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Improving Access to Opioid Use Disorder Treatment and Recovery Services for Underserved Populations and Communities

Request for Proposal

Note: The Foundation will be holding an open webinar and Q&A session introducing FORE, and providing information and responding to questions on this Request for Proposal (RFP) on August 1, 2019 at 2:00 PM EST. The link to attend the webinar will be available on the FORE website, www.ForeFdn.org.

I. About the Foundation

Founded in 2018, the Foundation for Opioid Response Efforts (FORE) was established to focus on one urgent public health crisis – the opioid epidemic. Now more than ever, it is critical for us to think creatively, test new approaches, and enhance and expand programs proven to reduce opioid use disorder (OUD). FORE is committed to supporting partners advancing patient-centered, evidence-based solutions addressing the opioid epidemic. With patients at the center, the Foundation is focused on supporting programs and grants in four key areas: provider education, payer strategies, policy initiatives, and public awareness. FORE welcomes the opportunity to explore partnerships and collaborate with all who are dedicated to furthering our goal of accelerating solutions to end this crisis.

II. Introduction

It is estimated that over 47,600 Americans died as a result of an opioid overdose in 2017, including from prescription opioids, heroin, and illicitly manufactured fentanyl.[1] Strikingly, the number of opioid overdoses in America has quadrupled since 1999, according to the U.S. Centers for Disease Control and Prevention.[1] Furthermore, an estimated 2.1 million people aged 12 and older currently suffer from an OUD related to prescription opioid pain relievers or heroin.[2]

Effective treatments for OUD are available. Medication-assisted treatment (MAT), the use of FDA-approved medications in combination with behavioral services, has been shown to reduce fatal overdoses and opioid use, and allow recovery and restoration of healthy function.[3] At a national level, however, only one in nine people who have a substance use disorder (SUD) receive MAT.[2]

[1] U.S. Centers for Disease Control and Prevention, 2018
[2] Substance Abuse and Mental Health Administration, 2017
[3] National Academies of Sciences, Engineering, and Medicine, 2019

Barriers to Treatment

According to the *2017 National Survey on Drug Use and Health*, the most common reason for not receiving SUD treatment was not being ready to stop using.[2] Of those who perceived the need for treatment but did not receive it, 30.3% had no health care coverage and were not able to afford the cost, 20.5% felt that getting treatment would have a negative effect on their job, and 17.2% felt that getting treatment would cause their neighbors or community to have a negative opinion of them. In this way, the social and cultural stigma around addiction, and the need for significant tailored outreach and engagement to address misconceptions, serve as unique barriers to treatment. Additional barriers include financial constraints, limitations of health insurance coverage, a shortage of providers who offer MAT, a lack of wraparound social services necessary for a proper continuum of care, regulatory and legal limitations, and weak data on the quality of addiction treatment services. Further, support services which help maintain people in treatment and recovery are critical components in the continuum of care to improve the effectiveness of treatment yet are not widely available.

Underserved Populations

This public health crisis cuts across all demographics, geographies, and does not discriminate against one type of community. It is recognized that certain populations, less likely to be connected with MAT and ongoing care, have higher mortality rates. To illustrate a consequence of the disparity of need versus availability, opioid overdose deaths in rural areas outpace rates in urban settings, yet most buprenorphine prescribers are in urban locations.[4] White youth are nearly two times more likely to receive treatment for their SUD than their counterparts among people of color.[5] Post-partum women with OUD have the highest rates of overdose 6-12 months after giving birth; women are also less likely than men to be in treatment.[6] Additionally, those involved in the criminal justice system are disproportionately affected by a lack of treatment options and are over forty times more likely to die from an opioid overdose within two weeks post-release.[7] These are examples of some of the specific populations that require increased outreach, access to services, and more tailored or intensive services.

Improving Access to Treatment

Data such as these prompted FORE to convene two program advisory meetings in the first half of 2019 focused on access to treatment, where the Foundation engaged a range of experts to inform our program's strategic plans. Improving access to evidence-based addiction treatment and recovery support services requires a multi-faceted approach. The purpose of this RFP is to help providers and communities develop ways to treat their most vulnerable and underserved populations with OUD by creating and/or evaluating innovative programs and policy proposals that improve access to a continuum of care of appropriate addiction treatment, including wraparound and recovery supportive services, or that expand upon existing promising models.

