



UPDATE

April 1, 2016

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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*

CMS FINALIZES MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY RULE FOR MEDICAID AND CHIP; FINAL RULE STRENGTHENS ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS FOR LOW-INCOME AMERICANS

The Centers for Medicare and Medicaid Services (CMS) finalized a rule to strengthen access to mental health and substance use services for people with Medicaid or Children's Health Insurance Program (CHIP) coverage, aligning with protections already required of private health plans. The Mental Health Parity and Addiction Equity Act of 2008 generally requires that health insurance plans treat mental health and substance use disorder benefits on equal footing as medical and surgical benefits. The protections set forth in this final rule will benefit the over 23 million people enrolled in Medicaid managed care organizations, Medicaid alternative benefit plans, and CHIP. Currently, states have flexibility to provide services through a managed care delivery mechanism using entities other than Medicaid managed care organizations, such as prepaid inpatient health plans or prepaid ambulatory health plans. The final rule maintains state flexibility in this area while guaranteeing that Medicaid enrollees are able to access these important mental health and substance use services in the same manner as medical benefits. Under the final rule, plans must disclose information on mental health and substance use disorder benefits upon request, including the criteria for determinations of medical necessity. The final rule also requires the state to disclose the reason for any denial of reimbursement or payment for services with respect to mental health and substance use disorder benefits.

Press Release: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-03-29.html>

DISTRACTIBLE MICE OFFER CLUES TO ATTENTION DEFICIT

Tracing the effects of a specific gene deletion in mice revealed how it disrupts a brain circuit that filters out superfluous sensory input such as background noise so that the brain can focus on important information. The findings from research supported by the National Institute of Mental Health (NIMH) suggest that defects in this circuit could underlie attention-related symptoms across different human behavioral disorders and how treatment might be designed to correct it.

Science Update: <http://www.nimh.nih.gov/news/science-news/2016/distractable-mice-offer-clues-to-attention-deficit.shtml>

CHILDREN WITH CUSHING SYNDROME MAY HAVE HIGHER SUICIDE RISK

Children with Cushing syndrome may be at higher risk for suicide as well as for depression, anxiety, and other mental health conditions long after their disease has been successfully treated, according to a study by researchers at the National Institutes of Health (NIH). They reviewed the case histories of all children and youth treated for Cushing syndrome at NIH from 2003 to 2014, a total of 149 patients. The researchers found that, months after treatment, nine children (roughly 6 percent) had thoughts of suicide and experienced outbursts of anger and rage, depression, irritability, and anxiety. Of these, seven experienced symptoms within seven months of their treatment. Two others began experiencing symptoms at least 48 months after treatment.

Press Release: <http://www.nih.gov/news-events/news-releases/children-cushing-syndrome-may-have-higher-suicide-risk>

SCIENTISTS DISCOVER NON-OPIOID PAIN PATHWAY IN THE BRAIN

Results from a new study, funded in part by the National Center for Complementary and Integrative Health (NCCIH), demonstrate that mindfulness meditation works on a different pain pathway in the brain than opioid pain relievers. The researchers noted that because opioid and non-opioid mechanisms of pain relief interact synergistically, the results of this study suggest that combining mindfulness-based and pharmacologic/nonpharmacologic pain-relieving approaches that rely on opioid signaling may be particularly effective in treating pain. Previous research has shown that mindfulness meditation helps relieve pain, but researchers have been unclear about how the practice induces pain relief — specifically, if meditation is associated with the release of naturally occurring opiates.

Press Release: <http://www.nih.gov/news-events/scientists-discover-non-opioid-pain-pathway-brain>

NEW REPORT SHOWS MEDICAID EXPANSION CAN IMPROVE BEHAVIORAL HEALTH CARE ACCESS

The U.S. Department of Health and Human Services (HHS) released a report showing that states can greatly improve access to behavioral health services for residents by expanding Medicaid under the Affordable Care Act (ACA). According to the report, in 2014, the most recent year for which data is available, an estimated 1.9 million uninsured people with a mental illness or substance use disorder lived in states that have not yet expanded Medicaid under ACA and had incomes that could qualify them for coverage. The report finds that people with behavioral health needs made up a substantial share of all low-income uninsured individuals in these states: nearly 30 percent. While some of these individuals had access to some source of health insurance in 2014, many will gain access to coverage only if their states expand Medicaid, and others would gain access to more affordable coverage.

