

# Substance Abuse Funding Week



Covering Funding, Programs and News on Alcohol, Drugs, Tobacco and Co-Occurring Disorders

WASHINGTON: FEBRUARY 17, 2006 ..... No. 06-07

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## Souder Keeps Target on White House Drug Policies; ONDCP Declines to Argue

Rep. Mark Souder (R-IN) finally gets his chance to question White House drug-policy point man John Walters, saying with frustration and indignation that he's still not satisfied with President Bush's priorities. But Walters doesn't take the bait, declining to argue and maintaining the administration's line.

"With all due respect, don't make me laugh," Souder, chairman of the Government Relations criminal policy subcommittee, interrupts as Walters describes the administration's policy on maintaining a fleet of drug-trafficking interdiction airplanes.

Rep. Patrick McHenry (R-NC) follows Souder's remark by signaling other Republicans' concern over the chairman's complaints about the White House's drug policies. "I'm sorry to interrupt this love-fest," McHenry says as he rises to leave and asks to have his written questions added to the hearing record.

Walters, head of the Office of Nat'l Drug Control Policy, didn't appear before the panel during its ONDCP budget hearing last year, much to the chagrin of Souder, active in Congress in promoting drug prevention and enforcement programs but also an outspoken critic of the administration's drug policies. Following last year's hearing, Souder issued a list of questions he would have asked if Walters had testified (*SAF*, 4/29p1).

Walters refrains from a point-counterpoint duel with Souder, and describes how he expects to remain above the fray. "I regret that disagreements between us, to people on the outside, seem to suggest motive and character flaws," he says.

And Walters doesn't budge from toeing the company line despite Souder's and ranking member Elijah Cummings' (D-MD) incredulousness over both ONDCP's 2006 strategy and the president's FY 2007 budget request for the office.

"I don't view my job as a defender of dollars. I'm a defender of results and I have to apply dollars where we can get the best results," Walters says, adding, "My job isn't to be popular. My job is to make the drug problem smaller."

On *SAF*'s Web site ([www.saf.cdpublications.com](http://www.saf.cdpublications.com)) in the Links section, access ONDCP's strategy at "White House Office of Nat'l Drug Control Policy 2006 Strategy," and the agency's budget request at "FY 2007 Drug Control Programs Proposed Budget."

Souder and Cummings question the president's proposal to eliminate the state grant portion of the Education Dept.'s Safe & Drug Free Schools

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program and the Drug Enforcement Agency's spending on domestic demand-reduction programs (*SAF*, 2/10p1). They also oppose the White House's proposal to switch funding for all domestic drug-prevention programs to "non-Homeland Security" items, which they expect will lead to lower funding levels while funding for Homeland Security grows.

Walters says S&DFS state grants are needed because the administration links lower rates of drug use by young people to ONDCP's anti-drug media campaign (*SAF*, 12/23p5). And the administration doesn't expect all non-Homeland Security spending to shrink, he adds.

But not only do Walters' answers not convince subcommittee members, they also sour Souder's already frustrated mood. "You full well know that the ad campaign is just one thing," Souder says.

He says it's likely that drug-use rates are down because Congress has rejected the president's budget recommendations for S&DFS grants and other drug programs, not because of ONDCP's prevention programs. And he repeatedly says he will cut ONDCP's media budget as well as include requirements that its ads address more drug problems besides preventing marijuana use by young people. "We are not going to make it unless there are some adjustments," Souder says.

**Info:** Souder, 202/225-4436; Cummings, 202/225-4741; Walters, 202/395-6618

([www.whitehousedrugpolicy.gov/index.html](http://www.whitehousedrugpolicy.gov/index.html))

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## White House Takes Bipartisan Hits on Drug Program Spending

Members of Congress from both sides of the aisle criticize President Bush's proposed budget for substance-abuse prevention and treatment and drug enforcement programs, though they offer different reasons for their objections.

Sen. Joe Biden (D-DE) and Rep. Sander Levin (D-MI) say the administration is wrong for focusing on granting tax breaks for the wealthy while cutting support for social programs. Two Republicans from the House, Reps. Mark Souder (IN) and Jim Ramstad (MN), also take the administration to task for its drug program spending.

"What makes anybody think, absent a precipitous drop in the population, we can spend any less money next year in dealing with the problem?" Biden says to applause at the opening of the Community Ant-Drug Coalitions of America's national conference in Washington.

Biden chides the administration for expecting community anti-drug groups and other nonprofits providing substance abuse and mental health services to do more with less support through federal grants. "My response is, give me a break," he says.

The president's FY 2007 budget request recommends eliminating funding for the Education Dept.'s Safe & Drug-Free Schools state grants and alcohol-abuse reduction program but increasing S&DFS national program funding by \$59.3 million to \$198 million (*SAF*, 2/10p1).

Levin thanks the administration for recommending continued support for drug courts (*SAF*, 2/10p2), but questions wiping out S&DFS state grants, through which many CADCA members receive support. "We can have a large battle within the Congress about priorities on the tax and expenditure side, but it is a mistake to reduce or eliminate programs in the United States that are effectively getting at the issue of demand," he says.

