

MHLG MEMBER ORGANIZATION PROFILES

ALLIANCE FOR CHILDREN AND FAMILIES [ACF]

1001 Connecticut Avenue, NW, Suite 601, Washington, DC 20036

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

WEB SITE: 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: 370 agencies. **Publications:** The Alliance for Children and Families Magazine; Alliance E-News; electronic digests. **Staff Participating in MHLG:** Patrick Lester, Senior Vice President for 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 340 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 2011:** In the area of behavioral health, supporting policies that make it financially feasible for families with children with mental health needs to stay together and rely on home- and community-based services; Supporting mental health and substance use parity; Supporting tuition subsidies for students entering the field of child and adolescent mental health or other nonprofit human services fields; Opposing funding cuts for substance use prevention and treatment, particularly for individuals with mental illness and children in the child welfare system.

Participating Individual Contact Information

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Alliance for Children and Families

United Neighborhood Centers of America

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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

Virginia Q. Anthony, Executive Director

Founding Date: 1953. **Membership Size:** 8000. **Staff Size:** 40. **Number of State/Local Chapters:** 57. **Affiliated Organizations:** Regional organizations of child and adolescent psychiatry. **Annual Convention/Meeting:** October 18-23, 2011, in Toronto, Ontario, Canada. **Publications:** Journal of the American Academy of Child and Adolescent Psychiatry; AACAP News. **Staff Participating in MHLG:** Kristin K. Ptakowski, Director of Government Affairs and Clinical Practice; Assistant Director of Federal Government Affairs; Karen Davis, 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 2011:** 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; Related children's issues.

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AMERICAN ART THERAPY ASSOCIATION [AATA]

225 North Fairfax Street, Suite 100, Alexandria, VA 22314

PHONE: 703/548-5860; FAX: 703/783-8468

WEB SITE: www.americanarttherapyassociation.org

Susan Corrigan, Executive Director; Joan Phillips, PhD, ATR-BC, LMFT, LPC, President

Founding Date: 1969. **Membership Size:** 5,500. **Staff Size:** 6. **Number of State/Local Chapters:** 38. **Affiliated Organizations:** 38 state chapters (list and links on website). **Annual Convention/Meeting:** July 6-10, 2011. **Publications:** Journal of the American Art Therapy Association. **Staff Participating in MHLG:** Angela Foehl, JD, MPH, Director of Public Policy.

Organizational Purpose: The American Art Therapy Association (AATA) is a nonprofit organization founded in 1969, with a membership of over 5,500 art therapists, researchers, educators, students, and other mental health professionals dedicated to the belief that the creative process involved in art making is healing and life enhancing. The Association's mission is to serve its members and the general public by providing standards of professional competence, and developing and promoting knowledge in, and of, the field of art therapy. Committees composed of members and other experts in the field actively work on governmental affairs at the national and state level, clinical issues, and professional development. The Association's dedication to continuing education and research is demonstrated through its annual national conference, publications, distance learning, and national awards recognizing excellence in the field.

Priority Issues for 2011: The Association's federal legislative priorities for 2011 include funding and program implementation for health care reform initiatives; mental health treatment; public education; resource expansions for veterans and active duty military to prevent and treat TBI, PTSD, and other mental health problems; reimbursement for art therapists' services by private insurers, FEHBP, Medicare, Medicaid, and TRICARE; implementation of federal mental health parity. The Association's state legislative priorities are licensure access and portability.

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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

Christine M. deVries, Chief Executive Officer; Jeffrey Marc Lyness, MD, President

Founding Date: 1978. **Membership Size:** 2,000. **Staff Size:** 10. **Affiliated Organizations:** Geriatric Mental Health Foundation. **Annual Convention/Meeting:** March 18-21, 2011, in San Antonio, TX. **Publications:** American Journal of Geriatric Psychiatry; Geriatric Psychiatry News. **Staff Participating in MHLG:** Marjorie Vanderbilt, Director, Government Affairs; Stephanie Reed, Associate Director, Government Affairs.

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 2011:** The Positive Aging Act; Medicare physician reimbursement issues; Integration of care; Legislation to extend the National Health Corps Loan Repayment Program for geriatric training; Federal funding for geriatric mental health research and services programs and for Title VII Geriatric Health Professions Education programs; Mental health services in nursing homes; Long-term care; Patient protection.

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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

Michael Bowers, Executive Director

Founding Date: 1942. **Membership Size:** 26,000. **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:** 69th AAMFT Annual Conference, September 22-25, 2011, in Fort Worth, Texas. **Publications:** Family Therapy Magazine; Journal of Marital and Family Therapy. **Staff Participating in MHLG:** Tracy Todd, PhD, Director, Professional and Public Affairs; Brian Rasmussen, PhD, Government Affairs Manager.

Organizational Purpose: To represent the professional interests of marriage and family therapists, 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 practicing in the US and Canada. **Priority Issues for 2011:** Improve the quality of mental health services by increasing access to well-trained marriage and family therapists

Participating Individual Contact Information

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AMERICAN ASSOCIATION OF PASTORAL COUNSELORS [AAPC]

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PHONE: 703/385-6967; FAX: 703/352-7725

WEB SITE: www.aapc.org

Douglas M. Ronsheim, DMin, Executive Director

Founding Date: 1964. **Membership Size:** 3,000. **Staff Size:** 5. **Number of State/ Local Chapters:** 10 regions. **Publications:** *Currents* (AAPC Newsletter); *Journeys* (AAPC Magazine). **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, institutions and communities toward the achievement of wholeness and health. **Priority Issues for 2011:** Building “continuums of care”, post discharge from hospitals, 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 the Clergy Education and Training Project to provide Core Competencies for Clergy regarding alcohol and drug dependence, partners include National Association for Children of Alcoholics (NACoA), Johnson Institute with partial funding through SAMHSA; Working collaboratively with Family Communications Inc. producer’s of Mister Rogers Neighborhood, Pittsburgh, PA and National Association of Child Care Resource & Referral Agencies (NACCRRA) Arlington, VA in implementing The Faith-Based CARES Project- An Interdisciplinary Intervention for the Management of Anger and Impulsive Behavior in Preschool Faith-Based Child Care Centers; Participate in the Men Get Depression National Educational Outreach Campaign. This is an effort to increase knowledge, reduce stigma, and promote screening and treatment for male depression.

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AMERICAN ASSOCIATION OF PRACTICING PSYCHIATRISTS [AAPP]

10436 Snowpoint Drive, Bethesda, MD 20814

WEBSITE: www.aapp.md

Janis G. Chester, MD, President

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

Organizational Purpose: To further causes affecting delivery of appropriate psychiatric care to patients of practicing psychiatrists. **Description:** Membership composed of psychiatrists dedicated to preserving the centrality and sanctity of the patient/psychiatrist relationship, and protecting it from third party intrusions by government or insurance interests. **Priority Issues for 2011:** Maintaining patient privacy in electronic medical records; Maintaining the right to opt out of any national health care scheme for patients and physicians, i.e., the right to private practice; Advocating for meaningful parity legislation; Any other health care reform initiatives on the federal level; Litigation involving private practice psychiatrists and managed care companies; Other issues selected as critical by the board.

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AMERICAN COUNSELING ASSOCIATION [ACA]

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

WEB SITE: www.counseling.org

Richard Yep, Executive Director

Founding Date: 1952. **Membership Size:** 41,000. **Staff Size:** 55. **Number of State/Local Chapters:** 56. **Affiliated Organizations:** The Counseling and Human Development Foundation, ACA Insurance Trust, the American Counseling Association Foundation and the Council for Accreditation of Counseling and Related Educational Programs. **Annual Convention/Meeting:** March 23-27, 2011, in New Orleans, LA. **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.

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.

Priority Issues for 2011: Full federal recognition of professional counselors as providers of mental health and substance abuse treatment services; Patient protection legislation; Medicare and Medicaid coverage issues; Education reform initiatives; School safety and health services; Funding of federal mental health and substance abuse treatment services and research programs; Expanding health insurance coverage.

Participating Individual Contact Information

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AMERICAN DANCE THERAPY ASSOCIATION [ADTA]

10632 Little Patuxent Parkway, Suite 108, Columbia, MD 21044

PHONE: 410/997-4040; FAX: 410/997-4048

WEB SITE: www.adta.org

Robyn Flaum Cruz, PhD, President; Gloria J. Farrow, Operations Director

Founding Date: 1966. **Membership Size:** 1200. **Staff Size:** 2. **Number of State/Local Chapters:** 13. **Affiliated Organizations:** National Association of Pupil Services (NAPSO); the National Board for Certified Counselors, Inc. (NBCC); National Coalition of Creative Arts Therapies Association (NCCATA); Consortium for Citizens with Disabilities (CCD); American Psychological Association (APA) Division 32; and the Society for the Arts in Healthcare (SAH). **Annual Convention/Meeting:** October 8-11, 2009, in Portland, OR; September 23-26, 2010, in Brooklyn, NY. **Publications:** Quarterly ADTA Newsletter; Semi-annual *American Journal of Dance Therapy* (AJDT); Yearly conference proceedings. **Staff Participating in MHLG:** Gloria Farrow, Operations Director; Myrna Mandlawitz, Libby Nealis.

Organizational Purpose: To establish and maintain high standards of professional competence among dance/movement therapists; Advocates nationally and internationally for the development and expansion of dance/movement therapy training and services; Holds an annual conference and supports chapters, regional groups, conferences, seminars, and workshops; Stimulates communication among dance/movement therapists through publication of the *American Journal of Dance Therapy* (AJDT), a newsletter, timely monographs and bibliographies. **Description:** Dance/movement therapists are the members and the populations we work with are our constituents. The organizational structure is the governing Board of Directors and regional chapters. Ongoing activities include annual conference, quarterly journal, presentations, and chapter meetings. **Priority Issues for 2011:** Our federal policy issues for the coming year include Healthcare Reform, Mental Health Advocacy (with emphasis on Autism assessment and treatment); Veterans Issues (with an emphasis on PTSD assessment and treatment); and focusing on Increasing Specialized Instructional Support Services in the Elementary and Secondary Education Act.

