

# Ceding Power to Seed Community Recovery

## Democratic Funding to Address Mental Health and Substance Abuse Crises

By Sandy Ho and Susan Eaton

*This opportunity brief explores two cases of hyper-local democratic resource allocation that enabled historically marginalized members of defined communities to make decisions about how money gets spent. Both processes allocated funds to address mental health and substance abuse in local communities. First, we describe a participatory budgeting process in St. Louis overseen by the local government. Next, we describe a participatory grant making process accomplished by a community foundation in New York City. These cases complement other research demonstrating that intentionally power-shifting and less hierarchical democratic forms of funding are feasible and result in well informed, responsive allocations of money.<sup>1</sup>*

### 1. Government funding for mental health and substance abuse is fragmented and unresponsive to current needs.

Government funding has so far been unable to meet the enormous need for service and care driven by our nation's mental illness and substance use crises. This includes the rise in documented mental health conditions since the COVID-19 public health emergency and disproportionate mortality rates among communities of



color from death by suicide and overdose.<sup>2</sup> Federal funding for mental health is often fragmented, coming from multiple agencies and based on outdated, inflexible formulas that fail to both accurately determine need and reach people most in need of services.<sup>3</sup> Meanwhile, stigmas around mental health and substance abuse create barriers to comprehensive health care coverage. President Joe Biden highlighted this problem in July 2023 when he announced plans to push insurance companies to cover mental health treatments as fully as they cover physical health treatment. This is part of a larger White House effort to more fully fund, reduce stigma and draw attention to a growing mental health crisis in the nation.<sup>4</sup>

## 2. The local government practice of participatory budgeting and the philanthropic practice of participatory grantmaking share a mission to shift power to members of defined communities who have life experiences with the problems being addressed.

Both participatory budgeting and participatory grantmaking are processes through which community members collectively decide to direct financial resources to projects, organizations, and social challenges. Particular formats and the precise nature of community participation vary from site to site but the practices share some basic goals. This includes collaborative decision-making, provision of civic engagement opportunities for marginalized communities to inform solutions for the challenges that affect their lives, and long-term

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relationship building that makes philanthropy and government more responsive to the people they seek to serve.

Rather than typical governance that is limited to one-way or bi-directional relationships between public officials and communities, **participatory budgeting** intentionally repositions members of the public as collective decision-makers in partnership with government leaders to allocate public dollars.<sup>5</sup> On average a participatory budgeting process can take up to fourteen months.

Participatory budgeting was conceptualized in 1989 by the Workers' Party in Porto Alegre, Brazil whose members were trying to redirect power away from the government to its citizens.<sup>6</sup> Since then, this democratic practice has been implemented around the world. In the United States, the practice has directed \$43 million in public funding for community projects and organizations.<sup>7</sup> People-led funding has been replicated across many levels of public governance such as schools, municipalities, counties, and neighborhoods.<sup>8</sup> Affordable

housing, community development, playground and park beautification projects, public transit improvements and installation of accessible entrances for public buildings are some public projects that have received funding from participatory processes in New York City.<sup>9</sup> The Organization for Economic Co-operation and Development (OECD) notes that local, rather than state or federal governments, are far more likely to employ participatory budgeting. This is because the budgets are relatively smaller and because local projects are more visible and relevant to the daily lives of community members.<sup>10</sup> For more than a decade, the nonprofit Participatory Budgeting Project has championed the process and provided technical assistance for municipalities, government agencies, community organizations, schools and others across the country.<sup>11</sup>

In her 2016 book, *Democracy Reinvented*, Holly Russon Gilman explores different modes of engagement and decision-making in participatory budgeting processes.<sup>12</sup> She demonstrates that the depth and robustness of community participation often hinges on which government agencies oversee the process. For example, two



Four people sit around a table. A woman with blonde curly hair is sitting in a wheelchair talking to the group. Photo Credit: xavierarnau, iStock

