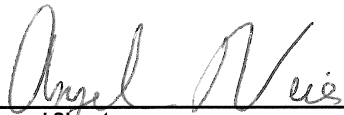
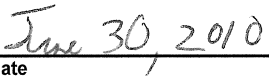


**U.S. Programs
Criminal Justice Fund
Summary of Recommended Grants- Campaign for a New Drug Policy
Docket II
June 30, 2010**

<u>Campaign for a New Drug Policy</u>	<u>2010 Budget</u>
Grantmaking Budget Allocation	\$4,500,000
Reverse Accrual	
Rollover	
Out of Docket Grantmaking	(\$157,850)
Docket I Grantmaking	(\$425,000)
Docket II Grantmaking	(\$1,688,650)
Docket III Grantmaking	
Catch-Up Docket Grantmaking	
Total 2010 Available Grantmaking Budget:	\$2,228,500

<u>Program Area/Organization</u>	<u>Grants Totals</u>	<u>Grant Term</u>
<u>Campaign for a New Drug Policy</u>		
Legal Services for Prisoners with Children ¹	\$ 100,000	2 years
Center for Community Alternatives	\$ 358,000	2 years
National Justice Initiative	\$ 68,650	6 months
State Association of Addiction Services	\$ 312,000	2 years
Tides Center (Break the Chains)	\$ 300,000	2 years
Trustee's of Boston University, Inc.'s Join Together program	\$ 150,000	1 year
University of Wisconsin Center for Health Care Enhancement System's Network for the Improvement of Treatment	\$ 400,000	2 years
Total Recommended:	\$ 1,688,650	
<u>Criminal Justice Fund Grantmaking (24027)</u>		
Legal Services for Prisoners with Children ¹	\$ 300,000	2 years
Total Recommended:	\$ 300,000	

	
Approval Signature	Date

1. Total grant to Legal Services for Prisoners with Children is \$400,000 (\$100,000 from the Campaign for a New Drug Policy and \$300,000 from the Criminal Justice Fund)

Memo

To: Aryeh Neier
From: Ann Beeson, Leonard Noisette
Date: 23 June 2010
Re: Campaign for a New Drug Policy Docket II Grant Recommendations

We are pleased to present the first consolidated docket of the Campaign for a New Drug Policy. We propose six grants totaling \$1,688,650.¹ While we have made previous grants using newly dedicated funds for our drug policy reform efforts, this docket represents the first group of grants that further in a more coordinated way the priorities that the drug policy working group has developed under our new framework. These six grant recommendations, including four first time grantees, collectively advance our Campaign for a New Drug Policy in three key areas: effective implementation of health care reform and parity regulations to ensure broad access to addiction treatment; increasing the engagement of communities of color in the push for a paradigm shift in drug policy; and effective implementation of the Rockefeller Drug Law reforms.

Center for Community Alternatives (CCA), \$358,000 project grant over two years (\$179,000 from the USP Drug Policy Reform budget and \$179,000 from the IHRD Drug Policy Reform budget) to support the full and effective implementation of Rockefeller Drug Law reform in New York. OSI funding will enable CCA to provide resources, technical assistance, and training to the defense bar, sentencing advocates, and social workers throughout the state to maximize the use of available sentencing alternative to incarceration and to document implementation outcomes of the Drug Law Reform to demonstrate effectiveness and identify areas of improvement.

National Justice Initiative (NJI), \$38,650 project grant over six months (\$34,325 from the USP Drug Policy Reform budget and \$4,325 from the IHRD Drug Policy Reform budget) to engage in public education and advocacy in support of ensuring effective implementation of Rockefeller Drug Law reform. OSI funding will enable NJI to convene community organizations, religious leaders, criminal justice and other government officials, and substance abuse service providers in Buffalo, Rochester, and Albany, New York for advocacy and information gathering luncheons on the implementation of the 2009 Rockefeller Drug Law Reform.

State Association of Addiction Services, Inc. (SAAS), \$312,000 project grant over two years (from the USP Drug Policy Reform budget) to State Association of Addiction Services, Inc., (SAAS) to assist its members to conduct advocacy to ensure that the implementation of healthcare reform significantly increases access to high quality addiction treatment. OSI funding will enable SAAS to work with its over 2000 member organizations to provide them with tools to address the challenges presented for addiction treatment by healthcare reform and parity legislation in their local areas. Funding will also allow SAAS to train and coordinate its state affiliate associations to advocate for state level regulations, procedures and changes in policy pertaining specifically to access to addiction treatment.

¹ \$1,275,325 is from the USP Drug Policy budget; \$413,325 is from the IHRD Drug Policy budget.

The Tides Center (Break The Chains project—BTC), \$300,000 project grant renewal over two years (\$150,000 from the USP Drug Policy Reform budget and \$150,000 from the IHRD Drug Policy Reform budget) to continue educating and engaging communities disproportionately affected by punitive drug policies, particularly Black and Latino communities, about the negative consequences of existing policies and generate individual and collective activism in support of drug policy reform. OSI funding will enable BTC to continue planning and produce a pilot episode for SHAKE-TV, an online forum for multimedia programming focused on the consequences of and alternatives to the “war on drugs.”

Trustees of Boston University, Inc.’s Join Together program (Join Together), \$150,000 project grant over one year (from the USP Drug Policy Reform budget) to enable Join Together to inform advocacy initiatives to expand access to high quality addiction treatment through sound healthcare reform implementation. OSI funding will enable Join Together to report online about regulatory and policy issues relating to implementation of parity and healthcare reform for substance use disorders on an almost daily basis, including disseminating background information on the issues as well as recommended solutions and steps that local leaders and organizations need to take in order to ensure a high quality addiction treatment benefit and easy access to it.

University of Wisconsin Center for Health Care Enhancement System’s Network for the Improvement of Treatment (NIATx), \$400,000 project grant over two years (from the USP Drug Policy Reform budget) to prepare providers and state health care systems to meet the increased demands for addiction treatment resulting from health care reform. OSI funding will enable NIATx to work with addiction treatment practitioners to develop new skills that will be necessary to serve the increased patient numbers that they can expect to see as a result of healthcare reform, including how to create contracts, bill insurance agencies, and how to create relationships with payers and other health care practitioners to ensure they are part of an integrated health care system so patients can access a meaningful addiction benefit.

Name of Organization: Center for Community Alternatives

Tax Status: 501(c)(3) public charity

Purpose of Grant: To support the full and effective implementation of Rockefeller Drug Law reform in New York by training and supporting defense attorneys and sentencing advocates in resentencing, judicial diversion, and other expanded sentencing options now available under the Drug Law Reform and to document implementation outcomes

FPOS Grant Description: To provide \$358,000 in project funding over two years to the Center for Community Alternatives (CCA) to support the full and effective implementation of Rockefeller Drug Law reform in New York. OSI funding will enable CCA to provide resources, technical assistance, and training to the defense bar, sentencing advocates, and social workers throughout the state to maximize the use of available sentencing options and alternatives to incarceration, and to document implementation outcomes of the Drug Law Reform to demonstrate effectiveness and identify areas of improvement.

