

# ORGANIZATIONAL DESCRIPTIONS: OBSERVERS

## AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY [ASCP]

PO Box 40395, Glen Oaks, NY 11004

PHONE: 718-470-4007; FAX: 718-343-7739

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

James W. Thompson, MD, MPH, Administrative Director

**Founding Date:** 1992. **Membership Size:** 800. **Staff Size:** 2. **Number of State/Local Chapters:** none. **Annual Conference/Meeting:** October 20-21, 2007, New York, NY. **Publications:** Official Journal: *Journal of Clinical Psychiatry*. **Staff Participating in MHLG:** James W. Thompson, MD, MPH, Administrative Director.

**Organizational Purpose:** ASCP's purpose is to advance the science and practice of clinical psychopharmacology through education of physicians and physicians in training. **Description:** ASCP's members are physicians who study and practice psychopharmacology, as well as doctoral level investigators of clinical psychopharmacology or of pharmacology. ASCP members are advocates for clinical psychopharmacology and for clinical research. **Priority Issues for 2007:** Improving the quality of psychopharmacology prescribing. Creating tools to train psychiatrists, primary care physicians, and medical students in psychopharmacology. Educating physicians in up to date psychopharmacology. Encourage clinically relevant research in psychopharmacology and the rapid dissemination of new findings. Stimulating and encouraging young investigators interested in psychopharmacology. Advocating for public policies which promote clinical research of psychiatric disorders and the delivery of high quality patient care.

## ASSISTANT SECRETARY FOR PLANNING AND EVALUATION [ASPE/HHS]

U.S. Department of Health and Human Services

200 Independence Avenue, SW, Room 415-F, Washington, DC 20201

PHONE: 202/690-7858; FAX: 202/690-7383

Jerry Regier, Principal Deputy Assistant Secretary for Planning and Evaluation

**Affiliated Organizations:** Centers for Medicare and Medicaid Services (CMS); Substance Abuse and Mental Health Services Administration (SAMHSA); National Institutes of Health (NIH and NIMH).

**Staff Participating in MHLG:** Cille Kennedy, PhD.

**Organizational Purpose:** Support staff for the Secretary's office to assist in policy planning and evaluation of HHS programs and activities. **Priority Issues:** HHS programs and activities.

## CENTER FOR MENTAL HEALTH SERVICES, SAMHSA [CMHS]

1 Choke Cherry Road, Rockville, MD 20852

PHONE: 240/276-1310; FAX: 240/276-1320

WEB SITE: [www.samhsa.gov](http://www.samhsa.gov)

Kathryn Power, Director

**Founding Date:** 1992. **Staff Size:** 125. **Publications:** Through its activities and programs, CMHS produces many documents and sponsors a variety of meetings. Information about these is available through SAMHSA's National Mental Health Information Center, which maintains a toll-free information line (800/789-2647), an electronic bulletin board (800/790-2647) and an award-winning web site ([www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)). **Staff Participating in MHLG:** Roslyn Holliday Moore, Public Health Analyst; Seth Hassett, Director, Office of Program Analysis and Coordination.

**Organizational Purpose:** CMHS is a component of the Substance Abuse and Mental Health Services Administration, an agency of the US Department of Health and Human Services. Its purpose is to lead federal efforts to promote mental health and prevent mental illness, including fostering independence and protecting the legal rights of persons with mental illness, conducting service-related assessments, providing technical assistance to public and private providers, and administering the programs assigned to it under the Public Health Service Act. **Description:** CMHS helps states and others improve and increase the quality and range of treatment and support services for people with mental illnesses, families and communities. It administers the Community Mental Health Services Block Grant program, the Comprehensive Community Mental Health Services for Children program, Projects for Assistance in Transition from Homelessness, Programs of Regional and National Significance, and other efforts to promote and evaluate innovative mental health services for children and adults. **Priority Issues:** Mental Health Systems Transformation; Trauma; Suicide Prevention; Safe Schools/Healthy Students program; and Eliminating Racial and Ethnic Disparities. **Continuing Priorities:** Assist states and others with issues of managed care and state health care reform; support capacity expansion and science to service programs in the areas of Violence Against Women, Jail Diversion, Elderly Primary Care, Consumer Operated Services, Supported Employment, Homeless Families, HIV/AIDS Education II, American Indian/Alaskan Native Children, and Comprehensive Mental Health Services for Children with Serious Emotional Disturbances and their Families; expand the number and range of mental health and rehabilitative services for adults with serious mental illness; and work with states to develop performance measures and related accountability mechanisms.

