

**U.S. PROGRAMS
 Campaign for a New Drug Policy
 Summary of Recommended Grants
 Docket II June 27, 2011**

Program Area/Organization

Organization	Grant Code	Recommended	Term	2011	2012
Legal Action Center ¹	T1: 21127	\$800,000	2 years	\$300,000	C \$300,000
	T1: 24016			\$100,000	\$100,000
Community Advocates, Inc ²	T1: 21127	\$450,000	2 years	\$150,000	C 150,000
	T1: 24015			150,000	
Alcoholism and Substance Abuse Providers of New York Sta	T1: 21127	\$350,000	2 years	\$175,000	C \$175,000
George Washington University Department of Health Policy	T1: 21127	\$250,000	1 year	\$250,000	
Faces and Voices of Recovery	T1: 21127	\$400,000	2 years	\$200,000	C \$200,000
Law Enforcement Against Prohibition	T1: 21128	\$200,000 *	1 year	150,000	
Students for Sensible Drug Policy	T1: 21128	\$400,000	2 years	\$200,000	C \$200,000
Institute of the Black World 21st Century ³	T1: 21128	\$125,000	1 year	\$75,000	
	T1: 21123			\$50,000	
Total Recommended:		\$ 2,975,000		\$ 1,800,000	\$ 1,125,000
GRANTMAKING TOTAL THIS DOCKET:		\$ 2,975,000			

Angel Veil
 Approval Signature

6/27/11
 Date

¹ This grant of \$800,000 to Legal Action Center is co-funded by Campaign for New Drug Policy, T1: 21127 (\$300,000 in 2011, \$300,000 in 2012), and Criminal Justice Fund, T1: 24016 (\$100,000 in 2011, \$100,000 in 2012).

² This grant of \$450,000 to Community Advocates is co-funded by Campaign for New Drug Policy, T1: 21127 (\$150,000 in 2011, \$150,000 in 2012), and Criminal Justice Fund, T1: 24016 (\$150,000 in 2011).

³ This grant of \$125,000 to Institute of the Black World 21st Century is co-funded by Campaign for New Drug Policy, T1: 21128 (\$75,000), and Campaign for Black Male Achievement, T1: 21123 (\$50,000).

*\$50,000 from Global Drug Policy; \$150,000 from US Programs

Campaign for a New Drug Policy

Memo

To: Aryeh Neier

From: Diana Morris, Leonard Noisette, Andy Ko and Kima Taylor

Date: 27 June 2011

Re: Campaign for New Drug Policy Docket II Grant Recommendations

The Campaign for a New Drug Policy will propose the following eight grants for U.S. Programs' Docket II, scheduled for June 27, 2011. These grants would advance our goals of Promoting Drug Policy Based on Public Health Principles and Promoting Alternatives to Punishment-based Drug Policies.

Promoting Drug Policy Based on Public Health Principles

The following five proposed grants seek to use the opportunity of health care reform to increase access to addiction treatment, thus advancing the Campaign for a New Drug Policy's interest in shifting U.S. drug policy from its emphasis on law enforcement to a model based on public health principles. Recent experience and a report commissioned by OSF also have highlighted the advantage of incorporating the addiction treatment and recovery community in efforts to achieve a new drug policy. The recommendations include continued support for three of the eight Closing the Addiction Treatment Gap sites that have made the most headway in their advocacy campaigns. There are several levers in health care reform to ensure that vulnerable populations have access to a meaningful treatment benefit. One area of focus, health insurance exchanges, is a key provision in the national health care reform law. A health insurance exchange is a marketplace where people can purchase private health insurance. For those people and families whose income is between 133-400% of poverty level, the federal government will provide a subsidy in an effort to make the insurance affordable. The structure of the exchange will determine ability to access care. In addition, this insurance (as well as expanded Medicaid) must contain the yet to be defined federal "essential benefit," which by law must include addiction treatment care. Advocacy around the federal definition of "essential benefit" to ensure access to high quality treatment is crucially important and the subject of other CNDP funding recommendations in this docket.

Legal Action Center (LAC), up to \$800,000 project grant renewal over two years. (\$600,000 from the Campaign for a New Drug Policy; \$200,000 from the Criminal Justice Fund) to continue the efforts of the Closing the Addiction Treatment Gap work to expand access to addiction treatment through implementation of national health care reform legislation and to minimize the collateral consequences of criminal convictions. Legal Action Center is a nationally recognized advocacy organization that has, among other goals, sought to increase access to addiction treatment,¹ and to decrease barriers to employment, housing and other services for those with the history of a criminal conviction. Campaign for a New Drug Policy funding would support LAC staffing of the Coalition for Whole Health, a national

¹ Addiction treatment has previously been outside of the main somatic health care systems. However, Congress recently recognized treatment as part of a holistic health care benefit. Because of deadlines set by the legislation, advocates must quickly educate and assist health care administrators, insurance providers, safety net providers and their own constituents in establishing rules and regulations to ensure access to high quality and broadly available addiction care.

group of mental health and addiction treatment advocates who are seeking to improve access to treatment within newly passed health care reform. CNDP funding would also allow LAC to continue providing technical assistance to three sites that participated in the Closing the Addiction Treatment Gap project: New York, New Jersey and Wisconsin. Criminal Justice Fund support would enable LAC to continue public education, policy analysis and development, and advocacy at the federal and local levels to reduce the legal and statutory barriers to employment, higher education, and public benefits faced by people with criminal records.

Community Advocates Public Policy Institute, Wisconsin, \$450,000 project support over two years. (\$300,000 renewal over two years to support advocacy for the creation of a robust health insurance exchange that will provide high quality health care inclusive of an addiction benefit to as many Wisconsinites as possible, and \$150,000 in new funding over one year to support the Community Justice Reinvestment project). CA-PPI is a Milwaukee-based public policy center located within a large social services organization. The health care work is a continuation of successful addiction treatment expansion under the Closing the Addiction Treatment Gap initiative. While the team creates an inclusive health insurance exchange program within Wisconsin, it will develop certain policies that can be exported to advocates in other states. The link with the Legal Action Center and the Coalition for Whole Health will ensure this information dissemination. The Community Justice Reinvestment project seeks to enable counties to recover a portion of state funds for reinvestment in local public safety, welfare and services programs; specifically, it captures criminal justice and corrections savings through reductions in arrests, prosecutions and convictions. This project addresses severe state and local fiscal crises and, if successful, would provide a model for institutionalized reductions in overincarceration and would promote the creation of alternatives to punitive drug laws.

Alcoholism and Substance Abuse Providers of New York State, \$350,000 renewal over two years to support treatment advocates' work around the continued implementation of the Rockefeller drug reform and to ensure that state level health care reform includes a robust addiction services component. ASAP was founded in 1996 by a consortium of addiction treatment service providers and seeks to give an advocacy voice to those working within the addiction treatment, recovery and prevention fields. The organization will act within a broader coalition of advocates with an explicit focus on clients that are justice-system involved, working to make sure that health care reform addresses this group's unique needs and barrier to care.

George Washington Center for Health Policy Research, \$250,000 renewal over one year to continue supporting advocacy for the inclusion of a robust addiction treatment benefit within the essential benefit package authorized by the Secretary of Health and Human Services. The George Washington health policy team has worked extensively on other health benefits in the past. Renewed funding would allow it to focus specifically on addiction treatment, thus improving the likelihood that health care reform will include a robust addiction treatment benefit. While it is true that the essential benefit must include addiction treatment, there is much work to ensure the benefit includes a full range of addiction benefits—including screening and referral, medications and follow-up care, the same benefits one would expect for any other chronic disease. Strong federal regulations implementing the addiction treatment provision will also provide a strong public health base for justice advocates pursuing alternatives to punitive drug policies.

Faces and Voices of Recovery, \$400,000 renewal over two years to help this national advocacy organization of people in recovery provide technical assistance to state level recovery organizations focused on health care reform implementation. The actual voices of those in recovery have rarely been heard. But, these voices are key to creating a treatment system that can truly provide services in a client friendly manner. The technical assistance will help advocates promote the inclusion of treatment into the

rules and regulations of health care reform, building an advocacy base in the process that, post health care, will be able to advocate for treatment and wrap around support services for the people that reform does not cover.

Promoting Alternatives to Punitive Drug Policies

The three proposed grants described below would support drug policy reform efforts to activate affected communities, educate the public on the damaging effects of current policies, and support alternatives to punishment-based drug policy.

Law Enforcement Against Prohibition (LEAP), \$200,000 general support over one year. Headquartered in the United States, LEAP is an international membership organization comprising current and former police, corrections officers, and other law enforcement professionals who promote a regulatory, non-punitive approach to drug use and drug markets. Through collaborations with other drug policy reform and civil rights groups, a wide range of public education work, and other activities, LEAP delivers its message that punishment-based, zero tolerance drug policies erode public safety and threaten civil liberties. LEAP is unique among drug policy reform groups in that it is able to directly counter the influence of pro-drug war law enforcement officials, who too often have had *de facto* veto power over proposed reforms. OSF support will enable LEAP to strengthen its operational structure and pursue its greatly expanded projects and collaborations initiated by its new Executive Director, Neill Franklin.

