

## ORGANIZATIONAL DESCRIPTIONS: MEMBERS

### **ALLIANCE FOR CHILDREN AND FAMILIES [ACF]**

1701 K Street, NW, Suite 200, Washington, DC 20006-1503

PHONE: 202/429-0400; FAX: 202/429-0178

WEB SITE: [www.alliance1.org](http://www.alliance1.org)

Peter Goldberg, President and CEO

**Founding Date:** Family Service America (1911) and the National Association of Homes and Services for Children (1975) merged in 1998 to form the Alliance for Children and Families.

**Membership Size:** 320 agencies. **Publications:** The Alliance for Children and Families Magazine; Families in Society; The Journal of Contemporary Human Services; electronic digests.

**Staff Participating in MHLG:** Carmen Delgado Votaw, Senior Vice President, Public Policy.

**Organizational Purpose:** The Alliance advocates for children, families and the organizations that serve them to foster community-supportive policies. The Alliance provides advocacy, research, leadership development, public information, training and agency support. **Description:**

International nonprofit association of 320 private not-for-profit child- and family-serving agencies operating in the 50 states, Washington, DC, and Canada. Alliance members serve more than 5 million families annually in more than 6,000 communities. The Alliance's mission is to strengthen members' capacity to serve and advocate for children, families and communities and its vision is a healthy society and strong communities for children and families. **Priority Issues for 2005:** Welfare reauthorization; child welfare; Title IVE; mental health parity; juvenile justice; child protection issues such as adoption and foster care; charitable giving incentives; advocacy rights of nonprofits; and issues to support family well-being.

### **AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY [AACAP]**

3615 Wisconsin Avenue, NW, Washington, DC 20016-3007

PHONE: 202/966-7300; FAX: 202/966-1944; WEB SITE: [www.aacap.org](http://www.aacap.org)

Virginia Q. Anthony, Executive Director

**Founding Date:** 1953. **Membership Size:** 7,000. **Staff Size:** 30. **Number of State/Local**

**Chapters:** 57. **Affiliated Organizations:** Regional organizations of child and adolescent psychiatry. **Annual Convention/Meeting:** October 22-27, 2005, Toronto, Ontario, Canada.

**Publications:** Journal of the American Academy of Child and Adolescent Psychiatry; AACAP newsletter. **Staff Participating in MHLG:** Kristin K. Ptakowski, Director of Government Affairs and Clinical Practice, Nuala Moore, Deputy Director of Government Affairs, Cynthia Cunningham,

Legislative Assistant.

**Organizational Purpose:** To coordinate activities surrounding membership's research and treatment of psychiatric disorders of children, adolescents and their families. **Description:**

Membership organization for child and adolescent psychiatrists. **Priority Issues for 2005:** Increasing access to treatment for children and adolescents with mental illness; parity; addressing the national shortage of child and adolescent psychiatrists; ending child custody relinquishment for mental health treatment; increasing research into child and adolescent disorders; and related children's issues.

### **AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY [AAGP]**

7910 Woodmont Avenue, Suite 1050, Bethesda, MD 20814

PHONE: 301/654-7850; FAX: 301/654-4137

WEB SITE: [www.AAGPonline.org](http://www.AAGPonline.org)

Christine M. deVries, Executive Director; Dan Blazer, MD, MPH, PhD, President

**Founding Date:** 1978. **Membership Size:** 2,000. **Staff Size:** 16. **Affiliated Organizations:** Geriatric Mental Health Foundation. **Annual Convention/Meeting:** March 3-6, 2005 in San Diego, California. **Publications:** American Journal of Geriatric Psychiatry; Geriatric Psychiatry News. **Staff Participating in MHLG:** Marjorie Vanderbilt, Director, Government Affairs; Stephanie Reed, Associate Director, Government Affairs; Tim Perrin, Government Affairs Representative.

**Organizational Purpose:** AAGP is a national association representing and serving its members and the field of geriatric psychiatry. It is dedicated to promoting the mental health and well being of older people and improving the care of those with late life mental disorders. **Description:** AAGP members have been certified in the subspecialty of geriatric psychiatry. About half of AAGP's members are involved in research and hold academic positions. AAGP has the infrastructure that one would expect in a national association (e.g., departments of education, government affairs, communications, finance, etc.). **Priority Issues for 2005:** Mental health parity; Medicare mental health co-payment equity; the Positive Aging Act; Medicare physician reimbursement issues; legislation to extend the National Health Corps Loan Repayment Program for geriatric training; the Geriatric Care Act; federal funding for geriatric mental health research and services programs; mental health services in nursing homes; long-term care; and patient protection.

### **AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY [AAMFT]**

112 South Alfred Street, Alexandria, VA 22314

PHONE: 703/838-9808; FAX: 703/838-9805; WEB SITE: [www.aamft.org](http://www.aamft.org)

Michael Bowers, Executive Director

**Founding Date:** 1942. **Membership Size:** 23,750. **Staff Size:** 30. **Number of State/Local Chapters:** 54. **Affiliated Organizations:** AAMFT Research & Education Foundation, state and provincial divisions, Commission on Accreditation for Marriage and Family Therapy Education. **Annual Convention/Meeting:** October 20-23, 2005 in Kansas City, Missouri. **Publications:** Family Therapy Magazine; Journal of Marital and Family Therapy. **Staff Participating in MHLG:** David Bergman, JD, Director, Legal and Government Affairs; Brian Rasmussen, PhD., Government Affairs Manager; Melissa Stamps, Government Affairs Manager.

**Organizational Purpose:** To represent the marriage and family therapy professional interests, to facilitate research, theory development and education in the field of marriage and family therapy, and to develop standards for graduate education and training, approved supervision, professional ethics and the clinical practice of marriage and family therapy. **Description:** AAMFT members are marriage and family therapists and other mental health professionals practicing marriage and family therapy in the US, Canada and abroad. **Priority Issues for 2005:** Expand access for consumers to marriage and family therapy services.

### **AMERICAN ASSOCIATION OF PASTORAL COUNSELORS [AAPC]**

9504-A Lee Highway, Fairfax, VA 22031-2303

PHONE: 703/385-6967; FAX: 703/352-7725; WEB SITE: [www.aapc.org](http://www.aapc.org)

Douglas M. Ronsheim, D.Min., Executive Director

**Founding Date:** 1964. **Membership Size:** 3,000. **Staff Size:** 6. **Number of State/ Local Chapters:** 10 regions. **Publications:** *Currents* (AAPC Newsletter); *Journeys* (AAPC Magazine); Journal of Pastoral Care. **Staff Participating in MHLG:** Douglas Ronsheim, Executive Director.

**Organizational Purpose:** AAPC was formally organized in 1963 in response to the need for leadership and standards for the involvement of religious organizations in mental health care. Since that time, the association has provided clarity in pastoral counseling practice and training, clinical certification, criteria for religious institutions in pastoral counseling ministry, and coordination with other mental health professions. **Description:** Pastoral counseling is a form of therapy or counseling in which a pastoral counselor, as a representative of a religious tradition or community, certified and/or licensed as a Behavioral Health professional utilizes the insights and principles of religion, theology and modern behavioral sciences in working with individuals, couples, families, groups and institutions toward the achievement of wholeness and health. An important ingredient in pastoral counseling, different from other forms of counseling and psychotherapy, is the conviction that mental and emotional illness are best met by both the wisdom of religious teachings and the knowledge and skills of the Behavioral Sciences. **Priority Issues for 2005:** In concert with other national partners and in response to recent critical studies published by the Institute of Medicine and the President's New Freedom Commission to participate in the transformation of the American healthcare system; building continuums of care utilizing Departments of Pastoral Care, Pastoral Counseling Centers and congregations thus linking the resources of larger health care systems to direct care providers in the context of faith communities and congregations, expanding FEHBP provider recognition to all states; developing a professional formation program for membership continuing education.

#### **AMERICAN ASSOCIATION OF PRACTICING PSYCHIATRISTS [AAPP]**

PO Box 2102, Kensington, MD 20891

**Founding Date:** 1990. **Membership Size:** 1,000. **Staff Size:** 2. **Publications:** Bi-monthly informational mailings to members. **Staff Participating in MHLG:** Janis Chester, MD.

**Organizational Purpose:** To further causes affecting delivery of appropriate psychiatric care to patients of private practice psychiatrists. **Description:** Membership limited presently to psychiatrists seeking to advance issues on access to appropriate care to patients of private practice psychiatrists. **Priority Issues:** Any health care reform initiatives on the federal level; litigation involving private practice psychiatrists and managed care companies; variety of other issues selected as critical by the board.

#### **AMERICAN COUNSELING ASSOCIATION [ACA]**

5999 Stevenson Avenue, Alexandria, VA 22304-3300

PHONE: 703/823-9800; FAX: 703/823-0252

WEB SITE: [www.counseling.org](http://www.counseling.org)

Richard Yep, Executive Director

**Founding Date:** 1952. **Membership Size:** 45,000. **Staff Size:** 55. **Number of State/Local Chapters:** 56. **Affiliated Organizations:** The Counseling and Human Development Foundation, ACA Insurance Trust, and the Council for Accreditation of Counseling and Related Educational Programs. **Annual Convention/Meeting:** March 30 -April 4, 2005 in Montreal, Canada. **Publications:** Counseling Today; Journal of Counseling and Development; Journal of Mental

Health Counseling; and 14 refereed scholarly journals. **Staff Participating in MHLG:** Scott Barstow, Director of Public Policy and Legislation; Brian Altman, Legislative Representative.

