



Foundation *for* Opioid Response Efforts



Inspiring and accelerating
action to end the opioid crisis



Annual Report
2022



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Mounting an Equitable Response to the Opioid Crisis

When we launched FORE in 2018, we committed to advancing equity. What does it mean to mount an equitable response to the opioid and drug overdose crisis?

To us, it means helping communities affected by the opioid crisis in every part of the country. We're supporting grantees bringing treatment and recovery services to rural and frontier areas, as well as inner cities. It also means helping groups who are hardest hit and often have the least support, including people involved in the criminal justice system and communities of color.

In just one year — 2019 to 2020 — drug overdose rates increased 44 percent among Black people and 39 percent among American Indians and Alaska Natives. When researchers at the Centers for Disease Control and Prevention (CDC) looked at the records of those who died from drug overdoses in 2020, they found Blacks, Hispanics, American Indians, and Alaska Natives were the least likely to have received substance use treatment.

The CDC analysis also showed that opioid overdose rates for Black and American Indian/Alaska Native populations were higher in communities that had treatment capacity than those that didn't, suggesting that a variety of other factors may be preventing people from seeking care.

Our grantees are helping to identify and address those barriers, from mistrust of the health care system to lack of transportation. In Miami, Philadelphia, Alaska, and elsewhere, we've supported providers who've found innovative ways to engage people in treatment. They've developed mobile outreach teams, leveraged technology to bring medications for opioid use disorder (MOUD) to people in jails, and developed wraparound services for pregnant people coping with addiction.

Seeing the impact of their work — in lives saved and families restored — has been immensely gratifying. It strengthened our conviction that by spreading proven models, we can see fewer deaths, fewer lives derailed, and fewer families torn apart.

To achieve equity, we also need to adopt a similar approach to prevention — not just preventing substance use but preventing the emotional trauma and deprivation that can fuel it.

New grantees are taking prevention programs that have been shown to work and tailoring them for high-risk groups, including young people on the Pine Ridge Reservation in South Dakota and in Appalachia. Others are promoting resiliency by engaging families, schools, and their broader communities. Another new grant portfolio supports innovative approaches to longstanding challenges including stigma against people with opioid use disorder (OUD), and lack of access to real-time data about the evolving overdose crisis. Our grantees are working to build empathy for those who use substances and gathering timely data to inform responses at a local level.

Finally, equity means listening to and empowering people with lived experience of addiction. Many of our grantees are partnering with patients to refine their approaches, focusing on what matters to them, and training a cadre of people to work as peer coaches and help others recover.

For us at FORE, equity is more than just a buzzword: it is ingrained in all our programs and will remain a core part of how we work. We know it will take all of us, working together and being willing to work differently, to address the evolving overdose crisis.



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



Karen A. Scott, MD, MPH
President

Outcomes

Expanding Access to Treatment and Recovery Supports

FORE's first major grant program, launched in March 2020, committed more than \$10 million to expand access to lifesaving treatment for OUD. Our grantees developed and spread treatment approaches that have been shown to work and found creative ways of engaging people who are often hard to reach.

To do so, they partnered with people with firsthand experience of substance use disorder and trained many more providers.

In the spring of 2020, as the stress and isolation of the COVID-19 pandemic was putting people in recovery from OUD at risk, FORE responded by awarding grants to organizations that helped people maintain connections to counselors, peers, and other supports.

Here's a snapshot of the strategies both sets of grantees employed.



**Access to
Treatment**



**Provider
Training**



**Peers
Engaged**

GRANTEES

ACCESS TO TREATMENT GRANTS

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 Program
Thomas Jefferson University
University of Alabama at Birmingham
University of Maryland
University of North Carolina — Horizons Program
University of North Carolina/ Mountain Area Health Education Center
University of North Dakota

COVID-19 GRANTS

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

ACCESS TO TREATMENT



5,838

Number of people FORE grantees helped gain access to treatment and recovery supports

Many of our grantees focused on groups who have received little attention, including communities of color; rural residents; pregnant and parenting people; youth and young adults; and individuals involved in the criminal justice system.

HOW GRANTEEES CONNECTED PEOPLE WITH OUD TO TREATMENT AND RECOVERY SUPPORTS

The Healthy Alaska Natives Foundation

The Healthy Alaska Natives Foundation (HANF) provided training and support to nearly 100 Alaska physicians, nurses, and pharmacists interested in expanding access to addiction treatment. The program used the Project ECHO model, which relies on virtual case-based learning and peer-to-peer support. HANF staff estimate that 465 people gained access to lifesaving medications as a result of its OUR HELP program.



Addiction Medicine ECHO

Project ECHO and ANTHC Behavioral Health partnered to develop a virtual learning network focused on improving delivery of addiction medicine and medication-assisted treatment.

What is it about?

This partnership aims to:

- Enhance best practices relevant to rural Alaska needs
- Troubleshoot and overcome barriers
- Support and resources to empower providers
- Inform providers on the latest policies and practices

Who should attend?

Health care providers who want to learn more about addiction medicine, providers interested in starting a medication-assisted treatment program, and current practitioners of addiction medicine looking to support a community of practice.

When?

Sessions are held via Zoom on the 2nd and 4th Thursdays from 12 - 1 PM AK Time.

Contact

Contact us at behavioralhealth@anthc.org or [visit our website](#) to learn more. Click here to [Register Now](#).

The Addiction Medicine ECHO is supported by a grant from the Foundation for Opioid Response Efforts (FORE), Improving Access to Opioid Use Disorder Treatment and Recovery Services for Underserved Populations and Communities. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the FORE.

University of Maryland at Baltimore

In 2019, Maryland policymakers mandated that all correctional facilities offer MOUD to any person who needs it by 2023. Funding from FORE enabled addiction medicine physicians from the University of Maryland School of Medicine to offer buprenorphine treatment via telemedicine in three rural detention centers. The pilot enabled 270 people to receive treatment while in jail.

“The impact of initial seed funding from FORE was immeasurable. It made what was once a lofty and perhaps even aspirational goal achievable for rural jails,” says Eric Weintraub, MD, a professor of psychiatry at the medical school. The funding also supported a [study](#) that assesses the acceptance and perceptions of MOUD among detention center staff. This research lays the groundwork for educational interventions.



▲ U.S. Rep. David Trone, University of Maryland grantees, and FORE staff visited the Allegany County Detention Center in Cumberland, Maryland, in April 2022 to see the pilot program firsthand.

Photo credit: FORE

Renewal House

During the pandemic, many pregnant and parenting people struggled to access OUD treatment and recovery supports because of financial hardships, concerns about exposing themselves and their children to COVID-19, and other challenges.

Renewal House, the only long-term residential substance use disorder treatment program for pregnant and parenting women in Middle Tennessee, launched free treatment groups via telehealth that relied on evidence-based curricula for reducing substance use and promoting parenting skills. By eliminating many of the childcare, transportation, and financial barriers associated with in-person meetings, the virtual program reached 219 women. Ninety percent reported a decrease in substance use and 45 percent who graduated from the program asked to continue attending sessions.

“When someone decides to stick around when the legal system or outside forces aren’t encouraging them to do so, it really shows a strong desire for recovery,” says Savak Millis, LPC-MHSP, director of programs at Renewal House.

Renewal House also partnered with a local sheriff’s office to provide treatment and recovery supports to incarcerated women.



Photo credit: Renewal House

Young People in Recovery

A FORE grant enabled Young People in Recovery chapters across the U.S. to offer services to people who were isolated during the pandemic. The virtual events, including recovery meetings and stress-reducing activities like virtual yoga and meditation, reached at least 750 people.

“

We literally would not have been able to function during the pandemic without the support we received from FORE.”

– Ann Herbst, Executive Director,
Young People in Recovery



YPR-Santa Barbara

(VIRTUAL)
DANCE
FITNESS W/
THE PHOENIX
ORGANIZATION

MONDAY, FEBRUARY 7, 2022
1:00PM-1:30PM PST



PROVIDERS TRAINED

**4,611**

Number of providers FORE grantees trained to identify people with OUD and provide evidence-based treatment

FORE grantees offered hands-on training and technical assistance to professionals, including primary care doctors and emergency medicine providers, as they adopted new protocols. Some grantees used a hub-and-spoke model, which enabled specialists at academic medical centers to advise and support clinicians working in rural areas.

