



UPDATE

August 1, 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

NIMH DIRECTOR DISCUSSES THE BRAIN INITIATIVE ON THE CHARLIE ROSE BRAIN SERIES

With nearly 100 billion neurons and 100 trillion connections, the human brain remains one of the greatest mysteries in science and one of the greatest challenges in medicine. National Institute of Mental Health (NIMH) Director Thomas Insel recently went on The Charlie Rose Brain Series to discuss The BRAIN (Brain Research through Advancing Innovative Neurotechnologies) Initiative, which aims to create better tools to solve this mystery.

Science News: <http://www.nimh.nih.gov/news/science-news/2013/tom-insel-discusses-the-brain-initiative-on-the-charlie-rose-brain-series.shtml>

NAB UNVEILS YOUTH MENTAL HEALTH AWARENESS CAMPAIGN

On Tuesday, July 23, the National Association of Broadcasters (NAB) launched *OK2TALK*, a campaign to increase understanding and awareness about mental health in youth. The Tumblr-based community campaign includes television and radio ads in English and Spanish that feature teens and young adults opening up about their experiences with mental health problems. These ads aim to prompt conversation and let people know that help is available and effective. The site also encourages young adults and teens to share their personal stories of recovery, tragedy, struggle, or hope, and includes resources for those seeking help.

Science News: <http://www.nimh.nih.gov/news/science-news/2013/nab-unveils-youth-mental-health-awareness-campaign.shtml>

FDA PERMITS MARKETING OF FIRST BRAIN WAVE TEST TO HELP ASSESS CHILDREN AND TEENS FOR ADHD

The Food and Drug Administration (FDA) allowed marketing of the first medical device based on brain function to help assess attention-deficit/hyperactivity disorder (ADHD) in children and adolescents 6 to 17 years old. When used as part of a complete medical and psychological examination, the device can help confirm an ADHD diagnosis, or a clinician's decision that further diagnostic testing should focus on ADHD or other medical or behavioral conditions that produce symptoms similar to ADHD. The device, the Neuropsychiatric EEG-Based Assessment Aid (NEBA) System, is based on electroencephalogram (EEG) technology, which records different kinds of electrical impulses (waves) given off by neurons (nerve cells) in the brain and the number of times (frequency) the impulses are given off each second. The NEBA System is a 15- to 20-minute non-invasive test that calculates the ratio of two standard brain wave frequencies, known as theta and beta waves. The theta/beta ratio has been shown to be higher in children and adolescents with ADHD than in children without it.

Press Release: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm360811.htm>

VA HOSTS MENTAL HEALTH SUMMITS TO PROMOTE COLLABORATION

Meeting the mental healthcare needs of Veterans and their families is among one of the highest priorities for the Department of Veterans Affairs (VA). While VA continues to expand mental health resources to meet the needs of Veterans, truly Veteran-centric, recovery-oriented care requires active collaboration and coordination with partners in the community. Through collaboration, VA can promote awareness and utilization of VA mental health resources, help Veterans gain access to community services, and build healthy communities for Veterans and their families. In the interest of promoting community collaboration, each facility is hosting a Mental Health Summit. These Mental Health Summits are expected to help build or sustain collaborative efforts with community providers to enhance mental health and well-being for Veterans and their families. <http://www.mentalhealth.va.gov/summits.asp>

ALCOHOL USE AMONG PREGNANT WOMEN IN SUBSTANCE ABUSE TREATMENT DROPS IN PAST DECADE, BUT ILLICIT DRUG USE RISES

According to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA), the percentage of pregnant women in substance abuse treatment using alcohol dropped from 46.6 percent to 34.8 percent over a 10 year period; however, the report also shows that the percentage of substance abuse admissions involving pregnant women using drugs rose from 51.1 percent to 63.8 percent during this same period. The proportion of women of childbearing age who were pregnant when entering treatment remained relatively stable between 2000 (4.4 percent) and 2010 (4.8 percent). The study also showed that non-pregnant women of childbearing age experienced similar trends in substance use as their pregnant counterparts.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1307252327.aspx>

EXCESSIVE HEAT POSES INCREASED RISKS FOR INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS

SAMHSA is issuing a heat advisory to alert the nation to the increased risk of heat-related illnesses for individuals with mental and substance use disorders. Children and older adults with these conditions are particularly vulnerable to elevated temperatures. Individuals with behavioral health conditions who are taking psychotropic medications or using certain substances are at a higher risk for heatstroke and heat-related illnesses. These medications and substances can interfere with the body's ability to regulate heat and an individual's awareness that their body temperature is rising.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1307192820.aspx>