**Organizational Purpose:** To enhance human development throughout the life span, to promote the counseling profession, and to educate policymakers regarding mental health issues. **Description:** ACA members are professional counselors who work in a wide variety of settings, including private practice, managed care plans, community mental health centers, educational settings, government correctional institutions and business. Organizational activities include leadership training, government relations and advocacy, research and professional development. ACA has 56 branches in the U.S. and abroad, 4 regional subdivisions and 17 member associations organized around specific interests and practice areas. ACA's Governing Council is comprised of representatives from 15 member associations and the 4 regions. The work of the Governing Council is carried out by ACA staff and 13 national committees. **Priority Issues for 2005:** Parity of insurance coverage for mental health and substance abuse services; full federal recognition of professional counselors as core providers of mental health and substance abuse treatment services; patient protection legislation; confidentiality of client medical and treatment information; Medicare and Medicaid coverage issues; education reform initiatives; school safety and health services; reauthorization of Workforce Investment Act, Rehabilitation Act and Temporary Assistance for Needy Families; funding of federal mental health and substance abuse treatment services and research programs.

#### **AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION [AGPA]**

25 East 21st Street, 6th Floor, New York, NY 10010

PHONE: 212/477-2677; FAX: 212/979-6627; WEB SITE: [www.agpa.org](http://www.agpa.org)

Marsha S. Block, CAE, CFRE, Chief Executive Officer; Robert Klein, PhD, CGP, FAGPA, President

**Founding Date:** 1942. **Membership Size:** 3,000+. **Number of State/Local Chapters:** 33. **Affiliated Organizations:** State and regional group psychotherapy societies. **Annual Convention/Meeting:** February 20-25, 2005 in San Francisco, California. **Publications:** International Journal of Group Psychotherapy and The Group Circle. **Staff Participating in MHLG:** Marsha S. Block, CAE, CFRE, Chief Executive Officer; Diane C. Feirman, CAE, Public Affairs Director; Barry J. Wepman, PhD, CGP, Public Affairs Committee Member; Joan Medway, PhD, CGP, Public Affairs Committee Member.

**Organizational Purpose:** AGPA is a multidisciplinary organization dedicated to advancing knowledge, research and training in group psychotherapy to benefit the client/patient population. The association promotes quality group psychotherapy care as a primary method of treatment that is clinically sound, cost-effective and accessible; advances group psychotherapy training and research; provides a network of peer support that serves the needs of group practitioners; advocates for quality care on behalf of its members, patients and the public. **Description:** AGPA serves as the national voice specific to the interests of group interventions. Psychiatrists, clinical psychologists, clinical social workers, psychiatric nurses, mental health counselors, drug and alcohol counselors and creative arts therapists are part of the AGPA community that has been formulating theory and embracing practice in group interventions since 1942. Members and affiliate societies provide a wealth of professional, educational and social support for group psychotherapists. Publications disseminate the advances in group psychotherapy nationally and internationally. Annual conferences bring together experts in group psychotherapy from all over the world, providing state of the art education and research to these practitioners and sharing with them advocacy issues regarding the mentally ill and other public health issues. **Priority Issues for**

**2005:** Recognition of group psychotherapy as a core public health service; community outreach efforts to provide group services as a means of building mentally healthy communities; credentialing for group psychotherapists; health care reform initiatives, particularly patient and confidentiality protections and behavioral health care research funding.

**AMERICAN HOSPITAL ASSOCIATION [AHA]**

**Section for Psychiatric and Substance Abuse Services**

1 North Franklin, 32nd Floor, Chicago, IL 60606

PHONE: 312/422-3346; FAX: 312/422-4590

Richard Davidson, President

**Founding Date:** AHA in 1898, the Section for Psychiatric and Substance Abuse Services in 1969.

**Section Membership Size:** 1,700. **Staff Size:** 1. **Number of State/Local Chapters:** Contacts within each of the 50 states and numerous metropolitan hospital associations that deal with behavioral issues. **Publications:** Membership briefings; Mental Health Care Coverage Issue Brief (1997); Meeting the Needs of People with Psychiatric and Substance Abuse Disorders; Trends in the Delivery of Hospital Based Psychiatric and Substance Abuse Services; TEFRA Provider's Guide to Adjustments and Appeals; Substance Abuse Services: A Guide to Planning and Management; The Role of Hospitals in Caring for Pregnant Substance Abusing Women; Guiding Principles on Restraint and Seclusion for Behavioral Health Services. **Staff Participating in MHLG:** Rebecca Chickie, Director, Section for Psychiatric and Substance Abuse Services; Curtis Rooney, Senior Associate Director and Counsel.

**Organizational Purpose:** To promote high quality psychiatric and substance abuse care for all people through the development of public policy, representation and advocacy, and membership services to assist hospitals and health care organizations meet community mental health needs.

**Description:** The section is composed of freestanding specialty hospitals and general hospitals offering psychiatric and/or substance abuse services through inpatient, outpatient and partial hospitalization programs, as well as hospital-based community mental health centers. The section's primary ongoing activities include: representation and advocacy, public policy development and provision of membership services such as resource tools, to ensure that high quality mental health services are available and accessible to all Americans. The section is guided by a 15-member governing council of nationally-recognized administrators, physicians, nurses and other professionals involved in behavioral health care management. **Priority Issues for 2005:** Advocacy for reforming the nation's health care system, expanding access to care and ensuring fair financing; member services to provide tools to help behavioral health care providers take a leadership role/participate in community-based care networks; and open dialogue and networking opportunities by creating new and stronger relationships with other behavioral health providers.

**AMERICAN MANAGED BEHAVIORAL HEALTHCARE ASSOCIATION [AMBHA]**

1101 Pennsylvania Ave, NW, 6th floor, Washington, DC 20004

PHONE: 202/756-7726; FAX: 202/756-7308; WEB SITE: [www.ambha.org](http://www.ambha.org)

Pamela Greenberg, MPP, Executive Director; Ian Shaffer, MD, MMM, MHN, Chair of Board

**Founding Date:** 1994. **Membership Size:** 9. **Staff Size:** 1. **Annual Convention/ Meetings:** Board meetings twice a year. **Publications:** A catalogue of special reports and studies is available. **Staff Participating in MHLG:** Pamela Greenberg, MPP, Executive Director.

**Organizational Purpose:** AMBHA seeks to present and promote the industry perspective in federal and state legislative and regulatory actions, and is working to foster a broad understanding of specialty behavioral health care's ability to deliver accessible, quality, cost-effective care. The association maintains an office and staff in Washington, DC and represents the industry to federal and state governments, mental health and substance abuse providers, associations and other key audiences. AMBHA supports and promotes the need for comprehensive specialty behavioral care benefits in all private and public health care programs, including Medicare and Medicaid. AMBHA advocates open competition based on documented performance, positive clinical outcomes, consumer satisfaction and public accountability. **Description:** AMBHA members collectively provide behavioral health care benefits to over 110 million people. **Priority Issue for 2005:** Mental health parity.

### **AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION [AMHCA]**

801 North Fairfax Street, Suite 304, Alexandria, VA 22314

PHONE: 703/548-6002; FAX: 703/548-4775

WEB SITE: [www.amhca.org](http://www.amhca.org)

W. Mark Hamilton, PhD, Executive Director and CEO; Carom Staben-Burroughs, LPC, President

**Founding Date:** 1976. **Membership Size:** 8,000. **Staff Size:** 5. **Number of State/ Local Chapters:** 48. **Annual Convention/Meeting:** July 21-23, 2005 in Philadelphia, Pennsylvania. **Publications:** Journal of Mental Health Counseling; The Advocate, E-News from Washington. **Staff Participating in MHLG:** Beth Powell, Director, Public Policy and Professional Issues.

**Organizational Purpose:** To enhance the profession of mental health counseling through licensing, advocacy, education, and professional development. **Description:** Members of AMHCA have a master's or doctoral degree in counseling or a related field and have completed a minimum of 2 years, 3000 hours of post-master's clinical supervision, and have passed a state licensure examination. Mental health counselors practice in a variety of settings including hospitals, substance abuse treatment centers, employee assistance plans, community mental health centers, agencies, and private practice. **Priority Issues for 2005:** Eliminate physician referral/supervision requirements under TRICARE; Medicare reimbursement for mental health counselors; recognition of mental health counselors by the Department of Defense, the Department of Veterans' Affairs, FEHBP and other federal programs; federal mental health parity; health care reform initiatives, particularly patient and confidentiality protections and behavioral health care research funding.

### **AMERICAN NURSES ASSOCIATION [ANA]**

8515 Georgia Avenue, Silver Spring, MD 20910

PHONE: 301/628-5098; FAX: 301/628-5348; WEB SITE: [www.ana.org](http://www.ana.org)

Linda J. Stierle, MSN, RN, CNAA, Chief Executive Officer; Barbara A. Blakeney, MS, APRN, APRN, BC, ANP, President

**Founding Date:** 1896. **Membership Size:** 178,000. **Staff Size:** 200. **Number of State/Local Chapters:** 50 state and 3 territory constituents. **Affiliated Organizations:** American Nurses Foundation; ANA Political Action Committee; American Nurses Credentialing Center; American Academy of Nursing. **Publications:** Capital Update, a biweekly subscription for legislative and regulatory issues; The American Nurse, bimonthly circulation of nearly 200,000. **Staff Participating in MHLG:** Rose Gonzalez, Director, Government Affairs.