Press Release: <http://www.hhs.gov/about/news/2016/03/28/new-report-shows-medicaid-expansion-can-improve-behavioral-health-care-access.html>

FDA ANNOUNCES ENHANCED WARNINGS FOR IMMEDIATE-RELEASE OPIOID PAIN MEDICATIONS RELATED TO RISKS OF MISUSE, ABUSE, ADDICTION, OVERDOSE, AND DEATH

In a continuing effort to educate prescribers and patients about the potential risks related to opioid use, the U.S. Food and Drug Administration (FDA) announced required class-wide safety labeling changes for immediate-release opioid pain medications. Among the changes, the FDA is requiring a new boxed warning about the serious risks of misuse, abuse, addiction, overdose, and death. These actions are among a number of steps the agency recently outlined in a plan to reassess its approach to opioid medications. The plan is focused on policies aimed at reversing the epidemic, while still providing patients in pain access to effective relief. The FDA is also requiring several additional safety labeling changes across all prescription opioid products to include additional information on the risk of these medications.

Press Release: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm491739.htm>

HHS TAKES STEPS TO INCREASE ACCESS TO THE OPIOID USE DISORDER TREATMENT MEDICATION BUPRENORPHINE; PROPOSED CHANGE WOULD ALLOW QUALIFIED PHYSICIANS TO PRESCRIBE BUPRENORPHINE TO MORE PATIENTS

HHS announced a proposal to allow qualified physicians to prescribe the opioid use disorder treatment medication buprenorphine to an increased number of patients. The proposed change is designed to strike an appropriate balance between expanding access to this important treatment, encouraging use of evidence-based medication-assisted treatment (MAT), and minimizing the risk of drug diversion.

Press Release: <http://www.hhs.gov/about/news/2016/03/29/hhs-takes-steps-increase-access-opioid-use-disorder-treatment-medication-buprenorphine.html>

Fact Sheet: <http://www.hhs.gov/about/news/2016/03/29/fact-sheet-mat-opioid-use-disorders-increasing-buprenorphine-patient-limit.html>

NIMH: FACEBOOK Q&A ON ECT: SUMMARY AVAILABLE

On March 17, NIMH conducted a Facebook Q&A on electroconvulsive therapy (ECT), which is used for treatment-resistant depression as well as a variety of other serious mental disorders. ECT is usually considered only after a patient's illness has not improved after other treatment options. A summary of the chat is now available. <http://www.nimh.nih.gov/news/science-news/2016/facebook-q-amp-a-on-electroconvulsive-therapy.shtml>

NEW FROM NIH

HONORING HEALTH: RESOURCES FOR AMERICAN INDIANS AND ALASKA NATIVES: STRENGTH OF MIND: CARING FOR YOUR MENTAL HEALTH

For individuals, families, and communities, mental health is as central to well-being as physical health. This issue of *Honoring Health* features information to support people and communities in their efforts to promote mental health.

http://www.niams.nih.gov/News_and_Events/AIAN_Honoring_Health/2016/MarchNews.asp

SUBSTANCE USE DISORDERS EXTREMELY COMMON AMONG PREVIOUSLY INCARCERATED YOUTH

New research funded by the National Institute on Drug Abuse (NIDA) revealed that of previously incarcerated youths, more than 90 percent of males and nearly 80 percent of females had a substance use disorder at some point in their lifetime. The longitudinal study randomly sampled 1,829 youth and examined how lifetime and past-year prevalence of substance use disorders differed by sex, race/ethnicity, and substances abused as the group grew to young adulthood. The participants were re-interviewed up to nine times over 16 years and were assessed for substance-use disorders involving alcohol, marijuana, cocaine, hallucinogen/PCP, opiate, amphetamine, inhalant, sedative, and other unspecified drugs.

