



# UPDATE

July 15, 2013

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<http://www.nimh.nih.gov/outreach/partnership-program/news-and-updates-from-the-program.shtml>

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*Prepared by the U.S. Department of Health and Human Services,  
National Institutes of Health, National Institute of Mental Health,  
Office of Constituency Relations and Public Liaison*

## SCIENCE AND SERVICE NEWS UPDATES

**DEATHS FROM PRESCRIPTION PAINKILLER OVERDOSES RISE SHARPLY AMONG WOMEN: CDC STUDY SHOWS EMERGENCY DEPARTMENT VISITS ALSO ON THE RISE AMONG WOMEN**

The number of prescription painkiller overdose deaths increased five-fold among women between 1999 and 2010, according to a *Vital Signs* report released by the Centers for Disease Control and Prevention (CDC). While men are more likely to die of a prescription painkiller overdose, since 1999 the percentage increase in deaths was greater among women (400 percent in women compared to 265 percent in men). Prescription painkiller overdoses killed nearly 48,000 women between 1999 and 2010.

**Press Release:** <http://www.cdc.gov/media/releases/2013/p0702-drug-overdose.html>

**Digital Press Kit:** <http://www.cdc.gov/media/dpk/2013/dpk-Prescription%20drug%20overdose.html>

**NIH STUDY IDENTIFIES BRAIN CIRCUITS INVOLVED IN LEARNING AND DECISION MAKING; FINDING HAS IMPLICATIONS FOR ALCOHOLISM AND OTHER PATTERNS OF ADDICTIVE BEHAVIOR**

Research from the National Institutes of Health (NIH) has identified neural circuits in mice that are involved in the ability to learn and alter behaviors. The findings help to explain the brain processes that govern choice and the ability to adapt behavior based on the end results. Researchers think this might provide insight into patterns of compulsive behavior such as alcoholism and other addictions. The study, published online in *Nature Neuroscience*, indicates that specific circuits in the forebrain play a critical role in choice and adaptive learning.

**Press Release:** <http://www.nih.gov/news/health/jul2013/niaaa-08.htm>

**FDA PARTNERS INTERNATIONALLY TO PROTECT CONSUMERS FROM FAKE ONLINE PHARMACIES**

The Food and Drug Administration (FDA) participated in an international effort that took action against thousands of websites that illegally sell potentially dangerous prescription medicines to consumers, but many thousands more of these sites are still operating. FDA is committed to protecting consumers from these fake online pharmacies and developed *BeSafeRx: Know Your Online Pharmacy* to help. The BeSafeRx website offers resources for consumers, health professionals, and organizations about the risks of purchasing from a fraudulent online pharmacy and how to identify them. The interactive map helps consumers find legitimate, state-licensed online pharmacies from which to purchase medications. Fake online pharmacies can manipulate their websites to appear legitimate, so checking the pharmacy's license through a state board of pharmacy or an equivalent state agency is an important step to know whether it is a safe and legal online pharmacy.

**Press Release:** <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm358794.htm>

**RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES****NEW ON NIMH WEBSITE****NIMH TWITTER CHAT ON PTSD: ARCHIVED**

The transcription from the Twitter chat on post-traumatic stress disorder (PTSD) with National Institute of Mental Health (NIMH) expert Dr. Farris Tuma in recognition of National PTSD Awareness Day is now available. <http://www.nimh.nih.gov/health/twitter-chats/index.shtml>

**NIH RESEARCH MATTERS: VIETNAM VETS WITH PTSD MORE LIKELY TO HAVE HEART DISEASE**

Among male twin Vietnam Veterans, those with PTSD were more than twice as likely to have heart disease 13 years after being diagnosed as twin Vets without PTSD. The finding suggests that PTSD may be a risk factor for heart disease. <http://www.nih.gov/researchmatters/july2013/07012013PTSD.htm>

**NIH DIRECTOR'S BLOG: PERSONALIZING DEPRESSION TREATMENT WITH BRAIN SCANS**

NIH Director Francis Collins discusses a new NIH-funded study in which researchers showed how brain scans could predict which individuals would benefit from a medication and which might respond better to psychotherapy. <http://directorsblog.nih.gov/personalizing-depression-treatment-with-brain-scans/>