Souder, a leading Republican advocate to fund drug prevention and enforcement programs and a critic of the White House's drug policies, also opposes eliminating the S&DFS state grant program, though he agrees with the White House that the program hasn't produced results. "I don't believe it's a success," he says. "I just don't believe it's time to give up."

Souder also agrees with the administration that eliminating tax cuts isn't the answer, saying financial support for drug prevention and control programs depends on a growing economy. But he blasts the White House's drug policies. He grades the administration's drug interdiction policies as "good," its support for local law enforcement agencies' drug investigations as "failed" and its regard for S&DFS programs as "insulting."

"We're not dedicating enough resources to prevention and education," Ramstad says, citing statistics showing that the Clinton administration put 60% of its drug program funding in prevention efforts, while the Bush administration has allo-

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cated 30%. "Congress should not follow the president's budget to zero-out funding for Safe & Drug-Free School state grants," he adds. "Congress should not zero-out funding for the alcohol-abuse reduction grants."

**Info:** Biden, 202/224-5042, Souder, 202/225-4436; Levin, 202/225-4961; Ramstad, 202/225-2871; [www.cadca.org](http://www.cadca.org)

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## Ramstad Promotes Requirement for Treatment Parity

With alcoholism recognized as a disease since 1956 by the American Medical Assn., U.S. health insurance should provide coverage for substance abuse treatment equal to coverage for other diseases, Rep. Jim Ramstad (R-MN) tells a forum of anti-drug coalition members.

At the Community Ant-Drug Coalitions of America's national conference in Washington, Ramstad explains that requiring parity coverage for substance abuse treatment would increase U.S. healthcare costs only by one-half of 1%. "Fifty years [after AMA classified addiction as a disease], its long overdue for Congress to treat the illness of addiction as the progressive and fatal disease it is," he says.

Ramstad and Rep. Patrick Kennedy (D-RI) last April introduced the proposed Time for Recovery & Equal Access to Treatment (TREAT) in America Act of 2005 (HR 1258) that would provide parity for substance abuse treatment benefits under group plans and health insurance coverage. Sens. Pete Domenici (R-NM) and Edward Kennedy (D-MA) introduced a similar bill, the proposed Help Expand Access to Recovery & Treatment (HEART) Act of 2005 (S 803).

But neither bill moved past its initial committee reference, HR 1258 to the Education & Workforce's employer-employee relations subcommittee and S 803 to the Health, Education, Labor & Pensions Committee.

Ramstad found eager support for the bills at the CADCA forum. "This treatment parity legislation will give Americans suffering from addiction greater access to treatment by preventing health insurers from placing discriminatory restrictions on treatment, discriminatory barriers that do not exist for any other disease," he says.

"It's simply wrong to place barriers or other restrictions that don't exist for any other diseases, not only higher deductibles and higher co-pays but limits to treatment stays," Ramstad adds, saying the average limit insurers place on paying for residential treatment is seven days. "We all know that no one can get effective treatment for drug and alcohol addiction in seven days," he says.

**Info:** Ramstad, 202/225-2871; <http://thomas.loc.gov/bss/109search.html> (search for "HR1258" or "S803" using the "Bill Number" option); Rep. Kennedy, 202/225-4911; Domenici, 202/224-6621; Sen. Kennedy, 202/224-4543; [www.cadca.org](http://www.cadca.org)

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## Substance Abuse Treatment Linked with Lower Recidivism

A hearing on the re-entry of drug offenders before the House Judiciary subcommittee on crime reveals strong support for the proposed Second Chance Act (HR 1704), which would seek to make communities safer and ex-offenders more productive through substance abuse treatment and community-based aftercare.

Four witnesses tell Chairman Howard Coble (R-NC) and ranking minority member Rep. Bobby Scott (D-VA) that if access to treatment isn't increased, crime will continue to affect communities as prisons are scheduled to release 650,000 inmates this year. The panel later sent the bill to the full committee with its endorsement.

Key points the witnesses raised are:

- Substance abuse often is intertwined with crime, so treatment should help reduce criminal activity.
- Most incarcerated mothers are nonviolent drug felons and untreated addicts.
- Two-thirds of released prisoners will be rearrested in three years due to lack of substance abuse treatment and community assistance.
- Roughly 2.3 million people are incarcerated for drug-abuse related offenses, and 95% of them will be released but only 18% will receive treatment.
- Offenders receiving substance abuse treatment are seven times more likely to be drug- and arrest-free after three years.

"When I went before the judge for sentencing, I begged him for treatment. The judge refused my request," says witness Lorna Hogan, a former drug addict and inmate.

Coble, in a tone of disbelief, responded, "He refused to give you any treatment?"

"Yes, the judge said no, he said he had heard it all before," Hogan replied.

Hogan has been drug and alcohol free and involved in her children's school for five years and contributes to a family treatment program she attended after her release. Coble said was glad to see that Hogan is doing so well and that the treatment program worked for her. He concluded the hearing saying, "I just want to end today by saying addiction seems to

know no respect for anyone. It crosses racial lines and it affects the rich, the poor, men and women.” —*Kristen Wood*

**Info:** Coble, 202/225-3951; Scott, 202/225-8351;

<http://judiciary.house.gov/committeestructure.aspx?committee=6>; <http://thomas.loc.gov/bss/109search.html> (search under “HR1704” using the “Bill Number option”)

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## FUNDING

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### More Support Likely for Building Community-Based Groups

The volume of response to a request for applications for grants to strengthen the capacity of community-based prevention and treatment providers surprises Nat'l Institute on Drug Abuse official, who indicates more funding could come in this area.