SAMHSA'S NREPP POSTS ITS 300TH INTERVENTION SUMMARY

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) has recently added three new intervention summaries, raising to 300 the number of interventions included in NREPP. The recently added summaries are for: Mental Health First Aid, an adult public education program for teaching participants how to respond to individuals who are experiencing an acute mental health crisis or are in the early stages of a chronic mental health problem; Alcohol Literacy Challenge, a brief classroom-based program designed to alter alcohol expectancies and reduce the quantity and frequency of alcohol use among high school and college students; and Creating Lasting Family Connections Marriage Enhancement Program, designed to build and/or strengthen the relationship skills of couples in which partners have been physically and/or emotionally distanced because of separation due to incarceration, military service, substance abuse, or other circumstances.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1307220126.aspx>

HHS LETTER ON TRAUMA-INFORMED TREATMENT

On July 11, 2013, three U.S. Department of Health and Human Services (HHS) agencies—the Administration for Children and Families (ACF), the Centers for Medicare and Medicaid Services (CMS), and SAMHSA—have come together to issue a letter to state directors of child welfare and Medicaid, and mental health authorities encouraging them to strengthen their efforts to address complex trauma among children and youth known to child welfare. The joint letter from ACF, CMS, and SAMHSA provides useful and actionable information about Federal authority and funding streams, strategies for coordinating cross-system efforts, and good practices for integrating evidence-based screening, assessment, and interventions related to complex trauma. <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-004.pdf>

RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES**NEW ON NIMH WEBSITE****BORDERLINE PERSONALITY DISORDER—AVAILABLE IN SPANISH ONLINE**

This booklet describing the signs, symptoms, treatment options, and current research on borderline personality disorder is now available in Spanish on the NIMH website.

<http://www.nimh.nih.gov/health/publications/espanol/trastorno-l-mite-de-la-personalidad/index.shtml>

NIMH OUTREACH PARTNERSHIP PROGRAM SOLICITATION: QUESTIONS AND ANSWERS POSTED

The NIMH Outreach Partnership Program has posted responses to questions received about its 2013 Solicitation for proposals from organizations in the District of Columbia, Puerto Rico, and the following 22 states: Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Illinois, Indiana, Iowa, Michigan, Mississippi, Missouri, Montana, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Washington, West Virginia, and Wyoming. <http://www.nimh.nih.gov/outreach/partnership-program/solicitation-process/nimh-outreach-partnership-program-2013-solicitation-inquiries-and-responses.shtml>

HHS SECRETARY BLOG POSTS**SPREADING THE MESSAGE THAT IT'S OKAY TO TALK ABOUT MENTAL HEALTH**

HHS Secretary Kathleen Sebelius discusses the launch of new public service announcements (PSAs) to raise awareness of mental health in America. The PSAs will be broadcast on television and radio in homes and schools across the country. They will help spread the message that mental health is important and that it's okay to talk about it. <http://www.hhs.gov/secretary/about/opeds/mental-health-conversation.html>

HELPING VICTIMS OF CHILDHOOD TRAUMA HEAL AND RECOVER

HHS Secretary Kathleen Sebelius discusses new guidance to improve the wellbeing of children and families who have experienced trauma. Based on new research, it provides a clear pathway for child welfare professionals and providers to incorporate and finance better trauma screening, assessments, and evidence-based best practices. The guidance is informed by emerging research as well as the landmark Adverse Childhood Experiences Study, which demonstrated that adverse childhood experiences may increase the likelihood of chronic disease in adulthood, such as stroke, diabetes, cardiovascular disease, cancer, and early death—and may lower job performance and employment levels.

<http://www.hhs.gov/secretary/about/opeds/childhood-trauma-recover.html>

SAMHSA DIALOGUE: PREPAREDNESS AND DISASTER BEHAVIORAL HEALTH PLANNING

This issue of *The Dialogue* looks at three important topics that can be addressed well before a disaster occurs. First, it reviews the steps to "branding" a disaster behavioral health response program and offers the *Disaster Response Template Toolkit* as a resource to assist in the process. The issue also looks at several concerns related to immediate response work, such as shielding family members from unwanted interveners, and preparing to support those who are bereft. In relation to these topics, the issue includes responding with religious and spiritual literacy and competency, two distinct concepts that can be learned and practiced prior to a deployment. <http://www.samhsa.gov/dtac/dialogue/>

TOOLKIT FOR COMMUNITY CONVERSATIONS ABOUT MENTAL HEALTH

This toolkit is designed to support communities interested in holding conversations about mental health using consistent information and approaches. It includes three parts: an Information Brief, a Discussion Guide, and a Planning Guide. The toolkit will help communities and individuals start a conversation about mental health and help identify innovative and creative next steps to address the mental health needs of the Nation.