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AMERICAN FOUNDATION FOR SUICIDE PREVENTION/SPAN USA [AFSP]

1010 Vermont Avenue, NW, Suite 408, Washington, DC 20005

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

WEB SITE: www.afsp.org; www.spanusa.org

Robert Gebbia, Executive Director

Founding Date: 1987. **Membership Size:** 110,000. **Staff Size:** 39. **Number of State/Local Chapters:** 50. **Publications:** Lifesavers Quarterly. **Staff Participating in MHLG:** John Madigan, Senior Director of Public Policy; Trevor Summerfield, Manager of Public Policy.

Organizational Purpose and Description: AFSP is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reach out to people with mental disorders and those impacted by suicide.

To fully achieve its mission, AFSP engages in the following Five Core Strategies:

- Funds scientific research
- Offers educational programs for professionals
- Educates the public about mood disorders and suicide prevention
- Through SPAN USA promotes policies and legislation that impact suicide and prevention
- Provides programs and resources for survivors of suicide loss and people at risk, and involves them in the work of the Foundation

The Foundation's activities include:

- Supporting research that is improving our understanding of suicide and its prevention. Since 2000, AFSP has invested over \$10 million in new studies, including research into treatments for people who are depressed and suicidal.
- Providing education and information about depression and suicide to professionals, the media and the public through workshops, trainings, the AFSP website, videos, publications, brochures and public service announcements. AFSP's PSA, "Suicide Shouldn't be a Secret," has reached 90 million television viewers.
- Publicizing the magnitude of the problems of depression and suicide, advocating for policies and legislation that can help prevent suicide and working to eliminate the stigma surrounding mental illness and suicide.
- Offering programs for survivors of suicide loss that can be of assistance and involving survivors in suicide prevention. AFSP survivor initiatives include the National Survivors of Suicide Day program, which was broadcast to over 175 communities and was simulcast on the AFSP website, the Survivor e-Network and trainings for survivor support group facilitators.

Priority Issues for 2011:

- Reauthorization of the Substance Abuse and Mental Health Services Administration (including provisions of the GLSMA) and, if possible, expansions/improvements in the GLSMA with an increase in its authorization level.

- Appropriations at the maximum attainable level for Garrett Lee Smith Memorial Act (GLSMA) programs.
- Strengthening legislation on veterans and military suicide prevention to promote longitudinal research on the rates and causes of military suicide, require better reporting by the Veterans Administration and Department of Defense, develop anti-stigma campaigns, and continue and expand programs to assist service members, returning veterans, and families.
- Legislation or other policy directives to encourage National Institutes of Health agencies (such as National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, and National Institute on Drug Abuse) to invest more substantially in research related to suicide, suicide prevention, and survivors of suicide loss or suicide attempts.
- Appropriations at the maximum attainable level for: National Violent Death Reporting System (NVDRS), Suicide Prevention Lifeline, Support for the Mental Health Liaison Group's Budget & Appropriations Recommendations.
- Implementation of Mental Health Parity and Health Reform in accordance with our previous priority objectives.
- Legislation (provision of transportation authorization) to allow the Golden Gate Bridge Authority (and other jurisdictions) to use federal funds for bridge barriers.
- Legislation that aims to reduce bullying and cyber-bullying.
- Legislation to establish depression centers of excellence (ENHANCED ACT).

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AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION [AGPA]

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PHONE: 212/477-2677; FAX: 212/979-6627

WEB SITE: www.agpa.org

Marsha S. Block, CAE, CFRE, Chief Executive Officer; Jeffrey Kleinberg, 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 28 – March 5, 2011, in New York, NY. **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; and Diana Marit Kunkel, PhD.

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 2011:** 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.

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AMERICAN HOSPITAL ASSOCIATION [AHA]

Section for Psychiatric and Substance Abuse Services
1 North Franklin, 32nd Floor, Chicago, IL 60606
PHONE: 312/422-3303; FAX: 312/422-4590
Rich Umbdenstock, President

Founding Date: AHA in 1898, the Section for Psychiatric and Substance Abuse Services in 1969. **Section Membership Size:** 1,300. **Staff Size:** 6. **Number of State/Local Chapters:** Contacts within each of the 50 states and numerous metropolitan hospital associations that deal with behavioral issues. **Annual Convention/Meeting:** AHA Annual Meeting April 25-29, 2009. **Publications:** Monthly Membership briefings: “*Behavioral Health Updates*”; Case Examples on Ensuring Effective Triage of Psychiatric Patients in the Emergency Department; many other items found on the web site: www.aha.org/psych. **Staff Participating in MHLG:** Rebecca Chickey, Director, Section for Psychiatric and Substance Abuse Services; Carlos Jackson, Senior Associate Director, Federal Relations; Joanna Hiatt, Senior Associate Director, Policy Development.

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 is guided by a 16-member governing council of nationally-recognized administrators, physicians, nurses and other professionals involved in behavioral health care management. **Priority Issues for 2011:** 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.

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AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION [AMHCA]

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

WEB SITE: www.amhca.org

W. Mark Hamilton, PhD, Executive Director and CEO; Tom J. Ferro, LPC, President

Founding Date: 1976. **Membership Size:** 8,000. **Staff Size:** 5. **Number of State/ Local Chapters:** 48. **Affiliated Organizations:** AMHCA Foundation. **Annual Convention/Meeting:** July 14-16, 2011, in San Francisco, CA. **Publications:** Journal of Mental Health Counseling; The Advocate, E-News from Washington. **Staff Participating in MHLG:** Al Guida, J.D. (Consultant).

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 2011:** Eliminate physician referral/supervision requirements under TRICARE; Medicare reimbursement for mental health counselors; Recognition of mental health counselors by the Department of Defense and Department of Transportation "Substance Abuse Professionals Program," and other federal programs; Federal mental health parity; Health care reform initiatives, particularly patient and confidentiality protections; affordability credits; and behavioral health care research funding.

Participating Individual Contact Information

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AMERICAN NURSES ASSOCIATION [ANA]

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WEB SITE: www.nursingworld.org

Linda J. Stierle, MSN, RN, NEA-BC, Chief Executive Officer; Rebecca M. Patton, MSN, RN, CNOR, President

Founding Date: 1896. **Membership Size:** Over 180,000. **Staff Size:** 150. **Number of State/Local Chapters:** 51 Constituent Member Associations. **Affiliated Organizations:** American Nurses Foundation; ANA Political Action Committee; American Nurses Credentialing Center; American Academy of Nursing. **Annual Convention/Meeting:** June 2010. **Publications:** Capitol Update, a monthly online newsletter on legislative and regulatory issues; The American Nurse, bimonthly circulation of nearly 200,000; American Nurse Today, monthly official Journal of the American Nurses Association, circulation of 175,000. **Staff Participating in MHLG:** Rose Gonzalez, Director, Government Affairs; Michelle Artz, Chief Associate Director, Government Affairs.

Organizational Purpose: The ANA is the only full service professional organization representing the interests of the nation's 2.9 million registered nurses through its 51 constituent member nurses associations, its 23 organizational affiliates, and its workforce advocacy affiliate, the Center for American Nurses. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care 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 2011:** Ensuring that nurses are fully and appropriately recognized and incorporated in the federal health care reform efforts; Advancement of safe staffing legislation and legislation that would reduce barriers to practice for Advanced Practice Registered Nurses; Funding for Title VIII nursing workforce development programs.

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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

Fred P. Somers, Executive Director; Penelope Moyers, PhD, OTR/L, FAOTA, President

Founding Date: 1917. **Membership Size:** 38,500. **Staff Size:** 85. **Number of State/Local Chapters:** 53. **Affiliated Organizations:** American Occupational Therapy Foundation; Assembly of State Association Presidents; and World Federation of Occupational Therapists. **Annual Convention/Meeting:** April 23-26, 2009, in Houston, TX. **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:** Tim Nanof, Federal Affairs Manager; Ralph Kohl, Legislative Representative.

Organizational Purpose: To represent the interests and concerns of occupational therapy practitioners 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, Guam, and 65 foreign countries. 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 2011:** Medicare, especially mental health coverage and partial hospitalization benefits; Implementation of IDEA and children's health and mental health programs including positive behavior supports; Implementation of parity legislation; Protecting access to care in Medicaid in schools and under the Rehabilitation Services Option.

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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.aoatoday.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:** In April 2011, Ortho is co-sponsoring the 3rd annual International Family Symposium in Greenville, SC. **Publications:** American Journal of Orthopsychiatry. **Staff Participating in MHLG:** Natallia Sianko, 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 2011:** Immigration, family homelessness, national and community emergencies, bullying prevention.

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AMERICAN PSYCHIATRIC ASSOCIATION [APA]

1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209

PHONE: 703/907-7800; FAX: 703/907-1083

WEB SITE: www.psych.org

James Scully, MD, Medical Director

Founding Date: 1844. **Membership Size:** 37,000. **Staff Size:** 250. **Number of State/Local Chapters:** 76. **Annual Convention/Meeting:** May 14-18, 2011, in Honolulu, HI. **Publications:** Weekly federal and monthly state legislative newsletters; the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR); DSM-5 (scheduled for publication in 2013); Psychiatric News; American Journal of Psychiatry; Hospital and Community Psychiatry. **Staff Participating in MHLG:** Lizbet Boroughs, Deputy Director, Federal Affairs; Julie A. Clements, Deputy Director, Regulatory Affairs; Paula Johnson, Deputy Director, State Affairs; Clare Koller, Deputy Director, House Affairs; Nicholas Meyers, Director, Government Relations; Matt Sturm, Associate Director, Congressional Affairs.