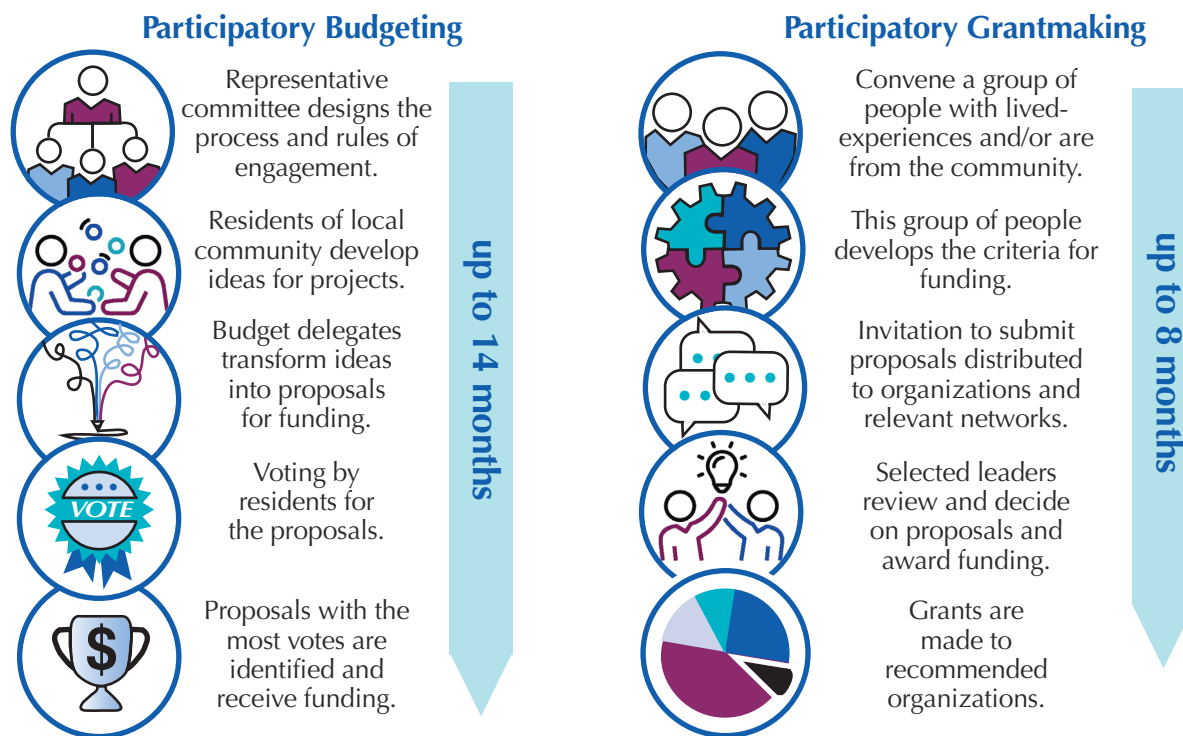
public agencies might each have their own outreach populations or focus areas. However, when combined, intra-agency collaboration can quickly broaden community engagement, bringing forth more insights and perspectives to inform funding decisions.

Like participatory budgeting, participatory grantmaking in philanthropy positions those most affected by social challenges to make decisions about how to allocate funding. In contrast to government entities, the degree of participation and the types of groups involved in the grantmaking processes tend to be more expansive and the processes are more flexible than typically found in government.

**Participatory grantmaking** seeks to dismantle, transform, and reconfigure the ways typical philanthropic funding is awarded — that is hierarchical, opaque, and absent public accountability. The practice began informally in the 1970s among a handful of funders, including the Ford Foundation, to address economic equality and advance civil rights. It continued with localized funding investments such as the Annie E. Casey Foundation’s anti-poverty strategy that engaged residents in decision making.<sup>13</sup> Grassroots social movements such as disability rights, racial justice, youth organizing, and agricultural labor organizing are some of the areas where foundations use participatory grantmaking models.<sup>14</sup>

Figure 1 illustrates the core components for both participatory budgeting and grantmaking.<sup>15</sup> Note that participatory budgeting processes can take up to fourteen months in contrast to participatory grantmaking, which typically takes about half as much time. Figure 1, below, offers summaries of participatory budgeting and participatory grantmaking processes.

