



Foundation for  
Opioid Response Efforts



Building a community of innovators  
dedicated to ending the opioid crisis

Annual Report 2023

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# The Power of Connection

As a foundation, FORE is dedicated to supporting solutions to the twin crises of opioid use disorder (OUD) and opioid poisoning. Our strategy is built on the principle that connections between people and sectors committed to ending these crises are central to change.

As is often said, the opposite of addiction is connection. Indeed, one of the gifts of recovery is the restoration of relationships that have been damaged by OUD.

In our first four years of grantmaking, we awarded \$35.8 million to 96 grantees who see opportunities to forge connections where others may see obstacles. They're tackling some of the most challenging issues we face in curtailing the opioid crisis and are doing so at a remarkable pace. As they build bridges between people and institutions, they are creating a safety net for people with OUD and those affected by it. Across the U.S., they are transforming emergency departments, correctional facilities, churches, and many other places into spaces where people can find support rather than judgment.

By strengthening the ties between large academic institutions and providers working in remote areas, our grantees have trained thousands of clinicians to deliver evidence-based treatment to people with OUD. Because of the close relationships they have built with the people they serve, they are generating important new insights for policymakers about risks of the illicit drug supply and lessons on how to engage populations who have been failed by the health care system.

There's a magical quality to the relationships our grantees have built with one another as well. By coming together at our all-grantee meetings, webinars, and other forums to share strategies and talk through challenges, they have been able to reimagine ways of responding to local people and their issues. They are bringing that spirit of collaboration into their own communities, inviting people with different expertise to share ideas and co-create programs that support recovery. Our convenings are also an opportunity for policymakers, providers, and people with lived experience of OUD to learn from each other.

Many grantees tell us that being part of FORE is like being part of a family. Beyond financial support, we strive to serve as a trusted source of advice, inspiration, and refuge in moments when they may feel discouraged. This annual report reflects a year of growth, as we added more community leaders, pharmacists, and educators who are able to mentor the next generation and direct how their community's resources are deployed to achieve substantive change. As we expand our reach, we will continue to champion established and emerging initiatives that celebrate and support OUD recovery for individuals and families. In doing so, we will place as much attention on building and strengthening connections as we do on selecting exciting and promising ideas to support.



**Andrea Barthwell, MD, DFASAM**

Board Chair

*and*

**Karen A. Scott, MD, MPH**

President

# Our Impact

**1** Increasing Access to Treatment and Recovery Supports

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**2** Responding to and Learning from the COVID-19 Pandemic

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**3** Opioid Crisis Innovation Challenge

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

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# Increasing Access to Treatment and Recovery Supports



Our largest program to date brings evidence-based treatment models and recovery supports to places where they can make a life-saving difference, including emergency departments, correctional facilities, shelters, and primary care practices.

Through grants to organizations that are delivering training and toolkits to providers and offering direct care, we are creating a safety net for people at high risk of overdose. Many of the people our grantees reach — among them pregnant and parenting people, justice-involved individuals, and people who are unhoused — are navigating challenging transitions and benefit from services tailored to their unique needs.

Part of our grantees' success stems from leveraging the talents of peers with lived experience of OUD and a host of other people who are natural connectors, including first responders and pharmacists.

Through the work we support in rural areas, communities of color, and other parts of the US that are often overlooked in opioid response efforts, we are demonstrating that solutions to the opioid crisis are within our reach.

27 grants

*totaling*

\$13.7 M





◀ Eric Weintraub, MD, a professor of psychiatry at the University of Maryland School of Medicine in Baltimore, prescribes buprenorphine via telemedicine to patients in six rural jails.

Photo credit: Tom Jemski

## Connecting People Leaving Jails and Prisons to Treatment

### — Zero Fatal Overdoses

The odds of experiencing an opioid overdose are at least 10 times greater for people leaving prisons than the general population.

To reduce this risk, psychiatrists from the **University of Maryland School of Medicine in Baltimore (UMB)** helped six rural jails in Maryland implement new protocols for screening and treating people with OUD and connecting them to ongoing care once they are released. More than 500 people have received treatment since their work got underway in August 2020.

**UNC Horizons**, a residential and outpatient program that offers substance use disorder treatment to pregnant and parenting patients in North Carolina, achieved similar results by pairing women leaving prison with a case manager who could help them navigate the transition to OUD treatment and other recovery supports. The program enrolled 132 people between March 2020 and October 2021, with no overdoses reported during six months of follow up.

Based on these early successes, Maryland and North Carolina have provided \$600,000 and \$800,000 in additional funding, respectively, to expand these programs. In addition to offering buprenorphine treatment, the University of Maryland will help rural jails provide methadone treatment, while UNC Horizons will be providing re-entry services to 400 more women.

When UMB staff looked at pharmacy data and medical examiner records for participants in one jail program, they found:

# Zero

fatal overdoses within three months of release.

# 85%

of people who left the jail with a prescription for buprenorphine filled it within five days.

Note: To determine the fatality rate, researchers compared the names of 117 people who were released from one jail after receiving treatment to the state's medical examiner records from 2021, the most recent year for which complete records were available.



◀ Dwayne Dean, ICPR, CPRS, RPS, a peer supervisor at the University of Maryland, used role playing to demonstrate the benefits of behavioral activation techniques. Photo credit: University of Maryland

## Building the Peer Recovery Workforce

### — 150+ Peer Recovery Specialists Trained to Use Evidence-Based Practices

Our grantees have developed ingenious ways of expanding the workforce needed to support people with OUD on the path to recovery. Their models are designed for areas with shortages of health care professionals and reach people who might not otherwise receive care.

**Henry Ford Health** and **University of Maryland** have trained more than 150 peer recovery specialists to use behavioral activation techniques, which have been shown to improve treatment outcomes for people with OUD by helping them reclaim activities that once brought them joy and a sense of mastery.

The researchers found the peers' use of behavioral activation techniques decreased substance use problems and depressive symptoms among their clients. They helped the peers as well.



“

When we followed up a few months after the training, 90 percent said they were continuing to use the techniques on clients and themselves.”

– Julia Felton, PhD, clinical psychologist and researcher, Henry Ford Health

# Responding to and Learning from the COVID-19 Pandemic



As opioid overdoses surged at the start of the pandemic, our grantees moved quickly to adapt their treatment and recovery supports to ensure they engaged people who were isolated.

They used technology in creative ways to increase vaccination rates among people whose substance use put them at risk of poor COVID-19 outcomes and launched new programs to safely increase the number of people attending recovery meetings.

As part of our COVID-19 response, we also asked faculty from some of the nation's leading research institutions to assess the impact of regulatory changes intended to make it easier for people with OUD to access care during the public health emergency, including allowing some take-home methadone doses and greater use of telehealth visits.

23 grants

*totaling*

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\$2.5 M



FORE-funded researchers surveyed nearly 500 patients and 400 providers in 7 states to assess the impact of COVID-era treatment flexibilities.

They identified few negative or unintended consequences of loosening restrictions on OUD treatment during the pandemic. Providers didn't report substantial increases in drug diversion, overdoses, or patients dropping out of treatment.

But the flexibilities did not benefit everyone.