Organizational Purpose: A medical specialty society, the APA promotes the highest quality diagnosis, treatment, rehabilitation and care for the mentally ill, the intellectually disabled 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 2011:** Health care reform; Implementation of mental health parity and ensuring non-discriminatory coverage of treatment for mental illness, including substance abuse; Sustained growth of funding for psychiatric biomedical and behavior research and services; Stringent protection of medical records privacy, particularly psychotherapy records; Implementing the elimination of Medicare's discriminatory 50% copayment for outpatient psychiatric treatment; Medicare coverage of mental health services, including coverage of psychotropic medications in Part D prescription drug plans 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; 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.

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AMERICAN PSYCHIATRIC NURSES ASSOCIATION [APNA]

1555 Wilson Boulevard, Suite 530, Arlington, VA 22209

PHONE: 703/243-2443; FAX: 703/243-3390;

WEB SITE: www.apna.org

Nicholas Croce, Jr., MS, Executive Director; Jeanne Clement, EdD, APRN, BC, FAAN,
President

Founding Date: 1987. **Membership Size:** 6,100. **Staff Size:** 6. **Number of State and International Chapters:** 35. **Annual Convention/Meeting:** October 7-10, 2009, in Charleston, SC. **Publications:** APNA News newsletter; Journal of the American Psychiatric Nurses Association. **Staff Participating in MHLG:** Nicholas Croce.

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 2011:** Tobacco dependence; Work place violence; Seclusion/restraint; Chronobiology of sleep.

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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; Prudy Gourguechon, MD, President; Warren R. Procci, MD, President-Elect (June, 2010)

Founding Date: 1911. **Membership Size:** 3,300. **Staff Size:** 14. **Number of State/ Local Chapters:** 29 affiliate training institutes; 45 affiliate societies and study groups; 7 study groups. **Affiliated Organizations:** 30 accredited institutes; 42 affiliated societies; 7 study groups. **National Convention/ Meeting:** June 9-13, 2010, in Washington, DC, and January 12-16, 2010, in New York, NY. **Publications:** The American Psychoanalyst (TAP); Journal of the American Psychoanalytic Association (JAPA); Ethics Case Book. **Staff Participating in MHLG:** James Pyles, Legislative Counsel, Washington, DC; Jake Lynn, 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 on Professional Standards sets and maintains standards for training. **Priority Issues for 2011:** 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. Additional mental health care issues including nondiscriminatory coverage for mental illness in health care reform; Soldiers and Veterans Initiative (SVI) which adds a psychoanalytic voice to the public's response to a growing mental health crisis among soldiers, veterans and their families – a crisis that is widely recognized by policy and mental health experts.

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AMERICAN PSYCHOLOGICAL ASSOCIATION [APA]

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WEB SITE: www.apa.org; www.apapracticecentral.org

Norman B. Anderson, PhD, Chief Executive Officer; Carol D. Goodheart, EdD, President

Founding Date: 1892. **Membership Size:** 154,000 members and affiliates. **Staff Size:** 500. **Number of State/Local Chapters:** 60. **Annual Convention/Meeting:** August 4-7, 2011 in Washington, DC. **Publications:** *Monitor on Psychology* and other magazines, newsletters, journals and books. **Staff Participating in MHLG:** Peter Newbould, Director of Congressional & Political Affairs, APA Practice Organization; Douglas Walter, Counsel for Legislative & Regulatory Affairs, APA Practice Organization; Diane Elmore, PhD, Senior Legislative & Federal Affairs Officer, Public Interest Directorate; Karen Studwell, Senior Legislative & Federal Affairs Officer, Science Directorate; Ellen G. Garrison, PhD, Senior Policy Advisor, Executive Office; Micah Haskell-Hoehl, Senior Policy Associate, Public Interest Directorate.

Organizational Purpose: To advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives. **Description:** Membership includes researchers, educators, clinicians, consultants and students working in the full range of academic, government, science and other settings. APA has 54 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 and affiliations with 60 state, territorial and Canadian provincial associations. **Priority Issues for 2011:** Health care reform; Reform and fair reimbursement in Medicare and Medicaid; Funding for behavioral research, mental and behavioral health services, prevention research and services; Minority health disparities; School mental health services and violence prevention; Health professions/minority training; SAMHSA reauthorization.

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AMERICAN PSYCHOTHERAPY ASSOCIATION

2750 East Sunshine, Springfield, MO 65804

PHONE: 417/823-2526; FAX: 417/823-9959

WEB SITE: www.americanpsychotherapy.com

Tania Miller, Chief Association Officer; Dan Reidenberg, PhD, Chairman

Founding Date: 1997. **Membership Size:** 6,800. **Annual Convention/Meeting:** September 22-24, 2010 in Orlando, FL. **Publications:** Annals, a quarterly peer-reviewed indexed and abstracted scientific journal. **Staff Participating in MHLG:** Tania Miller; Linda Whitten Stalters.

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 2011:** Advancing the field of psychotherapy.

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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; www.TreatOCD.org; www.gotanxiety.org

Alies Muskin, Executive Director

Founding Date: 1980. **Membership Size:** 2,500. **Staff Size:** 8. **Annual Convention/Meeting:** March/April. **Publications:** Triumph (ADAA quarterly E-Newsletter); ADAA News and Updates, Professional Member E-Newsletter; *Depression and Anxiety*, the official journal of the ADAA (published by Wiley); *Facing Panic*; *Triumph Over Shyness*; educational booklets on anxiety, depression and related disorders. **Staff Participating in MHLG:** Alies Muskin; Nancy Toward.

Organizational Purpose: ADAA is a nonprofit organization whose mission is to promote the prevention and cure of anxiety and related disorders and to improve the lives of all people who suffer from them. For over 30 years, ADAA has been improving lives and providing hope through research, education and treatment, and communicating credible, applicable information about treatment and diagnosis. The ADAA's message is anxiety disorders are real, serious and treatable. **Description:** The association is made up of professional members who are researchers and clinicians, and individual supporters who have anxiety and related disorders. **Priority Issues for 2011:** Anxiety disorders and comorbid illnesses; Increasing awareness of diagnosis and treatment of anxiety disorders among providers of care, legislators, media and the public and the difference between normal stress and an anxiety disorder; Creating awareness about treating anxiety and related disorders among students on college campuses and the increased risk of suicide when anxiety goes untreated; Providing education and treatment for PTSD to veterans, trauma victims and their families.

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ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTHCARE [AABH]

247 Douglas Avenue, Portsmouth, VA 23707

PHONE: 757/673-3741; FAX: 757/966-7734

WEB SITE: www.aabh.org

Mickey Wright, Executive Director; Larry Meikel, President

Founding Date: 1964. **Membership Size:** Approximately 300 system, program and individual members. **Staff Size:** 2. **Annual Convention/ Meeting:** July 18-20, 2010, in Orlando, FL. **Publications:** Standards and Guidelines for Partial Hospitalization Programs and Intensive Outpatient Programs; Milieu (quarterly newsletter); National Overview of Ambulatory Behavioral Services. **Staff Participating in MHLG:** Mickey Wright, Executive Director; Terri DiPietro, Public Policy Committee.

Organizational Purpose: To provide education, support and advocacy for Partial Hospitalization and Intensive Outpatient Programs. **Priority Issues for 2011:** Medicare Partial Hospitalization and Intensive Outpatient Programs benefits; Educating, supporting and advocating for PHP/IOP; Partial Hospitalization Stabilization Act.

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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; Nanci C. Klein, PhD, Board Chair

Founding Date: 1974. **Membership Size:** 3,000. **Staff Size:** 2. **Annual Convention/ Meeting:** August 2010 in San Diego, CA. **Publications:** *Advance* newsletter. **Staff Participating in MHLG:** Steve Pfeiffer; Nanci Klein; Ron Fox; Karen Rivard.

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 2011:** 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.

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ASSOCIATION FOR BEHAVIORAL HEALTH AND WELLNESS [ABHW]

1101 Pennsylvania Avenue, NW, Sixth Floor, Washington, DC 20004

PHONE: 202/756-7726; FAX: 202/756-7308

WEB SITE: www.abhw.org

Pamela Greenberg, MPP, President and CEO; Sam Donaldson, PhD, Cenpatico Behavioral Health, Chair of Board

Founding Date: 1994. **Membership Size:** 8. **Staff Size:** 1. **Annual Convention/Meeting:** Board meetings twice a year. **Publications:** A catalogue of special reports and studies is available. **Staff Participating in MHLG:** Pamela Greenberg, MPP, President and CEO.

Organizational Purpose: ABHW is an association of the nation's leading behavioral health and wellness companies these companies provide an array of services related to mental health, substance use, employee assistance, disease management, and other health and wellness programs to over 147 million people in both the public and private sectors. ABHW 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. ABHW supports and promotes the need for comprehensive specialty behavioral care benefits in all private and public health care programs, including Medicare and Medicaid. **Description:** ABHW members collectively provide behavioral health care benefits to over 147 million people. **Priority Issues for 2011:** Mental health parity regulations; Health care reform.

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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

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:** Laurel Stine, Director of Federal Relations; Allison Wishon Siegwarth, Policy Associate.