NIDA and the Substance Abuse & Mental Health Services Admin. last August issued an RFA for grants in the Enhancing Practice Improvement in Community-Based Care for Prevention & Treatment of Drug Abuse or Co-occurring Drug Abuse & Mental Disorders program (RFA-DA-06-001), with \$1.9 million available for up to 12 awards (*SAF*, 8/19p6).

“We were just completely blown away by the response,” says Elizabeth Robertson, chief of NIDA’s Prevention Research Branch. More than 70 applications were filed by the Dec. 19 deadline for the awards likely to be made late this year.

“That was evidence of a real need in the field,” Robertson says during a grant-writing workshop at the Community Ant-Drug Coalitions of America’s national conference in Washington. “We are very interested in developing capacity at the community level.”

**Info:** Robertson, 301/402-1720, [elizabeth.robertson@nih.hhs.gov](mailto:elizabeth.robertson@nih.hhs.gov) ([www.nida.nih.gov/about/organization/despr/prbHome.html](http://www.nida.nih.gov/about/organization/despr/prbHome.html))

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### \$184M Increase Proposed for HUD Homeless Assistance Grants

President Bush proposes a \$184 million increase for the Housing & Urban Development Dept.’s Homeless Assistance Grants in FY 2007 from the \$1.34 billion appropriated for the program for FY 2006.

The White House says the HUD grant program was rated “effective” in the Office of Management & Budget’s 2006 Performance Assessment Rating Tool evaluation “due to a good program design and strong performance measures.” The administration expects the increase to help create and run approximately 12,000 new units of supportive housing across the country for people who are chronically homeless, a condition often linked to substance abuse and mental illness.

These units will be in addition to the 50,000 created through the Samaritan Initiative and efforts of state, local, private, and other federal programs. Up to \$200 million will be available for the Samaritan Initiative within the HAG program competition.

HUD also considers launching grant programs to provide housing specifically for homeless persons who are alcoholics. The results of 12 pilot programs funded by HUD not only will determine whether more of the same programs will be funded, but also whether HUD will back similar approaches to other causes of chronic homelessness (*SAF*, 9/2p1).

**Info:** [www.gpoaccess.gov/usbudget/fy07/pdf/ap\\_cd\\_rom/28\\_1.pdf](http://www.gpoaccess.gov/usbudget/fy07/pdf/ap_cd_rom/28_1.pdf) (go to HUD section)

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### Nearly \$480M Proposed for CNCS FY 2007 Grant Programs

The Corp. for Nat'l & Community Service, which tells *SAF* it looks to increase the number of substance abuse prevention programs it supports, would receive \$479 million for its grant programs under President Bush’s FY 2007 budget request.

The White House requests \$95 million for CNCS’s AmeriCorps VISTA program, from which participants have been assigned to work for Justice Dept. Weed & Seed grantees (*SAF*, 9/2p4), and \$125 million in the Nat'l Service Trust to support member education awards.

The proposal also recommends \$218 million to support nearly 500,000 Senior Corps volunteers; \$34 million for Learn & Serve America to engage 1 million young people in service-learning education; \$10 million for the Points of Light Foundation to connect people, businesses, and community-based nonprofits to volunteer opportunities nationwide; and \$5 million for America’s Promise to support a Communities of Promise network to educate and mentor young people.

CNCS officials tells *SAF* they look for substance-abuse prevention nonprofits to request staff help and cover some administrative costs through AmeriCorps (*SAF*, 8/19p1).

For FY 2006, Congress appropriated \$267.5 million for AmeriCorps programs; \$12.6 million to provide assistance to state commissions on national and community service; and \$37.5 million for school- and community-based service-learning programs. In CNCS’s FY 2006 Learn & Serve America grant programs, the deadline is Feb. 28 for higher educa-

tion grants and March 7 for community- and school-based grants (*SAF*, 1028p7).

Congress appropriated \$27 million for CNCS's Civilian Community Corps, but the administration recommends \$5 million in FY 2007 to close down the program. The White House says CCC was rated "ineffective" in OMB's 2006 PART analysis, which "found that the program's residential design significantly contributed to its \$28,000 per-participant cost, and found no rationale for [its] existence as a residential program."

**Info:** President's Request, [www.gpoaccess.gov/usbudget/fy07/pdf/ap\\_cd\\_rom/28\\_1.pdf](http://www.gpoaccess.gov/usbudget/fy07/pdf/ap_cd_rom/28_1.pdf) (go to "Other Independent Agencies"); FY 2006 appropriation, <http://thomas.loc.gov/home/approp/app06.html> (go to "PL 109-149")

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## WASHINGTON WATCH

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### Grants.gov Leaves Mac Users Out in Cold

Grants.gov, the government-sponsored Web site that provides information and application forms for federal grants, is receiving a lot of criticism for its incompatibility with Macintosh computers.