**SPECIAL JOURNAL EDITION FOCUSES ON INTEGRATING BRAIN SCIENCE WITH ADDICTION TREATMENT**

One of the greatest challenges in addiction research is the translation of research findings to practical clinical use. To that end, the *Psychology of Addictive Behaviors* journal recently published a special issue devoted to NIH-funded research aimed at integrating brain science and addiction treatment research. The authors address a range of addictive behaviors, such as alcohol, cigarettes, marijuana, cocaine, and pathological gaming. The articles were organized and co-edited by National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism grantees. <http://www.drugabuse.gov/news-events/news-releases/2013/07/special-journal-edition-focuses-integrating-brain-science-addiction-treatment>

## NEW FROM SAMHSA

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### ARCHIVED WEBCAST: RECOVERY IS A FAMILY AFFAIR: THE COMPLEX DYNAMICS IN FAMILIES STRUGGLING WITH MENTAL AND SUBSTANCE USE DISORDERS

This webcast discusses the importance of engaging the entire family in the treatment and recovery process for the person with a mental illness or substance use disorder. It includes discussion of family issues in certain settings, such as military and nontraditional families. <http://store.samhsa.gov/product/Recovery-is-a-Family-Affair-The-Complex-Dynamics-in-Families-Struggling-with-Mental-and-Substance-Use-Disorders/All-New-Products/SMA13-4749DVD>

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### ISSUE BRIEF ON EMPLOYMENT INFORMATION FOR SSI/SSDI

Individuals who are disabled and receive benefits through Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs are eligible for employment supports. The SSI/SSDI Outreach, Access and Recovery (SOAR) program seeks to help individuals access employment services. This issue brief describes misconceptions about employment and loss of disability benefits, how earned income from employment affects SSI/SSDI benefits and Medicare/Medicaid coverage, and employment resources and work incentives offered by the Social Security Administration to current SSI/SSDI beneficiaries who want to find work or return to work. <http://www.prainc.com/soar/cms-assets/documents/employment041013.pdf>

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### CHILD WELFARE TRAUMA TRAINING TOOLKIT: 2ND EDITION NOW AVAILABLE

The National Child Traumatic Stress Network (NCTSN) Learning Center has released the second edition of the *Child Welfare Trauma Training Toolkit* to assist those in the field of child welfare who wish to learn more about child welfare and trauma. The toolkit teaches basic knowledge, skills, and values about working with children who have experienced traumatic stress and who are in the child welfare system. The toolkit guides practitioners and others in supporting children's safety, permanency, and well-being through case analysis and corresponding interventions tailored to them and to their biological and resource families.

<http://nctsn.org/products/child-welfare-trauma-training-toolkit-2008>

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### COALITIONS AND COMMUNITY HEALTH: INTEGRATION OF BEHAVIORAL HEALTH AND PRIMARY CARE.

This report from the Substance Abuse and Mental Health Services Administration (SAMHSA)-Health Resources and Services Administration Center for Integrated Health Solutions (CIHS) outlines how the nation's community substance abuse prevention coalitions can help to reduce substance use in ways that complement healthcare providers' whole health and integration efforts, while ensuring that individuals needing coordinated services receive the care they need. The report highlights the perspectives of both coalitions and health providers, and includes examples of successful coalition-provider collaborations. It also outlines action steps for coalitions to educate their community on key provisions of the Affordable Care Act and to work with community stakeholders already involved in planning and implementing integration efforts. [http://www.integration.samhsa.gov/clinical-practice/Coalitions\\_and\\_Community\\_Health\\_-\\_Final\\_-\\_042313.pdf](http://www.integration.samhsa.gov/clinical-practice/Coalitions_and_Community_Health_-_Final_-_042313.pdf)

## ARCHIVED WEBINARS ON SUICIDE PREVENTION

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### PREVENTING PREMATURE DEATH AND INJURY

Shared risks contribute to premature deaths among youth and young adults due to suicide, homicide, and accidental deaths (e.g., motor vehicle accidents, overdoses). In this Suicide Prevention Resource Center (SPRC) webinar, the head of the CDC-funded Injury Control Research Center dedicated to suicide prevention, spoke about community integrated approaches to address common risks that contribute to diverse outcomes on the path to premature deaths, such as attempted suicide, substance use, and alcohol misuse. Slides from this webinar are now available: <http://www.sprc.org/training-institute/samhsa-webinars>

### EVERYONE PLAYS A ROLE IN SUICIDE PREVENTION

This webcast kicked off "75 Days of Action" to put plans into action and begin to dramatically reduce suicides by National Suicide Awareness Day on September 10, 2013. Presenters included Surgeon General Regina Benjamin; Richard McKeon, Director, SAMHSA Suicide Prevention Branch; Jerry Reed, Director, SPRC, and Dan Reidenberg, Executive Director, Suicide Awareness Voices of Education. The archived webcast along with action plans are available. <http://www.sprc.org/training-institute/samhsa-webinars>