Organizational Purpose: To protect and advance the rights of adults and children who have mental disabilities. The Center envisions an America where people who have mental illnesses or developmental disabilities exercise their own life choices and have access to the resources that enable them to participate fully in their communities. **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 Bazelon Center uses a coordinated approach of litigation; policy analysis, advocacy and reform; coalition-building; public information; and technical support 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 (P&A) and state ombudsman programs, and other advocates for low-income individuals and families, in addition to co-counseling selected lawsuits with private lawyers, legal services programs, ACLU chapters and state P&As. Policy staff lobby Congress and federal agencies and provide policy analysis and 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 2011:** Maintaining and improving Medicaid coverage of mental health; health care reform; eliminating criminalization of adults and juveniles with mental illness; improving access to community mental health services; reauthorization of the Substance Abuse and Mental Health Services Administration; protecting civil rights and autonomous decision making for consumers.

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CENTER FOR CLINICAL SOCIAL WORK (Formerly the American Board of Examiners)

27 Congress Street, Suite 501, Salem, MA 01970

PHONE: 800/694-5285; FAX: 978/740-5395

WEBSITE: www.Centercsw.org

Robert Booth, Executive Director; Howard Snooks, President

Founding Date: 1987. **Membership Size:** 9,000. **Staff Size:** 5. **Affiliated Organizations:** New York, Ohio (southern), California, Maryland, Illinois, and Louisiana state associations for clinical social work. **Staff Participating in MHLG:** Robert Booth; Adm. Peter Delany.

Organizational Purpose: Promotion of Clinical Social Work, standards for practice. **Description:** The Center for Clinical Social Work, which includes the American Board of Examiners in Clinical Social Work (ABE), is a national not-for-profit organization whose main purposes are to promote mental healthcare and Clinical Social Work as a profession and to advance it in all settings by developing practice standards and credentials, advocating for practitioners and their clients, and enhancing opportunities for research, education, and training. ABE issues and upholds national certifications for Clinical Social Workers in advanced-generalist practice (the BCD), Psychoanalysis, Clinical Supervision, and Practice With Children & Their Families. **Priority Issues for 2011:** Mental health parity; Greater recognition of Clinical Social Work profession, especially at the federal level and in the healthcare reform efforts of Congress and the Administration.

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Center for Clinical Social Work

c/o Substance Abuse and Mental Health Services Administration

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CHILDREN AND ADULTS WITH ATTENTION-DEFICIT/HYPERACTIVITY DISORDER [CHADD]

8181 Professional Place, Suite 150, Landover, MD 20785

PHONE: 301/306-7070; FAX: 301/306-7090

WEB SITE: www.chadd.org

Ruth Hughes, PhD, CPRP, Interim Chief Executive Officer; Marie Paxson, President

Founding Date: 1987. **Membership Size:** 12,000. **Staff Size:** 28. **Number of State/Local Chapters:** 200. **Annual Convention/Meeting:** October 8-10, 2009, in Cleveland, OH. **Publications:** Attention; NRC News; CHADD What We Know Sheets; Leadership Update; legislative alerts. **Staff Participating in MHLG:** Ruth Hughes, PHD, CPRP, Interim Chief Executive Officer.

Organizational Purpose: CHADD is the leading national nonprofit organization that works to improve the lives of people affected by attention-deficit/hyperactivity disorder (AD/HD) through education, research, advocacy and support. **Description:** Members include parents, adults with AD/HD, educators, health care providers, including psychiatrists and pediatricians, clinical psychologists, and neurologists. **Priority Issues for 2011:** Issues related to the NCLB; Implementation of Mental Health Parity Act; Appropriations for CDC; Restrictions on access to psychiatric medications and behavioral interventions; Implementation of the recommendations of the July 2003 Report of the President's New Freedom Commission on Mental Health; SAMHSA reauthorization; Implementation of Americans with Disabilities Amendments Act.

Participating Individual Contact Information

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CLINICAL SOCIAL WORK ASSOCIATION [CSWA] (Formerly CSWF)

PO Box 3740, Arlington, VA 22203

PHONE: 202/966-7749 (DC); 206/524-3690 (Seattle)

FAX: 253/322-4696 (DC); 206/368-9390 (Seattle)

WEB SITE: www.clinicalsocialworkassociation.org

Kevin Host, LICSW, President

Founding Date: 1971. **Membership Size:** 750. **Staff Size:** 3. **Number of State/Local Chapters:** 15. **Affiliated Organizations:** State Societies for Clinical Social Work (in many states). **Open Board Meetings:** Bi-Annual. **Publications:** Newsletter to membership. **Staff Participating in MHLG:** Margot Aronson, LICSW, CSWA Representative; Laura Groshong, LICSW, Director of Government Relations.

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 clients in state and federal mental health programs. **Description:** An association of individual members who are clinical social workers in private settings, clinical settings, public mental health settings, hospitals and schools. **Priority Issues for 2011:** To advance the interest of clinical social workers and their patients in state and federal health care reform initiatives, especially managed care reform and development of health information technology standards and policy.

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Clinical Social Work Association

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Clinical Social Work Association

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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

Renee Cardone, President

Founding Date: 2001. **Membership Size:** 400. **Staff Size:** 1. **Number of State/Local Chapters:** 1. **Affiliated Organizations:** AFL-CIO/National Guild of Medical Professionals. **Annual Convention/Meeting:** TBD. **Publications:** White Collar. **Staff Participating in MHLG:** Calvin Johnson; Luba Shagawat, LCSW.

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 2011:** 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.

Participating Individual Contact Information

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CONFEDERATION OF INDEPENDENT PSYCHOANALYTIC SOCIETIES [CIPS]

462 North Linden Drive, Suite 334, Beverly Hills, CA 90212

PHONE: 310/247-1657; FAX: 310/247-1647

WEB SITE: www.cipsusa.org

Sandra Borden, Treasurer; Leigh Tobias, PhD, President

Founding Date: 1992. **Membership Size:** 600. **Staff Size:** 2. **Number of State/Local Chapters:** 5. **Affiliated Organizations:** International Psychoanalytical Association (IPA); North American Psychoanalytic Confederation; Coalition for Patient Privacy Rights; New York State Psychoanalytic Confederation; California Psychoanalytic Confederation. **Annual Convention/Meeting:** September 24-26, 2010, in Georgetown; April 2012, TBD. **Publications:** CIPS E-NEWSLETTER, published quarterly. **Staff Participating in MHLG:** James Pyles.

Organizational Purpose:

- To promote the profession of psychoanalysis and to ensure the interdisciplinary character of the profession and the academic freedom of its training institutes and academic centers;
- To promote psychoanalysis and psychoanalytic thinking in the academy and the culture at large;
- To foster and promote public policies that protect the mental health professions in general, and the profession of psychoanalysis, in particular;
- To promote and protect the rights of patients to high quality care in a socio-legal context that ensures the skills of their practitioners and the privacy of their clinical records;
- To expand collegial networks, including analysts and allied professions, and to create new opportunities for cooperative educational and scientific activities;
- To promote the national reputations of our profession, our component societies, and our individual members.

Description: CIPS is the national professional organization of the independent societies of the International Psychoanalytic Association (IPA) in the United States. CIPS is composed of five psychoanalytic societies: the Institute for Psychoanalytic Training and Research (IPTAR), the Los Angeles Institute and Society for Psychoanalytic Studies (LAISPS), the Northwest Psychoanalytic Institute (NPS), and the Psychoanalytic Center of California (PCC), the San Francisco Institute for Psychoanalytic Studies (SFIPS). CIPS also hosts a Direct Member Society for IPA members and candidates at IPA institutes who are not otherwise members of a CIPS component society.

CIPS is a unique professional community of psychoanalysis comprised of highly trained psychoanalysts with diverse academic and professional backgrounds. Together, our local societies and our national membership actualize Sigmund Freud's vision of psychoanalysis as an interdisciplinary profession. In addition to training mental health professionals, including psychologists, social workers, psychiatrists, marriage, and family therapists and psychiatric nurses, CIPS societies welcome trainees and members with backgrounds in law, philosophy, the arts, and the sciences. Like Freud and his followers in the IPA, CIPS is committed to advancing the interdisciplinary character of psychoanalysis, knowing through our own experience that a breadth of knowledge and perspective nourishes the vitality of our community and the creativity of our members.

CIPS promotes and supports the professional development of its members by nurturing clinical and theoretical dialogue across societies through our clinical conferences, our national teleconference study groups, and other planned educational and scientific projects. The CIPS books series, inaugurated last year, provides a publishing outlet for our societies and our individual members. The Book Series Committee and Editorial Board works together to coordinate the interests of members to generate and nurture book projects. At the same time, CIPS provides our members with opportunities to engage in scientific, organizational, and political action within CIPS, with other professional groups, such as the IPA, and in the public arena

CIPS is also committed to the promotion public policy at the state and federal public levels to ensure a favorable legal context for professional practice. In the recent years, CIPS has spearheaded major lobbying efforts to support high standards in licensing legislation and implementing regulations. CIPS initiated the formation of state psychoanalytic confederations in New York (NYSPAC) and California (CAPsaC), and is working to create such a state confederation in Massachusetts. In New York, CIPS led a coalition comprising approximately 10,000 mental health practitioners to promote high implementing regulations for the 2002 “Mental Health Practitioners” licensing act that created four new licensed professions in New York (mental health counseling, creative arts therapy, marriage and family therapy, and of special interest to us, psychoanalysis). In California, CIPS and the new California Psychoanalytic Confederation allied with other state groups to protect education and practice requirements for psychotherapy and psychoanalysis. CIPS has also been actively involved in the protection of patient privacy rights, is a member of the Coalition for Patient Privacy. **Priority Issues for 2011:** Protection of patient privacy rights; Promotion of favorable implementation regulations for health care reform statutes.

