



Foundation *for*
Opioid Response Efforts

3/26/2026

Opportunities to Improve Rural Responses to Opioid Use Disorder and Overdose

March 26, 2026

Introduction to FORE



02

Karen A. Scott, MD, MPH

President

Foundation for Opioid Response Efforts



Keep up-to-date with us at:
<https://www.ForeFdn.org>

About FORE

Founded in 2018, the **Foundation for Opioid Response Efforts (FORE)** is a 501(c)(3) private, national, grantmaking foundation focused on one urgent public health emergency – **the opioid crisis**.

Vision

To inspire and accelerate action to end the opioid crisis

Mission

To convene and support partners advancing patient-centered, **evidence-based solutions** addressing the opioid crisis

Focus

With **patients at the center**, our focus includes promoting excellence in:



Professional education



Payer & Provider strategies



Policy initiatives



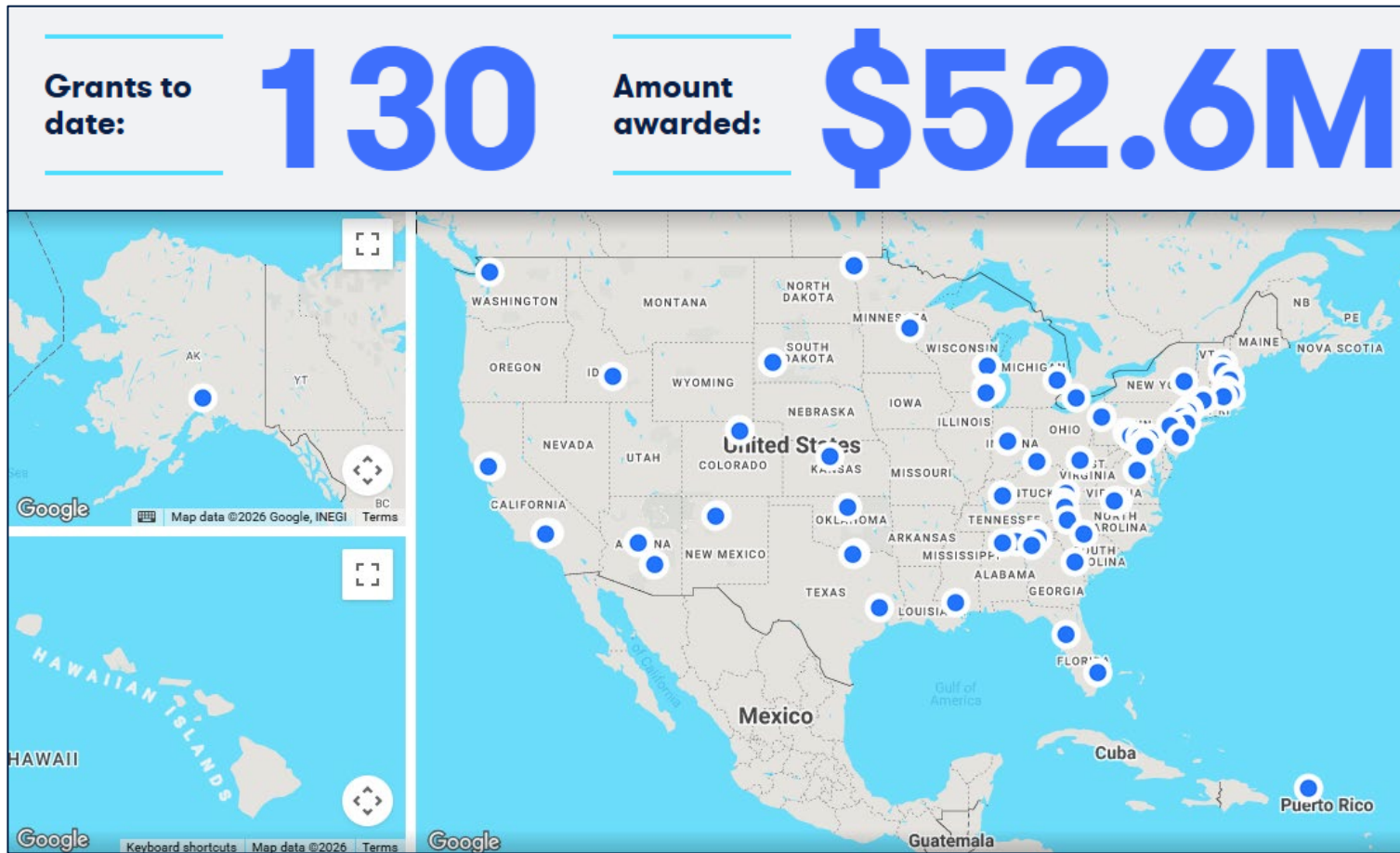
Public awareness

03



FORE

FORE Grantee Portfolio



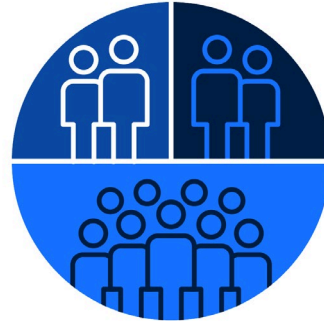
04

See all FORE Grantees on our website:
<https://www.ForeFdn.org/Our-Grantees/>

Populations of Focus



Children and Adolescents



Minority Communities



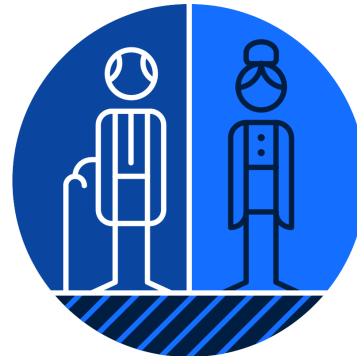
Rural Communities



Justice-Involved
Populations



Pregnant and Parenting
People



Older/Aging Adults



Native American and
Tribal Communities



Logistics and Agenda



06

Ken Shatzkes, PhD

Program Director

Foundation for Opioid Response Efforts



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Webinar Logistics

07

1. The webinar is being recorded and will be available on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
 - If you have a similar question, please upvote using the thumbs up button on the question.
 - We will read as many questions live as time permits.
4. There will be a brief survey immediately following the webinar. Please provide us with feedback!

Agenda

Introduction to FORE

Karen A. Scott, MD, MPH | President, *FORE*

Webinar Logistics and Agenda

Ken Shatzkes, PhD | Program Director, *FORE*

Opportunities to Strengthen SUD/BH Services under the Rural Health Transformation Program (RHTP)

Katie Greene, MPP | Director, Population and Public Health, *NASHP*

