



Foundation *for* Opioid Response Efforts



Inspiring and accelerating
action to end the opioid crisis



Annual Report
2019-21



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Identifying and Spreading What Works

The **Foundation for Opioid Response Efforts (FORE)** was launched in 2018 with the objective of finding and fostering innovative solutions to ending the nation's opioid crisis. In 2020, deaths from drug overdoses reached an all-time high — with 255 Americans dying every day — driven in part by the increased availability of synthetic opioids such as fentanyl. Unprecedented social isolation and widespread unemployment during the COVID-19 pandemic, as well as disruptions in treatment and recovery supports, have also fueled overdose rates. Families affected by opioid use disorder (OUD) are facing grief and trauma while clinicians, first responders, and community resources are stretched thin.

In launching a national grantmaking organization — the first to focus exclusively on ending the opioid crisis — we wanted to be careful not to waste time and money duplicating what others have done. Instead, we planned to make unique, game-changing contributions. In our first meetings, we laid out a set of operating principles for bringing people together across sectors and disciplines to develop and spread new approaches for preventing, treating, and supporting recovery from OUD. We agreed:

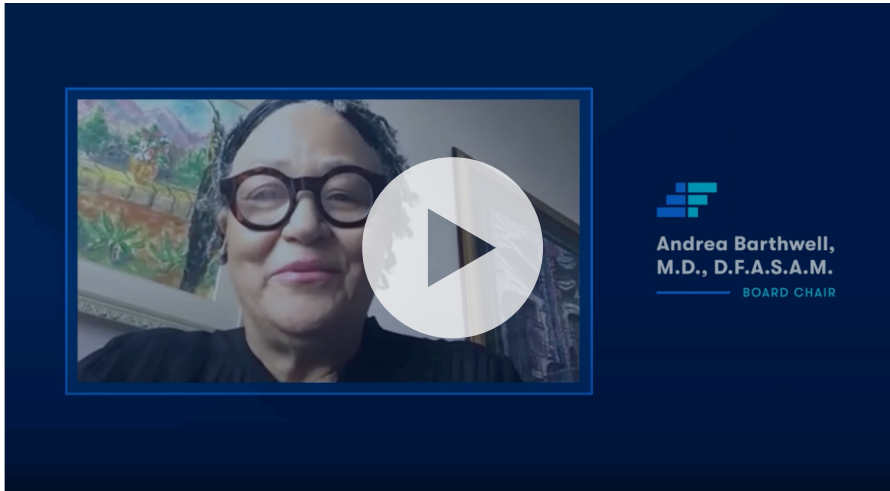
We would cast a wide net for new ideas, going beyond academia and advocacy organizations to also learn from those with lived experience of addiction, frontline clinicians, and community leaders;

We would be holistic, focusing not just on evidence-based medical and public health interventions but also on the often-overlooked social supports that people need to sustain their recovery;

We would promote equity and social justice by focusing on groups that have received the least attention, including communities of color; rural residents; pregnant and parenting people; youth and young adults; and those involved in the criminal justice system;

We would be transparent about how we make our funding decisions, explaining how our board members, scientific advisors, and experts in addiction medicine, public policy, and other fields shape them; and

Finally, we would foster collaboration among grantees to brainstorm solutions to shared challenges and build a community of innovators dedicated to ending the opioid crisis.



◀ FORE Board Chair Andrea Barthwell, MD, DFASAM, and President Karen A. Scott, MD, MPH, describe their founding vision for FORE, what the foundation has accomplished so far, and what gives them hope for ending the opioid crisis.

These operating principles have served us well, especially during the pandemic. As the stay-at-home orders took hold, we were able to pivot quickly by listening to the field and responding to the need for new approaches to sustaining OUD treatment and recovery. We tracked policy changes in real time and supported research on what works and doesn't, sharing results via webinars and policy briefs. And we fostered connections among grantees to find ways to spread innovations to other parts of the country.

In the following pages, you'll read about these and other accomplishments of our inaugural cohort of grantees. Their work is inspiring. We are grateful to them, as well as the many experts who participate in our advisory meetings, review proposals, and serve on our scientific advisory council.

We will continue to look for ways of bringing people together across geographies and disciplines to tackle what can seem to be intractable problems. Our [Opioid Crisis Innovation Challenge 2021](#) supports efforts to reduce the stigma against addiction among health, legal, and other professionals, as well as new approaches for generating timely and actionable data about the opioid crisis and supporting people as they move from treatment to recovery. This year we also solicited [proposals](#) for projects that seek to improve, expand, and evaluate OUD prevention services for families.

In all of our work, we will continue to identify solutions and guide others as they work toward ending the nation's OUD crisis.



**Andrea Barthwell, MD,
DFASAM**
Board Chair



Karen A. Scott, MD, MPH
President

Grantmaking

To have the greatest impact on the opioid crisis, it is critical to expand access to treatment from health care providers trained in evidence-based approaches, but that alone is insufficient.

We also need to develop new prevention, treatment, and recovery models and ensure they are sustainable over the long haul. That will require payment reforms and changes in state and federal policies. We also need to raise public awareness of effective strategies for treating addiction and sustaining recovery so that people know help exists.