<https://www.drugabuse.gov/news-events/news-releases/2016/03/substance-use-disorders-extremely-common-among-previously-incarcerated-youth>

NIDA: BRAIN DOPAMINE RELEASE REDUCED IN SEVERE MARIJUANA DEPENDENCE

NIDA-funded research using brain scans shows that severe marijuana dependence (now referred to as cannabis use disorder) is associated with a reduced release of dopamine within the striatum, a region involved in working memory, impulsivity, and attention. Lower dopamine release within the striatum was associated with greater emotional withdrawal and inattention in marijuana-dependent participants.

<https://www.drugabuse.gov/news-events/news-releases/2016/03/brain-dopamine-release-reduced-in-severe-marijuana-dependence>

NEW FROM CDC

NEW GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

The Centers for Disease Control and Prevention (CDC) released this new guideline which provides recommendations for primary care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use. This guideline is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including abuse, dependence, overdose, and death.

<http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

PREVENTING MULTIPLE FORMS OF VIOLENCE: A STRATEGIC VISION FOR CONNECTING THE DOTS

This document communicates CDC's priorities related to violence prevention, including child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse, and suicidal behavior— for the next five years. CDC will use this document to prioritize its portfolio of work to better address the connections among the different forms of violence, shape future funding initiatives, and guide its collaborative efforts with partners across the country.

http://www.cdc.gov/violenceprevention/pdf/strategic_vision.pdf

PREVALENCE AND CHARACTERISTICS OF AUTISM SPECTRUM DISORDER AMONG CHILDREN AGED EIGHTS YEARS OLD

This report describes estimated prevalence of autism spectrum disorder (ASD) among children aged eight years old. For 2012, the combined estimated prevalence of ASD among the 11 Autism and Developmental Disabilities Monitoring Network sites was 14.6 per 1,000 (one in 68) children aged eight years old. The intended audience for this report includes health care providers, early intervention service providers, therapists, school psychologists, educators, researchers, policymakers, and program administrators seeking to understand and provide for the needs of persons with ASD and their families. These data can be used to help plan for service needs, stimulate research into etiology and risk factors, and initiate and implement policies that promote optimal outcomes in health care and education.

<http://www.cdc.gov/mmwr/volumes/65/ss/ss6503a1.htm>

NEW FROM SAMHSA

PRIMARY CARE PROVIDERS WORKING IN MENTAL HEALTH SETTINGS: IMPROVING HEALTH STATUS IN PERSONS WITH MENTAL ILLNESS

This online curriculum can be used to inform primary care professionals working in public mental health settings about the unique aspects of behavioral health settings, the people they serve, as well as the opportunities and roles that primary care professionals play in helping to improve the whole health of individuals with serious mental illnesses. Primary care providers can now earn continuing medical education (CME) for taking this five-part curriculum about working in behavioral health settings.

<http://www.integration.samhsa.gov/workforce/primary-care-provider-curriculum>

AVAILABILITY OF PAYMENT ASSISTANCE FOR MENTAL HEALTH SERVICES IN U.S. MENTAL HEALTH TREATMENT FACILITIES

In 2010, about four in five mental health treatment facilities offered some form of payment assistance, either by using a sliding-fee scale or by offering services at no charge to those who cannot afford to pay.

http://www.samhsa.gov/data/sites/default/files/report_2123/ShortReport-2123.pdf

BLOG POST: IS LACK OF ACCESS TO ADHD CARE DRIVING ED VISITS?

This blog post discusses results from a recent study that found that about 24 percent of all mental health-related emergency department (ED) visits by children were for attention-deficit/hyperactivity disorder (ADHD) specifically. Based on these data, finding ways to avoid ED visits by youth who may be experiencing ADHD can have a significant impact on health care costs. <http://blog.samhsa.gov/2016/03/31/is-lack-of-access-to-adhd-care-driving-ed-visits/>

MAT FOR OPIOID USE DISORDER POCKET GUIDE

This guide offers guidelines for physicians using MAT for patients with opioid use disorder. It discusses the various types of approved medications, screening and assessment tools, and best practices for patient care.