The Web site, construction of which is contracted to Northrop Grumman, is overseen by the Health & Human Services Dept. and is under fire because its electronic forms are only readable with PC software.

John Etcheverry, deputy program manager for Grants.gov at HHS, tells *SAF* that despite months of field-testing the original Web site, "a permanent fix for Mac users has a target date of November 2006." Until then, Etcheverry suggests a downloadable fix on the Web site that will enable Mac users to access the forms.

Many of Grant.gov's 1 million daily users, however, complain that the "fix" either is too cumbersome or just plain unworkable. To that end, sympathetic Mac users at the U. of Wisconsin-Madison have devised their own workaround they are sharing (<http://apple.doit.wisc.edu/grants.gov>) with anyone who needs it.

—Robin Levin

**Info:** [www.grants.gov](http://www.grants.gov)

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### Drug Policy Reform Makes for Strange Bedfellows

The founder and executive director of a public policy group advocating for what historically is identified as a liberal cause finds a raucously supportive audience of young conservatives. Drug Policy Alliance head Ethan Nadelman's platform for reforming U.S. drug laws, beginning with legalizing marijuana, makes sense to high school and college students at the Conservative Political Action Conference's national meeting in Washington.

Even though CPAC members aren't likely to be considered at-risk to use drugs and even though many object morally to drug use, many agree with Nadelman as well as with Marijuana Policy Project Director Rob Kambria that federal agencies and state and local governments are wasting money in the war on drugs. Add to the argument that the war also infringes on personal liberty, and CPAC members get rowdy.

"If ever there has been a policy that America has continued with on and on and on with extraordinary failure, it has been this one," Nadelman says. "When you think about it, what is it in America that most resembles the socialistic dictatorships that this country fought so hard to abolish and eradicate, the thing that so much shaped the evolution of the conservative movement in this country? It is the war on drugs.

"What else catapults the government into the role of a nanny state?" Nadelman continues. "What else says we must treat all of our citizens as if they are children? What else says that people must be thrown away in prison and fined and lose their homes simply because they may take or make a drug? What else empowers the law enforcement agencies to engage in undercover operations with informants and create a massive surveillance society? What else is dedicated to spending tens of millions of dollars every year and is totally willing to ignore any evidence of failure?"

Kambria explains that under U.S. law, marijuana is considered a more dangerous and harmful substance than cocaine, methamphetamine or morphine. "That's nuts, completely nuts," he says.

Kambria also argues that legalizing marijuana would generate a \$13.5 billion difference in the U.S. economy by eliminating costs for enforcing and prosecuting marijuana laws and incarcerating offenders, while also yielding commercial and tax revenues from sales of the drug. Instead, he says, the White House's Office of Nat'l Drug Control Policy gets \$100 million for FY 2006 for its anti-drug media campaign done "with disrespect and ridicule rather than provide real education."

Nadelman also contends that the number of people using marijuana and general attitudes toward the substance show that it's time to legalize it. Other than the more than 750,000 marijuana arrests annually, with nearly 90% possession offenses, the biggest social impact of keeping marijuana illegal is making young people the key consumers in the marijuana market.

“If the marijuana prohibition was working, we wouldn’t have 1.5 million people who are smoking it,” Nadelman says. “If the marijuana prohibition was working, it wouldn’t be easier for kids to get than adults.”

But the speaker representing the stance against legalizing marijuana, Philadelphia broadcast sports reporter and former pro football player Garry Cobb, says the U.S. population doesn’t appear to support the change. “The judicial system should reflect the feelings of the people,” Cobb says. “I think right now the will of the people is that marijuana should be illegal.”

**Info:** Nadelman, 212/613-8020, [enadelmann@drugpolicy.org](mailto:enadelmann@drugpolicy.org) ([www.drugpolicy.org](http://www.drugpolicy.org)); Kambria, 202/462-5747 ([www.mpp.org](http://www.mpp.org)); Cobb, [GarryCobb@aol.com](mailto:GarryCobb@aol.com) ([www.gcobb.com](http://www.gcobb.com)); CPAC, 703/836-8606

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## GRANT TIPS

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### Community Groups Have Hand in Using Research Grants

Many community anti-drug coalitions don’t realize they can have equal status with research institutes when applying for Nat’l Institute of Drug Abuse grants.

“Instead of coalitions being studied like lab rats, you are equal partners with researchers,” Evelyn Wang, senior manager of evaluation and research for the Community Anti-Drug Coalition of America, says during a grant-writing workshop at CADCA’s national conference in Washington.

“Community-based participatory research” methodology provides an accessible platform for linking community groups with research facilities such as universities or institutes, Wang adds. “This is the collaboration that we are really stressing to communities because there’s just so much to do in a research project and to build a partnership, and not just one for the sake of getting grant funding but a really rich partnership with mutual interests, can be so rewarding.”

CBPR methodology principles include:

- Emphasizing the local relevance of public health problems.
- Examining social, economic and cultural conditions influencing a community’s health.
- Enhancing the strengths, resources and capacity of participants.
- Promoting processes involving all partners in all major phases of a project.
- Disseminating findings and recognizing all partners in published materials.