## KEY FINDINGS



### Buprenorphine Prescribing Held Steady in 2020 Because Patients Remained in Treatment

**RAND** researchers found the number of people entering and leaving treatment was lower than expected in 2020, suggesting telehealth flexibilities may have benefited existing patients but not new ones. They also found that the counties with the greatest percentage increase in new treatment episodes in 2020 were the counties that had the greatest percentage of white residents.



### Allowing Take-Home Doses of Methadone Helped People Living in Rural Areas

When researchers at the **New York University Grossman School of Medicine** interviewed patients at six opioid treatment programs across the U.S., people living in rural areas said having take-home doses of methadone made it easier to work, meet family responsibilities, and keep themselves safe from COVID-19. They also appreciated not having to travel as often or as far to their opioid treatment providers.



### Accommodations for Telehealth Visits and Take-Home Doses Were Not Always Implemented as Intended

**University of Arizona** researchers found that some patients in Arizona were required to come to a clinic to attend video appointments with providers who stayed offsite. And while about half of patients received some take-home doses of methadone, none said they received the federally allowed 14- or 28-day supplies.

# 16

The number of journal articles published between January 2021 and March 2023 by FORE-funded researchers documenting the impact of COVID-19-era regulatory changes and other lessons from the pandemic.



“The research shows regulatory changes are needed but are insufficient to expand access to life-saving treatment.”

– Karen A. Scott, MD, MPH,  
president, FORE

# Opioid Crisis Innovation Challenge

# 3

**Our Opioid Crisis Innovation Challenge brings experts across disciplines together with people who have lived experience of OUD to solve some of the opioid crisis' most intractable problems.**

Chief among them: combatting the stigma that many people with OUD can encounter when they seek help from health care providers, clergy, and others and ensuring access to timely and actionable data about an evolving crisis.

Our grantees are developing a wide array of tools that public health authorities and other government leaders can use to predict and prevent overdoses and are enhancing surveillance of the illicit drug supply so new risks are quickly identified and publicized. They have also created training programs and toolkits that help providers avoid stigmatizing practices when engaging people with OUD.

**12 grants**

*totaling* —————

**\$5.1 M**



◀ ASAP's most recent training in Birmingham, AL, included presentations from leaders of the U.S. Substance Abuse and Mental Health Services Administration and Alabama Department of Mental Health. Attendees who complete the training earn a faith-based support specialist certification. Photo credit: ASAP

## Avoiding Stigmatizing Practices

### — 260+ Faith-Based Leaders Trained to Recognize and Respond to Substance Misuse

Faith-based leaders from across Alabama, as well as other states, have taken part in a two-day training developed by the **Agency for Substance Abuse Prevention (ASAP)** in Oxford, AL, to help them respond effectively to the challenges their congregants face with substance misuse.

The curriculum was designed in collaboration with the Alabama Department of Mental Health, which recently funded an expansion of the program, enabling ASAP to reach more faith leaders in Alabama and other states.

Rev. Eugene Jacobs, pastor of Union Springs Missionary Baptist Church in Talladega, AL, was so moved by the program that he became one of its ambassadors. "It really changed my mindset and opened me up to whole new ways of helping people," he says.



◀ The UNC lab has answered many questions from the general public, including a widow who wondered if there was fentanyl in the methamphetamine that killed her husband, and sex workers who wanted to know if they were being incapacitated by date rape drugs.

Photo credit: Pearson Ripley

## Identifying Hazards in the Drug Supply

### — More Than 4,500 Drug Samples Tested

From a state-of-the-art chemistry lab, researchers at the **University of North Carolina at Chapel Hill (UNC)** launched a novel drug-checking program to rapidly identify hazards in the drug supply.

They have tested more than 4,500 samples from 34 states in two years, some submitted by individuals via harm reduction organizations and drug user unions and others from health departments and emergency department personnel.

“We remain grateful to FORE for providing the funding that allowed us to establish our lab. We could not have accomplished what we have without its generous support,” says Nabarun Dasgupta, PhD, a senior scientist with UNC’s Injury Prevention Research Center.

The lab has since received more than \$1.4 million in funding from the state of North Carolina; the Food and Drug Administration; and Vital Strategies, a nonprofit that wants to see the team expand its outreach to rural areas and communities of color that are seeing an increase in opioid overdoses.

▼ In partnership with Allison Lazard, PhD, from UNC’s journalism program, the lab is experimenting with new methods of publicizing its findings, including using plain language and attractive designs to engage audiences. Source: University of North Carolina at Chapel Hill



# Engaging and Empowering Vulnerable Families and Communities



Our prevention program aims to mitigate the impact of adverse childhood experiences — including parental substance use, abuse, and neglect — that can undermine a child’s sense of safety and stability and increase their risk of substance use later in life.

Some of our grantees are making it easier for families to take part in evidence-based prevention programs in schools and primary care clinics. Others are tailoring treatment and prevention programs to high-risk groups, including pregnant people and American Indian youth.

12 grants

*totaling* —————

\$12.6 M





◀ From a hub in Albuquerque, N.M., Krishna Chari, PsyD, helps lead Project ECHO's videoconferences, which draw staff from rural and urban schools across New Mexico.  
Photo credit: University of New Mexico

## Mitigating the Impact of Adverse Childhood Experiences

### — Training Hundreds of Educators to Recognize and Respond to Trauma

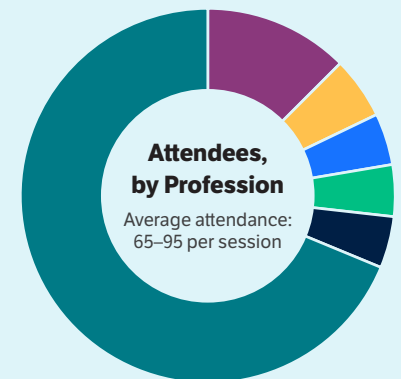
Project ECHO at the **University of New Mexico Health Sciences Center** has trained more than 542 people — among them teachers, principals, and school-based health center staff — to identify and respond to children and adolescents who need additional support.

The ECHO Model uses case-based learning and collaborative problem solving to spread specialized knowledge to local communities. During weekly videoconferences guided by experts in addiction medicine, pediatrics, and child psychiatry, participants learn practical tools for assessing risk and determining when referrals to specialty care are needed.

The Adverse Childhood Experiences ECHO (ACEs ECHO) has enabled people working in lower-resourced schools and more remote areas of the state to gain support from peers as they work through challenging cases. “The core of the training is learning from one another,” says Krishna Chari, PsyD, a clinical child and adult psychologist and ACEs ECHO’s co-medical director.