<http://store.samhsa.gov/product/SMA16-4892PG>

MEDIA MESSAGING TO REDUCE OPIOID MISUSE AND ABUSE: SELECTED EXAMPLES FROM THE NORTHEAST

This tool highlights examples of messaging efforts to reduce opioid misuse and abuse developed by states located in the northeast region of the U.S. Strategies range from public service announcements that encourage safe disposal of unused prescription drugs, to statewide social media campaigns aimed at reducing the stigma associated with addiction. <http://www.samhsa.gov/capt/tools-learning-resources/media-messaging-reduce-opioid-misuse-abuse>

SAMPLE STATE-LEVEL LOGIC MODELS TO REDUCE THE NON-MEDICAL USE AND RELATED CONSEQUENCES OF OPIOIDS

This resource contains two state-level logic models--the first addresses opioid overdoses while the second model addresses non-medical opioid use. <http://www.samhsa.gov/capt/tools-learning-resources/sample-logic-models-reduce-opioids>

AFTER SERVICE: VETERAN FAMILIES IN TRANSITION

The goal of this fact sheet is to raise the awareness of service providers about the needs of service members' families as they transition from military to civilian status.

http://www.nctsn.net/sites/default/files/assets/pdfs/veterans_families_final.pdf

STAYING SAFE WHILE STAYING CONNECTED: TIPS FOR CAREGIVERS

This fact sheet describes what sexting is and provides tips for keeping youth safe. Posting or sending sexual photos, images, messages, or videos—"sexting"—can lead to trouble that can last for years after the message or image is sent or posted.

http://www.nctsn.net/sites/default/files/assets/pdfs/cyber_safety_final.pdf

NEW FROM AHRQ

IMPROVING CULTURAL COMPETENCE TO REDUCE HEALTH DISPARITIES FOR PRIORITY POPULATIONS

This Agency for Healthcare Research and Quality (AHRQ) review examined existing system-, clinic-, provider-, and individual-level interventions to improve culturally appropriate health care for people with disabilities; lesbian, gay, bisexual, and transgender (LGBT) populations; and racial/ethnic minority populations. For this review, the authors focused mainly on whether cultural competency interventions change the clinicians' attitudes or behaviors (e.g., stereotypes, communication, and clinical decisionmaking), the patient-provider relationship, and/or clinical systems to result in better outcomes for patients from the populations of interest. <http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2206>

NATIONAL DATA ON MENTAL AND SUBSTANCE USE DISORDERS AMONG HOSPITALIZED TEENAGERS

At least one mental or substance use disorder was involved in more than one-fourth of hospital stays among teenagers in 2012, according to a new statistical brief from AHRQ's Healthcare Cost and Utilization Project. Among those 310,100 hospital stays, mood disorders were the most common mental disorder, while cannabis use was the most common substance use disorder. Hospital stays involving opioid use disorders were 40 times higher among 19-year-olds than 13-year-olds. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb202-Mental-Substance-Use-Teenagers.pdf>

NEW BRIEF HIGHLIGHTS THE NEEDS OF LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING YOUTH IN CHILD WELFARE SETTINGS

This Administration for Children and Families blog post summarizes results from recent research looking at the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth in child welfare settings. The research presents findings from qualitative interviews conducted with youth participating in the Recognize, Intervene, Support, and Empower (RISE) project, funded through a grant from the ACF's Children's Bureau to the Los Angeles LGBT Center. The RISE project is designed to address the barriers to permanency experienced by LGBTQ youth in foster care. During interviews, youth indicated they needed support with general needs, help communicating with their families, and improving connections with the larger LGBTQ community. Youth discussed positive outcomes from their time participating with RISE— including the ability to realize, define, or express their LGBTQ identity, increased self-acceptance and self-confidence, and a broader support network. <http://www.acf.hhs.gov/blog/2016/03/new-brief-highlights-the-needs-of-lgbtq-youth-in-child-welfare-settings>

NEW FROM REAL WARRIORS CAMPAIGN

TYPES OF PSYCHOLOGICAL HEALTH PROFESSIONALS

Treatment for psychological health concerns is critical to overall health and readiness. There are many kinds of health professionals who can help. They often work together as part of a larger team to provide care. This new Real Warriors article describes types of psychological health professionals active-duty service members can work with to address psychological health concerns.