### WHEN HELPING HURTS: SELF-CARE STRATEGIES FOR REFUGEE COMMUNITY LEADERS AND SERVICE PROVIDERS

This webinar, co-sponsored by the Administration on Children and Families Office of Refugee Resettlement and SAMHSA, focused on individual and collective reactions to trauma, resilience, compassion fatigue, compassion satisfaction, strategies to promote a collaborative and positive work environment, and self-care. The webinar was designed in response to suicides in the Bhutanese-Nepali refugee community and was geared toward refugee community leaders, caseworkers, community-based organization leaders, and faith-based leaders as well as refugees. <http://www.sprc.org/training-institute/samhsa-webinars>

## FETAL ALCOHOL SPECTRUM DISORDER FACTSHEETS

The SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence recently published two Technical Assistance Impact factsheets.

### PREVENTING AND ADDRESSING FASD IN YOUR STATE

This factsheet presents information on how to successfully address FASD and identifies challenges states may face during the process. [http://fasdcenter.samhsa.gov/documents/State\\_Cap\\_Impact\\_FS\\_final.pdf](http://fasdcenter.samhsa.gov/documents/State_Cap_Impact_FS_final.pdf)

### ADDRESSING FASD IN WOMEN'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT

This factsheet highlights the benefits of detecting and responding to women with a possible FASD while in treatment. The publication identifies what FASD training providers bring to programs to help make them successful, such as how to be supportive when talking to women about FASD and the mandated reporting requirements. [http://fasdcenter.samhsa.gov/documents/Women\\_Impact\\_FS\\_final.pdf](http://fasdcenter.samhsa.gov/documents/Women_Impact_FS_final.pdf)

## NEW FROM CDC

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### SUICIDE AND SUICIDAL IDEATION AMONG BHUTANESE REFUGEES

Based on the 16 reported suicides (four in 2009, six in 2010, five in 2011, and one as of February, 2012), the annual suicide rate among Bhutanese refugees resettled in the United States was calculated by investigators as 21.5 per 100,000; the age-adjusted suicide rate using the U.S. 2000 population as the standard was 24.4 per 100,000. Both estimates were higher than the estimated annual global suicide rate for all persons of 16 per 100,000 and the annual suicide rate for U.S. residents of 12.4 per 100,000, but were similar to the pre-arrival suicide rate in Bhutanese refugee camps in Nepal of 20.7 per 100,000.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6226a2.htm>

## AGENCY FOR HEALTHCARE RESEARCH AND QUALITY: RESEARCH ACTIVITIES

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### SCHOOL-BASED INTERVENTIONS SHOW PROMISE FOR HELPING CHILDREN AFTER TRAUMA NOT DUE TO FAMILY VIOLENCE

The Agency for Healthcare Research and Quality research review, *Child and Adolescent Exposure to Trauma: Comparative Effectiveness of Interventions Addressing Trauma Other Than Maltreatment or Family Violence*, revealed that more research is needed on the effectiveness and comparative effectiveness of psychotherapeutic and pharmacological interventions. But the authors did find that certain psychotherapeutic interventions may benefit children exposed to trauma.

<http://www.ahrq.gov/news/newsletters/research-activities/13jul/0713RA4.html>

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### SMI NOT ASSOCIATED WITH HIGHER HOSPITAL READMISSION FOR DIABETIC PATIENTS

Although patients with serious mental illness (SMI) and other chronic illnesses are considered a high-risk group, a new study found that patients with SMI and diabetes were not more likely than other patients to be readmitted to the hospital a month after discharge. The researchers examined 26,878 admissions of patients with diabetes to a large urban hospital. Of patients with SMI age 35 or younger, SMI was significantly associated with decreased odds of 30-day hospital readmission. Male sex, having more than three coexisting illnesses, and a hospital stay longer than four days were all significant predictors of 30-day readmission. Older age was associated with a greater likelihood of readmission, but this was not statistically significant. Among patients with diabetes and SMI older than 35, SMI was not significantly associated with readmission. <http://www.ahrq.gov/news/newsletters/research-activities/13jul/0713RA20.html>

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#### CHILDREN EXPOSED TO PARTNER VIOLENCE AND PARENTAL DEPRESSION ARE AT RISK FOR ADHD

