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I. Summary

- Brooklyn Community Foundation established the Wellness and Recovery Fund from charitable assets that remained after the New York State Office of the Attorney General dissolved Canarsie A.W.A.R.E., Inc. for its participation in a scheme that exploited some of New York’s most vulnerable residents and defrauded Medicaid. The Fund supports organizations working to ensure that those who navigate the difficult road of substance abuse and addiction do so with reliable support that honors their agency and dignity.

- In November 2021, Brooklyn Community Foundation conducted its Insights community engagement process to learn from and partner with community leaders and residents to design the Wellness and Recovery Fund’s strategy. The process involved co-creating a space for radical listening—acknowledging that people are the experts of their own experience—and fostered an environment of curiosity, openness, and empathy.

- The Foundation conducted eight Insights listening sessions, bringing together a dynamic group of over 100 individuals ranging in experiences that included living with addiction, navigating sobriety, family members and loved ones of people who use drugs, clinical support staff, medical professionals, and stakeholders from across the treatment, criminal legal, and policy advocacy sectors.

“Every day I experience people giving up on me — it feels good to know that there are people who DON’T GIVE UP.”

— INSIGHTS PARTICIPANT
• Three areas of need emerged from the community conversations:

1.) Dignity-centered treatment services

2.) Expansion of harm reduction programs and services

3.) Multi-layered systems change efforts, including agency policies and service delivery protocols, policy advocacy, community organizing, coalition building, and dignity-centered narrative shifting work.

• Community members, thought leaders, and advisory council members addressed these themes by discussing opportunities for advocacy, existing services, and current service gaps.

• Participants identified the following priority populations for targeted support: Black, Indigenous, and people of color; women, parents/caregivers, youth, and older adults; immigrants; low-income individuals and families; people who are unhoused and housing insecure; people who are formerly or currently incarcerated; people who are LGBTQIA+NC, and people with disabilities and or mental health challenges.

“EVERYONE DOES COUNT, AND IT STARTS WITH COMPASSION. The biggest thing I needed was encouragement.” — INSIGHTS PARTICIPANT
II. Introduction

Community foundations play an essential role in identifying and addressing community issues. Brooklyn Community Foundation, as the first and only public foundation solely dedicated to Brooklyn, works in partnership with donors and community leaders to invest in racial justice and spark community-led change. Since 2009, the Foundation has provided over $75 million to nonprofits through unrestricted strategic grantmaking and Donor Advised Fund programs.

In late 2021, Brooklyn Community Foundation launched the Wellness and Recovery Fund, in partnership with the New York State Office of the Attorney General Letitia James, seeded by $2.2 million in charitable assets that remained after the Attorney General dissolved Canarsie A.W.A.R.E, Inc. for its participation in a scheme that exploited some of New York’s most vulnerable residents and defrauded Medicaid.

The Wellness and Recovery Fund will distribute approximately $725,000 annually over three years to support community-led responses to substance abuse treatment, substance misuse, addiction, harm reduction services, and systems change efforts that directly impact the lives of people in recovery and people living with addiction.
III. Our Approach

At Brooklyn Community Foundation, we have a proud history of community-informed strategic grantmaking. In January 2014, we created the Brooklyn Insights community engagement project in a diligent effort to hold a dialogue across neighborhoods about Brooklyn’s future. Nearly 1,000 residents and local leaders participated in the process, sharing their concerns about challenges in their communities and sectors, as well as opportunities they saw for positive change in a borough where nearly one in five residents are living in or near poverty. Findings from the initial Brooklyn Insights project have guided the Foundation’s vision, mission, commitment to racial justice, and approach to funding community-based initiatives.

To develop a strategy for the Wellness and Recovery Fund, the Foundation continued this approach, launching a smaller-scale Insights project with over 100 community members across eight virtual conversations, to learn about community priorities and how the Foundation can effectively support them. Participants also helped name the $2.2 million fund.

“\nWe have to start believing that people with substance abuse disorder are FIRST AND FOREMOST PEOPLE. “

— INSIGHTS PARTICIPANT
IV. The Crisis

Drug overdoses now kill more than 100,000 Americans a year.¹ More New Yorkers die of drug overdoses than homicides, suicides, and motor vehicle crashes combined,² and conditions have worsened over the past two years. Since fentanyl began to proliferate in illicit markets, yearly overdose deaths in the U.S. have more than doubled. In addition, the largest spike in overdose deaths occurred during the COVID-19 pandemic, when fear and stress were rampant, job losses were multiplying, and the strictest lockdown measures were in effect. Many treatment programs closed during that time, while others shut down operations temporarily. Drop-in programs and harm reduction efforts that provide broad supports—including clean syringes, buprenorphine or methadone treatments, fentanyl test strips, and naloxone, the lifesaving medication that reverses overdoses—were forced to reduce services significantly. Many of these programs have yet to fully resume services.

