



# UPDATE

May 1, 2015

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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*

## **SOUPED-UP REMOTE CONTROL SWITCHES BEHAVIORS ON-AND-OFF IN MICE BRAIN INITIATIVE YIELDS CHEMICAL-GENETIC TOOL WITH PUSH-PULL CAPABILITIES**

Neuroscientists have perfected a chemical-genetic remote control for brain circuitry and behavior. This evolving technology can now sequentially switch the same neurons — and the behaviors they mediate — on-and-off in mice, say researchers funded by the National Institutes of Health (NIH). Such bidirectional control is pivotal for decoding the brain workings of complex behaviors. The findings are the first to be published from the first wave of NIH grants awarded last fall under the BRAIN Initiative. “With its new push-pull control, this tool sharpens the cutting edge of research aimed at improving our understanding of brain circuit disorders, such as schizophrenia and addictive behaviors,” said NIH director Francis S. Collins, M.D., Ph.D.

**Press Release:** <http://www.nih.gov/news/health/apr2015/nimh-30.htm>

## **BRAIN CIRCUITRY FOR POSITIVE VS NEGATIVE MEMORIES DISCOVERED IN MICE; PUSH-PULL CONTROL CINCHES CAUSAL CONNECTION – NIH FUNDED STUDY**

Neuroscientists have discovered brain circuitry for encoding positive and negative learned associations in mice. After finding that two circuits showed opposite activity following fear and reward learning, the researchers proved that this divergent activity causes either avoidance or reward-driven behaviors. Funded by NIH, they used cutting-edge optical-genetic tools to pinpoint these mechanisms critical to survival, which are also implicated in mental illness.

**Press Release:** <http://www.nimh.nih.gov/news/science-news/2015/brain-circuitry-for-positive-vs-negative-memories-discovered-in-mice.shtml>

## **A NEW LOOK AT RACIAL/ETHNIC DIFFERENCES IN MENTAL HEALTH SERVICE USE AMONG ADULTS**

New findings on mental health service use by racial and ethnic groups are now available in a report by the Substance Abuse and Mental Health Services Administration (SAMHSA). The report is based on combined National Survey on Drug Use and Health data from 2008 to 2012. Researchers looked at how often adults in different racial and ethnic groups sought mental health services in the past year. Findings include estimates of overall service use, medication use, outpatient and inpatient service use, as well as reasons for not using services.

**Science Update:** <http://www.nimh.nih.gov/news/science-news/2015/a-new-look-at-racial-ethnic-differences-in-mental-health-service-use-among-adults.shtml>

## **TIME WITH PARENTS IS KEY FOR ADOLESCENTS, STUDY SUGGESTS**

The more time mothers spend participating in activities with their adolescent children, the less likely these kids engage in delinquent behavior, such as skipping school or shoplifting, according to a study published in the April 2015 issue of the *Journal of Marriage and Family*. The findings also suggest that adolescent children who participate in activities with both parents have fewer behavioral problems, higher math scores, and less substance use. Interestingly, the researchers found no similar relationship between the amount of parental time and the emotional, behavioral, and academic problems of younger children. To better understand how parental time affects adolescents and younger children, study authors looked at time-diary data from the *Panel Study of Income Dynamics, Child Development Supplement*, a nationally representative sample of families with children in the United States (U.S.). These data, collected in studies funded by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), provide information on how children and adolescents spend their time, what activities they do, with whom they do the activities, where the activities take place, and who else is present.

**Press Release:** <http://www.nichd.nih.gov/news/releases/Pages/042715-time-with-parents.aspx>

## **NEARLY 1 IN 10 FULL-TIME WORKERS HAVE HAD A SUBSTANCE USE DISORDER IN THE PAST YEAR; LEVELS OF SUBSTANCE ABUSE/DEPENDENCE VARIED CONSIDERABLY AMONG DIFFERENT INDUSTRY CATEGORIES**

A new SAMHSA report indicates that 9.5 percent of full-time workers (ages 18 to 64) experienced a substance use disorder in the past year. The report shows that an average of 8.7 percent of full-time workers used alcohol heavily in the past month. Heavy drinking is defined as consuming five or more drinks on the same occasion on five or more days in the past 30 days. The report also indicates that 8.6 percent of full-time workers used illicit drugs in the past month. Substance use and dependency levels varied considerably among workers in the 19 major industry categories assessed in the report.