Intimate partner violence (IPV) affects 1 in 4 women and 1 in 7 men. Children who experience this violence in the home are at increased risk for behavioral and mental health problems. According to a new study, a child's exposure to IPV and maternal depression before age three is associated with the development of attention-deficit/hyperactivity disorder. Early exposure to parental depression is also associated with the child being prescribed psychotropic medications. <http://www.ahrq.gov/news/newsletters/research-activities/13jul/0713RA32.html>

#### DCOE BLOG POSTS

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#### STRATEGIES FOR FINDING PEACE IN THE TURBULENCE OF CAREGIVING

In this Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) blog post, this caregiver of a spouse with traumatic brain injury (TBI) shares insights garnered through her own experiences along with insights from other caregivers and family members. She highlights five strategies to help the caregiver rest, relax, and recharge while caring for someone with TBI.

[http://www.dcoe.health.mil/blog/13-07-08/Five\\_Strategies\\_for\\_Finding\\_Peace\\_in\\_the\\_Turbulence\\_of\\_Caregiving.aspx](http://www.dcoe.health.mil/blog/13-07-08/Five_Strategies_for_Finding_Peace_in_the_Turbulence_of_Caregiving.aspx)

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#### WHY DO INDIVIDUALS RESPOND, RECOVER DIFFERENTLY TO SAME TRAUMA?

This blog post summarizes an interview with Army Lt. Col. Philip Holcombe, a psychologist who currently serves as the chief of clinical recommendations at Deployment Health Clinical Center, about why some individuals seem to bounce back after a trauma quicker than others. According to Holcombe, those who have had difficult lives or past traumas are more vulnerable to responding to a new traumatic event with post-traumatic stress symptoms. Another reason people may respond differently is the environment to which they return. A healthy, functioning family and stable economic situation will bolster resilience. A weak support system or financial troubles can heighten a person's stress level and make them more vulnerable to PTSD. Holcombe explains that willingness to seek psychological healthcare and use positive coping responses are advantages in recovery, and that people who learn how to cope in healthy ways are likely to do better. [http://www.dcoe.health.mil/blog/13-07-03/Why\\_do\\_Individuals\\_Respond\\_Recover\\_Differently\\_to\\_Same\\_Trauma.aspx](http://www.dcoe.health.mil/blog/13-07-03/Why_do_Individuals_Respond_Recover_Differently_to_Same_Trauma.aspx)

#### WHAT IS CHILD WELFARE? A GUIDE FOR HEALTH-CARE PROFESSIONALS

This brief factsheet was written for healthcare professionals—including pediatricians, family practice providers, hospital nurses, school nurses, urgent care clinicians, and other healthcare professionals—to provide an overview of the field of child welfare and to suggest ways that healthcare professionals and child welfare workers can work together to promote better outcomes for children and families involved with child welfare, including children in foster care. [https://www.childwelfare.gov/pubs/cw\\_healthcare.cfm](https://www.childwelfare.gov/pubs/cw_healthcare.cfm)

## STOPBULLYING.GOV IMAGE GALLERY

StopBullying.gov recently added an Image Gallery to share infographics and photos to both educate and inspire on the topic of bullying. The image gallery contains images created for social media distribution and have been featured on the StopBullying.gov social media channels. These can be saved and shared on other social media networks. <http://www.stopbullying.gov/image-gallery/index.html>

## EVENTS

### NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH

JULY 2013

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In May 2008, the United States House of Representatives proclaimed July as Bebe Moore Campbell National Minority Mental Health Awareness Month, providing agencies with the opportunity to raise awareness about SMI in diverse communities, while highlighting avenues for wellness and recovery.

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9447&lvl=3&lvlID=331>

### WEBINAR: THE REVISED CHILD WELFARE TRAUMA TRAINING TOOLKIT: WHAT'S NEW IN VERSION TWO?

JULY 16, 2013, 12:00PM ET

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This NCTSN webinar will review the content of the toolkit, discuss the changes that have been made to this updated version, and provide information on what other resources are or will be available to assist centers who are considering training with this new curriculum.