Substance Misuse/Abuse and Addiction in Brooklyn

The rate of overall substance abuse in Brooklyn causes hundreds of people in the borough to end up in the emergency room every year. Statewide, over 1.9 million New Yorkers (1.77 million adults and 156,000 youth ages 12-17) have a substance abuse problem.³ In addition, more than 2,000 individuals died of a drug overdose in 2020 throughout New York City, the highest number since reporting began in 2000. From January to March of 2021, there were 596 confirmed overdose deaths, most of which occurred in the Bronx and Brooklyn.⁴ Brooklyn residents had the second largest number of overdose deaths across the five boroughs, with Black residents having the highest number of overdose deaths and Latinx residents having the highest overdose death rate.⁵ In addition, during the 12 months ending in March of 2021, fatal overdoses increased by an estimated 38.6%, according to the CDC. More than 2,300 people suffered fatal overdoses in the city during that period, with the vast majority involving heroin and the potent synthetic opioid fentanyl.

While stark, these figures cannot fully depict the broader impact of addiction and substance abuse in Brooklyn because of the millions of other individuals whose lives are also affected—namely, the children, families, and loved ones directly impacted and subsequently the broader community. The societal cost is compounded by the consequences of addiction, which impact public safety, health, welfare, and education throughout the borough. As such, strategies must seek to address the immediate and far-reaching repercussions of addiction on the Brooklyn community. The reality is we have lost too many already, and inaction is not a viable or moral option.
“CARE BEGINS when we tell the truth about how we have dealt with addiction in this country — we don’t get to proper solutions if we don’t do that.”

— INSIGHTS PARTICIPANT
V. Wellness and Recovery Fund Insights

Brooklyn Community Foundation’s partnership with the Office of the Attorney General created a timely opportunity to respond to an ongoing crisis in Brooklyn communities. Addiction and the systems that create compounding challenges for people who live with addiction, as well as their families and loved ones, can destroy the very fabric of people’s lives and the communities they come from. Marriages and friendships dissolve. Careers and a person’s basic health and safety are threatened. Individuals are criminalized and there is much pain and suffering left in the wake. This crisis touches millions each year. Almost 21 million Americans have at least one addiction, yet only 10% of them receive treatment. In the absence of a major national initiative or response to the addiction and overdose crisis, individuals and families across the country have to go to extraordinary lengths to access the help and care they need to navigate the road to recovery. This renders local providers an absolute necessity, and front line responses in local communities as some of the only resources available for impacted individuals and their loved ones.

Pictured: Community members in Bushwick, Fall 2021
Throughout the *Insights* project, the Foundation engaged Brooklyn-based treatment and harm reduction providers, impacted community members, thought leaders, and policy advocates to understand how best to support innovative and dignity driven programs for people living with addiction and Brooklyn communities hard hit by the opioid and overdose crisis. Addressing the opioid crisis in Brooklyn means directing resources to communities to better tackle stigma and generate more timely, holistic, and actionable responses to addiction that help people transition from substance misuse/abuse to treatment and long-term recovery.

In alignment with the Foundation’s commitment to racial justice, the *Insights* process prioritized the voices and experiences of those impacted by the intersections of addiction, substance misuse, systemic racism, and anti-Blackness. Of the over 100 community members who participated in the listening session, 62% had personal experience with addiction or substance abuse, and 23% of participants were actively engaged in treatment services at the time of the listening session (see Figure 1, above).

Community members represented diverse racial and ethnic demographics, with close to 90% of participants identifying as a person of color, more than half of whom are Black (see Figure 2, Page 11).
Throughout the listening sessions, participants shared their personal experiences, discussed the issues and challenges they face, and explored and identified opportunities and solutions for potential funding. The priorities that emerged from the Insights project directly informed the Wellness and Recovery Fund’s funding priorities. Moreover, the wisdom shared by participants provided a cross section of ideas, tools, and lessons that can help communities throughout Brooklyn respond to the addiction and overdose crisis more effectively, shape current and future policy decisions, and ultimately save lives.