<http://www.realwarriors.net/active/treatment/mental-healthcare-providers.php>

KNOW THE FACTS BOOKLET

This new Real Warriors Campaign *Know the Facts* booklet provides key resources for service members coping with invisible wounds. To help keep one's mind fit and stay mission ready, this booklet includes a psychological health knowledge quiz, common myths about invisible wounds, a checklist to identify early warning signs of psychological health concerns, and information about seeking care. Order or download the free booklet through the campaign's online shopping cart. <http://www.realwarriors.net/materials/order>

VIDEO: FIVE TIPS FOR BETTER SLEEP

Sleep is important for staying mission ready and keeping one's mind sharp. This video provides tips for better sleep. <http://www.realwarriors.net/multimedia/videshorts/sleep.php>

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 NIMH in Bethesda, MD click here www.nimh.nih.gov/JoinAStudy.

Twitter: Research Opportunities: Participants needed for studies on pediatric bipolar disorder <http://www.nimh.nih.gov/labs-at-nimh/join-a-study/children/children-bipolar-disorder.shtml>

EVENTS

HEALTH OBSERVANCE: ALCOHOL AWARENESS MONTH

APRIL 2015

Alcohol Awareness Month provides a focused opportunity across America to increase awareness and understanding of alcoholism, its causes, effective treatment, and recovery. Everyone can use this month to raise awareness about alcohol abuse and take action to prevent it, both at home and in the community. The *National Health Observance Tool Kit for Alcohol Awareness Month* provides suggestions for spreading the word, including sample social media messages, press releases, e-cards, and other tools.

<http://healthfinder.gov/NHO/AprilToolkit.aspx>

HEALTH OBSERVANCE: NATIONAL CHILD ABUSE PREVENTION MONTH

APRIL 2015

National Child Abuse Prevention Month is a time to acknowledge the importance of families and communities working together to prevent child abuse and neglect, and to promote the social and emotional well-being of children and families. During the month of April and throughout the year, communities are encouraged to share child abuse and neglect prevention awareness strategies and activities, and promote prevention across the country. <https://www.childwelfare.gov/topics/preventing/preventionmonth/>

SAMHSA RECOVERY TO PRACTICE WEBINAR: PRACTICE IMPLEMENTATION: ASSESSING STRENGTHS AND PRIORITIES

APRIL 5, 2016, 12:30-1:30 PM ET

Over the past decade, several tools have been developed to help agencies and practitioners learn about the changes required to implement recovery-oriented practices. This Substance Abuse and Mental Health Services Administration (SAMHSA) Recovery to Practice webinar explores tools for incorporating recovery values and approaches into organizational culture, policies, and practices. The presenters will discuss two user-friendly tools for assessing areas of strength as well as developing a profile of priority areas to help tailor training, consultation, and other organizational change efforts.

https://ahpnet.adobeconnect.com/e7iht2lxkm7/event/event_info.html

WEBINAR: PATIENT REGISTRY NETWORKS

APRIL 5, 2016, 2:00-3:00 PM ET

This webinar is part of a series hosted by the AHRQ Registry of Patient Registries project, a central, searchable database of patient registries that is integrated with ClinicalTrials.gov. During this webinar, attendees will learn what registry networks do, how they support the registry community, considerations for international networks, and the benefits of getting involved. A registry network is a formal community of organizations that use patient registries to measure and improve patient health outcomes. Registry networks provide many potential benefits to participants, including opportunities for knowledge sharing, identifying best practices, and building infrastructure for information sharing among network participants.

<https://quintilesconferencing.webex.com/quintilesconferencing/j.php?MTID=mf2b16e8bd1ab1f42c92593e6e263f866>

WEBINAR: PEER SUPPORTS FOR TRANSITION-AGED YOUTH

APRIL 6, 2016, 2:00-3:30 PM ET

Transition-aged youth (TAY), including foster youth, youth who have been through the juvenile justice system, and youth with mental health diagnoses, have unique needs that are often unaddressed. At this crucial stage in development, TAY peer support programs allow young people to work with trained specialists in their own age group who have similar experiences, providing them with both the benefits of best practices and the connection with someone they can relate to. In this SAMHSA sponsored webinar, panelists will discuss their programs and experiences in addition to how participants can create similar programs in their communities. [https://events-](https://events-na3.adobeconnect.com/content/connect/c1/986655080/en/events/event/shared/1700946820/event_landing.html?sco-id=1730611804&_charset_=utf-8)