**Info:** Wang, [eyang@cadca.org](mailto:eyang@cadca.org) (<http://cadca.org>)

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### Don’t Skip Any Help for Winning NIH Grants

When community-based service providers apply for grants from the Nat’l Institute of Drug Abuse or other Nat’l Institutes of Health agencies, they often don’t use all the resources available to them or simply omit important steps in the process that could improve their chances of receiving support.

During a grant-writing workshop at the Community Anti-Drug Coalition of America’s national conference in Washington, Lucinda Miner, deputy director of NIDA’s Office of Science Policy & Communications, says anti-drug coalitions as well as other grant applicants often don’t do all they should to give their requests a better chance of approval. “Don’t just send the application off and say, ‘Oh, I’m done,’” Miner says.

Applicants should take a proactive approach, including making sure their applications are received at NIH and determining to what institute and what scientific review group, or peer review, they’re assigned.

“You need to make friends at NIDA,” Miner says. “There are program officers, there are scientific review administrators and there are grants management officers. These are the three types of people as you’re through the grants process you’re going to be dealing with.”

Program officers are key initial contacts for applicants. “They can give you some very useful information as to what is likely to get funded,” Miner says. “What are they looking for? Where are the gaps in their grant portfolios? What would they like to see done? So it’s very useful to call them up very early if you have an idea.”

Scientific review administrators become priority contacts after applications are received, she adds. They can help applicants move their requests to different peer review committees or make changes that would increase an application’s chances.

**Info:** Miner, 301/443-6036, [cindy.miner@nih.hhs.gov](mailto:cindy.miner@nih.hhs.gov) ([www.nida.nih.gov/about/organization/OSPC/OSPC.html](http://www.nida.nih.gov/about/organization/OSPC/OSPC.html))

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### Grow Donors’ Interest Before Asking for Support

The first step in effective fundraising campaigns is don’t ask for support, a consultant advises members of community anti-drug coalitions. Asking for money, says Linda Ray of Seattle-based Raising More Money, comes after people interested in helping have been identified and after it’s clear they’re ready to give.

Asking for money “should be nothing more than nudging the inevitable,” Ray says at the Community Ant-Drug Coalitions of America’s national conference in Washington.

Before asking for money, drug-abuse prevention groups and other nonprofits should conduct hour-long “point of entry” meetings with 10-15 people to describe what they do, who they help and who they are. Establishing emotional connections between potential donors and a nonprofit’s mission is the goal.

“People will be excited to know how much you do with the money that you get, but they would be even more excited to know how much more you can do with more money,” Ray says.

The next step is following up with phone calls to people who attended the meetings and who gave permission to be contacted. In addition to thanking them for attending, ask for and listen to their thoughts about the group and its mission; and ask how they think they could help and whether they know others who might be interested in helping.

Asking for support should be done in breakfast or lunch meetings in settings that focus attention on a group’s mission and that feature presentations by people a group helps. “Whatever it is that will move people to stop talking about the weather and the football team and start talking about your mission,” Ray says.

People who already have made clear their support should be assigned to each dining table to help cultivate the others’ support. They should distribute forms suggesting multiple donation-level options as well as allowing donors to determine the amount and frequency of their support around the tables after a group’s leaders and beneficiaries have completed their presentations.

More point of entry meetings should be scheduled to contact people referenced by others who have become interested. Ray says the network of potential supporters created by contacting a single person interested in a group’s mission can be impressive. “You want to give people the opportunity to spread the word about something they love,” she says.

**Info:** Ray, 716/655-4124, [linda.ray@raisingmoremoney.com](mailto:linda.ray@raisingmoremoney.com) ([www.raisingmoremoney.com](http://www.raisingmoremoney.com)); [www.cadca.org](http://www.cadca.org)

## CO-OCCURRING DISORDERS

### Part D Mayhem Especially Harmful for People with Mental Illness

(CD Publications) Many people with mental illness or co-occurring disorders have been put at grave risk due to continuing problems with the Medicare Part D prescription program, warn advocates and mental health service providers.

Since the program began last month, some of the estimated 2 million Americans being treated for mental health issues—and dually-eligible for Medicare and Medicaid—have gone without the drugs which keep their delusions, paranoia, anxieties or stress in check.

Providers and advocates nationwide say they worry many patients are teetering dangerously close to relapse, and numerous people already have been hospitalized. Difficulties in making the transition from Medicaid to Medicare’s new prescription program are “having a major impact on our patients with severe and persistent mental illnesses,” says Steven Sharfstein, president of the American Psychiatric Assn. “Relapse, re-hospitalization and disruption of essential treatment are some of the consequences of this bureaucratic nightmare.”

“I have a very deep concern that psychiatric patients will suffer disproportionately,” Sharfstein says. “If by the end of February or March, federal officials haven’t figured this out, we could have an epidemic on our hands.”

People with mental illness make up nearly a third of the dual-eligibles who qualify for both Medicare and Medicaid because of income and disability or age. Despite the best of efforts of the Centers for Medicare & Medicaid Services, a solution is easier said than done.