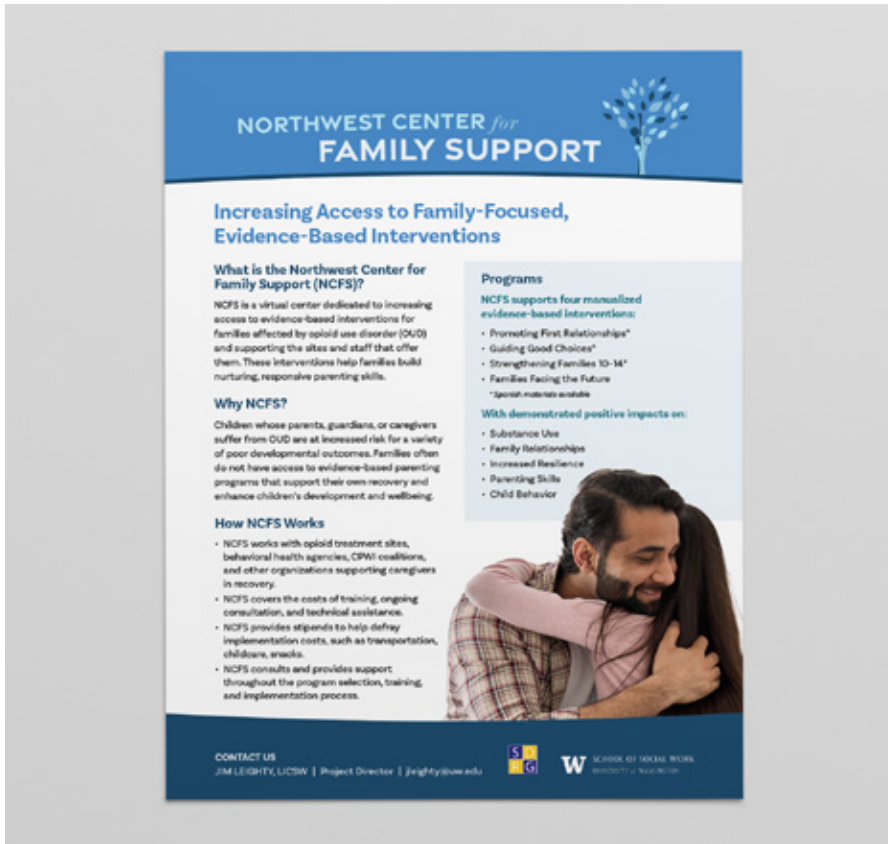
**27%** of participants in the ACE’s ECHO program reported an increase in knowledge, confidence, and attitude. A majority said they plan to use what they learned in the classroom.

The ACEs ECHO Program enables teachers, principals, and social workers from across the state to learn best practices for mitigating the impact of adverse childhood experiences.



- Social Workers (12.50%)
- Physicians (5.36%)
- Community Health Workers (4.46%)
- Child, Family, School Social Workers (4.46%)
- Nurses (4.46%)
- Others (68.75%)

Other includes teachers, school principals, education directors, speech pathologists, health promotion specialists, social workers, and community health workers, among others.  
Source: Project ECHO



Many of the organizations the Northwest Center for Family Support has engaged over two years are in counties where rates of substance use and overdose are high.

Organizations that received support have served

79

families that might not otherwise receive evidence-based parenting support.

## Bringing Evidence-Based Parenting Programs into Treatment Facilities

— More Than 77 Organizations Engaged

Helping parents and caregivers develop nurturing, responsive, and effective parenting skills is another proven strategy for promoting recovery and preventing substance use in youth.

Evidence-based programs like Guiding Good Choices and Promoting First Relationships can offer parents and caregivers the tools they need to foster a sense of resilience and well-being in their children. But these types of programs are not widely available in treatment settings where people with OUD are often balancing the demands of parenting and early recovery.

To increase access, the **University of Washington’s Northwest Center for Family Support (NCFS)** is partnering with opioid treatment centers, behavioral health agencies, state and county agencies, and prevention coalitions that are interested in adopting one of four strengths-based prevention programs.

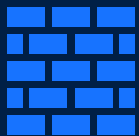


“

We are finding staff are appreciative and energized that the center is offering free evidence-based intervention training, consultation, and support for an unmet need.”

— Jim Leighty, LICSW,  
project director, NCFS

# Harnessing the Power of Community-Based Organizations



Creating Supports and Strengthening Infrastructure in Low-Resourced Communities



Connecting People at High Risk of Overdose to Treatment and Recovery Supports



Expanding the Scope of Promising Models with New Services



Fostering Collaboration Between the Public and Private Sectors

## GRANTEES

- Amistades
- Casa de Salud\*
- Center for African American Recovery Development
- Chicago Recovery Communities Coalition
- FAVOR Upstate
- Health Brigade\*
- Holler Harm Reduction\*
- Mountain Top Cares Coalition\*
- Simply Hope Family Outreach
- Addiction Recovery Coalition of New Hampshire\*
- Avivo\*
- Maggie's Place
- Meta House\*
- My Father's House
- Formerly Incarcerated Transitions Clinic
- Baltimore Safe Haven\*
- The Center for Counseling & Consultation\*
- Frederick County Division of Fire and Rescue Services\*
- Intercambios Puerto Rico\*
- Coweta F.O.R.C.E.
- The Martinsburg Initiative
- Voices of Activists and Community Leaders – New York\*

\*Grant awarded in fiscal year 2024



**Small community-based organizations (CBOs) with promising ideas for preventing opioid use disorder and overdose deaths are often at a disadvantage when competing for grants — especially when they don't have a long track record of success or funding for evaluations to demonstrate impact.**

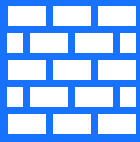
With fewer resources than large academic institutions and health systems, smaller CBOs can also face challenges securing resources to test new ideas, hire staff, and make the investments in technology and other essential infrastructure needed to achieve long-term sustainability.

FORE's Community-Driven Responses to Opioid Use Disorder and Overdose Mortality Program aims to remove these obstacles for CBOs that operate in low-resourced areas and serve high-need populations so they can do what they do best: identify and address unmet needs in their local communities. In 2023, we awarded 22 CBOs up to \$150,000 each in flexible funding that they could use to improve their operational effectiveness. Some are using the awards to launch or ramp up fundraising for critically needed programs and conduct outreach campaigns that bring a message of hope to people in underserved communities. Others are using grants for long-range planning or investments in tools needed to manage growth and benchmark their performance.

▼ Coweta F.O.R.C.E. offers education and peer recovery supports to people in the emergency department, as well as the courts and jail in Coweta County on the outskirts of Atlanta.

Photo credit: Coweta F.O.R.C.E.





# Creating Supports and Strengthening Infrastructure in Low-Resourced Communities

Many of the CBOs are focused on creating access to treatment and recovery supports in areas that lack them, including rural communities, and are reaching populations that are often overlooked in opioid response efforts, including immigrants, people involved in the criminal-legal system, and communities of color.

The **Chicago Recovery Communities Coalition (CRCC)** is committed to preventing opioid overdose deaths within Black and Hispanic/Latino communities in Chicago and its surrounding suburbs by increasing access to one-on-one recovery supports from peers who understand the challenges residents of these communities face. With funding from FORE, CRCC has launched a public awareness campaign that features Black and Hispanic/Latino residents who share the message that OUD is a chronic condition and that recovery is attainable with appropriate care and support. To ensure long-term sustainability, CRCC is also investing in technology and enlisting the expertise of fundraising consultants.