**Figure 1: Typical Participatory Budgeting and Grantmaking Processes**



**3. A participatory budgeting process in St. Louis convened residents in neighborhoods of color to help allocate \$2 million (provided by a federal grant) to local organizations. This included youth and people who have experienced or been affected by mental illness and substance abuse disorders.**

In 2020, the overdose rate among people in St. Louis increased by 42 percent from 2017-2020. The rate of overdose among the city’s Black residents rose by 56 percent during that time period.<sup>16</sup> This contributed to the state of Missouri ranking third in the country in fatalities from opioid use.<sup>17</sup> Racial segregation, coupled by wealth and income inequalities in and around St. Louis, worsens access to mental health supports and substance use treatments in the state. Across all ages, in 2021, the city of St. Louis had the highest rate in the state of both mental illness and mental-health related emergency room visits.<sup>18</sup>

The Substance Abuse and Mental Health Services Administration (SAMHSA) oversees two of the largest federal block grants for states. In 2016, SAMHSA announced a five-year funding opportunity — The Resiliency in Communities After Stress and Trauma initiative (hereinafter, ReCAST) — for local governments to support community resilience.<sup>19</sup> ReCAST sought to build, support, and cultivate partnerships between local entities and community-based organizations in places that had experienced “civil unrest” within the past two years (beginning in 2016). This period includes Michael Brown’s murder by a white police officer in 2014 leading to what is now known as the Ferguson Uprising, which occurred just outside of St. Louis and propelled the Movement for Black Lives.<sup>20</sup>

The federal government had five goals for these grants: use community-based participatory approaches to support well-being, resiliency and community-led healing; increase and expand equitable access to trauma-informed behavioral health treatments; improve community health outcomes through partnerships and

coordination between behavioral health services and community supports; implement and foster community change through community-based participatory strategies to support improved governance; and develop culturally aligned and appropriate program services.

While applicants had flexibility to develop their own strategies to reflect these goals, SAMHSA did place some requirements on grantees. These included, among others, hiring at least one full time staff member to oversee grant-related activities; peer support and trauma-informed training for youth and community members; conducting a needs assessment; and developing a community strategic plan. An evaluation of grant projects also was required and needed to demonstrate an “outcome” for high-risk youth. The federal government also required deadlines for completion of some grant activities.

The Saint Louis County Department of Public Health was one of eight U.S. municipalities that received a five-year \$4.7M ReCAST grant from the federal government in 2016. A central component of St. Louis’ ReCAST Project involved implementing a participatory budgeting process to disburse two million dollars in grant funding across five areas of focus: violence prevention, youth engagement, peer support, mental health, and trauma-informed care.<sup>21</sup> Citing the 2014 Ferguson protests as a contributor to civil unrest, the St. Louis ReCAST Project also positions health and social inequalities as an outcome of policy decisions that enforced, upheld and solidified systematic racial segregation and its attendant, racial inequality, in the community.<sup>22</sup> Led by a partnership with the St. Louis Department of Public Health, the participatory budgeting process brought together local public health entities and the St. Louis community in a democratic process that sought to foster positive community engagement and systems change that would improve community access to behavioral health treatment and services. The participatory budgeting process involved six phases, and engaged residents of St. Louis County who were at least eleven years old during the time of funding.<sup>23</sup>

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#### **4. During the first year, St. Louis’ participatory budgeting activities focused on recruitment and coalition-building processes and outreach to inform members of the community about participatory budgeting and the roles that community-based organizations and residents could play in the process.**

In 2015, the U.S. Department of Housing and Urban Development named several neighborhoods in St. Louis as “Promise Zones.” These locations were prioritized for federal support to shore up economic stability and well-being.<sup>24</sup> The St. Louis ReCAST Project focused its participatory budgeting efforts on this region, which includes seven school districts and in 2021, had a median household income of about \$30,000.<sup>25</sup>

The St. Louis ReCAST Project established three committees to inform and guide the participatory process. Table 1 provides information about each committee’s composition and their purpose/role(s), how members were recruited and the total numbers of participants.

As part of the required grant activities, St. Louis ReCAST (see Table 1 below) conducted a three-month “Community Needs Assessment Crosswalk.” This included conversations between project staff and community members as well as a formal community needs assessment survey of residents in the St. Louis Promise Zone. St. Louis ReCAST program staff asked residents about their priorities and gaps in services that they experienced. The assessment informed recruitment of community delegates who would eventually make funding decisions.<sup>26</sup> This needs assessment helped determine the funding scope and issue areas for grantmaking. The assessment