**Press Release:** <http://www.samhsa.gov/newsroom/press-announcements/201504160815>

## **EXPANDING NALOXONE USE COULD REDUCE DRUG OVERDOSE DEATHS AND SAVE LIVES**

Allowing more basic emergency medical service (EMS) staff to administer naloxone could reduce drug overdose deaths that involve opioids, according to a Centers for Disease Control and Prevention (CDC) study. In 2013, more than 16,000 deaths in the U.S. involved prescription opioids, and more than 8,000 others were related to heroin. Naloxone is a prescription drug that can reverse the effects of prescription opioid and heroin overdose, and can be life-saving if administered in time. According to the study findings, advanced EMS staff were more likely than basic EMS staff to administer naloxone. A majority of states have adopted national guidelines that prohibit basic EMS staff from administering the drug as an injection. As of 2014, only 12 states allowed basic EMS staff to administer naloxone for a suspected opioid overdose; all 50 states allow advanced EMS staff to administer the overdose reversal treatment.

**Press Release:** <http://www.cdc.gov/media/releases/2015/p0424-naloxone.html>

## NEW FROM NIMH

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### DIRECTOR'S BLOG: WHAT CAUSED THIS TO HAPPEN? – PART 2

A London neuroscientist suggests two kinds of causes for disease. National Institute of Mental Health (NIMH) Director Thomas Insel talks about the implications of this view for understanding mental disorders. <http://www.nimh.nih.gov/about/director/2015/what-caused-this-to-happen-part-2.shtml>

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### VIDEO: TREATING FIRST EPISODE PSYCHOSIS

In this video, psychiatrist John Kane, M.D., discusses treating first episode psychosis using coordinated specialty care. Dr. Kane, of The Zucker Hillside Hospital and Hofstra North Shore-LIJ School of Medicine, is one of two lead investigators on the NIMH Recovery After Initial Schizophrenia Episode (RAISE) research project.

[https://www.youtube.com/watch?v=YzDMI9cxwe8&list=PLV9WJDAawyha62\\_dqc8TURJemojPMES5Q&index=6](https://www.youtube.com/watch?v=YzDMI9cxwe8&list=PLV9WJDAawyha62_dqc8TURJemojPMES5Q&index=6)

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### VIDEO: FOLLOW THAT CELL PRIZE WINNERS

Prize winners in the first phase of the NIH's "Follow That Cell" Challenge discuss their proposals in this web chat. "Follow That Cell" challenged solvers to propose ways to analyze the dynamic state of a single cell and examine its function over time. Breakthroughs may ultimately allow researchers and doctors to identify infected cells or cells that are resistant to certain drugs or cells that may become cancerous. Awarding prizes may spur creativity and tap into different talent pools than more traditional grant and contract funding mechanisms. <https://www.youtube.com/watch?v=lwsvIPZLUI&feature=youtu.be>

## NEW FROM NIH

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### DIRECTOR'S BLOG: NO LINK BETWEEN MMR VACCINE AND AUTISM, EVEN IN HIGH-RISK KIDS

Study after study has found no link between autism spectrum disorders (ASD) and the measles-mumps-rubella (MMR) vaccine—or any vaccine for that matter. NIH Director Francis Collins discusses the findings from a recent study that have once again found no link between MMR vaccines and ASD—even among children known to be at greater risk for autism because an older sibling has the developmental brain disorder. <http://directorsblog.nih.gov/2015/04/28/no-link-between-mmr-vaccine-and-autism-even-in-high-risk-kids/>

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#### PODCAST: INCOME LEVELS AFFECT THE STRUCTURE OF A CHILD'S BRAIN, NIH-FUNDED STUDY SHOWS

Growing up poor affects the brain. That's the conclusion of researchers from nine universities across the country who have completed the largest study of its kind to date. They found that the physical structure of children's brains differ based on their parents' income level. In more than 1,000 young people, ages 3 to 20, the researchers used magnetic resonance imaging to measure the folds and pleats of the cortex—the part of the brain associated with thinking and intellectual skills. In general, more creases and folds—that is, more surface area—correlates with higher achievement scores. Children from the wealthiest homes had the largest cortical surface area, while children from the poorest homes had the least. This NICHD podcast discusses these findings with the lead author of the study.

<http://www.nichd.nih.gov/news/releases/Pages/042315-podcast-sowell.aspx>

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#### CLINICAL DIGEST COMPLEMENTARY AND INTEGRATIVE HEALTH FOR OLDER ADULTS

This National Center for Complementary and Integrative Health (NCCIH) digest provides information on complementary and integrative health approaches for conditions clinically relevant to older adults.