Previous OSI Support: None

Organizational Budget: \$7,343,947

Project Budget: \$613,230

Sources of Support: \$189,053 National Institute of Justice; \$39,100 Drug Policy Alliance; \$27,077 Center for Community Alternatives general funds

Amount Requested: \$358,000

Amount Recommended: \$358,000
(\$179,000 USP Drug Policy Reform budget, T1: 21031)
(\$179,000 IHRD Drug Policy Reform budget, T1: 14880)

Term: 2 years

Matching Requirements: None

Description of Organization:

Based in New York with offices in Syracuse and New York City, the Center for Community Alternatives (CCA) was founded in 1980 as the National Center on Institutions and Alternatives, Northeast, to reduce the growing reliance on incarceration in the United States. Over the past thirty years, through a combination of direct services, research, public education, training and technical assistance, and policy advocacy, the organization has worked to develop programs that demonstrate the efficacy of alternatives-to-incarceration and to advance policies that eliminate mandatory prison sentences. CCA's research and policy advocacy are grounded in the organization's direct service work with people caught up in the criminal justice system. Recognizing the critical role and responsibility of the defense in advocating for more humane and less punitive sentencing, CCA has long worked with the defense community to provide direct services, training and technical assistance that support enhanced sentencing advocacy to achieve

non-custodial sentences, or in the face of mandatory sentences, reduced terms of incarceration. Its trained court advocates, working with defense attorneys, provide mechanisms for judges and other criminal justice stakeholders to avoid or mitigate a prison sentence. These services inform CCA's research, which exposes policies and practices that result in the over reliance on incarceration and the collateral consequences of criminal convictions. CCA's training and capacity building efforts among a range of stakeholders—including attorneys, judges, and community members—assists them in implementing programs and services effectively and prepares CCA for advocating for policies that support a reduction in the use of imprisonment and informs the successful reentry of people with criminal records into families and neighborhoods.

Description of the Project for Which Funding Is Sought:

The Center for Community Alternatives requests project funding to support the full and effective implementation of Rockefeller Drug Law reform in New York by training and supporting defense attorneys and sentencing advocates in resentencing, judicial diversion, and other expanded sentencing options now available under the drug law reform, and to document implementation outcomes. Specifically, OSI funding will enable CCA to:

Identify and train sentencing advocates and social workers to work with defense attorneys. CCA will identify sentencing advocates and social workers through its contacts with the Drug Policy Alliance, public defender offices, and community-based organizations and conduct outreach and connect them to CCA training sessions and technical assistance and information sharing services. CCA will train sentencing advocates and social workers on conducting life history investigations; using collateral sources; developing a working knowledge of substance abuse and mental health issues; sentencing options and DOCS programs; identifying and linking clients to available treatment options in the community; and how, in individual cases, to use the life-history information gathered in the context of the relevant law to develop a thematic approach that promotes participation in judicial diversion, or imposition of a more therapeutic, less punitive sentence.

Train and assistance defense attorneys, sentencing advocates, and social workers. To train and support defense attorneys, sentencing advocates, and social workers to maximize use of the more therapeutic and less punitive sentencing and resentencing options available and on the importance and use of conditional sealing of criminal records, CCA will conduct in-depth trainings across the state on judicial diversion and the sentencing options now available for people charged with or convicted of drug or drug-related offenses. It will conduct monthly telephone meetings with defense attorneys, sentencing advocates, and social workers from across the state to discuss trends and emerging issues with regard to judicial diversion and drug offense sentencing and resentencing and to provide a forum for strategizing on how best to promote full implementation of the Drug Law reform. CCA will also have resource attorneys on call to answer questions about and provide case assistance.

Provide up-to-date resources to defense attorneys, sentencing advocates, and social workers. To keep defense attorneys, sentencing advocates, and social workers informed about Drug Law Reform emerging issues and developments, CCA will publish and disseminate a periodic newsletter to defense attorneys with updates on the implementation of the Drug Law reform. CCA will develop, maintain, and consistently update its website to include an up-to-date collection of relevant written decisions regarding the various sentencing and resentencing options available and eligibility for and participation in judicial diversion; sample motions advocating for participation in judicial diversion; sample sentencing and resentencing memoranda advocating for imposition of a more therapeutic, less punitive sentencing option now available under the Drug Law Reform; sample memoranda of law responding to the various arguments raised in opposition to participation in judicial diversion or imposition of a more therapeutic

sentence; and research that dispels misinformation and addresses arguments raised in opposition to utilizing the more therapeutic options in sentencing and resentencing.

Document Rockefeller Drug Law Reform Outcomes. CCA will also develop the tools and resources needed to support the wider public relations campaign being undertaken by the coalition of advocates organized by the Drug Policy Alliance to provide the public and policymakers with accurate information about the success of the Drug Law Reform in connecting people to much needed substance abuse and mental health treatment, reducing recidivism, and saving costs by reducing needless prison time for people convicted of non-violent drug or drug-related property offenses.

Rationale for Recommendation:

This grant would advance the Campaign for a New Drug Policy's interest in developing and enriching the drug policy reform debate by demonstrating the effectiveness of addressing drug use and abuse through an approach based on harm reduction and public health principles rather than one based on law enforcement and incarceration. This grant would also advance the Criminal Justice Fund's interest in reducing mass incarceration by fostering new approaches to drug policy and ensuring effective implementation of Rockefeller Drug Law Reform in New York.

Rockefeller Drug Law Reform in New York has two fundamental purposes. First, it intends to create a more therapeutic, less punitive response to drug law related offenses. Second, it attempts to make judges, rather than prosecutors, the gate-keepers for access to substance abuse treatment, whether that treatment is in lieu of or as part of a period of incarceration.² To achieve these two fundamental goals, Drug Law Reform includes two major components which can have immediate impact on the state's prison population: resentencing and judicial discretion and diversion.

Rockefeller Reform made nearly 1,200 currently incarcerated people eligible for resentencing and possible release. To be successful, resentencing advocacy must include an investigation into the client's background and prison record as well as efforts to connect the client to community-based supports upon release to ensure successful reentry. When defense attorneys work with sentencing advocates and utilize their expertise at conducting background investigations and their knowledge of the available community resources, clients have a far greater chance of being resentenced, released, and successful upon their release.

Rockefeller Reform also means that for the first time in nearly 40 years, judges across New York again have sentencing discretion in felony drug cases. In many instances, mandatory sentences in felony drug offenses have been eliminated in favor of a more therapeutic response, with an emphasis on alternatives to incarceration. Even where incarceration is deemed necessary, the Rockefeller Drug Law Reform gives judges more discretion to order the Department of Correctional Services (DOCS) to allow those convicted of a drug offense to participate in prison-based substance abuse treatment that can result in less prison time and more success upon release. If implemented appropriately, thousands of New Yorkers who might otherwise be incarcerated could instead be diverted into alternatives to incarceration programs, and even those who are incarcerated will spend less time in prison and be better prepared to live a law-abiding, drug free life upon their release. An additional, though equally important, component of the Drug Law Reform is a provision that provides for the conditional sealing of conviction information for those individuals convicted of a drug related offense and who complete a judicially sanctioned drug treatment program. Thousands of people who struggle to fully reintegrate into their communities because of their past convictions can have a legitimate second chance through conditional sealing.

² These two goals are best articulated in two recent decisions about the Drug Law Reform: *People v. Danton*, 2010 WL 424920 (N.Y. Sup.); and *People v. Figueroa*, 2010 WL 454919 (N.Y. Sup.).

Effective implementation, however, is not automatic; it is and remains a political and legal fight which requires vigorous and sustained advocacy. Prosecutors are actively advocating for the narrowest application of the new sentencing options and judges are slow to change long ingrained practices. Unfortunately, the State has not allocated any resources to support effective representation at the point of judicial diversion eligibility, sentencing, resentencing, or eligibility for conditional sealing. In particular, there is a shortage of professionally trained social workers and sentencing advocates who are critically necessary to assist attorneys in developing appropriate sentencing applications to support more therapeutic alternatives to incarceration, resentencing, and conditional sealing. The Drug Law Reform is not only at grave risk of being undermined by those opposed to it, it is also at risk of being under-utilized by defense attorneys and judges.