Rebekah Falkner, MSW | Senior Policy Associate, *NASHP*

A Conversation with States: Rural Health Transformation Programs in Arizona and Pennsylvania

CJ Loiselle | Assistant Director, Division of Behavioral Health and Housing, *Arizona Health Care Cost Containment System*

Brinna Ludwig, Esq. | Program Director, Rural Health Transformation Plan, *Pennsylvania Department of Human Services*

Learning from FORE's Rural Community-Based Organization Grantees

Nancy Winmill | CEO and Executive Director, *Simply Hope Family Outreach* (Idaho)

Kevin Ford, LAC, KCGC | Substance Use Program Director, *The Center for Counseling & Consultation* (Kansas)

Matthew Burgan, NRP, CP-C | Board Certified Community Paramedic, *Frederick County Division of Fire & Rescue Services* (Maryland)

Audience Q&A

FORE Resources

FORE Rural Health Resources

Through issue and policy briefs, webinars, and articles, we are contributing current vital information to inform communities, providers, and policymakers on best practices and solutions.

09

Foundation for Opioid Response Efforts

Expanding Access to Opioid Treatment in Rural America

Introduction

Much of the reporting on the opioid crisis in rural America describes circumstances that can trigger or worsen addiction, including in many rural communities. But just as relevant is the access to addiction treatment and recovery services for suburbs or cities.

As of 2018, a majority of rural counties did not have any prescribe medications for OUD (MOUD), the standard of care. In a 2017 survey, rural physicians reported a lack of time, confidence, and behavioral health workforce. The enactment of a 2017 federal law enabling nurse practitioners to prescribe buprenorphine, the number of waived clinicians **substantially**, driven by newly waived NPs and PAs.

With our first grants awarded in March 2020, FORE is supporting recovery services in rural communities through several providers, leveraging community paramedics to engage and social supports, and redesigning hospital care in rural areas.

Takeaways

Rural Americans have much worse access to addiction treatment and recovery services for opioid use disorder (OUD) than those living in suburbs or cities.