**FIGURE 2** • Please note: we surveyed over 100 participants. Participants were able to select more than one group to fully describe their identities. Therefore, although this data reflects 120 responses, this does not necessarily reflect a total of 120 people. For example, a single person may have selected “Black,” “Latinx,” and “Multiracial,” in total having three responses to identify the background of one individual.
**Insights Process**

Eight community conversations, ranging from 10 to 35 community members, were held virtually in partnership with nonprofits that serve Brooklynites living with addiction and substance abuse challenges. The Foundation targeted key demographic populations, including individuals and organizations working in Brooklyn neighborhoods where data indicated the highest rates of overdose, addiction/substance abuse, and drug related crime.

These neighborhoods include East New York, Bedford Stuyvesant, Crown Heights, Greenpoint, Williamsburg, and Bushwick. Though voices of individuals living with addiction and their loved ones were the primary target population recruited for the Insights process, it became clear early on that a broader range of experiences was valuable to these conversations. This included clinical staff, medical professionals, transitional and residential housing professionals, professionals working in the criminal legal space, thought leaders, and policy advocates. The Foundation also engaged these professionals and policy advocates via a virtual Thought Leaders session that mirrored the community conversations.

Our method was largely dialectical in that participants responded to questions on the issues and challenges they faced in three priority areas:

1.) **Access to—and quality of—treatment and harm reduction services**

2.) **Compounding needs worsened by substance abuse issues**, including but not limited to basic needs (housing, healthcare, criminalization, healing, safety, family) and intersecting oppressions (race, class, gender, status)

3.) **Policy and systems issues that worsen and/or create additional harms**, including but not limited to incarceration, family separation, and related barriers to treatment or harm reduction services

In advance of the Insights community conversations, the Foundation held one-on-one conversations with community organizations in order to introduce ourselves as a new funder in the substance abuse and addiction space and to gain deeper knowledge of the substance abuse, addiction, and harm reduction ecosystem in Brooklyn. These conversations led to a formal invitation to nonprofits to co-host Insights sessions at both the community level and within their organizations.
We need more programs that provide shelter for expecting and single mothers and their infants. — INSIGHTS PARTICIPANT

FIGURE 3 • Please note: the neighborhood boundaries shown here are approximate. This map represents neighborhoods that participants have strong ties to—whether they live in, work in, or spend significant time in these areas.
VI. Findings

Conversations began with broad prompts, and themes emerged as community members shared experiences, opinions, hopes, and concerns. Sessions were structured to hold space for storytelling, personal and professional experiences, strategizing, and idea-generating to address the different issues named. The listening sessions all concluded with deeper dives into anti-Black systemic racism, intersecting oppressions, and space to openly share what brought people hope. Our partner hosts provided time, mobilization support, and access to staff and community members. Their invaluable generosity and willingness to collaborate allowed us to incorporate a diverse range of experiences from people navigating addiction and substance misuse, as well as those of professionals and organizations serving this population.

Following the discussions around our three domains, participants asked which two areas were the most important from their standpoint. As a result, the Foundation could better understand where we might best meet the needs of people living with addiction and navigating substance misuse, their families, and the communities they come from throughout Brooklyn.

Analysis of our community conversations revealed three themes that emerged from the conversations as the areas of most concern to the daily lives of community members:

1.) **Dignity-Centered Treatment Services**: Eliminating barriers to high-quality, compassionate treatment and therapeutic services for people living with addiction or substance misuse/abuse, as well as for their families and communities.

2.) **Harm Reduction**: Expansion and innovation of harm reduction programs and services.

3.) **Policy and Systems Change**: Efforts on a range of intersecting issues impacting people living with addiction.

"My goal each day is to reach one more." — Insights Participant
Dignity-Centered Treatment Services

Participants, particularly those actively receiving treatment service, those in recovery, and individuals who identified as “clean and sober”, consistently expressed concerns and frustration for both the quality of care as well as lack of empathy while pursuing treatment services. Participants broadly affirmed that people living with addiction or actively misusing substances often become detached from their supportive communities. This isolation is further reinforced by harmful narratives and societal views that shame people living with addiction, and is compounded by the systemic criminalization of addiction and substance use, particularly regarding low-income and BIPOC individuals and communities.