CCA is well positioned to strengthen defense sentencing advocacy capacity throughout the state. As a statewide organization, CCA has offices in New York City and upstate New York and maintains strong connections to criminal justice and drug treatment stakeholders. Having worked for the past 30 years to promote alternatives to incarceration and to eliminate mandatory minimum sentences, CCA is uniquely experienced with core issues that the Drug Law Reform hopes to target: prioritizing treatment over punishment and increasing judicial discretion. CCA is highly regarded as a resource for training and information by all the organizations working in New York State to implement Rockefeller Drug Law reform. It is already coordinating strategic communication efforts with defense attorneys across the state, in coalition with the Drug Policy Alliance, Legal Aid Society, and independent sentencing advocates and social workers, by training social workers to be effective sentencing advocates and linking them with defense attorneys to provide the necessary background investigation and linkages to community-based supports and treatment. CCA has direct experience working in courts, and providing user-friendly information to various criminal justice stakeholders and direct services to people who are reentering the community after involvement in the criminal justice system. Informed by its direct service experience, CCA's research and analysis will be critical to providing empirical evidence of the effectiveness of treatment and other non custodial sanctions both in the state and nationally.

We believe that CCA's strategy combined with the efforts of the National Justice Initiative (also recommended for funding on this docket) is an important strategy for maximizing prosecutors' and judges' reliance on drug treatment diversion options in sentencing and resentencing rather than punitive options in New York State. We are cautiously optimistic that successful implementation of Rockefeller Drug Law Reform in New York will demonstrate to other states the financial and public safety benefits of addressing drug use and abuse through an approach based on public health and harm reduction principles rather than through an approach that relies on the criminal justice system. We will continue to work with Drug Policy Alliance staff, the National Justice Initiative, and the Center for Community Alternatives to make sure their efforts inform one another and leverage success both in New York and nationally.

For these reasons, we recommend project funding to the Center on Community Alternatives in the amount of \$358,000 over two years.

Name of Organization: National Justice Initiative
(fiscal sponsor: Addiction Research and Treatment Corporation)

Tax Status: 501(c)(3) public charity (fiscal sponsor)

Purpose of Grant: To support the full and effective implementation of Rockefeller Drug Law Reform in New York by educating medical care and substance abuse treatment providers in Albany, Buffalo, Rochester, and Syracuse, New York, about the reform's impact on their role and to prepare them to educate judges and prosecutors about the effectiveness of treatment

FPOS Grant Description: To provide \$68,650 in project funding over six months to the National Justice Initiative to support the full and effective implementation of Rockefeller Drug Law Reform in New York by educating medical care and substance abuse treatment providers in Albany, Buffalo, Rochester, and Syracuse, New York, about the reform's impact on their role and to prepare them to educate judges and prosecutors about the effectiveness of treatment. OSI funding will enable NJI to educate medical care and substance abuse treatment providers about the intent of Rockefeller Drug Law Reform and the prominent role they play in its successful implementation and to develop and conduct a survey to assess the current relationships between treatment providers and criminal justice officials and strengthen education and advocacy for maximizing the use of treatment options in sentencing and resentencing.

Previous OSI Support: None

Organizational Budget: \$40,000,000 (fiscal sponsor)

Project Budget: \$68,650

Sources of Support: Not Applicable

Amount Requested: \$68,650

Amount Recommended: \$68,650
(\$34,325 USP Drug Policy Reform budget, T1: 21031)
(\$34,325 IHRD Drug Policy Reform budget, T1: 14880)

Term: 6 months

Matching Requirements: None

Description of Organization:

The National Justice Initiative (NJI) is a not-for-profit corporation founded in 2005 to foster, promote and advance fairness and equity in the administration of criminal and civil law and public policy on behalf of low income individuals and their communities. NJI works to advance the civil rights of low income individuals and communities of color and to encourage interest, awareness, and activism among these communities and healthcare and treatment providers for drug policy and justice system reforms. NJI works to address the inequity in the arrest, sentencing, and post-release supervision of low-income

individuals and the impact of these unjust practices on their communities through educating and mobilizing affected constituencies and by providing nonpartisan research and analysis to policy makers to inform their understanding and aid their decision-making processes. More recently, NJI has begun educating and mobilizing substance abuse treatment providers in New York City and surrounding counties on the opportunities made possible as a result of the 2009 Drug Law reform to correct past practices that undermined treatment outcomes and meaningful client-centered relationships and infringed on the rights, interests, and aspirations of addicted people ensnarled in the justice system.

The National Justice Initiative filed for 501(c)(3) public charity tax status in May of 2010, and is awaiting Internal Revenue Service determination. As a result, the Addiction Research and Treatment Corporation (ARTC) serves as the organization's fiscal sponsor. Organized in 1969 to address the unique problems of New York City's hard-core substance users, ARTC is a 501(c)(3) public charity certified by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) as an Outpatient Chemical Dependence Service that treats over 3,200 patients annually through its various chemical dependency programs across the City. ARTC's treatment, recovery, and reentry philosophy addresses the substance abuse, medical, educational, vocational, and mental health needs of its patients. ARTC and its affiliates represent one of the largest minority-operated substance abuse treatment organizations in the nation and the largest non-hospital-based Opioid Treatment Program (OTP) in New York State.

Description of the Project for Which Funding Is Sought:

The National Justice Initiative requests project funding to support the full and effective implementation of Rockefeller Drug Law Reform in New York by educating medical care and substance abuse treatment providers in Albany, Buffalo, Rochester, and Syracuse, New York, about the reform's impact on their role and to prepare them to educate judges and prosecutors about the effectiveness of treatment. Specifically, OSI funding will enable NJI to:

Educate medical care and substance abuse treatment providers about Rockefeller Drug Law Reform. To educate medical care and substance abuse treatment providers about the intent of Rockefeller Drug Law Reform and the prominent role they play in its successful implementation, NJI will convene elected officials, leading state-wide advocacy organizations, and local community and religious organizations and other community stakeholders who were on the front line of reform in the state. Building on the local connections it has with National Black Leadership Commission on AIDS affiliates and elected officials who supported reform, in each city NJI will identify local community and religious organizations and other community stakeholders to partner as local co-conveners. NJI will work with local partners in each city to identify and invite local medical and substance abuse treatment providers to participate, design locally-tailored agendas, and facilitate the educational convenings. Finally, NJI will support local drug policy reform advocates, community-based organizations, and medical care and substance abuse treatment providers' ongoing efforts to educate judges and prosecutors and advocate their use of treatment options in their sentencing and resentencing decisions.

Develop and conduct participant survey to inform future advocacy. NJI will develop a survey instrument to assess the current relationships between substance abuse treatment providers and judges, prosecutors, defense attorneys and other criminal justice officials and to identify the types of education and advocacy supports necessary for maximizing local judges' and prosecutors reliance on treatment options in sentencing and resentencing rather than punitive options. It will conduct the survey during the local convenings and will analyze the data it collects to produce an education and advocacy plan for use by local drug policy reform advocates, community-based organizations, and medical care and substance abuse treatment providers to inform their communications with criminal justice practitioners.

Rationale for Recommendation:

This grant would advance the Campaign for a New Drug Policy's interest in developing and enriching the drug policy reform debate by engaging public health, medical, and treatment communities in drug policy reform. This would also advance the Criminal Justice Fund's interest in reducing mass incarceration by fostering new approaches to drug policy and ensuring effective implementation of Rockefeller Drug Law Reform in New York.