FORE grantees are finding innovative ways to reach them, including stigma, a lack of providers, and lack of social supports.

Foundation for Opioid Response Efforts

March 2026 Issue Brief

Galvanizing Rural Opioid Response Efforts with Rural Health Transformation Program Dollars

Lessons from 10 FORE grantees that have expanded access to prevention, treatment, and recovery supports in rural communities

In their applications for a share of the \$500 million Rural Health Transformation Program fund, nearly all 50 states identified expanding access to behavioral health services, including substance use disorder (SUD) treatment, as a priority. Because their applications also emphasize the importance of promoting efficiency through payment reforms and preventing other forms of chronic disease, it is hard to discern how much of the roughly \$200 million each state receives will be dedicated specifically to behavioral health. Still, there are encouraging signs that states see value in investing in a continuum of SUD prevention, treatment, and recovery supports in rural communities.

To inform states' implementation plans, this issue brief shares findings from ten FORE grantees that have developed innovative models for expanding access to prevention, treatment, and recovery supports in rural and frontier areas. Their approaches offer replicable strategies for overcoming the significant challenges rural communities face in treating opioid use disorder (OUD) and preventing overdose deaths, including eliminating shortages of behavioral health providers and pervasive stigma that discourages individuals and families from seeking help.

Takeaways

- Shortages of behavioral health providers, stigma, and lack of transportation in rural communities impede efforts to prevent and treat opioid use disorder.
- Over the last seven years, FORE grantees have developed innovative programs to eliminate these barriers to care.
- States that want to replicate their success may want to invest in infrastructure for collaboration and engage the expertise of community-based organizations, paramedics, and pharmacists, among others.

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Rural Health

One in five people in the United States live in rural areas. Rural communities have been disproportionately impacted by the opioid and overdose crisis, with four in ten (42%) people living in rural areas reporting they or a family member have experienced opioid addiction compared to smaller shares of those living in suburban (30%) or urban (23%) areas.

Higher levels of stigma, shortages of trained providers, and fewer non-medical supports create significant barriers to care. As a result, many people in rural communities face greater challenges in accessing the treatment and services needed to prevent overdose and support recovery.

FORE grantees are finding innovative ways to reach people affected by opioid use disorder (OUD) and overdose in rural communities and expand access to treatment and recovery supports.

FORE grants to-date with a focus on rural health include:

- Frederick County Division of Fire & Rescue Services has trained 600 EMS staff to respond to overdose calls with knowledge and compassion, and created the Community Outreach Support Team (COAST) to pair community paramedics with peer recovery specialists for post-overdose follow-up care.
- The Center for Counseling & Consultation hired a Substance Use Program Director to expand community-based OUD treatment in Kansas and became a Certified Community Behavioral Health Center (CCBHC), allowing them to access additional resources to deliver rural healthcare services.
- Johns Hopkins Center for Indigenous Health is piloting Lakota Equine-Assisted Therapy and traditional healing practices to improve health outcomes for Indigenous adolescents with OUD in South Dakota.
- Morgan County Partnership created a network of community and school-based services that identifies and supports children experiencing ACEs and families impacted by substance use in West Virginia.
- The Martinsburg Initiative has trained more than 3,000 teachers, health care providers, and law enforcement officers in West Virginia to identify young people who have experienced trauma and refer them – along with their families – to school-based social workers.
- Project Venture is scaling and evaluating culturally-informed, strengths-based prevention education and a community-wide prevention coalition for youth on the Pine Ridge Reservation in South Dakota.
- Simply Hope Family Outreach fosters community resiliency by offering a continuum of holistic social supports for youth and families in Idaho impacted by OUD. Their Safe Teen Assessment Center now screens more than 300 children and youth each year for substance use and behavioral health needs.
- University of Maryland leverages telemedicine capabilities to deliver MOUD to people incarcerated in rural detention centers in Maryland and ensure continuity of care in the community upon reentry.
- University of New Mexico Health Sciences Center uses the Project ECHO model to train staff in school, medical, and community settings to prevent and treat OUD and trauma in children and adolescents.
- University of North Dakota created Don't Quit the Quit, a program that improves access to perinatal recovery services through training for clinical providers, doulas, and WIC program staff.