**Table 1: St. Louis ReCAST participatory budgeting committees**

Committee	Types of Members	Recruitment Strategy	Convening Frequency	Role in Participatory Budgeting	Total Number (5 yrs)
Community Delegates	St. Louis residents 11 yrs+	Kick-off events and Recruiting Meetings	Weekly~4-6 weeks	Facilitate and lead participatory budgeting	~1,000 residents including 53 youth (11-24)
Core Advisory Board (CAB)	Local municipalities	Identified based on issue area expertise	Monthly 5-7 months	Ensured budgeting process fulfills SAMHSA ReCAST grant requirements	23 organizational leaders
Coalition of Stakeholders (COS)	Network of community organizations	Program staff identified network of orgs working in funding priority areas	Monthly~4 months	Promote participatory budgeting opportunities	25 community organizations

identified five community priorities: 1) mental health including access to services; 2) violence prevention such as improving relationships between community and police; 3) risky behavior among youth, including substance use; 4) peer-to-peer support to prevent and treat substance use; and 5) trauma-informed care including the treating the harms of poverty and substance use.<sup>27</sup>

Also, community delegate recruitment meetings included roundtable discussions with subject matter experts. These discussions provided opportunities for community members to share their ideas, insights and life experiences.<sup>28</sup>

**5. The second step in the participatory budgeting process included the selection and training of “Community Delegates” who, informed by the community needs assessment and community discussions, developed requests for proposals and released them to the community. Then, any resident within the St. Louis Promise Zone voted on the proposals. This included youth who were at least 11 years old.**

Community Delegates, selected via an application process by Core Advisory Board members, helped develop the RFP and scope of work for each of the five determined funding priorities. Committees met weekly for four to six weeks. The Community Delegates, Core Advisory Board and staff representatives from the Saint Louis County Department of Public Health reviewed and scored proposals. Community Delegates received a stipend for their participation. City officials provided delegates with training in facilitative leadership, racial equity, proposal evaluation and participatory budgeting processes.<sup>29</sup>

**6. In four rounds of participatory budgeting, the St. Louis ReCAST Project supported 31 community-based projects totaling \$2 million dollars in grants.**

Of the 31 funded projects, seven organizations received funding in subsequent years during the five-year participatory budgeting period. The St. Louis ReCAST Project expanded upon typical participatory budgeting processes by convening Promise Zone residents whose lives would most likely be directly affected by funding decisions. The residents were able to help inform, develop and champion the RFPs within their own neighborhoods and networks. This ensured that the lived experiences of community residents were heard and considered in each step of the process.

**7. The Brooklyn Community Foundation’s<sup>30</sup> participatory grantmaking approach is responsive to community challenges and is aligned with its vision for “a fair and just Brooklyn, built on dignity and respect, where all residents have the opportunity to participate and prosper.”<sup>31</sup>**

Between 2018 - 2021 the NYC borough, Brooklyn, endured the second highest rate of deaths due to any opioid use among the five other New York City boroughs. Within this population Black and Latino Brooklyn residents had the highest rates.<sup>32</sup> From 2010 to 2019, the death rate from opioid overdose in Kings County, NY, which includes Brooklyn, doubled, from 5.2 to 10.8.<sup>33</sup> In the neighborhood of Borough Park in Brooklyn, just 20 percent of residents receive treatment compared to 66 percent of people who live in the Upper East Side Gramercy neighborhood.<sup>34</sup> Twenty percent of the more than two million people living in Brooklyn live in poverty. Brooklyn is home to the nation’s largest concentration of African Americans.<sup>35</sup>

The Foundation’s mission-aligned funding strategy is informed by three tiered components implemented over a decade: 1) identifying representative community perspectives and priorities; 2) gathering information through community engagement; and 3) convening issue area experts and people with lived-experiences to lead the grantmaking.

In 2021 the Foundation made a commitment to implement participatory grantmaking practices for all funding portfolios and developed “Community Advisory Councils” composed of residents whose lived experiences and insights inform funding decisions. An application is required to be considered for the Community Advisory Councils. The Foundation prioritizes applicants who do not currently hold a traditional leadership role within an organization or in their community, who have an existing understanding of racial justice and who can participate in council meetings during regular business hours or weekends. Finally, in 2022, the Foundation



The Brooklyn Bridge, spanning the East River, with shiny buildings in the background at dusk. Photo credit: Alessandro Lai, iStock

launched “Listening Tours” composed of ten neighborhood stops each year. This enables the Foundation to keep abreast of emergent issues while fostering relationships with residents.