When Governor David A. Paterson signed Rockefeller Drug Law Reform into law on April 7, 2009, effectively dismantling New York's notoriously draconian drug laws, it signaled a sea change in elected officials' attitudes toward the "war on drugs." In reforming the laws by expanding judicial discretion to not only divert drug users into treatment but also reduce, and sometimes eliminate, incarceration as the preferred response to drug law-related crime, New York's elected leaders set the stage for the potential for demonstrating the effectiveness of an approach to drug use and abuse grounded in harm reduction and public health principles. The legislative mandate to "rehabilitate those who are addicted" presents health care providers an opportunity to revisit practices that have tended to compromise or undermine treatment outcomes and empowers the medical community to engage people facing drug law-related charges in meaningful patient-centered relationships, marked by cooperation and trust, empathy and investment in shared outcomes. The shift to a medical recovery model also presents medical treatment providers with an unprecedented opportunity to establish new, cooperative, and collaborative relationships with justice officials, spiritual leaders, community organizations, and others with something at stake in policy decisions dealing with the broad and complicated issues related to drug use and drug dependence.

However, while policy makers and advocates embrace a more medically-centered approach to drug addiction, more than a year after the enactment of Rockefeller Drug Law Reform there is evidence that justice officials do not want to let go of the status quo. Advocates are reporting that judges and district attorneys, in particular, continue to rely on punitive sanctions to deter people suffering from addiction from engaging in criminal behavior. Judges are making limited use of the judicial diversion programs created by the reform because many remain skeptical about the benefits of medical treatment and view sanctions as more effective at deterring substance abusers from engaging in criminal conduct. After 30 years of a justice system that relied on punitive sanctions to gain compliance, it will take time to realign relationships that embrace a medical recovery and public health approach. While judges are no longer constrained by mandatory minimum and maximum sentences and can pursue a medical response grounded in evidence-based practices, their appreciation of the efficacy of voluntary treatment will require persuasive, steadfast advocacy. Similarly, prosecutors' willingness to relinquish the influence and prerogatives they enjoyed under the punitive model will not happen without organized, informed and sustained advocacy.

We believe NJI's strategy will play an important role in ensuring the effective implementation of Rockefeller Drug Law Reform and that the organization is well-positioned to carry it out. Closely connected to the Drug Policy Alliance and a member of its statewide coalition of organizations working on Rockefeller reform implementation, NJI has already begun educating substance abuse treatment providers in New York City and surrounding counties about the opportunities made possible as a result of the 2009 Drug Law reform and mobilizing them toward greater engagement with judges and prosecutors. In November, 2009, NJI convened advocates, community leaders, and substance abuse treatment providers and the elected officials and advocates who were on the front line of Rockefeller Drug Law Reform to begin a dialogue, and this April, it began facilitating discussions between substance abuse service providers and criminal justice officials aimed at examining eligibility standards currently in place that permit individuals to participate in judicial diversion, and if currently incarcerated on a drug or drug-related offense, permit individuals to apply to the court for resentencing and developing common interests and goals.

While in its early stages, we see NJI's efforts combined with the efforts of the Center for Community Alternatives (also recommended for funding on this docket) as an important strategy for maximizing prosecutors' and judges' reliance on drug treatment diversion in sentencing and resentencing rather than punitive options. We are cautiously optimistic that successful implementation of Rockefeller Drug Law Reform in New York will demonstrate to other states the financial and public safety benefits of addressing drug use and abuse through an approach based on public health and harm reduction principles rather than through an approach that relies on the criminal justice system. We will continue to work with Drug Policy Alliance staff, the National Justice Initiative, and the Center for Community Alternatives to make sure their efforts inform one another and leverage success both in New York and nationally.

For these reasons, we recommend project funding to the National Justice Initiative in the amount of \$68,650 over six months.

Name of Organization: State Association of Addiction Services, Inc.

Tax Status: 501(c)(3) public charity

Purpose of Grant: To assist its members to conduct advocacy to ensure that the implementation of healthcare reform significantly increases access to high quality addiction treatment

FPOS Grant Description: To provide \$312,000 project grant over two years to State Association of Addiction Services, Inc. (SAAS) to assist its members to conduct advocacy to ensure that the implementation of healthcare reform significantly increases access to high quality addiction treatment. OSI funding will enable SAAS to work with its over 2000 member organizations to provide them with tools to address the challenges presented for addiction treatment by healthcare reform and parity legislation in their local areas. Funding will also allow SAAS to train and coordinate its state affiliate associations to advocate for state level regulations, procedures and changes in policy pertaining specifically to access to addiction treatment.

Previous OSI Support: None

Organizational Budget: \$670,000

Project Budget: \$312,000

Sources of Support: \$360,000 Training and Conference Fees; \$160,000 Substance Abuse and Mental Health Services Administration; \$100,000 Membership Dues; \$50,000 Individual Contributions

Amount Requested: \$312,000

Amount Recommended: \$312,000 (USP Drug Policy Reform budget, T1: 21031)

Term: 2 years

Matching Requirements: None

Description of Organization:

Founded in 1987 and based in Washington, DC, the State Association of Addiction Services, Inc. (SAAS) is the leading national organization of state service provider associations specifically focused on addiction services. These associations represent programs of all sizes and approaches. Through its 44 members, SAAS has a direct link to almost 2,000 programs in 42 states, which constitute the core of the publicly-supported addiction services system. SAAS serves as an information broker and advocacy coordinator, linking state associations and their members to national developments. It also provides input to federal agencies on the needs of community-based service providers and the individuals and families that they serve.

As part of its ongoing activities, SAAS provides technical support to state provider associations, develops and produces webinars on topics specifically for providers, and publishes regular communications for

state associations and their provider members. It also establishes committees to work on specific issues (e.g., workforce issues, parity legislation and implementation) and populations (e.g., women, veterans, the homeless, people with HIV), and sponsors national conferences to help prepare CEOs, senior managers and other key personnel for the future while improving services today.

SAAS's last three national conferences have been in partnership with the University of Wisconsin's Network for Improvement of Addiction Treatment (NIATx), whose mission is to improve patient access and retention, and have focused on making the network's products and services accessible to more providers across the country. SAAS and NIATx collaborate on other projects, including work to establish benchmarks to assess the quality of treatment and the ACTION Campaign, a national best practice dissemination initiative. SAAS also collaborates with other national addiction stakeholders on public policy through an association called the Addiction Leadership Group.

Financial support for the organization comes from federal contracts, training and conference fees, individual contributions, and dues from state associations of prevention, treatment, and recovery service providers. SAAS is governed by a board of its members and led by Becky Vaughn, who brings state and national experience as the former CEO of the Georgia Council on Substance Abuse, the state provider association.

Description of the Project for Which Funding Is Sought:

Of the 23 million people who meet the criteria of alcohol and/or drug addiction, more than 20 million are untreated. The opportunity to redress this health condition is now at hand because addiction disorders are covered by both recently passed parity and healthcare reform legislation. Scientific research and clinical practice have established effective modalities and medicines for treating addiction and there is growing public support for treatment. Assuring that this opportunity to close the addiction treatment gap becomes a reality requires a concentrated and immediate focus on implementation of both parity and health reform laws.