[http://learn.nctsn.org/calendar/view.php?view=day&cal\\_d=16&cal\\_m=07&cal\\_y=2013](http://learn.nctsn.org/calendar/view.php?view=day&cal_d=16&cal_m=07&cal_y=2013)



## **WEBINAR: IMPROVING QUALITY AND ACCESS TO INTEGRATED CARE FOR RACIALLY DIVERSE AND LIMITED ENGLISH PROFICIENCY COMMUNITIES**

JULY 16, 2013, 2:00-3:30 PM ET

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The U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH), in collaboration with CIHS has developed this webinar to inform, educate, and train community-based behavioral health and primary care organizations and practitioners in culturally and linguistically competent integrated care delivery models with the goal of reducing health disparities. Topics to be covered by subject matter experts include: ongoing barriers to care, behavioral health approaches in primary care settings, the National Culturally and Linguistically Appropriate Services Standards in Health and Health Care, and approaches to assisting providers in delivering quality care to racial and ethnic minority communities. Research and seminal reports demonstrate racial and ethnic minorities and populations with limited English proficiency continue to experience health disparities. Comorbid conditions compound mental health and physical health problems. The webinar will provide specific information about how culturally and linguistically competent integrated care can improve accessibility and the quality of physical health and behavioral health services. <http://www.integration.samhsa.gov/about-us/webinars>

## **WEBINAR: SAFETY ORGANIZED, TRAUMA-INFORMED AND SOLUTION-FOCUSED DOMESTIC VIOLENCE PRACTICE IN CPS: ENGAGING FAMILIES TO PROMOTE CHANGE**

JULY 16, 2013, 3:00-4:30PM ET

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The National Resource Center for Child Protective Services (NRCCPS) is hosting this webinar as part of its Safety Organized, Trauma-informed, Solution-focused Approaches to Domestic Violence in Child Protection webinar series. Family engagement is necessary to achieving safety, permanency, and well-being in situations involving domestic violence, which many child protective service (CPS) workers count among their most challenging cases. In this webinar, presenters will discuss safety-organized, trauma-informed, solution-focused engagement strategies for use with children, mothers, and fathers/father-figures to promote good outcomes where domestic violence is a protective concern. <http://nrccps.org/peer-networks/slo-support/slo-webinars/>

## **NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH TWITTER CHAT**

JULY 18, 2013, 2:00PM ET

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SAMHSA's Office of Behavioral Health Equity and OMH will be co-hosting a National Minority Mental Health Awareness Month Twitter Chat to raise awareness about the prevalence of behavioral health disparities among racial/ethnic minority populations. Join the conversation by using #MMHchat and following @samhsagov, @minorityhealth, and @SaluddeMinorias on Twitter.

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9447&lvl=3&lvlID=331>

## **WEBINAR: BUILDING RESILIENCE, COMMUNITY, AND CULTURE AMONG YOUNG NATIVE MEN AND BOYS**

JULY 18, 2013, 3:00-4:30 PM ET

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This webinar will provide an overview of the health disparities among Native young men and boys and highlight several innovative approaches aimed at reducing these disparities. The webinar is part of a series hosted by the Indian Health Service, along with Men's Health Network, SAMHSA, the OMH, and Society of Public Health Education. The six-part series will address not only the current challenges, but also highlight solutions and promising practices now underway in the community.

<http://www.menshealthnetwork.org/webinar2>

## **UNWRAPPING WRAP®: UTILIZING WELLNESS RECOVERY ACTION PLANS (WRAP®) TO PROMOTE THE RECOVERY OF JUSTICE-INVOLVED CONSUMERS--NEW DATE**

JULY 18, 2013, 3:00 -5:00 PM ET

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Wellness Recovery Action Plans® (WRAP®) are becoming increasingly available to consumers who are involved in the criminal justice system. They are being used by consumers in multiple settings, including jails, prisons, and reentry programs; those using WRAP® report that it has helped them successfully cope with many of the stressors of incarceration and reentry back into the community, and the setting of personal recovery goals. This SAMSHA GAINS Center webinar will highlight several innovative programs across the nation that are offering WRAP® and discuss effective strategies for integrating WRAP® in a variety of criminal justice settings. <https://www.mymeetings.com/nc/join.php?i=PW2670172&p=WRAP&t=c>  
To call-in for audio, dial 888-677-3788; Passcode: WRAP

## **WEBINAR: BUILDING COMMUNITY RESILIENCY AND HEALING: PREPARING FOR, RESPONDING TO, AND RECOVERING FROM COMMUNITY TRAUMA AND DISASTERS**

JULY 23, 2013, 11:00 AM-12:45 PM ET

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During this SAMHSA webinar, participants will hear four speakers describe how communities can work together before, during, and after disasters or other traumatic events to build resilience, and encourage personal and community healing. Participants will learn about Federal Emergency Management Agency (FEMA) initiatives that help those with mental health problems and other disabilities prepare for, respond to, and recover from disasters, including how FEMA continues to support peers in New Jersey in helping others recover. In addition, participants will learn about the valuable leadership role peers played in post-Hurricane Katrina community healing efforts and about the development of Emotional CPR (eCPR), a simple yet powerful community-building tool that teaches people how to support each other through emotional crisis. The webinar will also feature how the community leaders of Omaha, NE, are addressing gun violence as a public health problem through immediate response activities, ongoing recovery, survivor empowerment, and their recent adoption of eCPR.