**Organizational Purpose:** The ANA is the only full service professional organization representing the nation's 2.6 million registered nurses through its 53 constituent associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the work place through a comprehensive work place advocacy program, projecting a positive and realistic view of nursing to the public, and by working with the U.S. Congress and regulatory agencies on issues affecting nurses and the public. **Description:** Individual members are registered nurses. Sixty two percent are staff nurses. Members are represented by their state nurses association. ANA is organized as a federation of state nurses associations, working through ANA congresses, committees, councils and ad hoc groups. **Priority Issues for 2005:** Focus on defining and measuring quality of patient care, especially for consumers and in terms of the knowledge and skills of nurses; preserving and extending the roles of nurses in patient care, especially through state and federal health care reform efforts; increased minority recruitment into nursing.

### **AMERICAN OCCUPATIONAL THERAPY ASSOCIATION [AOTA]**

PO Box 31220, 4720 Montgomery Lane, Bethesda, MD 20824-1220

PHONE: 301/652-6611; FAX: 301/652-7711; WEB SITE: [www.aota.org](http://www.aota.org)

Fred P. Somers, Executive Director; M. Carolyn Baum, PhD, OTR/L, FAOTA, President

**Founding Date:** 1917. **Membership Size:** 35,000. **Staff Size:** 100. **Annual Convention/Meeting:** April 2005 in Long Beach, CA. **Affiliated Organizations:** American Occupational Therapy Foundation, Assembly of State Association Presidents and World Federation of Occupational Therapists. **Publications:** American Journal of Occupational Therapy; eleven special interest section quarterlies (including mental health, developmental disabilities, school systems and geriatrics); and OT Practice. **Staff Participating in MHLG:** Daniel Jones, Legislative Representative; Marian Kavanagh Scheinholtz, Practice Associate.

**Organizational Purpose:** To represent the interests and concerns of occupational therapists and to improve the quality of occupational therapy services. **Description:** Membership includes registered occupational therapists (OTs), certified occupational therapy assistants (OTAs), and occupational therapy students, operating through 50 state associations, the District of Columbia, Puerto Rico and 65 foreign countries. The AOTA has an extensive network of committees and special interest sections, including mental health, all of which have representation at the state level. The state associations and AOTA committees provide an established network for communicating with members through a weekly newsletter, a monthly professional journal, a bi-weekly professional practice magazine, and extensive continuing education activities. **Priority Issues for 2005:** Medicare, especially mental health coverage and partial hospitalization benefits; implementation of IDEA and children's health and mental health programs; parity legislation (regulation/implementation in the states).

### **AMERICAN PSYCHIATRIC ASSOCIATION [APA]**

1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209

PHONE: 703/907-7300; FAX: 703/907-1085; WEB SITE: [www.psych.org](http://www.psych.org)

James Scully, MD, Medical Director

**Founding Date:** 1844. **Membership Size:** 37,000. **Staff Size:** 180. **Number of State/Local Chapters:** 76. **Annual Conference/meeting:** May 21-26, 2005 in Atlanta, Georgia. **Publications:** Federal Legislative Newsletter; State Update Newsletter; Psychiatric News; American Journal of Psychiatry; Hospital and Community Psychiatry. **Staff Participating in**

**MHLG:** Rachel Audi, Deputy Director for Congressional Relations; Lizbet Boroughs, Associate Director, Government Relations; Paula Johnson, Deputy Director, State Affairs; Nicholas Meyers, Director, Government Relations; Nancy Trenti, Associate Director, Government Relations.

**Organizational Purpose:** A medical specialty society, the APA promotes the highest quality diagnosis, treatment, rehabilitation and care for the mentally ill, the mentally retarded and the emotionally disturbed, and facilitates the prevention of such conditions. **Description:** APA members include psychiatric physicians and psychiatric residents. APA objectives are to improve the treatment, rehabilitation and care of the mentally ill, the mentally retarded, and the emotionally disturbed; promote research, professional education in psychiatry and allied fields and the prevention of psychiatric disabilities; advance the standards of all psychiatric services and facilities; foster the cooperation of all concerned with the medical, psychological, social and legal aspects of mental health and illness; make psychiatric knowledge available to other practitioners of medicine, scientists in other fields of knowledge, and the public; and promote the best interests of patients and those actually or potentially using mental health services. **Priority Issues for 2005:** Nondiscriminatory coverage of treatment for mental illness, including substance abuse; sustained growth of funding for psychiatric biomedical and behavior research and services; stringent protection of the medical records privacy, particularly psychotherapy records; elimination of Medicare's discriminatory 50% copayment for outpatient psychiatric treatment; expansion of Medicare coverage of mental health services, including nondiscriminatory coverage of psychotropic medications in any prescription drug benefit and elimination of discriminatory 190-day lifetime reserve limit on inpatient care in psychiatric hospitals; children's health and related issues; Department of Veterans Affairs medical care and health research appropriations; Indian Health Services appropriations; FEHBP parity implementation; enactment of strong laws to protect patients and physicians from abusive managed care practices, specifically including enabling patients to sue health plans for malpractice and establishing nondiscriminatory utilization review criteria; promote necessary mental health structure for preparing and responding to terrorism.

#### **AMERICAN PSYCHIATRIC NURSES ASSOCIATION [APNA]**

1555 Wilson Boulevard, Suite 602, Arlington, VA 22209

PHONE: 703/243-2443; FAX: 703/243-3390; WEB SITE: [www.apna.org](http://www.apna.org)

John F. Garde, CRNA, MS, FAAN, Interim Executive Director; Sandra Talley, PhD, APRN, BC, FAAN, President

**Founding Date:** 1987. **Membership Size:** 4,800. **Staff Size:** 8. **Number of State and International Chapters:** 35. **Annual Convention/Meeting:** November 2-5, 2005 in Nashville, Tennessee. **Publications:** APNA News newsletter; Journal of the American Psychiatric Nurses Association. **Staff Participating in MHLG:** Julie Shroyer, MaryAnne Sapio and Steve Dye, Wheat Government Relations.

**Organizational Purpose:** APNA provides leadership to advance psychiatric/mental health nursing practice, improve mental health care for culturally diverse individuals, families, groups and communities and shape health policy for the delivery of mental health services. **Description:** APNA membership encompasses all levels of psychiatric-mental health nursing, from the basic level prepared nurse (staff nurse) to the advance practice level (Nurse Practitioners and Clinical Nurse Specialists). 60% of members are advanced practice nurses with a master's degree. Approximately 7% hold doctoral degrees and work as researchers or faculty members. Members practice in a wide variety of capacities and settings throughout the US with such diverse responsibilities and position titles as clinical nurse specialist, nurse practitioner, manager/head nurse, educator, administrator, director or vice president of nursing, staff nurse, therapist,

researcher and consultant. The majority of APNA members specialize in adult mental health, and many are also involved in subspecialties such as substance abuse, geriatric mental health or child and adolescent mental health. Advance practice psychiatric nurses have prescriptive privileges in 38 states. **Priority Issues for 2005:** Mental health parity; increase funding for psychiatric nursing research, services and education; increase access to quality mental health services for military personnel and their families; Medicare and Medicaid.

### **AMERICAN PSYCHOANALYTIC ASSOCIATION [ApsaA]**

309 East 49th Street, New York, NY 10017

PHONE: 212/752-0450; FAX: 212/593-0571

Dean K. Stein, Executive Director; Jon Meyer, MD, President

**Founding Date:** 1911. **Membership Size:** 3,500. **Staff Size:** 14. **Number of State/ Local Chapters:** 29 affiliate training institutes; 45 affiliate societies and study groups; 3 study groups. **Affiliated Organizations:** Fund for Psychoanalytical Research, 42 affiliated societies, 3 study groups, 29 accredited institutes. **Annual Convention/ Meeting:** January 19-23, 2005 in New York City. **Publications:** The American Psychoanalyst; Journal of the American Psychoanalytic Association; Ethics Case Book of the American Psychoanalytic Association. **Staff Participating in MHLG:** James Pyles, Washington Representative; Dottie Jeffries, Director of Public Affairs in New York.

**Organizational Purpose:** To study and advance psychoanalysis and psychotherapy, advocate and maintain standards for the training of psychoanalysts and for the practice of psychoanalysis, foster the integration of psychoanalysis with other branches of science, and encourage research in all fields having to do with the scientific knowledge and welfare of man. **Description:** Members are graduates or candidates at accredited institutes. The Board of Directors is an Executive Council, and a Board of Professional Standards sets and maintains standards for training. **Priority Issues for 2005:** Ensuring that the use and disclosure of mental health information is consistent with professional ethics standards and judgment, state and federal privacy and privilege laws and the privacy protections under the HIPAA Privacy Rule; preservation of essential conditions for effective psychoanalysis and intensive psychotherapy; confidentiality, privacy, security and continuity of treatment relationships; patient participation in treatment decisions; freedom of patient and therapist to contract for services on a self-paying basis outside the insurance reimbursement system. Also, mental health care issues including nondiscriminatory coverage for mental illness in health care reform.

### **AMERICAN PSYCHOLOGICAL ASSOCIATION [APA]**

750 First Street, NE, Washington, DC 20002

PHONE: 202/336-5500; FAX: 202/336-6069; WEB SITE: [www.apa.org](http://www.apa.org)

Norman B. Anderson, PhD, Chief Executive Officer; Ronald Levant, EdD, President

**Founding Date:** 1892. **Membership Size:** 150,000 members and affiliates. **Staff Size:** 557. **Number of State/Local Chapters:** 60. **Annual Convention/Meeting:** August 18-21, 2005 in Washington, DC.