While many organizations will be focused on healthcare reform implementation, SAAS is seeking OSI support to train and coordinate its state affiliate associations to advocate for state level regulations, procedures and changes in policy pertaining specifically to access to addiction treatment. States, as well as individual treatment providers, are at different stages of readiness for a paradigm shift in how services will be provided in the publicly-funded system. Because the majority of the services are currently funded with federal block grant dollars and only some states support treatment through Medicaid, each state currently has a unique system of funding services and determining funding allocations. As the healthcare reform provision offering addiction treatment under expanded Medicaid will become operational in 2014, the time is now to mobilize treatment providers throughout the country to help state agencies make the necessary administrative, regulatory and procedural changes. Furthermore, because states currently have different arrangements, there is not a "quick fix" or a unitary advocacy plan that will be effective to prepare all states. Nevertheless, every state must make sure its plan for implementing healthcare reform accomplishes three goals:

- Generates comments and provide feedback on proposed state/local regulations
- Educates patients, families, and communities on new rights and benefits
- Monitors industry activities and policies to ensure compliance

SAAS proposes to support these goals by making materials, assistance, and training available to all states through its member networks. Specifically, SAAS plans to undertake the following:

- Provide advocacy tool kits to help monitor and report violations in parity rules as well as the regulations that are drafted to implement the new healthcare reform law
- Provide advocacy training through webinars, annual workshops at meetings convened by OSI (for its Closing the Addiction Treatment Gap initiative) and at national forums
- Create and disseminate materials and templates to help states work with insurance commissioners, Medicaid, and other state offices on implementation issues
- Create and disseminate materials and templates targeted to individuals, families, and communities that describe patient and family rights and benefits under the new legislation

SAAS will develop and share content for the materials and templates referenced above with other partner organizations with expertise, such as NIATx, the Legal Action Center, and Faces and Voices of Recovery. In addition, expert members of SAAS (e.g., Arapahoe House and affiliate members in Maine and Illinois) will lead webinars and training workshops with other peer state organizations. This partnership approach builds on a group that convened in December 2009 to develop strategies to reach more people in need of treatment. This working group consists of representatives from provider associations from New York, Illinois, and Iowa, provider agencies in Colorado, New York, Maine and Michigan, The Treatment Research Institute (from which Tom McClellan hails), the Legal Action Center, the public policy company Capitol Decisions, Inc, and NIATx. SAAS plans to continue to convene these partners and add state entities that will be directly involved in making the addiction benefit meaningful, such as National Association of State Alcohol and Drug Addiction Directors and advocates from other healthcare organizations.

In addition, SAAS will also conduct a minimum of one two-day advocacy training in targeted states with strong provider associations that also coincide with Closing the Addiction Treatment initiative sites. For example, trainings are likely to occur in New Jersey, New York, Texas and Wisconsin. It will also offer training in other states with particularly active affiliates, including, Illinois, Florida, and Michigan. All SAAS partners recognize the enormity of the challenge to shape the implementation of healthcare reform and parity, but welcome the opportunity to engage in advocacy that will be essential to transform the addiction treatment field to reach the untreated with quality care.

Rationale for Recommendation:

This grant would advance the Campaign for a New Drug Policy’s interest in developing and enriching the drug policy reform debate by ensuring that access to treatment for drug and alcohol addiction is included in healthcare reform implementation.

Despite the promise of both parity and healthcare reform legislation, a significant addiction treatment gap will continue to exist if these laws are not fully and properly implemented. Sound implementation will not be achieved through a unitary approach; rather, it requires a complex web of activity at both the federal and state levels. Accordingly, OSI staff, with outside experts, has developed a blueprint for supporting a set of complementary strategies and activities. These functions include: using existing state level infrastructures (for example, consumer voices through Faces and Voices of Recovery and provider representation through this proposed grant to State Associations of Addiction Services) to offer technical assistance and coordinate advocacy at the state and local levels; supporting national advocacy organizations (such as the Legal Action Center, in coordination with the Coalition for Whole Health) to set priorities and provide evidence- and practice-based positions to guide the development of national and state regulations and procedures; and supporting a national web-based clearinghouse and information dissemination program (Join Together, also recommended for funding on this docket) to ensure timely, accurate and strategic information is available to advocates at the national, state and local levels.

The State Association of Addiction Services is a key element of this strategy as its existing infrastructure—representing almost 2,000 programs—is primed to undertake advocacy to close the addiction treatment gap. Its 42 state member organizations are experienced advocates in their own domains and are eager to obtain templates and recommended strategies and information that will help them work with state level groups to implement parity and healthcare reform provisions to expand addiction treatment. Further, SAAS and its member associations already have the requisite relationships with state officials to begin this work quickly.

For these reasons, OSI staff recommends project funding of \$312,000 over two years to the State Association of Addiction Services to assist its member associations to conduct advocacy to ensure that the implementation of parity and healthcare reform legislation significantly increases access to high quality addiction treatment.

Name of Organization: The Tides Center (Break the Chains project)

Tax Status: 501(c)(3) public charity

Purpose of Grant: To educate and engage communities disproportionately affected by punitive drug policies, particularly Black and Latino communities, about the negative consequences of existing policies and generate individual and collective activism in support of drug policy reform and to engage in strategic planning and board development

FPOS Grant Description: To provide \$200,000 project grant over two years to The Tides Center’s Break the Chains (BTC) project to enable BTC to educate and engage communities disproportionately affected by punitive drug policies, particularly Black and Latino communities, about the negative consequences of existing policies and generate individual and collective activism in support of drug policy reform and to engage in strategic planning. OSI funding will enable BTC to finalize technical and programmatic planning for SHAKE-TV, an online forum for multimedia programming focused on the consequences of and alternatives to the “war on drugs;” produce a pilot episode; and to work with a strategic planning consultant on developing a board, producing a staffing plan, and engage in strategic planning.

Previous OSI Support: \$914,825
(\$50,000 USP Drug Policy Reform Campaign-2009; \$150,000 U.S. Justice Fund-2008; \$50,000 U.S. Justice Fund-2007; \$150,000 U.S. Justice Fund-2006; \$25,000 U.S. Justice Fund-2006; \$180,000 U.S. Justice Fund-2006; \$150,000 U.S. Justice Fund-2005; \$9,825 U.S. Justice Fund-2005; \$150,000 U.S. Justice Fund-2004)

Organizational Budget: \$77,465,548

Project Budget: \$900,000

Sources of Support: \$150,000 John Brittain; \$50,000 Ford Foundation; \$25,000 Private Donor; \$10,000 Individual Contributions

Amount Requested: \$200,000

Amount Recommended: \$300,000
(\$150,000 USP Drug Policy Reform budget, T1: 21031)
(\$150,000 IHRD Drug Policy Reform budget, T1: 14880)

Term: 2 years

Matching Requirements: None

Description of Organization:

In 1996, the Tides Foundation created The Tides Center (Tides) as an independent nonprofit by spinning-off its Projects Program, which had been providing technical assistance to progressive initiatives in the

U.S. since 1979. Today, Tides provides a fiscal home to new and emerging charitable initiatives not incorporated as nonprofit organizations and whose missions promote a more just, healthy, and sustainable world. By providing infrastructure services—such as financial, human resource, payroll, risk and liability, compliance, and grants management—Tides enables its projects to receive charitable donations and grants available only to tax-exempt organizations. For start-up or newly established initiatives, this arrangement provides convenience, peace of mind and, in most cases, cost savings that enables them to focus their energies on programmatic work and establish a crucial track record of programmatic activity for foundations and the public at large. Since creating the Projects Program, the foundation has worked with over 800 projects, and Tides has been fiscal sponsor to 677 projects with combined revenues of \$522.4 million. Tides currently manages almost 200 projects and is part of the Tides family of organizations, a group of nonprofit organizations—including the Tides Foundation, Tides Shared Spaces, and others, linked by a commitment to social justice, innovation, and environmental sustainability.

In 2004, to broaden the engagement of directly affected communities in drug policy reform efforts that promote racial justice, public health, and human rights, veteran drug policy reform advocate Deborah Peterson Small established Break the Chains (BTC) as an independent project of the Tides Center. Through its community outreach and education efforts, including public speaking, workshops, and training sessions; policy advocacy; and grassroots organizing and mobilization, BTC engages people and communities directly affected by drug policy to promote more humane, just, and cost-effective approaches to drug use and abuse. BTC's priorities include reducing the amount of substance abuse and addiction plaguing poor communities, especially Black and Latino communities; reducing the use of the criminal justice system as a response to drug-related issues; increasing access to community-based treatment for all those who want and need it; embracing the full range of harm reduction approaches to drug addiction and drug policies; and reducing the number of people of color arrested, convicted and incarcerated for drug offenses.