The new coverage often forces beneficiaries to switch from their usual pharmacies to different locations, and many have fallen through the program’s cracks and discovered they have no insurance, forcing them to ration medicine or run out of pills completely.

—Eddie Dean

**Info:** Sharfstein, 703/907-7300 ([www.psych.org](http://www.psych.org))

## FEDERAL GRANTS

### Alcohol & Other Drug Prevention Models on College Campuses

**Agency:** Education Dept. (Office of Safe & Drug Free Schools). **Program:** Alcohol & Other Drug Prevention Models on College Campuses (ED-GRANTS-020906-001). **Eligibility:** Institutions of higher education that did not receive an award in this program during the previous five fiscal years (2001-2005). **Funding:** \$750,000 expected to be available for five awards between \$125,000-\$175,000 each. **Deadline:** March 22.

**Summary:** Grantees in this program will identify models of effective campus-based alcohol and other drug prevention pro

grams and disseminate information about these programs to other colleges and universities. Applicants must describe:

- An alcohol or other drug prevention program implemented for at least two full academic years on their campuses and evidence of the effectiveness of the programs.
- Plans to enhance and further evaluate the program during the project period and to disseminate information to assist other colleges and universities in implementing a similar program.

RFA online: <http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/E6-1812.pdf>

**Info:** Vera Messina, 202/260-8273, [vera.messina@ed.gov](mailto:vera.messina@ed.gov); *Federal Register*, 2/9pp6764-67

### \$4.7M for Life Skills for Prisoners

**Agency:** Education Dept. (Office of Safe & Drug Free Schools). **Program:** Life Skills for State & Local Prisoners (ED-GRANTS-021506-001). **Eligibility:** State or local correctional agencies and correctional education agencies. **Funding:** \$4.7 million expected to be available for 12 18-month awards between \$315,000-\$475,000 each. **Deadline:** April 3.

**Summary:** OSDFS offers financial assistance for establishing and operating programs designed to reduce recidivism through developing and improving life skills necessary for reintegrating adult prisoners into society. This program offers nonprofits that are providing educational services for state prisons or local jails an opportunity to partner with those facilities in applying for support.

**RFA online:** [www.grants.gov/search/search.do?mode=VIEW&oppId=8033](http://www.grants.gov/search/search.do?mode=VIEW&oppId=8033)

**Info:** Carlette Huntley, 202/205-7943, [Carlette.Huntley@ed.gov](mailto:Carlette.Huntley@ed.gov)

### Reducing Risk for HIV by Meth-Using Men

**Agency:** Centers for Disease Control & Prevention (Nat'l Center for HIV, STD & TB Prevention). **Program:** Reducing Sexual Risk for HIV Acquisition & Transmission among Methamphetamine-Using Men who have Sex with Men who are Not Currently in Substance Abuse Treatment (RFA PS06-007). **Eligibility:** Private and public nonprofit, community- and faith-based organizations; small, minority and women-owned businesses; universities; research institutions; hospitals; Indian tribes, tribal governments and organizations; local, state and territorial governments. **Funding:** \$900,000 for up to four awards under the UR 6 mechanism (Prevention Research Cooperative Agreements). **Deadline:** April 10 (LOI, March 13).

**Summary:** These two-year cooperative agreements will support research on developing and pilot testing behavioral interventions that focus on reducing risk for HIV acquisition and transmission by reducing sexual-risk behavior. The intended outcome is the development of interventions for methamphetamine-using men who have sex with men that demonstrate potential efficacy in reducing risk for HIV acquisition and transmission.

**RFA online:** [www.cdc.gov/od/pgo/funding/PS06-007.htm](http://www.cdc.gov/od/pgo/funding/PS06-007.htm)

**Info:** Roslyn Curington, 404/639-8321, [RCurington@cdc.gov](mailto:RCurington@cdc.gov)

### HIV-Cancer Data Linkage Project

**Agency:** Centers for Disease Control & Prevention (Nat'l Center for HIV, STD & TB Prevention; Nat'l Center for Chronic Disease Prevention & Health Promotion). **Program:** HIV-Cancer Data Linkage Project (RFA PS06-001). **Eligibility:** state or territorial health departments or directly funded city health departments engaged in HIV/AIDS surveillance. **Funding:** \$250,000 for five awards under the U 01 mechanism (Research Project Cooperative Agreements). **Deadline:** April 10.

**Summary:** This project will augment routine HIV/AIDS surveillance data collection to assess the incidence of cancer among persons diagnosed with HIV and to compare their cancer incidence with that of the general population. Applicants with the greatest likelihood for funding will be HIV-reporting areas with long-standing confidential, name-based HIV (HIV with or without AIDS at the time of diagnosis) data collection.

**RFA online:** [www.cdc.gov/od/pgo/funding/PS06-001.htm](http://www.cdc.gov/od/pgo/funding/PS06-001.htm)

**Info:** Angie Tuttle, 404/639-8305, [ATuttle@cdc.gov](mailto:ATuttle@cdc.gov)

### Training, Technical Assistance Program for Mentoring System-Involved Youth

**Agency:** Justice Dept. (Office of Justice Programs; Office of Juvenile Justice & Delinquency Prevention). **Program:** Training & Technical Assistance Program for Mentoring Initiative for System-Involved Youth. **Eligibility:** Local, state and tribal governments; public universities and colleges; and private community- or faith-based organizations. **Funding:** \$500,000 for one two-year award. **Deadline:** April 17 (applications must be submitted through [www.grants.gov](http://www.grants.gov)).

