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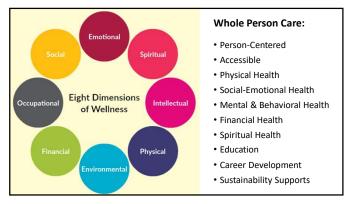






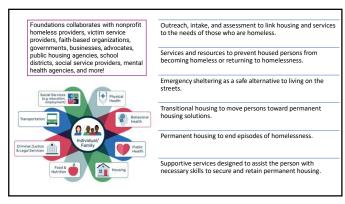






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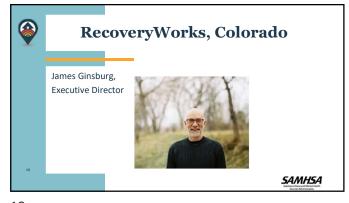


Name: Foundation To Freedom

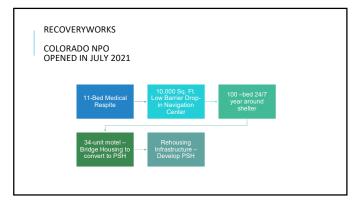
Phone: +1 386-846-7102

Website: https://www.foundationtofreedom.org/

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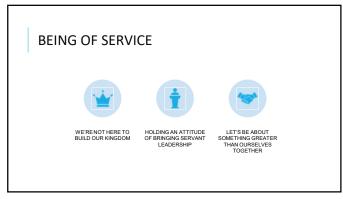


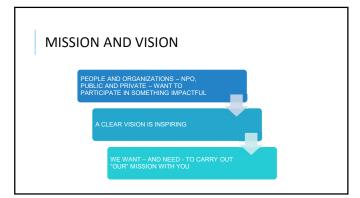




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RELATIONSHIPS We are collaborating with people vs. organizations Why do we exist in the community? How can we be of service?









PARTNERSHIPS

Action Center

City CDBG

County CDBG

State ESG, ARPA

Public Health

FQHC/Community Health

Community Mental Health

Criminal Justice – Police, probation

Faith Based

12-step Community

Non-profit service providers

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Progress House & Aspire Indiana



Darrell Mitchell, MBA Vice President, Recovery Communities, Aspire Indiana



Mike Keevin VP Social Drivers of Health, Aspire Indiana



Progress House Founded in December of 1961 Considered Indiana's premier Recovery House for decades Oploid Epidemic shifted the average resident profile We needed to reimagine how treatment, recovery housing, and recovery supports were designed and delivered. In November 2019 Progress House became a wholly governed subsidiary of Aspire Indiana.

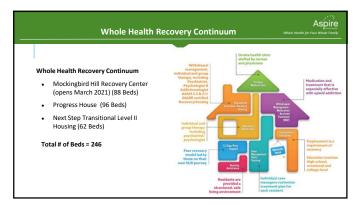
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Who We Are Fully integrated health care provider: Physical Behavioral Social Services Substance Use Disorder Aspire & Progress House collectively have over 115 years of experience serving those with substance use and/or mental health disorders Nonprofit and independent

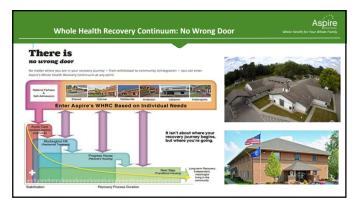
Whole Health for the Whole Person

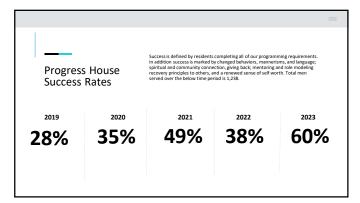


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Panel Questions

- James, how would you advise a smaller rural CoC grantee to begin developing partnerships that would offer Whole Person Care?
- Darrell, can you share more about the timeline for transitioning from a Recovery Housing operator to becoming fully integrated into Aspire?
- Your programs offer a continuum of low-barrier Housing First and Recovery Housing options. How do you operationalize supporting program participants in self-determination and selection of the housing that best meets their needs?
- How do you incorporate culturally responsive practices throughout your programming?
- What sources of funding are you using to cover the cost of supportive services?
- Can you describe your program's processes for coordinating care across other systems (i.e. health, mental health, SUD, employment services, benefits acquisition)?
- Can you share more about the role of people with lived expertise in your service delivery models? Is there anything you would want to emphasize about supporting these staff?

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