In our first year of grantmaking, FORE supported organizations that are taking multifaceted approaches to achieving these goals. Many combine efforts to increase access to treatment with policy reforms designed to support it.

FORE awarded

42
grants

totaling

\$12.7
million

between January 2020
and March 2021.

Expanding Access to Treatment

Treatment for OUD can be highly effective, with recovery rates as promising as for some other chronic conditions.

Medications for opioid use disorder (MOUD) — such as buprenorphine, methadone, and naltrexone — can save lives, reduce the spread of infectious diseases such as Hepatitis C and HIV/AIDS, and help people rejoin their families and the workforce. Yet, far too few providers offer this treatment. Many cite lack of training or capacity to do so. At the same time, people with OUD may be reluctant to stop using substances, may not have health insurance or be able to afford the out-of-pocket costs of treatment, or may fear the stigma of seeking help.

Compared with other treatment approaches including inpatient detox and intensive behavioral health services, a large **national study** found that buprenorphine and methadone were associated with decreases in overdoses and reduced opioid-related hospitalizations.

MOUD has also been **shown to**:

- ✓ decrease illicit opiate use and criminal activity
- ✓ increase employment
- ✓ improve birth outcomes among pregnant women

Grantees

Allegheny Health Network
American College of
Emergency Physicians
Cabin Creek Health Systems
Equal Justice Works
Foundation for Healthy Communities
Healthy Alaska Natives
Foundation
Henry Ford Health System
Housing Works
Illinois Association of Free and
Charitable Clinics
Massachusetts General Hospital/
Get Waivered Campaign
Public Health Institute/CA Bridge
Initiative
Thomas Jefferson University
University of Alabama at
Birmingham
University of Maryland
University of North Carolina/
Horizons
University of North Carolina/
Mountain Area Health
Education Center
University of North Dakota

For these reasons, FORE's first major grant program, launched in March 2020, committed more than \$10 million in support of efforts to expand access to MOUD, counseling, and other services. The grantees are working to bring treatment within reach of groups who face high barriers to care and may benefit from customized approaches, including people of color, those in rural and tribal communities, pregnant and parenting people, and those involved with the criminal justice system.

Three grantees (the **American College of Emergency Physicians**, **Massachusetts General Hospital's Get Waivered Campaign**, and the **Public Health Institute's CA Bridge Initiative**) are leading a [national collaboration](#) of emergency department (ED) clinicians to help them engage people with OUD. ED clinicians play a pivotal role in saving those who have overdosed from opioids. But they have been far less involved in initiating OUD treatment. The projects are training ED clinicians how to initiate MOUD and then connect patients with ongoing care.

▼ After administering naloxone to people who have overdosed, first responders hand off patients to ED clinicians, who can initiate medications for OUD. FORE grantee CA Bridge has helped train ED clinicians at more than 150 hospitals across the state and is providing tools to hospitals in many other states to follow this model.



“

When people come into the emergency department, it's one of the worst days of their life. I've been there. I just try to lift them up so by the time they leave the hospital, they are feeling like they have a chance to get their lives back and stop their addiction. I give them hope.”

Tommie Trevino, a certified drug and alcohol counselor with the Public Health Institute's CA Bridge initiative



325%

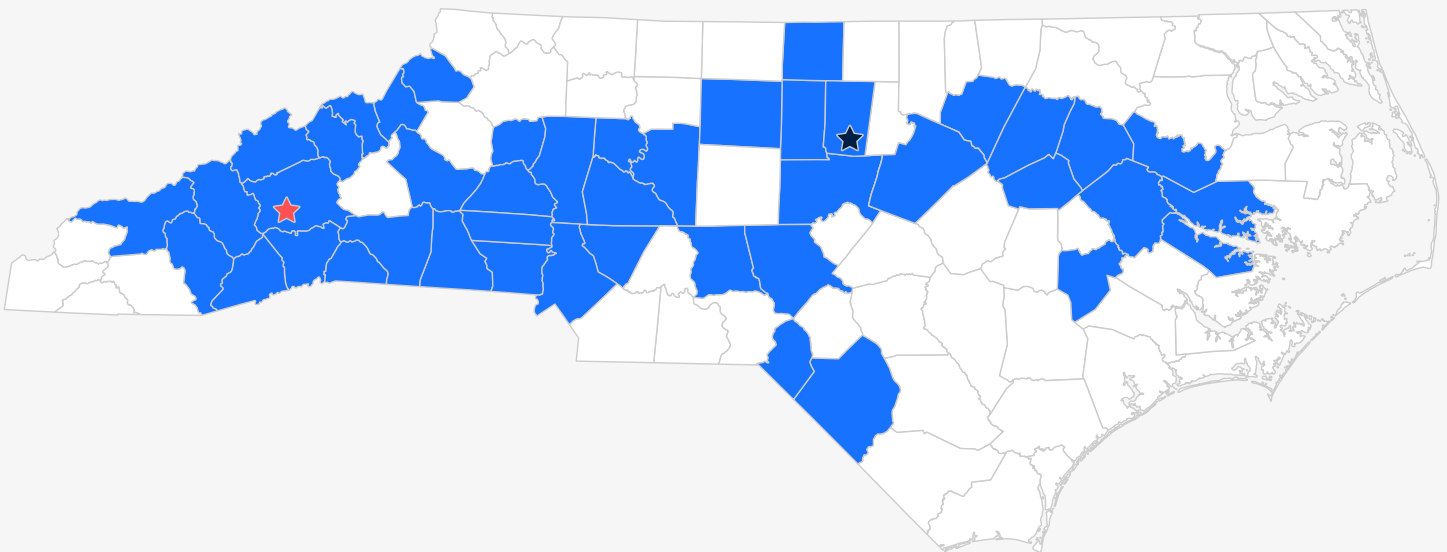
Percent by which opioid overdoses have increased from 1999 to 2015 in rural counties.