The Tides Center's Break the Chains project has been an OSI grantee since the organization's founding in 2004.

Description of the Project for Which Funding Is Sought:

The Tides Center Break the Chains project requests renewed project funding to allow BTC to continue planning and implementation of a new multimedia initiative, SHAKE-TV; to continue educating and engaging Black and Latino communities about the negative consequences of drug policies; and to generate individual and collective activism in support of drug policy reform. Specifically, OSI funding will enable BTC to continue work in the following projects:

SHAKE-TV. Working with website architects and designers, BTC will finalize technical planning for its tentatively named SHAKE-TV, a web-based platform for video and news programming about drug policy and criminal justice issues in a format designed for a broad demographic. SHAKE-TV will provide an easily accessible outlet for drug policy reform advocates to engage with the public and disseminate information related to drug policy and criminal justice issues in an integrated and comprehensive fashion; expand diversity in the drug policy reform field through the use of new media and alternative modes of communication; and extend the geographic reach of drug policy reform activity. Working with media producers with experience in web-based technologies and leading drug policy reform advocates, BTC will finalize programmatic planning of content intended to generate meaningful and ongoing dialogue about drug policy reform issues between professionals, consumers, policy-makers, activists and other stakeholders and with messaging consistent with drug policy and criminal justice reform efforts. Finally, BTC will work with a producer and director to produce a pilot SHAKE-TV episode focusing on the consequences of and alternatives to, the failed “war on drugs.”

Organizational Development. BTC will retain a strategic planning consultant to help the organization develop a board of directors; produce a sustainable staffing plan; and engage in strategic planning to define short and long-term goals, prioritize activities, and create a development plan for cultivating additional resources and funding support.

Rationale for Recommendation:

This grant would advance the Campaign for a New Drug Policy's interest in developing and enriching the drug policy reform debate by engaging the communities most directly impacted by the war on drugs, especially communities of color.

There is little dispute among policymakers and advocates and growing recognition among the wider public that poor African-American and Latino communities are disproportionately impacted by the "war on drugs." From racial profiling to arrests, incarceration and post-conviction sanctions, to limited access to drug treatment and infectious disease prevention, poor communities of color are disproportionately targeted and further marginalized by punitive drug policies. Break the Chains' guiding principle that people who are disproportionately affected by current drug policies must be an integral part of the movement to reform them is consonant with the emphasis of our developing drug policy reform strategy to expand the engagement of directly affected communities in the drug policy reform debate.

BTC has helped lay the groundwork for ongoing and expanded advocacy led by communities of color to empower youth, educate policymakers, and reform drug policy and practice. In 2008 with OSI funding, BTC's Executive Director Deborah Peterson Small co-authored and published with Queens College professor Harry Levine a report on marijuana arrests in New York City entitled "Marijuana Arrest Crusade: Racial Bias and Police Policy in New York City 1997-2007." The report, which BTC widely distributed to policymakers and featured at community forums and in a broader public education campaign, was well received and resulted in substantial local publicity and calls for policy reform.

BTC has also played an expanding role in advocacy discussions around U.S. drug policy at the international level. In 2008 the United Nations Commission on Narcotic Drugs (CND) began the 10-year review of the status of global drug control objectives set during the UN General Assembly Special Session on Drugs in 1998. Since this time, BTC has played a lead role in publicizing the impact of U.S. drug policy on poor marginalized communities outside the country's borders, in educating international bodies about this impact, and in making recommendations to support international drug policy reform advocates' efforts to change the direction of global drug control policy. As the only representative of the African-American community in NGO delegations from the U.S. in international discussions, BTC has been a needed voice and a counterweight to U.S. government-dominated discussions at the CND.

Despite its programmatic successes, BTC has faced challenges in building and maintaining stability as an organization. BTC's Executive Director Deborah Peterson Small is a well-recognized thinker, leader, and public speaker on issues related to race, crime, and drug policy. The primary challenge has been that the organization had not developed in a way that maximizes Ms. Peterson Small's strengths and compensates for her weaknesses. Staff of the Criminal Justice Fund, International Harm Reduction Development Program, and U.S. Programs Communications has worked with Ms. Peterson Small to assist her in refining BTC's priorities given the organization's capacity and strengths and to maximize the organization's public education and policy advocacy efforts. We believe that BTC's proposed SHAKE-TV has the potential to become an important resource for drug policy reform advocates, the public, and policymakers, while maximizing the strengths of Ms. Peterson Small and BTC. In addition, the proposed capacity building portion of the grant will allow BTC to create a board of directors, develop a sustainable staffing plan, and examine its ongoing work and narrow the scope to allow for greater impact.

For these reasons, we recommend renewed project funding to The Tides Center Break the Chains project in the amount of \$300,000 over two years.

Name of Organization: Trustees of Boston University, Inc. (Join Together program)

Tax Status: 501(c)(3) public charity

Purpose of Grant: To inform advocacy initiatives to expand access to high quality addiction treatment through sound healthcare reform implementation

FPOS Grant Description: To provide \$150,000 project grant over one year to the Trustees of Boston University, Inc.'s Join Together program (Join Together) to inform advocacy initiatives to expand access to high quality addiction treatment through sound healthcare reform implementation. OSI funding will enable Join Together to report online about regulatory and policy issues relating to implementation of parity and healthcare reform for substance use disorders on an almost daily basis, including disseminating background information on the issues as well as recommended solutions and steps that local leaders and organizations need to take in order to ensure a high quality addiction treatment benefit and easy access to it.

Previous OSI Support: None

Organizational Budget: \$1,300,000

Project Budget: \$550,000

Sources of Support: \$330,000 Robert Wood Johnson Foundation; \$200,000 Sponsorship of alcoholscreening.org; \$125,000 Membership Fees and Individual Contributions; \$120,000 Boston University; \$100,000 Substance Abuse and Mental Health Services Administration; \$100,000 Alkermes; \$100,000 Tower Foundation; \$70,000 National Institutes of Health; \$22,000 Daniels Fund; \$15,000 Reckitt-Benckiser; \$15,000 Massachusetts Department of Health; \$10,000 HBO; \$10,000 Ohstrom Family Funds; \$7,000 Maine Department of Health

Amount Requested: \$150,000

Amount Recommended: \$150,000 (USP Drug Policy Reform budget, T1: 21031)

Term: 1 year

Matching Requirements: None

Description of Organization:

Join Together, a program of the Boston University School of Public Health, was founded in 1991 to help communities become more effective in preventing and addressing drug, alcohol and tobacco problems. It disseminates a weekly electronic news summary to 55,000 constituents, aimed at educating and mobilizing national, state and local leaders to be advocates for evidence-based policies that are central to expanding addiction treatment. Join Together has deep, credible roots in the addiction treatment and policy community based on almost 20 years of activity. It embraces a philosophy that supports local leadership and relies on evidence rather than ideology for its content. Some of Join Together's past activities include Demand Treatment, an advocacy campaign that it launched in 29 communities in 25

states with support from the Robert Wood Johnson Foundation, and a national fellows program to expose public leaders (e.g., San Francisco Mayor Garvin Newsome) to addiction issues and opportunities to prevent and treat addiction. It has also sponsored national policy panels on discrimination relating to drug dependence and on the role of states in funding and promoting treatment for addiction.