### **ENSURING SOLUTIONS TO ALCOHOL PROBLEMS**

2021 K Street, NW, Suite 800, Washington, DC 20006

PHONE: 202-530-2302; FAX: 202-296-0025

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

Eric Goplerud, PhD, Director

**Founding Date:** 2001. **Publications:** Monthly newsletter, research reports, issue briefs. **Staff Participating in MHLG:** Eric Goplerud, PhD, Director; Delia Olufokunbi, PhD, Chief Operating Officer; David R. Anderson, Communications Director.

**Organizational Purpose:** Ensuring Solutions to Alcohol Problems seeks to increase access to treatment for individuals with alcohol problems. Working with employers, policymakers, employee assistance providers, health plans, and concerned citizens, Ensuring Solutions provides research-based information and tools to help reduce the health care and productivity costs associated with alcohol use. **Description:** The project conducts research and develops information addressing the extent and costs of untreated alcohol problems, policies and practices that hinder access to treatment services, and ways to increase access to alcohol treatment. **Priority Issues:** Screening and brief intervention, substance abuse parity, alcohol exclusion laws, improved Medicaid, SCHIP and Medicare coverage for substance use disorders, as well as accountability and performance measurement.

### **GRANTMAKERS IN HEALTH [GIH]**

1100 Connecticut Avenue, NW, Suite 1200, Washington, DC 20036

PHONE: 202/452-8331; FAX: 202/452-8340

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

Lauren LeRoy, President and CEO

**Founding Date:** 1982. **Membership Size:** Over 200 funding partners. **Staff Size:** 16. **Affiliated Organizations:** Foundations and corporate giving partners. **Publications:** GIH Bulletin; Issue Briefs. **Staff Participating in MHLG:** Elise Desjardins.

**Organizational Purpose:** GIH is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve health of all people. **Description:** GIH serves the entire field of health philanthropy, i.e., foundations and corporate giving programs that make grants for health and health care. Funding partners are foundations and corporate giving programs that annually contribute general or program grants.

### **NATIONAL ASSOCIATION OF COUNCILS ON DEVELOPMENTAL DISABILITIES**

**[NACDD]**

225 Reinekers Lane, Suite 650, Alexandria, VA 22314

PHONE: 703/739-4400; FAX: 703/739-6030

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

Karen F. Flippo, Chief Executive Officer

**Founding Date:** 2002. **Membership Size:** 55. **Staff Size:** 5. **Annual Convention/ Meetings:** Fall Conference in San Diego, California, October 2007; Technical Assistance Institute in Washington, DC, June 2007; Public Policy Seminar, March 2007. **Staff Participating in MHLG:** Karen F. Flippo, CEO.

**Organizational Purpose:** To represent the Developmental Disabilities (DD) Planning Councils of the states and territories in policy development at the federal level; advocate Council interests with Congress and the executive branch; provide support and technical assistance to Councils; work with other advocacy organizations on behalf of people with developmental disabilities. **Description:** State Councils on Developmental Disabilities are authorized by the Developmental Disabilities Assistance and Bill of Rights Act (PL 106-402) and receive federal funds to advocate on behalf of people with developmental disabilities and their families. As defined in the DD Act, developmental disabilities are severe, chronic disabilities which are attributable to a mental or physical impairment or combination of those; begin before age 22; are likely to continue indefinitely; result in substantial function limitations in 3 or more areas of major life activity; reflect a need for a combination and sequence of specialized, interdisciplinary or generic services, individualized supports, or other forms of assistance that are of a lifelong or extended duration and are individually planned and coordinated. Councils engage in advocacy, capacity building, and systemic change activities which contribute to a coordinated, consumer- and family-directed comprehensive system of community services and individualized supports. Council members are appointed by their Governors, and individuals with developmental disabilities and family members comprise at least 60% of the Council's membership. **Priority Issues:** Increased appropriations for State Councils; Reauthorization of the Developmental Disabilities Act; Medicaid and Social Security; education; lifespan respite; housing; transportation.