<http://promoteacceptance.samhsa.gov/teleconferences/archive/training/teleconference07232013.aspx>

## **WEBINAR: DSM-5: REVISIONS AND IMPLICATIONS RELATED TO PTSD**

JULY 25, 2013, 1:00-2:30 PM ET

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The Diagnostic and Statistical Manual of Mental Disorders (DSM) provides a standard common language to classify mental disorders. The fifth revision of DSM (DSM-5) includes changes to the diagnostic criteria for PTSD and acute stress disorder. Based on research and various DSM-5 task forces, revised definitions include a broader range of symptoms with criteria more specific to PTSD and related diagnoses. This DCoE webinar will articulate changes to the DSM-5 approach to mental disorders compared to DSM-IV; describe key changes in clinical definition; and explain the changes to the PTSD definition and the research support for these changes. [http://www.dcoe.health.mil/Training/Monthly\\_Webinars.aspx](http://www.dcoe.health.mil/Training/Monthly_Webinars.aspx)

## **WEBINAR: SUICIDE PREVENTION STRATEGIES AND RESOURCES TO IMPROVE SERVICES FOR SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES**

JULY 30, 2013, 2:00-3:30 PM ET

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SAMHSA's Service Members, Veterans, and their Families (SMVF) Technical Assistance Center presents this webinar to provide an overview of the risk factors associated with SMVF suicide. Resources and strategies that can be used to help SMVF who are in crisis will be discussed. The webinar will also include a review of a comprehensive suicide prevention plan and examples of what states, communities, and organizations are doing to reduce SMVF suicides. <https://www2.gotomeeting.com/register/514603154>

## **WEBINAR: THE HEALTH CARE LAW - HEALTH INSURANCE MARKETPLACE 101**

AUGUST 7, 2013, 3:00 PM ET

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This HHS webinar is a presentation on the main provisions in the health care law (the Affordable Care Act) and how to access care in the community. Topics include the Health Insurance Marketplace, how to enroll in health insurance, and how to receive updates on implementation of the law. A brief question and answer session will provide answers to commonly asked questions.

[http://www.hhs.gov/partnerships/resources/aca\\_101-invite.html](http://www.hhs.gov/partnerships/resources/aca_101-invite.html)

## **5TH ANNUAL WARRIOR RESILIENCE CONFERENCE: OPTIMIZING PHYSICAL AND PSYCHOLOGICAL RESILIENCE AND PERFORMANCE**

AUGUST 12-16, 2013

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DCoE announces the fifth annual Warrior Resilience Conference (WRC-V), a virtual cross-service training focusing on resilience, and the prevention and treatment of combat and operational stress injuries to optimize performance and enhance physical and psychological resilience. Sessions will also focus on mind-body-spirit, sleep, and provide training and education in combat and operational stress control. WRC-V is a virtual training conference that enables participants to attend live and on-demand sessions from their own desks or mobile devices. WRC-V features interactive presentations, networking and information exchanges, an exhibit hall, resource downloads, and facilitated chat sessions designed to provide participants with a unique learning environment.

[http://www.dcoe.health.mil/Training/Conferences/2013\\_Warrior\\_Resilience\\_Conference.aspx](http://www.dcoe.health.mil/Training/Conferences/2013_Warrior_Resilience_Conference.aspx)

## **WEBINAR: TRAUMA-INFORMED AND SOLUTION-FOCUSED DOMESTIC VIOLENCE PRACTICE IN CPS: SAFETY PLANNING AND CASE PLANNING**

AUGUST 20, 2013, 3:00-4:30PM ET

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The NRCCPS is hosting this webinar as part of its Safety Organized, Trauma-informed, Solution-focused Approaches to Domestic Violence in Child Protection webinar series. Presenters will discuss trauma-informed, solution-focused strategies for effective, family-centered safety and case planning in situations involving domestic violence. <http://nrccps.org/peer-networks/slo-support/slo-webinars/>

## RECOVERY MONTH

SEPTEMBER 2013

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Recovery Month promotes the societal benefits of prevention, treatment, and recovery for mental and substance use disorders, celebrates people in recovery, lauds the contributions of treatment and service providers, and promotes the message that recovery in all its forms is possible. Recovery Month spreads the positive message that behavioral health is essential to overall health, that prevention works, treatment is effective, and people can and do recover. <http://recoverymonth.gov/>