► CRCC's campaign amplifies the voices of individuals in recovery, such as Tonika B. (featured here), who openly share their stories of resilience and optimism on social media and during in-person events. Photo credit: CRCC



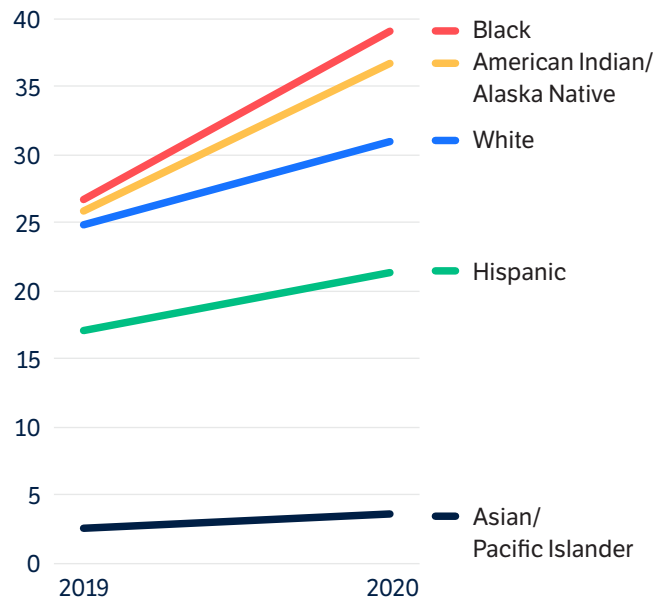




The **Center for African American Recovery Development (CAARD)** is helping to build recovery community organizations (RCOs) in predominantly Black communities, where opioid overdoses have increased at an exponential rate in recent years. Run by peers, RCOs form an essential bridge between treatment and long-term recovery, offering a safe environment for people to find support as they take on the challenges of early recovery, including finding new housing or repairing relationships with family.

CAARD is filling a critical gap by helping to launch Black-led RCOs in three urban centers: Memphis, TN; Mobile, AL; and New Orleans, LA. A fourth will serve rural Orangeburg County, SC. The center’s strategy is to find local champions — typically someone in long-term recovery — to lead the RCOs. These leaders are paired with mentors from CAARD’s board, which is made up of six people who have built RCOs and understand the unique challenges faced by African Americans in recovery. CAARD’s board members provide help with everything from forming a 501(c)3 to strategic planning and branding. “We’re there to amplify their voice, not to usurp the work or take credit for the work they’ve been doing,” says Nyla J. Christian, CAARD’s executive director.

Overdose deaths per 100,000 population in 25 states and the District of Columbia



Source: Mbabazi Kariisa et al., “Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019-2020,” *Morbidity and Mortality Weekly Report*, 71, no. 29 (2022):940-7.

▲ In just one year — 2019 to 2020 — overdose deaths among Black Americans increased by 44 percent, eclipsing the overdose rate for all other racial and ethnic groups, according to the Centers for Disease Control and Prevention.

▼ Nyla J. Christian, CAARD’s executive director (far right), is working with the newly formed New Orleans Recovery Collective to forge a pathway to recovery in Black communities.





**Amistades**, a Latino-led, Tucson, AZ-based nonprofit, has had success partnering with local middle and high schools, law enforcement, and others to promote prevention, treatment, and harm reduction strategies, but discovered fewer than 10 percent of the people in the three counties it serves were aware of its services. The organization has launched an outreach campaign aimed at Hispanic/Latino residents who may be unaware of the dangers of fentanyl. The organization is also using its FORE award to add user-friendly navigation tools to engage Spanish-speaking people who may be hesitant to seek help due to cultural or traditional norms.



▲ Amistades serves three counties that have seen a 50 percent increase in opioid-related fatalities since 2020. Source: Amistades

To support people with OUD who are uninsured or are covered by Medicaid, **Casa de Salud**, a nonprofit clinic serving a largely Hispanic, low-income community in Albuquerque, NM, provides affordable, comprehensive care, including medications for opioid use disorder (MOUD). With its FORE award, Casa de Salud is creating a bridge to treatment for people with OUD who are transitioning out of the local jail.

Casa de Salud has hired a program coordinator and a second nurse who can support patients as they start a buprenorphine regimen. Casa de Salud is also investing in an electronic medical record system (EMR) that will improve communication among its teams of case managers, community health workers, peers, traditional healers, and clinicians. The EMR will enable the clinic to strengthen and track the impact of its innovations as New Mexico transitions to a value-based payment model for SUD care.



▲ Casa de Salud staff and harm reduction experts visiting the clinic. Photo credit: Casa de Salud

Nearly **3/4** Casa de Salud patients are uninsured either because of their immigration or documentation status or because they cannot afford health insurance.



**Health Brigade**, the first free clinic in Virginia, runs several outreach programs that aim to reduce the spread of HIV, hepatitis C, and sexually transmitted diseases. Part of its strategy is to expand access to harm reduction services proven to reduce the spread of communicable diseases. In addition to operating a syringe exchange, Health Brigade relies on certified peer recovery specialists and social workers to connect people with SUDs to treatment and other supports, including help finding housing, health care, and food.

With its award, Health Brigade has established a board-level business development and sustainability workgroup and hired a new development professional who will pursue unrestricted funding that supplements its grants from the state and local communities, enabling the organization to sustain and expand its harm reduction program.

74%

of Health Brigade's clients earn \$25,000 or less a year.

40%

are non-English speaking.



▲ As a university student, Sophia Toe (pictured) served as a volunteer in Health Brigade's medical clinic. Photo credit: Sid Koerin

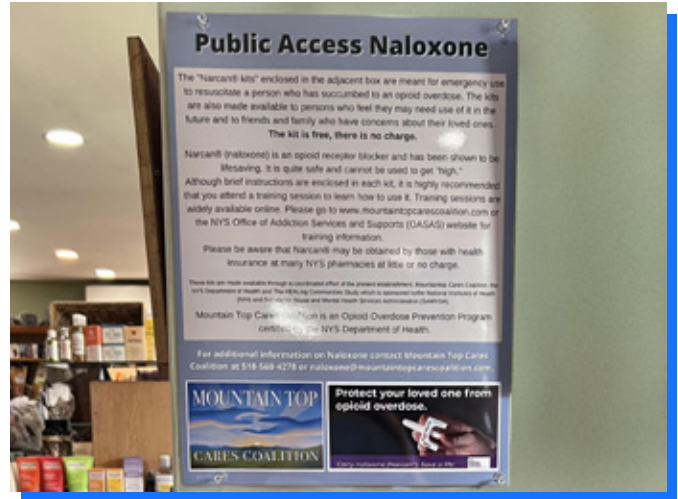




## Several grantees are creating programs in rural communities, helping to reach people who would otherwise have no access to harm reduction services or peer supports.

Founded five years ago, **Mountain Top Cares Coalition (MCC)** serves a community of roughly 8,000 people in Greene County, NY, a rural, mountainous region, where the opioid overdose rate is nearly 40 percent higher than the state average. Its staff of four have made significant headway in connecting people to treatment through mobile outreach and partnerships with local behavioral health providers.

An award from FORE is helping the organization formalize its policies and procedures and license technology to collect, track, and analyze the data they need to demonstrate their effectiveness to funders as they seek support to establish a permanent home.



▲ MCC has hired two certified recovery peer advocates who will lead educational events, including training on how to use the overdose reversal drug naloxone, which is stocked in nine publicly accessible boxes in the community. Photo credit: MCC

**Simply Hope Family Outreach** in rural Burley, ID, operates an outreach center offering holistic supports — including art therapy and referrals to specialty care — for families contending with the effects of addiction, codependency, divorce, grief, and suicide. The organization was started by Nancy Winmill, whose son survived two opioid overdoses. She hoped to reduce stigma in her rural community by bringing such challenges out of the shadows.