Students for Sensible Drug Policy (SSDP), \$400,000 general support over two years. SSDP (formerly a Democracy and Power Fund project grantee) is a campus-based membership organization with headquarters in Washington, DC. With over 150 chapters in the U.S. and internationally, SSDP is one of the largest grassroots drug policy reform membership organizations and the only major group organizing young adults specifically in support of drug policy reform. It is also one of the few drug policy reform organizations with the capacity to create standing progressive-conservative coalitions, reflecting the strength of reformist sentiment among young activists across a range of ideological viewpoints. OSF support will enable SSDP to increase the number of college graduates with a core commitment to and competency in drug policy reform advocacy as well as strengthen its national and international presence under its new Executive Director, Aaron Houston.

Institute for the Black World 21st Century (IBW21) “Toward a National Dialogue on Decriminalization and Regulation in Black America,” \$125,000 project support for one year. IBW21’s mission is to build the capacity of African American communities in the U.S. to work toward “social, political, economic and cultural upliftment.” It seeks project funding for public forums and organizing efforts to engage a broader segment of the African American population in efforts to end punitive drug policies and to challenge policies that disproportionately harm communities of color. OSF funding would intensify ongoing efforts to create a broad movement against punitive drug policies among the segment of the American population they most strongly affect.

Grant ID: 20033002

Legal Name of Organization: Legal Action Center

Tax Status: 501(c)(3)

Purpose of Grant: to provide staffing and technical assistance to national and state level advocacy efforts to include a meaningful addiction treatment in healthcare reform; and to decrease barriers to employment, education and housing for those with criminal justice and drug use histories.

Grant Description: To provide project support to Legal Action Center (LAC), a nationally recognized policy and law organization that advocates for the rights of individuals with drug use, criminal, or HIV/AIDS histories. Support will allow the group to continue national advocacy efforts (through staffing support for the Coalition of Whole Health) and state level technical assistance and advocacy support (to OSF state grantees) to increase access to treatment through the opportunity afforded by health care reform. In addition, LAC will continue working with state advocates to reduce legal and policy barriers to education, employment and housing due to criminal and/or drug histories. This grant would advance the interest of Campaign for a New Drug Policies in shifting U.S. drug policy from a punishment-centered, law enforcement approach to a public health model by expanding access to addiction treatment. The grant would also advance the Criminal Justice Fund's interest in eliminating harsh punishment by challenging the collateral consequences of criminal convictions.

Previous OSI Support: Total: \$2,812,048
 \$600,000.00 from USP Seize the Day Fund, 2009
 \$1,528,500.00 from Closing Addiction Treatment Fund 2008
 \$100,000.00 from USP Re-entry Fund 2007
 \$25,000.00 from Strategic Opportunities Fund 2006
 \$105,000.00 from USJ- Re-entry, 2003
 \$40,000.00 from OSI-B Tackling Drug Addiction Init, 2001
 \$248,548.00 from USJ- Re-entry, 2001
 \$90,000.00 from US Drug Plcy Refrm/Non Lindesm 2000
 \$75,000.00 from USJ Current Multi-Year Grants, 1997

Organization Budget: \$3,990,264

Project Budget: \$1,578,962

Major Sources of Support: \$200,000 The John D. and Catherine T. MacArthur Foundation;
 \$150,000 Public Welfare Foundation; \$75,000 Annie E. Casey Foundation; \$52,500 Individual Contributions; \$30,500 Earned Income; \$30,000 Fund for Nonviolence

Amount Requested: \$1,459,962 over two years

Is this a contingent grant? Yes

Amount Recommended: \$800,000 Total
(\$600,000 from Campaign for a New Drug Policy, T1: 21127:
\$300,000 for 2011-2012 and a contingent \$300,000 for 2012-2013)
(\$200,000 Criminal Justice Fund, T1: 24016:
\$100,000 for 2011-2012 and a contingent \$100,000 for 2012-2013)

Term: 2 years, second year contingent (July 1, 2011-June 30, 2013)

Matching Requirements: No

Description of organization:

Established in 1973 by the Vera Institute of Justice to address the intersecting problems of addiction and crime and to provide direct advocacy on behalf of those most affected, the Legal Action Center of the City of New York (LAC) is a nonprofit law and policy organization whose mission is to fight discrimination against people with criminal or drug use histories or with HIV/AIDS. For four decades, with offices and staff in Washington, DC and New York City, LAC has been a leader in challenging unfair statutory and practical barriers preventing people with criminal records or with histories of addiction from full participation in society. Its work includes: expanding effective treatment, prevention, and research; eliminating discrimination; and supporting sound public policies on behalf of people in recovery from, or still suffering from, alcohol and drug dependence, people with HIV/AIDS, and/or people with criminal records. Beginning with impact litigation that won landmark victories in enforcing the rights of people with criminal records to obtain employment for which they are qualified, LAC has expanded its initiatives beyond legal services and now provides technical assistance and training to criminal justice agencies and others working on these issues, develops model legislation and other policy reforms, and leads campaigns to promote the adoption of those reforms. LAC has been an OSI grantee since 1997.

Description of project for which funding is sought:

LAC seeks renewal project funding for two purposes: to expand access to meaningful addiction treatment using the opportunities afforded by health care reform implementation and to reduce barriers to education, employment and housing for those with criminal or drug use histories.

LAC will use different strategies on both federal and state levels as it works toward the universal availability of addiction treatment. On the national level, grant funding would allow LAC to provide staffing for the Coalition for Whole Health (Coalition), which it co-chairs with the National Association of County Behavioral Health and Developmental Disability Directors). The Coalition is a group of mental health, addiction treatment, and criminal justice advocates working for the inclusion of substance use disorder and mental health services within all aspects of health care reform and other relevant government funding streams, making these services easily accessible. The Coalition played a leading role in advocating for mental health and addiction treatment parity legislation and the inclusion of mental health and substance use disorders within health care reform. Now, the Coalition is focused on ensuring that implementation creates a true opportunity for patients, especially the most vulnerable among them, to access a meaningful benefit. Federal administrators recognize that the Coalition is the only organized group of substance use disorder and mental health advocates.

The Legal Action Center will also provide technical assistance to grantees working to ensure that the addiction treatment provisions of health care reform are realized at the state level. Under the Closing the Addiction Treatment Gap initiative, OSF provided three years of funding to nine sites for education, advocacy and communications to expand publicly funded addiction treatment. Advocates in a number of those states were extremely effective in their efforts to expand access to treatment—even before the passage of health care reform—and formed partnerships with local advocates working in the area of drug policy reform. They are now well situated to promote further expansion of treatment during reform implementation.¹ These states and others that we are still identifying have a relatively high level of advocacy sophistication, which will allow the Legal Action Center to provide them more targeted technical assistance.² As with the nationally focused work, this is an essential step, functionally and strategically, in establishing the foundation of a new drug policy.

In addition to funding to expand treatment, LAC is seeking renewed funding for the work of its Helping Individuals with criminal records Reenter through Employment (HIRE) network, which seeks to eliminate discriminatory legal and policy barriers for those with criminal justice and drug use histories. LAC currently provides technical assistance to federal and local advocates and policymakers on policy reforms that could increase opportunities for those with criminal or drug histories. LAC plans a two pronged federal and state approach to eliminate discriminatory education, employment and housing policies. Federal advocacy will focus on those barriers that could be eradicated through executive action or regulatory reform. These barriers include employment and licensing policies that arbitrarily exclude individuals with criminal records. The health care industry has a long record of excluding employees with a known history of drug use because of liability and other reasons. The expansion of health care, and the consequent increase in health care jobs, makes eradicating this particular barrier important and timely.

On the state level, the HIRE network will provide educate advocates and policymakers about the decreased recidivism that comes with employment, housing and education as well as offer model policies that could improve employment, educational and housing opportunities for those with criminal records. LAC seeks to mobilize advocates across states to create coalitions with diverse groups, including business, labor and community leadership.

Rationale for recommendation:

This grant would advance the interest of the Campaign for a New Drug Policy in shifting U.S. drug policy from a punishment-centered, law enforcement approach to a health based model by expanding access to addiction treatment. The grant would also advance the Criminal Justice Fund’s interest in eliminating harsh punishment by challenging the collateral consequences of criminal convictions.

Support for addiction treatment advocacy would advance the CNDP by taking advantage of a historically unique opportunity to provide nearly universal drug addiction treatment. The current lack of addiction

¹ New York, New Jersey and Wisconsin have applied for continued funding and will be the subjects of additional staff recommendations.