Participating Individual Contact Information:

James Pyles

American Psychoanalytic Association, American Association of Practicing Psychiatrists, and Confederation of Independent Psychoanalytic Societies

c/o Powers Pyles Sutter & Verville

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DEPRESSION AND BIPOLAR SUPPORT ALLIANCE [DBSA]

730 North Franklin Street, Suite 501, Chicago, IL 60654

PHONE: 800/826-3632 or 312/642-0049; FAX: 312/642-7243

WEB SITE: www.DBSAAlliance.org

Sue Bergeson, President

Founding Date: 1985. **Membership Size:** N/A. **Staff Size:** 18. **Number of State/Local Chapters:** 450 chapters, 17 state organizations and more than 1,000 support groups across the U.S. and Canada. **Annual Convention/Meeting:** National Conference: April 29 – May 2, 2010, in Itasca, IL (a suburb of Chicago). **Publications:** Quarterly newsletter; e-updates, peer support newsletter, legislative advocacy alerts; free public information packets; brochures; videos. **Staff Participating in MHLG:** Allen Doederlein, Interim Executive Director; Cindy Specht, Interim Executive Director.

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 educational information and more than 1,000 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 five million people request and receive information and assistance from DBSA each year. For more information go to www.DBSAAlliance.org or call 1/800-826-3632. **Priority Issues for 2011:** Health care reform; Parity in access and insurance; Recovery through peer-to-peer services; Increased funding for mental health research; Protecting patient confidentiality; Managed care reform; Supporting treatment for co-occurring illnesses; Ensuring adequate disability benefit coverage.

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Cindy Specht, Interim Executive Director of Operations

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

720 7th Street NW, Suite 300, Washington, DC 20001

PHONE: 202/543-9570; FAX: 202/543-9570

WEB SITE: www.eatingdisorderscoalition.org

David Jaffe, Executive Director; Sam Menaged, President

Founding Date: 2000. **Membership Size:** 36 organizations and 3,000 individual supporters. **Staff Size:** 2. **Number of State/Local Chapters:** None. **Affiliated Organizations:** See website for list of organizations. **Annual Convention/Meetings:** Congressional Briefings and Lobby Days in Washington, DC. **Publications:** Annual Report, Policy Recommendations for Congress. **Staff Participating in MHLG:** David Jaffe, Executive Director; Jeanine Cogan, Policy Director; Kathleen MacDonald, Policy Assistant.

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 (AN), bulimia nervosa (BN), binge eating disorder (BED), and eating disorders not otherwise specified (ED-NOS). **Priority Issues for 2011:** Pass the Federal Response to Eliminate Eating Disorders (FREED) Act; Introduction of a FREED Act companion bill in Senate; Advocacy with policy-makers, national media, and others.

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EMERGENCY NURSES ASSOCIATION [ENA]

915 Lee Street, Des Plaines, IL 60016-6569

PHONE: 847/460-4000; FAX: 847/460-4001

WEB SITE: www.ena.org

Diane L. Gurney, RN, MS, CEN, President; David Westman, Executive Director

Founding Date: Incorporated on December 1, 1970. **Membership Size:** Nearly 37,000 individuals. **Staff Size:** 80. **Number of State/Local Chapters:** 51 state councils and 200 local chapters. **Affiliated Organizations:** ENA Foundation; Board of Certification for Emergency Nurses. **Annual Convention/Meeting:** September 20-24, 2011, in Tampa, FL; Leadership Conference: February 16-20, 2010, in Portland, OR. **Publications:** ENA *Connection* Newsletter; *Journal of Emergency Nursing*; *Washington Update*. **Staff Participating in MHLG:** Terri Nally, Senior Public Policy Specialist; Christine Murphy, Senior Public Policy Analyst; Kathleen Ream, Director of Government Affairs.

Organizational Purpose: ENA is a professional member organization that promotes excellence in the specialty of emergency nursing. Toward that end, ENA promotes the interests of ENA members and improves the professional environment of emergency nurses; promotes the ENA Code of Ethics for Emergency Nurses and the American Nurses Association Code of Ethics; collaborates with other health related organizations to improve emergency care; serves as the primary resource for emergency nursing leadership, education and research; defines standards that serve as a basis for emergency nursing practice; develops, disseminates and evaluates emergency nursing education and research; encourages interaction and mentorship among emergency nurses; and advocates for the public regarding emergency care. **Description:** Members include staff nurses and managers in emergency departments; administrators, prehospital, flight, pediatric and trauma emergency nurses; emergency clinical nurse specialists; nurse practitioners; and students and educators. Primary ongoing activities include professional development services and resources; networking system; professional publications; annual meetings; public relations; certification; education programs; standard- and competency-setting; ENA Institute for Quality, Safety and Injury Prevention; and federal and state advocacy. **Priority Issues for 2011:** Quality patient care; access to emergency and trauma care; workplace safety; emergency preparedness; injury control and prevention.

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FIRST FOCUS

1110 Vermont Avenue, NW, Suite 900, Washington, DC 20005

PHONE: 202/657-0670; FAX: 202/657-0671

WEB SITE: www.firstfocus.net

Bruce Lesley, President; John Porter, Chairman of the Advisory Board.

Founding Date: 2006. **Membership Size:** N/A. **Staff Size:** 10. **Number of State/Local Chapters:** 28 State Partners. **Affiliated Organizations:** First Focus provides funding and technical assistance to 28 state-based child advocacy organizations in support of their efforts to affect federal policy and legislation. The goal of these investments is to support a network of advocates in key states, to demonstrate the strong bipartisan support for innovative action by federal policymakers to improve the lives of our children. First Focus expects these coalitions to work together to influence federal lawmakers whose decisions are crucial to strengthening federal programs for children. **Annual Convention/Meeting:** N/A. **Publications:** *Children's Budget and Kid's Share*. **Staff Participating in MHLG:** Shadi Houshyar, Vice President for Child Welfare Policy; Catherine Hodgetts, Senior Director for Health and Child Welfare Policy; Samantha Harvell, Senior Director for Early Childhood and Juvenile Justice.

Organizational Purpose: First Focus is a bipartisan advocacy organization that is committed to making children and families a priority in federal policy and budget decisions. Children's health, education, family economics, child welfare, and child safety are the core issue areas around which First Focus is working to promote bipartisan policy solutions. We approach advocacy in a unique way, bridging the partisan divide to make children a primary focus in federal policymaking. First Focus engages a new generation of academic experts to examine issues affecting children from multiple points of view in an effort to create innovative policy proposals. First Focus convenes cross-sector leaders in key states to influence federal policy and budget debates, and to advocate for federal policies that will ensure a brighter future for the next generation of America's leaders. **Priority Issues for 2011:**

CHILD HEALTH. First Focus is committed to making health care more affordable, accessible, and reliable for America's children, with a special emphasis on our nation's low-income children and families. First Focus supports efforts to improve health care access and quality through the development of integrated health information technology, while working to address the childhood obesity epidemic. Importantly, First Focus is working to ensure that children's unique health concerns are a central element of any upcoming policy debate on national health reform.

EDUCATION AND HOUSING. First Focus will press Congress to improve education policy to meet the needs of the whole child, both inside and outside of the classroom. This includes working to increase high school graduation rates and federal education funding, while also providing housing and education stability for highly mobile and homeless children and youth. In addition, First Focus works to advance legislation that promotes quality early childhood experiences, and will continue to push for passage of critical early childhood legislation, as well as advocate for increases in the federal investment in these important programs.

FAMILY ECONOMICS. Over the next three years, First Focus will concentrate its efforts in three main areas: children in the budget, tax reform, and the reauthorization of the Temporary Assistance to Needy Families program. These three areas represent billions of dollars in much needed support to families and children, and the next several years will determine how federal policies toward children fare for decades to come. First Focus will also continue its efforts to lift the more than 13 million disadvantaged American children out of poverty and raise awareness about the lack of federal investment in children through its two groundbreaking publications, Children's Budget and Kids' Share.

CHILD WELFARE, RIGHTS, AND SAFETY. First Focus will work to ensure that the needs of children in foster care are adequately addressed in federal policy discussions and proposals. In addition, First Focus's rights and safety portfolio is dedicated to ensuring that our children's citizenship and legal rights are preserved, and that every child grows up free from physical and environmental hazards.

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THE JEWISH FEDERATIONS OF NORTH AMERICA [JFNA] (Formerly United Jewish Communities)

Washington DC Office: 1720 I Street, NW, Suite 800, Washington, DC 20006

PHONE: 202/785-5900; FAX: 202/785-4937

WEB SITE: www.jewishfederations.org

Gerald Silverman, President & Chief Executive Officer

Founding Date: 1999 merger of two parts founded in 1935 (Council of Jewish Federations) & 1945 (United Jewish Appeal). **Membership Size:** 157 Jewish Federations. **Staff Size:** 200. **Number of State/Local Chapters:** 157 Federations, 400 Independent Communities. **Affiliated Organizations:** Association of Jewish Family & Children's Agencies (AJFCA); Association of Jewish Aging Services of North America (AJAS); International Association of Jewish Vocational Services (IAJVS); Jewish Community Centers Association of North America (JCCA); and hundreds of local hospitals, nursing homes, Jewish family & Children's services. **Annual Convention/Meeting:** JFNA General Assembly November 7-9, 2010, in New Orleans, LA. **Publications:** Internal E-mail Distribution; JFNA Washington newsletter. **Staff Participating in MHLG:** Jonathan S. Westin, Assistant Director for Legislative Affairs.