INFORMATION BRIEF (AVAILABLE IN ENGLISH AND SPANISH)

This brief provides data and other facts helpful in creating conversations about mental health that break down misperceptions, and promote recovery and healthy communities. It discusses early identification, access to treatment, crisis response, and recovery supports. <http://store.samhsa.gov/product/Community-Conversations-About-Mental-Health-Information-Brief/SMA13-4763>

DISCUSSION GUIDE

This resource guides participants and facilitators through a one-day community conversation about mental health as a path to promoting recovery and healthy communities. It includes discussion questions, perceptions of mental illness, facilitator tips, and follow-up steps.

<http://store.samhsa.gov/product/Community-Conversations-About-Mental-Health-Discussion-Guide/SMA13-4764>

PLANNING GUIDE

This guide provides tools to help organize a one-day community conversation around mental health. It discusses the logistics of finding a venue; gathering a network of partners; recruiting participants and facilitators; organizing the meeting; and identifying follow-up steps.

<http://store.samhsa.gov/product/Community-Conversations-About-Mental-Health-Planning-Guide/SMA13-4765>

NEW DATABASE HELPS CLINICIANS, RESEARCHERS FIND INSTRUMENTS TO DETECT COGNITIVE IMPAIRMENT IN OLDER ADULTS

Evaluating the cognitive status of older patients in the primary care setting is one of the first steps in determining the cause of problems with memory, attention, and other aspects of thinking that can affect their health and well-being. With dozens of instruments available, finding the right ones to use can be a challenge. Now, clinicians and researchers have a new way to find appropriate instruments — through a searchable database from the National Institute on Aging (NIA) at the National Institutes of Health (NIH). The database contains detailed information about more than 100 published instruments for detecting Alzheimer’s disease and other types of cognitive impairment. It was created by NIA staff in consultation with experts in the field. Many instruments are suitable for outpatient practices and community studies.

<http://www.nia.nih.gov/research/cognitive-instrument>

GAO REPORT: TIMELIER REVIEWS, PLAN FOR EVALUATIONS, AND UPDATED POLICIES COULD IMPROVE INMATE MENTAL HEALTH SERVICES OVERSIGHT

The Bureau of Prisons (BOP) is responsible for the care and custody—including mental healthcare—of more than 219,600 Federal inmates. BOP identifies and treats inmates’ mental health disorders, and has procedures in place to assess the provision of mental health services in its 119 facilities, and 15 private prisons operating under contract. The Government Accountability Office (GAO) was requested to provide information on BOP’s costs and oversight of inmate mental health services. This report addresses: (1) BOP’s costs to provide these services; (2) the extent to which BOP assesses whether its institutions comply with BOP policies for providing services; and (3) the extent to which BOP tracks the costs of providing mental health services to inmates in contract facilities, and assesses compliance with contract requirements.

<http://www.gao.gov/products/GAO-13-1>

NEW “IT GETS BETTER” BULLYING PREVENTION VIDEO AVAILABLE ONLINE

The U.S. Department of Education (ED) has posted a new online video as part of the *It Gets Better Project*, which inspires hope for lesbian, gay, bisexual, and transgender (LGBT) youth facing bullying in schools. The video offers personal stories from ED staff who have been bullied, discusses ways to support students experiencing bullying, and highlights the importance of addressing this problem to effect change now to protect LGBT students. <http://www.ed.gov/blog/2013/06/it-gets-better/>

VA-DOD: SUICIDE RISK CLINICAL PRACTICE GUIDELINE

The Clinical Practice Guideline for the Assessment and Management of Suicide Risk was developed under the auspices of the VA and the Department of Defense. This guideline recommends a framework for a structured assessment of person suspected to be at risk of suicide, and the immediate and long-term management and treatment that should follow once risk has been determined. Topics addressed include definitions, classification of etiology, risk factors, and severity; assessment and determination of risk; management of urgent/emergent risk - indications for referral to specialty care; treatment interventions based on risk level; safety planning for patients at risk; and monitoring and re-assessment of patients at risk. The guideline does not address risk in children, universal screening for suicide ideation, or population health interventions to reduce the risk of suicide.

http://www.healthquality.va.gov/srb/VADODCP_SuicideRisk_Full.pdf

NEW RESOURCE AVAILABLE FOR FAITH/COMMUNITY ORGANIZATIONS

The Bureau of Justice Assistance partnered with the Department of Justice's Center for Faith-based and Neighborhood Partnerships to develop *Faith and Communities in Action: A Resource Guide for Increasing Partnership Opportunities to Prevent Crime and Violence*. This guide is designed to provide useful information to faith and community-based organizations working on building capacity, improving partnerships, and effectively applying for and managing grants.