### **NATIONAL ASSOCIATION OF COUNTIES [NACo]**

25 Massachusetts Avenue, NW, Suite 500, Washington, DC 20001

PHONE: 202/393-6226; FAX: 202/942-4281

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

Larry E. Naake, Executive Director

**Founding Date:** 1935. **Membership Size:** 2,000+ counties. **Staff Size:** 80. **Affiliated Organization:** National Association of County Behavioral Health and Developmental Disability Directors. **Annual Convention/ Meetings:** NACo 2007 Legislative Conference – March 3-7, 2007 – Hilton Washington and Towers – Washington DC and 2007 Annual Conference & Exposition Greater Richmond Convention Center, Richmond, VA. **Staff Participating in MHLG:** Jennifer Wilson, Associate Legislative Director.

**Organizational Purpose:** To represent the interests of county governments on Capitol Hill and provide technical assistance to elected and appointed officials. **Description:** NACo members consist of elected and appointed county officials, including county directors of mental health. Primary activities include lobbying and technical assistance.

### **NATIONAL ASSOCIATION OF STATE MEDICAID DIRECTORS [NASMD]**

810 First Street, NE, Suite 500, Washington, DC 20002

PHONE: 202/682-0100; FAX: 202/289-6555

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

Martha Roherty, Medical Director

**Founding Date:** 1979. **Membership Size:** 56. **Staff Size:** 10. **Annual Conference:** November 2007 in Arlington, Virginia. **Publications:** Medicaid Monthly Newsletter. **Staff Participating in MHLG:** Martha Roherty, Director; Ashley Trantham, Communications Manager.

**Organizational Purpose:** The National Association of State Medicaid Directors (NASMD) is a bipartisan, professional, nonprofit organization of representatives of state Medicaid agencies (including the District of Columbia and the territories). Since 1979, NASMD has been affiliated with the [American Public Human Services Association \(APHSA\)](#). The primary purposes of NASMD are: to serve as a focal point of communication between the states and the federal government, and to provide an information network among the states on issues pertinent to the Medicaid program. **Description:** NASMD is comprised of the officials who administer the Medicaid program in the states, the District of Columbia, and the territories. Generally these officials are the state Medicaid director and his or her senior staff. For the purpose of carrying out association business, each entity is limited to one voting member. **Priority Issues for 2007:** Reauthorization of the State Children's Health Insurance Program; Providing Medicaid agencies access to Medicare Part D data for dually eligible beneficiaries; Clarification of Targeted Case Management (TCM) provisions; Expansion of the "Money Follows the Person" grant program; Monitoring CMS administrative actions; Address funding shortfalls in the SCHIP program; Monitor CMS administrative actions; Simplify the DRA's citizenship and identity documentation requirements; Amend operationally and fiscally burdensome provisions of the Medicare Part D program; Provide Medicaid agencies access to Medicare Part D data for dually eligible beneficiaries; Inclusion of Medicaid in any health information technology (HIT) initiatives; Support the role of Medicaid in federal emergency preparedness and response legislation.

### **NATIONAL BUSINESS GROUP ON HEALTH [NBGH]**

50 F Street, NW, Suite 600, Washington, DC 20001

PHONE: 202/628-9320; FAX: 202/628-9244

Helen Darling, President

**Founding Date:** 1974. **Membership Size:** 264 Fortune 500 companies. **Staff Size:** 31. **Publications:** In Focus: Policy and Marketplace Trends; reports on preventive services, health and productivity, health services, benefit design, pharmaceutical value and benefit, treatment services, and health promotion/wellness. **Staff Participating in MHLG:** Ronald A. Finch, EdD.

**Organizational Purpose:** Promote corporate competitiveness, productivity, and well-being of American workers and their families through development of a health care system that provides high quality care to all Americans at an affordable societal cost. **Description:** NBGH is a non-profit association representing Fortune 500 and public sector employers, providing healthcare services and benefits to over 55 million beneficiaries from all segments of US industry, in promoting performance driven health care systems and competitive markets that improve the health and productivity of companies and communities. Primary activities include serving as a conduit for the flow of information between members and health policymakers; conducting research; identifying trends; collecting and disseminating information; and providing long-range planning and analysis on economic and social issues confronting employers. **Priority Issues:** Emerging trends in employer-sponsored health, e-health, workplace initiatives for mental health and substance abuse.