² For instance, LAC will have the ability to offer three to four leveraging techniques specific to New York’s Medicaid system, as every state has a different Medicaid structure. LAC has hired a person with extensive health care systems knowledge and experience. She will offer targeted assistance, based on the specific needs identified, and will develop a Learning Collaborative so sites could learn from each other’s successes and failures. Finally, LAC will link the sites to the Coalition for Whole Health, so they can inform and be informed by the federal advocacy. LAC and the local sites will sit on the Coalition for Whole Health’s state working group committee and attend the larger all-member meetings.

treatment across the country is clearly a health care crisis but, as a matter of drug policy, it also creates a catch-22: punitive drug policies continue in the absence of a feasible alternative. Readily available, high quality addiction treatment is an essential component of an alternative system.

Federal health care reform will be fully implemented by January 2014. Because of this deadline and political pressure, health care reform rules and regulations are coming out quickly, with limited time for comment, so all advocacy groups have to be accurately and quickly informed about key developments. The opportunity to implement the addiction treatment provision of national health care reform is a unique and strategically significant element in moving toward a non-punitive, health-based drug policy. This important area of advocacy, including engagement with partners in the treatment and recovery communities, has largely been overlooked by the drug policy reform movement.

Proper implementation by the federal government would create a floor for state-level provision of Medicaid funded addiction treatment. Ensuring that the federal government establishes an acceptable baseline will enable grantees at the local level to ensure that treatment is actually available, not rationed, and is controlled by the medical community, not by law enforcement.

LAC's reentry work will focus on education, employment, and housing barriers. The work of the organization remains critically important in light of severe environmental challenges, including budget shortfalls, high unemployment, and local frustration with partisan politics at the national level. As the country seeks ways to decrease high levels of unemployment across the board, those with a history of drug use and criminal convictions will be increasingly marginalized. Without effective advocacy, people with a history of drug use and criminal convictions have little hope of achieving access to the services and employment that will allow them to survive in the mainstream economy.

There are points of concern in making this grant to LAC. LAC's work has, at times, been too diffuse for its limited staffing. However, targeting OSF funding to specific areas should play to LAC's strengths. For the health care Coalition work, the George Washington Health Policy Team has provided LAC with needed introductions and basic health care education and has also helped it to write comments for rules and regulations in a way that health care policymakers can understand. This technical assistance has helped LAC reach a larger audience and has slowly taught it new federal advocacy techniques. OSF staff has felt that LAC needs to work more actively to build alliances with other organizations. OSF staff have conveyed these concerns to LAC and, as a result, is now comfortable moving forward. Based on these concerns, however, staff recommends a contingent two year grant.

LAC has a record of success and is well known and respected throughout the addiction, criminal justice, and HIV/AIDS fields. It is a key player in efforts to ensure the protection of the rights of vulnerable populations. For these and the reasons described above, the staff of the Campaign for a New Drug Policy and the Criminal Justice Fund jointly recommend renewal project funding to the Legal Action Center of the City of New York in the amount of \$800,000 over two years on a contingency basis.

Grant ID: 20032998

Legal Name of Organization: Community Advocates, Inc.

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

Purpose of Grant: to increase access to addiction treatment by creating a robust state health insurance exchange model and to educate Wisconsinites on alternatives to incarceration that improve public health while still preserving public safety

Grant Description: to provide \$450,000 project grant over three years to the Community Advocates Public Policy Institute, a Milwaukee based advocacy and direct services organization. OSF funding would enable the group to develop and advocate for a state health insurance exchange that would increase access to treatment for low income Wisconsinites. This work will build on the institute's successful Closing the Addiction Treatment Gap project, which increased funding for addiction services for small businesses and Medicaid beneficiaries, benefiting an estimated 23,600 people. In addition, OSF funding would encourage local governments to implement alternatives to criminal punishment by supporting the organization's community justice reinvestment project, which would enable counties to recover a portion of state funds for reinvestment in local public safety, health, welfare and services programs by reducing the number of local referrals to state correctional institutions. This grant would advance the Campaign for a New Drug Policy's interest in shifting U.S. drug policy from a law enforcement approach to a health based model by expanding access to addiction treatment; it would also further the Criminal Justice Fund's interest in reducing mass incarceration by fostering cross-sector and multi-agency government collaboration and accountability for public safety.

Previous OSI Support: \$600,000 from Close the Addiction Treatment Gap, 2008-2011

Organization Budget: \$17,000,948

Project Budget: \$1,800,000 over three years for both projects

Major Sources of Support: \$5,100,000 Wisconsin State Grants
\$2,699,700 Federal Grants
\$ 1,028,700 Milwaukee County Grants
\$624,800 Milwaukee City Grants
\$ 265,600 United Way

Amount Requested: \$1,350,000 over three years

Is this a contingent grant? Yes

Amount Recommended: \$450,000 Total

(\$300,000 Campaign for a New Drug Policy, T1: 21127;
\$150,000 for 2011; and a contingent \$150,000 2012 on a contingent
basis
(\$150,000 Criminal Justice Fund, T1: 24015::
\$150,000 for 2011-2012)

Term: 2 years, second year contingent (July 1, 2011 – June 30, 2013)

Matching Requirements: No

Description of organization:

Community Advocates, founded in 1976, is a “results focused” public policy advocacy and direct service organization. The organization provides over 50 basic needs services to over 70,000 Milwaukee clients who live at or below the poverty level. The direct services component of its work informs the organization’s understanding of what policy changes are needed to improve the lives of its clients. The organization developed its Public Policy Institute to provide more strategic and formalized advocacy to reduce poverty, narrow health care and other disparities, and promote social justice. Community Advocates has a 19-member board, inclusive of services consumers as well as membership from the local business community. The Public Policy institute is led by David Riemer and has a nine member staff of lawyers, public health professionals, economists, and communications experts.

Description of project for which funding is sought:

The Community Advocates Public Policy Institute (the Institute) requests project funding to work on two projects whose complementary goals are intended to change the framework of drug policy in Wisconsin. The first project will focus on making addiction treatment universally or nearly universally available to low-income and middle class Wisconsinites. The second project seeks to reform the criminal justice system so that people are diverted from criminal justice institutions into low cost health and social welfare programs.

Within the health care arena, the Institute will focus on advocating for a health insurance exchange that offers a comprehensive addiction treatment benefit that acts as an incentive to a large number of Wisconsinites to obtain health care coverage—thus expanding access to treatment. Health insurance exchanges are a key provision in the national health care reform law; a health insurance exchange is a marketplace where people can purchase private health insurance. For those people and families whose income is between 133-400% of poverty level, the federal government will provide a subsidy in an effort to make the insurance affordable. This insurance must contain the yet to be defined federal “essential benefit,” which by law must include addiction treatment care. Advocacy around the federal definition of “essential benefit” is crucially important and the subject of other CNDP funding recommendations in this docket. But, regardless of the defined federal benefit, the Institute’s advocates are seeking, as a failsafe, that the state require all insurances within the exchange to include comprehensive addiction treatment.

The Institute’s staff is extremely sophisticated and experienced in reform advocacy and conscious that its work in Wisconsin could provide a model for other states. The Institute has done preliminary research on how to design an exchange to optimally increase access to substance use disorder services. OSF funding would allow the Institute to complete the research and develop a template for building an exchange that would increase access to high quality addiction treatment and other health care for the maximum amount

of people, while keeping health care cost inflation lower than the national average.¹ The Institute would then educate officials and local exchange managers on the importance of adopting this innovative idea.

During the same period, and building on its treatment expansion efforts, the Institute would pursue its Community Justice Reinvestment work. A group of advocates—including consumer groups, policymakers, academics, and law enforcement agencies—have developed a county focused plan that would divert people from the criminal justice system and into community based drug addiction treatment and other services. This system would be leveraged by health care reform provisions that are the subject of the Institute’s proposed health care exchange and essential benefit work.

A portion of the criminal justice dollars saved would be redirected to community services that could further decrease prison populations and costs, while improving individual and public health and safety outcomes. The Reinvestment plan would not be mandatory for counties but, instead, would give counties the option of participating through locally developed, state approved plans. A formula would be established to share the savings from reductions in incarceration between the state and local governments. A leading partner and active advocate in this effort is the Milwaukee County District Attorney John Chisholm.

Before such a framework can be implemented, the Institute must educate Wisconsin’s public and criminal justice practitioners about effective alternatives to incarceration and other forms of punishment based social control. Community Advocates is seeking funding to engage in education and communication strategies targeting the general public and key stakeholders across Wisconsin about effective strategies that will save tax dollars and improve public health and public safety. The Institute will work with a diverse group of allies and initially focus on counties that have criminal justice coordinating councils. These counties are already reconsidering the cost and efficacy of county criminal justice policies and are more likely to consider alternative strategies for strengthening public safety that do not rely solely on law enforcement and punitive sanctions. Finally the group will also work with researchers and policy analysts to develop a data collection and research plan to demonstrate the effectiveness of justice reinvestment.

Rationale for recommendation:

This grant would advance the Campaign for a New Drug Policy’s interest in shifting U.S. drug policy from a criminal justice centered approach to a health based model by expanding access to addiction treatment and encouraging the development of alternatives to punishment. The grant would also advance the Criminal Justice Fund’s interest in reducing mass incarceration by exposing the social and economic costs of incarceration and fostering cross-sector and multi-agency government collaboration and accountability for public safety.