Organizational Purpose: The Jewish Federations of North America (JFNA) represents 157 Jewish Federations and 400 independent communities across North America. JFNA provides life-saving and life-enhancing humanitarian assistance to those in need, and translates Jewish values into social action on behalf of millions of Jews in hundreds of communities in North America, in towns and villages throughout Israel, in the former Soviet Union, and 60 countries around the world. In addition to our domestic priorities, JFNA provides economic, social, human welfare and other types of support to Israelis and victims of terror as they strive to lead normal lives during a period of extreme difficulty. **Description:** Federations are local planning and fundraising conveyors for the local Jewish Communities. They fund and provide research for Jewish family and children's services for which mental health services are the most important public policy priorities. Additionally, Jewish aging facilities and hospitals provide acute and long-term care behavioral health services. **Priority Issues for 2011:** Health reform; Long-term care alternatives; Senior transportation; Aging in Place; Defending affordable housing; Rapid and effective disaster relief; Supporting Emergency Food & Shelter Program (EFSP); Disability issues.

Participating Individual Contact Information

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The Jewish Federations of North America

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MENTAL HEALTH AMERICA [MHA]

2000 North Beauregard Street, Sixth Floor, Alexandria, VA 22311

PHONE: 703/684-7722; FAX: 703/684-5968

WEB SITE: www.mentalhealthamerica.net; www.nmha.org

PHONE: 571/236-2802; FAX: 703/684-5968

David L. Shern, PhD, President and Chief Executive Officer

Founding Date: 1909. **Membership Size:** 500,000. **Staff Size:** 40. **Number of State/Local Chapters:** 320. **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:** Julio C. Abreu, Senior Director, Federal Relations.

Organizational Purpose: To change public attitudes towards mental illness, to improve services to people who suffer from them, to promote mental health and wellness, ultimately, to prevent mental illness. **Description:** MHA 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, MHA 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 2011: Fostering integration of mental health care with general health care; Promoting mental health wellness; Fostering prevention and early detection of mental health disorders; Protecting the integrity of, and improving, the Medicaid and Medicare programs; Growing federal funding for mental health supports and services; Coordinating efforts to improve veterans' access to needed mental health services; Ensuring the appropriate implementation of mental health parity.

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Mental Health America

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NAADAC, THE ASSOCIATION FOR ADDICTION PROFESSIONALS

1001 North Fairfax Street, Suite 201, Alexandria, VA 22314

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

WEB SITE: www.naadac.org

Cynthia Moreno Tuohy, Executive Director

Founding Date: 1972. **Membership Size:** 10,000. **Staff Size:** 12. **Number of State/Local chapters:** 47. **Affiliated Organizations:** NAADAC Educational Foundation; NAADAC PAC. **Annual Convention/Meeting:** September 17-21, 2011, in San Diego, CA. **Publications:** NAADAC News; Addiction Professional Magazine. **Staff Participating in MHLG:** Cynthia Moreno Tuohy, Executive Director; Christopher Campbell, Director of Government Relations.

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 2011:** Health care reform; Insurance parity regulations; Stop Child Abuse in Residential Programs for Teens Act; Federal funding for the Substance Abuse Prevention and Treatment Block Grant and other addiction prevention, treatment and recovery-support funding; SAMHSA reauthorization, etc.

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NATIONAL ALLIANCE ON MENTAL ILLNESS [NAMI]

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PHONE: 703/524-7600; FAX: 703/524-9094

WEB SITE: www.nami.org

Mike Fitzpatrick, Executive Director

Founding Date: 1979. **Membership Size:** 210,000. **Staff Size:** 65. **Number of State/Local Chapters:** 1,200. **Affiliated Organizations:** All state and local Alliances. **Annual Convention/Meeting:** July 1-3, 2010, in Washington, DC. **Publications:** NAMI Advocate. **Staff Participating in MHLG:** Ron Honberg, National Director for Policy and Legal Affairs; Andrew Sperling, Director, Federal Legislative Advocacy; Laura Usher, Federal Affairs Representative; 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 2011:** Medicaid/state and local mental health financing; Federal health reform; Research on severe mental illness; Reduction in life threatening and harmful actions (restraints and seclusion); Accountability for service delivery; Implementation of the new federal parity law; Work incentives; Housing; Expanding treatment and supports for children and adolescents; Decriminalization of mental illness; Veterans with mental illness.

Participating Individual Contact Information

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NATIONAL ASSOCIATION FOR BEHAVIORAL HEALTH [NABH]

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PHONE: 202/379-2949; FAX: 202/756-7323

WEB SITE: www.thenabh.com

Rob Miller, President; Tim Perrin, Executive Director

Founding Date: 2006. **Membership Size:** 39. **Staff Size:** 5. **Number of State/Local Chapters:** 4 currently being established. **Affiliated Organizations:** NCCBH, NAPHS, NAMI, Behavioral Healthcare, and NRHA. **Annual Convention/Meeting:** January 25-27, 2010, in Washington, DC. **Publications:** NABH weekly newsletter, white Papers and summary documents on relevant topics as necessary. **Staff Participating in MHLG:** Rob Miller, President; Tim Perrin, Executive Director.

Organizational Purpose: To promote partial hospitalization programs as an essential sector of the behavioral healthcare community and to advocate on behalf of these beneficial programs. **Description:** The NABH represents approximately 25% of the partial hospitalization programs and community mental health centers across the nation. In addition to ongoing congressional lobbying and advocacy activities, the NABH holds educational events and fundraisers throughout the year. **Priority Issues for 2011:** Instituting a payment floor to reflect 2010 reimbursement rates; passing The Outpatient Mental Health Modernization Act (H.R 4373; S. 1522) thus ensuring access to behavioral health programs and nutritional meals for the behavioral health population, creating a Behavioral Health Advisory Committee; and Mental Health Parity implementation.

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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

Joy Midman, Executive Director; Beth Chadwick, President

Founding Date: 1985. **Membership Size:** 60. **Staff Size:** 2. **Annual Convention/Meetings:** March 27-30, 2011, in Washington, DC; Fall Technical Meeting date and location 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 necessary services, 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 2011:** Health care reform; system transformation; preserving Medicaid; family-provider partnerships; military families; mental health parity; workforce development.

Participating Individual Contact Information

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NATIONAL ASSOCIATION FOR RURAL MENTAL HEALTH [NARMH]

300 33rd Avenue South, Suite 101, Waite Park, MN 56387

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

WEB SITE: www.narmh.org

Rick Peterson, President

Founding Date: 1977. **Membership Size:** 300+ individuals, 125 organizations. **Staff Size:**

1. **Annual Convention/Meeting:** August 6-9, 2008, in Burlington, VT; June 17-20, 2009,

in Albuquerque, NM. **Publications:** Rural Mental Health Journal. **Staff Participating in**

MHLG: Tony Pollitt, DC Representative; Harold Goldsmith, Government Affairs Liaison;

Nancy Speck, Board Member.

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**

2011: 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.

Participating Individual Contact Information

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Nancy Speck

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NATIONAL ASSOCIATION OF ANOREXIA NERVOSA AND ASSOCIATED DISORDERS [ANAD]

800 East Diehl Road, Suite 160
Naperville, IL 60566
PHONE: 630/577-1333; FAX: 630-577-1323
WEB SITE: www.anad.org
Vivian Hanson Meehan, President

Founding Date: 1976. **Membership Size:** 15,000+. **Staff Size:** 8. **Number of State/Local Chapters:** 400+ national and international chapters. **Publications:** Working Together, newsletter. **Staff Participating in MHLG:** Karen Sealander in Washington, DC; Laura Discipio, Executive Director, and Shelly Schmitz, Office Manager, in Naperville, 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 2011:** Health care reform; Medicare two-year waiting period; Mental health parity legislation that specifically covers eating disorders; Appropriations for eating disorders research and prevention; Education/prevention programs; Development of ANAD support groups; Opposing BMI testing for school children.

Participating Individual Contact Information

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

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

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

WEB SITE: www.nacbhdd.org

Dan Ohler, President; Ron Manderscheid, Executive Director

Founding Date: 1996. **Membership Size:** 450. **Staff Size:** 2. **Number of State/Local Chapters:** 18. **Annual Convention/Meeting:** Legislative Conference, Washington, DC. **Publications:** The NACBHDD Newsletter; Bits from DC. **Staff Participating in MHLG:** Melissa Stein, Advocacy and Operations Manager.

Organizational Purpose: To assure that national policy and funding recognizes and supports county and other local government authorities that are responsible for the development and management of publicly funded systems of care for people affected by mental illness, addiction, and developmental disabilities. **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. Updates members on federal policy news, liaises with the federal government, and provides technical assistance. NACBHDD is an affiliate of the National Association of Counties (NACo). **Priority Issues for 2011:**

- Extension of the FMAP increase is critical in order to preserve Medicaid eligibility and essential services to vulnerable individuals requiring behavioral health and/or developmental disability services.
- It is essential to preserve the Medicaid Rehabilitation and Targeted Case Management options, which promote community-based, recovery-oriented service delivery models.
- Health reform and Medicaid policy should be fully compatible with and supportive of the operations of county and local behavioral health and developmental disability safety net supports.
- The availability of and access to stable and affordable housing is crucial to our ability to promote successful community integration and avoid costly institutionalization, including incarceration, for these vulnerable populations. Federal housing funds towards these goals should be a priority.
- Require the Department of Veterans Affairs to contract with and reimburse local government authorities for behavioral health services they provide to veterans.
- In the context of health reform, person-centered care should be a priority for individuals who require behavioral health and/or developmental disability services to effectively address their physical, behavioral, and developmental needs.
- Health IT is essential to provide high quality care at a reasonable price to behavioral health and developmental disability clients. Counties require funding and technical assistance to implement electronic health records and personal health records for these purposes.

Participating Individual Contact Information

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

2000 North Beauregard Street, Sixth Floor, Alexandria, VA 22311

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

WEB SITE: www.namhpac.org

Judy Stange, Executive Director; Deb Johnson, Board Chair

Founding Date: 1996. **Membership Size:** 59. **Staff Size:** 3.75. **Publications:** Public Policy Updates. **Staff Participating in MHLG:** Judy Stange, Executive Director.