<https://nccih.nih.gov/health/providers/digest/age?nav=upd>

### NEW FROM SAMHSA

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#### QUICK START GUIDE TO BEHAVIORAL HEALTH INTEGRATION

This interactive flowchart walks providers through some of the questions to consider when integrating care and points to helpful resources that can answer those questions.

<http://www.integration.samhsa.gov/resource/quick-start-guide-to-behavioral-health-integration>

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#### ONLINE COURSE: IMPROVING YOUR THIRD-PARTY BILLING SYSTEM

This new self-paced online course from SAMHSA's BHbusiness Plus helps providers learn an eight-step billing process and how to control denials, as well as develop an understanding of common collections issues. The course is available at no cost and on demand for providers wishing to engage in independent learning. Continuing education credits are available for a small fee.

<http://www3.thedatabank.com/dpg/423/donate.asp?formid=BHBSelf&c=9533216>

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#### NEW STUDY EXAMINES MISSED AND MISDIAGNOSED FASD

This SAMHSA Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence research review summarizes a study looking at missed and misdiagnosed cases of FASD. The study found that 86 percent of cases with FASD diagnoses were either unrecognized (80 percent) or misdiagnosed (6 percent) at referral in this sample of foster- and adoptive-care populations. When replicated in other study sets, these findings would have significant implications regarding the need for increased FASD training and diagnostic capacity nationwide.

<http://fasdcenter.samhsa.gov/FASDResearchReview/FASDinReview.aspx>

## NEW RESOURCES FROM SAMHSA'S NATIONAL CHILD TRAUMATIC STRESS NETWORK

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### PODCASTS NOW AVAILABLE ON ITUNES

The National Child Traumatic Stress Network (NCTSN) is building a podcast presence on iTunes beginning with 10 audio podcasts developed for the Resource Parent Curriculum (RPC) Online. Access the podcasts by opening an iTunes application and searching for “nctsn” in the upper right hand corner search bar. The RPC Online is a centralized resource for facilitators and resource parents who are using *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* to share their stories and lessons learned.

[http://www.nctsn.org/nctsn\\_assets/ebulletin/NCTSN\\_eBulletin\\_2015\\_04.html](http://www.nctsn.org/nctsn_assets/ebulletin/NCTSN_eBulletin_2015_04.html)

### TRINKA AND SAM AND THE SWIRLING TWIRLING WIND

This story was developed to help young children and their families begin to talk about feelings and worries they may have after they have experienced a tornado. In the back of the booklet, there is a parent guide that suggests ways that parents can use the story with their children.

<http://www.nctsn.org/products/trinka-and-sam-and-swirling-twirling-wind>

## NEW FROM CDC

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### AGE-ADJUSTED RATES FOR SUICIDE, BY URBANIZATION OF COUNTY OF RESIDENCE—U.S., 2004 AND 2013

The overall age-adjusted suicide rate was 11 deaths per 100,000 population in the U.S. in 2004 and 12.6 in 2013. From 2004 to 2013, the suicide rate increased in all county urbanization categories, with the smallest increase (seven percent) in large central metropolitan counties and the largest increases in small metropolitan, town/city (micropolitan) and rural counties. For both years, suicide rates were increasingly higher as counties became less urbanized. For 2013, the age-adjusted suicide rate in rural counties was 1.7 times the rate for large central metropolitan counties (17.6 compared with 10.3 deaths per 100,000).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a9.htm>

### NEW PRESCRIPTION DRUG OVERDOSE WEBSITE

This new CDC website highlights resources for health care providers, states, and the public in an effort to curb America's prescription drug overdose epidemic. <http://www.cdc.gov/drugoverdose/index.html>

### SOCIAL MEDIA CAMPAIGN: WHEN THE PRESCRIPTION BECOMES THE PROBLEM

CDC launched a social media campaign to share stories of the many people whose lives have been affected by prescription painkiller addiction. Join this campaign to encourage those in need to seek treatment for addiction. Celebrate others who are already working to change lives, and inspire communities to improve patient safety and the way pain is treated. <http://www.cdc.gov/drugoverdose/media/index.html>

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#### POISONING DEATHS INVOLVING OPIOID ANALGESICS—NEW YORK, 2003–2012