Community Advocates was the most accomplished and successful Closing the Addiction Treatment Gap site. It employs advocacy and communications with a high level of skill. It also is highly successful in creating large and diverse coalitions of advocates from both sides of the political aisle. Tommy Thompson, the former Secretary of Health and Human Services under President Bush, is one such ally; and, despite the fact that Wisconsin is now a politically divided state, its health care parity work was not seriously threatened in the past legislative session. The organization and its staff have an exceptionally

¹ Health care inflation is generally several points higher than national average inflation. It is the change in cost of a medical services times its utilization. Americans tend to use a lot of expensive health care, causing inflation to increase rapidly. This inflation leads insurers to increase premiums at a faster rate than most people receive salary adjustments.

strong understanding of Wisconsin's political landscape and the interplay of its poverty, health care and criminal justice work.

Individual staff members at Community Advocates are also uniquely well prepared to design and then advocate for a robust insurance exchange and effective community justice reinvestment system. The Institute's director was the addiction treatment expert on two national panels that addressed health insurance exchanges.¹ The Institute's Deputy, who began her career as a deputy prosecuting attorney in Milwaukee and has extensive experience in government, will manage the community justice reinvestment project. Community Advocates Public Policy Institute will work with other OSF funded sites advocating for expanded access to addiction treatment and alternatives to punishment, including the Legal Action Center (also recommended for funding on this docket) to receive and provide technical assistance and to disseminate its research work to other advocates around the country.

Upon design of the health care exchange plan, the Wisconsin treatment advocates would work with government officials implementing reform and advocate for their ideas to be included within state regulations. The Institute has developed bipartisan support for its goal of establishing a comprehensive treatment benefit within an adequately large exchange that is incentivized to keep health care costs lower and to reward high quality outcomes. Success of these types of efforts is critical to our long-term goals, since the feasibility of any new drug policy based largely on a health approach will depend on the inclusion of treatment within a stable, cost effective overall health care system.

Within the criminal justice work, Community Advocates is equally well suited to carry out the proposed project. It created the reinvestment plan in conjunction with researchers, advocates, academics, and law enforcement officials, but has yet to convince the public at large that diversion from the criminal justice system into community alternatives can protect public health and safety at much lower costs. As a result, the group must educate the public about effective alternatives to punishment that improve public health, safety, and community stability.

For these reasons, Campaign for a New Drug Policy staff and Criminal Justice Fund staff jointly recommend project funding to Community Advocates Public Policy institute in the amount of \$450,000 over two years on a contingency basis.

¹ The work in this project would differ from prior efforts because it will include an additional component to demonstrate that treatment and other related incentives can control costs and, thus, increase enrollment in insurance plans offered by the exchange. One of Wisconsin's counties actually has a small but successful exchange model that can be a starting point for statewide work.

Grant ID: 20033000

Legal Name of Organization: Alcoholism and Substance Abuse Providers of New York State

Tax Status: 501(c)(3)

Purpose of Grant: To use the opportunities of national health care reform and the recent positive changes in New York State drug laws to promote policies and structures that treat addiction within a public health framework

Grant Description : To provide project support to the Alcoholism and Substance Abuse Providers of New York State to oversee implementation of Rockefeller drug law reform such that clients are truly diverted to evidence-based addiction treatment services in lieu of harsh criminal justice penalties, to take advantage of budget shortfalls in a way that promotes more cost-effective and proven treatment services instead of costlier and less effective services, and to advocate for effective implementation of health care reform to increase access to community based addiction treatment. This grant would advance the interest of the Campaign for a New Drug Policies in shifting U.S. drug policy from a punishment-centered, law enforcement approach to a health model by demonstrating the effectiveness of treatment instead of incarceration for drug users and by expanding access to community based addiction treatment.

Previous OSI Support: \$600,000 from Closing the Addiction Treatment Gap, 2008-2011

Organization Budget: \$529,250

Project Budget: \$540,000 over two years

Major Sources of Support: None (project)

Amount Requested: \$350,000 over two years

Is this a contingent grant? Yes

Amount Recommended: \$350,000 over two years (\$175,000 from the Campaign for a New Drug Policy 2011 budget T1: 21127 and \$175,000 from its 2012 budget)

Term: 2 years, second year contingent (July 1, 2011 – June 30, 2013)

Matching Requirements: No

Description of organization:

The Alcoholism and Substance Abuse Providers (ASAP) of New York State was incorporated in 1998 with a mission to collaborate with organizations, communities and individuals to prevent and alleviate the personal, social and economic consequences of addictive disorders in the state of New York. ASAP works with a broad group of stakeholders to improve the quality of life of New Yorkers by advocating for

and promoting the highest quality addiction treatment, prevention services, research and training. ASAP is a vehicle for agencies, coalitions and individuals to coordinate their actions, share their vision, and collaborate on mutual concerns. ASAP works closely with more than 200 addiction treatment and prevention programs, 19 regional and statewide coalitions of service providers and a number of other organizations and individuals concerned about addiction and its impact on society. ASAP is a key support organization for the addiction field in New York, providing statewide conferences, practice improvement projects, peer review, leadership development, community education and advocacy support.

Description of project for which funding is sought:

Alcoholism and Substances Abuse Providers of New York State (ASAP) seeks to work with partners, such as the Drug Policy Alliance, the Community Health Care Alliance and Legal Action Center to encourage policymakers to use public health framing and remedies to decrease the individual and community harms caused by drug use and the criminalization of drug use. The group seeks funding to effectively advocate for implementation of health care reform and drug law reform in New York that will demonstrate the effectiveness of a paradigm shift from a criminal justice to a public health approach to drug use.

ASAP, a Closing the Addiction Treatment Gap (CATG) grantee, was an active partner in the coalition to reform New York's Rockefeller Drug Laws. The group educated policymakers and other stakeholders that addiction is a chronic disease and that treating it as such within a public health framework effectively improves health and public safety outcomes. The group's advocacy gave policymakers information to understand and consider evidence based, cost-effective alternatives to incarceration for drug use. ASAP and other advocates see the need to monitor implementation of these reforms to ensure true diversion, including effective screening and placement procedures. The group seeks to continue working with a diverse coalition to educate law enforcement about evidence based screening and treatment practices to ensure clients receive the correct services. In addition, ASAP seeks to monitor patient access and outcomes. Successful implementation of the Rockefeller drug law reform is expected to result in budgetary savings and generate interest in farther-reaching reform. The advocates will push for the savings to be used for community reinvestment.

In addition to working on drug law reform, ASAP seeks to work with coalition partners and local and state officials to integrate high quality addiction services into state health care reform rules and regulations. The group will target two particular opportunities, treatment services within "health home" models and the state's health insurance exchanges, but will remain sufficiently agile to work on new issues as the work evolves. Health homes are a pilot project, introduced by the federal government, in which Centers for Medicaid and Medicare Services provide enhanced reimbursements for care management for people with chronic diseases, including substance use disorders. The health home is generally based within a primary care setting, and health care providers work as a team to improve all aspects of the patient's care. This pilot project is designed for people with chronic diseases who not only need medical care, but also other community based services. The latter can range from community health workers helping clients understand and improve care for their disease to linking clients with critical basic needs, such as housing and food. A successful demonstration project will promote data showing that addiction can be treated effectively within the health care system without involving the criminal justice system, and that this treatment can be cost effective when clients are provided with appropriate services.

ASAP will also seek to influence the implementation of New York States' Health Insurance Exchange, which is a critical mechanism for the expansion of addiction treatment and a health based drug policy. People who earn over 133% of the federal poverty level will be able to purchase private insurance on the exchange. The federal government will provide subsidies to those clients who are between 133% and

400% of poverty level. The insurers on the exchange must include a federally defined substance use disorder benefit, but these services have yet to be defined and are likely to be minimal--though advocates are now working to improve this on the federal level. States and local jurisdictions can develop a more generous benefit regardless of the scope of the benefit ultimately adopted by the federal government. In an effort to achieve greater access to a comprehensive treatment benefit in New York, ASAP seeks to educate policymakers that a more robust benefit will provide higher savings in other areas of health care spending and criminal justice expenditures.

Finally, as a result of health care reform and budgetary short falls, New York is going to change the way treatment is offered, by merging the mental health and addiction treatment agencies. ASAP and its partners seek to use this opportunity to push for more cost-effective, evidence based addiction treatment. For instance, the advocates will promote outpatient detoxification, which is just as effective but less costly than hospital detoxification.

Rationale for recommendation:

This grant would advance the Campaign for a New Drug Policies interest in shifting U.S. drug policy from punishment-centered, law enforcement approach to a health based model by demonstrating the effectiveness of treatment instead of incarceration for drug users and by expanding access to community based addiction treatment as an element of a new drug policy.

