

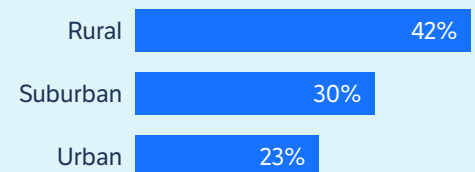
Galvanizing Rural Opioid Response Efforts with Rural Health Transformation Program Dollars

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 \$50 billion 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.

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%).

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.

BUILDING AND SUSTAINING A WORKFORCE TO RECOGNIZE AND RESPOND EFFECTIVELY TO PEOPLE WITH OUD

Rural communities encompass nearly 90 percent of U.S. landmass and about 20 percent of the population, yet clinicians who prescribe medications for opioid use disorder (MOUD) — whether through medical offices or opioid treatment facilities — **remain concentrated in urban areas**. Studies show rural residents with OUD travel, on average, **twice as far** for care as urban residents with the burden falling most heavily on low-income Medicaid beneficiaries, who travel **three times farther** for treatment.

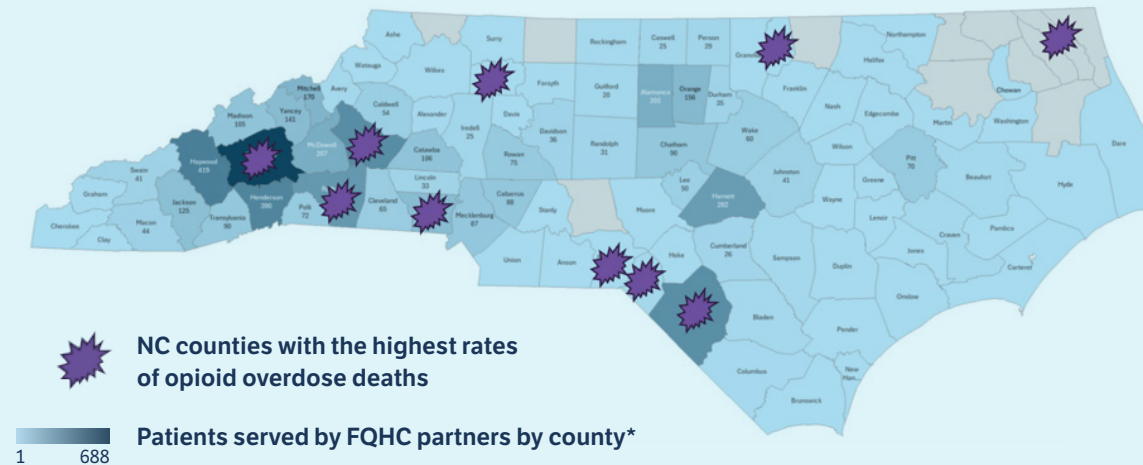
Creating a Community of Practice to Promote Access to MOUD

FORE grantees have expanded local prescribing capacity by offering training and hands-on support to primary care clinicians working in rural areas so they can develop expertise in delivering evidence-based treatment in community with peers.

With funding from FORE and North Carolina's Dogwood Health Trust, clinicians at the **University of North Carolina (UNC) at Chapel Hill** and the **Mountain Area Health Education Center (MAHEC)**, an academic health center based in Asheville, provided free training, technical assistance, and mentorship to clinicians working in 15 federally qualified health centers (FQHCs) as they gained experience initiating and titrating buprenorphine, one of three forms of MOUD. More than 4,000 patients from 88 counties received MOUD in their primary care homes at the FQHCs in last fiscal year, freeing up capacity in academic health centers to serve new patients with complex health needs.

North Carolina's Department of Health and Human Services continues to fund the initiative, now named the **NC STAR Network** to reflect the bidirectional learning that occurs when faculty in addiction medicine, family medicine, internal medicine, and psychiatry at three academic health centers gather bimonthly with rural providers working in FQHCs, private practices, and community mental health centers, among other settings. For challenges such as expanding access to MOUD in pharmacy deserts or tailoring care for migrant farmworkers and American Indian populations, rural providers are often the experts, says H. Claire West, MD, NC STAR Network's Director and an Associate Professor of Internal Medicine at UNC.

The NC STAR Network allows the state to connect providers working in areas with the highest overdose death rates so they can support one another.



The network sessions typically draw 40 to 50 rural clinicians, including physicians, nurse practitioners, physician assistants, and therapists.

