

ORGANIZATIONAL DESCRIPTIONS: OBSERVERS

AMERICAN ORTHOPSYCHIATRIC ASSOCIATION [Ortho]

Institute on Family & Neighborhood Life, Clemson University
225 South Pleasantburg Drive, McAlister Square B 11, Greenville, SC 29607
PHONE: 864/250-4622; FAX: 864/250-4633
WEB SITE: www.aotoday.com

Robin Kimbrough-Melton, Executive Director; Andres Pumariega, MD, President

Founding Date: 1924. **Membership Size:** 1,000. **Staff Size:** 1 FT, 2 PT. **Number of State/Local Chapters:** N/A. **Affiliated Organizations:** Administered by the Institute on Family and Neighborhood Life, Clemson University. **Annual Convention/Meeting:** 1) At the 2009 meeting of the Institute on Psychiatric Services (IPS), Ortho is sponsoring a special track focused on social justice and mental health issues related to special populations (children and individuals with dual disorders). The Ortho track is Saturday, October 10, 2009, from 8:30 a.m. to 5:00 p.m. 2) Family Symposium, April 12-14, 2010, Greenville, SC. 3) Ortho Annual Conference, June 21-25, 2010, Cape Cod Institute. **Publications:** American Journal of Orthopsychiatry. **Staff Participating in MHLG:** Jill D. McLeigh, Fellow.

Organizational Purpose: Ortho is a multi-disciplinary organization designed to facilitate the generation and exchange of knowledge relevant to the development and implementation of policies and practices consistent with the promotion of mental health and social justice, including the protection of human rights. **Description:** Mental health professionals (diverse disciplines) committed to the promotion of mental health and the pursuit of social justice. Undertakes periodic study groups, publications, and professional meetings related to these goals. **Priority Issues for 2010:** Immigration, national and community emergencies, the economy.

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;

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 25-26, 2008, in 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 2010:** 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; Encouraging 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
Donald B. Moulds, PhD, Acting 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 for 2010:** HHS programs and activities.

CENTER FOR INTEGRATED BEHAVIORAL HEALTH POLICY (Formerly Ensuring Solutions to Alcohol Problems)

2121 K Street, NW, Suite 210, Washington, DC 20006
PHONE: 202/994-4332; FAX: 202/994-3472
WEB SITE: www.integratedbehavioralhealth.org
Eric Goplerud, PhD, Director

Founding Date: 2008. **Publications:** Monthly newsletter, research reports, policy and issue briefs.
Staff Participating in MHLG: Eric Goplerud, PhD, Director; Delia Olufokunbi, PhD, Deputy Director.

Organizational Purpose: The mission of the Center for Integrated Behavioral Health Policy is to find policy solutions that integrate behavioral health care into overall health care so that people with mental illnesses and substance use disorders get the help they need. The Center consults with employers and public health care purchasers, health plans, physicians and other health care providers, and government leaders to create policies and practices that integrate behavioral and physical health. **Description:** The project conducts research and develops information addressing the extent and costs of untreated behavioral health problems; policies and practices that hinder access to treatment services; and ways to increase access to integrated treatment. **Priority Issues for 2010:** Behavioral health integration; Screening and brief intervention (including reimbursement codes and workplace screening); Health care financing; Substance abuse parity; Alcohol exclusion laws; Accountability and performance measurement.

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
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). **Staff Participating in MHLG:** Roslyn Holliday Moore, Public Health Analyst; Elizabeth Lopez, 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 for 2010:** Integrated care; Trauma; Suicide prevention; Homelessness; Eliminating racial and ethnic disparities. **Continuing Priorities:** Assist states and others with issues of parity, 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, Youth Violence Prevention, HIV/AIDS Education II, American Indian/Alaskan Native Children, Children with Serious Emotional Disturbances and their Families and Youth Transition; Expand the number and range of mental health and rehabilitative services for adults with serious mental illness; Work with states to develop performance measures and related accountability mechanisms.

CORPORATION FOR SUPPORTIVE HOUSING [CSH]

50 Broadway, 17th Floor, New York, NY 10004

PHONE: 212/986-2966; FAX: 212/986-6552

WEB SITE: www.csh.org

Deborah De Santis, President and CEO; Denise O'Leary, Chairman.