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 2011:** Data needs of planning councils; Implementation of evidence-based programs; Mental health and older adults; Leadership development; Trauma-informed services.

Participating Individual Contact Information

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NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS [NAPHS]

701 13th Street, NW, Suite 950, Washington, DC 20005

PHONE: 202/393-6700; FAX: 202/783-6041

WEB SITE: www.naphs.org

Mark Covall, Executive Director

Founding Date: 1933. **Membership Size:** 600+ behavioral health organizations. **Staff Size:** 7. **Number of State/Local Chapters:** _____. **Affiliated Organizations:** Association of Behavioral Group Practices. **Annual Convention/Meeting:** March 16-18, 2009, 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:** Mark Covall, Executive Director; Nancy Trenti, 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 2011:** 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.

Participating Individual Contact Information

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NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS [NASP]

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

WEB SITE: www.nasponline.org

Susan Gorin, Executive Director

Founding Date: 1969. **Membership Size:** 26,000. **Staff Size:** 30. **Number of State/Local Chapters:** 52 state associations. **Annual Convention/Meeting:** 2011 NASP Summer Conferences – July 11-13 Indianapolis, IN, and July 25-27, Atlantic City, NJ; 2011 NASP Convention- February 22-25, San Francisco, CA; 2012 NASP Convention- February 21-25, Philadelphia, PA; George Washington University/NASP 2011 Public Policy Institute, July 6-8 & July 11-12, Washington, DC. **Publications:** School Psychology Review, quarterly refereed journal; Communiqué Newspaper with 8 issues annually; NASP Announce, monthly online newsletter; School Psychology Forum, semi-annual refereed online journal; more than 30 books, pamphlets and software. **Staff Participating in MHLG:** Stacy Skalski, Director of Public Policy; Deitra Reiser, 2009-10 Public Policy Fellow; Jeff Charvat, Director, 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 school settings. Volunteer-driven organization with elected executive board and delegate assembly representing each state, the District of Columbia, and Puerto Rico. **Priority Issues for 2011:** Expanding school mental health and student support services through the Increased Student Achievement through Increased Student Support Act and the Mental Health in Schools Act; Remediating the shortage of school mental health providers through the Child Healthcare Crisis Relief Act; Creating leadership and support for related services through the Reducing Barriers to Learning Act; Promoting PBS/PBIS through the Positive Behavior for Effective Change Act; Anti-bullying/harassment through the Safe Schools Improvement Act and the Student Nondiscrimination Act; Support for education, disability, and school mental health funding for children and adolescent services.

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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

Elizabeth J. Clark, PhD, ACSW, MPH, Executive Director

Founding Date: 1955. **Membership Size:** 145,000. **Staff Size:** 110. **Number of State/Local Chapters:** 56. **Annual Convention/Meeting:** None. **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 2011:** health and behavioral health; civil rights; education; military and veterans' affairs; and economic security.

Participating Individual Contact Information:

Vacant at publication.

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

1025 Connecticut Avenue, NW, Suite 605, Washington, DC 20036

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

WEB SITE: www.nasadad.org

Flo Stein (N.C.), President

Founding Date: 1971. **Membership Size:** 60. **Staff Size:** 14. **Publications:** State resources and services related to alcohol and other drug problems. **Staff Participating in MHLG:** Robert Morrison, Executive Director; Michelle Dirst, Director of Public Policy; Barbara Durkin, Senior Policy Analyst.

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 2011:** SAMHSA reauthorization; Healthcare reform; Outcomes and performance measurement; Offender reentry; Adequate resources for service delivery; Addiction research.

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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

Robert W. Glover, PhD, Executive Director

Founding Date: 1963. **Membership Size:** 55. **Staff Size:** 22. **Affiliated Organizations:** NASMHPD Research Institute, Inc.; National Governors Association. **Annual Convention/Meeting:** Commissioners Meeting July 17-19, 2011 in Alexandria, VA. **Staff Participating in MHLG:** Elizabeth Prewitt, Director, Government Relations; David Miller, Project Director; Christy Lentz, Senior Policy Associate.

Organizational Purpose: To improve the quality and effectiveness of the public mental health system; to foster communication and cooperation among the states; and to ensure that state mental health agencies have a strong, cohesive voice in the federal system.

Description: NASMHPD serves as the national representative and advocate for state mental health agencies and their directors and supports effective stewardship of state mental health systems. NASMHPD's members are the state mental health directors and commissioners in the 50 states and the District of Columbia, and four territorial executive managers of mental health programs. NASMHPD informs its members on current and emerging public policy issues, educates on research funding and best practices; provides consultation and technical assistance; collaborates with key stakeholders; and facilitates state-to-state sharing. **Priority Issues for 2011:** Strengthening federal programs (e.g., Medicaid, Medicare, SAMHSA programs) that provide financial and technical resources to the states to improve mental health services; Mental health parity implementation; Suicide prevention; Housing; Veterans' mental health; Health reform; Promoting quality services in workforce development; Preventing the criminalization of persons with mental illness; Reducing/eliminating the use of seclusion and restraint; Promoting prevention of mental illness and early intervention.

Participating Individual Contact Information

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THE NATIONAL CENTER ON FAMILY HOMELESSNESS

200 Reservoir Street, Suite 200
Needham Heights, MA 02494
Phone: 617-964-3834
Fax: 617-244-1758
www.FamilyHomelessness.org
www.ChildHomelessnessAmerica.org
Ellen Bassuk, M.D., President & Founder

Founding Date: 1988. **Staff Size:** 24. **Affiliated Organizations:** Center for Social Innovation. **Staff Participation in MHLG:** Natalie Thompson, Policy Director.

Organizational Purpose: The National Center on Family Homelessness, founded in 1988, is the nation's foremost authority on family homelessness, and the only national organization dedicated solely to helping homeless families. We conduct state-of-the-art research, develop and share innovative solutions, and create public awareness about the special needs of homeless families. Our mission is to end family homelessness in America.

Participating Individual Contact Information

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NATIONAL COALITION FOR MENTAL HEALTH RECOVERY [NCMHR] (Formerly National Coalition of Mental Health Consumer/Survivor Organizations)

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

PHONE: 703/862-6512

WEB SITE: www.ncmhr.org

Founding Date: August 1, 2006. **Membership Size:** 30 state and 4 national consumer-run technical assistance centers. **Staff Size:** .4 FTE. **Number of State/Local Chapters:** 30. **Annual Convention/Meeting:** October 30, 2008, in Buffalo, NY. **Staff Participating in MHLG:** Lauren Spiro, Director of Public Policy; Thomas E. Bryant, MD, JD, Director of Government Relations; Daniel Fisher, MD, PhD.

Organizational Purpose: To ensure that consumer/survivors have a major voice in the development and implementation of healthcare, mental health, and social policies at the state and national levels, empowering people to recover and lead a full life in the community.

Description: NCMHR members are consumer-run statewide or large regional organizations. **Values:** Recovery is possible for everyone; Self-Determination - We need to be in control of our lives; Holistic Choices - We need meaningful choices, including a range of recovery oriented services; We must be centrally involved in any dialogues and discussions affecting us; We will campaign to eliminate discrimination. **Priority Issues for 2011:** Adequate federal funding to go to each state to ensure sustainability of the consumer-run statewide organizations/coalitions; Peer-run alternatives to hospitalization; Self-directed care through self-determination accounts and training; Ensuring adequate funding of consumer/survivor run housing; Consumer-driven transformation of Social Security reform to enable people to return to work by raising asset and income limits, increasing work incentives, increasing work supports, re-evaluating benefits based on geography, and coordinating agencies that provide benefits and coordinating benefits; Advocating for recommended systems change per the New Freedom Commission.

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NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

[National Council]

1701 K Street, NW, Suite 400, Washington, DC 20006

PHONE: 202/684-7457; FAX: 202/684-7472

WEB SITE: www.thenationalcouncil.org

Linda Rosenberg, President and Chief Executive Officer

Founding Date: 1969. **Membership Size:** 1800. **Staff Size:** 28. **Number of State/Local Chapters:** 46. **Affiliated Organizations:** Division of State Associations. **Annual Convention/Meeting:** May 2-4, in San Diego, CA. **Publications:** National Council Quarterly Magazine; Public Policy Update (weekly); Technical Assistance Update (biweekly); Addiction News Now (monthly); Journal of Behavioral Health Services and Research (quarterly). **Staff Participating in MHLG:** Charles Ingoglia, Vice President, Public Policy; Mohini Venkatesh, Director, Federal and State Policy; Rebecca Farley, Policy Associate; Stacey Larson, Policy Associate; Laira Kolkin, Policy Associate; Al Guida, Guide Consulting Services, Inc.

Organizational Purpose: The National Council offers state-of-the-science information, education, and technical assistance resources to its direct service mental health and addiction treatment provider organization members. **Description:** Members include local community-based, 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 2011:** Preserve Medicaid entitlement and funding; SAMHSA reauthorization; Increase funding for substance abuse block grant.

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NATIONAL DISABILITY RIGHTS NETWORK [NDRN] (Formerly NAPAS)

900 Second Street, NE, Suite 211, Washington, DC 20002

PHONE: 202/408-9514; FAX: 202/408-9520

WEB SITE: www.ndrn.org

Curtis L. Decker, Executive Director

Founding Date: 1983. **Membership Size:** 74. **Staff Size:** 24. **Number of State/Local Chapters:** 57 Protection and Advocacy Programs, 56 Client Assistance Programs. **Annual Convention/Meeting:** June 6-9, 2011 in Baltimore, MD. **Publications:** TASC Update; Annual Program Reports; NDRN Annual Report. **Staff Participating in MHLG:** Curtis L. Decker, Executive Director; Eric Buehlmann, Deputy Executive Director for Public Policy; Cindy Smith, Public Policy Counsel; Patrick Wojahn, Public Policy Analyst.