Join Together's ability to provide communication, education and advocacy support for the entire field of substance use disorder prevention, treatment and policy is grounded in its staff's ability to use a suite of online advocacy and communications tools. Its online news and education functions recruit, cultivate and educate an engaged constituency which then responds to calls for action. Join Together originally received all of its financial support from the Robert Wood Johnson Foundation. Since that foundation withdrew from the addiction field, Join Together has replaced its funding with smaller grants from multiple sources.

Join Together is directed by its founder, David Rosenbloom, Ph.D., Director and Professor of Public Health at Boston University. A staff of nine people (full and part-time and consultants) manage web and communication tools; produce the content of its news, research, technical assistance, advocacy and learning programs; and support its free alcohol and drug screening programs, which are used by more than 30,000 people per month. Rosenbloom has served as Commissioner of Health and Hospitals for Boston, Vice President and President of the Health Data Institute, CEO of the Community Medical Alliance, a member of the National Institute of Drug Abuse Advisory Council and a principal investigator for the National Institute of Alcoholism and Alcohol Abuse Center for Prevention of Alcohol Problems among Young People at Boston University. In 2009, he served as president of the National Center on Addiction and Substance Abuse.

Description of the Project for Which Funding Is Sought:

Addiction treatment has always been a separate and unequal part of American healthcare. Of the 23 million people who meet criteria for alcohol and or drug addiction, more than 20 million are untreated. The opportunity to redress this health condition is now at hand because addiction disorders are covered by both recently passed parity and healthcare reform legislation. Scientists and clinicians have the knowledge to treat this condition and there is basic public support for treatment. Nevertheless, assuring that this opportunity is not lost requires a concentrated and immediate focus on implementing both parity and healthcare reform legislation well.

Neither the existing specialty treatment field nor mainstream medical providers are fully prepared to take advantage of the opportunity to reach the 20 million untreated people. In the meantime, public agency staff is already beginning to make key decisions about how the new laws will be implemented. Interim final parity regulations have already been issued and regulations to implement healthcare reform will be drafted over the next 12 to 18 months. If a range of interested parties, including consumers, providers and related health organizations, are not involved in shaping these rules and regulations, they and the patients they represent run a high risk of being overlooked. For example, regulations will determine the basic benefit for addiction, the standards for insurance exchanges, responsibility for medically accountable "homes," and opportunities for workforce and information technology development.

During the coming year, Join Together is seeking OSI support to report online on regulatory and policy issues relating to implementation of parity and healthcare reform for substance use disorders on an almost daily basis. This steady flow of information will be the foundation for advocacy conducted by consumers, treatment providers and other related health advocacy organizations. In partnership with these national and state level stakeholders, Join Together proposes to disseminate background information on the issues as well as recommended solutions and steps that local leaders and organizations need to take in order to ensure a high quality addiction treatment benefit and easy access to it. Join Together would

provide the information both through its main website and through targeted communication to subscribers in specific states and membership lists provided by local partners.

The program would also create online letter-to-the-editor campaigns. Constituents would be able to access a web form to compose and submit letters to the editor directly to their local newspaper for publication. The web form will contain appropriate bulleted talking points, drawing on Join Together's geo-targeted database capabilities, which constituents will be able to modify as needed.

Various OSI grantees—including the nine sites that OSI has supported through its Closing the Addiction Treatment Gap initiative—and others will develop the positions and strategies that Join Together will disseminate and help to mobilize support around. Together, these key organizations will develop consensus on the content, goals and measures for education and action campaigns to shape and monitor the implementation of parity and healthcare reform pertaining to addiction treatment. In particular, these campaigns will address treatment access, capacity and quality. Likely partners include Faces and Voices of Recovery, Health Care for All, other consumer advocacy groups, professional provider associations such as the American Society of Addiction Medicine and the State Associations of Addiction Services, the Legal Action Center and the Network for Improvement of Addiction Treatment.

Once positions are defined and developed, Join Together will disseminate the content and calls for action through its web/mobile and social network platforms to mobilize its 55,000 subscriber constituent base. It will also use its database to send segmented and customized communications to people based on particular criteria such as geographic location, state or federal congressional district, major media marketing areas and professional interests. Join Together recently used these segmented lists to good effect in the California alcohol tax debate and in its 'Shoveling Up' report, which defined the cost of untreated addiction in each state.

Join Together reports that 21 percent of its current email lists has taken at least one action in one of its advocacy campaign. For comparison, a recent national nonprofit benchmark study of 139 national nonprofit organizations using online advocacy tools found that, on average, 8% of email constituents took part in online advocacy. For this project, the measure of its success will be both the number of people who take action and evidence that the desired policy, action or regulation has been put in place.

Rationale for Recommendation:

This grant would advance the Campaign for a New Drug Policy's interest in developing and enriching the drug policy reform debate by ensuring that access to treatment for drug and alcohol addiction is included in healthcare reform implementation.

With the passage of parity and healthcare reform legislation, closing the large gap between those who need treatment and those who receive treatment is largely a matter of implementing the provisions of both pieces of legislation well. Multiple strategies are required to assure that sound regulations, rules and procedures are drafted and adopted over the next two years and that an advocacy community is prepared to monitor implementation.

In response to this landscape-changing opportunity to provide treatment on demand without financial barriers, OSI staff is developing a coordinated funding strategy. The strategy includes supporting several health and addiction focused national organizations with state affiliates and constituencies to advocate for regulations and rules at the national and state levels. Support for Join Together would ensure that an experienced communication vehicle, which has a track record of reaching key consumer, professional, and advocacy groups, is in place to continue to disseminate well-crafted information, positions, strategies and recommended steps to help more people access addiction services without financial or administrative

barriers. Join Together will provide a critical information dissemination role to help advocacy work use timely and accurate information and proceed in a coordinated fashion. No other organization in the field has an electronic platform that reaches all stakeholders interested in the broad issues of addiction treatment and prevention.

Given Join Together's capacity to disseminate timely, substantive and strategic information, staff recommends a grant of \$150,000 over one year to support its online news service to inform state and national advocacy and help ensure that healthcare reform initiatives expand access to addiction treatment.

Name of Organization: University of Wisconsin
(Center for Health Care Enhancement System’s Network for the Improvement of Addiction Treatment)

Tax Status: 501(c)(3) public charity

Purpose of Grant: To prepare providers and state health care systems to meet the increased demands for addiction treatment resulting from health care reform

FPOS Grant Description: To provide \$400,000 project grant over two years to the University of Wisconsin Center for Health Care Enhancement System’s Network for the Improvement of Addiction Treatment (NIATx) to prepare providers and state health care systems to meet the increased demands for addiction treatment resulting from health care reform. OSI funding will enable NIATx to work with addiction treatment practitioners to develop new skills that will be necessary to serve the increased patient numbers that they can expect to see as a result of healthcare reform, including how to create contracts, bill insurance agencies, and how to create relationships with payers and other health care practitioners to ensure they are part of an integrated health care system so patients can access a meaningful addiction benefit.