As in the U.S. as a whole, deaths involving opioid analgesics in New York state have dramatically increased over the last decade, from 179 deaths (0.93 per 100,000) in 2003 to 883 (4.51 per 100,000) in 2012. Rates of deaths involving opioid analgesics increased among all groups examined and were consistently highest among men, Caucasian people, those ages 45 to 64 years of age, and Medicaid enrollees.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a2.htm>

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#### USE OF PRESCRIPTION OPIOID ANALGESICS IN THE PRECEDING 30 DAYS AMONG ADULTS AGED 20 YEARS AND OLDER, BY POVERTY LEVEL AND SEX—U.S., 2007–2012

During 2007 to 2012, use of opioid analgesics in the U.S. decreased with increasing income; 8.9 percent of adults aged 20 years and older who had family incomes less than 200 percent of the federal poverty threshold used an opioid analgesic in the preceding 30 days, compared with 7.1 percent of those with incomes 200 percent to 399 percent of the poverty threshold and 4.9 percent of those with incomes above 400 percent of the poverty threshold. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6415a10.htm>

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#### EMERGENCY DEPARTMENT VISITS FOR DRUG POISONING—U.S., 2008–2011

The emergency department (ED) plays an important role in the treatment of poisoning. This report describes nationally representative data on ED visits for drug poisoning during 2008 to 2011.

<http://www.cdc.gov/nchs/data/databriefs/db196.htm>

#### **STOPBULLYING.GOV WEBSITE: BULLYING GETS UNDER YOUR SKIN: HEALTH EFFECTS OF BULLYING ON CHILDREN AND YOUTH**

This StopBullying.gov blog post describes new neurobiological research which shows the negative effects of bullying on the physical health, mental health, and overall well-being of children and youth.

<http://www.stopbullying.gov/blog/2015/04/21/bullying-gets-under-your-skin-health-effects-bullying-children-and-youth>

#### **DISABILITY.GOV BLOG: A ROADMAP TO “LIFE AFTER HIGH SCHOOL”**

Throughout the next decade, more than half a million young people with ASD in America will be “aging-out” of the education system when they turn 21 or 22. Families will face overwhelming changes when the systems that have been in place to support both the child and family disappear once school services end.

This Disability.gov blog post describes a new resource that can be used as a tool to chart a child’s transition into adulthood. <https://usodep.blogs.govdelivery.com/2015/04/15/a-roadmap-to-life-after-high-school/>

## AHRQ RESOURCES

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### IMPLEMENTATION OF CALIFORNIA'S FULL-SERVICE PARTNERSHIPS FOR PERSONS WITH SERIOUS MENTAL ILLNESS

Authorized by California's Mental Health Services Act, full-service partnerships (FSPs) provide integrated, supported housing and treatment to people with severe mental illness (SMI) who are homeless or at risk of becoming homeless. This Agency for Healthcare Research Quality (AHRQ) snapshot summarizes a study that assessed variation in implementation of FSPs across California, focusing on a benchmark program called Housing First that has been shown to improve residential outcomes of homeless people with SMI.

<http://www.ahrq.gov/professionals/systems/system/delivery-system-initiative/gilmerstudysnapshot/index.html>

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### EXPENDITURES FOR MENTAL HEALTH AMONG ADULTS, AGES 18-64, 2009-2011

This statistical brief presents estimates based on the use of and expenditures related to mental health disorders among adults ages 18 to 64 in the U.S. civilian, noninstitutionalized population. Mental health care costs for individuals ages 18 to 64 averaged more than \$48 billion annually from 2009 to 2011, with 45 percent of the cost (about \$22 billion) spent on prescription medicines. On average during that period, 28 million adults per year had health care expenses related to mental health diagnoses.

[http://meps.ahrq.gov/mepsweb/data\\_files/publications/st454/stat454.shtml](http://meps.ahrq.gov/mepsweb/data_files/publications/st454/stat454.shtml)

### GUIDE TO TRAUMA CONSULTATION IN JUVENILE AND FAMILY COURTS NOW AVAILABLE

This guide funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) highlights trauma consultation and how it can help juvenile and family courts become more trauma-informed across environment, practice, and policy. The guide outlines a conceptual and basic operational framework for trauma-informed courts, including positioning them as stakeholders in the community. The publication is a living document that will be updated with lessons learned and advances in the field as they develop.