In addition to the \$2.2 million Wellness and Recovery Fund, the Foundation has five other community-focused funds – Brooklyn Accelerator / Spark Prize; Brooklyn COVID-19 Response Fund; Brooklyn Elders Fund; Immigrant Rights Fund; and Invest in Youth. According to its most recent impact report, the Foundation distributed a total of \$13 million in grants in 2021. (2021-22 Impact Report, 2022). In 2023, the Wellness and Recovery Fund granted another \$242,600 to ten community-based organizations over three years.

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**8. The Brooklyn Community Foundation’s Wellness and Recovery Fund participatory grantmaking process included identification of community participants and the creation of committees to make funding decisions and engagement with the wider community.<sup>36</sup>**

In 2021, the Foundation identified more than 100 participants to engage in a series of eight community conversations. Through relationships with Brooklyn nonprofit organizations leading the way on harm reduction strategies, and substance use and addiction challenges, these community organizations provided support to an existing network of providers, policy advocates, people living with substance use and addiction, and their family members. Using the state’s Department of Public Health data on unintentional overdose mortality rates from 2010 – 2020, the Foundation focused its participant outreach efforts across five neighborhoods within Brooklyn where mortality rates from opioid use were highest. The Foundation’s survey data of community participants indicated that 62 percent were Brooklyn residents with lived experiences of substance use

and addiction, and 23 percent were receiving treatment services during the time these conversations happened. The racial demographics of participants showed that more than half identified as Black, and 90 percent identified as a person of color.

The Brooklyn Community Foundation’s Wellness and Recovery Fund engaged with three different types of committees throughout the participatory grantmaking process. Table 2 provides a summary of each committee’s composition and their purpose/role(s), how members were recruited and the total numbers of participants.

Community organizations and Foundation staff facilitated eight community conversations. These eight participant groups each had a range of ten to thirty-five discussants, and centered the stories, experiences, opinions and ideas of those who were most directly affected by substance use. The participant groups that included direct services providers, clinical staff,



Three women sit at a table. An Asian woman, sitting in front of a laptop speaks to the small group as the others listen. Photo Credit: PonyWang, iStock



**Table 2: Wellness and Recovery Fund participatory budgeting committees**

Committee	Types of Members	Recruitment Strategy	Convening Frequency	Role in Participatory Grantmaking	Total Number
<b>Community-based Orgs</b>	Brooklyn nonprofit orgs substance use and addiction	Based on network of direct services providers in Brooklyn	2 community discussions	Facilitate 8 community conversations with impacted participants	4 community organizations
<b>Community Participants</b>	People with lived experiences of substance use and addiction, and service providers	Based on being a recipient of services	At least 1 community discussion	These insights and experiences informed the funding criteria and priorities	100 community participants
<b>Advisory Council</b>	People directly impacted through lived experiences with substance use and addiction	Program staff identified a network of organizations working in the areas of funding priorities	Serve for 2 years, up to 70 hours/year	Review grant proposals, site visits, and selecting orgs for funding	8 Brooklyn residents

and policy advocates were in separate discussion groups referred to as “thought leaders.” During discussion, participants responded to three broad categories of questions and prompts: access to and quality of treatment and harm reduction services; compounding needs worsened by substance abuse; and policy and systems that worsen and/or create additional harms. Participants were asked to identify two priority areas for Foundation funding. Three priorities emerged to form the Wellness and Recovery Fund’s grantmaking scope: dignity-centered treatment services; harm reduction; and policy and systems change.

The role of the Advisory Council members includes reviewing grant proposals, performing applicant site visits, and selecting organizations to receive general operating grants. Council members complete an online interest form that asks about demographic information including race, gender, sexual orientation, membership in an immigrant community, and the Brooklyn neighborhood in which they live. It also inquires about professional and personal lived experiences with substance use and addiction – the application includes questions about educational background, whether the individual has personally experienced or is from a household directly affected by substance abuse and if the person is employed at an organization working to address these challenges. The interest form also asks potential Advisory members to share their interest in joining the Council, their understanding of anti-Black systemic racism within Brooklyn and whether the applicant currently holds a leadership position within an organization doing work in substance use and harm reduction. To date, the Wellness and Recovery Fund’s Community Advisory Council is composed of eight Brooklyn residents with direct and lived experiences in substance use and addiction.