For more information, please visit [FOREfdn.org](https://forefdn.org) and [@FOREfdn](https://www.instagram.com/forefdn).

March 2026

Rural health resources will be shared in the chat for immediate download and posted on our website with all webinar materials after the session concludes.

See all FORE Resources on our website:
<https://ForeFdn.org/Resources/>



Challenges to Rural Responses to OUD and Overdose

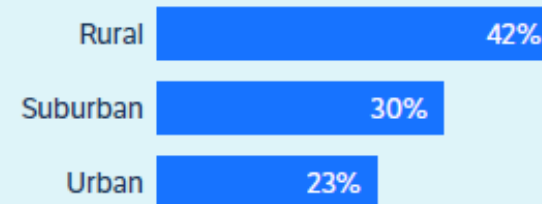
Many rural Americans have less access to addiction treatment and recovery services for opioid use disorder (OUD) than those living in suburbs or cities, due to increased stigma, a dearth of trained providers, and a lack of non-medical supports.

With the authorization of the **Rural Health Transformation Program (RHTP)**, a \$50 billion federal initiative to empower states to strengthen rural health systems across America, there is a prime opportunity to expand and improve access to OUD treatment and responses to overdose in rural America as part of the broader challenges facing rural communities today.

TAKEAWAYS

- 1** Shortages of behavioral health providers, stigma, and lack of transportation in rural communities impede efforts to prevent and treat opioid use disorder.
- 2** Over the last seven years, FORE grantees have developed innovative programs to eliminate these barriers to care.
- 3** States that want to replicate their success may want to invest in infrastructure for collaboration and engage the expertise of community-based organizations, paramedics, and pharmacists, among others.

Rural residents were significantly more likely to report they or a family member had experienced opioid addiction



Source: 2023 KFF poll

Despite this, rural patients with opioid use disorder are less likely to receive initial treatment than their urban counterparts (41.2% vs. 44.2%). They are also less likely to remain in ongoing treatment (21% vs. 22.6%).



Opportunities to Strengthen SUD/BH Services under the Rural Health Transformation Program (RHTP)



11



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Opportunities to Strengthen SUD/BH Services under the Rural Health Transformation Program (RHTP)

*Katie Greene, Director, Population and Public Health
Rebekah Falkner, Senior Policy Associate*



NATIONAL ACADEMY
FOR STATE HEALTH POLICY

nashp.org

About NASHP



The National Academy for State Health Policy (NASHP) is a not-for-profit organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.



- To improve the health and well-being of all people across every state.

Rural Health Transformation Program Overview

RHTP Overview

- *H.R. 1/OBBA* - Authorized \$50 billion over five years to eligible states beginning in FY206
- 50% of funding will be distributed equally across states with an approved plan
- 50% will be distributed at the discretion of CMS, based on rural factors, state policy actions and
- CMS plans to offer technical assistance and support throughout RHT program implementation



Rural Health Transformation Program Strategic Goals

Make Rural America Healthy Again

Support health innovations and new access points to promote preventive health and address root causes of diseases



Sustainable Access

Help rural providers become long-term access points for care by improving efficiency and sustainability