Source: <https://www.cdc.gov/mmwr/volumes/66/ss/ss6619a1.htm>

Six grantees (**Allegheny Health Network in Western Pennsylvania, Cabin Creek Health System in West Virginia, Foundation for Healthy Communities in New Hampshire, Healthy Alaska Natives Foundation, the University of Alabama at Birmingham, and the University of North Carolina/Mountain Area Health Education Center**) are working to build stronger OUD treatment systems in rural communities. They are taking various tactics, including offering technical assistance and mentoring to primary care clinicians who provide MOUD; partnering with social service providers and community paramedics; and enlisting patients and providers to work together to improve management of OUD in critical access hospitals.

UNC HEALTH SCIENCES AT MAHEC

Expanding Access to Treatment Through a Hub-and-Spoke Model



▲ In North Carolina, FORE and the Dogwood Health Trust are supporting the development of a statewide support system for MOUD providers. Experts at two hubs — the University of North Carolina at Chapel Hill and the Mountain Area Health Education Center (MAHEC), an academic health center based in Asheville — are lending oversight and support to primary care clinicians, behavioral health clinicians, nurses, and other staff at 13 community health centers and two local health departments (the spokes) that serve rural, low-income communities.

- ★ UNC Psychiatry Clinic Hub
- ★ Mountain Area Health Education Center (MAHEC) Hub
- 43 counties served by the hubs

Seven projects (**Henry Ford Health System, Housing Works, Illinois Association of Free and Charitable Clinics, University of Maryland, University of North Carolina/Horizons, University of North Dakota, and Thomas Jefferson University**) focus on engaging populations that are at **higher risk** for poor outcomes. The grantees are, for example, creating programs that initiate treatment before people leave prison and help keep them safe upon release — a time when they may be at higher risk of overdose. In North Dakota, community and tribal members are being trained to serve as doulas to pregnant and parenting people affected by OUD. Grantees in Illinois, New York City, and Philadelphia are building low-barrier treatment models that can encourage people who are unstably housed or uninsured to stay in treatment. Others are creating a training manual for peer recovery coaches who work in Black communities in Detroit and Baltimore.



▲ Through a FORE-supported fellowship from Equal Justice Works, lawyer Emily Neely will be returning to her hometown of Martinsburg, WV., to create a mediation program. Her goal is to help families driven apart by substance use disorder avoid child-custody battles that create additional trauma for children.

HOUSING WORKS

Lowering Barriers to Treatment



Harm Reduction at Housing Works

Keep coming back—we will always support your journey no matter what challenges you face along the way.



Overdose Prevention

Education for safer consumption, Narcan training, and free Narcan kits.



Medication Assisted Treatment (MAT)

Treatment to help with opiate, alcohol, and other substances.



Syringe Exchange

Clean works to keep you healthy.



Re-Charge

A unique program to support folks using crystal meth.



Homecoming

Outpatient individual and group therapy for support with all substances.



“

We look at the individual holistically, knowing that addiction is not a moral failure but a chronic brain disease.”

– Bethany Davison, Housing Works project coordinator

▲ Housing Works is working to reduce barriers to OUD treatment for people living at or beneath the poverty line in New York City, including many people experiencing homelessness.

Responding to the COVID-19 Pandemic

Keeping People Connected to Recovery Supports

During the early months of the pandemic, evidence began to emerge that the winding down of addiction recovery meetings and other supports — as well as the isolation and anxiety of the pandemic — were putting people in recovery from OUD at risk. We moved quickly to award grants to organizations that are helping people in recovery maintain their connections through virtual platforms.

Two of the grants target young people. **Young People in Recovery**, which has 59 chapters in 16 states, provides peer supports and life-skills training to help youth in recovery from addiction to opioids or other substances. FORE's support enabled chapters to offer more than 4,000 events in 2020, including virtual recovery meetings, social activities, and workshops. Funding to the **Association of Recovery in Higher Education** helped the organization support students and the staff who run recovery programs at 150 colleges around the country. The association held webinars, virtual recovery meetings, and other events to keep students engaged.

Grantees

Addiction Policy Forum (two grants)
Association of Recovery in Higher Education
Ballad Health
FAVOR (Faces and Voices of Recovery)
Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program
Midlands Recovery Center
Providence Center
Renewal House
RTI International
Young People in Recovery



“

Thanks to help from FORE, YPR held over 4,000 unique events in 2020 — almost all of them virtual — providing over 37,000 individual services to our constituents.”