**Staff Participating in MHLG:** Karen Studwell, Senior Legislative and Federal Affairs Officer, Science Policy; Ellen G. Garrison, Ph.D., Director of Public Interest Policy; Denis Nissim-Sabat, Ph.D., Senior Policy Analyst, Public Interest Policy, Peter Newbould, Director of Congressional and

Political Affairs, APA Practice Organization; Douglas Walter, Counsel for Legislative and Regulatory Affairs, APA Practice Organization.

**Organizational Purpose:** To advance psychology as a science, as a profession, and as a means of promoting health, education and human welfare. **Description:** Membership includes researchers, educators, clinicians, consultants and students working in the full range of academic, government, science and other settings. APA has 53 interest-based divisions dealing with subspecialties of psychology and such issues as child, youth and family services, psychologists in public service and ethnic minority issues. **Priority Issues for 2005:** Parity for mental health and substance abuse services; health insurance reform; Medicare and Medicaid reform; funding for behavioral research, mental health services, prevention research and services; health and behavior; school mental health services and violence prevention; health professions/minority training; AIDS services, prevention and research; ethnic and cultural minority issues.

### **AMERICAN PSYCHOTHERAPY ASSOCIATION [APA]**

2750 East Sunshine, Springfield, MO 65804

PHONE: 417/823-0173; FAX: 417/823-9959

WEB SITE: [www.americanpsychotherapy.com](http://www.americanpsychotherapy.com)

John Paden, Chief Association Officer, Mike Baer, PhD, Chairman

**Founding Date:** 1997. **Membership Size:** 3,500. **Annual Convention/Meeting:** September 30-October 1, 2005 in San Diego. **Publications:** Annals, a bi-monthly peer-reviewed indexed and abstracted scientific journal. **Staff Participating in MHLG:** Linda Whitten, MSN, CS-P.

**Organizational Purpose:** The American Psychotherapy Association (APA) has assumed the leadership role in creating a forum to advance psychotherapy. APA exists to help its members assist their clients and to build and increase their professional practice. **Description:** The mission of the American Psychotherapy Association's continuing education program is to provide post-graduate needs based educational activities for psychotherapists of various professions, including counselors, marriage and family therapists, nurse psychotherapists, pastoral counselors, psychiatrists, psychoanalysts, psychologists and social workers. **Priority issues for 2005:** Advance the field of psychotherapy.

### **ANXIETY DISORDERS ASSOCIATION OF AMERICA [ADAA]**

8730 Georgia Avenue, Suite 600, Silver Spring, MD 20910

PHONE: 240/485-1001; FAX: 240/485-1035; WEB SITE: [www.adaa.org](http://www.adaa.org)

Jerilyn Ross, MA, LICSW, President and CEO; Alies Muskin, Chief Operating Officer

**Founding Date:** 1980. **Membership Size:** 3,500. **Staff Size:** 12. **Annual Convention/Meeting:** March 17-20, 2005, in Seattle, Washington. **Publications:** ADAA: 25 Years of Progress & Promise (2005); Triumph (ADAA E-Newsletter); ADAA Professional Member E-Newsletter; Facing Panic: Self-Help for People With Panic Attacks (2003); Special Focus on Anxiety Disorders in Children, Adolescents and Young Adults, 2<sup>nd</sup> edition; and a variety of educational booklets. **Staff Participating in MHLG:** Ginger Simpson, Membership & Outreach Coordinator.

**Organizational Purpose:** ADAA is a nonprofit organization whose mission is to promote the prevention and cure of anxiety disorders and to improve the lives of all people who suffer from them. For 25 years, ADAA has been improving lives and providing hope through research,

education and treatment, making it possible for hundreds of thousands of individuals to benefit from its services, publications and extensive web site. Furthermore, ADAA was established to eliminate the discrimination and stigma often associated with anxiety disorders and to foster both self-help and support for individuals in need. **Description:** The association is made up of professionals who conduct research and treat anxiety disorders, and individuals who have a personal or general interest in learning more about such disorders. **Priority Issues for 2005:** Anxiety disorders and related issues in special populations; awareness building among primary care physicians; increased funding for research, public education and professional training; patients' rights and parity in coverage for mental and physical health.

### **ASSOCIATION FOR THE ADVANCEMENT OF PSYCHOLOGY [AAP]**

PO Box 38129, Colorado Springs, CO 80937

PHONE: 719/520-0688; FAX: 719/520-0375

Stephen M. Pfeiffer, PhD, Executive Director; Ron Fox, PsyD, PhD, Board Chair

**Founding Date:** 1974. **Membership Size:** 3,000. **Staff Size:** 2. **Annual Convention/ Meeting:** August 21, 2005 in Washington, DC. **Publications:** Advance newsletter. **Staff Participating in MHLG:** Robert S. Nichols, PhD.

**Organizational Purpose:** The purpose of AAP is to promote human welfare through the advancement of the profession and science of psychology. It promotes the interests of all psychologists by means including, but not limited to: representation of psychologists before public and governmental bodies; cooperation with other organizations and agencies in furtherance of the profession and science of psychology; and support and operation of a political committee as a "separate segregated fund" within the meaning of the Federal Election Campaign Act of 1971 as amended. **Description:** Membership is divided into four classes: regular, associate, student and organizational. There is one 6-member Board of Trustees serving terms of 4 years. The Chair of the Board and Secretary-Treasurer are elected from and by the Board. **Priority Issues for 2005:** Advocacy for a broad range of psychological services within mental health programs; health care reform legislation, full mental health parity coverage in private and public health insurance programs; inclusion of training graduate psychologists in Medicare Graduate Medical Education program; continuation of the federal mental health courts project through 2009; and neutralizing legislation that would exempt Association Health Plans from state laws that protect mental health consumers.

### **ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTHCARE [AABH]**

11240 Waples Mill Road, Suite 200, Fairfax, VA 22030

PHONE: 703/934-0160; FAX: 703/359-7562; WEB SITE: [www.aabh.org](http://www.aabh.org)

Jerry Galler, Executive Director

**Founding Date:** 1972. **Membership Size:** Approximately 3,200 practitioners in 680 facilities. **Staff Size:** 3. **Number of State/Local Chapters:** 23. **Annual Convention/ Meeting:** August 6-9, 2004 in Tucson, Arizona. **Publications:** Standards and Guidelines for Partial Hospitalization Programs and Intensive Outpatient Programs; Milieu (monthly newsletter), National Overview of Ambulatory Behavioral Services. **Staff Participating in MHLG:** Jerry Galler, Executive Director, Chris McGowan, and Paul Miller, Congressional Liaison.

**Organizational Purpose:** To promote the evolution of flexible models of responsive, cost-effective behavioral healthcare services. AABH facilitates the exchange of information among front

line managers of care. **Priority Issues 2005:** Medicare partial hospitalization benefit; promoting the continuum of care to policy makers, payers and providers.

### **BAZELON CENTER FOR MENTAL HEALTH LAW**

1101 15th Street, NW, Suite 1212, Washington, DC 20005

PHONE: 202/467-5730; FAX: 202/223-0409

WEB SITE: [www.bazelon.org](http://www.bazelon.org)

Robert Bernstein, PhD, Executive Director

**Founding Date:** 1972. **Staff Size:** 25. **Publications:** Legislative alerts and public policy reports on key federal and state issues. **Staff Participating in MHLG:** Chris Koyanagi, Policy Director; Laurel Stine, Director of Federal Relations; Elizabeth Lind, Policy Associate.

**Organizational Purpose:** To create opportunities in the community for people with mental disabilities so that they have choices that will enable them to self-determine and live with dignity.

**Description:** The Judge David L. Bazelon Center for Mental Health Law is a national nonprofit advocacy organization, formed in 1972 and until 1993 called the Mental Health Law Project. The Center uses litigation and federal policy reform to define and uphold the legal rights of children, adults and elders with mental disabilities and to create approaches to meeting their needs that will assure them choice and dignity. Staff attorneys provide training and technical assistance to legal services, protection and advocacy and state ombudsman programs and other advocates for low-income individuals and families. Policy staff lobby Congress and federal agencies and provide technical assistance to state-based advocates and policy makers concerning rights of persons with mental illness. The Center publishes issue papers, booklets and manuals explaining and interpreting major federal laws and regulations that protect the rights and make resources available to children and adults with disabilities. **Priority Issues for 2005:** Eliminating criminalization of adults and juveniles with mental illness; maintaining and improving Medicaid coverage of mental health; enactment of legislation to require parity for mental health coverage in private insurance plans; improving access to community mental health services; implementation issues regarding Part D of Medicare and improvements in Medicare coverage for mental health services; reauthorization of the Substance Abuse and Mental Health Services authority; protecting civil rights and autonomous decision making for consumers.

### **CHILDREN AND ADULTS WITH ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER**

**[CHADD]**

8181 Professional Place, Suite 201, Landover, MD 20785

PHONE: 301/306-7070; FAX: 301/306-7090; WEB SITE: [www.chadd.org](http://www.chadd.org)

E. Clarke Ross, DPA, Chief Executive Officer; Mary Durham, President-Elect

**Founding Date:** 1987. **Membership Size:** 16,000. **Staff Size:** 26. **State/Local Chapters:** 212. **Annual Convention/Meeting:** October 27-29, 2005 in Dallas, Texas. **Publications:** Attention! magazine, News from CHADD, CHADD Facts information sheets, legislative alerts. **Staff Participating in MHLG:** E. Clarke Ross, DPA, Chief Executive Officer; Ruth Hughes, PhD, CPRP, Deputy CEO for Public Policy and Community Services; Stephen Spector, Director of Public Policy.