<http://ojjdp.gov/enews/15juvjust/150415.html>

## DCOE BLOG POSTS

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### RESOURCES TO HELP YOU TALK WITH KIDS ABOUT BRAIN INJURY, MENTAL HEALTH

This Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) blog post describes several resources designed to help military families talk about psychological health and traumatic brain injury (TBI) concerns. [http://www.dcoe.mil/blog/15-04-24/8\\_Resources\\_to\\_Help\\_You\\_Talk\\_with\\_Kids\\_about\\_Brain\\_Injury\\_Mental\\_Health.aspx](http://www.dcoe.mil/blog/15-04-24/8_Resources_to_Help_You_Talk_with_Kids_about_Brain_Injury_Mental_Health.aspx)

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### MINDFULNESS MEDITATION CAN REDUCE SOME TBI SYMPTOMS

This DCoE blog post describes the role mindfulness meditation can play in TBI recovery. This form of meditation is becoming more common as research continues to prove the benefits of using it to treat TBI. Mindfulness meditation teaches patients to achieve open, accepting, non-judgmental awareness of the present moment by focusing attention on the breath. [http://www.dcoe.mil/blog/15-04-15/Let\\_Your\\_Brain\\_Relax\\_Mindfulness\\_Meditation\\_Can\\_Reduce\\_Some\\_TBI\\_Symptoms.aspx](http://www.dcoe.mil/blog/15-04-15/Let_Your_Brain_Relax_Mindfulness_Meditation_Can_Reduce_Some_TBI_Symptoms.aspx)

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## REAL WARRIORS ARTICLES

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### COPING WITH SEPARATION

Any military-related separation can be tough for the entire family and may be especially hard on children. This article provides ways for family members to work together to help children cope during each stage of the separation in a positive way. <http://www.realwarriors.net/family/children/deploymentseparation.php>

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### MANAGING STRESS IN THE CIVILIAN WORKPLACE

This article provides suggestions for members of the military to adapt to joining the civilian workforce following a military career. <http://www.realwarriors.net/veterans/treatment/workplacestress.php>

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## EVENTS

### WEBINAR: CONSULTATION FOR KIDS: MODELS OF PSYCHIATRIC CONSULTATION IN PEDIATRIC PRIMARY CARE

MAY 4, 2015, 2:00 PM ET

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In observance of Children's Mental Health Awareness Day (Awareness Day), SAMHSA and the Health Resources and Services Administration present this webinar for individuals to learn about the pediatric psychiatric consultation model, hear from a safety-net pediatrician on how a busy clinician can effectively tap into psychiatric consultation to provide high quality mental health care, and learn which components of psychiatric consultation models can be implemented or better utilized in one's region, state, or community. <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-march-2015#webinars>

### NIMH GOOGLE+ HANGOUT ON FIRST-EPIISODE PSYCHOSIS

MAY 5, 2015, 2:00-3:00 PM ET

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NIMH is hosting its first live Google+ Hangout which will focus on first-episode psychosis. Each year, about 100,000 young people in the U.S. experience a first episode of psychosis. To learn more about warning signs and treatments for first-episode psychosis, watch this NIMH Hangout.

<http://www.nimh.nih.gov/news/science-news/2015/nimh-google-hangout-on-first-episode-psychosis.shtml>

Sign up to join NIMH's Thunderclap to spread the word about the Institute's Google+ Hangout:

<https://www.thunderclap.it/projects/25379-first-episode-psychosis>

### WEBINAR: SPECIAL ENROLLMENT PERIODS AND RESOURCES FOR THE UNINSURED

MAY 6, 2015, 2:00 PM ET

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The health care law has created special enrollment periods for those who experience special circumstances such as graduating from college and losing health insurance, getting married and needing coverage for a spouse, losing employer insurance, or turning 26 and losing coverage on a parent's health plan. Join this Health and Human Services (HHS) Center for Faith-based and Neighborhood Partnerships webinar to learn more about special enrollment periods and how to enroll in the Health Insurance Marketplace. For those who are uninsured and don't qualify for the special enrollment period, learn what resources are available and when to enroll in the Health Insurance Marketplace.