— Ann Herbst, Executive Director, Young People in Recovery

Funding to the **Providence Center**, a community mental health center in Rhode Island, enabled leaders to launch virtual recovery meetings and individualized coaching for people living in recovery housing. And the **Midlands Recovery Center of South Carolina** expanded its effort to reach people who are hospitalized for conditions related to intravenous drug use or overdose, training its peer support specialists to use telehealth platforms to connect with these patients.

Before the pandemic, FORE grantee **Ballad Health** had developed a [phone helpline](#) and online recovery meetings to serve people coping with OUD in 29 Appalachian counties in Tennessee and Virginia, where people often drive hours to find in-person services. With FORE's support, Ballad expanded access to the helpline and meetings and introduced virtual recovery groups in the region's jails.

▼ The cadre of peer recovery support specialists Ballad Health trained link people to treatment programs, recovery meetings, and organizations that can provide help with food, clothing, and shelter.

Bolstering the Peer Recovery Workforce

As people with lived experience of addiction and recovery, peer recovery coaches (PRCs) are often the lynchpin to engaging people in OUD treatment and helping them rebuild their lives. Despite their crucial role, little is known about the scale of this workforce. To better understand what policy changes are needed to support and develop this workforce, FORE commissioned SSRS to conduct a [qualitative study](#) of 47 PRCs in 2021.

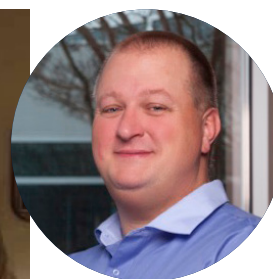
“

I didn't know what a PRC was until I started going through my own recovery process. Peers had helped me along the way, so I wanted to do the same. This was my first job in 10 years.”

– Peer recovery coach



Photo: Ballad Health



“

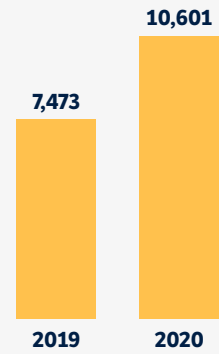
The FORE funding allows us to create opportunities by training more people to become peer recovery specialists. We put out a call and received 90 applications for 12 trainee positions.”

– Jason Pritchard, certified peer recovery specialist at Ballad Health

Meanwhile, Cleveland's **Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program** launched a peer recovery program for Hispanic/Latino individuals who are moving from residential to outpatient treatment for OUD. The peers will offer culturally tailored services in both Spanish and English to help people navigate this transition.

Finally, **RTI International** is evaluating FORE's suite of recovery grants to explore the extent to which grantees were able to preserve access to services during the pandemic and glean lessons for future recovery programs and the policies that support them.

In 2020, overdose deaths among Hispanics/Latinos increased 42%.



Source: Centers for Disease Control and Prevention, <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



FORE funding helped Cleveland's Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program launch a peer recovery program for Hispanics, including training bilingual peer recovery supporters.

Photo: <https://www.youtube.com/watch?v=tHqkmcub4G8>

Learning from the Pandemic

In addition to helping people stay connected to recovery supports during the pandemic, FORE sought to keep people in treatment. While some OUD treatment providers shut their doors, others took advantage of changes to MOUD prescribing and treatment guidelines made in response to the public health emergency to try new approaches, including use of telehealth and extended take-home doses. In 2020, a FORE grantee at the **University of Miami/IDEA Exchange** began offering on-demand telehealth visits in a mobile van in two Black neighborhoods of Miami. Staffed with a peer recovery specialist with roots in the community, the mobile unit connects patients to clinicians at a brick-and-mortar clinic who can prescribe medications, lead patients through the induction process, and schedule follow-up telehealth visits.

The **Illinois Association of Free and Charitable Clinics** used FORE funding to help free clinics adopt telehealth platforms, enabling clinicians to stay in touch with their OUD patients during the pandemic.

FORE-supported researchers are identifying lessons from these kinds of innovations that could make OUD treatment more accessible after the pandemic ends. Researchers at **Yale University's** medical school are investigating one COVID-era policy: allowing people to have take-home doses of methadone instead of requiring daily trips to an opioid treatment clinic. Researchers are assessing whether the use of take-home doses has varied among different groups and whether the practice is associated with increases in accidental overdoses, medication diversion, or misuse — concerns often raised by people who object to it.

A grant to **University of California, Los Angeles**, supports a collaborative of 45 social scientists, community researchers, and public health clinicians from the U.S. and 15 other countries; members are pooling data and collecting field reports on innovations in their countries to assess how they've affected access to OUD treatment during the pandemic. They've found grassroots and peer-led community organizations have been vital to sustaining harm reduction and social services during the pandemic.

Grantees

Illinois Association of Free and Charitable Clinics
New York University
RAND Corp. (two grants)
Rutgers University
University of Arizona
University of California, Los Angeles
University of Miami/IDEA Exchange
University of Pittsburgh
Yale University



▲ Ayana Jordan, M.D., Ph.D., assistant professor of medicine, Yale School of Medicine, is collecting data and interviewing patients to assess the impact of pandemic-era policies including allowing extended take-home doses of methadone.