**Summary:** The grantee will provide training and technical assistance to the four mentoring sites receiving awards under OJJDP's mentoring programs for justice system-involved youth and facilitate the development and use of research-driven training and technical assistance materials by these sites.

**RFA online:** [www.grants.gov/search/downloadAtt.do?attId=4256](http://www.grants.gov/search/downloadAtt.do?attId=4256)

**Info:** Scott Peterson, 202/616-2368 or [scott.peterson2@usdoj.gov](mailto:scott.peterson2@usdoj.gov)

## Tribal Juvenile Accountability Discretionary Grants

**Agency:** Justice Dept. (Office of Justice Programs; Office of Juvenile Justice & Delinquency Prevention). **Program:** Tribal Juvenile Accountability Discretionary Grant Program. **Eligibility:** Federally recognized tribal governments. **Funding:** OJJDP will award cooperative agreements of up to \$300,000 for three-year projects. **Deadline:** April 4 (applications must be submitted through [www.grants.gov](http://www.grants.gov)).

**Summary:** This support goes to federally recognized American Indian and Alaska Native communities to develop and implement programs that hold AI/AN youth accountable for their delinquent behavior and strengthen tribal juvenile justice systems.

**RFA online:** [www.grants.gov/search/downloadAtt.do?attId=4258](http://www.grants.gov/search/downloadAtt.do?attId=4258)

**Info:** Laura Ansera, [Laura.Ansera@usdoj.gov](mailto:Laura.Ansera@usdoj.gov), 202/307-5911

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## Intervention Research Grants to Promote the Health of People with Disabilities

**Agency:** Centers for Disease Control & Prevention (Nat'l Center on Birth Defects & Developmental Disabilities). **Program:** Intervention Research Grants to Promote the Health of People with Disabilities (RFA- DD06-004). **Eligibility:** Private and public for-profit and nonprofit organizations; small minority and women-owned businesses; universities, research institutions and hospitals; community- and faith-based organizations; Indian tribes and tribal governments and organizations; and state and local governments. **Funding:** \$2.3 million for 5-7 awards under the R04 mechanism. **Deadline:** April 11 (LOI, March 13).

**Summary:** This support goes to develop new interventions, expand or replicate promising practices, and modify existing programs shown to be effective in the general population but not tested in the disability community. Intervention groups for this research may include broadly defined groups of people with disabilities, caregivers, or specific populations based on demographic characteristics. These interventions should be designed to be implemented in community-based programs in conjunction with state disability and health programs or state and local public health programs.

**RFA online:** [www.cdc.gov/od/pgo/funding/DD06-004.htm](http://www.cdc.gov/od/pgo/funding/DD06-004.htm)

**Info:** Nealean Austin, 770/488-2814, [naustin@cdc.gov](mailto:naustin@cdc.gov)

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## Preclinical Therapeutics Development for NeuroAIDS

**Agency:** Nat'l Institutes of Health (Drug Abuse; Mental Health). **Program:** Preclinical Therapeutics Development for NeuroAIDS (PA-06-139 for R21 funding and PA-06-140 for R03 funding). **Eligibility:** For-profit and nonprofit and community- or faith-based organizations; private or public such as universities, hospitals and laboratories; state and local governments; federal agencies; and domestic or foreign Institutions. **Funding:** R21 (Exploratory/ Developmental Grant) applicants can request up to \$275,000 for direct costs for up to two years, with no single year exceeding \$200,000. R03 (Small Research Grant) applicants can request up to \$50,000 a year for direct costs for two years. **Deadline:** May 1, Sept. 1 and Jan. 2 through January 2009.

**Summary:** NIDA, NIMH and other NIH centers seek to support research focused on developing novel assays or HIV-gene reporter systems in appropriate animal models which are sensitive to either viral replication in brain cells or viral-induced central nervous system-related injury. Grantees' projects ultimately should be useful in screening novel therapeutic compounds and novel treatment strategies that protect against neurotoxicity.

**RFAs online:** <http://grants.nih.gov/grants/guide/pa-files/PA-06-139.html>; <http://grants.nih.gov/grants/guide/pa-files/PA-06-140.html>

**Info:** Rita Sisco, 301/443-2805, [siscor@mail.nih.gov](mailto:siscor@mail.nih.gov)

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## PRIVATE GRANTS

### National

**Nick Traina Foundation** seeks proposals from organizations involved in the diagnosis, research, treatment or family support of manic depression, suicide prevention and child abuse prevention. **Giving activities:** The foundation may give special consideration to proposals that address manic depression in children and young adults; it awards various types of grants and is open to requests for varying levels of funding. **Schedule:** Applications are accepted year-round. The foundation holds its board meetings four times a year.