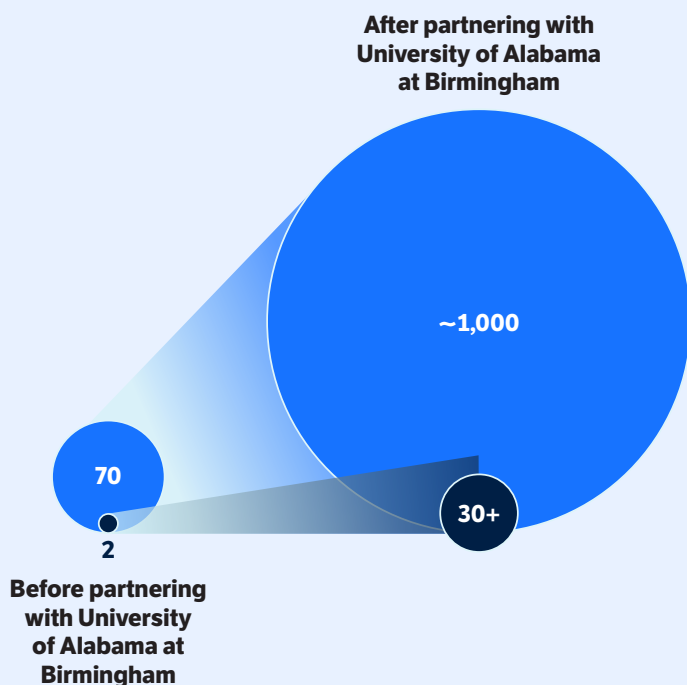
HOW GRANTEES TRAINED MORE PROVIDERS

University of Alabama at Birmingham

Li Li, MD, PhD, associate professor of psychiatry and behavioral neurobiology at the University of Alabama at Birmingham, developed OUD treatment educational modules for medical residents and fellows. She also provided education and mentoring on how to screen for OUD and initiate MOUD to clinicians in urban and rural clinics, including Cahaba Medical Center. In all, she trained some 100 Alabama clinicians to deliver OUD treatment.

At Cahaba Medical Center, Li's support led to exponential growth in OUD treatment capacity

- Number of MOUD prescribers
- Number of MOUD patients

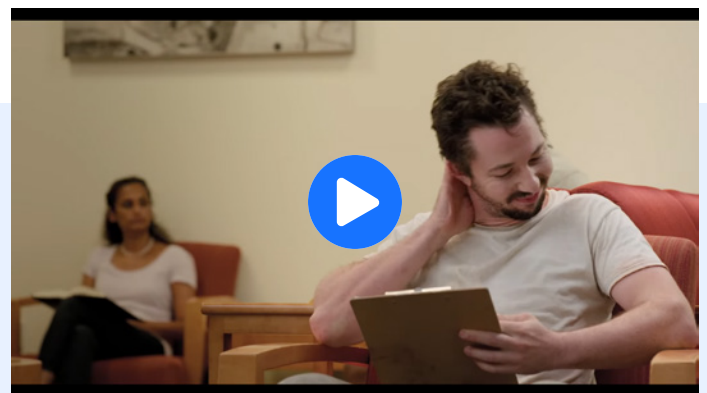


Thomas Jefferson University

Thomas Jefferson University expanded access to OUD treatment in Philadelphia by training providers working with Project HOME and Pathways to Housing PA, two organizations that serve people experiencing housing instability or homelessness.

The team also created a [series of videos](#) to educate clinicians and other health care professionals about practical strategies to build trust with patients, including harm-reduction approaches.

Through both efforts, they've trained 200 providers and reached 248 patients.



▲ Thomas Jefferson's "Recognizing Withdrawal in the Waiting Room" video garnered 42,000 views on YouTube as of March 2023.

The American College of Emergency Physicians/ Emergency Medicine Foundation, the Public Health Institute's CA Bridge Program, and Massachusetts General Hospital's Get Waivered Campaign

FORE funded three organizations to educate clinicians about the benefits of initiating MOUD in the emergency department (ED) and guiding patients to community providers for ongoing care.

FORE grantees in the National Emergency Medicine Consortium — including the American College of Emergency Physicians/Emergency Medicine Foundation, the Get Waivered campaign at Massachusetts General Hospital, and the Public Health Institute's CA Bridge Program — also provided technical assistance to

clinicians and hospitals adapting their policies, procedures, and staffing to make OUD treatment more widely available.

“We point out it’s one of the most impactful and effective things we can do as clinicians,” says Arjun K. Venkatesh, MD, MBA, MHS, who leads ACEP’s Emergency Quality Network (E-QUAL) Opioid Initiative.

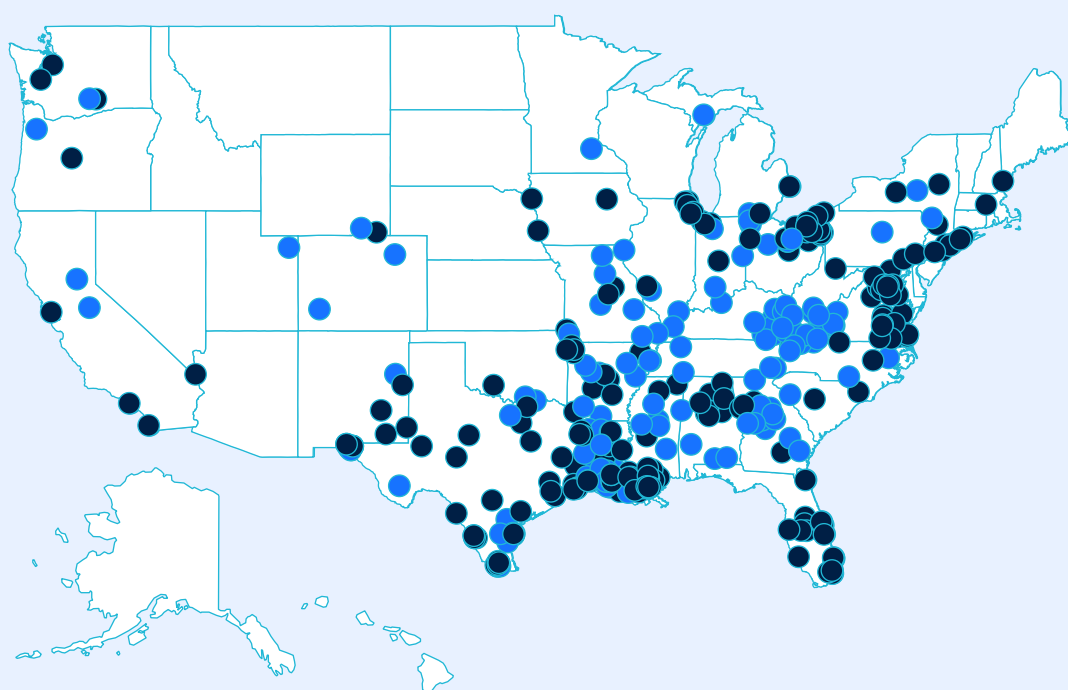
The consortium trained more than 2,600 clinicians and offered guidance to more than 460 hospitals.

Map of EDs in the E-QUAL Network Opioid Initiative

● Urban ● Rural

► Among the 385 emergency departments that participated in the E-QUAL Opioid Initiative, 36 percent were in rural communities.

Source: E-QUAL Opioid Initiative



PEERS ENGAGED



400

Number of people with lived experience of opioid use disorder FORE grantees engaged

FORE grantees have helped redesign care models, staffed warmlines, and helped people find treatment and recovery supports.

HOW GRANTEES ENGAGED PEOPLE WITH LIVED EXPERIENCE

Foundation for Healthy Communities

People who use drugs and those in recovery are often underrepresented in the patient advisory councils that guide health care organizations' work.

In New Hampshire, the Foundation for Healthy Communities invited 22 people who use drugs or have used them in the past to partner with four rural hospitals to improve the care being delivered. Some participants said they'd felt judged or rejected by clinicians and all suggested reforms.

"They wanted to be part of improving a system that had in many ways failed them," says Tanya Lord, PhD, MPH, the former director of patient and family engagement for the foundation.

As the result of this project and an identified need, the Foundation for Healthy Communities then created a Lived Experience Advisory

Panel that enabled people who use drugs or alcohol, those in recovery, and their relatives to partner with staff or clinicians at all New Hampshire hospitals to design more patient-centric approaches to SUD treatment.