The work accomplished by these organizations reflects the three priority areas that emerged from community discussions. In addition to these grants, the Brooklyn Community Foundation layers funding support with capacity building and technical assistance. These offerings come in the form of workshops and training that provide the Foundation’s grantees with information and knowledge about nonprofit operations and applicable skill-building.

## Observations & Recommendations

The purpose of this analysis is to elucidate elements of funding approaches that are democratic, inclusive, and representative in order to address mental health and substance use problems. These cases complement other research cited here that demonstrates that power-shifting, democratic forms of funding are feasible and, by drawing upon community-based knowledge and experience, can result in well informed, potentially more responsive allocations than more traditional hierarchical and opaque resource allocation methods. Concretely, in these two cases, the democratic funding practices led to carefully considered, deep community engagement among a diverse members and contributed to health and well-being by improving access to support and direct services for people experiencing mental health and substance use challenges.

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Our observations and recommendations follow:

- 1) People with direct experience with social problems are well positioned to inform funding allocation but are rarely engaged on such decisions.<sup>37</sup> Also, to reduce the growing racial, social, and economic disparities in access to mental health and substance use services, equitable public health solutions require members of said communities to be positioned as thought partners rather than simply passive recipients of services. Participatory budgeting and participatory grantmaking address these power imbalances by repositioning those formerly defined as “communities/patients in need” to decision-makers with real power.
- 2) More democratic forms of resource allocation may require additional time and money but are feasible for committed and established organizations. These practices may engender more effective funding practice and healthy community engagement by drawing on key perspectives of people directly affected by these challenges.
- 3) Evaluating the outcomes of democratic resource allocations depends upon the short- and long-term goals of the government entity or the foundation involved. Beyond an effective and responsive resource allocation, a government entity might, for example, desire better relationships with community members to improve service provision. Similarly, a community foundation may be looking to find a more permanent cohort of community-based advisors to improve grantmaking over the long-term.
- 4) More generally, some criteria to consider to ensure a positive and productive experience might include:
  - a) “public reach,” (*ie: how many people are included, how meaningfully are they included and how effective and plausible is the outreach to them?*) For example, the St. Louis ReCAST program focused intently on outreach to youth, and on thus being present in community spaces where youth are already gathering.
  - b) administrative feasibility (*how doable is this practice given existing organizational structures and resources?*) For example, in both St. Louis and Brooklyn, organizers provided honoraria for community participants involved in the funding process. The Foundation’s structure and mission fueled its commitment to participatory grantmaking into the future with grantees receiving continued support. In contrast the government program that provided funding to St. Louis ReCast was time-bound with funding — and the participatory process — ending after five years.

- c) technical feasibility (*is any kind of particular life experience, specialized or baseline knowledge necessary to support a truly representative decision-making process and is it present within existing organizations?*) For example, prior to actually making funding decisions, the advisory committee members for the Wellness and Recovery Fund underwent training that provided context for systemic racism and the role of the Foundation in systemic change.

## Resources

To learn more about participatory grantmaking and participatory budgeting, we recommend the following resources:

- Brown-Booker, N. (2022, Winter). Participatory Grant-making Is Your Future. *Stanford Social Innovation Review*, 20(1), S14–S15.
- Buhles, K. (2021, November 2). *A Primer for Participatory Grantmaking*. Non Profit News | Nonprofit Quarterly.
- Davis, S., & Crews, E. (2020, June 1). *Participatory Budgeting*. Organizing Engagement.
- Gelman, V. L., & Votto, D. (2018). *What if Citizens Set City Budgets? An Experiment That Captivated the World—Participatory Budgeting—Might Be Abandoned in its Birthplace*.
- Gibson, C. (2017). *Participatory Grantmaking: Has Its Time Come?* Ford Foundation.
- Gilman, H. R. (2016). *Democracy Reinvented: Participatory Budgeting and Civic Innovation in America* (1st edition). Brookings Institution Press/Ash Center.
- Hagelskamp, C., Schleifer, D., Rinehart, C., & Silliman, R. (2016). *Why Let the People Decide? Elected Officials on Participatory Budgeting - Public Agenda*. Public Agenda.
- Peng, I. D. (2021, October 21). Participatory Grantmaking. *JustFund*.
- Roth, Z. (2022). *Making Participatory Budgeting Work: Experiences on the Front Lines* | Brennan Center for Justice. Brennan Center for Justice.