Many affirmed that addiction and substance misuse/abuse are complicated conditions requiring multi-pronged and dignity-centered treatment strategies. Treatment services that see people’s humanity and seek to build a therapeutic relationship with clients that meet people where they are and do so by being trauma-informed, holistic, and dignity-driven. Participants largely agreed that clinicians and programs that steward services from this posture are better able to co-create long-term treatment, sobriety, and healing strategies.
Abstinence-only programs that require clients not to be actively using or participating in medically assisted addiction treatment to access supportive services were an additional layer of concern. Clinicians consistently identified supportive services, including but not limited to housing, treatment for co-occurring mental illnesses, and employment, as critical elements that support the stability individuals with addiction need to navigate the road to recovery. This frame aligns with research from the National Institutes of Health on the benefits of medically assisted treatment, including the use of Medication-Assisted Treatment (MAT) combined with behavioral counseling for a “whole patient” approach.\(^9\)

Priorities identified in this area include:

- Supporting dignity-centered direct services designed to prevent and treat substance misuse/abuse and addiction by building therapeutic relationships that are trauma-informed and center the dignity of clients consistently

- Increasing access to treatment services closer to home

- Reducing/eliminating barriers to accessing high-quality, compassionate treatment, and therapeutic services for people living with addiction and their families and communities

- Supporting culturally affirming supportive services and benefits to address social determinants of health, including but not limited to: housing, mental health, employment, childcare, and legal support

“ THERE IS A SHORTAGE OF HOUSING and this can impact ability to remain in treatment. ”

— INSIGHTS PARTICIPANT
"We can't help people if they are dead...that is what folks need to understand about harm reduction — it's way more than needle exchanges, it's about SAVING ACTUAL LIVES."

— INSIGHTS PARTICIPANT
Harm Reduction

*Insights* participants consistently emphasized the importance of harm reduction programs in reducing overwhelming overdose death. Clinicians and community members alike succinctly named the urgency of the opioid crisis, the incredible loss of life caused as a result, and the implication of what has been a primarily punitive approach to addressing addiction and the crisis as a whole.

Every five-and-a-half minutes, someone dies from a drug overdose in the United States. Many of these lives could have been saved with various harm reduction responses that position people who misuse drugs closer to systems of care and support rather than isolation, criminalization, incarceration, and ultimately death. *Insights* participants repeatedly named the urgent need for policymakers to increase access to evidence-based care and harm reduction measures for people living with addiction and substance abuse disorders.

Harm reduction efforts provide proactive and evidence-based approaches to reduce the negative personal and public health consequences associated with the misuse of drugs. These efforts facilitate a spectrum of practical strategies, policies, and programs to reduce the harms caused by drug use. *Insights* participants described several all-hands-on-deck coordinated responses that engage primary care practitioners, first responders, people who use drugs, their families and loved ones, advocates, and peers into an ecosystem of support. These collaborative, evidence-based, and trauma-informed responses function as a North Star in transforming the way we understand addiction, treatment, and recovery. Throughout the sessions, participants outlined various harm reduction approaches that effectively shift away from the punitive and carceral responses to addiction and substance use and instead move toward evidence-based public health approaches rooted in care and compassion. Harm reduction as both a holistic approach and a set of values that centers principles of humanism, pragmatism, autonomy, incrementalism, and accountability without causing further harm was a consistent reframe across all *Insights* sessions.

Participants and thought leaders agreed that harm reduction services save lives by being available and accessible to people and emphasizing the need for empathy, care, and compassion toward people who use drugs.

Participants stated that harm reduction is critical to preventing drug-related deaths, enabling access to healthcare, social services, and treatment, effectively reducing overdose fatalities, preventing life-threatening infections related to unsterile drug injection, and treating chronic diseases such as HIV and hepatitis C.
Essential harm reduction responses named during the sessions included syringe service programs, fentanyl test strips, naloxone and overdose education kits, sterile syringes and other injection equipment to prevent and control the spread of infectious diseases, syringe service programs, hygiene supplies, medical care including wound care, and peer counseling. Successful implementation of harm reduction efforts can reduce overdose deaths, sharing of substance use paraphernalia, the spread of infectious diseases, and stigma, and increase access to health services, including referrals to supportive programs and social services (including treatment and recovery support services).

Priorities identified in this area include:

- Broadly supporting the expansion and innovation of harm reduction programs and services, including procurement of supplies
- Community education
- Supportive and holistic programming
- Expanding supportive environments, including mobile sites

_Pictured: A sharps drop box at a service provider office in Brooklyn_
“STIGMA, THIS IDEA OF TOUGH LOVE, this puritanical approach that says ‘our way or the highway’... for people who are already in pain, is a problem — we are banishing people we don’t want to deal with.”