Ballad Health

Ballad Health, a large health system serving the Appalachian Highlands region of Tennessee and Virginia, provided training and internship opportunities to nearly 40 people recovering from substance use disorder, enabling them to become certified as peer recovery specialists.

The health system now employs 14 certified peer recovery specialists, who help people with OUD find medical care, jobs, and educational opportunities. The specialists also staff Ballad's PEERhelp Certified Peer Recovery Helpline, which people can call to find support day and night.

"I'm so thankful we have individuals on our team with personal experience of recovery. It's really helped us tailor the program to the people we want to serve," says Casey Carringer, director of clinical engagement for Ballad Health.

Collectively, the peer specialists have supported more than 1,600 people with OUD in Virginia and Tennessee.



▲ The cadre of peer recovery specialists Ballad Health trained link people to treatment programs, recovery meetings, and organizations that help them find food, clothing, and shelter.

Photo credit: Ballad Health

You Can
Make a
Difference in
Healthcare



We are looking for members to join our
Lived Experience Advisory Panel (LEAP).

Do you have lived experience with alcohol or drug use? Are you
interested in joining a monthly meeting to share your insights and
improve healthcare experiences for all?

PLEASE CONSIDER JOINING LEAP
Call Carrie at 603-731-0032

Time Commitment
Virtual Meeting
1.5 hour/monthly

You Will Receive
A Gift Card

Help Others
By sharing your
insight/experience

Contact Carrie today at 603-731-0032 or email at cmcfadden@healthnh.org for
more information.

Your information will not be shared for any purpose other than for use of this project.



Midlands Recovery Center

During the COVID-19 pandemic, Midlands Recovery Center in South Carolina trained four peer recovery specialists to offer supports via telehealth to patients hospitalized after overdoses or for intravenous drug-related conditions.

They reached more than 370 people at three hospitals, bridging the gap between hospitalization and long-term recovery during a time when many hospitals restricted access to visitors.



Midlands Recovery Center also trained people in the community to administer naloxone, saving at least one life so far.

Photo credit: Midlands Recovery Center

Innovation

Finding Innovative Ways to Tackle the Opioid Crisis

In 2021, FORE issued a national call for proposals for a new innovation program that's designed to generate solutions to some of the opioid crisis' most intractable problems.

The first challenge is the stigma that many people with OUD encounter when they seek help from health care providers, clergy, and others. All too often, these professionals see people with OUD when they are most in need of help — in the ED or after an arrest or other crisis. Without training on the biological basis of addiction and an awareness of the benefits and availability of evidence-based treatment in their communities, they may respond in ways that leave people feeling judged or hopeless.

A second problem is lack of access to timely and actionable data about an evolving crisis. Across the U.S., communities have struggled to keep up with changes in the drug supply and their impact on overdose rates and treatment protocols. The lag between when overdoses occur and when community or population-level data about those events become available means overdose responses are delayed and less effective than if data were more readily available. To develop new policies and interventions in real time, we will need new approaches to data collection, analysis, and dissemination.

The first grants in the innovation program tackle both of these problems in the same way: by bringing experts from different disciplines together with people who use drugs and those in recovery to develop solutions. The partnerships we've funded are helping to break down barriers and forge trust needed to prevent overdoses and bring more people into treatment.

GRANTEES

In February 2022, FORE issued \$4.8 million in grants to 11 organizations that are tackling some of the biggest impediments to ending the opioid crisis.

Agency for Substance Abuse Prevention

Brown University

Friends Research Institute

Medical College of Wisconsin

Montefiore Medical Center

New York State Psychiatric Institute

Temple University

Tufts University

University of Massachusetts Dartmouth

University of North Carolina at Chapel Hill

Weill Cornell Medicine Medical College

Building Empathy for Patients with OUD

Data show health care providers' attitudes toward patients with substance use disorder (SUD) are worse than toward patients with any other medical or psychiatric condition and get worse over time.

Jonathan Avery, MD, a psychiatrist at **Weill Cornell Medicine Medical College** in New York City, and collaborators at the MIT Media Lab and the Dalio Center for Health Justice at New York–Presbyterian are developing a role-playing tool to help medical professionals understand their biases and begin to express greater empathy toward patients with OUD and other SUDs.

Their platform records and analyzes the facial expressions of medical students and clinicians as they interact with simulated patients in different clinical scenarios. Users receive immediate feedback on the extent to which their facial expressions communicate empathy or other responses like fear and disdain as they go about taking a history and developing a care plan for a virtual patient, such as a 22-year-old who arrives in the ED after an opioid overdose.

To build the platform, Avery and his colleagues videotaped physicians interacting with patients with OUD and then asked people with lived experience of the disorder to score the physicians on their emotional responses and facial reactions. The tool also provides education about OUD and stigma that students and practicing clinicians may not have received in school, including training modules that demonstrate the role gender and race can play in perpetuating stigma.

In another FORE grant, researchers at the **University of Massachusetts Dartmouth** (UMass Dartmouth) are developing simulations to train nursing students about how negative attitudes toward patients with OUD contribute to suboptimal care. The Novel Organizational Simulation Training to Improve Graduate's Mastery & Attitudes, or NO STIGMA, is organized around the findings of focus groups in which people with a history of OUD, as well as their families and caregivers, shared their experiences interacting with health care providers.

The UMass Dartmouth team is developing six detailed simulation scenarios. One of those simulations traces the journey of a young male



“

I always tell medical residents that my goal as an addiction provider is to be the friendliest face the patient has ever seen. They're so used to finger-wagging, negative approaches that don't work.”

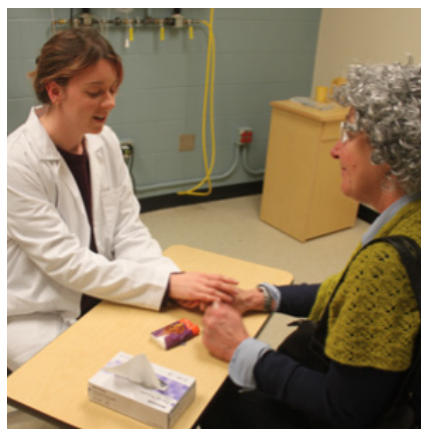
– Jonathan Avery, MD, Vice Chair of Addiction Psychiatry, Weill Cornell Medicine

with OUD who comes to an ED with a wound and no insurance. As his situation unfolds, nurses are tasked with managing his withdrawal symptoms and pain and making referrals to outpatient care. A more advanced module for graduate students focuses on providing compassionate care to the family of an infant with neonatal abstinence syndrome. Trainees also learn about the stigma associated with MOUD and are asked to use motivational interviewing techniques when interacting with patients who may reject treatment.

“Our goal is to provide the next generation of nurses with the knowledge, skills, and attitudes needed to advance health equity for individuals with OUD and their families,” says Mirinda Tyo, PhD, assistant professor in UMass Dartmouth’s College of Nursing and Health Sciences.

Like health professionals, clergy receive little training on how to respond effectively to people who are struggling with SUDs. Without personal experience of OUD, few may know of the resources that are available in their communities or how to support a congregant as they enter recovery. With a FORE grant, the nonprofit **Agency for Substance Abuse Prevention (ASAP)** in Oxford, Alabama, partnered with the Alabama Department of Mental Health to develop a 16-hour training program for faith leaders across the state.

“We wanted to bridge the gap between the faith-based community and mental health field and remove the stigma surrounding mental illness because we know one of the first places people will go for help, particularly in the Deep South, is the church,” says Rev. Byron Jackson, an ambassador for the program and pastor of the Greater Thankful Baptist Church in Anniston, Alabama.



As part of NO STIGMA training, nursing students practice managing the care of patients with OUD.

Photo credit: University of Massachusetts Dartmouth



Rev. Byron Jackson (second from left) serves as an ambassador to ASAP's program, which has trained more than 100 clergy, including Rev. Art Tucker (far left), to recognize and respond to substance misuse. ASAP's September 2022 training (right) was held at the Rosa Parks Museum in Montgomery, Alabama.

Photo credit: Agency for Substance Abuse Prevention

The training covers emerging trends in substance use and treatment as well as recovery supports and ways to engage in effective communication by understanding trauma and avoiding stigmatizing language related to substance use. More than 100 faith-based leaders have gone through the program in the first six months, earning certificates as faith-based support specialists, and the organization is gearing up to offer the training to clergy nationwide through a collaboration with the U.S. Substance Abuse and Mental Health Services Administration.