**Organizational Purpose:** CHADD is the leading national nonprofit organization that works to improve the lives of individuals with attention-deficit/hyperactivity disorder (AD/HD) through education, research, advocacy and support. **Description:** Members include parents, educators,

health care providers, including psychiatrists and pediatricians, clinical psychologists, neurologists, and adult individuals with AD/HD. **Priority Issues for 2005:** Issues related to the 2004 reauthorization of IDEA and issuance of conforming regulations; enactment of the Family Opportunity Act; the Senator Paul Wellstone Mental Health Parity Act; appropriations for CMHS, NIMH, and CDC; and child protections – out-of-home placements, restrictions on access to psychiatric medications and behavioral interventions; and implementation of the recommendations of the July 2003 Report of the President's New Freedom Commission on Mental Health.

### **CLINICAL SOCIAL WORK FEDERATION [CSWF]**

PO Box 3740, Arlington, VA 22203

PHONE: 703/560-4042; FAX: 703/522-9441; WEB SITE: [www.cswf.org](http://www.cswf.org)

Richard P. Yanes, Executive Director; Abbie Grant, MSW, President

**Founding Date:** 1971. **Membership Size:** 8,500. **Staff Size:** 2. **Number of State/ Local Chapters:** 31. **Affiliated Organizations:** Foundation for the Advancement of Clinical Education and Training (continuing education); American Board of Examiners in Clinical Social Work (board certification); State Societies for Clinical Social Work (in most states); National Membership Committee on Psychoanalysis in Clinical Social Work; Family Therapy Practice Academy. **Publications:** Newsletter to membership. **Staff Participating in MHLG:** Richard P. Yanes, Executive Director.

**Organizational Purpose:** To develop and promote appropriate standards of clinical social work training and practice, to advocate for universal state licensing, and to advance the interests of clinical social workers and their patients in state and federal mental health programs. **Description:** Federation of state organizations whose members are clinical social workers in private settings, clinical settings, public mental health settings, hospitals and schools. **Priority Issues for 2005:** To advance the interest of clinical social workers and their patients in state and federal health care reform initiatives, especially managed care reform and privacy legislation.

### **CLINICAL SOCIAL WORK GUILD 49, OPEIU [CSWG]**

McDermott, Will & Emery, 600 13th Street, NW, Washington, DC 20005

PHONE: 202/756-8348; FAX: 202/756-8087

WEB SITE: <http://64.78.56.99/med/>

Renee Cardone, President

**Founding Date:** 2001. **Membership Size:** 400. **Staff Size:** 2. **Number of State/Local Chapters:** 3. **Affiliated Organizations:** AFL-CIO/National Guild of Medical Professionals. **Annual Convention/Meeting:** TBD. **Publications:** Newsletters published by state chapters. **Staff Participating in MHLG:** Calvin Johnson, McDermott, Will & Emery; Luba Shagawat.

**Organizational Purpose:** The Clinical Social Work Guild 49, OPEIU exists to advocate for the interests of clinical social workers and their clients. It was formed and continues to exist to address the real and potential abuses of a profit-driven system for the delivery of mental health care and the attendant abuses that may be perpetrated on clinical social work professionals, their practices/agencies, and their clients. Those abuses may include, for example, devaluing professional fees, arbitrary numbers of treatment episodes, inappropriate safeguards of clients' privacy, decisions based on profit rather than care. **Description:** Members of the Guild have a minimum requirement of a Master of Social Work (MSW) degree, except for student members who are in an MSW program at the time of application. Most members have post graduate training,

including PhDs and DSWs. All members practice clinical social work either in private practice or agency and hospital settings. **Priority Issues for 2005:** The right to negotiate collectively with insurance companies; parity; Medicare; confidentiality of medical records; adequate and professional mental health care for military and their families.

**DEPRESSION AND BIPOLAR SUPPORT ALLIANCE [DBSA]**

730 North Franklin Street, Suite 501, Chicago, IL 60610-3526  
PHONE: 800/826-3632 or 312/642-0049; FAX: 312/642-7243  
WEB SITE: [www.DBSAAlliance.org](http://www.DBSAAlliance.org)  
Lydia Lewis, President; Sue Bergeson, Vice President

**Founding Date:** 1985. **Staff Size:** 19. **Number of State/Local Chapters:** More than 1000 across the US and Canada. **Annual Convention/Meeting:** August 27 in Chicago, Illinois; September 10 and October 8 in Fort Worth, Texas. **Publications:** Chapter Directory; quarterly newsletter; bookstore catalog; free public information packets; brochures; videos. **Staff Participating in MHLG:** Gloria Pope, External Relations Director in Chicago; Jenna Schauer, External Relations Manager in Chicago; Larry Werner, Dykema-Gossett in Washington, DC.

**Organizational Purpose:** DBSA is the leading patient-directed organization focusing on the nation's most prevalent mental illnesses – depression and bipolar disorder. DBSA's mission is to improve the lives of people living with mood disorders. **Description:** This not-for-profit organization fosters an environment of understanding about the impact and management of these life-threatening illnesses, by providing up-to-date peer-run support groups across the country. Assisted by a Scientific Advisory Board, comprised of the leading researchers and clinicians in the field of mood disorders, DBSA supports research to promote more timely diagnosis, to develop more effective and tolerable treatments and to discover a cure. The organization works to ensure that people living with mood disorders are treated equitably. Over four million people request and receive information and assistance from DBSA each year. More information can be found at [www.DBSAAlliance.org](http://www.DBSAAlliance.org) or by calling 1/800-826-3632. **Priority Issues for 2005:** Eliminating stigma; achieving parity in access and insurance; increasing funding for mental health research; protecting patient confidentiality; managed care reform; supporting treatment for co-occurring illnesses; and ensuring adequate disability benefit coverage.

**EATING DISORDERS COALITION FOR RESEARCH, POLICY & ACTION [EDC]**

611 Pennsylvania Avenue, SE, Suite 423, Washington, DC 20003  
PHONE: 202/543-9570; FAX: 202/543-9570  
WEB SITE: [www.eatingdisorderscoalition.org](http://www.eatingdisorderscoalition.org)  
Marc Lerro, Executive Director; Samuel Menaged, JD, President

**Founding Date:** 2000. **Membership Size:** 26 organizations and 400 individual supporters. **Staff Size:** 2. **Number of State/Local Chapters:** None. **Affiliated Organizations:** See web site for list of organizations. **Annual Convention/Meeting:** June 29 - July 1, 2005 in Washington, DC. **Publications:** Annual Report, Policy Recommendations for Congress. **Staff Participating in MHLG:** Marc Lerro, Executive Director.

**Organizational Purpose:** To advance the federal recognition of eating disorders as a public health priority. **Description:** The EDC is a coalition of international, national, and regional organizations working on prevention and education, treatment, and research on Anorexia Nervosa,

Bulimia Nervosa, and Binge Eating. **Priority Issues for 2005:** Increase support for mental health parity; increase support for research, treatment, and prevention of eating disorders.

### **FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH**

[FFCMH] 1101 King Street, Suite 420, Alexandria, VA 22314

PHONE: 703/684-7710; FAX: 703/836-1040; WEB SITE: [www.fcmh.org](http://www.fcmh.org)

Sandra Spencer, Executive Director

**Founding Date:** 1988. **Membership Size:** 7,000. **Staff Size:** 17. **Number of State/Local Chapters:** 150. **Annual Convention/Meeting:** November 16-20, 2005 in Washington, DC. **Publications:** See web site for list of available publications. **Staff Participating in MHLG:** Sandra Spencer, Executive Director; Trina Osher, Coordinator of Policy & Research, Lisa Brown, Co-Family Involvement Resource Specialist.

**Organizational Purpose:** To provide leadership to develop and sustain a nationwide network of family-run organizations focused on the mental health needs of children and their families; use the cultural diversity of our membership as a potent force for changing how systems respond to children with mental health needs and their families; and help policy-makers, agencies, and providers become more effective in delivering services and supports that foster health and emotional development for all children. **Description:** National family-run organization. **Priority Issues for 2005:** Custody relinquishment; restraints and seclusion; mental health in the juvenile justice system; maintaining a free appropriate public education (FAPE); expanding family network grants; fully funding children's mental health programs; integrated services for youth with co-occurring mental health and substance abuse disorders; coordinated services and supports for adults with mental health issues who are raising children with mental health issues; transition from children's to adult services systems; parity.

### **NAADAC, THE ASSOCIATION FOR ADDICTION PROFESSIONALS**

901 North Washington Street, Suite 600, Alexandria, VA 22314

PHONE: 703/741-7686; FAX: 703/741-7698

WEB SITE: [www.naadac.org](http://www.naadac.org)

Cynthia Moreno Tuohy, Acting Executive Director

**Founding Date:** 1972. **Membership Size:** 12,000. **Staff Size:** 12. **Number of State/Local chapters:** 47. **Affiliated Organizations:** NAADAC Educational Foundation; NAADAC PAC. **Annual Convention/ Meeting:** July 6-9, 2005 in Corpus Christi, Texas. **Publications:** NADAAC News, Addiction Professional Magazine. **Staff Participating in MHLG:** Cynthia Moreno Tuohy, Acting Executive Director.

**Organizational Purpose:** To lead, unify, and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research. **Description:** Represents addiction counselors and other related professionals such as nurses, psychologists, and social workers who provide addiction prevention, treatment and education in a variety of settings including hospitals, private and public treatment centers, private practice and community behavioral health agencies. **Priority Issues for 2005:** Research appropriations for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, and for services funding for the Substance Abuse and Mental Health Services Administration; Health Professions Training Activities Program;

workforce development; addictive disorder parity, mental health parity, reauthorization of Substance Abuse and Mental Health Services Administration.