Previous OSI Support: \$1,876,997
(\$111,458 Public Health Program-2010; \$35,000 Public Health Program-2009; \$55,000 JEHT Foundation Emergency Fund-2009; \$250,000 Democracy and Power Fund-2008; \$516,609 Public Health Program-2008; \$300,000 Progressive Infrastructure Program-2007; \$105,362 Project on Death in America-2002; \$25,000 Criminal Justice Initiative-2001; \$4,984 Scholarship Program-2000; \$225,000 Project on Death in America-2000; \$68,868 Project on Death in America-1998; \$29,716 President Grants-1998; \$150,000 The Lindesmith Center and Project on Death in America-1997)

Organizational Budget: \$7,000,000

Project Budget: \$1,041,221

Sources of Support: \$1,900,000 National Cancer Institute; \$1,300,000 National Institute on Alcohol Abuse and Alcoholism; \$1,300,000 Substance Abuse and Mental Health Services Administration; \$1,100,000 Robert Wood Johnson Foundation; \$900,000 National Institute on Drug Abuse; \$500,000 National Institute of Nursing Research

Amount Requested: \$1,041,221

Amount Recommended: \$400,000 (USP Drug Policy Reform budget, T1: 21031)

Term: 2 years

Matching Requirements: None

Description of Organization:

The Network for the Improvement of Addiction Treatment (NIATx) was created under David Gustafson PhD, a research professor of industrial and systems engineering and Director of the Center for Health Enhancement Systems Studies at the University of Wisconsin-Madison. Gustafson's research sought to improve the delivery of health care by using internal change processes to lead addiction and mental health organizations not only to improve efficiency but also to adopt quality improvement practices. Gustafson translated his research into action by creating the Network for the Improvement of Addiction Treatment. The Robert Wood Johnson Foundation, the Center for Substance Abuse Treatment, the National Institute on Drug Abuse, the University of Wisconsin, and a number of independent addiction treatment organizations funded the development of the NIATx process. The project is housed within Gustafson's Center for Health Enhancement Systems Studies, which focuses on "improving health and quality of life through organizational and individual change projects and research," and has a staff of 31 individuals. NIATx is guided by a national advisory committee of 12 respected members of the treatment field. In addition, a team at the Oregon Health and Science University serves as an ongoing evaluator of NIATx processes and outcomes.

Description of the Project for Which Funding Is Sought:

Gustafson first introduced the NIATx process to improve the performance of addiction treatment providers. NIATx, now employed in 48 states and Canada, teaches treatment facilities to improve their admissions and retention by making more efficient use of their current capacity. Over the past four years, NIATx has had demonstrated success: providers using the process have achieved a 34 percent reduction in waiting times, a 33 percent reduction in no-shows, a 21 percent increase in admissions, and a 22 percent increase in treatment continuation.

As this process began demonstrating success, the NIATx team diagnosed systemic barriers that were undercutting access and patient retention and keeping providers from reaching their full capacity. It developed a pilot project aimed at state level policymakers in six states, called the Strengthening Treatment Access and Retention-State Implementation. The federal Center for Substance Abuse Treatment and The Robert Wood Johnson Foundation funded the pilot states and subsequent project expansion. The project taught states to use policies and other levers to improve access to and retention in outpatient treatment. The state agencies paying for treatment and providers worked in partnership to identify how states could exercise leadership roles to improve treatment quality, use demonstrated improvement processes to design and test ways states and other payers can work with each other and with providers to improve treatment access and retention, and document and disseminate innovative practices used by states and payers in collaboration with treatment providers to improve performance quality. Three key lessons emerged from the state pilot project: 1) forming positive working relationships with treatment providers is vital; 2) maintaining the relationships is critical; and, 3) leadership "buy-in" is essential.

The pilot was expanded to work in ten additional states, one of which was funded with state monies, creating a total network of 16. The initiative helps the states develop successful payer/provider partnerships, implement collaborative learning models, adopt best practices, and implement fiscal, regulatory and policy changes to improve treatment access and retention statewide. In addition, NIATx helped create successful provider/state partnerships which allowed providers to report problems and collaborate with payers to find solutions and to work with state policymakers to identify and remedy institutional barriers to treatment and retention.

NIATx now seeks OSI support to build on this work to help states and providers build the necessary infrastructure to take full advantage of behavioral health parity and health reform legislation. This new stage

would be led by Victor Capoccia, current Director of the OSI Closing the Addiction Treatment Gap initiative.³ Capoccia originally launched the NIATx initiative when he was a program director at Robert Wood Johnson and is therefore a natural choice for taking the program to the next step. NIATx proposes to work in three phases:

- *Phase One.* The group will work in conjunction with other treatment advocates to develop a policy brief and tool kit on the key ramifications of healthcare reform for states and addiction treatment providers. It will then launch an action campaign to offer needed policy reform.
- *Phase Two.* After disseminating the brief to their provider stakeholders at large, the group will pilot ideas in one state. NIATx will provide coaching to the addiction single state authority as well as to the Medicaid offices on how to create a meaningful addiction benefit within the guidelines of healthcare reform and parity rules. NIATx will also choose three local providers to work with the state and teach providers to bill successfully and to improve in-house resources to become more efficient. NIATx will give the providers a spot in its existing national Accelerating Reform Initiative, a statewide learning collaborative.
- *Phase Three.* At the end of phase two, NIATx will disseminate another tool kit that will incorporate lessons learned in the pilot as other states begin implementing reform. Phase three seeks to translate lessons learned in the pilot and duplicate the work in six other states. During a nine month period, the six states will receive intensive coaching on the state and provider level. During this period, the NIATx coach will help with change processes, lead cross departmental negotiations, provide technical assistance and help disseminate information. In addition, during phase three there will be a public relations drive aimed at states and providers to help create a climate of change that will allow for more integrated addiction care.

Rationale for Recommendation:

This grant would advance the Campaign for a New Drug Policy's interest in developing and enriching the drug policy reform debate by ensuring that access to treatment for drug and alcohol addiction is included in healthcare reform implementation.

The passage of healthcare reform means the country as a whole could begin to close the addiction treatment gap as millions more people will have access to an addiction treatment benefit. However, having an insurance benefit is simply the first step: one must also be able to access the benefit without huge administrative hurdles. At the same time, providers must increase their capacity to meet increased demand for services. Primary care providers and other medical professionals must learn to refer addicted clients to care; and, as providers learn to accept a wider range of insurance programs, especially Medicaid, they need to have the infrastructure to bill for reimbursement. This proposal seeks to address many of the infrastructure and capacity needs that are critical to making the new addiction benefit accessible and of high quality.

NIATx is a trusted name in the addiction field, including among state and federal officials, and has a history of engaging and empowering providers to make sustainable changes for the good of their clients. The proposal has a strong advocacy component. If successful, it will meaningfully increase coverage to thousands *and* provide a roadmap and a rallying cry for advocates in other states to call for change.

³ As of July 1, 2010, Victor Capoccia will no longer lead the National Closing the Addiction Treatment Gap Initiative. He will move to the University of Wisconsin to focus his attention on this project. Kima Taylor, current program director of Baltimore's Tackling Drug Addiction Initiative will take over as Director of the National Closing Addiction Treatment Gap Initiative.

Despite its strong reputation, NIATx will face certain new challenges as it jostles to advocate for policy changes relating to addiction at the state level in the context of a clamor for other healthcare related changes. This “competition” will force NIATx to create new partners and teach addiction treatment providers to do the same. Under healthcare reform, each state can create its own health insurance exchanges and has some flexibility on Medicaid delivery. As a result, other states may choose to ignore lessons learned through the NIATx process. It will be the responsibility of Capoccia and his team to ensure the dissemination of results and to show their value.

Healthcare reform offers a unique opportunity to change the landscape vis-à-vis access to addiction treatment. The University of Wisconsin NIATx program has the capacity to work with key state agencies to identify the policies and practices that must be changed to remove administrative barriers to treatment; and, simultaneously, it can work with treatment providers to improve their ability to receive more patients and care for them well. For these reasons, the proposed grant is an important component of the Closing the Addiction Treatment Gap’s blueprint for taking full advantage of healthcare reform through sound and aggressive implementation.

For these reasons, OSI staff recommends a grant of \$400,000 over two years to the University of Wisconsin’s Center for Health Enhancement Systems Studies NIATx program to prepare providers and state health care systems to meet the increased demands for treatment that will come with healthcare reform.