[na3.adobeconnect.com/content/connect/c1/986655080/en/events/event/shared/1700946820/event_landing.html?sco-id=1730611804&_charset_=utf-8](https://events-na3.adobeconnect.com/content/connect/c1/986655080/en/events/event/shared/1700946820/event_landing.html?sco-id=1730611804&_charset_=utf-8)

WEBINAR: HOUSING ACCESS AND STABILITY WITH SOAR

APRIL 7, 2016, 3:00-4:30 PM ET

This SAMHSA webinar is recommended for homeless service providers, housing support specialists, and individuals who would like more information on how to connect Supplemental Security Income/Social Security Disability Outreach, Access, and Recovery (SOAR) and Housing First. Participants will hear from three providers who have successfully integrated SOAR and Housing First. They will learn how these programs obtained funding, engaged housing providers, and created an effective and lasting SOAR initiative.

<https://soarworks.prainc.com/article/webinar-housing>

WEBINAR: CULTURE AND PSYCHOSIS

APRIL 11, 2016, 2:00-3:00 PM ET

This lecture presented by the NIH Office of Behavioral and Social Science Research will presents two research projects that demonstrate that cultural context shapes schizophrenia. The first is an ethnographic study of the lives of homeless psychotic women on the streets of Chicago. The second project compares the voice-hearing experiences of people with schizophrenia or schizoaffective disorder in the South Bay, California; Accra, Ghana; and Chennai, India.

<http://events.r20.constantcontact.com/register/event?oeidk=a07ebw97cn1ca6c320e&llr=vykrlptab>

VIDEOCAST LECTURE: IN A DIFFERENT KEY: THE STORY OF AUTISM THEN AND TO COME

APRIL 11, 2016, 3:00-4:00 PM ET, BETHESDA, MD (VIDEOCAST AVAILABLE)

NIMH is hosting this special lecture to recognize National Autism Awareness Month. John Donvan and Caren Zucker, the authors of *In a Different Key: The Story of Autism*, will discuss autism's past, including some new findings, and how rediscovering that past can advise the future for those who have autism, their families, and for those researching and treating it. As two journalists with a personal connection to autism, they aim to inspire acceptance of and support for people on the spectrum by telling their stories with honesty and compassion. <https://iacc.hhs.gov/non-iacc-events/2016/the-story-of-autism-then-and-to-come-announcement-april11.shtml>

VIDEOCAST LECTURE: PATHWAYS TO NEW TREATMENTS IN AUTISM SPECTRUM DISORDER

APRIL 13, 2016, 1:00-2:00 PM ET, BETHESDA, MD (VIDEOCAST AVAILABLE)

This lecture in the *NIMH Seminar Series: New Discoveries in Mental Health Research* will feature Jeremy Veenstra-VanderWeele, M.D, a child and adolescent psychiatrist and the Mortimer D. Sackler, M.D. Associate Professor of Psychiatry at Columbia University. The Veenstra-VanderWeele lab seeks to help children with autism spectrum disorder (ASD) or obsessive compulsive disorder (OCD) and their families. The majority of the lab's efforts go toward developing and studying mouse models to understand the relationship between ASD or OCD risk factors and the resulting changes in brain and behavior. The lab also works to translate laboratory research findings into novel treatments for children and adults with ASD or related disorders. <https://iacc.hhs.gov/non-iacc-events/2016/pathways-to-new-treatments-in-asd-announcement-april13.shtml>

WEBINAR: PEER-RUN RESPITE PROGRAMS

APRIL 14, 2016, 2:00-3:30 PM ET

Peer-run respite programs serve as alternatives to hospitalization or other traditional crisis services with focuses on support, hope, and recovery. Operated by individuals who themselves have lived through crises, respite offer services to ultimately improve quality of life and reduce hospitalizations, in addition to shifting costs from expensive crisis centers and hospital stays. During this SAMHSA-sponsored webinar, panelists will discuss their programs, what they have learned over time, and share lessons on how communities can build their own peer-run respite programs. https://events-na3.adobeconnect.com/content/connect/c1/986655080/en/events/event/shared/1700946820/event_landing.html?sco-id=1730770254&_charset_=utf-8