**Insider's tip:** As an initial approach, go online to [www.nicktrainafoundation.org/main.htm](http://www.nicktrainafoundation.org/main.htm) for a list of information the foundation needs to see. Send proposals no longer than three pages in length in addition to attachments requested. There is no formal application or form to apply for a grant. Mail all materials.

**Info:** Nick Traina Foundation, PO Box 470427, San Francisco, CA 94147-0427; 415/771-4224; [info@nicktrainafoundation.org](mailto:info@nicktrainafoundation.org)

### California

**California Community Foundation** is dedicated to enhancing access to primary medical services for vulnerable and disad

vantaged populations as well as addressing costly chronic diseases through prevention and education, early detection, and control measures that benefit both individuals and the financially threatened public health system. Specifically, the foundation will fund programs in California that work at the local level, targeting health issues within neighborhoods and particular communities.

**Giving Activities:** The foundation has given more than \$91.3 million in grant funding. For example, in 2004, it gave \$8,000 to the Substance Abuse Foundation of Long Beach to provide after-school counseling and conflict resolution training for at-risk, low-income youth. **Schedule:** There are no deadlines. The board meets in March, June, September and December and notifications are given within four to six months.

**Insider's Tip:** *As an initial approach, submit proposals using an application form and with attachments. Visit the foundation's Web site ([www.calfund.org](http://www.calfund.org)) for application guidelines and forms. Special initiatives have their own schedules and application forms. Faxed or e-mailed applications will not be accepted.*

**Info:** Alvertha Penny, Vice President/Programs, California Community Foundation, 445 S. Figueroa St., Suite 3400, Los Angeles, CA 90071; 213/413-4130; [info@ccf-la.org](mailto:info@ccf-la.org)

**California Endowment Foundation** funds proposals that seek to provide the knowledge and skills to change unhealthy behaviors as well as the social and physical environments that contribute to those unhealthy behaviors by identifying a health disparity and implementing activities that will contribute to reducing the disparity. **Giving Activities:** The foundation has funded \$153 million for more than 1,645 grants between \$1,000-\$500,000. For example, in 2001, the foundation funded \$75,000 to Clean and Sober of Sacramento, CA to provide a Homeless Substance Abuse Recovery Program. In 2004, the foundation gave \$49,823 to the Alcohol-Drug Care Services of Eureka, CA to provide a Comprehensive Well-Being Program to include drug testing and relapse prevention meetings for low-income, recovering addicts and alcoholics in sober-living facilities. **Schedule:** There are no deadlines and notifications are given within four months.

**Insider's Tip:** *As an initial approach submit applications and cover sheets. The endowment hosts a series of information sessions discussing changes in their grant making and grant application process. You can find session dates and locations on its Web site ([www.calendow.org](http://www.calendow.org)).*

**Info:** Rebecca Martin, Director/Grants Administration, California Endowment, 1000 N. Alameda St., Los Angeles, CA 90012; 800/449-4149; [questions@calendow.org](mailto:questions@calendow.org)

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## Louisiana

**Baptist Community Ministries Foundation** is dedicated to building healthy communities in Louisiana through providing reasonable access to quality preventive, acute, rehabilitative and extended healthcare services. **Giving Activities:** The foundation has given \$9.5 million for 56 grants. For example, in 2001, the foundation funded \$665,398 to the Committee on Alcoholism & Drug Abuse for Greater New Orleans for a regional substance program, high school drug testing program. In 2004 the foundation awarded \$484,110 to the same council to provide a substance abuse service alliance. **Schedule:** Deadlines are March 1-15 and Sept. 1-15. The board meets in May and November and notifications are given in June and December.

**Insider's Tip:** *As an initial approach submit application forms. When preparing proposals use 8-1/2 by 11-inch paper with two filing holes punched at top and secured with binder clips. Do not use staples, binders or folders.*

**Info:** Byron R. Harrell, President, Baptist Community Ministries Foundation, 1450 Poydras St., Suite 1550, New Orleans, LA 70112-6010; 985/902-7577; [info@bcm.org](mailto:info@bcm.org); [www.bcm.org](http://www.bcm.org)

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## Texas

**Gordon & Mary Cain Foundation** funds programs in Texas focused on the prevention or treatment of AIDS and alcoholism, and that provide substance abuse services. **Giving Activities:** The foundation has given \$4.6 million for 104 grants. For example, in 2001 it funded \$25,000 to the Council on Alcohol & Drugs Houston to provide alcoholism and substance abuse services; in 2002, it gave \$13,000 to the U. of Texas, Waggoner Center for Alcohol & Addiction Research to conduct alcoholism, mental health addiction and substance abuse research. **Schedule:** There are no deadlines and the board meets in May, September and December.

**Insider's Tip:** *Submit proposals as initial approach. Be sure to include: qualifications of key personnel, copies of IRS determination letters, how projects' results will be evaluated or measured, descriptive literature about organization, detailed description of project and amount of funding requested, copy of current year's organizational budget and/or project budget, brief history of organization and description of its mission, and a copy of most recent annual report/audited financial statement/990.*

**Info:** James D. Weaver, President, Gordon & Mary Cain Foundation, 8 Greenway Plaza, Suite 702, Houston, TX 77046; 713/960-9283

**Reminder: SAF's Web site user name is saf and password is resource.  
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