Staff from more than 20 state agencies have joined the meetings to learn about local practices, implementation challenges, and the ways the network's now 28 partner sites are sharing resources.

Recent topics

Prescribing MOUD in pregnancy

Diagnosing and treating ADHD in people with SUD

Supporting patients with SUD during natural disasters

Clinical and operational considerations for prescribing long-acting injectable buprenorphine

“
Prescribing in community is very different than prescribing in isolation.”

– Gabriela Castro, MD, NC STAR Network's Data Team Lead and an Associate Professor of Family Medicine at UNC

Source: The NC STAR Network

* Numbers are not displayed in counties where FQHC partners care for fewer than 20 patients.

The **Healthy Alaska Natives Foundation (HANF)**, in collaboration with the **Alaska Native Tribal Health Consortium**, relied on a similar model to **equip clinicians in rural and remote parts of Alaska with the skills they need to prescribe MOUD** to patients who would otherwise be forced to travel hours for care. Representatives of 23 different tribes and tribal organizations participated regularly in the OUR HELP virtual learning network, which relied on case-based learning with addiction medicine specialists to spread best practices for delivering medication-assisted treatment. The toolkit they created also covered traditional healing practices and ways of addressing the impacts of intergenerational trauma and colonization on Indigenous populations. HANF staff estimate that 465 people gained access to lifesaving medications as a result of the initiative.

Embedding Addiction Medicine Specialists in Rural Communities

Becoming a Certified Community Behavioral Health Clinic (CCBHC) is another way rural communities can expand behavioral health capacity. The Centers for Medicare and Medicaid Services and the Substance Abuse and Mental Health Services Administration created the designation to direct additional resources to organizations offering comprehensive mental health and substance use treatment. But, as one FORE grantee's experience demonstrates, rural providers are likely to need upfront investment to meet certification requirements.

The **Center for Counseling and Consultation (The Center)**, a community mental health center serving four counties near Great Bend, KS, could not have hired a program director nor developed OUD treatment protocols— both prerequisites for certification — without a \$150,000 grant from FORE's **Community-Driven Responses to Opioid Use Disorder and Overdose Mortality Program**. The program director they hired, Kevin Ford, LAC, KCGC, created a local treatment option for patients who otherwise would have to travel two hours or more each way to see an MOUD prescriber. With his leadership, The Center achieved full CCHBC certification in 2024, enabling The Center to secure reimbursement for therapy, medications, case management, and peer supports that are vital for recovery.



In 2025, the first year of the program,

41 patients

received MOUD at The Center.

Nearly **50%** were uninsured.

Kevin Ford, LAC, KCGC, The Center's Substance Use Program Director, has built partnerships with local courts and law enforcement that now refer people for care. He has also reassured rural residents that The Center prioritizes confidentiality.

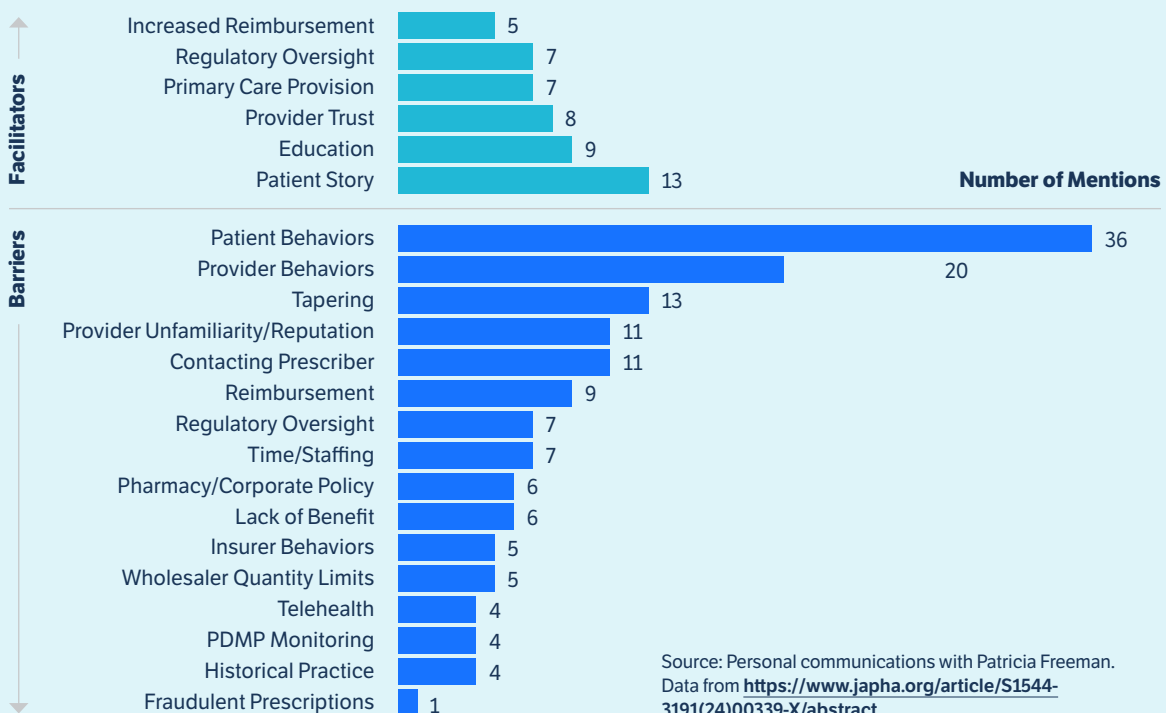
"In a rural context, you need someone who is trusted by everyone," says Wendy Lockwood, The Center's Executive Director.