Increasing Vaccination Rates Among People Affected by OUD

In the U.S., people with opioid and other substance use disorders have been disproportionately affected by the COVID-19 pandemic. At the same time, they are often less likely to receive the coronavirus vaccine than those with other chronic health conditions due to structural barriers, stigma, misinformation, and mistrust of medical professionals.

Two grants target this problem. One to **FAVOR (Faces and Voices of Recovery)** leverages the nonprofit's national network of recovery community organizations to provide peer outreach and education on vaccination to people with an active addiction and those in treatment or recovery.

Another grant to **Addiction Policy Forum** is supporting two vaccine navigators. The navigators are staffing a helpline for people with substance use disorder and their family members to ask questions about the COVID-19 vaccine and get help in scheduling vaccine appointments. A weekly newsletter, website, and app offer curated resources about recovery and help spread the word about the vaccine navigator program.

Two grants to **RAND Corp.** are supporting investigations of how changes in MOUD policies are affecting access to care. A qualitative study of opioid treatment programs that switched from in-person care to telemedicine examines providers' experiences, while another study is looking at how different state policies affect buprenorphine prescribing, particularly among Medicaid beneficiaries and rural populations.

Several grantees are examining how pandemic-related policies are playing out across their states, providing crucial on-the-ground reports and insights for future policymaking. **New York University** researchers are exploring how shifts in patterns of care during the pandemic (e.g., increased use of telehealth and take-home doses) have affected outpatient substance use disorder treatment across the state. Thus far, the impacts of the changes vary across clinics, but the changes seem to be making it easier for people to access treatment, with the number of people newly diagnosed with OUD who begin MOUD within 30 days increasing from 2019 to 2020. Similarly, grantees at the **University of Pittsburgh, University of Arizona, and Rutgers University** are studying how new rules related to MOUD are affecting patients in their respective states of Pennsylvania, Arizona, and New Jersey.



Lessons for Policy and Practice

FORE grantees are also working to identify state and federal policies that could help spread lifesaving, evidence-based approaches to OUD treatment and recovery.

Many focus on how to leverage Medicaid programs, which are the largest funders of OUD treatment.

Researchers at the **Legal Action Center** are identifying opportunities to use Medicaid as a vehicle for increasing access to OUD treatment for people in jails and prisons, as well as those leaving incarceration. They are offering analysis and recommendations for how to increase Medicaid enrollment of justice-involved populations, deliver evidence-based treatment and care coordination, and more generally shift from punishment to treatment.

Other grantees are investigating policy changes that could expand access to treatment. Researchers at the **Urban Institute** are completing the first comprehensive assessment of OUD and other forms of substance use disorder among adolescents and young adults covered by Medicaid. Findings will inform recommendations to state Medicaid agencies and health plans on ways to expand access to effective services for young people. Meanwhile, researchers at **Rutgers University** are examining whether changes made by the state's Medicaid agency before the pandemic, including eliminating prior authorization requirements for buprenorphine prescriptions, have made OUD treatment more accessible.

Grantees

Bipartisan Policy Center

Legal Action Center

National Academy for State Health Policy

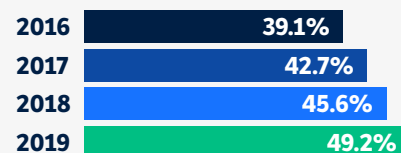
Rutgers University

Urban Institute

RUTGERS UNIVERSITY

MOUD Utilization Among New Jersey's Medicaid Beneficiaries Diagnosed with OUD, 2016–19

Any MOUD



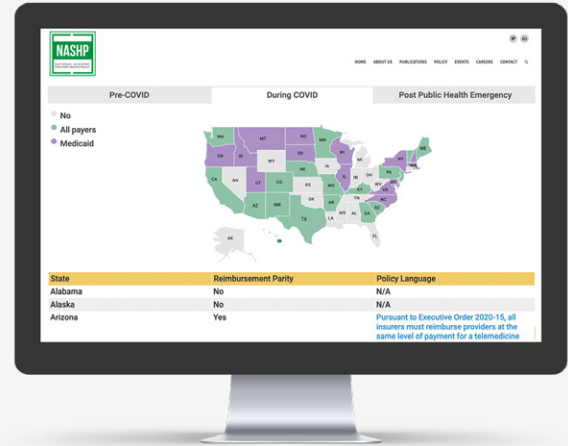
▲ Among New Jersey Medicaid beneficiaries ages 18–64 diagnosed with OUD, MOUD utilization increased from 39% in 2016 to 49% in 2019. Notably, MOUD utilization has kept pace with increasing rates of OUD among beneficiaries.

Source: Rutgers Institute for Health, Health Care Policy, and Aging Research, "Medications for Opioid Use Disorder Utilization and Retention Among New Jersey Medicaid Beneficiaries 2016–2019," April 2021.

Grantees at the **National Academy for State Health Policy (NASHP)** are working with state leaders from across the country to help them develop coordinated responses to the opioid crisis. In addition to convening leaders for peer-to-peer learning, NASHP has created the **State Policy Center for Opioid Use Disorder Treatment and Access**, which offers policy toolkits and other technical assistance.