ASAP's past successes have demonstrated the importance of integrated advocacy to change drug policy through the expansion of treatment and criminal justice reforms. Prior CATG funding facilitated important enduring collaborations between ASAP and key stakeholders, including the array of drug policy reform advocates working to end the Rockefeller Drug Laws. However, it is now important to have advocates monitor reform implementation. If implementation does not truly divert people to high quality effective treatment that meets clients' needs, there will be a much higher relapse rate and other public health consequences. This "failure" rate will give opponents the ammunition to say that drug law reform failed and the state should return to punitive policies.

Within the health care arena, ASAP will bring its criminal justice reform coalition partners to health policy tables to advocate for the expansion of addiction treatment services through state health care reform implementation, particularly using health homes and health insurance exchanges as its entry point. Expansion of treatment will help people with addictions receive treatment within the community instead of the criminal justice system. This will save money and improve personal and public health outcomes. OSF staff recognizes that the many tasks that ASAP proposes may be too large for any one organization to undertake. However, the group has trained large number of regional advocates who will work with partners to reach their goals. The 2012 elections and other political eventualities could force ASAP to adopt new strategies but, during the three year CATG grant, this organization demonstrated an impressive nimbleness in pursuing its advocacy.

Campaign for a New Drug Policy staff recommends a renewal project funding to Alcoholism and Substance Abuse Providers of New York State in the amount of \$350,000 over two years on a contingency basis.

Grant ID: 20033004

Legal Name of Organization: George Washington University Department of Health Policy

Tax Status: 501(c)(3)

Purpose of Grant: to leverage provisions of federal health care reform to improve the coverage and availability of addiction related services

Grant Description : to provide project support for the George Washington Department of Health Policy to work with substance use disorder advocates to promote a comprehensive addiction treatment benefit within the federally defined essential benefit package as well as substance use disorder services within every level of federal health care reform rules and regulations. This grant would advance the Campaign for a New Drug Policy's interest in shifting U.S. drug policy from a punishment-centered, law enforcement approach to a health based model by using the unique opportunity of federal health care reform to expand access to addiction treatment.

Previous OSI Support: \$137,000 from USP Campaign for a New Drug Policy, 2010-2011

Organization Budget: \$45,000,000

Project Budget: \$256,271 over one year

Major Sources of Support: none

Amount Requested: \$256,271

Is this a contingent grant? No

Amount Recommended: \$250,000 from the Campaign for a New Drug Policy 2011 budget, T1: 21127

Term: 1 year (July 1, 2011-June 30, 2012)

Matching Requirements: None

Description of organization:

The George Washington University Department of Health Policy was established in 1997 and is noted for its ability to research and influence emerging health policy concerns. The department hosts an interdisciplinary faculty of researchers, lawyers, public health practitioners, and health care providers who work together to translate research and analysis into policy changes that improve the care of patients, especially low-income, minority and other vulnerable communities. It has a budget of over \$45 million in funded research and programs. In addition to research, the department trains future health policy experts through rigorous teaching, research and practice.

The project team for this proposed grant includes team leader Katie Horton, a research professor, nurse, master of public health and lawyer, who has a history of working in the health policy arena, including as a staffer for the Senate Finance Committee. Other project members are similarly qualified. Naomi Seiler most recently worked as Counsel for Congressman Henry Waxman and was lead staffer for issues related to the Substance Abuse and Mental Health Services Administration. Karen Davenport was formerly the director of Health Policy for the Center for American Progress. Carol McDaid has over 15 years of experience and expertise working on mental health and addiction treatment policy.

Description of project for which funding is sought:

This renewal grant would allow the George Washington (GW) health policy team to advocate for the inclusion of meaningful substance use disorder treatment within health care reform. The team seeks to ensure that the federally defined “essential benefit” includes a meaningful substance use disorder treatment benefit. The essential benefit is very important for vulnerable communities because it is the baseline for state Medicaid expansion (which covers people up to 133% of poverty level) and the private insurances offered within the health insurance exchanges (which cover people from 133% and higher). As set out in Affordable Care Act, the US Department of Health and Human Services is to define the essential benefit—which must include a substance use disorder benefit. However, the federal agencies central to reform implementation, such as the Centers for Medicaid and Medicare services, have little understanding of addiction or its treatment.

In addition to advocating on its own, grant funding will allow the George Washington health policy team to educate other advocates. The GW team is working closely with the Coalition for Whole Health, a national group of mental health and substance use disorder advocates. The coalition is fairly new to health care policy and implementation and does not have the knowledge base of the somatic health care advocacy community to be as effective as it would like to be. The GW team provides the necessary health care system knowledge and advocacy skills to help Coalition advocates effectively engage and educate the administration officials implementing health care reform.

During this grant period, the GW team will work with the Coalition to combine research and actuarial information to design and advocate for a robust substance use disorder services benefit package. Because mainstream health care has rarely provided a comprehensive substance use disorder benefit, there is no universal template. Therefore, advocates seek to design a cost-effective benefit that will provide care similar to that given for other chronic diseases and that can easily be adopted by policymakers establishing the larger essential benefit package. In conjunction with the Coalition, the team has created a strategic advocacy plan following the broad dissemination of the benefit it designs to the media, policymakers, and other health care, mental health and substance use disorder advocates.

Rationale for recommendation:

This grant would advance the Campaign for a New Drug Policy’s interest in shifting U.S. drug policy away from a punishment-centered, law enforcement approach to a health based model by expanding access to addiction treatment. One of the key levers to expand access to treatment within health care reform is the essential health benefit package. This benefit, among other things, will lay the floor for what states are required to provide in terms of addiction treatment. If the federal government fails to set the bar high enough, state Medicaid and Insurance regulators will almost certainly require only minimal access to treatment. Without a meaningful treatment benefit in place, people who support punitive drug policies could then continue to claim that the resulting poor treatment outcomes “prove” that a health approach to drug addiction is ineffectual and that the personal costs and social harms of punitive drug

policy must be accepted. This false argument, in combination with the unabated stigmatization of people with addiction, would reinforce misplaced reliance on the criminal justice system.

Implementation of the national health care reform legislation will be rolled out in stages, and administration officials are now tasked with defining the treatment benefit. These officials have little understanding of professional standards for addiction diagnosis, addiction treatment, or evaluation of the health related social needs of people with addiction. At the same time, addiction treatment advocates are ill equipped to engage in complex federal administrative advocacy. These gaps could undermine the advocates' efforts to realize the full impact of the addiction provisions in healthcare reform.. The GW health policy team has the ability to bridge these gaps and to pursue OSF's goal of universal or nearly universal access to treatment in the states.

Given the sharp ideological divisions in Congress and many state legislatures, there is a heightened need to take advantage of relevant opportunities for reform through administrative advocacy. Administrative rulemaking in this area is the single most important opportunity that we now have to ensure that people of color, low income Americans, and other vulnerable populations have access to meaningful treatment and are engaged as individuals with a health care and other needs, and not treated as a criminal class. Most states will not expand upon a limited federal requirement for drug addiction treatment. Indeed, given the state fiscal crisis, treatment and related services that are not required by the federally defined essential benefit are likely to be among the first programs to be cut.

Establishing broad access to treatment will not automatically lead to comprehensive drug policy reform, but having almost no access to publicly funded treatment will substantially complicate and delay our efforts to support a paradigm change in drug policy. This grant will help give broad access to adequate health care and addiction treatment to low-income populations. These individuals, often people of color, are the most highly targeted and most extensively harmed by punitive drug policies. Treatment can only serve as an alternative to criminal sanctions if it is effective and available. This grant seeks to ensure such quality and access. For these reasons, staff of the Campaign for a New Drug Policy recommends a project renewal grant in the amount of \$250,000 over one year.

Grant ID: 20033027

Legal Name of Organization: Faces and Voices of Recovery

Tax Status: 501(c)(3)

Purpose of Grant: to enable individuals with a history of addiction, their families and friends to advocate for expanded access to comprehensive addiction treatment and other services on the national and state levels during health care reform implementation

Grant Description: To provide project support to Faces and Voices of Recovery, a nationally recognized organization of people in recovery, their families and friends. The funding will allow the organization to engage its constituents in fully implementing, monitoring and enforcing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act and the Affordable Care Act. The funding will also allow the organization to participate in state-level policy development and implementation regarding funding streams and services to facilitate and promote increased access to addiction recovery services. This grant would advance the Campaign for a New Drug Policy's interest in shifting U.S. drug policy from punishment-centered, law enforcement approach to a health model, based on expanding access to addiction treatment.