Workforce Development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities



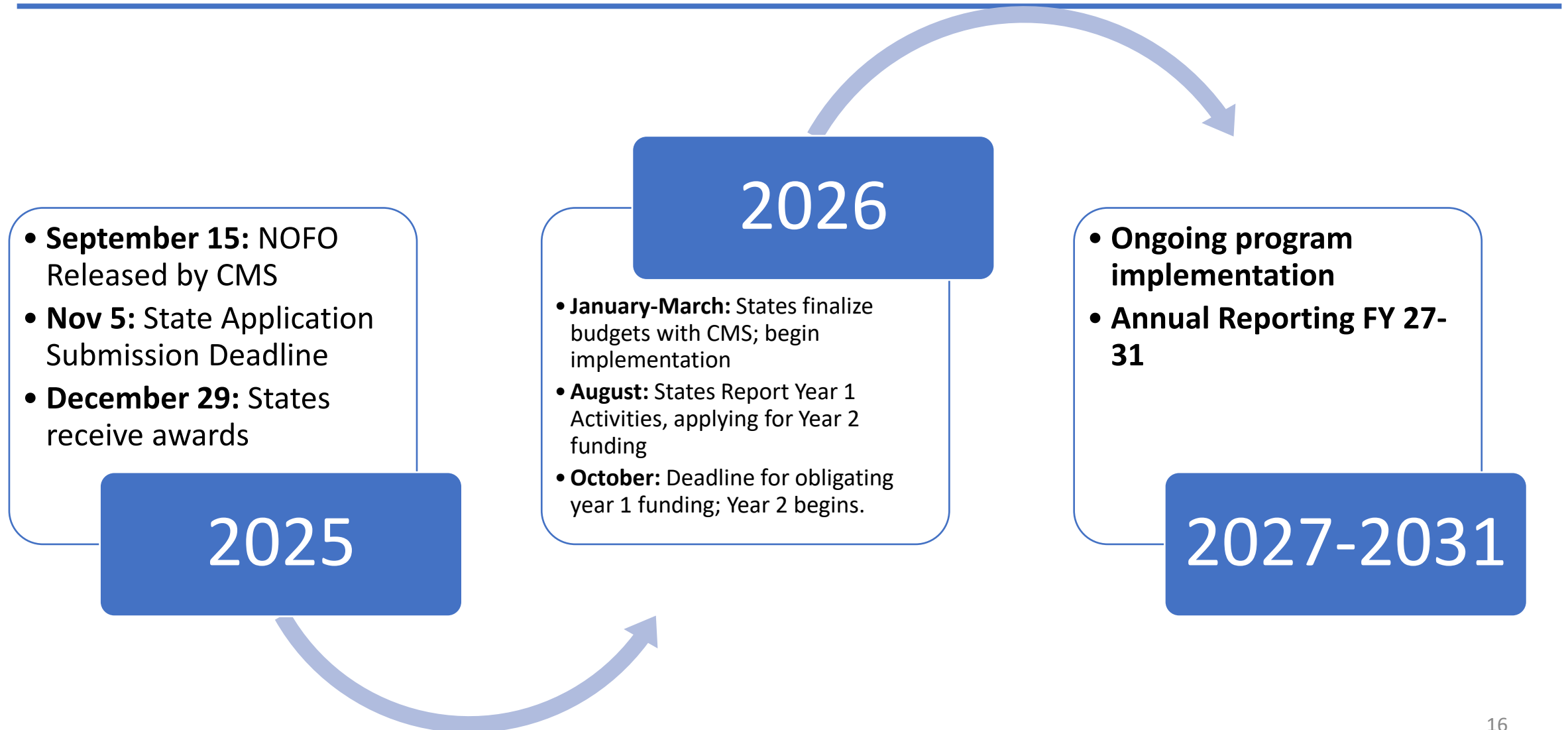
Innovative Care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements

Tech Innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients

Where we are now: RHTP Program Timeline




Key Themes: State RHTP Investments

Common areas of focus across RHTP plans:

- Improving access/strengthening capacity:
 - Primary Care
 - Behavioral health
 - Crisis Systems
 - Maternity Care
 - Support for aging populations
- Workforce across the pipeline: Training, mentoring, recruitment, retention
- Innovative payment and care delivery models, integrated models of care
- Regional coordination and “hubs” connecting physical, behavioral, and social needs
- Data and technology infrastructure: EHRs and interoperability
- Leveraging technology to improve access and care delivery: telehealth, remote monitoring, AI integration

Publicly-available information on state RHTP plans and initiatives: [CMS 50 state spotlights](#)

California 			Funding FY26 \$234M
Goals & Key Themes	Spotlight Initiatives	Expected Impact	
<ul style="list-style-type: none"> • Make Rural America Health Again and sustainable access to care, with a focus on rural family/maternity care, chronic disease prevention, primary care, and Tribal and agricultural communities. • Improving the rural clinical workforce via retention and relocation opportunities, allied professional training, statewide workforce mapping to track demand trends and pinpoint capacity gaps. • Innovating with technology by placing an emphasis on regional partnerships as a key part of program taking shape as an integrated network through HIE, common dashboard, etc. 	<ul style="list-style-type: none"> • State-wide hub-and-spoke model (with a particular focus on maternal and primary care), with hospitals as hubs and FQHCs, RHCs, Tribal health programs, county behavioral health, birth centers, rural hospitals, CBOs, and local health jurisdictions as spokes. These hub-and-spoke models will feature telehealth nodes to further increase access to care. • Encouraging the adoption of evidence-based care models such as Project ECHO to develop chronic disease management and specialty-care models that apply telementorship and case-based learning to upskill clinicians and improve capacity; OB Nest model, which reduces in-person visits through virtual nurse contacts and home monitoring; CalMAP (basic training for behavioral health); and Perinatal Psychiatry Access Program (PPAP). 	<p>Proposed Outcomes:</p> <ul style="list-style-type: none"> • Better health outcomes including more rural residents receiving primary, maternity, chronic disease, and specialty services locally and reduced rural hospital bypass • Fewer preventable maternal complications • Expanded local clinician and provider capacity • Increased use of telehealth and e-Consults, improved health information exchange, and stronger cybersecurity • Higher patient engagement <p>State Policy Actions:</p> <ul style="list-style-type: none"> • No state policy commitments made 	