SOLVING THE GRAND CHALLENGES IN GLOBAL MENTAL HEALTH: MAINTAINING MOMENTUM ON THE ROAD TO SCALE UP

APRIL 15, 2016, WASHINGTON, DC

The Office for Research on Disparities and Global Mental Health in the NIMH Office of the Director and Grand Challenges Canada will convene a workshop in coordination with The World Bank and World Health Organization meeting, "Out of The Shadows: Making Mental Health A Global Development Priority." Together, the two meetings will bring together more than 200 global mental health innovators, investigators, policymakers, and other key stakeholders to discuss exciting new research findings and strategies for maintaining a worldwide spotlight on the six priority areas identified in the Grand Challenges in Global Mental Health initiative.

<http://www.nimh.nih.gov/research-priorities/scientific-meetings/2016/grand-challenges/solving-the-grand-challenges-in-global-mental-health-maintaining-momentum-on-the-road-to-scale-up.shtml>

CALL FOR PROPOSALS: 2016 NATIONAL AMERICAN INDIAN/ALASKA NATIVE BEHAVIORAL HEALTH CONFERENCE

CALL FOR PROPOSALS DUE APRIL 15, 2016; AUGUST 9-11, 2016, PORTLAND, OREGON

The Indiana Health Service's 2016 National American Indian/Alaska Native (AI/AN) Behavioral Health Conference theme is "Creating Trauma Informed Systems in AI/AN Communities." This Conference is the nation's premier opportunity to assemble and hear from nationally recognized speakers, behavioral health care providers, Tribal leaders, and health care officials committed to addressing emergent behavioral health topics in Indian Country. The conference attracts presenters and participants from across the country who want to share their research and promising practices, while providing opportunities for professional development, collaboration, and networking. <https://www.ihs.gov/dbh/2016conference/>

WEBINAR: BEST PRACTICES IN SELF-DIRECTED CARE TO SUPPORT RECOVERY IN WOMEN

APRIL 21, 2016, 2:00-3:30 PM ET

Building relationships and support systems is an important part of recovery. Mental Health America's *It's My Life: Social Self-Directed Care* program combined evidenced-based practices of peer support and psychiatric rehabilitation with self-directed care and life coaching to support those in recovery and to help some of the most isolated members of our communities to become more connected to others. The SAMHSA-sponsored webinar will provide an overview of the program, guidance on what was learned, and a discussion of the challenges and benefits of programs integrating a focus on social connection in recovery. https://events-na3.adobeconnect.com/content/connect/c1/986655080/en/events/event/shared/1700946820/event_landing.html?sco-id=1736357245&_charset_=utf-8

VIDEOCAST LECTURE: CHANGE YOUR BRAIN BY TRANSFORMING YOUR MIND

MAY 3, 2016, 10:00 AM ET, BETHESDA, MD (VIDEOCAST AVAILABLE)

This NCCIH talk will present an overview of studies on neural changes associated with different forms of meditation. From the perspective of Western neuroscience, different forms of meditation can be conceptualized as mental training to promote the regulation of emotion and attention. Data from studies on long-term meditation practitioners as well as those with shorter durations of training will be highlighted. In addition, some longitudinal studies that track changes over time with meditation practice will be reviewed. In addition to the neural changes that have been observed, this talk will also summarize changes that have been found in peripheral biology that may modulate physical health and illness. The overall conclusions from these studies is that one can transform the mind through meditation and thereby alter the brain and the periphery in ways that may be beneficial for mental and physical health, and for well-being. <https://nccih.nih.gov/news/events/lectures>

NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY

MAY 5, 2016

National Children's Mental Health Awareness Day (Awareness Day) 2016 is Thursday, May 5. Communities across the country, as well as national collaborating organizations and federal partners, are planning Awareness Day activities that will take place throughout the month of May. To support their efforts, SAMHSA will host the Awareness Day 2016 national event, "Finding Help, Finding Hope," on May 5 in Washington, DC. The event will explore how communities can increase access to behavioral health services and supports for children, youth, and young adults who experience mental or substance use disorders and their families. <http://www.samhsa.gov/children/national-childrens-awareness-day-events/awareness-day-2016>