## Endnotes

- 1 \*Research methods included a triangulated review of a variety of project and funding-related reports including self-reports, local, state and federal government documents, publicly available presentations, press reports and analysis of publicly available demographic data.
- 2 Panchal, N. & Saunders, H., (2022, September 22). Five Key Findings on Mental Health and Substance Use Disorders by Race/Ethnicity. *KFF*. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/five-key-findings-on-mental-health-and-substance-use-disorders-by-race-ethnicity/>
- 3 Ibid.
- 4 Haslett, C., Gittleson, B., & Winsor, M. (2023, July 25). White House pushes private insurance companies to cover mental health care. *ABC News*. <https://abcnews.go.com/Health/white-house-insurance-companies-cover-mental-health-care/story?id=101624512#:~:text=It%20was%20all%20part%20of,his%20fiscal%20year%202022%20budget.>
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- 6 Gelman, V. L., & Votto, D. (2018). *What if Citizens Set City Budgets? An Experiment That Captivated the World—Participatory Budgeting—Might Be Abandoned in its Birthplace*. <https://www.wri.org/insights/what-if-citizens-set-city-budgets-experiment-captivated-world-participatory-budgeting;> Gilman, H. R. (2016). *Democracy Reinvented: Participatory Budgeting and Civic Innovation in America* (1st edition). Brookings Institution Press/Ash Center.
- 7 Hagelskamp, C., Schleifer, D., Rinehart, C., & Silliman, R. (2016). *Why Let the People Decide? Elected Officials on Participatory Budgeting - Public Agenda*. Public Agenda. <https://www.publicagenda.org/reports/why-let-the-people-decide-elected-officials-on-participatory-budgeting/>
- 8 Hagelskamp, 2016. *Participatory Budgeting Project*. (2017). *PB Scoping Toolkit: A Guide for Officials & Staff Interested in Starting PB*; Roth, Z. (2022). *Making Participatory Budgeting Work: Experiences on the Front Lines* | Brennan Center for Justice. Brennan Center for Justice. <https://www.brennancenter.org/our-work/analysis-opinion/making-participatory-budgeting-work-experiences-front-lines>
- 9 Davis, S., & Crews, E. (2020, June 1). *Participatory Budgeting*. Organizing Engagement. <https://organizingengagement.org/models/participatory-budgeting/>; New York City Council. (2017). *Participatory Budgeting: Cycle 6 Results*. Participatory Budgeting. <https://council.nyc.gov/pb/results/cycle-6-results/>
- 10 OECD. (2022). *Dispelling Myths about Participatory Budgeting across Levels of Government*. Organization for Economic Co-operation and Development. <https://www.oecd.org/tax/federalism/participatory-budgeting-note.pdf>
- 11 Participatory Budgeting Project. (2017). *PB Scoping Tool-kit: A Guide for Officials & Staff Interested in Starting PB*.
- 12 Gilman, 2016.
- 13 Gibson, C. (2017). *Participatory Grantmaking: Has Its Time Come?* Ford Foundation. [https://www.fordfoundation.org/media/3599/participatory\\_grantmaking-lmv7.pdf](https://www.fordfoundation.org/media/3599/participatory_grantmaking-lmv7.pdf)
- 14 Brown-Booker, N. (2022, Winter). Participatory Grant-making Is Your Future. *Stanford Social Innovation Review*, 20(1), S14–S15.