An award from FORE is enabling Simply Hope to launch a public awareness campaign that includes presentations to businesses, schools, farm co-ops, and community organizations on the opioid crisis, the nature of misuse and recovery, and the use of naloxone kits.



▲ At the request of area residents, Simply Hope created a wide range of after-school activities for youth, including those whose families are affected by substance use. Photo credit: Simply Hope Family Outreach



The staff of **Holler Harm Reduction** in Madison County, NC, travel several hundred miles per month across the state's western counties to bring harm reduction supplies to clients who lack transportation. As in other parts of Appalachia, many people face challenges accessing employment, education, and housing.

These efforts provide the organization with rare insight into local overdose trends and opportunities to direct people to treatment.

With new funding, Holler Harm Reduction is tracking treatment referrals and mapping overdose locations to identify areas that would benefit from additional harm reduction services. This data will help the organization refine its services and make the case for additional funding from the state's opioid settlements.



▲ Holler Harm Reduction's outreach team collects used syringes to prevent them from being discarded in public. Its staff and volunteers also offer peer counseling and referrals to treatment programs and other resources. Photo credit: Pearson Ripley

Through its helpline and recovery meetings, **Faces and Voices of Recovery Upstate (FAVOR Upstate)** in Greenville, SC, has helped tens of thousands of people in eight urban, suburban, and rural counties access the peer support services needed to sustain long-term recovery.

FAVOR Upstate is using a grant from FORE to improve its financial accounting and reporting and engage a grants consultant, with an eye toward pursuing new partnerships and funding. "While these investments may sound unsexy, they allow us to build our internal organizational strength and prove we are accomplishing our objectives," says Lesley Pregoner, FAVOR Upstate's CEO.



▲ Along with an advertisement for its helpline, FAVOR Upstate distributes fentanyl and xylazine testing strips and instructions on how to use the overdose reversal drug naloxone. The kits have led to at least 96 overdose reversals in the last two years, Pregoner says. Photo credit: FAVOR Upstate





# Connecting People at High Risk of Overdose to Treatment and Recovery Supports

CBO staff often excel at forming trusting relationships — connections that can be lifesaving when it comes to preventing opioid overdoses. FORE has funded several CBOs with innovative models of care aimed at protecting and engaging people at high risk of overdose, including pregnant and parenting people who may be reluctant to seek OUD treatment for fear of being separated from their children.

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**Meta House** in Milwaukee, WI, also offers treatment and transitional housing to women with SUDs and their children. About 40 of the 250 or so women it serves each year are pregnant or postpartum. Many have a deep distrust of the health care system based on prior experiences. “Often we see women in the second or third trimester who have not had any prenatal care,” says Tracy Oerter, MS, chief clinical services officer.

Clients, who are referred from courts, hospitals, and jails across Wisconsin, often arrive with untreated or misdiagnosed psychiatric needs. Meta House is using a FORE grant to hire a medical assistant to help coordinate their care. The grant also enables the organization to look holistically at the impact of the program, using data on birth outcomes, criminal justice involvement, substance use, and housing stability, among other metrics.



▲ Meta House’s medical team provides medication-assisted treatment for women with OUD and helps connect them to outpatient services as they transition out of the program.  
Photo credit: Meta House

“Most of the women we serve have experienced extensive trauma in their lives, including intimate partner violence. We are a safe place for them to come and receive treatment.”

– Tracy Oerter, MS, chief clinical services officer, Meta House



**Maggie's Place** in Phoenix, AZ, provides housing to pregnant and parenting women experiencing homelessness, many of whom have experienced domestic violence and mental health challenges that stem from having been trafficked or raised in foster care.

FORE funding enabled Maggie's Place to kick off Recovery: Passion, Power, Purpose — a program that helps women with OUD develop a long-term treatment plan and achieve personal goals.

It also hired a second licensed therapist to provide one-on-one counseling and facilitate support groups focused on grief, recovery, parenting, and healthy relationships.

A Maggie's Place alumna helps lead one of the support groups. "My very first apartment was with Maggie's Place," says LaShay Whipple. "It was almost like being born again. I had to learn how to do everything. I had to learn how to be a mom. I had to learn how to be sober."



“

Meeting and hearing from moms who've lived with us before and are now on their own is crucial for current residents. They need to see that long-term recovery is possible.”

– Laura Magruder, MEd, CEO, Maggie's Place



▲ In addition to offering mental health supports, Maggie's Place assists mothers in finding long-term housing and employment. Photo credit: Alayne Vogel



**Avivo**, a nonprofit serving Minneapolis and the surrounding metro area, is using a FORE award to expand its street outreach team, which brings harm reduction services to people who are unsheltered. The team focuses on forging connections with Indigenous people who are experiencing homelessness, a population that is at particularly high risk of overdose in Minnesota. The team offers people who are living on the street the option to talk to Indigenous staff, and access to Avivo Village, a shelter where staff offer harm reduction services and engage in traditional Indigenous healing practices. “It’s got to be the help the person is comfortable with and is going to engage with,” says David Jeffries, an Avivo program manager.



**10 times**

In 2021, Native Americans in Minnesota were 10 times more likely to die from a drug overdose than white Minnesotans.

Source: Minnesota Department of Health

▼ Avivo’s street outreach team helps connect people to housing, including Bimosedaa, an affordable housing complex tailored to the Indigenous population, and the organization’s harm reduction shelter, Avivo Village, a complex of 100 individual rooms in a warehouse building in Minneapolis. Photo credit: Avivo



▲ Thomas Gooch, the founder of My Fathers House, presents the “Star in Our Community Award” to Samuel MacMaster, PhD, executive director of the Lloyd C. Elam Mental Health Center, in recognition of his efforts to connect the shelter’s residents to SUD treatment. Photo credit: Jix Design

Thomas Gooch created **My Father’s House** in Nashville, TN, to give men who have experienced trauma and addiction a safe place to live while they work to re-establish relationships with their children. His sober living facility provides not just temporary housing, but also job training and other supports that help men who are leaving prison or rehab facilities rebuild their lives.

With funding from FORE, Gooch has created a respite program for men with OUD who are in danger of experiencing an overdose because of the obstacles they face accessing residential treatment programs. For the uninsured, the wait for an open bed in a local safety-net facility can extend over weeks if not months. “You can’t just walk in and say I want to get help,” Gooch says. His program offers safe housing, meals, and personal care items for men awaiting treatment; peer recovery supports are available on site 24 hours a day.

Gooch’s aim is to prevent overdose deaths, which have risen fivefold among Black men in Nashville over the last decade. While his initial plan was to enroll at least 30 people in treatment during his first year of operation, he reached that goal in the first six months.

“We’re in the business of saving lives,” Gooch says.



**The Formerly Incarcerated Transitions Clinic (FIT Clinic)** Program in New Orleans has partnered with the Orleans Parish Sheriff’s Office to prevent overdose deaths among individuals being released from the local jail. The FIT Clinic Program is providing harm reduction education to people before they are released so they understand the risks they face. All people leaving the jail are also offered free naloxone and fentanyl test strips.