Previous OSI Support: \$325,000 from USP Seize the Day Fund, 2009-2011

Organization Budget: \$717,000

Project Budget: \$469,966 over two years

Major Sources of Support: \$30,000 Board and Individual Contributions
\$23,000 Corporate Contributions

Amount Requested: \$469,966 over two years

Is this a contingent grant? Yes

Amount Recommended: \$400,000 (\$200,000 from the Campaign for a New Drug Policy 2011 budget T1: 21127 and \$200,000 from its 2012 budget)

Term: 2 years, second year contingent (July 1, 2011 – June 30, 2013)

Matching Requirements: None

Description of organization: Faces and Voices of Recovery (FAVOR), founded in 2001, is a national organization that seeks to protect the rights and well-being of people struggling with current or past addiction. Its core purpose is to engage people affected by addiction in advocacy concerning policies

that affect them directly, including provision of medical care, establishing sound public health policy, eradicating discriminatory barriers, and ending the criminalization of addiction. From its start as a group of individuals inspired by Bill Moyers's television series on addiction, FAVOR seeks to change public perceptions of recovery and to improve the lives and opportunities for those seeking or in recovery. FAVOR has a 21 member board and four staff, all of whom have extensive grassroots advocacy and national policy experience and are widely recognized for their expertise in addiction recovery support services.

Description of project for which funding is sought: FAVOR proposes to work with advocates within recovery organizations seeking to leverage health care reform to increase access to addiction prevention, treatment and recovery services. In many past efforts to expand access to care, treatment advocates have not taken a reformist approach, but have instead collaborated with the criminal justice system or worked within the confines of federal or state block grant systems. With the passage of health care reform, treatment has the potential to become part of mainstream health care. But, to achieve this end goal, treatment advocate must first understand a range of technical aspects of health care financing and service delivery. Capitalizing on national health care reform, including the opportunity to establish universally available addiction services, also gives advocates the opportunity to help create the foundation for a new drug policy, one that does not rely on the criminalization of people with addictions.

On the national level, FAVOR will work with other advocates, including the Coalition for Whole Health and prospective grantees Legal Action Center and George Washington University Department of Health Policy, to promote the inclusion of a robust addiction treatment benefit in the definition of an "essential benefit" under federal health care rulemaking, which will be completed in the fall. Once the U.S. Department of Health and Human Services creates this national framework, states will then implement health care in a way that best serves local needs.

With past support from the OSF Seize the Day fund, FAVOR established a number of state level affiliates. These affiliates undergird FAVOR's national work and also advocate within their own states to improve access to treatment and recovery services and to eliminate discriminatory housing, education and other barriers for those with a history of drug use. FAVOR has focused intensely in Maryland, Florida and Texas, but also created an education and support platform that brought together executive directors of recovery organizations around the country. This effort led to the creation of the Association of Recovery Community Organizations, which facilitates exchanges of information, resources and experiences among organizations as well as develops new relationships with allied organizations from other health movements. The organization will launch a new initiative in the coming year, the Executive Director Support Group, which will help these local practitioners advance healthcare reform in their states.

In addition to its national advocacy and organizing work, FAVOR will also work intensively and in a targeted fashion within one state affiliate to model strategies to reach its three goals: the inclusion of addiction services in all aspects of health care reform; expansion of access to a robust treatment benefit; and elimination of barriers affecting people with addiction. FAVOR will choose the state based on several criteria, including the level of health care reform implementation in the state, the capacity and desire of recovery organizations to work on the range of issues affecting people with histories of drug use, and the political environment. FAVOR will disseminate lessons learned within its own network and to members of the Coalition for Whole Health.

Rationale for recommendation: FAVOR has become an important and credible voice in policy discussions regarding the need to increase access to treatment and remove discriminatory policies that keep people in recovery from reengaging in community life. There has been a chronic national shortage of publicly funded addiction and mental health treatment in the states. In part, this appears to be the result of an artificial line drawn between these health conditions and other medical situations, with neither the federal nor state bureaucracies interacting effectively with the somatic health systems. Integrating the treatment system into the somatic health care system and ending the rationing of treatment through the criminal justice system is a key element in achieving the Campaign for a New Drug Policy's goal of establishing a health care centered drug policy and ending punitive approaches that have led to massive levels of over-incarceration and racial disparities.

Supporting FAVOR and the work of reform minded people in recovery will also help fill a gap that has limited the effectiveness of the drug policy reform movement. Many people in recovery and their families have suffered greatly due to addiction, and many are understandably hesitant to support "legalizing" drugs. But most of these people are also very aware of the costs of criminalizing drug users and the harm that such a policy causes long after an individual's addiction is under control. They are also often supportive of systems involving expanded medical and harm reduction approaches, having an intimate sense of the negative outcomes that result from abandoning programs such as syringe exchange and supportive housing. Much like opposition to punitive drug policies among law enforcement professionals and within communities of color, people in recovery and their families can speak with exceptional credibility about the need for a new policy concerning the use of drugs in society.¹ The immediate need to advocate for full implementation of national health care reform provisions related to addiction treatment underscores the importance of FAVOR's work.

Given the window of opportunity presented by health care reform, education and advocacy work must occur in parallel on the national and state levels. National rules and regulations will define a benefit floor that must be met by the states. Until implementation of the relevant provisions of the national health care reform law in 2014, treatment will remain optional under Medicaid and states will continue to deny treatment or rescind coverage as state budgets tighten. Health care reform offers the opportunity to take addiction treatment off the cost-cutting chopping block. Stable and universally (or nearly universally) available treatment, we believe, will make it more likely that policy makers and the public will support alternatives to punishment-based drug policies in the states.

This grant would also serve a strategic objective of CNDP to actively engage people directly affected by addiction in reform advocacy. As people who have had firsthand experience with addiction and the treatment system in the United States, the organization's members will be able to advocate for reform with credibility and authority.

CNDP staff recommends this as a contingent grant partly because FAVOR is a relatively new organization that is growing quickly. It will also be working in a highly politicized issue area that is likely to evolve in unanticipated ways, both positive and negative. The flexibility presented by a contingent grant spread out over two budget years seems the best way to leave room for effectively responding to developments in this organization's work. For these and the reasons described above, the staff of the Campaign for a New Drug Policy recommends project funding to Faces and Voices of Recovery in the amount of \$400,000 over two years on a contingent basis.

¹ The power of organizing and advocacy by directly affected people and their loved ones is demonstrated by the success of similar organizations such as the successful National Alliance on Mental Illness (NAMI).

Grant ID: 20033028

Legal Name of Organization: Law Enforcement Against Prohibition

Tax Status: 501(c)(3)

Name of Fiscal Sponsor: NA

Purpose of Grant: General support

Grant Description: To provide an initial \$200,000 one-year grant for general support to Law Enforcement Against Prohibition (LEAP), a membership organization of active and former law enforcement professionals. LEAP is committed to ending the War on Drugs and transforming punishment-based drug policies that its members believe compromise public health and safety, degrade human and civil rights, and exacerbate the potential harms of drug use. LEAP supports non-criminal, regulatory approaches as the most effective means of addressing harmful drug use and as the way to reverse the death, disease, crime, and addiction caused by unrealistic or insincere reliance on absolute prohibition of drug use.

Previous OSF Support: none

Organization Budget: \$ 497,960.00

Project Budget: NA

Major Sources of Support:	Peter Lewis	\$50,000
	Dunn's Foundation	\$25,000
	William Murphy	\$25,000
	The Libra Foundation	\$25,000
	Louis Brandt	\$22,000
	Jay and Mary Jayne Jones	\$20,000

Amount Requested: \$200,000 over 1 year

Contingent Grant: No

Amount recommended: \$200,000 Campaign for a New Drug Policy, T1: 21128

Term: 1 year (August 1, 2011 – July 31, 2012)

Matching Requirements: None

Description of Organization:

LEAP is a membership organization of active and retired law enforcement professionals, including police, parole/probation officers, corrections guards, prison wardens, judges, state and federal prosecutors, and Drug Enforcement Administration, Homeland Security and Federal Bureau of Investigation agents. Founded in 2002 by retired law enforcement officers from the U.S. and Canada, LEAP now claims more than 35,000 supporters and has active contact with counterparts in Mexico, Australia, Brazil, Poland, and the United Kingdom. The organization advocates for ending reliance on purely punitive attempts to deter drug use, which it views as unrealistic and a primary cause of drug related death, disease, violence, over-incarceration and untreated addiction. Its members are highly motivated, viewing the harmful impact of current drug policies through a very personal lens formed by their direct involvement in enforcing and observing outcomes under the current system. LEAP has taken on a number of controversial issues, including marijuana legalization, and has provided the only law enforcement counterbalance to what has been, in effect, a veto power held by anti-reform police and prosecutors over proposals for new drug policies.

As of July 2010, LEAP has had a new executive director, Neill Franklin, who has taken over operational leadership from its founding and only previous chief officer. Franklin not only has an extensive law enforcement background, much of it involving enforcement of drug laws, but he was also involved in establishing Baltimore's syringe exchange program during Kurt Schmoke's mayoral administration. In less than a year at LEAP, Franklin has greatly increased LEAP's collaborations with other drug policy reform advocates and much more heavily involved the organization in racial justice oriented advocacy. He has also begun the process of establishing a new image for the organization, which will be crucial to its ongoing success in the drug policy reform movement.