Founding Date: 1991. **Membership Size:** N/A. **Staff Size:** 95. **Number of State/Local Chapters:** 14. **Affiliated Organizations:** We have 14 state offices and you can find the complete list at: <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=120&parentID=2>. **Annual Convention/Meeting:** N/A. **Publications:** A regular electronic newsletter available at: <http://www.csh.org/index.cfm?fuseaction=Page.viewPage&pageId=3578&nodeID=81>. **Staff Participating in MHLG:** Peggy Bailey, Senior Policy Advisor.

Organizational Purpose: The Corporation for Supportive Housing is a national nonprofit organization and community development financial institution that helps communities create permanent housing with services to prevent and end homelessness. CSH advances its mission by providing advocacy, expertise, leadership and financial resources to make it easier to create and operate supportive housing. **Description:** CSH is a national organization that delivers our core services through geographic hubs (listed in the link above; national program teams; programmatic and geographically targeted initiatives and through consulting services.

Our partners and constituents include:

- developers, including non-profit, public, and for-profit organizations;

- organizations that operate scattered site-leased based supportive housing programs and the property owners that offer access to units for supportive housing;
- organizations that link persons to supportive housing programs;
- organizations that provide property management services within supportive housing settings;
- consultants, technical assistant providers and other intermediaries that support the capacity of supportive housing developers, operators and service providers;
- public agencies that control financial resources and otherwise impact the development, operations or services activities in supportive housing
- federal, state and local policy makers and staff; heads of executive branches; public agencies and other actors within public systems that influence and share responses to homelessness and vulnerable populations
- advocacy partners and key philanthropic stakeholders.

CSH's ongoing activities include:

- Program and System Design - helping communities develop programmatic and policy programs to help create and sustain supportive housing
- Program Implementation - providing strategies and advice to help communities turn their commitments into action
- Project Specific Technical Assistance – on-the-ground technical assistance to supportive housing project sponsors
- Financial Products: meeting the needs of project developers at each step of the development process; including loan products; tax credit investment expertise and grants
- Policy Design, Reform and Systems Change – helping to lead and engage partners in efforts to target and increase federal, state and local funds for supportive housing
- Research / Evaluation Design and Guidance – demonstrating the efficacy of supportive housing and its impact on ending homelessness and providing better outcomes for extremely vulnerable individuals and families
- Trainings and Capacity Building – training design, curriculum development, training delivery, knowledge exchange opportunities and creative peer-to-peer learning innovations; and
- Resource tool development – developing and providing facilitated access to a variety of on-line and hard-copy resources to enhance the skills, ability and efficiency of the supportive housing industry

Priority Issues for 2010:

- HUD's McKinney Vento Homeless Assistance Program: enact the HEARTH Act to reauthorize and improve the McKinney Vento Programs, and fund McKinney Vento Homeless Assistance Grants at \$2.2 billion in Fiscal Year 2010
- Homeless Programs at the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS): Reauthorize SAMHSA programs and include new initiatives for homeless populations such as the Services to End Long-term Homelessness Act (SELHA); Authorize a grant program to pay for services in supportive housing; appropriate \$120 million in the Labor-HHS Appropriations bill; and encourage SAMHSA to fund services designed to increase access to disability benefits and Medicaid using approaches such as SOAR
- National Housing Trust Fund: capitalize the newly-created Fund with \$1 billion and implement regulations to ensure the Fund will be used to build high-quality housing for those who need it most
- End Veterans Homelessness: provide 10,000 new HUD-VASH vouchers; enact the Homes for Heroes Act; and ensure new VA grant funding is effectively used for services linked to housing

- Improve Mainstream Housing and Social Safety Net Programs to Better Serve Homeless Families and Individuals including;
 - enact Section 8 voucher reform act (SEVRA);
 - provide 200,000 new Section 8 Housing Choice Vouchers
 - reinvigorate the Low Income Housing Tax Credit Program
 - stabilizing and reunifying families and supporting transition-aged youth by providing \$20 million for new Family Unification Program vouchers
 - reduce recidivism and homelessness among those re-entering communities and incarceration by fully funding the Mentally Ill Offender Treatment and Crime Reduction Act and providing \$75 million for the Second Chance Act
 - provide \$113 million for the CDFI fund and \$80 million for the Capital Magnet Fund
 - use Medicaid to pay for more cost-effective services to help end homelessness among people with disabilities and complex health problems
 - improve the Section 202 Housing for the Elderly and the Section 811 Housing for Persons with Disabilities

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

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:** Emily Art, Program Associate.