Finally, the **Bipartisan Policy Center** convened an Opioid Crisis Task Force, a bipartisan group of experts including the former president of the American Medical Association, former Congress members, governors, a former secretary of the U.S. Department of Health and Human Services, and a former U.S. surgeon general. Members are developing policy recommendations for ways to deploy federal funds most effectively in support of OUD treatment and recovery programs that have been shown to reduce overdose mortality and help people sustain their recovery.

NATIONAL ACADEMY FOR STATE HEALTH POLICY



▲ The National Academy for State Health Policy **tracks** the policy and reimbursement changes states are employing to address the opioid crisis — from requiring payment parity for telehealth services to increasing access to harm reduction services.

Engaging People of Color in Treatment

Until 2013, white Americans had higher rates of drug overdose deaths than Black Americans. But in recent years, the gap in overdose deaths between Black and white Americans has narrowed, driven in part by the addition of synthetic opioids to other drugs. According to **provisional data** from the CDC, this trend seems to have worsened during the pandemic as overdose deaths among Black Americans increased by 45 percent in 2020 — nearly double the increase among white Americans.

Several FORE grantees are working to expand access to OUD treatment in Black communities.

As noted above, grantees at the **University of Miami/IDEA Exchange** are offering mobile, on-demand OUD treatment to residents of two Black communities. The program is an extension of the IDEA Exchange, Florida's first legal syringe exchange program; in addition to clean needles, patients are offered naloxone packs for drug overdose reversals, HIV and Hepatitis C testing, wound care treatment and supplies, and linkages to addiction treatment services. The IDEA Exchange's mobile van allows people in underserved communities to schedule same-day appointments for MOUD treatment. "We understand if you want to reach high-priority populations, you have to put in the extra effort," says Hansel Tookes, M.D., M.P.H., assistant professor at the University of Miami Miller School of Medicine.

Henry Ford Health System, in partnership with the **University of Maryland**, is developing a training manual for peer recovery coaches serving low-income, minority communities in Detroit and Baltimore. The health system is also piloting an effort to use peer recovery coaches to help people stay in OUD treatment, using an evidence-based approach known as behavioral activation.



“

When people decide to stop, you have to be able to get them into treatment immediately because telling them to come back tomorrow is dangerous: they may decide to get as high as possible before going into treatment or lose the incentive to stop.”

— Everard Archer II, 61, a peer specialist for the IDEA Exchange in Miami



Photo: IDEA Exchange

Treating Addiction as a Disease, Not a Crime

Too frequently, we treat addiction as a crime, leaving people with substance use disorders cycling in and out of prison. An estimated 15 percent of people in the criminal justice system have OUD. Often, they can't get treatment because many jails and prisons don't provide MOUD nor support detainees in finding health insurance or treatment after their release.

With FORE support, addiction medicine specialists at the **University of Maryland** are leveraging telemedicine to deliver MOUD to inmates at three rural detention centers in Maryland; they're also working to ensure continuity of care for inmates upon release, when they are at high risk of overdoses. FORE commissioned two researchers to highlight their approach and other **best practices** for safely providing MOUD in jails and prisons during the pandemic.

During the pandemic, many drug courts and diversion programs have been unable to refer participants to in-person treatment programs. With FORE support, the **Addiction Policy Forum** has offered people in the criminal justice system free access to their Connections mobile app, which offers on-demand treatment and supports from addiction specialists and peers and can be customized to users' particular needs. The app has been shown to improve outcomes in several clinical trials.

The number of pregnant women with OUD has been increasing in U.S. prisons and jails; as of 2016–17, **one-quarter of pregnant women in prisons had OUD**. In North Carolina, the **UNC Horizons** program is strengthening treatment and recovery supports for pregnant and postpartum women in one women's prison by integrating obstetrical services and substance use disorder treatment. Jenna's Project — named after a Horizons patient who died from an opioid overdose shortly after being released from prison — is also working to keep women connected to treatment as they leave prison while helping them reunite with their children and otherwise rebuild their lives.

“

Horizons met me at the door when I walked out [of prison.] That white van and smiling lady was there for me. She took me where I needed to go to get the help I needed. Thanks to Horizons I have both my kids with me, I am sober and living the best life I have ever had.”

– CB



▲ Lindsey Norris, a UNC Horizons staff member, meets women as they are released from prison.

Creating Customized Supports for Pregnant and Parenting People

Other grantees are finding ways of bringing more pregnant and parenting people into treatment. With FORE funding, grantees at the **University of North Dakota** launched **Don't Quit the Quit**, which aims to increase access to MOUD for pregnant, parenting, and breastfeeding women with OUD in rural and tribal communities. The program offers education and hands-on support to encourage physicians, nurse practitioners, physician assistants, and nurse midwives to begin offering MOUD. To reach women during the postpartum period — when they are at high risk of relapse — program leaders are partnering with staff at Women, Infants, and Children (WIC) offices to increase their awareness and knowledge of OUD and local treatment options. Staff can then offer mothers who visit these offices help finding OUD treatment services, if needed.

Another grantee is **Renewal House**, the only residential addiction treatment program for pregnant women, mothers, and their children in central Tennessee. The organization is using FORE support to expand its virtual treatment programs to give women in their residential and outpatient programs, as well as those who are on waiting lists for services and those in remote areas, access to evidence-based care, life skills training, and parenting programming.