This document reflects the CMS Office of Rural Health Transformation's high-level summarization of the State's application. It is intended to be a simplified summary and is not exhaustive.

Zooming in: Themes in Behavioral Health

Integrated BH Services

- **BH Integration into Primary Care:** Embedding BH services in primary care settings, including FQHCs and RHCs.
- **BH into Maternal Health Initiatives:** BH screening, care coordination, specialized perinatal BH programs, payment alignment.
- **School-Based Behavioral Health** - Widespread emphasis on BH in schools, including school-based health centers and tele-behavioral health capacity.
- **Certified Community Behavioral Health Clinic Expansion** - expanding CCBHCs to strengthen access, care coordination, and crisis response capacity in rural communities.

Crisis Continuum

- **Broad Investments:** Statewide enhancements to crisis infrastructure, including care coordination and stabilization capacity.
- **Crisis Stabilization:** 24/7 walk-in crisis and stabilization centers, up to 4 recovery community centers, two SUDbridge clinics, statewide tele-specialty and behavioral crisis stabilization pilot, and more.
- **Mobile Crisis Response**

Sustainable Access

- **Structural investments** to enable hub and spoke delivery models.
- **Alternative Payment Models** that include behavioral health.
- **Provider payments** for uncompensated care and other health system investments.

Workforce Development

- **Prioritize BH Workers Who Choose Rural Areas:** Upfront bonuses tied to five-year service commitments
- **Workforce Data** : Statewide Workforce Mapping and Planning Tool
- **BH Workforce Career Pathways:** for high school students, scholarships for recent graduates, relocation/signing bonuses
- **Grow Your Own Workforce Models**

Technology Innovation

- **Invest in health technology/data infrastructure:** health information exchanges (HIEs), cyber security, interoperability, broadband.
- **Consumer-facing digital, AI, and monitoring tools**
- **Care Coordination & System Navigation**
- **Direct grants** to providers to support care integration, telehealth.

Substance Use Continuum Examples in RHTP Applications across the states

Mobile Clinics

- States are planning varied approaches to mobile clinics, including mobile opioid treatment programs, expanded mobile crisis & stabilization, youth & family focused mobile care, and mobile integrated clinics (AZ, CO, GA, KS, MD, ME, NC, OR, TN, UT, VA, VT, WA, WI)

Hub-and-Spoke Models

- Missouri is planning a hub-and-spoke model to include SUD providers. Each Hub functions as a clinical and operational anchor that connects residents to a continuum of services—primary, behavioral, specialty, and social—delivered in person or virtually through an integrated network.

Statewide Bridge Clinic

- Pennsylvania is planning a statewide bridge clinic, administered by addiction medicine specialists who can provide immediate help through phone-based evaluations, prescribe MOUD, and make handoffs to local providers, single county authorities, or other resources to support long-term follow-up care

RI: Multiple Investments Across the Care Continuum

- Rhode Island's plans for RHT funds include
 - 24/7 behavioral health and crisis stabilization centers
 - Peer-led Recovery Community Centers
 - Hospital-based SUD bridge clinics with peer navigators
 - Workforce development and recruitment

Thank You!



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A Conversation with States: Rural Health Transformation Programs in Arizona and Pennsylvania

Moderated by: Katie Greene, MPP | NASHP



21



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Arizona Health Care Cost Containment System



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Pennsylvania Department of Human Services

Learning from FORE's Rural Community-Based Organization Grantees

Moderated by: Alison Sutter, LMSW, MPH | FORE



22



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Audience Q&A

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