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[4] Health Affairs, 2018
[5] Child Trends, 2019
[6] *An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011-2015)*, 2017
[7] *Opioid Overdose Mortality Among Former North Carolina Inmates: 2000-2015*, 2018

III. Funding Opportunity

FORE is committed to improving access to evidence-based OUD treatment and recovery services for vulnerable and high-risk populations. FORE will award grants to programs focused on removing barriers and improving access to and quality of MAT for the following (but not limited to) underserved populations:

- Rural communities;
- Urban and minority communities;
- Children and adolescents;
- Pregnant and parenting women;
- Veterans;
- Justice-involved individuals;
- LGBT community; and
- Native American and tribal communities.

FORE is interested in projects that aim to improve and reform the continuum of care, provide wraparound social services, and address other areas that are necessary to facilitate access to high-quality, patient-centered treatment and improve outcomes. Examples of such projects include:

- Community-based programs that include services that "treat the whole patient;"
- Programs for underserved populations that offer MAT "within the gaps" or in novel healthcare settings to meet patients "where they are;"
- Expanding the use of telehealth in rural settings to increase access to MAT and behavioral health services;
- Delivery systems that provide a "no wrong door" policy to connect patients with appropriate treatment and services;
- Working with the criminal justice system to implement programs and policies to improve access to MAT and behavioral health services to individuals while they are incarcerated and/or post-release; and
- Policy and education initiatives around health insurance and payer strategies.

As a national foundation, FORE is committed to funding a diverse cohort of projects across the United States. Competitive applications will demonstrate innovative and creative ways to remove barriers to OUD treatment and recovery services for underserved populations that could credibly demonstrate the potential to be scaled to a national level to reach the largest number of patients and have the greatest impact. Applicants must also demonstrate a commitment to and support for the proposed project from their organizational leadership.

Applicants may request up to $300,000 annually for up to two years. Award amounts and project duration must align with the scope of work and the capabilities of the applying organization. Projects may be proposed for less than $300,000 annually and for less than two years in duration but may not exceed these limits.

IV. Eligibility

Generally, FORE will consider grant requests for specific projects from U.S.-based public charities that are tax-exempt under section 501(c)(3) of the Internal Revenue Code, as well as from nonprofit, tax-exempt universities. The Foundation will also consider grant requests

from state, local, and Native American tribal government units or agencies for *specific charitable projects* (general purpose grants and payments to individual government employees or officials are not permitted).

FORE will not provide grants to Section 509(a)(3) supporting organizations, congregational religious organizations, or private individuals. The Foundation will not consider grant requests for fundraising events, non-profit and school sponsored athletic-related events, political advocacy and related activities, and endowment funds.

If you have questions regarding eligibility for a FORE grant, please contact info@ForeFdn.org.

V. Key Dates

Jul. 17, 2019:	RFP released
Aug. 1, 2019:	Open webinar about FORE and RFP at 2:00 PM EST
Aug. 25, 2019:	Letter of Intent (LOI) due by 11:59 PM EST
End Sep. 2019:	Latest notification for request for Full Proposal
End Jan. 2020:	Latest notification of final decisions (subject to change)

VI. Application Requirements

All applications must be submitted by email to AccessRFP@ForeFdn.org by 11:59 PM EST on August 25, 2019. Guidelines for structuring the LOI can be found in the 'LOI Instructions' document (available on the FORE website, www.ForeFdn.org). The initial application consists of a:

- Letter of Intent; and
- Brief Budget Form

The LOI and Brief Budget Form should be combined into one PDF document before email submission. The formatting and component requirements, including page limits, will be strictly enforced by the review team. Any submitted materials that exceed the page limits or do not follow the requirements will not be considered during the application review process.

VII. Selection Process

The first step in the RFP application is to submit an LOI. FORE will evaluate all LOIs for responsiveness to the RFP and seek independent expert review as needed. Selected projects will be invited to submit a Full Proposal. Applicants will be given five weeks from notification to submit a complete proposal. All received proposals will be reviewed by a panel of external, independent experts. This review process may include feedback to selected applicants on draft proposals and recommended revisions.

Based upon the review panel, funding recommendations for selected proposals will be prepared by FORE program staff and presented to the FORE Board of Directors for final approval. All approved proposals will then be the subject of a grant award agreement

between the Foundation and the grantee organization which will specify the grant period, payment schedule, specific deliverable requirements, and reporting timeline.

There is no expectation of any specific number of awards, and FORE reserves the sole right to not recommend the funding of any applications. FORE is not obligated to provide feedback on LOIs, but may, to the extent possible, provide summarized feedback on unfunded Full Proposals upon request.

VIII. Contact

Programmatic questions about this funding opportunity should be addressed to Senior Program Officer Ken Shatzkes, Ph.D. at kshatzkes@ForeFdn.org.

Technical questions regarding the application process should be emailed to Program Assistant Lydia Tschoe, MHA at ltschoe@ForeFdn.org.

Please allow up to two business days for a response.