### **NATIONAL CHILD TRAUMATIC STRESS NETWORK [NCTSN]**

Coordinated by the National Center for Child Traumatic Stress [NCCTS]

UCLA: 11150 West Olympic Boulevard, Suite 226, Los Angeles, CA 90064

PHONE: 310/235-2633; FAX: 310/235-2612

DUKE: 905 West Main Street, Suite 24-E, Box 50, Durham, NC 27710

PHONE: 919/682-1552; FAX: 919/667-2350.

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

Robert S. Pynoos, MD (UCLA), and John Fairbank, PhD (Duke), Co-Directors

**Founding Date:** 2000. **Membership Size:** 45 Centers in 29 States. **Staff Size:** NCCTS (50). **Number of State/Local Chapters:** 44 (several staff per center); over 800 external partners nationwide. **Annual Conference/Meeting:** NCTSN All-Network Meeting, February 4-8, 2007 in Pittsburgh, PA. **Publications:** NCTSN E-Newsletter and many other publications at [www.nctsn.org](http://www.nctsn.org). **Staff Participating in MHLG:** Ellen Gerrity, PhD, NCCTS Associate Director and Senior Policy Advisor.

**Organizational Purpose:** The mission of the National Child Traumatic Stress Network (NCTSN) is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. **Description:** Established as part of the Children's Health Act of 2000, the National Child Traumatic Stress Network (NCTSN) is a unique Congressional initiative, intended to bring about widespread and lasting improvement in the lives of traumatized children and their families across the United States. The NCTSN supports the development and broad adoption of evidence-based and culturally-appropriate interventions to increase the standard of care, and provides a means to transform services through sustained collaboration among Network academic, clinical, and community service centers and family/consumer partners. Through its national network, and under the guidance of the National Center for Child Traumatic Stress (NCCTS, co-located at the UCLA School of Medicine and Duke

University), the NCTSN brings together expertise to address the specific needs of all ages of children (preschool and school age children, and adolescents) who are exposed to a wide range of trauma, including physical and sexual abuse, violence in families and communities, natural disasters and terrorism, accidental or violent death of a loved one, refugee and war experiences, and life-threatening injury and illness. The NCTSN also integrates the many professional disciplines that are essential to advancing the field of child traumatic stress. The NCTSN priorities and directions are shaped by a diverse NCTSN Advisory Board and Steering Committee, the ongoing and integral involvement of family and consumer groups in all NCTSN activities, and the cooperative agreement partnership with the Center for Mental Health Services.

With NCTSN centers in over 40 states (currently funded and alumni centers), and working partnerships with hundreds of other organizations, the NCTSN members directly serve more than 50,000 children and families each year, and provides training in evidence-based interventions to over 100,000 professionals annually. Through the NCTSN's innovative collaborative structure, member centers located at hospitals, universities, and community-based programs work to transform trauma-focused services throughout child-serving systems of care, including schools, hospitals, clinics, foster care, residential care, juvenile justice facilities, shelters, military bases, and many other community programs. The initiative also has multiple ongoing evaluation efforts underway to determine the impact of the program and services on children and families. **Priority Issues for 2007:** The development of new resources for child welfare professionals, school-based mental health professionals, military families, and Gulf-area hurricane survivors. More information on these and other important initiatives is available at [www.nctsn.org](http://www.nctsn.org).

#### **NATIONAL INSTITUTE OF MENTAL HEALTH [NIMH]**

6001 Executive Boulevard, Room 8235, Rockville, MD 20852

(Mailing Address: Bethesda, MD 20892-9669)

PUBLIC INQUIRIES PHONE: 866/615-6464; FAX: 301/443-4279

WEB SITE: [www.nimh.nih.gov](http://www.nimh.nih.gov)

Thomas R. Insel, MD, Director

**Founding Date:** 1946. **Staff Size:** 641. **Staff Participating in MHLG:** Gemma Weiblinger, Director, Office of Constituency Relations and Public Liaison.

**Organizational Purpose:** The mission of NIMH is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. Each year, one in every 20 adults experiences a disabling mental disorder, while nearly one in 10 experiences a serious emotional disorder during childhood. This translates into more than 44 million people who annually experience significant symptoms of mental illnesses that interfere with everyday living. The report of the President's New Freedom Commission: *Achieving the Promise—Transforming Mental Health Care in America*, estimated the economic costs of treating mental disorders at \$150 billion, with elements of these costs increasing beyond 20 percent per year. Implicit in the NIMH mission is the challenge of ensuring that new information finds its way into the hands of the end users of research. These include individuals with mental disorders, health care providers, mental health service delivery systems, and policymakers at all levels of governance.