<https://attendee.gotowebinar.com/register/7608546062941564673>

## HEALTH OBSERVANCE: NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY

MAY 7, 2015

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Awareness Day seeks to raise awareness about the importance of children's mental health and to show that positive mental health is essential to a child's healthy development from birth. This year, Awareness Day will address the needs of children, youth, and young adults with mental health and substance use challenges and their families. <http://www.samhsa.gov/children/national-childrens-awareness-day-events/awareness-day-2015>

## AWARENESS DAY NATIONAL EVENT

MAY 7, 2015, 1:30-3:30 PM ET, WASHINGTON, DC

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SAMHSA is proud to host the Awareness Day national event in collaboration with the American Psychiatric Association, American Psychiatric Foundation, the Clinton Health Matters Initiative, Clinton Foundation, and The Jed Foundation. The national event will highlight the needs of children, youth, and young adults with mental and/or substance use disorders and their families, while demonstrating how these needs can be best met through integrated care. The event will feature cutting-edge community strategies for integrating behavioral health care with primary health care, education, and child welfare. Young adults from previous Awareness Day national events will return to the stage along with family members and senior federal officials to share their insights on the difference these strategies can make for children, youth, and families. <https://www.regonline.com/builder/site/Default.aspx?EventID=1691429>

## TEXT, TALK, ACT

MAY 7, 2015

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Thousands of people will be participating in this nationwide Text, Talk, Act event and many will participate on behalf of the 10th anniversary of National Children's Mental Health Awareness Day. Gather friends, family, and/or neighbors together at any time on May 7th and text START to 89800 for a conversation on mental health. <http://creatingcommunitysolutions.org/texttalkact>

## WEBINAR: STRATEGIES AND INTERVENTIONS FOR PROMOTING MEANS SAFETY

MAY 11, 2015, 3:00- 4:00 PM ET

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This Veterans Health Administration Health Services Research and Development Service webinar will provide an overview of existing strategies for promoting means safety and interventions for those at increased risk for injury. The presentation will include examples of interventions used in clinical settings and public health strategies intended for broad dissemination. This presentation is intended for participation from clinicians and others interested in patient safety.

<https://attendeegotowebinar.com/register/883172085570441730>

## HEALTH OBSERVANCE: NATIONAL PREVENTION WEEK

MAY 17-23, 2015

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National Prevention Week is a SAMHSA-supported annual health observance dedicated to increasing public awareness of, and action around, substance abuse and mental health issues. The National Prevention Week 2015 theme is, “The Voice of One, the Power of All.” This theme highlights the important role that individuals and communities alike have in helping people lead healthy, productive lives. A planning toolkit for participating in the week’s observances is available. <http://www.samhsa.gov/prevention-week>

## WEBINAR: OVERCOMING BARRIERS TO SHARED DECISION-MAKING

MAY 18, 2015, 1:00-2:30 PM ET

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AHRQ will host this webinar to discuss barriers to implementing shared decision-making and strategies for overcoming these barriers. The webinar will address barriers to shared decision-making from both the patient and provider perspectives, and strategies for overcoming barriers to shared decision-making in clinical practice. Presenters will also discuss insights AHRQ gained during the development of the SHARE Approach, a five-step process for dialogue with patients to facilitate implementation of shared decision-making. <http://www.ahrq.gov/news/share-webinar.html>

## **WEBINAR: FROM HOMELESS TO HEALTHY: HOW TO EFFECTIVELY REACH PEOPLE WHO EXPERIENCE HOMELESSNESS (AND KEEP THEM ENGAGED)**

MAY 19, 2015, 2:00-3:30 PM ET

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What can integrated primary and behavioral health care providers do to connect with individuals who experience homelessness - and keep them engaged in services? Individuals experiencing homelessness face many challenges that can prevent them from engaging in primary and behavioral health care integrated services, such as a trauma history, distrust of the health care system, extended periods of homelessness, or unresolved substance use issues. Join this webinar, a partnership between the SAMSHA-HRSA Center for Integrated Health Solutions and the SAMHSA Homeless and Housing Resource Network, to learn considerations for working with the homeless population. Hear how a SAMHSA Primary and Behavioral Health Care Integration grantee provides mobile services and medical outreach to engage clients and how sober housing may be an option for those also seeking substance use treatment.

<https://goto.webcasts.com/starthere.jsp?ei=1063171>

## **WEBINAR: SPECIAL ENROLLMENT PERIODS AND RESOURCES FOR THE UNINSURED**

JUNE 17, 2015, 2:00-3:00 PM ET

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The health care law has created special enrollment periods for those who experience special circumstances such as graduating from college and losing health insurance, getting married and needing coverage for a spouse, losing employer insurance, or turning 26 and losing coverage on a parent's health plan. Join this HHS Center for Faith-based and Neighborhood Partnerships webinar to learn more about special enrollment periods and how to enroll in the Health Insurance Marketplace. For those who are uninsured and don't qualify for the special enrollment period, learn what resources are available and when to enroll in the Health Insurance Marketplace. <https://attendee.gotowebinar.com/register/8582454979918666497>

### **CALLS FOR PUBLIC INPUT**

## **CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES: SEEKING PUBLIC INPUT**

SAMHSA, through the Bringing Recovery Supports to Scale Technical Assistance Center (BRSS TACS), has developed a draft set of core competencies for Peer Workers in Behavioral Health settings. SAMHSA would like to give the public an opportunity to provide feedback and make comments on the competencies. Comments accepted through May 5, 2015.