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]

1660 L Street, NW, Suite 700, Washington, DC 20036

PHONE: 202/506-5813; FAX: 202/506-5846

WEB SITE: www.nacdd.org

Michael J. Brogioli, Chief Executive Officer

Founding Date: 2002. **Membership Size:** 55. **Staff Size:** 5. **Annual Convention/Meeting:** Fall Conference in Milwaukee, WI, in October, 2008; Technical Assistance Institute in Washington, DC, June 2008; Public Policy Seminars in March and June 2008. **Staff Participating in MHLG:** Michael J. Brogioli, 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 for 2010:** 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

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/Meeting:** NACo 2010 Legislative Conference March 6-10, 2010, in Washington, DC. **Staff Participating in MHLG:** Paul Beddoe, 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]

1133 19th Street, NW, Suite 400, Washington, DC 20036

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

WEB SITE: www.nasmd.org

Ann C. Kohler, Executive Director

Founding Date: 1979. **Membership Size:** 56. **Staff Size:** 10. **Annual Conference:** November 2008 in Washington, DC. **Publications:** Medicaid Monthly Newsletter. **Staff Participating in MHLG:** Ann C. Kohler, Executive Director.

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 \(APHSA\)](http://www.aphsa.org). 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 2010:** 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) and other federal regulatory provisions; Expansion of the "Money Follows the Person" grant program; Monitoring CMS administrative actions; Addressing funding shortfalls in the SCHIP program; Simplifying the DRA's citizenship and identity documentation requirements; Inclusion of Medicaid in any health information technology (HIT) and quality improvement initiatives; Supporting the role of Medicaid in federal emergency preparedness and response legislation; Supporting more effective management of chronic health conditions.

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:** 287 Fortune 500 companies. **Staff Size:** 41. **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, Vice President.

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 for 2010:** 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

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

Founding Date: 2000. **Membership Size:** 51 Funded Centers and 41 Affiliate Centers in 40 States. **Staff Size:** NCCTS (50). **Number of State/Local Chapters:** 51 funded (several staff per center); over 2,000 external partners nationwide. **Annual Conference/Meeting:** NCTSN All-Network Meeting, March 16-19, 2009, in Orlando, FL. **Publications:** NCTSN E-Newsletter and many other

publications at www.nctsn.org. **Staff Participating in MHLG:** Ellen Gerrity, PhD, NCCTS Associate Director and Senior Policy Advisor; Holly Merbaum.

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 in all child-serving systems. 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 at SAMHSA.

With NCTSN centers in over 40 states (currently funded and affiliate centers), and working partnerships with hundreds of other organizations, the NCTSN members directly serve more than 50,000 children and families each year, with many hundreds of thousands more served through trainings of providers, development of resources, and technical assistance. Training in evidence-based interventions is directly provided to over 100,000 professionals annually through learning collaboratives, workshops, and online seminars. 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, courts, homeless and domestic violence 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 2010:** The development of new print and online resources for military families, child abuse and residential care providers, child welfare and foster care professionals, and school-based mental health professionals, with an emphasis on resiliency and evidence-based prevention and integration of care. More information on these and other important initiatives is available at 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

Thomas R. Insel, MD, Director

Founding Date: 1946. **Staff Size:** 637. **Staff Participating in MHLG:** Gemma Weiblinger, Director, Office of Constituency Relations and Public Liaison; Alison Bennett, Office of Constituency Relations and Public Liaison.

Organizational Purpose: The mission of the National Institute of Mental Health (NIMH) is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. Mental illnesses are now understood and studied as brain disorders, specifically as disorders of brain circuits. Left untreated, a mental disorder can become more severe and more difficult to treat, and can lead to the development of co-occurring illnesses. The burden of mental disorders on society is enormous. Mental disorders are the leading cause of disability in the United States and Canada, accounting for 24 percent of all years of life lost to disability and premature mortality (Disability Adjusted Life Years or DALYs). Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 33,000 Americans each year. In a given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. The economic burden of serious mental illness, excluding incarceration, homelessness, comorbid conditions and early mortality is approximately \$317.6 billion annually.