— INSIGHTS PARTICIPANT
Policy and Systems Change

A major concern across our community conversations was the lack of meaningful policy and systems changes from drug treatment programs to legislative drug policy. Participants spoke about the continued tale of two drug epidemics, in which race, specifically anti-Black systemic racism, disproportionately determines the stigmatization and the over-criminalization of people who use drugs, fueling a public health crisis and mass incarceration especially in Black communities. As far back as the birth of the war on drugs in the 1970s that continued throughout the 1980s and 1990s while crack cocaine use surged in communities, Congress passed a number of highly racialized laws that imposed penalties, enforcement, and incarceration for drug offenders. The sensationalizing of stories of “crack babies” and violent “crackheads” who needed to be “locked up for their own good” routinely portrayed crack users as Black, even though data demonstrates that most crack users were and still are white. The culture and environment these policies and responses created still permeates the public discourse on drug misuse and perceptions of people living with addiction as criminals rather than people with an illness who need compassion and care.

When the bipartisan Anti-Drug Abuse Act of 1986 passed, establishing a 100:1 weight ratio between powder and crack cocaine, crack became the only drug for which simple possession was a federal crime. The Act provided millions of dollars in federal funds to law enforcement and incarceration. The racial implications of these failed policies and responses were and continue to be devastating. The stigma Black people faced as a result made it impossible to get the help needed and fractured families. It also perpetuated systemic harms in the criminal legal system and through policies that denied people with criminal convictions—even low level drug offenses—child custody, voting rights, employment, access to loans, professional licensure and credentialing, student aid, public housing, and other public assistance.

Throughout the Insights sessions, participants living with addiction, family members with loved ones who struggle with addiction, clinicians, policy advocates, and broader stakeholders repeatedly named the irony of responses to the crack epidemic in the ensuing opioid epidemic and proliferation of fentanyl. This naming of evident racial inequity was also held with a strong belief in the shift to more public health responses rooted in care and compassion to over-criminalization—an essential step that must concurrently address the continued use of racialized drug policies that continue to harm Black and Latinx communities disproportionately. Participants outlined the need for action at the municipal, state, and federal levels while also identifying the need for clear support to address systems change at service agencies and city agencies that oversee housing, child protective services, and the courts.
Participant feedback suggested policies and procedures include reform efforts that intentionally center the voices and experiences of those directly impacted by addiction. From this vantage point what can emerge are policies that strategically shift away from stigma, criminalization, and harm, and advance policies, procedures, and protocols that center dignity, holistic approaches, and eliminate barriers to accessing treatment and supportive services.

Priorities identified in this area include:

- Multi-layered systems change efforts focused on agency policies and service delivery protocols via policy advocacy, community organizing, coalition building, and/or dignity-centered narrative shifting work

- Centering the leadership of survivors, people in recovery, and individuals living with substance misuse/abuse and addiction in all policy and systems reforms

- Policy and systems changes that eliminate barriers to accessing treatment and supportive services

- Decriminalization of addiction and substance misuse

- Shifting punitive approaches to addressing addiction and substance misuse/abuse

“\nThe carceral mentality to automatically punish first, THAT IS NOT WHAT WE NEED. \n
— INSIGHTS PARTICIPANT”
“LIVING WITH ADDICTION AND TRYING TO GET HELP can be like death by 1,000 cuts.”

— INSIGHTS PARTICIPANT
Additional Considerations: Priority Populations

As a result of the deeper dives into the nuances, challenges, and opportunities for the priority areas identified by participants, additional considerations for vulnerable populations were discussed. The populations identified include Black, Indigenous, and people of color; women, parents/caregivers, youth, and older adults; immigrants; low-income individuals and families; people who are unhoused and housing insecure; people who are formerly or currently incarcerated; people who are LGBTQIAGNC+, and people with disabilities and or mental health challenges.

Personal stories and professional accounts shared across Insights sessions repeatedly articulated the continued framing of a tale of two drug epidemics in which race, class, and immigration status disproportionately determine the stigmatization and the over-criminalization of people who use drugs, fueling a public health crisis, and mass incarceration. Specifically, while any individual who navigates addiction and recovery experiences significant hardships, women tend to face a more difficult road to recovery. Women and people who give birth who live with addiction or use substances endure a significantly higher degree of social scrutiny. This scrutiny is steeped in societal views and gender roles typically assigned to women, specifically caretakers, nurturers, wives, and mothers. Social attitudes fueling these roles create different expectations for women and their behavior. This results in very different needs for substance abuse treatment and different approaches to ensuring support for the immediate family.