<http://store.samhsa.gov/CoreCompetencies/feedback/index.html>

## **RFI: NIH PRECISION MEDICINE COHORT**

This Request for Information (RFI) seeks feedback to help guide NIH in creating a longitudinal cohort of 1 million or more Americans who have volunteered to participate in research as part of the President's proposed Precision Medicine Initiative. Participants will be asked to give consent for extensive characterization of biologic specimens (potentially including cell populations, proteins, metabolites, RNA, and DNA whole-genome sequencing, if/when costs permit) and behavioral and environmental data, all linked to their electronic health records. Qualified researchers from many organizations will, with appropriate protection of participant confidentiality, have access to the cohort's de-identified data for research and analysis. NIH seeks information on characteristics, purpose, or other overall aspects in the development and implementation of a large U.S. precision medicine cohort. Information is also sought regarding existing and potentially new entities that have the capability to ideally identify and follow 10,000 or more participants and, if combined with other research entities, could comprise a longitudinal cohort of 1 million or more Americans. Comments accepted through May 7, 2015.

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-096.html>

## **SAMHSA BHBUSINESS LEARNING NETWORK SEEKING APPLICATIONS**

SAMHSA's BHbusiness Plus is a fully funded four-month opportunity for mental health and addiction organizations to assess operations, identify an area for improvement, and create meaningful change. One-on-one coaching, webinars, group learning, and access to an extensive library of online courses and resources are all available at no cost. Applications accepted by May 8 for the next round of learning networks. <http://bhbusiness.org/>

## **RFI: SOLICITING INPUT FOR THE NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH'S NEW STRATEGIC PLAN**

NCCIH is developing a new strategic plan to guide the Center's research efforts and priority setting. Seeking input into the strategic planning process through an RFI is critical for identification and consideration of research areas and topics to be included in the new plan. Through this RFI, NCCIH invites input from researchers, health care providers, patient advocates and health advocacy organizations, scientific or professional organizations, Federal agencies, and other interested parties. Organizations are strongly encouraged to submit a single response that reflects the views of their organization and membership as a whole. Responses accepted until May 18, 2015. <https://nccih.nih.gov/Strategic-Plan/RFI?nav=upd>

## **CMS PROPOSES MENTAL HEALTH PARITY RULE FOR MEDICAID AND CHIP**

Comments are being accepted on the Centers for Medicare and Medicaid Services proposed rule to align mental health and substance use disorder benefits for low-income Americans with benefits required of private health plans and insurance. The proposal applies certain provisions of the Mental Health Parity and Addiction Equity Act of 2008 to Medicaid and the Children's Health Insurance Program (CHIP). The Act ensures that mental health and substance use disorder benefits are no more restrictive than medical and surgical services. The deadline to submit comments is June 9, 2015.

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-04-06.html>

## **PROPOSED RULE OFFERS GUIDANCE ON HOW ADA APPLIES TO EMPLOYER WELLNESS PROGRAMS — COMMENTS SOUGHT**

The Equal Employment Opportunity Commission (“EEOC” or “Commission”) is issuing a proposed rule that would amend the regulations and interpretive guidance implementing Title I of the Americans with Disabilities Act (ADA) as they relate to employer wellness programs. The proposed rule amends the ADA regulations to provide guidance on the extent to which employers may use incentives to encourage employees to participate in wellness programs that include disability-related inquiries and/or medical examinations. Comments accepted through June 19, 2015.

<https://www.federalregister.gov/articles/2015/04/20/2015-08827/amendments-to-regulations-under-the-americans-with-disabilities-act>

## **CALL FOR APPLICATIONS: TRAVEL AWARDS FOR NIMH MD/PHD STUDENT CONFERENCE**

NIMH is seeking applications from current MD/PhD students interested in clinical neuroscience for the NIMH MD/PhD Student Conference held in conjunction with the 3rd Annual Molecular Psychiatry Meeting in San Francisco, CA, October 30 to November 1, 2015. The award includes:

- An invitation to the MD/PhD student conference where awardees will meet with NIMH leadership, investigators and clinical fellows to learn about and discuss cutting-edge, NIMH-supported research.
- An opportunity to present a short talk (5-8 minutes) about research.
- Registration paid to attend the following Molecular Psychiatry meeting
- Travel to San Francisco and hotel accommodations for 1-3 nights, depending on attendance at the Molecular Psychiatry meeting.