Description: Building on new discoveries from genetics, neuroscience, and behavioral science, NIMH-funded researchers have made extraordinary progress in understanding how biology, behavior, experience and the environment interact to lead to mental disorders. NIMH research is also demonstrating that medications and behavioral therapies can relieve suffering and improve daily functioning for many people. Analyses of the human genome have transformed our understanding of how individuals genetically vary from each other and how these variations can put some people at increased risk for certain illnesses. Neuroimaging studies and investigations of cognition and behavior have laid the vital groundwork needed to make unprecedented progress toward preventing and treating mental illnesses. To inspire and support research that will continue to make a difference for those living with mental illnesses, and ultimately, promote recovery, NIMH has developed a Strategic Plan to guide future research efforts. The overarching objectives of the Strategic Plan are to: (1) promote discovery in the brain and behavioral sciences to fuel research on the causes of mental disorders; (2) chart mental illness trajectories to determine when, where and how to intervene; (3) develop new and better interventions that incorporate the diverse needs and circumstances of people with mental illnesses; and (4) strengthen the public health impact of NIMH-supported research.

Priority Issues for 2010: Innovative research and research training supported by NIMH have made great progress in revealing the complexities of mental disorders. Researchers are working to understand how genes give rise to basic biological functions, and how disruptions in function can lead to mental illnesses. Over the past decade, scientists have come to realize that the relationship between genes and disease is complex. Research suggests that it is unlikely there is a single gene responsible for causing any particular mental disorder. Instead, it is likely that multiple genes and environmental influences together contribute to complex disorders such as autism spectrum disorders (ASD), schizophrenia, and bipolar disorder. In addition, researchers have yet to discover how epigenetic mechanisms—ways that the environment influences gene function—factor into the etiology of these disorders.

Recovery After an Initial Schizophrenia Episode (RAISE) is a large-scale, NIMH research project that seeks to fundamentally change the way schizophrenia is treated. Despite the availability of antipsychotic medications and various psychosocial interventions, people with schizophrenia often do not receive treatment until the disease is already well-established, making schizophrenia a costly disease for individuals, their families, and the community at large. RAISE will test approaches that involve intervening immediately upon first diagnosis, systematically incorporating the range of options that are now available in a more piecemeal fashion to people with schizophrenia. These options include

medications, psychosocial treatments, and rehabilitation, including teaching patients and families how to manage the disease. The hope is that such a coordinated approach tailored to each individual and sustained over time may make lasting differences in the acceptability of treatment and overall function.

Autism Spectrum Disorders (ASD) share a diverse combination of core clinical characteristics of impairment in verbal and nonverbal communication skills and social interactions, and restricted, repetitive, and stereotyped patterns of behavior. The emerging picture of the genetics of autism is quite surprising. NIMH-supported research has found that many of the seemingly disparate genetic mutations recently discovered in autism may share common underlying mechanisms. The mutations may disrupt specific genes that are vital to the developing brain, and which are turned on and off by experience-triggered neuronal activity. There appear to be many separate mutations involved. Such research is among the wide array of studies that will be coordinated and accelerated by the Strategic Plan for ASD Research. This plan, and its annual updating, is required by the Combating Autism Act (CAA) of 2006 (P.L. 109-416), which established the Federal Interagency Autism Coordinating Committee (IACC). NIMH leads the IACC, with NIMH Director, Thomas Insel, M.D., as its Chair.

The total number of reported suicides for 2009 among active duty soldiers was 160. By comparison, in 2008 there were 140 suicides among active duty soldiers. These alarming numbers do not include suicides among reserve soldiers who are not on active duty. In 2009, there were 78 suicides—49 confirmed—among reserve soldiers not on active duty. By comparison, in 2008, there were 57 suicides within this group. The suicide rate among soldiers began to rise significantly in 2002, and reached record levels by 2007. The Army has been very proactive in its efforts to address this crisis, but despite major intervention efforts, the suicide rate among Soldiers continues to rise. In response, the Army initiated a partnership with NIMH to better understand the phenomenon. The result is the Study to Assess Risk and Resilience of Service Members (Army STARRS). The largest mental health study of military personnel ever undertaken, the project has been called a Framingham study for the Army. What Framingham did for identifying risk and protective factors for cardiovascular disease, Army STARRS aims to do for suicide and associated mental health problems such as depression, anxiety disorders, and PTSD. The goal is to reduce the suicide rate and get soldiers the help they need as quickly as possible. The study will also provide a scientific basis for initiating effective and practical interventions to reduce suicide rates and address associated mental health problems in all populations.