FORE funding has also enabled the FIT Clinic Program to hire a community health worker (CHW) to reach people leaving jails in Orleans Parish or a court-mandated SUD treatment facility within 48 hours. For those who want treatment, the CHW facilitates access to community-based addiction medicine services.



**“Having community health workers with lived experience of incarceration has helped reduce stigma and build trust.”**

– Anjali Niyogi, MD, MPH, founding director, FIT Clinic Program

In 2019, the rate of overdose deaths among veterans was 40 percent higher than the rate for the general population. Roughly 10 percent of those served by the **Addiction Recovery Coalition of New Hampshire (ARCNH)** in Milford, NH, are veterans. ARCNH has tailored its recovery groups to their needs. Funding from FORE also enabled the organization to hire an additional certified recovery support worker to reach an additional 250 people and track outcomes for its programs.




**We meet monthly on the last Monday of the month from 6pm-7pm at ARCNH**



180 Em Street, Suite E, Milford, NH 03055.

Source: Addiction Recovery Coalition of New Hampshire.





# Expanding the Scope of Promising Models with New Services

**Intercambios Puerto Rico**, a harm reduction organization, works to ensure people living in more remote areas of the island have access to clean needles, naloxone, and a range of harm reduction supplies and services. A FORE award has enabled the organization to broaden the service area for its twice-weekly mobile clinic and increase the hours of its brick-and-mortar clinic. After finding demand exceeds the capacity of area providers, Intercambios has begun working toward obtaining a license to administer buprenorphine and offer other mental health services at its clinic in Fajardo.



▲ With a team of psychologists, social workers, peer counselors, and outreach workers, Intercambios delivers harm reduction supplies and services, as well as help finding housing and referrals to OUD treatment.

Photo credit: Intercambios Puerto Rico

## Areas Intercambios Serves



◀ Intercambios Puerto Rico partnered with other nonprofit organizations and local government to document the impact of the opioid crisis on the Eastern side of island, where overdose deaths from fentanyl surged following Hurricane Maria in 2017.



**Baltimore Safe Haven** also relies on mobile outreach to build relationships with the city's TLGBQIA+ population, particularly Black transgender women. Its executive director, Iya Dammons, drew on her lived experience of poverty, violence, and subsistence sex work to create a successful wellness program that leverages a team of peers to help people living in survival mode gain access to shelter, food, and recovery support.

The peers spend considerable time listening as clients share stories about their lives. This combination of supports breaks down barriers,

helping people with a long history of trauma become more engaged in their health. With an award from FORE, Dammons is replicating the program in the District of Columbia. In addition to operating a mobile van that makes the rounds of neighborhoods where overdoses are prevalent, DC Safe Haven opened a drop-in center where people can obtain harm reduction supplies, as well as meals and hot showers.

DC Safe Haven has also begun to partner with local health care providers who can meet the needs of their clients.

▼ Ngairé Phillip, Iya Dammons, Tamar Jones, and Alexis Blackmon (left to right) celebrate the grand opening of DC Safe Haven's drop-in center in the H Street Corridor in July 2023. DC Safe Haven also conducts mobile outreach on weekends.

Photo credit: Renee Lau





**Frederick County Fire & Rescue**, in Maryland will be training 500 emergency medical technicians (EMTs) and paramedics to recognize that people with OUD are grappling with a chronic disease.

“We want them to understand OUD is not a moral failing,” says Matthew Burgan, NRP, CP-C, the lead paramedic for the department’s Community Outreach and Support Team (COAST) program, which pairs peer recovery specialists with community paramedics on substance use-related calls. The team offers treatment, recovery, and harm reduction support and resources using a trauma-informed approach that bridges the gap between an emergency medical services encounter and entering OUD treatment.

The four-hour training will also introduce EMTs and paramedics to a new initiative in Maryland that will allow certain paramedics to initiate buprenorphine in the field.

**3/4** In 2022, nearly three quarters of people the COAST team engaged with accepted a referral to treatment.

▼ The COAST team has also begun educating the staff of local medical practices about the breadth of the opioid crisis to encourage them to become part of the solution.

Photo credit: Frederick County Fire & Rescue



**The Center for Counseling & Consultation (CCC)** operates a community mental health center in central Kansas, a rural area with limited SUD treatment services. A grant from FORE enabled the center to hire a substance use program director to assist in developing the policy, procedures, and protocols needed to become designated as a Certified Community Behavioral Health Center (CCBHC). The new designation, based on criteria set by the Substance Abuse and Mental Health Services Administration, will allow CCC to receive cost-based reimbursement for services that are not always covered by insurers, including harm reduction and peer supports. Once the CCBHC program is established, CCC will also help clients find services that address their physical and social service needs.

▼ Shannon Brandon (left), a peer support worker, and Kevin Ford (right), program director for the substance use treatment program at CCC, which provides crisis services 24 hours a day, 7 days a week for anyone who requests care for mental health or substance use, regardless of their ability to pay. Photo credit: CCC







# Fostering Collaboration Between the Public and Private Sectors

Funding from FORE has helped CBOs with expertise in OUD prevention, treatment, and recovery support to forge partnerships with public agencies — including schools, jails, and courts — that have a critical role to play in addressing the opioid crisis. These public-private partnerships are producing new models of care and tools that can be adopted by other communities looking to solve complex problems associated with OUD.

In Berkeley County, WV, **The Martinsburg Initiative (TMI)** works to prevent youth from developing SUDs by training teachers to recognize and mitigate the effects of students’ adverse childhood experiences. Teachers who complete TMI’s trauma-sensitive educator certification program learn to identify the effect of trauma on the children’s development, enabling them to more respond effectively. TMI social workers are also on hand to mentor students who need case management and other supports and to refer families to additional resources.

With funding from FORE, TMI has expanded its outreach to rural schools; it has trained 30 additional teachers and offered mentoring support to 40 additional students.



▲ The Martinsburg Initiative provides local police officers with training on trauma-informed approaches to law enforcement. Erin P. Gibbons, Martinsburg’s police chief (left), serves on TMI’s executive board. Photo credit: Elle Colbert

The Martinsburg Initiative has led to increases in attendance and academic performance for students receiving supports

69%

had improved English & Language Arts and/or math grades in consecutive semesters

79%

had the same or a decrease in behavior referrals to the office

50%

had improved attendance in consecutive semesters





Peer recovery coaches from **Coweta F.O.R.C.E.** (Friends of Recovery for Community Empowerment) offer education and other support to people in the emergency department or jail in Coweta County on the outskirts of Atlanta. With funding from FORE, Coweta F.O.R.C.E. has expanded peer outreach to the courts, where the organization launched a Parent Elected Peer Advocate program. This new program aims to help parents with SUDs who have cases pending with the Coweta County Department of Family and Children Services and the Juvenile Court initiate or sustain recovery so they can maintain or regain custody of their children.

Parents with SUDs are referred by the Juvenile Court. If they elect to participate, Coweta F.O.R.C.E. provides a peer recovery coach who will be present with them throughout the process. Participants also have access to the full range of the organization's services, including regular check-ins with recovery coaches and support finding employment, transportation, and treatment.



“Many parents with an SUD, especially those who come from a family background of substance abuse and foster care, have strong negative associations with the judicial system and child protective services. Having a peer by their side can lessen the stress of that experience, putting people on a path to family reunification.”