**NATIONAL ALLIANCE FOR THE MENTALLY ILL [NAMI]**

Colonial Place Three, 2107 Wilson Boulevard, Suite 300

Arlington, VA 22201-3042

PHONE: 703/524-7600; FAX: 703/524-9094; WEB SITE: [www.nami.org](http://www.nami.org)

Mike Fitzpatrick, Executive Director

**Founding Date:** 1979. **Membership Size:** 210,000. **Staff Size:** 60. **Number of State/Local Chapters:** 1,200. **Affiliated Organizations:** all state and local Alliances. **Annual Convention/Meeting:** June 18-21, 2005 in Austin, Texas. **Publications:** NAMI Advocate. **Staff Participating in MHLG:** Ron Honberg, National Director for Policy and Legal Affairs; Andrew Sperling, Director, Federal Legislative Advocacy; Elise Resnick, Federal Affairs Representative; Joel Miller, Director, NAMI Policy Research Institute; Darcy Gruttadaro, Director, NAMI Child and Adolescent Action Center.

**Organizational Purpose:** To eradicate serious brain disorders and improve the quality of life for persons of all ages who are affected by mental illness. **Description:** Comprised of 1,200 state and local AMIs; state and local AMIs are the grassroots advocacy of NAMI. **Priority Issues for 2005:** Medicaid/managed care; research on severe mental illness; reduction in life threatening and harmful actions (restraints and seclusion); accountability for service delivery; extension and expansion of Mental Health Parity Act of 1996; work incentives; housing; expanding treatment and supports for children and adolescents; decriminalization of mental illness; integrated treatment for persons with co-occurring mental and addictive disorders; veterans with mental illness.

**NATIONAL ASSOCIATION FOR CHILDREN'S BEHAVIORAL HEALTH [NACBH]**

1025 Connecticut Avenue, NW, Suite 1012, Washington, DC 20036

PHONE: 202/857-9735; FAX: 202/362-5145

WEB SITE: [www.nacbh.org](http://www.nacbh.org)

Joy Midman, Executive Director; Rosemarie Burton, President

**Founding Date:** 1985. **Membership Size:** 75. **Staff Size:** 2. **Annual Convention/Meetings:** May 22-25, 2005 in Washington, DC. Fall Technical Meeting: TBD. **Publications:** Friday Facts, weekly member newsletter; membership directory. **Staff Participating in MHLG:** Patricia Johnston, Director of Member Services.

**Organizational Purpose:** To promote the availability and delivery of appropriate and relevant services to children and adolescents with, or at risk of, emotional, behavioral or substance abuse disorders and their families. Advocate for the full array of mental health and related services necessary, the development and use of assessment and outcome tools based on functional as well as clinical indicators, and the elimination of categorical funding barriers. **Description:** Treatment centers and programs for children and adolescents, providing a full array of mental health and related services including residential treatment, partial hospitalization, intensive outpatient treatment, therapeutic foster care, group homes, independent living programs, in-home treatment and intensive case management, as well as accredited education services, and a wide array of social services. **Priority Issues for 2005:** Comprehensive children's health/mental health initiatives; Medicaid; system transformation; restraint and seclusion; parity; SAMHSA reauthorization; Family Opportunity Act; Keeping Families Together Act; family-provider

partnerships; juvenile justice issues; pediatric drug testing; NACBH's Results-Based Treatment Initiative.

### **NATIONAL ASSOCIATION FOR RURAL MENTAL HEALTH [NARMH]**

3700 West Division Street, Suite 105, St. Cloud, MN 56301

PHONE: 320/202-1820; FAX: 320/202-1833

WEB SITE: [www.narmh.org](http://www.narmh.org)

Rick Peterson, President

**Founding Date:** 1977. **Membership Size:** 300+ individuals, 125 organizations. **Staff Size:** 1. **Annual Convention/Meetings:** August 4-6, 2005 in Honolulu, Hawaii. **Publications:** Rural Mental Health. **Staff Participating in MHLG:** Harold Goldsmith, Government Affairs Liaison; Rick Peterson, President.

**Organizational Purpose:** Provides rural providers, consumers and advocates a forum to share problems, find solutions and work cooperatively, and to improve rural mental health services; improves delivery of mental health services in rural areas; reduces inequities in the delivery of rural mental health services via promotion and advocacy; develops educational resources and disseminates information on rural mental health; sponsors an annual national rural mental health conference to link rural professionals and provide rural education. **Description:** NARMH membership is diverse, representing direct care, policy, academic, hospital and community based organizations, as well as individuals involved in professional practice in rural mental health. The organization provides a forum for the identification of rural mental health issues and problems, shares innovative solutions and model programs, and speaks with a shared voice on issues of rural mental health concern. NARMH's values include partnership, diversity, education, advocacy and innovation. **Priority Issues for 2005:** Increasing consumer and family involvement in the development and implementation of rural mental health services; ensuring that rural mental health professionals develop and maintain a high level of clinical service delivery, practice management and cultural competence; increasing understanding of the costs associated with providing rural mental health services, dissemination of the successes of rural mental health models, as well as communicating how changes in public policy or financing affect rural mental health; and connecting the rural mental health community electronically, organizationally and politically.

### **NATIONAL ASSOCIATION OF ANOREXIA NERVOSA AND ASSOCIATED DISORDERS**

**[ANAD]** Box 7, Highland Park, IL 60035

PHONE: 847/831-3438; FAX: 847/433-4632; WEB SITE: [www.anad.org](http://www.anad.org)

Vivian Hanson Meehan, President

**Founding Date:** 1976. **Membership Size:** 15,000+. **Staff Size:** 10. **Number of State/Local Chapters:** 400+ national and international chapters. **Publications:** Working Together, newsletter. **Staff Participating in MHLG:** Jeff Lewis, Esq. in Washington, DC; Janie McCutchen, Christopher Athas, Vice President and Jennifer Roberts, Associate Director of Public Relations in Highland Park, IL.

**Organizational Purpose:** ANAD is a national/international educational and advocacy organization dedicated to helping sufferers of eating disorders and their families. ANAD advocates prevention through education, research and training and fights insurance and job discrimination. **Description:** ANAD members include concerned individuals, health care professionals, support group leaders and members and resource people. **Priority Issues for 2005:** Mental health parity

legislation that covers eating disorders; appropriations for eating disorders research and prevention; education/prevention programs; development of ANAD support groups; opposing the sale of over-the-counter laxatives, diet pills and diuretics to minors; opposing BMI testing for school children.

**NATIONAL ASSOCIATION OF COUNTY BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITY DIRECTORS [NACBHD]**

440 First Street, NW, Suite 800, Washington, DC 20001

PHONE: 202/661-8816; FAX: 202/661-8871

WEB SITE: [www.nacbhd.org](http://www.nacbhd.org)

Melissa M. Staats, President and CEO; Deborah Donaldson, Chair

**Founding Date:** 1996. **Membership Size:** 350. **Staff Size:** 2. **Number of State/Local Chapters:** 18. **Annual Convention/Meeting:** March 3-5, 2005 in Washington, DC. **Publications:** The NACBHD Bulletin; DC Update. **Staff Participating in MHLG:** Melissa M. Staats, President and CEO; Maeghan Gilmore, Senior Policy Analyst.

**Organizational Purpose:** NACBHD works to promote excellence in the delivery of county/local behavioral health services. **Description:** County/local behavioral health care authorities (MH/DD/SA); state associations in the states in which counties have responsibility for these systems; interested professionals. Two conferences each year, newsletter, professional development network, policy briefs. **Priority Issues for 2005:** National behavioral health policy; maintain and increase funding levels of mental health and substance abuse block grants; encouraging CMS to adopt a more flexible designation of consumer choice of plans.

**NATIONAL ASSOCIATION OF MENTAL HEALTH PLANNING AND ADVISORY COUNCILS [NAMHPAC]**

2001 North Beauregard Street, 12<sup>th</sup> Floor, Alexandria, VA 22311

PHONE: 703/797-2595; FAX: 703/684-5968

WEB SITE: [www.namhpac.org](http://www.namhpac.org)

Judy Stange, Executive Director; Linda Hatzenbuehler, Board Chair

**Founding Date:** 1996. **Membership Size:** 59. **Staff Size:** 1.75 **Publications:** Public Policy Updates. **Staff Participating in MHLG:** Judy Stange, Executive Director; Stephanie Townsend, Policy and Services Program Coordinator.

**Organizational Purpose:** NAMHPAC is committed to the development of a comprehensive, accessible and flexible community-based system of mental health care that is driven by consumers of mental health services, their families and parents of children with serious emotional disturbance. Mental health planning and advisory councils must play a central role in the realization of this mission. **Description:** Membership is open to all mental health planning and advisory councils in all states and territories. Ongoing activities of the association are related to the development, evaluation and communication of ideas about mental health planning, advocacy and evaluation of mental health systems. **Priority Issues for 2005:** Data needs of planning councils; implementation of evidence-based programs; mental health and rural issues; mental health and older adults.

### **NATIONAL ASSOCIATION OF PROTECTION AND ADVOCACY SYSTEMS [NAPAS]**

900 2nd Street, NE, Suite 211, Washington, DC 20002

PHONE: 202/408-9514; FAX: 202/408-9520; WEB SITE: [www.napas.org](http://www.napas.org)

Curtis L. Decker, Executive Director

**Founding Date:** 1983. **Membership Size:** 90. **Staff Size:** 21. **Number of State/Local Chapters:** 57 PADD, 56 CAP, 56 PAIMI, 56 PAIR. **Publications:** ATTAC Update, NAPAS Annual Report. **Annual Convention/ Meeting:** June 14-17, 2005 in Washington, DC. **Staff Participating in MHLG:** Curtis L. Decker, Executive Director; Nadia Facey, Public Policy Analyst.