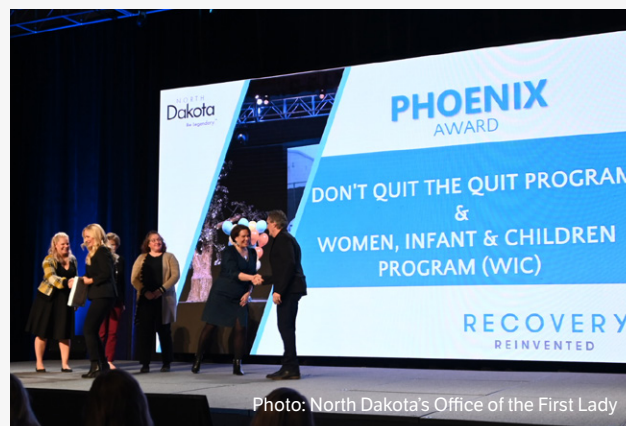


Photo: North Dakota's Office of the First Lady

▲ Grantees at the University of North Dakota launched Don't Quit the Quit to increase access to MOUD for pregnant, parenting, and breastfeeding women with OUD. In 2021, the program received an award from the state's governor and first lady.

Convening

In addition to grantmaking, we've brought people together to share strategies for expanding access to evidence-based treatment and recovery supports.

At the outset of the pandemic, we launched a weekly webinar series to share what we were learning from our grantees and others on the frontlines about the challenges of maintaining access to treatment and recovery supports while abiding by social-distancing requirements. The webinars enabled attendees to hear directly from providers, researchers, and state and federal policymakers who were navigating the disruptions in care for high-risk populations, including pregnant and parenting people and individuals who were incarcerated or quickly transitioning out of correctional facilities. They highlighted concrete ways providers could leverage telemedicine, peer recovery coaches, take-home doses of methadone, and other strategies to prevent overdoses and avoid exacerbating racial disparities in treatment access and outcomes.

In 2021, as projects under our initial grants developed, the focus of our webinars shifted to highlighting the novel work our grantees are doing, including improving outcomes for mothers with OUD.

Between March 2020 and March 2021, we held 11 webinars showcasing strategies for providing OUD treatment during the pandemic. The events drew more than 3,500 attendees from all 50 states.



We have also been deliberate about learning from experts in the field.

We have assembled more than 50 leaders in addiction medicine, pain management, public health, state and federal health policy, and health care delivery for program advisory meetings (for a complete list of participants, see p. 28). These meetings bring focus to the unique contributions that FORE can make, as well as pitfalls to avoid.

Our first advisory board meeting in **May 2019** framed the challenges people face in accessing appropriate treatment for OUD. Only one of nine people coping with a substance use disorder receives treatment and, as with other parts of our health care system, there are racial, economic, and geographic disparities in who gets treatment. Our advisors helped to identify many unmet needs, from a lack of early intervention and referral to treatment to lack of consistency among levels of care and a shortage of programs that meet medical, behavioral, and social service needs in a holistic fashion.

In **June 2019**, we heard from experts about ways FORE could help to train and equip the next generation of clinicians to treat opioid addiction. They emphasized the importance of giving medical students and residents opportunities to see the effectiveness of OUD treatment firsthand in hopes of reducing bias against people some may see as “difficult” patients. They also recommended supporting the development of new interdisciplinary training models that help students of the health professions — physicians, nurses, social workers, pharmacists, dentists, and others — learn to work as a team to provide care.

In **July 2019**, our program advisors explored health care delivery and payment reforms that may help expand access to OUD treatment. The group considered innovative approaches such as the hub-and-spoke models; the use of health homes to offer coordinated physical and behavioral health care for people with chronic conditions, including substance use disorder; and the benefits of using peer support coaches and telehealth tools to engage people in treatment.

In **August 2019**, our advisors considered the deficits of current clinical practices for acute and chronic pain management and explored ways of expanding access to new treatment models that don’t depend on opioids. They also suggested ways the foundation could contribute to the field by educating health care providers, policymakers, and patients about a range of pain management options and by supporting the development of clinical guidelines.

In **December 2020**, we convened an advisory meeting to discuss family- and community-based prevention of substance use disorder, which informed our request for proposals to expand access to prevention services, particularly for families. Participants recommended ways FORE could support the development and use of evidence-based prevention practices and bring them to the attention of policymakers, as well as the staff of community-based organizations and agencies.

Building a Community of Grantees

Our all-grantee meetings have also been a valuable opportunity for grantees to learn about and enhance one another's work. Grantees have used the meetings to share strategies for overcoming common challenges, including ways of changing the hearts and minds of medical office staff or health system leaders who may be opposed to treating patients with substance use disorders. The grantees have also helped one another advocate for policy changes that support their mission by sharing tactics and data.



“

I wish all of our funders held meetings like this. Thank you for organizing such a helpful program.”

– Mia Sussman, Equal Justice Works

Developing Resources

FORE has also been a thought leader by publishing issue briefs and grantee spotlights that call attention to gaps in the continuum of treatment and supports for different populations and potential ways to close them.