Recruiting a Broad Range of Professionals to Act as a Safety Net

Expanding access to OUD treatment in rural areas requires engaging more than prescribers alone. FORE grantees have trained community paramedics and pharmacists in rural and frontier areas to identify people affected by OUD and facilitate their access to treatment and long-term support.

In Appalachia, the **University of Kentucky College of Pharmacy** is educating pharmacists and pharmacy technicians about the critical role dispensing buprenorphine plays in preventing overdose deaths. Focus groups with pharmacy staff in Kentucky counties with high and low buprenorphine dispensing rates found decisions about dispensing were shaped by how pharmacy staff perceived local prescribers, patients, and MOUD effectiveness. Hearing patient testimonials and collaborating with trusted community providers increased pharmacists' openness to MOUD dispensing, while lack of trust in prescribers and stigma against MOUD and people with OUD were deterrents.

Focus Groups with Staff in Rural Pharmacies Suggest Positive Patient Testimonials May Offset Stigma and Bias Against MOUD

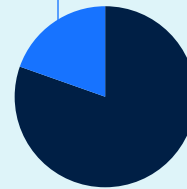


The information researchers gleaned from the focus groups was used to develop key messages that peer pharmacists are using as they do **outreach to staff at pharmacies in counties with low dispensing rates**. The results, expected soon, may offer actionable insights for urban and rural communities alike.

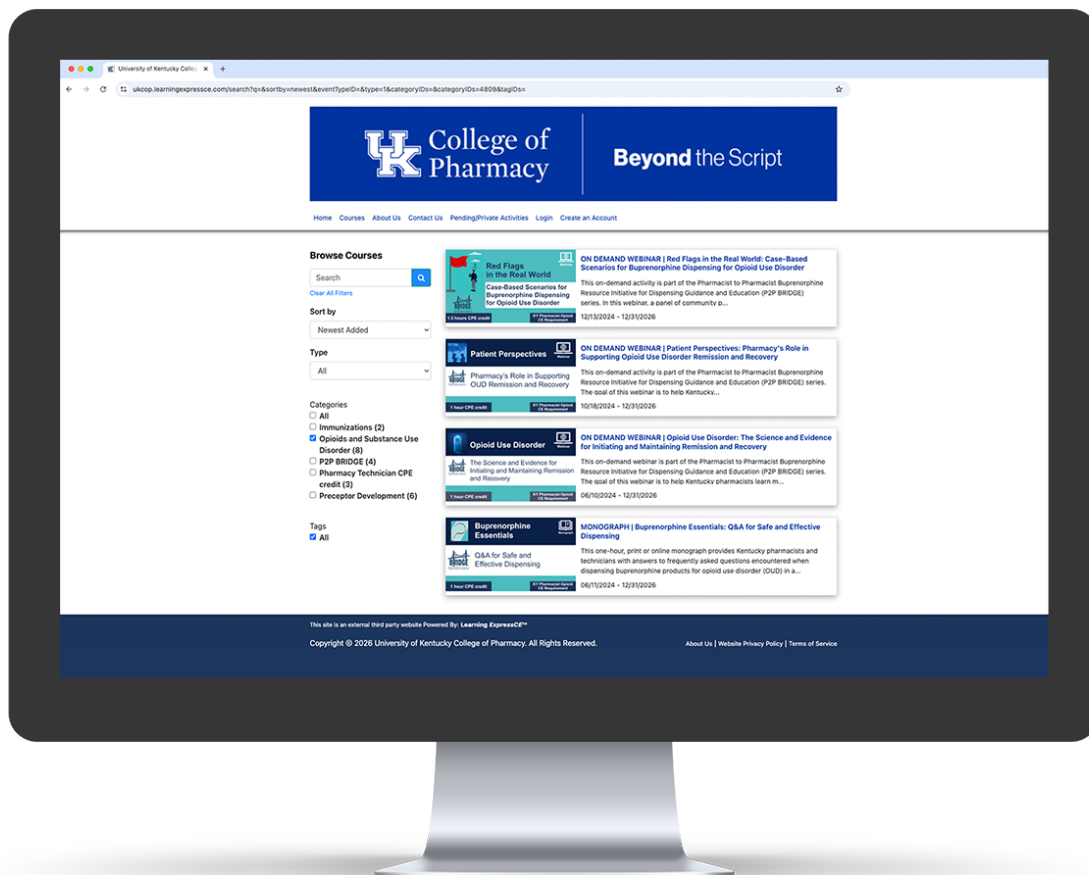
An analysis of Medicaid pharmacy claims from six states — Kentucky, Minnesota, North Carolina, Pennsylvania, Virginia, and West Virginia — found 1 in 5 community retail pharmacies dispensing opioids to Medicaid beneficiaries did not dispense buprenorphine to treat OUD.