The two-day training also introduces faith-based leaders to local treatment and recovery organizations. Hearing from these organizations and people in recovery has a profound impact, says Jackson. "I have people tell me afterwards, 'I had no idea. I believed my church was where it should be, but we don't even have a space for people struggling with substances.'"

Avoiding Stigmatizing Practices

FORE grantees are also helping to highlight how two reflexive and widespread practices in medicine — testing patients' urine for substances and reporting drug use to child welfare agencies — can discourage people with OUD from seeking help and place them in legal jeopardy. Both are often implemented without the recognition that OUD is a chronic disease and that its recurrence can be expected.

The consequences of indiscriminate testing and reporting can be dire, particularly for low-income patients and people in communities of color. Within the context of OUD treatment, patients whose urine drug tests come back positive for non-prescribed substances are often labelled as non-adherent, resulting in the discontinuation of treatment or a transfer of care. The results of urine drug tests can also be used as grounds for incarceration or family separation. Despite this, current guidance leaves a lot of leeway for clinicians to make decisions about the frequency, randomness, and consequences of urine drug screening.

Through a FORE-funded project, **Montefiore Medical Center** in New York City is developing and disseminating evidence-based toolkits to guide patient–physician decision-making on whether, when, and how to use urine drug screening. The project aims to promote recovery by educating patients with OUD about their medical and legal rights around urine drug screening and helping them partner with their providers to use testing in therapeutic, rather than punitive, ways.

The first Informed Patient Urine Testing Toolkit will be tested in two primary care settings within the Montefiore Buprenorphine Treatment Network before being disseminated throughout Montefiore's network and in clinical sites associated with New York City's Department of Health and Mental Hygiene.

Fear of being reported to child welfare agencies can prevent expectant parents from seeking medical care for a pregnancy or substance use, increasing the risks of pregnancy-related complications as well as OUD-related deaths. The fear of parent-child separations is not misplaced. Researchers have found maternal substance use, particularly opioid use, is a significant factor in the growing number of families involved in the child welfare system.

63.7%

of mothers enrolled in an opioid treatment program were involved in a report to child welfare agencies.

32.7%

had a child placed in out-of-home care.

Source: <https://pubmed.ncbi.nlm.nih.gov/24890662>

FORE grantees Mishka Terplan, MD, MPH, from the **Friends Research Institute** in Baltimore, Maryland, and Sarah Roberts, DrPH, from the University of California, San Francisco, are developing training webinars for health care providers, hospital administrators, and public health officials to clarify reporting requirements. Often, such decisions are driven by providers' anxiety or misunderstandings. "People are just so worried about what's going to happen if they don't make a report," Roberts says. "There's a

misconception that reporting is helpful and connects people to services."

To develop a decision-making framework, Terplan and Roberts established a community advisory board made up of lawyers, health care providers, and people who have been affected by the child welfare system and can provide real-world examples of how reporting can imperil treatment outcomes and produce trauma.



◀ Webinars developed by researchers at the Friends Research Institute and the University of California, San Francisco, give participants tools to promote recovery and equitable outcomes for birthing people with OUD.

Photo credit: Friends Research Institute/University of California, San Francisco



“

The goal is really to educate so that child welfare reporting is within but not exceeding the legal parameters and that it's grounded in bioethics and a respect for human dignity.”

– Mishka Terplan, MD, MPH, Friends Research Institute in Baltimore, Maryland

Monitoring the Drug Supply in Real Time

Surveillance of the drug supply is challenging because it's often dependent on drug seizures and postmortem toxicology. Delays and differences in testing and reporting are common and — at best — these methods offer an incomplete picture of hazards. What's more, the risks identified may not be publicized.

With FORE support, researchers at **Brown University School of Public Health** are partnering with the Rhode Island Department of Health and local harm reduction organizations throughout the state to collect and analyze drug samples from people who use drugs. Samples for the testRI project are drawn from syringes, pipes, refuse, and drug purchases that are supplied anonymously and analyzed at the toxicology lab at Rhode Island Hospital. The equipment enables the team to identify what other drugs and substances are mixed with samples of fentanyl, crack cocaine, ketamine, crystal meth, and counterfeit versions of Xanax and Percocet.

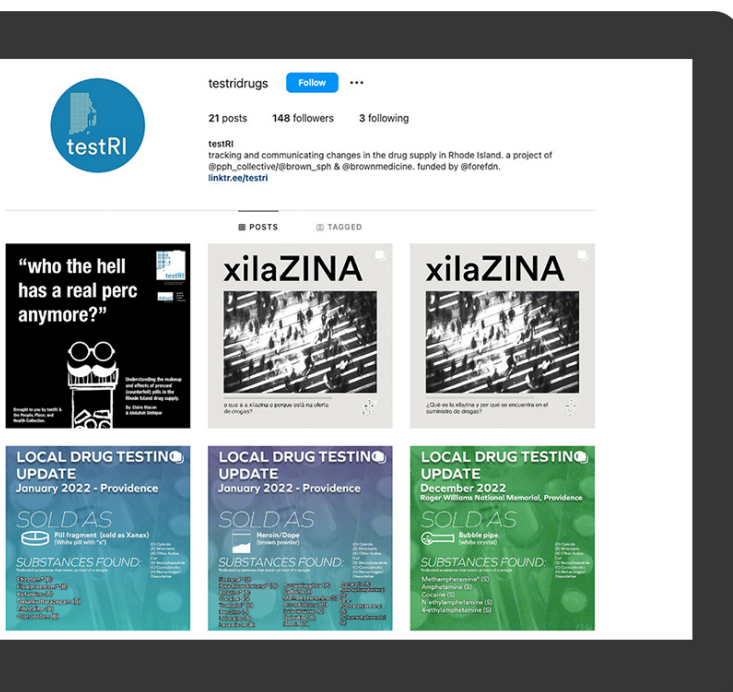
The results are publicized on the state's overdose data dashboard, PreventOverdoseRI.org, as well as via social media and flyers and posters distributed to harm reduction organizations. The health department also shares alerts with health care providers and outreach workers across the state.

“One of the biggest findings that we've had is that 45 percent of the samples tested contain xylazine, a veterinary sedative that's not used in humans,” says Alex Collins, PhD, an assistant professor of epidemiology and the project's co-principal investigator. They've also found that 40 percent of the stimulant samples they've collected to date included fentanyl or fentanyl analogs, putting people who weren't aware they were using opioids at risk of overdose.

As part of the project, Brown University researchers reached out to 50 people in drug overdose hotspots to learn more about their perceptions of the local drug supply, drug use patterns, and their preferences for communication about drug supply findings and harm reduction approaches.

- 56% were women (transgender-inclusive)
- 48% were people of color
- 42% had at least one overdose in the 12 months prior to interview

Interviews with people who use drugs suggest they are grateful to have this information. “They weren't aware of how complex the supply is and tell us it's helpful to have information to take back to their communities, back to their friends, and also their sellers,” she says.



In another FORE grant-funded project, researchers at the **University of North Carolina at Chapel Hill** (UNC) are using a state-of-the-art chemistry lab on campus to separate and identify compounds in drug samples sent to them by drug user unions, health departments, and harm reduction groups.

The lab, which can turn samples around more quickly than crime and toxicology labs during an overdose outbreak, publicizes the results on a [website](#). The team is also partnering with UNC's journalism school to test different approaches

to communicating the results, with a goal of understanding what's most effective in reaching populations most at risk so they can make informed decisions.

“Studies have found that people who use drugs and utilize drug checking, whether through fentanyl test strips or more advanced chemistry means, are more likely to modify their drug use by using less, using slower, making sure naloxone is available, or even discarding drugs completely,” says Nabarun Dasgupta, PhD, a senior scientist with UNC's Injury Prevention Research Center.