Organizational Purpose: NDRN 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. NDRN provides training and technical assistance to the P&As and CAPs. **Description:** Protection and Advocacy agencies are authorized under relevant legislation. **Priority Issues for 2011:** SAMHSA reauthorization; Appropriations; Workforce Investment Act reauthorization; Elementary and Secondary Education Act reauthorization, etc.

Participating Individual Contact Information

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NATIONAL FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

[National Federation]

9605 Medical Center Drive, Suite 280, Rockville, MD 20850

PHONE: 240/403-1901; FAX: 240/403-1909

WEB SITE: www.ffcmh.org

Sandra Spencer, Executive Director

Founding Date: 1989. **Membership Size:** 3,000. **Staff Size:** 20. **Number of State/Local Chapters:** 130. **Annual Convention/Meeting:** December 4-6, 2009, in Washington, DC. **Publications:** See web site for list of available publications. **Staff Participating in MHLG:** Sandra Spencer, Executive Director; Elaine Slaton, Director of Training and Research; Andrea Barnes, Policy and Research Assistant; Eric Lulow, Youth Involvement Associate.

Organizational Purpose: The National Federation provides advocacy at the national level for the rights of children and youth with emotional, behavioral, and mental health challenges and their families; provides and technical assistance to a nationwide network of family-run organizations; collaborates with family-run and other child serving organizations to transform mental health care in America. **Priority Issues for 2011:** Use of inappropriate and harmful responses to children's mental health issues; Health and health care disparities; Mental health in the juvenile justice system; Expanding family network grants; Fully funding children's mental health programs; Supporting family organizations; Suicide prevention.

Participating Individual Contact Information

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SCHOOL SOCIAL WORK ASSOCIATION OF AMERICA [SSWAA]

PO Box 11391, Columbia, SC 29211-1391

PHONE: 253/863-6950; FAX: 202/686-1637

WEB SITE: www.sswaa.org

Rochelle Leiber-Miller, President; Frederick Streeck, MSW, ACSW, Executive Director

Founding Date: 1994. **Membership Size:** 1000. **Staff Size:** 2. **Number of State/Local Chapters:** None. **Affiliated Organizations:** 30. **Annual Convention/Meeting:** March 30-April 1, 2011, in Myrtle Beach, SC. **Publications:** Weekly online publication; series of professional books through Oxford Press. **Staff Participating in MHLG:** Myrna Mandlawitz, Director of Government Relations; Libby Nealis, Assistant Director, Policy and Legislation.

Organizational Purpose: SSWAA's mission is to strengthen the profession of school social work by maintaining and increasing the number of school social workers employed by local education agencies across the nation. We achieve this mission by influencing public policy in school mental health and related issues, by demonstrating school social workers' effectiveness through evaluation and research, and through professional development and mentoring for persons providing school social work services to achieve the highest professional standards.

Description: SSWAA functions through an active board of directors and a committee structure. Primary ongoing activities are the provision of direct support to states to develop school social work organizations and support to maintain and increase school social work positions in school districts. We provide ongoing professional development through web resources and our national conference and annual legislative conference in Washington. We participate in a wide variety of national coalitions focusing on school mental health, homeless and foster youth, specialized instructional support personnel, disability, and education funding.

Priority Issues for 2011: Maintaining and increasing funding for the Elementary & Secondary School Counseling Program; Reauthorization of the Elementary & Secondary Education Act, including establishing an Office of Specialized Instructional Support Services in the U.S. Dept. of Education; Education appropriations; School safety legislation (anti-bullying and harassment); "Increased Student Achievement Through Increased Student Support Act" (workforce bill to increase number of school social workers and number of available positions); SAMHSA reauthorization.

Participating Individual Contact Information

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**THE TEENSCREEN NATIONAL CENTER FOR MENTAL HEALTH
CHECKUPS AT COLUMBIA UNIVERSITY (TeenScreen)**

1775 Broadway, Suite 610, New York, NY 10019

PHONE: 212/265-3183

FAX: 212/265-4454

WEB SITE: www.teenscreen.org

Laurie Flynn, Executive Director

Founding Date: 2001. **Membership Size:** N/A. **Staff Size:** 15. **Number of State/Local Chapters:** N/A. **Affiliated Organizations:** N/A. **Open Board Meetings:** N/A.

Publications: Policy and Research documents. **Staff Participating in MHLG:** Catherine Finley, TeenScreen Representative

Organizational Purpose: To translate science into service by working to have mental health checkups incorporated into routine adolescent health care. **Description:** Voluntary mental health screening is provided by nearly **1,500** primary care providers and in close to 600 school and community-based sites in 46 states through the TeenScreen Primary Care and TeenScreen Schools and Communities programs. We also work to promote public policies that expand access to mental health checkups. **Priority Issues for 2011:** Promoting policies that will provide all youth age 12 to 18 years access to an annual mental health screen.

Participating Individual Contact Information

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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

Pat Beauchemin, Executive Director; Michael Harle, President

Founding Date: 1975. **Membership Size:** 60 Board members representing over 650 substance abuse treatment centers. **Staff Size:** 2. **Annual Convention/Meeting:** January 2010 in Houston, TX; May 2010 in Washington, DC. The TCA National Conference: November 7-11, 2010, in Washington, DC. **Publications:** TCA NEWS, 3 times a year. **Staff Participating in MHLG:** Pat Beauchemin, Executive Director.

Organizational Purpose: TCA is an advocacy, research, and educational national non-profit association in support of expanding evidence-based substance use and mental health disorder prevention and 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 2011:** 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; Promoting public policy that supports returning veterans and their families with behavioral health issues.

Participating Individual Contact Information

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Therapeutic Communities of America

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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

Washington Office: 1301 K Street, NW, Suite 600 East Tower, Washington, DC 20005

PHONE: 202/408-7009; FAX: 202/408-3260

Judit Ungar, President; Ashinoff Reid, Chairman of the Board of Directors

Founding Date: 1972. **Membership Size:** 40,000. **Staff Size:** 30. **Number of State/ Local Chapters:** 30. **Annual Convention/Meeting:** March 31, 2011, in Washington, DC. **Publications:** TSA National Newsletter; TSA Children's Newsletter; TSA Chapter Connection; Brochures on TS and related materials; Medical Research Letter. **Staff Participating in MHLG:** Elridge Proctor, Vice President of Public Policy.

Organizational Purpose: Education, service and research. **Description:** There are approximately 30 Chapters and 125 support groups organized under state/local chapters, comprised of adults and children with Tourette Syndrome, physicians, researchers, allied professionals and educators. **Priority Issues for 2011:** Mental health parity; Genetic information protection; NIH and CDC funding; General healthcare; IDEA; No Child Left Behind.

Participating Individual Contact Information

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UNITED STATES PSYCHIATRIC REHABILITATION ASSOCIATION [USPRA]
(Formerly IAPSRs)

601 Global Way, Suite 106, Linthicum, MD 21090

PHONE: 410/789-7054; FAX: 410/789-7675

WEB SITE: www.uspra.org

Marcie Granahan, CEO

Founding Date: 1975. **Membership Size:** 1,400. **Staff Size:** 10. **Number of State/Local Chapters:** 31. **Affiliated Organizations:** PSR/RPS Canada. **Annual Convention/Meeting:** June 14-17, 2010, in Boise, ID. **Publications:** Introduction to Psychiatric Rehabilitation; Psychiatric Rehabilitation Skills in Practice; Readings in Dual Diagnosis; Consumers as Providers in Psychiatric Rehabilitation; Psychiatric Rehabilitation Journal; Best Practices in Psychiatric Rehabilitation; PSR Connections newsletter. **Staff Participating in MHLG:** Jane Porter, Director of Government Relations and Public Affairs.

Organizational Purpose: USPRA is an organization of psychiatric 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 psychiatric rehabilitation and services for persons with serious and persistent mental illness are the primary activities of the association. **Priority Issues for 2011:** Improving and advancing psychiatric rehabilitation services in federal programs for people with mental illness. Specific issue areas include: housing, Medicare/Medicaid, SSI/SSDI, employment services and vocational rehabilitation.

Participating Individual Contact Information

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U.S. Psychiatric Rehabilitation Association

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WITNESS JUSTICE [WJ]

Post Office Box 475, Frederick, MD 21705-0475

PHONE: 301/846-9110; FAX: 301/846-9113

WEB SITE: www.witnessjustice.org

Helga Luest, Founder/President and Chief Executive Officer; Jeni Gamble, Chair, Board of Directors

Founding Date: 2001. **Membership Size:** N/A. **Staff Size:** 5. **Publications:** Advocacy photobooks, e-Newsletter, periodic announcements, and white papers. **Staff Participating in MHLG:** Helga Luest, Founder/President and CEO.

Organizational Purpose: To provide national advocacy and direct assistance to survivors of violence and trauma. **Description:** Witness Justice is a national nonprofit organization serving victims of violence and trauma and their allies. Our direct service addresses gaps, with particular focus on the vital but often neglected intermediate and long-term support that victims need to heal from psychological trauma and to navigate the criminal justice process. **Priority Issues for 2011:** Mental health and substance abuse; Veterans mental health and related family needs; Mental health as it relates to domestic violence and family court; Improvement and expansion of access to trauma-informed mental health services for trauma survivors; Mental health stigma reduction.

Participating Individual Contact Information

Helga Luest, Founder/President and CEO

Witness Justice

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