The LEAP staff and board have committed to an ambitious written strategic plan. They are expanding their affiliations internationally. They have committed to developing a "Cops & Clergy" campaign, seeking collaborations with reform-minded religious leaders, many of whom might be less likely to form relationships with other advocates within the drug policy reform movement. LEAP is greatly increasing its engagement with communities of color, especially African American communities; this effort is led by Franklin, who is himself deeply involved member of that community. The organization plans to further expand its membership, public profile, and outreach to mainstream law enforcement organizations. And, among other goals, LEAP's leadership has also committed in its strategic plan to establish a new standard of fundraising for the organization to ensure its stability and to increase its level of advocacy.

Description of the Project for Which Funding Is Sought:

LEAP is seeking general support.

Rationale for Recommendation:

By engaging law enforcement professionals in the development of an alternative to the War on Drugs, this grant would address a number of CDNP strategic considerations as well as respond positively to recommendations from experts in the field and in a report commissioned by OSF regarding engagement of political conservatives in drug policy reform efforts. The Global Drug Policy program 2011 strategic plan also identifies the need to engage law enforcement professionals in efforts to reform global drug policy. Given LEAP's role as the only major law enforcement association committed to transforming drug policy, staff views support of the organization as both an opportunity and a practical necessity in advancing the goal of establishing drug policies based on health considerations and sound public policy. Debunking the idea of deterrence-based drug policies and highlighting the tragic results of current drug laws are infinitely more difficult without the participation of reform minded members of the law enforcement community

Given its new leadership, we expect LEAP to be in the position to contribute to our goal of activating broad support for drug policy reform in communities of color. Its planned “Cops & Clergy” initiative will seek to expand the engagement of the faith community in reform efforts, which has been identified as a strategic goal and funded in other contexts by OSF. In addition, LEAP will also add an important law enforcement perspective in supporting harm reduction, which is critically important in implementing statutory provisions that lifted the ban on federal funding for syringe exchange programs. Also, as noted above, a report commissioned by OSF, “Mapping Conservative Individuals and Organizations Around Drug Policy Reform” (The Raben Group, March 2011) highlighted the importance of law enforcement voices in motivating political conservatives to support drug policy reform.

More generally, LEAP’s staff and volunteer advocates are often the only effective counter to anti-reform messaging by police or prison guards. Attempts to increase penalties for drugs law violations, further marginalize drug users or expand the use of public and private prisons through scare tactics often can only be successfully countered by an opposing law enforcement opinion. This is possibly the most pressing reason for our recommendation that OSF support LEAP: It is the only sizeable group focused primarily on drug policy reform in the U.S.

In the past, staff and those in the drug policy reform movement have had concerns about LEAP’s approach to reform advocacy, which has sometimes lacked sophistication and needed subtlety. We attribute this in part to its membership’s lack of experience in social justice advocacy, but also to their very sincere and deeply felt commitment to reform, which was frequently expressed with a level of law enforcement authority that was sometimes unhelpful in this type of advocacy. Staff believes that providing adequate support to LEAP and fostering its deeper collaborations with our other grantees could help. LEAP has always, in our view, lacked resources to raise the level of its advocacy and effectiveness.

For all of these reasons, staff recommends an initial \$200,000 one-year grant for general support to Law Enforcement Against Prohibition (LEAP).

Grant ID: 20033029

Legal Name of Organization: Students for Sensible Drug Policy

Tax Status: 501(c)(3)

Name of Fiscal Sponsor: NA

Purpose of Grant: General Support

Grant Description: To provide an initial \$400,000 two-year contingent grant for general support to Students for Sensible Drug Policy (SSDP), a membership organization with 153 recognized chapters and 91 pending chapters at college and graduate schools in the United States and internationally. SSDP's core purpose is to mobilize and empower young adults to advocate for the reform of current drug policies, ending punitive approaches in favor of policies rooted in health, public safety and harm reduction considerations. SSDP's core areas of focus involve: organizing young adults in opposition to the War on Drugs and its negative impact on educational opportunities for young people, funding for higher education, efforts to prevent overdose harm and death; reversing levels of over-incarceration; and establishing a regulated system for the lawful use of marijuana. SSDP is one of the few drug policy reform organizations that regularly develops right-left collaborations around drug policy reform advocacy and the only group with a drug policy reform mission that has a permanent presence on university campuses.

Previous OSF Support: \$150,000 Youth Initiative and Global Drug Policy program, 2011
\$100,000 from USP Democracy & Power, 2009-2011
\$100,000 from Progressive Infrastructure, 2007-2009
\$60,000 from US Drug Policy Reform/Non Lindesmith, 2000

Organization Budget: \$819,109

Project Budget: NA

Major Sources of Support: Peter Lewis \$50,000
Bergstrom Foundation \$25,000
Drug Policy Alliance \$20,000
Newman Family Foundation \$18,000
Jon Gilmore \$3,000

Amount Requested: \$400,000 general support over two years

Contingent Grant: Yes

Amount Recommended: \$400,000 (\$200,000 from the Campaign for a New Drug Policy 2011 budget, T1: 21128 and \$200,000 from its 2012 budget)

Term: 2 years (August 1, 2011 – July 31, 2013)

Matching Requirements: None

Description of Organization:

Students for Sensible Drug Policy (SSDP) was established in 1998 as a national grassroots student membership organization to advocate for reform of drug policies and mobilize young adults to end the War on Drugs. SSDP identifies its key values as: shared power and authority, a youth-controlled agenda, an emphasis on collaboration and partnership, constituent-specific strategies, a culture of learning, and a commitment to diversity and inclusion.

The organization maintains administrative offices in Washington, DC and San Francisco, California. It is one of the fastest growing drug policy reform organizations in the world, with 153 recognized chapters and 91 pending chapters at colleges and graduate schools in the United States and internationally. It is similar to Law Enforcement Against Prohibition (also recommended for support in this docket) as it focuses on a population with a common experience. Like that organization, SSDP is also expanding from its base in the U.S. to form international affiliations. It is currently establishing an international outreach office in Mexico City and has established ties in Canada, the United Kingdom, Nigeria, Australia and Turkey. The international nature of student bodies at U.S. universities and direct outreach by the organization, supported by the OSF Global Drug Policy program and Youth Initiative, is likely to facilitate further international activities by SSDP.

SSDP was initially organized to challenge reauthorization provisions of the U.S. Higher Education Act of 1965 that denied educational grants and guaranteed loans to students with convictions for drug possession or distribution. During the past decade, it has expanded to focus on many other areas of drug policy that affect young people specifically and society generally. SSDP's "campus change campaigns" resulted in a number of reforms being adopted, perhaps most importantly "Good Samaritan" provisions that free students to report drug and alcohol emergencies without fear of punitive backlash against themselves or the individual suffering from a drug related medical emergency. This common sense harm reduction model has since been implemented with broad political support by legislatures in New Mexico, Washington State and, to lesser degrees, in other states, shifting the paradigm under these circumstances in favor of a policy that prioritizes life over abstinence.

Description of the Project for Which Funding Is Sought:

SSDP is requesting general support.

Rationale for Recommendation:

This proposed general support grant would advance the Campaign for a New Drug Policy's interest in shifting U.S. drug policy from a punishment-centered, law enforcement approach to a health based model by developing age diversification within the drug policy reform movement, engaging and training a new

generation of advocates and supporters of drug policy reform, and maintaining a permanent drug policy reform presence in academic environments throughout the U.S. and internationally.

SSDP plays a distinct and crucial role within the drug policy reform movement. Public opinion research, the findings of experts in the field of drug policy reform and a recent report produced for OSF indicate that young adults support drug policy reform, especially marijuana reform, at a much higher rate than older adults. This support cuts across racial lines and political ideologies. The Raben Group report commissioned by OSF, "Mapping Conservative Individuals And Organizations Around Drug Policy Reform" (March 2011) indicates that reliable support among conservatives for the range of reform goals exists only among young conservatives. Latent support for drug policy reform among young people is of limited usefulness, however, until it is activated and adequately organized, which is SSDP's purpose.

What also makes SSDP special and important is its membership. They are of a generation that communicates electronically across distance, cultures and classes more naturally and extensively than any previous generation. As an age group, it has perhaps less experience, but more time and energy, to work toward drug policy reform. As they grow older, they are likely to also increase in terms of their financial means and influence. They will leave college to become Republicans, Democrats, independents, engineers, doctors or lawyers who support drug policy reform. SSDP sees their alumnae as an important source of support for subsequent SSDP efforts and the drug policy reform movement.

SSDP faces a number of challenges. First, it has had limited success in broadening the racial diversity of its membership, which is predominantly white. It has taken steps to establish chapters at historically African American colleges, with some limited success, and is conscious that it must do additional outreach work within its existing chapters. Related to this need is the maintenance of contact with alumnae and maintenance of essential oversight among its chapters. Both of these efforts require the hiring of additional Outreach Directors. Another challenge is external, which is the imbalance of both experience and power between SSDP and its older adult partners. This imbalance has been partly addressed by the June 2010 hiring of a very experienced and dynamic new executive director, Aaron Houston, who is well respected within the drug policy reform movement and has substantial state and federal advocacy experience, particularly in marijuana policy reform work. SSDP runs into the same difficulties faced by all youth organizations in that it is sometimes not taken seriously by its elder partners in the drug policy reform world. The hiring of a person who is already well respected within the reform movement was an important step for the organization. SSDP is also working to bring in additional resources that will give it greater ability to choose an independent path and strategy in pursuing its advocacy and organizing.