– Jacquelyn Myers, one of Coweta F.O.R.C.E.'s peer recovery coaches

### Voices of Community Activists & Leaders

— **New York (VOCAL-NY)** has partnered with the New York State Department of Health and Mount Sinai Hospital in New York City to address the medical and behavioral health needs of people who are experiencing homelessness and poverty. Its on-site clinic, staffed by a nurse practitioner, provides hepatitis C testing and treatment and referrals to same-day buprenorphine and residential SUD treatment.

VOCAL-NY is using a grant from FORE to build more robust administrative systems to manage increasing demand for its services and demonstrate the benefits of providing low-barrier access to care in collaboration with the health department. “We hope to share lessons of building effective partnerships with other cities,” says Alyssa Aguilera, VOCAL-NY's co-executive director.

▼ VOCAL-NY's drop-in center the Gowanus neighborhood of Brooklyn is designed to be a bright, inviting space where people who are unsheltered can come to shower, do laundry, and take advantage of harm reduction services, as well as meditation and yoga classes. Photo credit: VOCAL-NY



# Convening

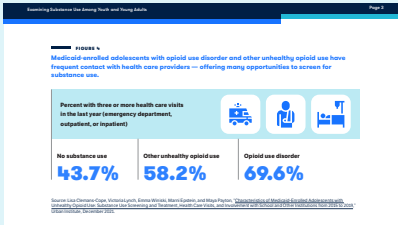
One of FORE's greatest accomplishments is building a community of grantees who generously share their first-hand experiences and expertise with the field. Through a variety of convenings — including webinars, all-grantee meetings, and conferences — they are advancing our understanding of what works and identifying opportunities for policymakers and practitioners to intervene.

During our all-grantee meeting in September 2022, we discussed the impacts of the *Dobbs v. Jackson Women's Health Organization* decision on pregnant and parenting people with OUD and ways of expanding access to treatment given the limited numbers of obstetrician-gynecologists who prescribe MOUD. The meeting was also an opportunity to learn from grantees who have successfully leveraged OUD settlement funds to expand their programs and introduce our newest grantees and their projects.

▼ In 2023, FORE's grantees gathered in Washington, D.C.  
Photo credit: Noah Friedman



Between June 2022 and March 2023, we held five webinars showcasing how our grantees are expanding access to treatment and recovery supports and using data to inform policy and practice. Our webinars were attended by more than 1,000 people from across the U.S. and continue to draw large audiences on YouTube.



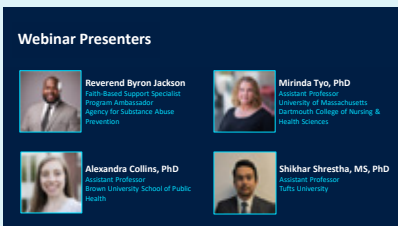
June 23, 2022

## Data and Policy to Drive Access to Evidence-Based Opioid Use Disorder Treatment



September 15, 2022

## Lessons Learned in Community-Based Recovery Services During the COVID-19 Pandemic



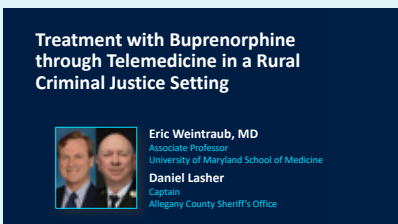
December 8, 2022

## Lessons Learned (So Far) from FORE's Innovation Challenge in Developing Responses to the Opioid Crisis



March 9, 2023

## Beyond X-ing the X-Waiver



March 23, 2023

## Expanding Access to Opioid Use Disorder Treatment During and After Incarceration

# Developing Resources

Through issue briefs and grantee spotlights, we share critical insights and policy lessons from the work of grantees who are removing barriers to treatment and identifying ways of leveraging policy to promote health equity and reach new populations, including youth and people being released from jails and prisons.