What was once a large gap between the rates of overdose deaths for men compared to women has steadily been closed and is expected to increase in the next couple of years. In addition, most women and people who give birth who navigate addiction and substance abuse treatment are of childbearing age. Many of them also have children who both are affected by and influence the mother's/caregiver's substance abuse and treatment behaviors.
To support efforts to address challenges faced by women and people who give birth in navigating treatment services, the fund will also prioritize consideration for nonprofit organizations that provide the following supportive programs:

- Provide direct treatment and or harm reduction services to women/people who give birth and caregivers

- Offer family-based substance abuse treatment programming, including childcare whole family interventions

- Provide case management that benefits women/caregivers/people who give birth in substance abuse treatment while they interact with other systems, including but not limited to child protective services, housing, and criminal legal

- Provide innovative treatment and support offerings directly informed by the target demographic
“EDUCATION can certainly address the overdose crisis and stigma faced by people living with addiction. We need holistic approaches, meditation, and mindfulness. Having access to those offerings helped me on my journey.”

— INSIGHTS PARTICIPANT
VII. Wellness and Recovery Fund Portfolio

Grantmaking for the Wellness and Recovery Fund is aligned with Brooklyn Community Foundation's commitment to racial equity and racial justice values. The Foundation's racial justice lens is practiced by prioritizing support for nonprofits led by members of affected communities and centers the voices of those directly impacted by structural racism in decision-making.

Brooklyn Community Foundation is committed to multi-year, general operating support when possible. In addition, the Foundation believes that all people should be equally seen, heard, valued, and respected. We use a racial justice lens focused on the systemic redistribution of power, opportunities, and access for people of all races to support this vision. We strongly believe addressing racial disparities in this borough is the first step in our mission of realizing a fair and just Brooklyn. We support efforts that increase the ability of Black, Indigenous, and all people of color to determine and sustain a more equitable future for themselves and their communities. We are also committed to a community-informed process beyond our initial community conversations. To that end, the Wellness and Recovery Fund will be advised by a small group of rotating community members directly impacted by addiction and substance abuse, who will work alongside program staff to inform our grantmaking and advocacy efforts.

Lastly, through the Foundation's network and relationship with aligned funders, we will leverage our collective giving by identifying and supporting timely advocacy that provides opportunity and access for Brooklynites living with addiction and their families.

The Foundation released grant guidelines for the Wellness and Recovery Fund Grant in December 2021, which can be viewed at: BrooklynCommunityFoundation.org/apply/wellness-and-recovery-fund

“This is a public health and A HUMAN RIGHTS ISSUE.”

— INSIGHTS PARTICIPANT
VIII. Acknowledgements

The Wellness and Recovery Fund Insights Report was authored by Program Officer Beatriz Beckford, with editorial support from Foundation’s programs and communications team staff.

The Wellness and Recovery Fund Insights process was completed by Program Officer Beatriz Beckford in December 2021, with support from Marcella Tillett (Vice President of Programs and Partnerships), Sabrina Hargrave (Program Officer), Le Anne Alexander (Program Officer), Myles Bradford (Operations and Grants Manager), and Osasu Aigbe (Foundation Assistant).

Brooklyn Community Foundation continues to be in awe and deep gratitude for the wisdom our neighbors and fellow Brooklynnites entrusted us with during the Insights process. Their lived experience, leadership, and commitment to a better Brooklyn for all have shaped these learnings most significantly.

Pictured: Community members pass a mural in Bedford-Stuyvesant, Fall 2021
IX.  Appendix

Host Organizations for Community Conversations

Bridging Access to Care (BAC)
Center for Alternative Sentencing and Employment Services (CASES)
Community Counseling and Mediation (CCM)
Voices of Community Activist Leaders NY (VOCAL-NY)

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Wellness and Recovery Fund Advisory Council Members

Juan Diaz  Doobneek  Denise Drayton  Victoria Graves-Cade  
Windy Jacques  Michelle Lopez  Nicholson Pierre  Debra Scott
WHAT BRINGS ME HOPE is the dedicated and compassionate people I see when I walk in the door. The staff treat me like a person, like a human being, with dignity and respect — and that keeps me going.

— INSIGHTS PARTICIPANT
X. Citations