**Description:** To reduce this tremendous burden, NIMH supports innovative research and research training that: (1) advances discovery in integrative brain and behavior science that provides the foundation for understanding mental disorders and their treatments; (2) develops more reliable, valid diagnostic tests and biomarkers; (3) defines genetic and environmental risk for disorders; (4) develops

interventions to prevent occurrence and/or reduce relapse; (5) develops more effective, safer, and equitable treatments; (6) conducts clinical trials that will provide treatment options to deliver more effective personalized care; and (7) creates improved pathways for rapid dissemination of science to mental health care and service efforts. To reduce possible health disparities, NIMH research also addresses the mental health needs of racial and ethnic minority populations, women, and residents of rural and frontier areas.

**Priority Issues for 2007:** With input from various stakeholders, NIMH has revised priorities and three key factors are being used to evaluate new applications for research grant support: relevance to the mission, traction for making rapid progress, and innovation. Priorities include: the development of biologically-based markers of disease that could transform diagnosis, risk assessment, and treatment, as well as provide information on timing of disease onset, severity or progress; the development of new treatments that will target the cognitive, social, and affective deficits seen in schizophrenia and schizophrenia spectrum disorders in childhood; the discovery of new, more effective interventions for autism and autism spectrum disorders; the launch of the Autism Phenome Project to identify the various clinical characteristics (phenotype) and subtypes of autism; and to find new tools to understand the impact of hormonal changes during life transitions on mood and cognitive function. NIMH is especially concerned about reducing the rates of adolescent depression and suicide and to increasing efficient dissemination and implementation of effective treatment and services. NIMH co-chairs the NIH Neuroscience Blueprint, a trans-NIH effort to confront challenges too large for any single Institute. It is expected that this will enable the development of research tools and infrastructure that will serve the entire neuroscience community. NIMH collaborates closely with the Department of Defense and the Department of Veterans Affairs to study the mental health needs of active duty, National Guard, and Reserve personnel including their transition to VA health services. This is critical in light of current military engagements that involve more women, more National Guard members, more Reservists, and more multiple deployments than in the past. Research focuses on the pathophysiology of PTSD, to identify biological markers for risk, to determine whether early detection and intervention decreases the occurrence of long-term illness, and to determine what health and economic benefits may result from early intervention.

**Publications:** NIMH recently revised its publications on anxiety disorders, schizophrenia, and obsessive-compulsive disorder, updating information on symptoms, causes and treatments, with information on getting help and coping. These new materials join a growing list of other pamphlets and printable materials on the diagnosis and treatment of mental disorders, such as social phobia, post-traumatic stress disorder, depression, bipolar disorder, autism, eating disorders, and those affecting children and adolescents. Publications are free and can be ordered on line. Several publications are also available in Spanish. The NIMH Website at <http://www.nimh.nih.gov> makes available these and other important information about the Institute, such as outreach materials targeting men and depression and detailed information about NIMH-sponsored clinical trials, workshops, meetings, complete text of program announcements and requests for applications, and other items of interest. To receive more information on NIMH activities, subscribe to NIMH-E-NEWS on the NIMH home page or contact the NIMH Information Center toll free at 866/615-6464.

#### **NATIONAL MENTAL HEALTH AWARENESS CAMPAIGN [NMHAC]**

PO Box 491608, Los Angeles, CA 90049-1608

HELPLINE: 877/495-0009; WEB SITE: [www.nostigma.org](http://www.nostigma.org)

Gail Kamer Lieberfarb, Chair, Board of Directors

**Founding Date:** 1999. **Description:** NMHAC is a not-for-profit, non-partisan, nationwide campaign dedicated to combating the stigma associated with mental illness among youth, adults and seniors. **Staff Participating in MHLG:** Ross Szabo, Director of Youth Outreach.

**Organizational Purpose:** To reduce the discrimination that pervades the daily lives of Americans living with mental illness and stimulate help-seeking behavior to substantially increase the number of Americans accessing mental health services.