## GRANTEE SPOTLIGHTS

**April 19, 2022**

**Building Trust to Reduce Risk for Patients with Opioid Use Disorder**

**November 16, 2022**

**Integrating SUD Prevention Into Primary Care**

**September 7, 2022**

**Supporting States as They Finetune Their Opioid Response Efforts**

**December 19, 2022**

**Training Clergy to Recognize and Respond to Substance Misuse**



## ISSUE BRIEFS

**July 20, 2022**

**Expanding Access to Opioid Use Disorder Treatment in Emergency Departments**

**March 23, 2023**

**Increasing Access to OUD Treatment During and After Incarceration: Moving from Policy to Practice**

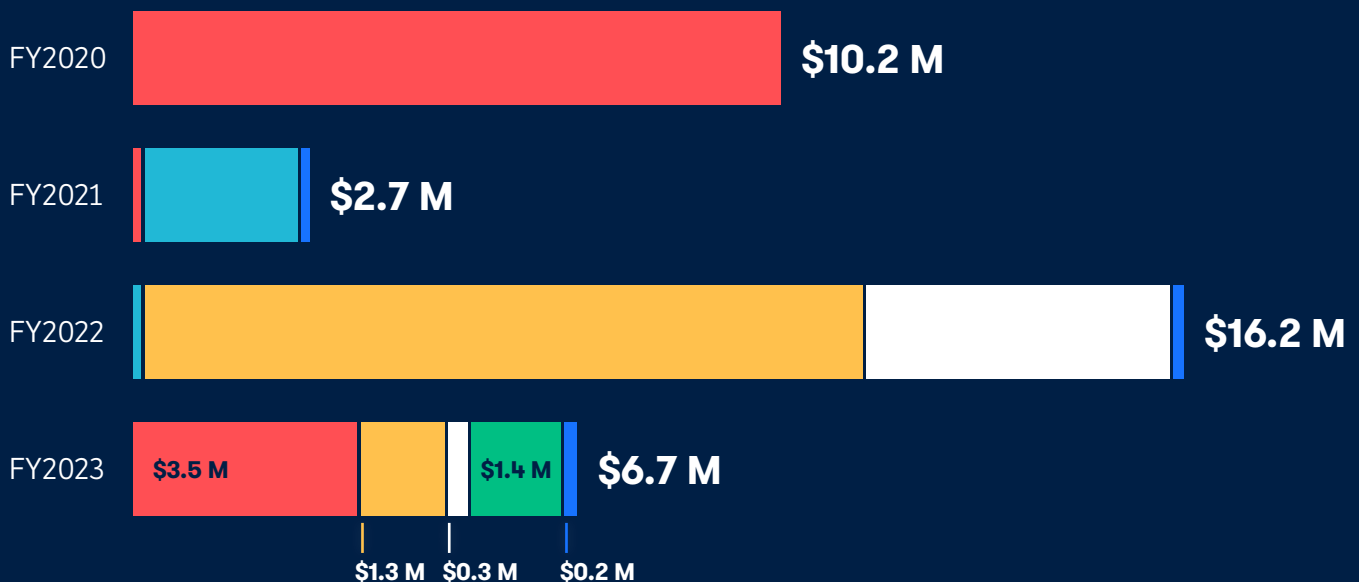
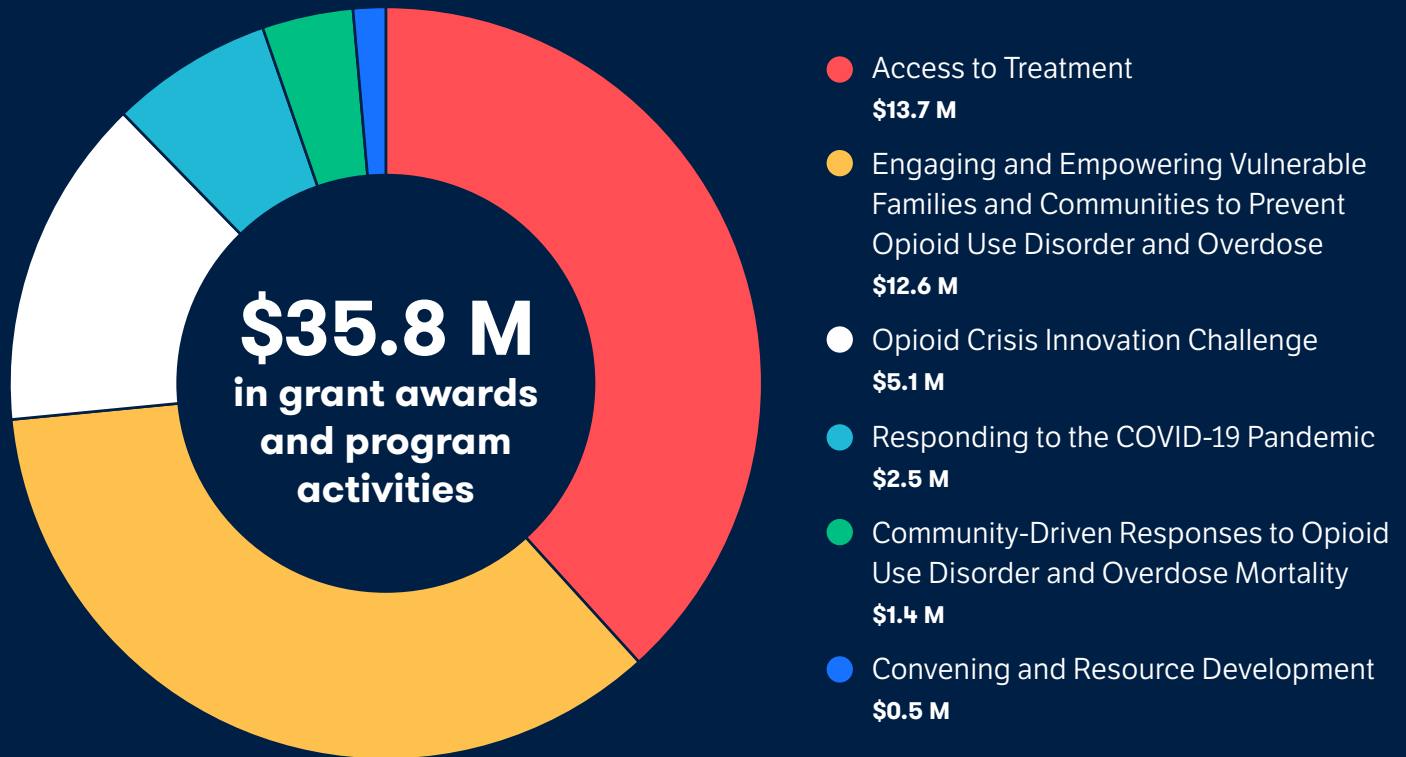
**September 28, 2022**

**Lowering Barriers to Treatment for Opioid Use Disorder**



# Financials

FY2020 to FY2023



Complete financial statements for fiscal year 2023 are available on FORE's website.

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### **FRONT COVER PHOTOS (FROM TOP)**

Maggie's Place in Phoenix, AZ, provides housing to pregnant and parenting women who are experiencing homelessness. FORE funding enabled Maggie's Place to launch Recovery: Passion, Power, Purpose — a program that helps women with OUD develop a long-term recovery plan and achieve personal goals. The organization celebrates their successes with events geared to families.

Photo credit: Alayne Vogel

Holler Harm Reduction in Madison County, NC, provides mobile harm reduction services to the residents of rural areas who lack transportation. Angela J. (right) initially sought Holler Harm's assistance in managing a leg wound. With support from Ainsley Bryce, the organization's director (left), and others, she entered a recovery program and now serves on Holler Harm Reduction's leadership team.

Photo credit: Pearson Ripley

Avivo, a nonprofit in Minneapolis-St. Paul, is using its FORE award to expand its street outreach team, which brings harm reduction services to people who are unsheltered. Mark Delisi, Billy Wright, Ashley Cheney, Kassie Davis (with dog Dre), and Sue Her have forged connections with Indigenous people who are experiencing homelessness, a group at particularly high risk of overdose in Minnesota.

Photo credit: Avivo

### **BACK COVER PHOTOS (FROM TOP)**

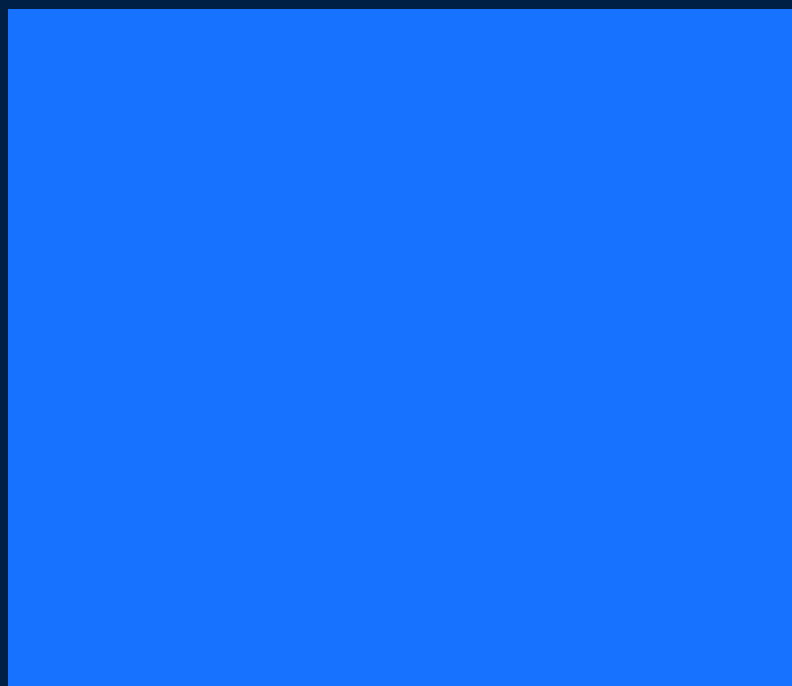
AmeriCorps members (in pink shirts) assigned to Maggie's Place help with day-to-day operations including taking moms to appointments at five residential sites.

Photo credit: Alayne Vogel

Coweta F.O.R.C.E. offers education and peer recovery supports to people in the emergency department, as well as the courts and jail in Coweta County on the outskirts of Atlanta. Jacquelyn Myers, development coordinator of Coweta F.O.R.C.E. (far right), and Katie McCauley, coordinator of the parent-elected peer advocate program (second from the right), promote the organization's services at recovery-oriented events.

Photo credit: Coweta F.O.R.C.E.





## Foundation for Opioid Response Efforts

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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