignment (Months 1–3)

Step	Include	Deliverable
Identify a Neutral Convener	County health department, Community foundation, Rural hospital, Trusted nonprofit.	Formal commitment to convene partners and coordinate early planning.
Form a Cross-Sector Leadership Team	Healthcare (primary care, behavioral health, MAT providers), Public health, Law enforcement & courts, EMS, Workforce development board, Community college, Housing providers, Peer recovery representative, Faith/community leaders, Employers.	Steering committee with defined roles and monthly meeting schedule.

PHASE 1: Foundation & Alignment (Months 1–3)

Step	Include	Deliverable
Conduct Rapid Community Assessment	Overdose data (fatal/non-fatal), Treatment capacity, MAT access, Recovery housing inventory, Workforce gaps, Transportation barriers, Stigma indicators.	5–10 page ecosystem snapshot + gap map.
Define Shared Vision & Metrics	Examples: <ul style="list-style-type: none">• Increase treatment access by X%.• Reduce overdose deaths by X%.• Increase employment among individuals in recovery.• Expand peer support capacity.	Written 1-year strategic priorities document.

PHASE 2: Build Core Infrastructure (Months 4–6)

Step	Include	Deliverable
Formalize Partnerships	Draft MOUs between agencies. Establish referral protocols. Define shared data agreements (HIPAA compliant).	Signed partnership agreements + shared referral flowchart.
Implement “No Wrong Door” Referral Pathway	Centralized referral contact or care coordination hub. Standardized screening (SBIRT or equivalent). Warm handoff protocol to treatment & peer supports.	Public-facing service pathway map.

PHASE 2: Build Core Infrastructure (Months 4–6)

Step	Include	Deliverable
Expand Peer Recovery Capacity	Recruit & train peer recovery specialists Embed peers in: <ul style="list-style-type: none">• Emergency department• Court system• DSS offices• Workforce programs	At least 2–3 embedded peer positions.
Launch Quick-Win Initiatives	<ul style="list-style-type: none">• Naloxone distribution expansion.• Medication drop boxes.• Employer recovery-friendly workplace training.• Transportation voucher pilot.	1–2 visible early wins to build momentum.

PHASE 3: Integrate Systems & Expand Access

(Months 7–9)

Step	Include	Deliverable
Strengthen Treatment Access	<ul style="list-style-type: none"> Expand MAT waived providers. Telehealth partnerships. Mobile treatment days. Hub-and-spoke model with regional provider. 	Increased MAT capacity or reduced waitlist.
Develop Recovery-to-Work Pathways	<p>Partner with:</p> <ul style="list-style-type: none"> Workforce development board. Community college. Local employers. <p>Actions:</p> <ul style="list-style-type: none"> Create recovery-friendly hiring pledge. Develop training slots reserved for individuals in recovery. Provide peer-supported job coaching. 	At least one formal employment pipeline agreement.

PHASE 3: Integrate Systems & Expand Access

(Months 7–9)

Step	Include	Deliverable
Address Social Determinants	<ul style="list-style-type: none">• Recovery housing development• Childcare partnerships• Transportation agreements• Legal aid collaboration	Cross-sector resource alignment plan.

PHASE 4: Sustainability & Evaluation (Months 10–12)

Step	Include	Deliverable
Develop Funding Strategy	Blend: State opioid settlement funds, Federal grants, Medicaid billing, Private foundation funding, Employer contributions	2-year sustainability plan.
Launch Public Awareness & Stigma Reduction Campaign	<ul style="list-style-type: none"> • Community town halls • Faith leader engagement • Employer roundtables • Social media campaign • Recovery celebration event 	Public-facing campaign rollout.
Establish Ongoing Data Dashboard	Track: <ul style="list-style-type: none"> • Overdose rates • Treatment engagement • Employment outcomes • Peer contacts • Housing placements 	Quarterly public dashboard report.

12-Month Timeline Snapshot

Quarter	Focus	Milestone
Q1	Organize	Steering committee + needs assessment
Q2	Build	Referral system + peer integration
Q3	Expand	Workforce pathway + MAT growth
Q4	Sustain	Funding plan + dashboard + public campaign

Critical Success Factors in Rural Counties

- ✓ *Strong neutral convener.*
- ✓ *Lived experience leadership at decision table.*
- ✓ *Employer engagement early.*
- ✓ *Quick visible wins to build trust.*
- ✓ *Formalized referral pathways.*
- ✓ *Braided funding strategy.*



An aerial photograph of a vast mountain range during the golden hour of sunset. The peaks are illuminated with a warm, golden light, while the valleys and lower slopes are in deep shadow, creating a dramatic play of light and dark. The sky is filled with soft, wispy clouds, some of which are lit from below, adding to the atmospheric quality of the scene. The overall color palette is dominated by warm oranges, yellows, and deep blues.

Thank You