Drug user unions, health departments, and harm reduction organizations supply samples for testing at the UNC laboratory. Results are posted to the website www.streetsafe.supply

Photo credit: Pearson Ripley

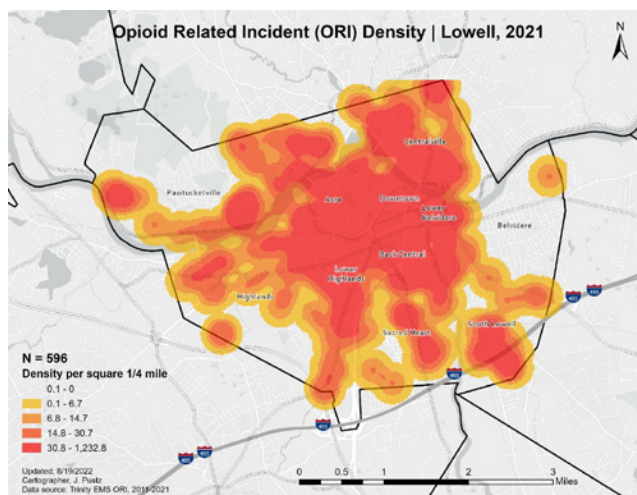


Using Data to Predict Overdoses and Target Resources

FORE grantees are also developing tools that public health authorities and other government leaders can use to predict and prevent drug overdoses.

Investigators from **Tufts University School of Medicine** in Boston are collaborating with the Lowell Department of Public Health, Trinity EMS, and Life Connection Center, a harm reduction organization, to develop a tool that reduces the time needed to detect an increase in opioid-related incidents, including overdoses. The tool is being tested in Lowell, Massachusetts, a city of 100,000 that recorded 337 overdose deaths between 2015 and 2020.

The goals are to detect a surge in overdoses as early as possible and streamline the process of alerting public health authorities, emergency responders, and populations at risk of overdoses. Their model utilizes EMS calls for opioid-related incidents and geospatial and statistical techniques to assess the likelihood of a spike in a given neighborhood in the next 72 hours.

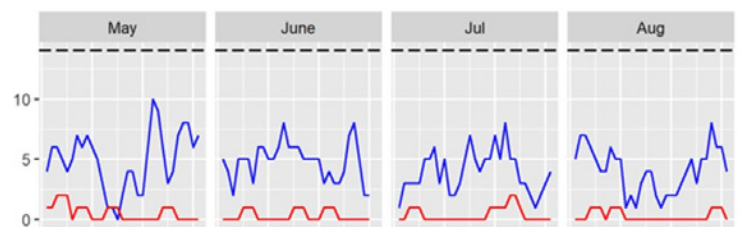


The investigators will also be examining the effectiveness of different methods of messaging about the increased risk of overdose by assessing how people who use drugs and others receive and respond to this information.

While drug overdoses tend to be clustered in neighborhoods with concentrated poverty, tailoring interventions to residents of them requires a better understanding of local conditions, including the availability of treatment and harm reduction services.

The **Medical College of Wisconsin**, in collaboration with the **University of Wisconsin-Milwaukee** and **Project WisHope**, is using epidemiology and advanced geospatial analysis to identify the community characteristics that influence overdoses. The project relies on demographic and socioeconomic information drawn from public health datasets as well as surveys by peer recovery workers and people with lived experience of addiction, who are helping to map the availability of naloxone, treatment, and other resources at the neighborhood level.

The goal is to develop a tool that metropolitan areas with pronounced health disparities can deploy to direct resources where they are most needed.



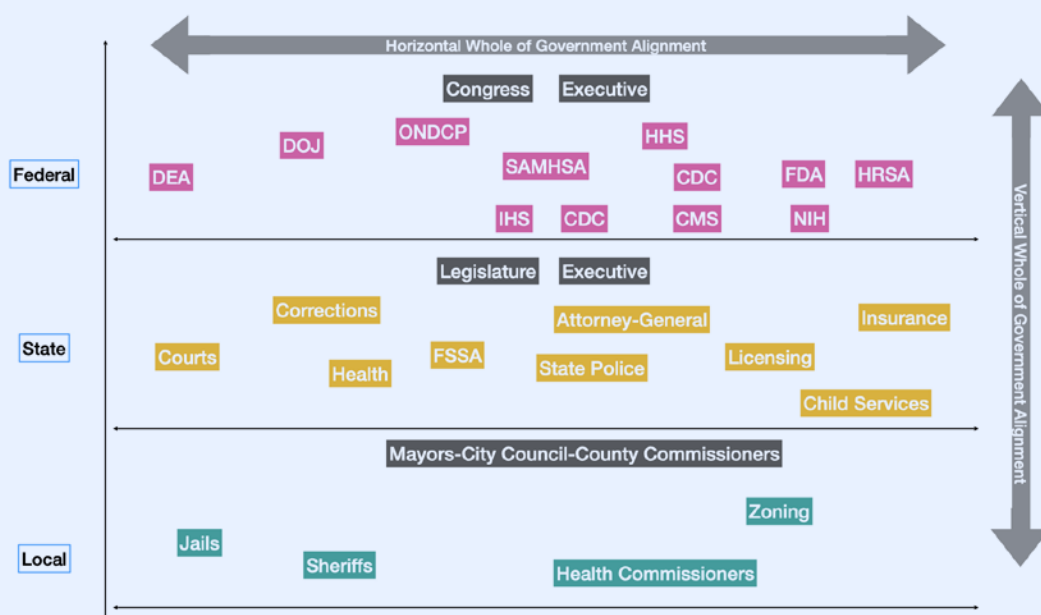
▲ Tufts University researchers and their collaborators are using a variety of data — including opioid-related incidents (blue) and fatal overdoses (red) — as well as heat maps to assess rising risks in different neighborhoods.

Creating a Roadmap for System Transformation

Two other FORE grantees are helping to elucidate how payment and policy can be leveraged to increase access to OUD treatment and recovery supports.

A team of researchers from **Temple University's** Center for Public Health Law Research and **Indiana University's** Hall Center for Law and Health is developing a scorecard that will score states on the extent to which they employ a “whole of government” approach in responding to the opioid crisis. The goal is to showcase how law and policies related to health, housing, and transportation among many others directly impact OUD and can be better leveraged to improve health outcomes. The team is also exploring the benefits and challenges of aligning the work of different federal, state, and local agencies, with case examples and policy briefs.

At the same time, researchers from the **New York State Psychiatric Institute** and the **Research Foundation for Mental Hygiene** in New York City are developing guidance for providers, payers, and policymakers interested in leveraging telemedicine platforms, digital therapeutics, and mobile apps to enhance access to SUD treatment in primary care settings. These technologies may be used to provide confidential, personalized assessments, as well education and treatment, thereby reducing the need for ongoing training and supervision of clinical staff. After developing use cases and conducting surveys and a literature review, the team will draft recommendations for promoting the delivery of SUD treatment in primary care.



Many parts of government have an influence on OUD prevention, treatment, and recovery yet their efforts are often poorly aligned. Researchers from Temple University and Indiana University will showcase effective ways of horizontally aligning law and policy at a single level of government (e.g., local, state, or federal) or vertically aligning across these levels.

Graphic credit: Nicolas P. Terry, Hall Render Professor of Law and Executive Director, Hall Center for Law and Health, Indiana University

Prevention

Preventing Opioid Use Disorder by Strengthening Families

Substance use disorders (SUDs) have been described as “family diseases,” ones that affect not just the person coping with addiction but also their friends and family members. Substance use can have a particularly devastating impact on children. Watching the adults in their life struggle with addiction, being separated from a parent because of their substance use, seeing a mother or father being arrested: these and other traumas put young people at higher risk for a host of problems, including developing their own SUDs.

FORE's prevention program aims to mitigate the effects of adverse childhood experiences (ACEs) including parental substance use, abuse, or neglect and disrupt intergenerational cycles of addiction. The program supports organizations working to improve and expand evidence-based prevention programs for children and families. Some of the grantees are trying to make it easier for families to take part in evidence-based prevention programs and for providers to offer them. Others are offering tailored treatment and prevention supports to high-risk groups, including pregnant people and American Indian youth. All take a holistic approach, targeting not just prevention of SUDs but prevention of traumatic experiences and other social circumstances that can fuel substance use.

GRANTEES

In 2022, FORE awarded more than \$12.6 million to 12 organizations that are seeking to prevent substance use disorder by preventing the traumatic experiences and social circumstances that can fuel substance use.

Denver Health Foundation

Georgia Institute of Technology

Healthy Schools Campaign*

Jewish Family Service of Atlantic County

Legal Aid Services of Oklahoma*

Morgan County Partnership

National Academies of Sciences, Engineering, and Medicine

National Indian Youth Leadership Development Project — Project Venture

University of California, San Francisco

University of New Mexico Health Sciences Center

University of South Florida

University of Washington

*Grant issued in fiscal year 2023.