<https://www.ncjrs.gov/BJAreleases/FaithandCommunitiesinActionGuide.html>

AMERICA'S CHILDREN: KEY NATIONAL INDICATORS OF WELL-BEING, 2013

The Federal Interagency Forum on Child and Family Statistics has released *America's Children: Key National Indicators of Well-Being, 2013*. The report features statistics on children and families in the U.S. across 41 key indicators, including family and social environment, economic circumstances, healthcare, physical environment and safety, behavior, education, and health. The forum's mission is to collect enhanced data on children and youth, communicate it to the policy community and general public, and produce more complete data at the Federal, state, and local levels. http://www.childstats.gov/pdf/ac2013/ac_13.pdf

RECOVERY MONTH RESOURCES

2013 RECOVERY MONTH PSAS

Recovery Month 2013 PSAs are now available to view, download, embed via YouTube, or order. Recovery Month PSAs can be distributed to local TV and radio stations to promote the benefits of treatment and recovery. PSAs can be ordered "open-ended" so stations can add local event information to the spot, or "close-ended" with the SAMHSA toll-free treatment referral helpline information.

<http://www.recoverymonth.gov/Multimedia/PSAs.aspx>

RECOVERY MONTH TOOLKIT NOW AVAILABLE ONLINE

The *2013 Recovery Month Toolkit* has new resources and current information on mental and substance use disorders. This year's kit includes infographics, which explain data visually and can be downloaded for use in organizations' communication efforts. The toolkit also contains a "Targeted Outreach" section for young adults, community leaders, healthcare providers, and families and caregivers of young people. The updated Resources directory, Fast Facts, and other materials can help communities work with media to promote Recovery Month events. <http://www.recoverymonth.gov/Recovery-Month-Kit.aspx>

DCOE RELEASES CLINICAL GUIDANCE ON NEUROIMAGING FOR MILD TBI

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) developed a clinical recommendation and reference card to help primary care providers determine whether to use neuroimaging when evaluating service members with mild traumatic brain injury (mTBI). The new *Neuroimaging Following mTBI in the Non-Deployed Setting* clinical support tools provide an evidenced-based standard approach for imaging from the acute through chronic stages following mTBI.

http://dcoe.health.mil/MediaCenter/News/details/13-07-25/DCoE_Releases_Clinical_Guidance_on_Neuroimaging_for_Mild_TBI.aspx

EVENTS

WEBINAR: TRAUMA-INFORMED PRIMARY CAREAUGUST 6, 2013, 1:00 -2:30 PM ET

In the U.S., 61 percent of men and 51 percent of women report exposure to at least one traumatic event in their lifetime, with many reporting more than one. For individuals with mental or substance use disorders, traumatic life events are the rule rather than the exception. These adverse life experiences have been found to be a risk factor for a variety of serious health conditions and are likely to contribute to an individual's avoidance of and discomfort with medical procedures in primary and specialty care. As Health Resources and Services Administration (HRSA)-funded safety-net providers expand their behavioral health capacity to serve clients, trauma-informed care will increasingly become an integral part of good medicine. After participation in this SAMHSA-HRSA Center for Integrated Services webinar, attendees will:

1) understand the prevalence of adverse life experiences and their effect on a person's physical and behavioral health; 2) recognize how a history of adverse life experiences affects an individual's engagement and use of primary care services and strategies to promote an individual's comfort and engagement with primary care; 3) understand how to integrate a trauma-informed care perspective in day-to-day practice in a practical, feasible way that aligns with the practice of good medicine; and 4) know how to access and use trauma-informed tools designed for primary care settings.