Staff recommends a multi-year, contingent grant. Although SSDP currently has an experienced and talented executive director, he has been at the organization less than a year; and the organization has had a series of short-term, less experienced leaders in the past few years. To support the further growth and development of SSDP, staff recommends a contingent \$400,000 grant for general support for a period of two years.

Grant ID: 20033031

Legal Name of Organization: Institute of the Black World 21st Century

Tax Status: 501(c)(3)

Name of Fiscal Sponsor: NA

Purpose of Grant: to conduct education and advocacy activities to mobilize African American leaders and communities on a national and local level to support ending the War on Drugs and creating non-punitive alternative policies that meet the needs of communities of color

Grant Description: to provide \$125,000 over one year to the Institute of the Black World 21st Century (IBW-21) to focus and intensify public discourse among African Americans on the impact of the War on Drugs on people of color, particularly African Americans, and on alternatives to punitive drug policies. Concerned with reducing violence, poverty and civil rights deprivations in African American communities, IBW-21 has identified the War on Drugs as one primary cause of injustice. It has committed to educating and mobilizing African American leaders and communities in a campaign opposing punitive drug policies. This grant would advance the Campaign for a New Drug Policy's goal of broadening active opposition to punishment based drug policies within America's most negatively affected communities as well as the Campaign for Black Mail Achievement's goal of investing in innovative strategies that increase civic engagement and leadership among black men and boys.

Previous OSF Support: None

Organization Budget: \$291,000

Project Budget: \$161,000

Major Sources of Support: NA (new project)

Amount Requested: \$161,000

Contingent Grant: No

Amount Recommended: \$125,000 for 1-year (\$75,000 from Campaign for a New Drug Policy, T1: 21128 and \$50,000 from Campaign for Black Mail Achievement, T1: 21123)

Term: 1-year

Matching Requirements: none

Description of Organization:

IBW-21 is an advocacy oriented think tank addressing the interests, and challenges to the welfare, of African American communities and the African diaspora globally. The organization draws from the historic model of Black scholar-activists who founded the original IBW in 1970. Through research, policy analysis and advocacy, IBW-21 seeks to build African Americans' focus on and direct engagement in resolving barriers to advancement imposed from both outside and within their communities and to work for the social, political, economic and cultural advancement of Black America and the international African community. IBW-21 has been active in promoting federal investment in post-Katrina New Orleans and U.S. support for relief services in Haiti, opposing crack cocaine sentencing disparities, reducing gun violence in urban Black communities, and highlighting other issues that it views as related to social justice for people of African descent.

IBW-21 approaches its work as social transformation through the creation of new relationships and institutions. The organization's objective is to acquire and maintain the power necessary for self-determination, to reconstruct Black communities, to create greater unity of effort and purpose among African Americans, and to advance its vision of a non-exploitative society. The organization has decided to focus on ending the War on Drugs and the over-incarceration, violence and poverty that current drug policies exacerbate among Black men and boys and America's communities of color in general. With historical and conceptual ties to the Black civil rights movement of the 1960s and 1970s, IBW-21 includes among its goals the engagement of young people in an effort to challenge threats to African American civil, constitutional and human rights.

Description of the Project for Which Funding Is Sought:

IBW-21 seeks an initial project grant to enable it to pursue its campaign to educate and mobilize African American leaders and communities in support of ending the War on Drugs and creating non-punitive alternative policies that meet the needs of communities of color. IBW-21 has identified the War on Drugs and its resulting over-incarceration, political disenfranchisement, and civil and economic exclusion of massive numbers of African Americans – particularly Black men – as a primary barrier to Black advancement. OSF grantee The Sentencing Project supports this conclusion, stating:

For Black males in their twenties, 1 in every 8 is in prison or jail on any given day. These trends have been intensified by the disproportionate impact of the "war on drugs," in which three-fourths of all persons in prison for drug offenses are people of color."¹

IBW-21 takes the position that, as a matter of self-determination, Blacks in America should take a leading role in opposing current drug policies that are imposed as punishment on people of color and the poor, while middle- and upper-income Whites have disproportionate access to health care and services in lieu of arrest and incarceration.

The organization's leadership acknowledges that previous efforts to mobilize a substantial portion of the African American population in opposition to punitive drug policies have had limited success. But, IBW-21 sees this situation changing, pointing to widespread interest in the publication of former Soros Justice Fellow Michelle Alexander's book *The New Jim Crow*, a credible proposal within the NAACP to take a formal stand against disparate arrests and over-incarceration of Blacks for drug law violations, and increasing reform activity among African American academics, religious leaders and politicians.

¹ <http://www.sentencingproject.org/template/page.cfm?id=122>

IBW-21 proposes to pursue this trend by convening a series of well-organized, high profile forums, town hall meetings and symposia in designated cities across the country, targeting a cross-section of the Black community with an emphasis on faith leaders, elected officials, civic and professional organizations, and community based criminal justice advocacy organizations and agencies. These events would be video recorded for replay and download as educational tools on the IBW website. IBW's Damu Smith Leadership Development and Organizer Training Institute would sponsor intensive weekend training sessions to enable advocates to gain a more in-depth historical perspective, sophisticated analysis and directed advocacy training relating to punitive drug policies and alternatives. The organization has expressed a particular interest in promoting within African American communities the work of OSF grantees, such as The Defender Association (LEAD pre-booking diversion program) and the Drug Policy Alliance (lawful regulation of marijuana). IBW's Research Consortium would produce culturally relevant print and electronic materials for mass distribution to advance the understanding of this issue within constituencies in the Black community and promote their active engagement in reform efforts.

IBW-21 has already initiated some of these activities with its own limited resources and in-kind support and some limited funding from the Drug Policy Alliance. These activities have included events involving OSF grantees and staff, such as Deborah Small of Break the Chains and OSPC's Nkechi Taifa. IBW-21 also organized, with DPA and others, a forum in Washington, DC on June 17th to commemorate the 40th anniversary of President Nixon's declaration of his war on drugs. That event involved a number of panels as well as a keynote statement by Rev. Jesse Jackson, who appeared at the invitation of IBW-21.

Rationale for Recommendation: This grant would advance the CNDP's goal of shifting U.S. drug policy from a punishment-centered, law enforcement approach to a health based model by supporting active engagement of African Americans – the most highly and negatively impacted population – in challenging punitive elements of current drug policy. As with other constituent-based advocacy efforts, the identity of the messenger is crucially important. IBW-21 appears to know the limits of its target audience and of its reach within the African Americans and the need to form collaborative relationships with other groups to engage a broader cross-section of that population, such as young people. This grant would also advance CBMA's goals of: 1) investing in innovative strategies that advance black male achievement and increase civic engagement and leadership among black men and boys; and 2) leveraging resources to advance policy advocacy, strategic communications and research to lift barriers to employment, educational advancement and family reunification for formerly incarcerated black fathers.

Staff views the limited mobilization of African American communities in opposition to punitive drug laws as a major barrier to reform. While notable national and local Black advocates are leaders in drug policy reform work, it has not become a broad movement within the African American population. It is difficult to image success in this effort when the most affected population is nearly silent in opposition. As with much of the work we hope to support, a key to changing this dilemma is focusing effort in local communities that present a high level of opportunity. Based on its early activities and outreach on this issue, staff anticipates that IBW-21 will collaborate well with other organizations working on drug policy reform.

IBW-21 does not have the direct membership constituency of organizations like the NAACP or the Urban League. However, in one sense, that is its advantage in engaging in drug policy advocacy. For these larger organizations, adopting a potentially controversial policy position is a cumbersome process that often results in substantial compromise and dilution of purpose. Given the impact of drug addiction in many African American communities, drug policy reform is an issue that most major organizations have not taken on. IBW-21 does not have that limitation. It has a developed analysis of how current drug policy unfairly harms people of color in the U.S. and is free to act on its conclusions. While some other organizations active in

African American issue advocacy are restrained in the positions they may take, IBW-21 has committed itself to foster a broad debate that considers all alternatives to current drug policy. In addition to this flexibility in its advocacy, IBW-21 also seems to have strong political currency and organizing expertise among the nation's African American leadership.

We believe that this is an area worth substantial and sustained investment. OSF support for IBW-21's drug policy advocacy and organizing among African American communities is an opportunity to add substantially to this underdeveloped component of the drug policy reform movement. For these and the reasons described above, the staff of the Campaign for a New Drug Policy and the Campaign for Black Male Achievement recommend an initial grant of \$125,000 to IBW-21 over one year.