Integrating Prevention into Primary Care

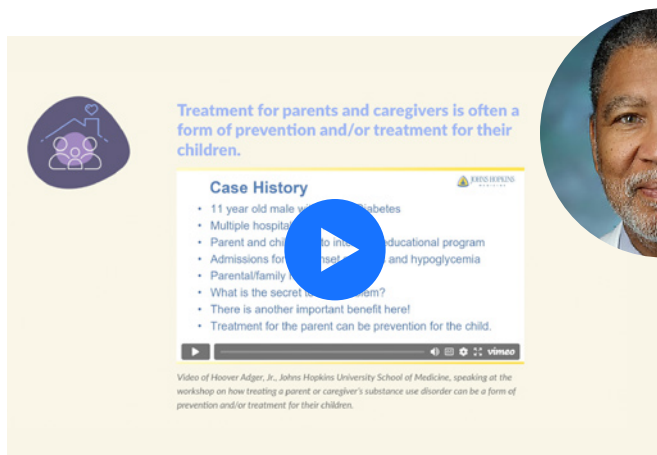
Three-quarters of people who develop SUDs begin using substances during adolescence, making this a crucial time to intervene. “Many people think teens start using substances because of peer pressure,” says Leslie Walker-Harding, MD, an adolescent medicine specialist who is senior vice president, chief academic officer, and chair of the Department of Pediatrics at Seattle Children’s Hospital. “But parents and other caregivers are critical in determining whether a kid will initiate substance use and whether they’ll be able to express how they’re feeling. The kids who look like they don’t care and don’t want to be in the room with you are watching and wishing for their parents’ regard.” For this reason, many of the most effective prevention programs are “family-focused,” bringing young people and their parents and other caregivers together to help one another.

FORE funding supported a **National Academies of Sciences, Engineering, and Medicine** (NASEM) workshop chaired by Walker-Harding that explored how pediatricians and other primary care providers can help more families take part in these kinds of prevention programs. Some 300 experts — researchers; clinicians, members of parent and family organizations; federal,

state, and local health officials; and Capitol Hill staff — participated in the workshop. They found many opportunities for pediatricians to identify problems, initiate conversations, and connect families with help. Their recommendations are captured in a [report](#) and [interactive website](#).

“When polled, most primary care providers say it’s important to screen teens for substance use problems, but few actually do because they don’t feel they have enough training and they don’t know what to do when they hear something that should be acted on,” says Walker-Harding. “And so part of the message is getting providers to understand that anything you do — even saying this is not healthy for you, even a brief intervention — is helpful to kids versus doing nothing. If teens disclose substance use and you don’t respond, it can be devastating.”

Knowing that providers have busy schedules, the workshop participants suggest practical ways for them to initiate conversations about substance use, offer support, and partner with schools and other community partners to connect families to prevention programs. They also suggest ways providers can leverage Medicaid funding to help pay for new approaches.



Treatment for parents and caregivers is often a form of prevention and/or treatment for their children.

Case History

- 11 year old male with insulin-dependent diabetes
- Multiple hospitalizations
- Parent and child enrolled in educational program
- Admissions for hypoglycemia and hypoglycemia
- Parental/family involvement
- What is the secret to this program?
- There is another important benefit here!
- Treatment for the parent can be prevention for the child.

Video of Hoover Adger, Jr., Johns Hopkins University School of Medicine, speaking at the workshop on how treating a parent or caregiver's substance use disorder can be a form of prevention and/or treatment for their children.



◀ Hoover Adger, Jr., MD, MPH, MBA, professor of pediatrics at Johns Hopkins University School of Medicine and member of FORE’s Scientific Advisory Council, spoke at the [NASEM workshop](#) about a young patient of his with insulin-dependent diabetes who’d had multiple hospital admissions when his condition spiraled out of control. The problem wasn’t fixed until Adger figured out that the boy’s mother had an alcohol use disorder that meant she sometimes administered too little or too much insulin. After getting her treatment, the boy had no more hospitalizations. “Treatment for parents is prevention for children,” Adger says.

Source: National Academies of Sciences, Engineering, and Medicine

Preventing Family Separations

Another grant to the **University of California, San Francisco**, supports Team Lily, a program launched in 2018 at the Zuckerberg San Francisco General Hospital to support pregnant people and those with young children who are grappling with SUDs, homelessness, and/or mental illnesses and are terrified of losing their children to child protective services (CPS) if they admit to needing help. Team Lily, named after a patient, offers prenatal and postpartum care, addiction treatment, mental health services, and case management. People find their way to the program from shelters, needle exchanges, crisis management programs, and EDs. “Patients have often experienced trauma in the health care system,” says Dominika Seidman, MD, an obstetrician and gynecologist for Team Lily at Zuckerberg San Francisco General Hospital. “They come to us expecting to be treated with disrespect.”

To build trust, Team Lily staff — Seidman, two psychiatrists, a navigator, a social worker, and

a program manager — organize their approach around patients’ priorities, which usually focus on finding safe housing and helping them develop plans so they can care for their babies. “We always talk about the ideal: getting treatment and housing and a plan of safe care so there is no CPS involvement,” says Seidman. “But we also say, ‘If, however, things don’t work out and you are still using drugs up until the point of birth, there is a pathway where you can still be with your baby and that is to move into residential treatment.’”

FORE support will help the program continue through 2025 and enable the team to conduct an evaluation and develop models for long-term sustainability and spread. One promising approach is to qualify as an Enhanced Case Management program under California Medicaid, which would provide enhanced monthly fees to cover the services of the navigator and social worker. Data collected under the FORE grant may help make the case for this approach.

TEAM LILY CLIENTS

95%

Experiencing homelessness at entry

30%

Unsheltered at entry

50%

History of child removal

80%

Substance use disorders

20%

Experience incarceration during pregnancy

20%

Experience interpersonal violence during pregnancy

10%

Diagnosed with syphilis during pregnancy

40%

Diagnosed with Hepatitis C

Making Prevention Programs More Widely Available for Families at Highest Risk

Several grantees are seeking to identify and support children affected by their parents' substance use. FORE is funding an initiative led by Khary Rigg, PhD, associate professor in the Department of Mental Health Law and Policy at the **University of South Florida**, to adapt a prevention program that has been shown to work but has not been widely adopted, in part because it's a big lift: it entails eight months of in-person sessions as well as home visits. The goal of the FORE grant is to figure out ways to make the program — Families Facing the Future — easier to deploy within the context of opioid treatment programs.

The program was developed in the late 1990s in partnership with patients taking methadone and focuses on helping people in recovery develop coping and parenting skills. It also builds protective factors around their children, helping them find extracurricular activities and bond with their parents to lessen the risk of future substance use.

To adapt Families Facing the Future, Rigg will be partnering with the original creator of the program and with Operation PAR, one of the largest methadone providers in Florida. The team will interview patients and providers about their needs and challenges, then use their feedback to adapt the curriculum and format, potentially using some virtual approaches to reduce the program's time burdens. He'll also take into account new drugs such as fentanyl, alternative treatment approaches such as buprenorphine, and new models of trauma-informed care. Rigg and his partners will then pilot the adapted program among patients and refine it, with the goal of having an adapted program ready for broader dissemination.

Twenty-two years ago, high school science teacher Dalene Beaulieu began looking for ways to support young people after five kids in the small Maine community where she taught died by suicide; eventually, she found her way to the **University of Washington**, where she works as a master trainer, helping communities around the U.S. and abroad adopt positive youth development programs.



“

The idea of using the parent as the prevention agent is unique. Having a positive parenting model can be a powerful force of prevention for the child. But it can also boost and enhance recovery outcomes for parents. It's a win-win.”

– Khary Rigg, PhD, Associate Professor, Department of Mental Health Law and Policy at the University of South Florida

A FORE grant to the University of Washington is now supporting Beaulieu and two colleagues to serve as master trainers, helping opioid treatment providers across Washington State adopt prevention programs, including Families Facing the Future, to support parents in recovery from OUD, as well as their children. The newly created Northwest Center for Family Support, launched with FORE support, is being led by Margaret Kuklinski, PhD, associate professor in the University of Washington's School of Social Work and director of its Social Development Research Group. Kuklinski and her colleagues are reaching out to opioid treatment centers, behavioral health agencies, state and county agencies, and prevention coalitions to understand the needs of families they serve and their resource constraints. They will then offer training, technical assistance, and small stipends to help them adopt prevention programs.