**Organizational Purpose:** NAPAS represents the interests of Protection and Advocacy Programs (P&As) and Client Assistance Programs (CAPs), as well as furthering the rights of persons with disabilities. NAPAS provides training and technical assistance to the P&As and CAPs. **Description:** Protection and Advocacy agencies are authorized under relevant legislation. **Priority Issues for 2005:** SAMHSA reauthorization; appropriations; TANF reauthorization; Workforce Investment Act reauthorization; employment rules and regulations; Assistive Technology Act; implementation of the 2004 IDEA rules and regulations.

### **NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS [NAPHS]**

701 13<sup>th</sup> Street, NW, Suite 950, Washington, DC 20005

PHONE: 202/393-6700; FAX: 202/783-6041; WEB SITE: [www.naphs.org](http://www.naphs.org)

Mark Covall, Executive Director

**Founding Date:** 1933. **Membership Size:** 300+ behavioral health organizations. **Staff Size:** 5. **Affiliated Organizations:** Association of Behavioral Group Practices. **Annual Convention/Meeting:** April 17-19, 2005, in Washington, DC. **Publications:** CEO Forecast, a weekly executive briefing; Trends in Behavioral Healthcare Systems (annual data report), and Enhancing Youth Services. **Staff Participating in MHLG:** Kathleen Sheehan, Director of Government Relations.

**Organizational Purpose:** The NAPHS advocates for behavioral health and represents community-based provider systems that are committed to the delivery of responsive, accountable and clinically effective prevention, treatment and care for children, adolescents and adults with mental and substance use disorders. **Description:** Members operate psychiatric hospitals, psychiatric units in general hospitals, behavioral group practices, youth services programs, outpatient programs, partial hospitalization programs, substance abuse treatment programs and residential treatment programs. NAPHS has a cooperative agreement with the American Hospital Association. Ongoing activities include advocacy, training and technical assistance for members on clinical/administrative issues, data collection/dissemination and performance measurement. **Priority Issues for 2005:** Access to mental health services; mental health parity in the private sector and federal/state public sector (including specific reforms to Medicaid/Medicare; mental health and related needs of children and youth; performance measurement and patient safety.

### **NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS [NASP]**

4340 East West Highway, Suite 402, Bethesda, MD 20814

PHONE: 301/657-0270; FAX: 301/657-0275

WEB SITE: [www.nasponline.org](http://www.nasponline.org)

Susan Gorin, Executive Director

**Founding Date:** 1968. **Membership Size:** 22,500. **Staff Size:** 28. **Number of State/ Local Chapters:** 52 state associations. **Annual Convention/Meeting:** July 11-13, 2005 in Philadelphia, Pennsylvania; July 18-20, 2005 in Las Vegas, Nevada; March 28-April 1, 2006 in Anaheim, California. **Publications:** School Psychology Review, quarterly journal; Communique, monthly newsletter; more than 30 books, pamphlets and software. **Staff Participating in MHLG:** Ted Feinberg, Assistant Executive Director; Stacy Skalski, Director of Public Policy; Jeff Charvat, Manager, Research & Information Services.

**Organizational Purpose:** Serve the mental health and educational needs of all children and youth. Encourage professional growth. Inform the public about school psychology and advance the standards of school psychology. **Description:** Primarily school psychology practitioners within the public schools and other settings. Volunteer-driven organization with elected executive board and delegate assembly representing each state and the District of Columbia. **Priority Issues for 2005:** IDEA reauthorization; Mental health parity and implementation; mental health services for children; school safety; youth violence prevention; NCLB implementation and school mental health services; Keeping Families Together Act; Child Health Care Crisis Relief Act; federal budget; Medicaid and health care reform legislation.

#### **NATIONAL ASSOCIATION OF SOCIAL WORKERS [NASW]**

750 First Street, NE, Suite 700, Washington, DC 20002-4241

PHONE: 202/408-8600; FAX: 202/336-8311

WEB SITE: [www.naswdc.org](http://www.naswdc.org)

Elizabeth J. Clark, Ph.D., ACSW, MPH, Executive Director

**Founding Date:** 1955. **Membership Size:** 153,000. **Staff Size:** 140. **Number of State/Local Chapters:** 56. **Annual Convention/Meeting:** TBD. **Publications:** numerous books, videotapes and periodicals. **Staff Participating in MHLG:** Jim Finley, Senior Government Relations Associate.

**Organizational Purpose:** To advance the quality of social work practice and to enhance the effective functioning and well-being of individuals, families and communities through advocacy. **Description:** NASW members are professional social workers who work worldwide in a variety of practice settings. Primary activities include development of professional standards, legislative and political action, policy analysis and dissemination, public service, membership services and publishing. NASW is governed by an elected Delegate Assembly and a National Board of Directors. **Priority Issues for 2005:** Health and mental health; civil rights; education; the uninsured, economic security.

#### **NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS [NASADAD]**

808 17<sup>th</sup> Street, NW, Suite 410, Washington, DC 20006

PHONE: 202/293-0090; FAX: 202/293-1250

WEB SITE: [www.nasadad.org](http://www.nasadad.org)

Lewis E. Gallant, Ph.D., Executive Director; Michael Couty, President

**Founding Date:** 1971. **Membership Size:** 60. **Staff Size:** 13. **Publications:** State resources and services related to alcohol and other drug problems. **Staff Participating in MHLG:** Robert Morrison, Director of Public Policy; Anne Luecke, Public Policy Associate.

**Organizational Purpose:** NASADAD is a private, not-for-profit educational, scientific, and informational organization. NASADAD's basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every state.

**Description:** The Association was originally incorporated in 1971 to serve State Drug Agency Directors, and then in 1978 the membership was expanded to include State Alcoholism Directors.

**Priority Issues for 2005:** SAMHSA reauthorization, Substance Abuse Performance Partnership Grant, Adequate resources for service delivery.

## **NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS**

### **[NASMHPD]**

66 Canal Center Plaza, Suite 302, Alexandria, VA 22314

PHONE: 703/739-9333; FAX: 703/548-9517

WEB SITE: [www.nasmhpd.org](http://www.nasmhpd.org)

Robert W. Glover, Ph.D., Executive Director

**Founding Date:** 1963. **Membership Size:** 55. **Staff Size:** 16. **Affiliated Organizations:** NASMHPD Research Institute, Inc., National Governors' Association. **Annual Convention/Meetings:** July 10-12, 2005 in Chicago, Illinois. **Staff Participating in MHLG:** Andrew D. Hyman, JD, Director of Government Relations and Legislative Counsel; David Miller, Senior Policy Associate; Andrea Fiero, Policy Associate.

**Organizational Purpose:** To improve the quality and effectiveness of the public mental health system; to foster interstate communication and cooperation; and to ensure that state mental health agencies have a strong, cohesive voice in the federal system. **Description:** NASMHPD members are the 55 state and territorial executive managers of mental health programs. **Priority Issues for 2005:** Criminalization of persons with mental illness; implementing comprehensive state mental health systems; suicide prevention; housing; custody relinquishment.

## **NATIONAL COALITION OF MENTAL HEALTH PROFESSIONALS AND CONSUMERS, INC.**

### **[NCMHPC]**

PO Box 438, Commack, NY 11725-0438

PHONE: 631/979-5307; FAX: 631/979-5293; 1-866/826-2548

WEB SITE: [www.thenationalcoalition.org](http://www.thenationalcoalition.org)

David Byrom, PhD, President

**Founding Date:** 1992. **Membership Size:** 1,400 individual members. **Staff Size:** 1. **Number of State/Local Chapters:** 8. **Affiliated Organizations:** State and local affiliated chapters. **Publications:** Coalition Report. **Staff Participating in MHLG:** Peggy Ives, LCSW-C.

**Organizational Purpose:** A multidisciplinary advocacy organization committed to preserving choice, confidentiality and quality in mental health treatment and to building a pro-consumer health care system. The Coalition works through public and professional education, through legal and legislative action to address the problems and abuses of managed care, to regulate the industry and to replace it. **Description:** Sponsor of three current conferences related to mental health care; sponsor and support of state regulations and/or legislation via state chapters. **Priority Issues for 2005:** Privacy protection in all health care, with particular focus on mental health and substance abuse; parity with real benefits for mental illnesses; addictive disorders and emotional problems; health care for all Americans; informing U.S. Senate and House members and staffs with briefings and seminars on the above issues.

## **NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE [NCCBH]**

12300 Twinbrook Parkway, Suite 320, Rockville, MD 20852

PHONE: 301/984-6200; FAX: 301/881-7159; WEB SITE: [www.nccbh.org](http://www.nccbh.org)

Linda Rosenberg, President and Chief Executive Officer

**Founding Date:** 1969. **Membership Size:** 900. **Staff Size:** 19. **Number of State/ Local Chapters:** 46. **Affiliated Organizations:** Division of State Associations; and Association of Behavioral Healthcare Management, an individual membership organization. **Annual Convention/Meeting:** March 13-15, 2005, in San Francisco, CA. **Publications:** National Council News (monthly); Public Policy Report (monthly); Journal of Behavioral Health Services and Research (quarterly); advisories and alerts on advocacy issues on a frequent but irregular basis. **Staff Participating in MHLG:** Tom Leibfried, Director of Government Relations; Allison Fort, Government Relations Associate.