Application deadline is June 30, 2015. <http://www.nimh.nih.gov/funding/training/call-for-applications-travel-awards.shtml>

## NATIONWIDE RECRUITMENT

### BIPOLAR DISORDER (PEDIATRIC) RESEARCH STUDY: TREATMENT OF SEVERE MOOD DYSREGULATION (INPATIENT: 12- TO 15 WEEKS)

This study tests the efficacy of different treatments for decreasing irritability in children with severe mood and behavioral problems. Participants have symptoms of severe irritability and are not doing well on their current medications. The child must be currently in treatment with a physician, medically healthy and not currently hospitalized, psychotic, or suicidal. The study includes day or full hospitalization to discontinue medication, followed by either methylphenidate plus citalopram, or methylphenidate plus placebo.

Recruiting ages 7-17. [09-M-0034]

<http://www.nimh.nih.gov/labs-at-nimh/join-a-study/trials/childrens-studies/citalopram-methylphenidate-bpd.shtml>

For more information on research conducted by the National Institute of Mental Health in Bethesda, MD click here [www.nimh.nih.gov/JoinAStudy](http://www.nimh.nih.gov/JoinAStudy).

## FUNDING INFORMATION

### RESEARCH PARTNERSHIPS FOR SCALING UP MENTAL HEALTH INTERVENTIONS IN LOW-AND MIDDLE-INCOME COUNTRIES

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-16-350.html>

### PROGRAM SUPPLEMENTS FOR VIOLENCE INTERVENTION TO ENHANCE LIVES

<http://www.samhsa.gov/grants/grant-announcements/ti-15-013>

### 2015 COOPERATIVE AGREEMENTS FOR STATE-SPONSORED YOUTH SUICIDE PREVENTION AND EARLY INTERVENTION

<http://www.samhsa.gov/newsroom/press-announcements/201504241100>

### MINORITY SERVING INSTITUTIONS PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS

<http://www.samhsa.gov/newsroom/press-announcements/201504220945>

### STATEWIDE PEER NETWORKS FOR RECOVERY AND RESILIENCY

<http://www.samhsa.gov/newsroom/press-announcements/201504161000>

### COOPERATIVE AGREEMENT TO SUPPORT NAVIGATORS IN FEDERALLY-FACILITATED AND STATE PARTNERSHIP MARKETPLACES

<http://www.grants.gov/web/grants/view-opportunity.html?opId=275864>

### SECOND CHANCE ACT SUPPORTING LATINO/A YOUTH FROM OUT-OF-HOME PLACEMENT TO THE COMMUNITY

<http://www.ojjdp.gov/funding/FundingDetail.asp?fi=355>

COMPREHENSIVE SCHOOL SAFETY INITIATIVE  
<https://www.ncjrs.gov/pdffiles1/nij/sl001161.pdf>

COMMUNITY INTEROPERABILITY AND HEALTH INFORMATION EXCHANGE PROGRAM  
<http://www.healthit.gov/newsroom/grants-funding>

- INFORMATIONAL WEBINAR - MAY 6, 3 PM ET  
<https://attendee.gotowebinar.com/register/5988491545895701762>

OJJDP FY2015 MENTORING OPPORTUNITIES FOR YOUTH INITIATIVE  
<http://www.ojjdp.gov/grants/solicitations/FY2015/MentoringOpportunities.pdf>

OJJDP FY2015 MENTORING FOR YOUTH: UNDERSERVED POPULATIONS  
<http://www.ojjdp.gov/grants/solicitations/FY2015/MentoringUnderserved.pdf>

JUVENILE DRUG COURTS ADDRESSING SYSTEMATIC BARRIERS PROGRAM  
<http://ojjdp.gov/enews/15juvjust/150422.html>

INJURY PREVENTION PROGRAM FOR AMERICAN INDIANS AND ALASKA NATIVES  
<http://www.grants.gov/web/grants/view-opportunity.html?opId=276022>



National Institute  
of Mental Health

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 increase the public's access to science-based mental health information through partnerships with national and state organizations. 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.