<https://www2.gotomeeting.com/register/416831938>

WEBINAR: TRAUMATIC BRAIN INJURY 101AUGUST 15, 2013, 1:00-2:30 PM ET

Save the date for the DCoE's next webinar about traumatic brain injury.

http://www.dcoe.health.mil/Libraries/Documents/DCoE_Webinar_Series_2013_Schedule_and_Topics_Flyer.pdf

WEBINAR: THE HEALTH CARE LAW - HEALTH INSURANCE MARKETPLACE 101AUGUST 7, 2013, 3:00 PM ET

This HHS webinar is a presentation on the main provisions in the health care reform 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

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

AUGUST 12-16, 2013

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

WEBINAR: TRAUMA-INFORMED AND SOLUTION-FOCUSED DOMESTIC VIOLENCE PRACTICE IN CHILD PROTECTIVE SERVICES: SAFETY PLANNING AND CASE PLANNING

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

The National Resource Center for Child Protective Services 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

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**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 5:00 PM ET. <http://suicidepreventionapp.challenge.gov/>

COMMENTS SOUGHT FOR AHRQ EFFECTIVE HEALTH CARE PROGRAM REPORTS

The Agency for Healthcare Research and Quality Effective Health Care Program encourages the public to participate in the development of its research projects. The Program uses these comments to help focus its research and ensure that the final comparative effectiveness reviews answer the most important questions that clinicians, patients, consumers, and policymakers have about a given treatment, test, or procedure. The Program is currently seeking comments for:

LONG-TERM CARE FOR OLDER ADULTS: FUTURE RESEARCH NEEDS (COMMENTS DUE AUGUST 14, 2013)

<http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayProduct&productID=1597&ECem=130718>

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>

JOIN IN THE "STAY COVERED" CHALLENGE

Join SAMHSA in the mission to develop innovative communications strategies to target individuals who experience high levels of involuntary breaks ("churn") in health insurance coverage. The "Stay Covered Challenge" calls for the development of a marketing/outreach campaign designed for use by providers and community-based organizations in targeting individuals in Medicaid due to disability. For example, competitors should consider developing marketing materials communicating the importance of maintaining eligibility by responding to communications from the Medicaid agency, and by communicating to the agency about housing changes or other changes of circumstance that might impact program eligibility. The materials submitted as a part of the challenge competition will be evaluated as to how useful they would be in (1) targeting individuals experiencing or at risk of churn; and (2) fostering the use of the materials by the full range of providers and community-based organizations serving Medicaid populations with behavioral health needs.

The "Churn Marketing Research Methodology Development Challenge" asks organizations to develop a research methodology on how to identify actionable marketing data on this group. The challenge will not involve the development of communications materials targeting these individuals. This challenge tasks researchers with developing a methodology for identifying the marketing communications profile of uninsured individuals who have been disenrolled from coverage affordability programs, but remain eligible for enrollment. Submissions are due by August 31 at 11:00 PM ET. <http://staycovered.challenge.gov/>

FDA SEEKS COMMENTS ON COMMUNICATIONS ACTIVITIES

The FDA has issued a report on how the agency communicates the benefits and risks of medical products to healthcare providers and patients, especially underrepresented populations, including racial subgroups. FDA is seeking public comment on the report's findings and FDA's communication plans going forward. Submit electronic or written comments by September 9, 2013.

<https://www.federalregister.gov/articles/2013/07/11/2013-16617/establishment-of-a-public-docket-for-comment-on-the-report-prepared-under-the-food-and-drug>

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 report, *Consideration of the Institute of Medicine Report on the Health of 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.

Responses to will be accepted through October 28, 2013. <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-13-076.html>

CLINICAL TRIAL INFORMATION NEWS

NATIONWIDE RECRUITMENT: BIPOLAR DISORDER ADULT RESEARCH STUDY BIPOLAR DISORDER & RILUZOLE

(Outpatient or Inpatient: 8 weeks) This study of Riluzole (an FDA-approved drug for Lou Gehrig's disease, ALS) tests how this drug affects glutamate in the brain and improves treatment-resistant depressive symptoms (failure to reduce symptoms after taking two or more antidepressants.) Recruiting ages 18-70. [03-M-0092]

For more information on research conducted by the National Institute of Mental Health in Bethesda, MD click here <http://patientinfo.nimh.nih.gov/BipolarDisorderAdult.aspx#135>.

FUNDING INFORMATION

RUNAWAY AND HOMELESS YOUTH CAPACITY BUILDING FOR LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND/OR QUESTIONING YOUTH POPULATIONS GRANT
<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2013-ACF-ACYF-CX-0638>

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES (NIMHD) SOCIAL, BEHAVIORAL, HEALTH SERVICES, AND POLICY RESEARCH ON MINORITY HEALTH AND HEALTH DISPARITIES
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-13-006.html>

NIMHD BASIC AND APPLIED BIOMEDICAL RESEARCH ON MINORITY HEALTH AND HEALTH DISPARITIES
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-13-008.html>



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.