The programs focus on issues many parents struggle with, such as setting boundaries and consequences, and explore how typical parenting struggles are complicated by parents' drug use. "Think about a 15-year-old who is given Narcan so they can wake up mom or dad," says Jim Leighty, LICSW, Northwest Center for Family Support project director. "You know, they're acting as the parent. It's hard enough to be 15, let alone having to deal with that." While helping families work through such challenges, the prevention programs identify and build parents' strengths, which in itself can be therapeutic. "Even when parents are struggling, they're doing some things right," says Kuklinski. "Our hope is to build on those strengths as they parent their children."

EVIDENCE-BASED PREVENTION PROGRAMS

The Northwest Center for Family Support

is offering training, technical assistance, and stipends to help treatment providers across Washington State adopt prevention programs.

Promoting First Relationships is a 10-week attachment-based home-visiting program available in English and Spanish. It's designed to improve sensitive and responsive caregiving for infants and toddlers ages 0 to 3 at risk for maltreatment and other developmental concerns. Studies have demonstrated significant increases in sensitive and responsive caregiving and caregiver knowledge of infant-toddler social and emotional development, and reductions in out-of-home placements.

Guiding Good Choices is a five-week group program for all caregivers of adolescents ages 10 to 14 available in English and Spanish that emphasizes strong family bonds and effective parenting practices as key to better developmental outcomes for adolescents. Studies have demonstrated preventive impacts sustained over four to six years on adolescent substance use, symptoms of depression, and problem behavior.

Strengthening Families Program is a seven-week group program for caregivers and adolescents ages 10 to 14 available in English and Spanish. It aims to enhance family protective processes and reduce family risk related to adolescent substance use and other problem behaviors. Studies demonstrated effectiveness in delaying substance use initiation and improving family communication and cohesion, including among rural families.

Families Facing the Future is a 32-week group and home-visiting program for families with SUD that teaches parenting skills and builds protection in children. Studies have shown it to still have positive effects on caregiver OUD at 12-year follow-up, as well as reduced risk of SUD among boys in those families.



“

To engage parents in prevention programs, I say, ‘I’ve got some tools that lots of families have found to be useful. I’m not here to tell you what your values should be or whether you’re a good parent or bad parent. That’s not what this is about.’”

– Dalene Beaulieu, Senior Community Prevention Strategist and Master Trainer, University of Washington

Photo Credit: Center for Communities the Care

In a similar effort in Colorado, grantees at **Denver Health** are working to bring prevention services to many more children affected by OUD. The safety-net health system now engages people in OUD treatment through a “no-wrong-door” approach in emergency departments, correctional facilities, community health centers, and other partners. It also has a specialty clinic serving children whose parents are affected by substance misuse. FORE funding is enabling Denver Health to integrate prevention into its treatment approach, enabling providers to identify many more children at risk of ACEs and to offer them counseling and other services alongside their parents. This could lead to better outcomes for all family members and provide a model of coordinated care for families affected by OUD.

Another project, led by **Jewish Family Service of Atlantic County**, in New Jersey, is working through drug courts, which help adults overcome their SUD while resolving criminal charges. Grantees will engage their children, too, piloting a family program that offers counseling and supports aimed at improving family relationships while mitigating ACEs. A more recently funded prevention grant will enable the **Legal Aid Services of Oklahoma**, the state’s only legal aid services provider, to pilot a medical-legal partnership for OUD clients and their children. In this pilot, the first of its kind, staff will identify and seek to address social issues that can contribute to ACEs and impede access to OUD prevention, treatment, and recovery services.

Building Resilience Across a Community

FORE is also funding an effort to identify and support children experiencing ACEs across West Virginia's Morgan County, an Appalachian community of 17,000. More than half of West Virginian adults say they've experienced one or more ACE, with substance use in the home the most common, and most parent/child separations in the county are driven by parents' substance use. "I've seen firsthand the dramatic impact the opioid crisis has had on the children in our community," says Kristen Gingery, executive director of **Morgan County Partnership**, a community coalition of nonprofits, local government, schools, businesses, churches, and families that works to support young people.

Leveraging FORE support, the Morgan County Partnership has begun screening all kids in the local public school district to detect ACEs. Staff are then connecting children and teens who have two or more ACEs with a broad array of community resources: a resource center that helps families find stable housing, nutrition, and other social supports; child and family therapy, with FORE funds subsidizing the costs for underinsured and uninsured individuals; parenting classes; services for grandparents who are raising their grandchildren; home visits; and family reunification services, among other supports.



Morgan County Partnership provides school-based programs and therapeutic supports.

Photo Credit: Courtesy of the Morgan County Partnership

In addition to identifying kids through the ACEs tool, the partners will help all kids involved in abuse and neglect cases, as well as those whose families receive services in a local addiction recovery group. To assess how effective these services are, leaders will administer the Strengths and Difficulties Questionnaire to all kids initially then after six months.

While the Morgan County Partnership is testing a countywide model, another FORE grant aims to reach young people across New Mexico, using schools as the focus. A team at the **University of New Mexico Health Sciences Center** is leveraging Project ECHO (Extension for Community Health Outcomes), an evidence-based approach to sharing knowledge that combines didactic instruction with case-based learning, to help nurses, counselors, teachers, and others working in schools recognize the signs of ACEs and help young people in need.

“Our goal is to go as upstream as possible,” says Joanna Katzman, MD, medical director of the Project ECHO Chronic Pain, Substance Use and Public Health program. New Mexico is one of the poorest states in the nation, with high rates of parents with SUDs, youth suicide, and a host of

other problems. “If we can catch kids early enough, and give them support, we can reduce some of the biggest challenges in the state.”

The curriculum, offered through weekly videoconferences over eight months, was developed in response to a needs assessment and interviews with school staff from rural and urban parts of the state. School staff asked for tools to help them respond to kids’ problems, such as communication approaches and mindfulness techniques, along with advice about when to seek specialist support. Katzman and other experts will lead sessions on topics such as healthy attachment, social and other determinants of health, suicide, chronic pain, and youth mental health problems.

Another grantee in New Mexico is helping Oglala Sioux youth living on the Pine Ridge Reservation in South Dakota, one of the largest tribal reservations in the U.S. as well as the poorest. “American Indian/Alaska Natives are statistically more likely to die from drug abuse and overdoses than any other racial or ethnic group in the U.S.,” says McClellan Hall, founder of the **National Indian Youth Leadership Development Project**.

AMONG ADULTS IN NEW MEXICO WHO REPORTED ADVERSE CHILDHOOD EXPERIENCES:



13.1%

had a household member who used illegal drugs or abused prescriptions



20.9%

had a household member who was depressed, mentally ill or suicidal



28.9%

had a household member who was a problem drinker or alcoholic



Project Venture engages Indigenous youth in outdoor adventures, service activities, and leadership training — an approach that has been shown to prevent substance misuse and decrease depression, anxiety, and anger among Indigenous youth.

Photo credit: Project Venture



“Our Project Venture program integrates Indigenous culture and values and reconnects young people with the natural world, through adventure-based activities and service to build lifelong resiliency.” The project, known as Walking in Strength, will tailor an evidence-based youth development program, known as Project Venture, to prevent opioid misuse. All middle-school students at a Pine Ridge school system will be offered adventure-based experiences in the outdoors, opportunities to take part in service activities, and peer mentoring. Youth with greater risks will be offered counseling, OUD treatment if needed, and traditional cultural ceremonies, such as peace circles, to help them and their families resolve disputes.

There are many ways to leverage Medicaid funding to offer substance use prevention and other early intervention services in schools. One FORE prevention grant is focused on policy: researchers at **Georgia Institute of Technology** are analyzing national Medicaid claims data to explore how differing reimbursement policies mediate the prevention and behavioral health services offered in school-based health centers. The goal is to test the hypothesis that school-based health centers are effective places to identify kids at risk and recommend policy changes that could bring services to more kids in need. Another grant to the **Healthy Schools Campaign**, awarded in October 2022, is developing and disseminating educational resources and providing technical assistance to state Medicaid programs to help them encourage school-based services such as SUD screening, counseling, and referrals to treatment.