### CALLS FOR PUBLIC INPUT

#### SAMHSA SEEKS PUBLIC COMMENT ON FEDERAL GUIDELINES FOR OPIOID TREATMENT

SAMHSA is seeking public comments on the *Federal Guidelines for Opioid Treatment*. SAMHSA published this preliminary set of guidelines to provide more detailed information to opioid treatment programs (OTP), and organizations that accreditate them, about what they need to comply with new requirements under the Code of Federal Regulations (42 CFR Part 8). As part of its effort to finalize the guidelines, SAMHSA is asking representatives from OTPs, accreditation organizations, patients groups, the medical community, and other interested members of the public to review and comment on these preliminary guidelines. All comments submitted by the deadline of July 16, 2013 will be carefully considered.

<http://www.samhsa.gov/newsroom/advisories/1306274327.aspx>

#### SAMHSA'S SERVICE TO SCIENCE INITIATIVE: CALL FOR NOMINATIONS

The purpose of the Service to Science (STS) Initiative is to enhance the evaluation capacity of programs and practices addressing substance abuse prevention and related behavioral health needs. SAMHSA's Collaborative for the Application of Prevention Technologies is currently seeking nominations of programs that may benefit from the educational and technical assistance opportunities provided through the STS Initiative. Deadline for nominations is July 26, 2013 at 8:00 PM ET. <http://captus.samhsa.gov/grantee/capt-clients/sts>

## **CHALLENGE.GOV: DEVELOP A SUICIDE PREVENTION APP**

The "Continuity of Care and Follow-Up App Challenge" challenges individuals and organizations with the development of an application (app) for a mobile handheld device. The app will provide linkages to continuity of care and follow-up care for a person at risk for suicide who was discharged from an inpatient unit or emergency department. Proposed activities can include, but are not limited to, the following: live chatting via the National Suicide Prevention Lifeline website; safety planning; SMS (short message service) functionality; scheduling functionality and appointment reminders; and mapping/transportation functionality that shows locations of healthcare resources. Innovation is highly encouraged. At a minimum, entrants must include safety planning and utilize two resources to provide users with access to services through the crisis centers within the National Suicide Prevention Lifeline and the SAMHSA Treatment Locator. The top three entrants will be eligible for a total of \$100,000.

Note: SAMHSA is not looking for an application that simply connects a user to a crisis line via a single button; that functionality is found in a number of other suicide prevention applications. Deadline for submission is August 9, 2013 at 5:00PM ET. <http://suicidepreventionapp.challenge.gov/>

## **REQUEST FOR COMMENTS: EVALUATION OF THE FDA'S GENERAL MARKET YOUTH TOBACCO PREVENTION CAMPAIGNS**

FDA is currently developing and implementing youth-targeted public education campaigns to help prevent tobacco use among youth and thereby reduce the public health burden of tobacco. The campaigns will feature televised advertisements along with complementary ads on radio, on the Internet, in print, and through other forms of media. FDA is looking for public comment on the Agency's current plans to conduct two studies to evaluate the effectiveness of its youth tobacco prevention campaigns: (1) An outcome evaluation study and (2) a media tracking survey. The timing of these studies will be designed to follow the multiple, discrete waves of media advertising planned for the campaigns. Comments are due by August 20, 2013. <https://www.federalregister.gov/articles/2013/06/21/2013-14809/agency-information-collection-activities-proposed-collection-comment-request-evaluation-of-the-food>

## **INVITING COMMENTS AND SUGGESTIONS ON THE HEALTH AND HEALTH RESEARCH NEEDS, SPECIFIC HEALTH ISSUES, AND CONCERNS FOR LGBTI POPULATIONS**

NIH is inviting comments and suggestions on the health and health research needs, specific health issues and concerns for lesbian, gay, bisexual, trans/transgender, and intersex (LGBTI) populations. As part of its efforts to advance LGBTI health, NIH is requesting input on the following issues to inform the development of an NIH LGBTI Research Strategic Plan:

1. Challenges (including, but not limited to):
  - Methodological or other challenges to data collection and analysis for small and/or hard-to-reach and/or heterogeneous LGBTI populations, including the development of valid and reliable methods

for asking individuals about their sexual orientation and gender identity to better understand and advance LGBTI health.