**Organizational Purpose:** Public Policy and collective national advocacy that promotes and protects the availability of, and access to, community mental health and addictions treatment services (behavioral health services). Also, to serve the business, technical and educational needs of provider members. **Description:** Members include local community, county and regional direct service providers; as well as state-level associations of service providers and provider networks. All members advocate expansion of community behavioral health services. Most members' primary mission is service delivery. **Priority Issues for 2005:** Preserve Medicaid entitlement and funding; SAMHSA reauthorization; increase funding for substance abuse block grant.

## **NATIONAL MENTAL HEALTH ASSOCIATION [NMHA]**

2001 North Beauregard Street, 12<sup>th</sup> Floor, Alexandria, VA 22311

PHONE: 703/684-7722; FAX: 703/684-5968; WEB SITE: [www.nmha.org](http://www.nmha.org)

Government Affairs: 413 East Capitol Street, SE, Washington, DC 20003; PHONE: 202/675-8381; FAX: 202/675-8389

Michael Faenza, President/CEO

**Founding Date:** 1909. **Membership Size:** 500,000. **Staff Size:** 60. **Number of State/ Local Chapters:** 340. **Affiliated Organizations:** State and local mental health associations. **Publications:** The Bell, State Advocacy Update, The Prevention News, Consumer-Supporter News, Legislative Alerts. **Staff Participating in MHLG:** Kirsten Beronio, Senior Director, Federal Relations; Ralph Ibson, Vice President, Government Affairs; Julio Abreu, Senior Director, Legislative Affairs; Amanda Molk, Government Affairs Associate.

**Organizational Purpose:** To change public attitudes towards mental illness, to improve services to people who suffer from them, to promote mental health and, ultimately, to prevent mental illness. **Description:** NMHA volunteers all over the country work to meet the mental health needs of their communities through support groups, community outreach/education, information and referral programs and patient advocacy. Nationally, NMHA works with the media to keep the public informed about mental illness and mental health, with the federal government to promote research and services, and with other organizations to ensure that the nation's mental health needs are understood and addressed. **Priority Issues for 2005:** Comprehensive parity for mental health and substance abuse services; mental health reform; children's mental health; protecting the integrity of, and improving, the Medicaid program; juvenile justice; combating the criminalization of people with mental illness; improving veterans' access to needed mental health services.

### **SUICIDE PREVENTION ACTION NETWORK USA [SPAN USA]**

1025 Vermont Avenue, NW, Suite 1200, Washington, DC 20005

PHONE: 202/449-3600; FAX: 202/449-3601

WEB SITE: [www.spanusa.org](http://www.spanusa.org)

Jerry Reed, Executive Director

**Founding Date:** 1996. **Membership Size:** 5000. **Staff Size:** 3. **Number of State/ Local Chapters:** 6 state/regional affiliates and organizers in 38 states. **Annual Meeting:** September 2005. **Publications:** The Network News quarterly newsletter, Suicide Prevention: Prevention Effectiveness and Evaluation. **Staff Participating in MHLG:** Jerry Reed, Executive Director; Lydia Bernik, Program Coordinator.

**Organizational Purpose:** To increase awareness regarding the toll of suicide in our nation and to develop political will to ensure that our government, both at the national and state levels, effectively addresses the problem of suicide. **Description:** Survivors of suicide are the organization's primary driving force. Volunteers in 38 states collect signed advocacy letters, create Lifekeeper Memorial Quilts, organize awareness events, and work collaboratively on local suicide prevention initiatives. **Priority Issues for 2005:** Full FY 2006 appropriation of the Garrett Lee Smith Memorial Act; passage of mental health parity; \$5 million for suicide prevention research and evaluation; legislation on senior suicide early intervention and prevention.

### **THERAPEUTIC COMMUNITIES OF AMERICA [TCA]**

1601 Connecticut Avenue, NW, Suite 803, Washington, DC 20009

PHONE: 202/296-3505; FAX: 202/518-5475

WEB SITE: [www.therapeuticcommunitiesofamerica.org](http://www.therapeuticcommunitiesofamerica.org)

Linda Hay Crawford, Executive Director; Richard Steinberg, President

**Founding Date:** 1975. **Membership Size:** 50 members representing over 500 substance abuse treatment centers. **Staff Size:** 2. **Annual Convention/Meeting:** Winter Meeting: January 6-7, 2005, in Puerto Rico; Spring Meeting, May 2-3, 2005 in Washington, DC; Fall Meeting, September 19-20, 2005 in Washington, DC. **Publications:** TCA NEWS, 3 times a year. **Staff Participating in MHLG:** Linda Hay Crawford, Executive Director

**Organizational Purpose:** TCA is an advocacy, research, and educational national non-profit association that educates both the public, media, Congress and the Administration on policy issues relating to addiction and mental disease treatment. **Description:** TCA members provide a comprehensive continuum of care to patients, many of whom have multiple barriers to recovery, such as those with co-occurring mental illness, the homeless, adolescents, pregnant women, and persons with HIV/AIDS. Therapeutic communities also strive to help individuals' secure family unification and successful welfare to work outcomes. In recent years, TCA members have expanded their range of services, providing outpatient, prevention, education, family therapy, transitional housing, vocational training, medical services, and case management in addition to long-term residential programs. Additionally, many therapeutic communities are involved in drug courts, in-prison programs, transitioning assistance out of correctional facilities, post prison treatment aftercare, and other criminal justice system programs. **Priority Issues for 2005:** Workforce shortage issues; eliminating the IMD Medicaid exclusion for alcohol and drug addiction community-based residential treatment facilities; appropriations that support and expand community addiction and mental disease treatment and prevention services; expansion of prison based and community addiction and co-occurring treatment programs that coordinate and fund

community aftercare services as part of their programs; bridging substance use disease with the primary health care system.

**TOURETTE SYNDROME ASSOCIATION, INC. [TSA]**

42-40 Bell Boulevard, Suite 205, Bayside, NY 11361

PHONE: 718/224-2999; FAX: 718/279-9596

WEB SITE: [www.tsa-usa.org](http://www.tsa-usa.org)

Washington Office: 1301 K Street, NW, Suite 600 East, Washington, DC 20005; PHONE: 202/408-6443; FAX: 202/408-3260

Judit Ungar, Executive Director; Monte Redman, Chairman of the Board

**Founding Date:** 1972. **Membership Size:** 40,000. **Staff Size:** 30. **Number of State/ Local Chapters:** 35. **Annual Convention/Meeting:** April 5-9, 2006 in Alexandria, VA. **Publications:** TSA National Newsletter; TSA Children's Newsletter; TSA Chapter Connection; Brochures on TS and related materials; Medical Research Letter. **Staff Participating in MHLG:** Jeremy Scott, Director of Public Policy.

**Organizational Purpose:** Education, service and research. **Description:** There are approximately 300 support groups organized under state/local chapters, comprised of adults and children with Tourette Syndrome, physicians, researchers, allied professionals and educators. **Priority Issues for 2005:** mental health parity; genetic information protection; IDEA; NIH and CDC funding.

**UNITED STATES PSYCHIATRIC REHABILITATION ASSOCIATION**

**[US-PRA] (formerly IAPSRs)**

601 North Hammonds Ferry Road, Suite 1, Linthicum, MD 21090

PHONE: 410/789-7054; FAX: 410/789-7682

WEB SITE: [www.iapsrs.org](http://www.iapsrs.org)

Ann Kenworthy, Interim CEO

**Founding Date:** 1975. **Membership Size:** 1,300. **Staff Size:** 6. **Number of State/ Local Chapters:** 32. **Annual Convention/Meeting:** May 23-26, 2005 in Pittsburgh, Pennsylvania. **Publications:** Introduction to Psychiatric Rehabilitation; Readings in Dual Diagnosis; Consumers as Providers in Psychiatric Rehabilitation; Psychiatric Rehabilitation Journal; Best Practices in Psychiatric Rehabilitation; PSR Connection newsletter; US-PRA Organizational Bulletins and Public Policy Alerts. **Staff Participating in MHLG:** Christine Williams.

**Organizational Purpose:** US-PRA is an organization of psychosocial rehabilitation agencies, practitioners, and interested organizations and individuals dedicated to promoting, supporting, and strengthening community oriented rehabilitation services and resources for persons with psychiatric disabilities. **Description:** Information dissemination, training, research and public policy concerning psychosocial rehabilitation and services for persons with serious and persistent mental illness are the primary activities of the association. **Priority Issues for 2005:** Improving and advancing psychiatric rehabilitation services in federal programs for people with mental illness. Specific issue areas include: housing, Medicare/Medicaid, managed care, SSI/SSDI, employment services and vocational rehabilitation.

**VOLUNTEERS OF AMERICA [ VOA]**

1660 Duke Street, Alexandria, VA 22314

PHONE: 703/341-5000; FAX: 703/341-7000

WEB SITE: [www.volunteersofamerica.org](http://www.volunteersofamerica.org)

Charles Gould, President; Karen Dale, Vice President, Jimmie Paschall, Vice President

**Founding Date:** 1896. **Membership Size:** No membership. **Staff Size:** 80 in national office; more than 14,000 nationwide. **Number of State/Local chapters:** 38 state affiliates working in 46 states. **Annual Convention/Meeting:** June, 2005, in Washington, DC. **Publications:** Spirit Magazine. **Staff Participating in MHLG:** Jeremy Rosen, Director for Homelessness and Mental Health.

**Organizational Purpose:** Volunteers of America is a national, nonprofit, spiritually based organization providing local human service programs and opportunities for individual and community involvement. **Description:** Volunteers of America operates human services programs in 46 states. Approximately 25 affiliates operate mental health programs. **Priority Issues for 2005:** Mental health, homelessness, substance abuse, housing, corrections, child and youth issues.