#### **OLDER WORKERS & DISABILITY UNIT [OW/DU]**

Division of Adult Services, Employment and Training Administration  
U.S. Department of Labor

200 Constitution Avenue, NW, Room S-4203, Washington, DC 20210

PHONE: 202/693-2723; FAX: 202/693-3818

WEB SITE: [www.doleta.gov/disability/](http://www.doleta.gov/disability/)

Alexandra Kielty, Supervisory Manpower Development Specialist, Older Workers & Disabilities Unit

**Organizational Purpose:** The Older Workers/Disabilities Unit (OW/DU), Disability Team, Division of Adult Services (DAS), within the Employment and Training Administration, U.S. Department of Labor, develops and implements disability policy and program initiatives related to the workforce system, including cross-agency collaboration to address structural, programmatic, and systemic barriers to employment by expanding the One-Stop Career Center system to provide comprehensive, integrated, seamless, and accessible services. **Description:** The DAS' Disability Team works to improve career and employment outcomes for adults and youth with disabilities through innovative skills training and systems change activities. With the ultimate goal of increasing the number of people with disabilities who work, the OW/DU provides policy analysis, technical assistance, development and dissemination of effective practices and strategies, and education and outreach to employers, employees, providers, and the disability community. **Staff Participating in MHLG:** Randee Chafkin.

#### **THE RELIGIOUS ACTION CENTER FOR REFORM JUDAISM [RAC]**

2027 Massachusetts Avenue, NW, Washington, DC 20036

PHONE: 202/387-2800; FAX: 202-667-9070

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

Rabbi David Saperstein, Director and Counsel

**Founding Date:** 1958. **Membership Size:** 1.5 million (RAC is part of the Union for Reform Judaism, representing 950 synagogues and 1.5 million reform Jews). **Staff Size:** 20. **Number of State/Local chapters:** None. **Affiliated Organizations:** All reform temples and affiliated Union for Reform Judaism organizations. **Annual Convention/ Meeting:** Consultation on Conscience: April 15-18, 2007, in Washington, DC. **Publications:** None. **Staff Participating in MHLG:** Marc Katz, Legislative Assistant.

**Organizational Purpose:** The Religious Action Center of Reform Judaism (RAC) is the Washington, DC, office of the Union for Reform Judaism. The RAC has been the hub of Jewish social justice and legislative activity in the nation's capital for more than 40 years. The RAC educates and mobilizes the American Jewish community on legislative and social concerns, advocating on issues from economic justice to civil rights to religious liberty to Israel. The RAC's work is mandated by the Union for Reform Judaism, whose 900+ congregations across North America include 1.5 million Reform Jews, and the Central Conference of American Rabbis (CCAR), whose membership includes more than

1,800 Reform rabbis. Representatives of these two organizations, as well as the Union's affiliates, comprise the Commission on Social Action (CSA) and govern the RAC's policy positions. **Description:** The Religious Action Center is under the auspices of the Commission on Social Action of Reform Judaism, a joint instrumentality of the Central Conference of American Rabbis and the Union for Reform Judaism with its affiliates: American Conference of Cantors, Association of Reform Zionists of America, National Association of Temple Administrators, National Association of Temple Educators, National Federation of Temple Brotherhoods, National Federation of Temple Sisterhoods, North American Federation of Temple Youth. **Priority Issues for 2007:** The RAC follows a wide range of issues. Please visit the following website for more information: <http://rac.org/advocacy/issues/>.

#### **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION [SAMHSA]**

1 Choke Cherry Road, Rockville, MD 20852  
PHONE: 240/276-2000; FAX: 240/276-2010  
WEB SITE: [www.samhsa.gov](http://www.samhsa.gov)  
Terry L. Cline, PhD, Administrator

**Founding Date:** 1992. **Staff Size:** 550. **Publications:** SAMHSA News; TIPS and PEPS on improved ways of providing prevention and treatment; publications on data related to the various aspects of service delivery; others. **Staff Participating in MHLG:** Joe Faha, Director, Congressional Affairs; Roslyn Holliday Moore.

**Organizational Purpose:** To reduce prevalence and incidence of substance abuse and mental health disorders and improve treatment outcomes, to provide national leadership to ensure the best use of knowledge based on science to prevent and treat addictive and mental disorders, and to improve access and reduce barriers to high quality, effective programs. **Description:** Source of federal assistance for substance abuse and mental health services; data collection on substance abuse and mental health; and evaluation of programs and service delivery systems.