Source: <https://pubmed.ncbi.nlm.nih.gov/38758569/>

19.6%
dispensed
opioids but not
buprenorphine



80.4%
dispensed
opioids and
buprenorphine



The team also developed continuing education courses to strengthen Kentucky pharmacists' understanding of their role in supporting OUD remission and recovery.

Leveraging a Mobile Workforce to Connect People to Care

In rural communities, EMTs and paramedics are often the first — and sometimes only — professionals to reach people experiencing opioid overdoses. Despite their central role, few receive training to identify OUD and respond in ways that encourage ongoing care. With funding from FORE, **Frederick County Division of Fire & Rescue Services** in Frederick, MD, developed a four-hour training to help EMTs and paramedics better recognize OUD, understand the benefits of treatment, and engage patients with empathy. The course arrived just as Maryland began allowing select paramedics to initiate buprenorphine in the field, expanding the potential impact of each emergency response.

600 EMTs and paramedics

have participated in the training.



Frederick County Division of Fire & Rescue Services also created a Community Outreach and Support Team (COAST) in 2020 that pairs peer recovery specialists with community paramedics during calls for service that involve substance use. The peers work alongside EMS staff to help individuals navigate treatment, recovery, and overdose prevention services, creating a bridge between crisis intervention and long-term care. “Everybody who has had an opportunity to see the peers interact with folks on scene becomes an instant believer in the power a peer-to-peer conversation can have,” says Matthew Burgan, NRP, CP-C, a paramedic with the COAST program.

Since November 2023, COAST paramedics have initiated buprenorphine for 10 people — all of whom had seen a health care provider within the previous two days but had not been connected to treatment. One of those treated was a young mother discharged from an emergency department in active withdrawal. Overwhelmed and out of options, she met with the team at a rural firehouse for help. While paramedics administered medication, peers helped to facilitate a connection to longer-term treatment options, and other firefighters kept the children occupied by providing them with a tour of the fire station. More than 18 months later, she remains in treatment and is working full-time, Burgan says.

In Western Pennsylvania, another FORE grantee — **Allegheny Health Network (AHN)** — adopted a similar approach. Community paramedics conducted outreach to people following overdoses, offered treatment options, and helped address social needs such as lack of transportation that were barriers to care. They connected those interested in treatment to AHN’s Center for Inclusion Health and FAVOR-Western PA, a grassroots community-based organization that helps people navigate complex treatment and recovery systems.

PROMOTING A WHOLE-FAMILY APPROACH TO PREVENTION AND LONG-TERM RECOVERY

FORE has also supported community-based organizations that are developing and adapting family- and community-based prevention programs to better serve rural children and their families.