- 15 Peng, I. D. (2021, October 21). Participatory Grantmaking. *JustFund*. <https://justfund.us/participatory-grantmaking/>
- 16 St. Louis Department of Public Health. (2021, October). Substance involved deaths in St. Louis, County, Missouri. <https://stlouiscountymo.gov/st-louis-county-departments/public-health/health-data-and-statistics/chronic-disease-reports/drug-overdose/drug-overdose-deaths-2020/>
- 17 *Behavioral Health Data*. (n.d.). [22]. StLouis-Mo.Gov. <https://www.stlouis-mo.gov/government/departments/health/behavioral-health/data.cfm>
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- 19 Center for Mental Health Services. (2016). *Resiliency in Communities After Stress and Trauma*. Substance Abuse and Mental Health Services Administration.
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- 23 Ibid.
- 24 Cahill, K. (2015). *St. Louis & St. Louis County Promise Zone*. St. Louis Economic Development Partnership. <https://www.hud.gov/sites/documents/PROMISEZONEMO.PDF>
- Ron-Ferguson, Z. (2021, March 3). *PROMISE ZONE*. ArcGIS StoryMaps. <https://storymaps.arcgis.com/stories/4f983cbdde8240ffbee6cac48a109f71>; U.S. Department of Housing and Urban Development Exchange. (n.d.). *Promise Zones Overview*. HUD Exchange. Retrieved April 3, 2023, from <https://www.hudexchange.info/programs/promise-zones/promise-zones-overview>.
- 25 Ron-Ferguson, 2021.
- 26 Baker, E., BeLue, R., Dix, M., Enard, K., Gilbert, K., Mancini, M., Stamatakis, K., & Vogt, C. (2020). *Resiliency in Communities After Stress and Trauma (ReCAST) Evaluation Report: Report Period Ending September 30th 2020*. Saint Louis University College for Public Health and Social Justice. <https://stlouiscountymo.gov/st-louis-county-departments/public-health/recast/project-reports/slu-project-evaluation-report/>; Schmidt, S., Hughes, P., & Mitchell, M. (2017). *End of Year Report September 30, 2016-September 29, 2017* (St. Louis ReCAST: Projects for Community Well-Being). Saint Louis County Department of Public Health. <https://stlouis-countymo.gov/st-louis-county-departments/public-health/recast/project-reports/annual-report-2017/>
- 27 Baker. et al., 2020.
- 28 Southerland, P., Mitchell, M., & Schmidt, S. (2019). *Annual Report—Reporting Period: October 1, 2018-September 30, 2019* (St. Louis ReCAST: Projects for Community Well-Being). Saint Louis County Department of Public Health. <https://stlouiscountymo.gov/st-louis-county-departments/public-health/recast/project-reports/annual-report-2019/>
- 29 Ibid.
- 30 Since this writing, the Brooklyn Community Foundation has changed its name to Brooklyn.org. See: <https://brooklyn.org/>
- 31 Brooklyn.org. “Mission” <https://brooklyn.org/mission/>
- 32 New York State Department of Health. (2022, January). *New York State Opioid Data Dashboard*. New York State Opioid Data Dashboard - County Level: Kings County. [https://webbi1.health.ny.gov/SASStoredProcess/guest?\\_program=%2FEBI%2FPHIG%2Fapps%2Fopioid\\_dashboard%2Fop\\_dashboard&p=ch&cos=59](https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fopioid_dashboard%2Fop_dashboard&p=ch&cos=59); Shamasunder, S. (2021). *Overdose Deaths Among Brooklyn Residents, 2021*. <https://www.nyc.gov/assets/doh/downloads/pdf/basas/overdose-deaths-among-residents-bk.pdf>
- 33 New York State Department of Health, 2022
- 34 NYC Mayor’s Office of Community Mental Health | *Data Dashboard*. There Is Unequal Access to Mental Healthcare in New York City. Retrieved February 4, 2023, from <https://mental-health.cityofnewyork.us/dashboard/>
- 35 Brooklyn Community Foundation (2012, November 29). Brooklyn Facts. Brooklyn Community Foundation. <https://www.brooklyncommunityfoundation.org/brooklyn-facts>; *Brooklyn Neighborhood Profile*. (n.d.). Retrieved March 31, 2023, from <https://furmancenter.org/neighborhoods/view/brooklyn>
- 36 All information for this section is drawn from two reports: Brooklyn Community Foundation. *Brooklyn Insights Final Report*. October 2014; Brooklyn Community Foundation, Wellness and Recovery Fund Insights Report. March 2022.
- 37 Gilman, 2016; Myers, L. C., Parodi, S. M., Escobar, G. J., & Liu, V. X. (2020). Characteristics of Hospitalized Adults With COVID-19 in an Integrated Health Care System in California. *JAMA*, 323(21), 2195. <https://doi.org/10.1001/jama.2020.7202>.

## SOCIAL JUSTICE FUNDER OPPORTUNITY BRIEFS

draw upon research, policy analysis and practitioner experience to identify promising grantmaking opportunities that aspire to create a fairer, more inclusive and more equitable society.

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We welcome your comments.

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