These publications highlight opportunities to accelerate the adoption of evidence-based, patient-centered programs by adopting new payment models or different approaches to health care workforce training. In all our work, we have elevated those most deeply affected by the opioid crisis by foregrounding their experiences and insights.

In addition, FORE staff have published blog posts for *Health Affairs* and Psych Congress and have provided journalists with background information and contacts to assist in their reporting on the opioid crisis and policy solutions.

Our issue briefs and other resources draw lessons from our grants to inform policy and practice.



May 6, 2020

Helping Women Recover and Thrive as Mothers



September 24, 2020

Putting People with Lived Experience at the Forefront of Recovery



November 13, 2020

Encouraging Physicians to Treat Opioid Use Disorder in Emergency Departments Across the U.S.



November 23, 2020

Expanding Access to Opioid Use Disorder Treatment Before, During, and After Incarceration: Opportunities for Policy and Practice



January 21, 2021

The Provision of Medications for Opioid Use Disorder in Correctional Settings in the Time of COVID-19: Opportunities and Solutions



February 4, 2021

Improving Access to Treatment and Recovery Supports for Younger Generations



March 4, 2021

Expanding Access to Opioid Use Disorder Treatment in Rural America



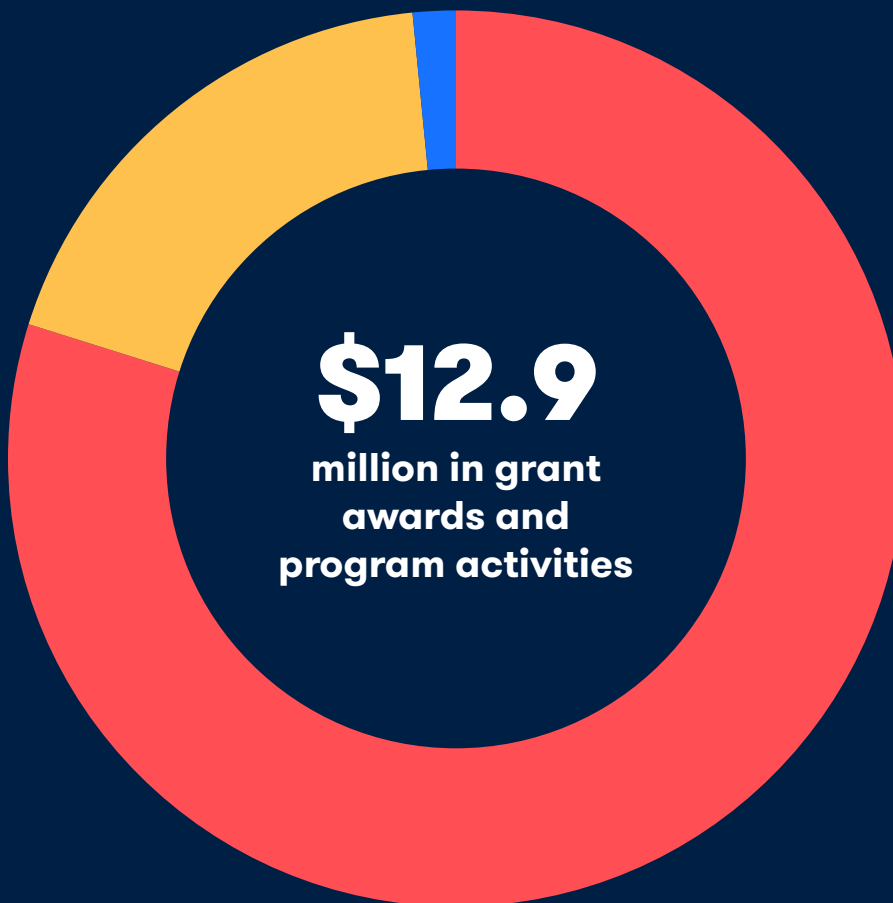
March 11, 2021

Closing Gaps in the Continuum of Treatment and Support Services for Pregnant and Parenting Women with Opioid Use Disorder



Financials

April 2019 to March 2021



- Access to Treatment Grants
\$10.3 million | 79.8%
- Responding to the COVID-19 Pandemic Grants
\$2.4 million | 18.6%
- Convening and Resource Development
\$0.2 million | 1.6%

Complete [financial statements](#) for fiscal years 2019 and 2020 are available on FORE's website.

Leadership

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COVER PHOTOS (FROM TOP)

FORE funding supports the University of North Carolina's [Jenna's Project](#), which helps women like Victoria McWhorter maintain their OUD treatment after they leave prison and reunite with their children, including Victoria's baby, Gunner.

Hansel Tookes, M.D., M.P.H., from [University of Miami/IDEA Exchange](#) and his colleagues, are offering mobile, on-demand OUD treatment to residents of two Black communities in Miami.

Alistair Martin, M.D., M.P.P., an emergency department physician at Massachusetts General Hospital, founded the [Get Waivered](#) campaign to encourage more ED clinicians to offer OUD treatment. FORE funding helped expand the campaign.

Photos courtesy of grantees.

FORE gratefully acknowledges the contributions of the following experts who participated in program advisory meetings and reviewed grant proposals.

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We are committed to convening and supporting partners advancing patient-centered, innovative, evidence-based solutions to make the greatest impact on the crisis.

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