In West Virginia, where the fatal opioid overdose rate has consistently been **two-to-three times higher** than the US average, many children are coping with the long-term effects of parental substance use, family separations, and loss. To support them, **The Martinsburg Initiative (TMI)** in Berkeley County has trained more than 3,000 teachers, health care providers, and law enforcement officers to recognize young people who have experienced trauma and refer them — along with their families — to school-based social workers. These social workers offer counseling, after-school programming, and other services aimed at strengthening resilience. The program, featured in [a video](#), is associated with improved school attendance and academic performance, as well as increased measures of resilience among students deemed at highest risk.

What sets TMI apart is its emphasis on collaboration, says Margaret Kursey, the initiative's director. By bringing together partners from health care, education, law enforcement, and civic life and meeting frequently to align their efforts, TMI can respond nimbly to evolving needs, pursue joint funding, and ensure families are connected to consistent support, regardless of where they first seek help.



Assessing Risk and Responding

As part of its intake process, the Martinsburg Initiative asks about adverse childhood experiences and other risk factors, including lack of access to food and safe housing. The services children and their families are offered vary with the level of risk.

ABUSE

-  Physical
-  Emotional
-  Sexual

NEGLECT

-  Physical
-  Emotional

HOUSEHOLD CHALLENGES

-  Mental Illness
-  Mother Treated Violently
-  Divorce
-  Substance Abuse
-  Incarcerated Relative

INTERVENTION

RISK LEVEL

	Low	Moderate	High
Case Management	✓	✓	✓
Mentoring	✓	✓	✓
Referrals to Community Resources	✓	✓	✓
Individual Skill Building		✓	✓
Group Work		✓	✓
Wraparound Services		✓	✓
Behavioral Health Therapy			✓
Family Support			✓

Source: The Martinsburg Initiative. See: <https://forefdn.org/wp-content/uploads/2023/12/TMI-Risk-Stratification-Protocol.pdf>

The **Morgan County Partnership (MCP)**, in a neighboring county, take a similar approach as shown in [this video](#). It convenes nonprofits, schools, local government, businesses, and churches to support young people who have been affected by substance use. Through its school-based programs, the partnership delivers layered supports, including screening, individual counseling, and group therapy focused on grief and loss, anxiety, and trauma.

While often overlooked and underfunded, community-based organizations are frequently the first to recognize unmet needs in rural communities. **Simply Hope Family Outreach** in Burley, ID, offers a powerful example. Launched by two mothers whose sons survived opioid overdoses, the organization expanded from hosting one family support group to managing a Safe Teen Assessment Center that now screens more than 300 children and youth each year for substance use, suicide risk, and other behavioral health needs. Simply Hope also operates a drop-in center for young people and provides therapy and referrals to residential treatment programs and partial hospitalization programs. As the founders acknowledge in [a video](#) about their work, sustaining funding — even with demonstrated impact — remains an ongoing challenge.



Nancy Winmill and Sheri Allred, the founders of Simply Hope Family Outreach, created a center to serve families in crisis.

LOOKING FORWARD

The Rural Health Transformation Program (RHTP) offers a rare opportunity for rural communities to define and secure resources for what matters most to them. As states allocate RHTP funds for expanding access to prevention, treatment, and recovery supports, these FORE-supported initiatives highlight the importance of:

- 1 Creating opportunities for collaboration** — both within and across states — so that clinicians, government agencies, community leaders, and others have a means to share learning, coordinate responses, and adapt as the opioid crisis continues to evolve;
- 2 Adopting a broad view of how individuals and families access help.** As these examples demonstrate, schools, law enforcement, pharmacies, fire departments, and community-based organizations all play essential roles in connecting people to care and reducing stigma;
- 3 Leveraging distance learning and scholarship programs** to expand pathways for rural residents to enter the behavioral health workforce, and **providing sufficient funding to retain people working in rural settings;**
- 4 Providing training and coaching to health care providers** to increase their readiness to treat OUD;
- 5 Investing in infrastructure** — including technology, data, and staff — that rural organizations need to engage in long-term planning for sustainability; and
- 6 Dedicating funding for evaluation of innovative programs** to identify what works, why it works, and how effective models can be more rapidly scaled and replicated.

For more information on these and other FORE grantees, please go to [FOREfdn.org/our-grantees](https://forefdn.org/our-grantees).



FORE is a national grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis.

We are committed to convening and supporting partners advancing patient-centered, innovative, evidence-based solutions addressing this public health challenge.

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