2. Opportunities (including, but not limited to):

- Opportunities to expand the knowledge base of LGBTI health (including those identified in the NIH LGBT Research Coordinating Committee, Consideration of the Institute of Medicine (IOM) Report on the Health of Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals), existing data collection efforts, and other resources and scientific advances on which further research could be built.
  - Training in LGBTI health research and enhancing the cultural competency of researchers and individuals working with LGBTI persons in clinical settings; specifically how NIH can collaborate with other federal agencies to develop programs for enhancing cultural competency.
  - Effective ways to engage with the LGBTI health research and advocacy communities, which include the broad range of populations that may be encompassed by the term LGBTI, including, but not limited to:
    - People who identify as gay, lesbian, bisexual, or transgendered;
    - People with congenital “intersex” (disorders of sex development) conditions;
    - People who do not identify as LGBT, but nonetheless experience same-sex attraction and/or engage in same-sex sexual behaviors, which includes those who identify as queer and/or questioning; and
    - People whose gender identity differs from the sex assigned to them at birth; whose gender expression varies significantly from what is traditionally associated with or is typical for that group; and/or who vary from or reject for themselves traditional cultural conceptualizations of gender in terms of male-female dichotomy. This group includes people who identify (or are identified) as transgendered, transsexual, cross-dressers, transvestites, two-spirit, queer, and/or questioning.
  - Effective ways to enhance communication between the NIH and the LGBTI research community to enhance practical understanding of the NIH mission, as well as the NIH funding and review processes, and encourage individuals engaged in research and/or training in LGBTI health to compete for funding through various NIH mechanisms (both targeted and non-targeted to LGBTI health).
3. Outcome Indicators (including, but not limited to):
- Potential measures that NIH could use to indicate whether the proposed activities addressed the challenges or opportunities successfully.

## FUNDING INFORMATION

FAMILY VIOLENCE PREVENTION AND SERVICES DISCRETIONARY GRANTS: CULTURALLY SPECIFIC TRAUMA SERVICES FOR FAMILIES IMPACTED BY DOMESTIC VIOLENCE

<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2013-ACF-ACYF-EV-0635>

CLOSING THE GAP IN HEALTHCARE DISPARITIES THROUGH DISSEMINATION AND IMPLEMENTATION OF PATIENT CENTERED OUTCOMES RESEARCH

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-13-010.html>

HEALTH SERVICES AND OBSERVATIONAL STUDIES OF NON-PHARMACOLOGICAL APPROACHES TO MANAGING PAIN AND CO-MORBID CONDITIONS IN U.S. MILITARY PERSONNEL, VETERANS, AND THEIR FAMILIES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AT-14-005.html>

PILOT AND FEASIBILITY STUDIES OF NON-PHARMACOLOGICAL APPROACHES TO MANAGING PAIN AND CO-MORBID CONDITIONS IN U.S. MILITARY PERSONNEL, VETERANS, AND THEIR FAMILIES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AT-14-004.html>

CLINICAL TRIALS AND INTERVENTIONAL STUDIES OF NON-PHARMACOLOGICAL APPROACHES TO MANAGING PAIN AND CO-MORBID CONDITIONS IN U.S. MILITARY PERSONNEL, VETERANS, AND THEIR FAMILIES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AT-14-003.html>

EXPLORATORY RESEARCH ON THE IMPACT OF THE GROWING OIL INDUSTRY IN THE DAKOTAS AND MONTANA ON DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, AND STALKING

<https://ncjrs.gov/pdffiles1/nij/sl001078.pdf>

IMPLICATIONS OF NEW DIGITAL MEDIA USE FOR UNDERAGE DRINKING, DRINKING-RELATED BEHAVIORS, AND PREVENTION RESEARCH

<http://grants.nih.gov/grants/guide/pa-files/PA-13-262.html> (R01)

<http://grants.nih.gov/grants/guide/pa-files/PA-13-263.html> (R21)





The **Outreach Partnership Program** is a nationwide outreach initiative of the National Institute of Mental Health (NIMH) that enlists state and national organizations in a partnership to help close the gap between mental health research and clinical practice, inform the public about mental illnesses, and reduce the stigma and discrimination associated with mental illness. For more information about the program please visit: <http://www.nimh.nih.gov/outreach/partnership-program/index.shtml>. To subscribe to receive the **Update** every two weeks, go to: <http://www.nimh.nih.gov/outreach/partnership-program/news-and-updates-from-the-program.shtml>.

The information provided in the **Update** is intended for use by NIMH Outreach Partners, National Partners and their associates for the express purpose of exchanging information that may be useful in the development of state and local mental health outreach, information, education and partnership programs.