Convening

We bring people together — those with lived experience of opioid use disorder as well as clinicians, researchers, counselors, peer recovery coaches, and others — to share best practices, explore new ideas, and create a diverse and far-reaching community focused on advancing solutions to an evolving overdose crisis.

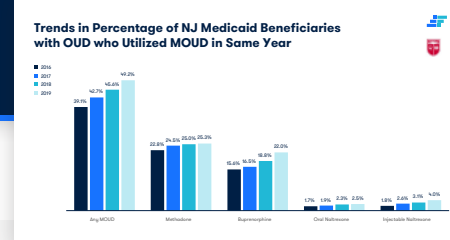
At our all-grantee meeting in July 2021, grantees discussed new funding streams to help end the opioid crisis, changes to the X waiver and buprenorphine prescribing, and how pandemic-era regulatory changes are affecting treatment for people with OUD, among other topics.



We also held four webinars showcasing new grant programs and lessons from completed grants. The events drew more than 1,388 people from across the country.

April 28, 2021

Integrating MOUD into Primary Care: Medicaid Strategies for Improving Treatment Engagement and Outcomes and Reducing Disparities



June 9, 2021

Opioid Crisis Innovation Challenge 2021

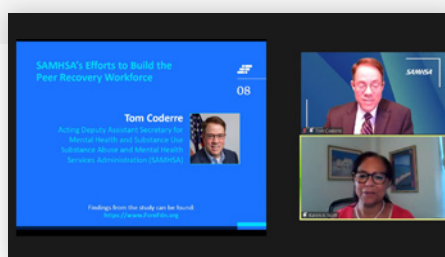
Funding Opportunity



“To provide grant support for specific projects that bring an innovative approach to long-standing and complex issues related to all aspects of stemming the tide of the nation's opioid crisis.”

July 14, 2021

Findings from In-Depth Discussions with Peer Recovery Coaches



August 11, 2021

Engaging and Empowering Vulnerable Families and Communities to Prevent Opioid Use Disorder and Overdose

Funding Opportunity



“To provide grant support for specific projects that aim to improve, expand, and/or scale evidence-based family-, school-, and/or community-based prevention services for children and families, particularly for those at highest risk.”

Developing Resources

FORE continues to advance the body of knowledge about how to end the opioid crisis by publishing issue briefs, blog posts, and reports — drawing lessons from our grants that can inform policy and practice.





April 9, 2021

Issue Brief: Promoting Equity in Access to Opioid Use Disorder Treatment and Supports — A Focus on Black Communities



May 25, 2021

Policy Brief: Integrating Obstetrical and Substance Use Disorder Treatment for Pregnant and Postpartum People in Prisons



July 13, 2021

Report, Issue Brief, and Peer Recovery Coach Spotlight: Understanding and Bolstering the Peer Recovery Workforce



October 27, 2021

Issue Brief: Leveraging Medicaid Policy to Enhance Access to Opioid Use Disorder Treatment



November 8, 2021

Grantwatch Blog Post in *Health Affairs* on Expanding Access To Treatment For Opioid Use Disorder: Beyond “X-ing The X-Waiver”



November 17, 2021

Issue Briefs: Affordability and Costs of MOUD Treatment for Patients



January 27, 2022

Issue Brief: Examining Substance Use Among Youth and Young Adults



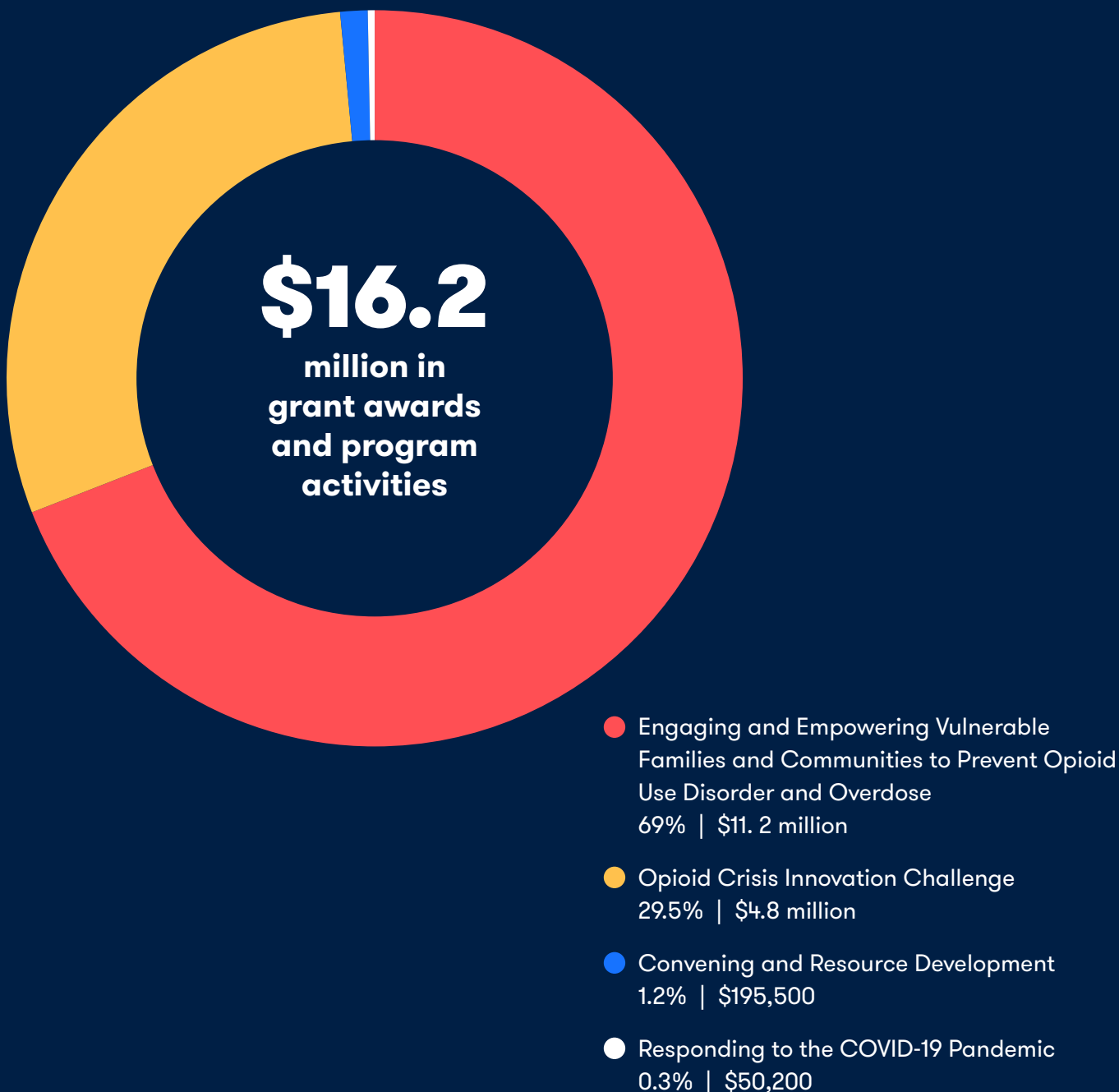
March 3, 2022

Issue Brief: Training Primary Care Providers to Treat Opioid Use Disorder



Financials

April 2021 to March 2022



Complete [financial statements](#) for fiscal year 2022 are available on FORE's website.

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COVER PHOTOS (FROM TOP)

University of Massachusetts Dartmouth's College of Nursing and Health Services is developing training designed to build empathy for patients with OUD. Shannon Avery-Desmarais, PhD, RN, AGP-CNP-C, assistant professor of nursing, and Queyka Saint-Louis, a nursing student and research assistant, meet to discuss the project.

Photo credit: University of Massachusetts Dartmouth

Researchers at the University of North Carolina at Chapel Hill are using a state-of-the-art chemistry lab on campus to separate and identify compounds in drug samples sent to them by health departments, drug user unions, and harm reduction organizations. Don Jackson, from NC Survivors Union in Greensboro, is a partner in the drug-checking work.

Photo credit: Nabarun Dasgupta

At the National Indian Youth Leadership Development Project, grantees are offering Oglala Sioux youth living on the Pine Ridge Reservation in South Dakota outdoor experiences, opportunities to take part in service activities, and peer mentoring. Youth facing greater risks will be offered counseling, substance use treatment if needed, and traditional cultural ceremonies.

Photo credit: Project Venture



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

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