NIMH will take part in a trans-NIH initiative, Basic Behavioral and Social Science Opportunity Network (OppNet), which is designed to expand the agency's funding of basic behavioral and social sciences research (b-BSSR). Basic-BSSR furthers our understanding of fundamental mechanisms and patterns of behavioral and social functioning, relevant to the Nation's health and well-being, as they interact with each other, with biology, and the environment. Research results lead to new approaches for reducing risky behaviors and improving health. Global mental health is also an emerging priority — both as a research opportunity and as a moral imperative that has received limited attention in the past. Mental disorders account for approximately 30% of the worldwide burden of noncommunicable disease and 13% of the total global burden of disease. Implementation of effective treatment interventions lags behind the need in many settings and particularly in low- and middle-income country settings. NIMH plans to participate in the World Health Organization's Mental Health Gap Action Program (mhGAP), which aims to deliver an integrated package of evidence-based interventions in low- and middle-income settings. Proposed NIMH support of implementation research related to mhGAP presents a unique opportunity to study the scale-up of mental health interventions in a range of health systems.

Publications: NIMH has added new publications on brain imaging, bipolar disorder, and treatment of children with mental illness. These new materials join a growing list of other pamphlets and printable materials on the diagnosis, treatment, and research efforts of mental illnesses such as depression, anxiety disorders, post-traumatic stress disorder, bipolar disorder, autism, eating disorders, attention-deficit

hyperactivity disorder, suicide prevention, and schizophrenia. 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 materials and publications on helping children and adolescents cope with violence and disasters, and detailed information about NIMH-sponsored clinical trials, workshops, meetings, complete text of program announcements and requests for applications, and other items of interest. One recent addition is a video on depression that can be downloaded to MHLG partners' websites or used in presentations. NIMH has also added vodcasts about the latest research studies featuring NIMH researchers and grantees. 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. You can now follow NIMH on Twitter at www.twitter.com/nimhgov, watch NIMH videos on You Tube at www.youtube.com/nimhgov, and become a fan on FaceBook at: <http://www.facebook.com/pages/Rockville-MD/National-Institute-of-Mental-Health/103884801977?ref=mf>.

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/

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 OF REFORM JUDAISM [RAC]

2027 Massachusetts Avenue, NW, Washington, DC 20036
PHONE: 202/387-2800; FAX: 202-667-9070
WEB SITE: 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 900 synagogues and 1.5 million reform Jews). **Staff Size:** 21. **Number of State/Local Chapters:** None. **Affiliated Organizations:** All reform temples and affiliated Union for Reform Judaism organizations. **Annual Convention/Meeting:** Consultation on Conscience: May 1-3, 2011. **Publications:** None. **Staff Participating in MHLG:** Rebecca Katz.

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 2010:** 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
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.

ZERO TO THREE: National Center for Infants, Toddlers and Families [ZTT]

2000 M Street, NW, Suite 200, Washington, DC 20036
PHONE: 202/638-1144; FAX: 202/638-0851
WEB SITE: www.zerotothree.org
Matthew E. Melmed, JD, Executive Director

Founding Date: 1977. **Membership Size:** N/A. **Staff Size:** 115. **Number of State/Local Chapters:** N/A. **Affiliated Organizations:** Early Head Start National Resource Center; National Infant and Toddler Child Care Initiative. **Annual Convention/Meeting:** December 9-11, 2010. **Publications:** ZERO TO THREE Journal (bi-monthly); periodic research-based publications, books, articles, etc. **Staff Participating in MHLG:** Janine Kossen, Project Director, Federal Policy; Patty Cole, Government Relations Consultant.

Organizational Purpose: Our mission is to promote the health and development of infants and toddlers. **Description:** We are a national, nonprofit organization that informs, trains and supports professionals, policymakers and parents in their efforts to improve the lives of infants and toddlers. We train professionals and build networks of leaders. We influence policies and practice. We raise public understanding of early childhood issues. All our work is grounded in research and experience, multidisciplinary, collaborative, culturally responsive, clinically informed, and accessible.

Priority Issues for 2010:

- Infant and early childhood mental health (SAMHSA reauthorization, broader health care reform efforts)
- Early care and education (Early Head Start regulations and implementation, Child Care and Development Block Grant, Early Learning Challenge Fund, No Child Left Behind, home visiting, early intervention)
- Temporary Assistance for Needy Families
- Child abuse and neglect
- Children's nutrition (reauthorizations of WIC and the Child and Adult Care Food Program)
- Budget and Appropriations