Communities and organizations around the country are sharing their 2016 Awareness Day plans. Sharing Awareness Day plans helps communities promote their activities, exchange ideas, and find potential partners who are also committed to supporting every child's mental health. Fill out a pledge form by April 5, so your community's activities can be showcased on Awareness Day website: https://docs.google.com/forms/d/1AleP2rMrfZZ73ql5whoqqtKuFTEWjalFLDRwAjECRek/viewform?edit_requested=true

SAVE THE DATE: NIMH TWITTER CHAT ON DMDD AND SEVERE IRRITABILITY

MAY 5, 2016, 12:00-1:00 PM ET

In observance of National Children's Mental Health Awareness Day, NIMH will be hosting a Twitter chat on disruptive mood dysregulation disorder (DMDD) and severe irritability in children with NIMH expert Ellen Leibenluft, MD. Follow the chat using the hashtag #NIMHchats.

NIH SEMINAR FOR NEW RESEARCHERS AND RESEARCH ADMINISTRATORS

MAY 11-13, 2016, BALTIMORE, MD AND OCTOBER 26-28, 2016, CHICAGO, IL

Are you a researcher, new or early career scientist, or research administrator interested in learning more about applying for NIH grants, mapping your career with NIH, or managing NIH awards? Consider attending one of the 2016 NIH Regional Seminars on Program Funding and Grants Administration in Baltimore, MD (May 11-13) or Chicago, IL (October 26-28). More than 60 NIH and HHS policy, review, program, and grants management officials will be on hand to share the latest updates and guidance on NIH-wide programs, policies, and updates on the NIH grants process...all in a central location. In addition to 45 different topics provided during the seminar, attendees have the opportunity to have 15 minute chats with NIH and HHS staff during the "1:1 Meet the Experts." <http://grants.nih.gov/news/contact-in-person/seminars.htm>

HEALTH OBSERVANCE: NATIONAL PREVENTION WEEK

MAY 15-21, 2016

National Prevention Week is an annual health observance dedicated to increasing public awareness of, and action around, substance abuse and mental health issues. The overall theme for 2016 is “Strong As One. Stronger Together.” <http://www.samhsa.gov/prevention-week>

HEALTH OBSERVANCE: PTSD AWARENESS MONTH

JUNE 2016

The purpose of Post-Traumatic Stress Disorder (PTSD) Awareness Month is to encourage everyone to raise public awareness of PTSD and effective treatments. http://www.ptsd.va.gov/about/ptsd-awareness/ptsd_awareness_month.asp

CALLS FOR PUBLIC INPUT

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS: PROPOSED REVISIONS OPEN FOR PUBLIC COMMENT

HHS has published proposed revisions to the Confidentiality of Alcohol and Drug Abuse Patient Records regulations—42 CFR Part 2. This proposal was prompted by the need to update and modernize the regulations. The goal of the proposed changes is to ensure that patients with substance use disorders have the ability to participate in, and benefit from, new integrated health care models without fear of putting themselves at risk of adverse consequences. HHS welcomes public comment on this proposed rule. To be assured consideration, comments must be submitted no later than 5:00 PM ET on April 11, 2016. <http://content.govdelivery.com/accounts/USSAMHSA/bulletins/133a888>

REQUESTING COMMENTS ON NCCIH'S DRAFT STRATEGIC PLAN

Over the past year, NCCIH has been working to update its strategic plan. The new strategic plan will set the stage for NCCIH's research priority setting over the next five years. The Institute has carefully assessed developments in science, medicine, and health care and requested input from varied stakeholders, including researchers, health professional organizations, the public, and its advisory council. NCCIH is seeking comments on its draft strategic plan through April 15, 2016. <https://nccih.nih.gov/research/blog/draft-plan-comments>

NIH AND FDA REQUEST FOR PUBLIC COMMENT ON DRAFT CLINICAL TRIAL PROTOCOL TEMPLATE FOR PHASE 2 AND 3 IND/IDE STUDIES

NIH and FDA are developing a template with instructional and sample text for NIH-funded investigators to use in writing protocols for phase 2 or 3 clinical trials that require Investigational New Drug (IND) application or Investigational Device Exemption (IDE) applications. The agencies' goal is to encourage and make it easier for investigators to prepare protocols that are consistently organized and contain all the information necessary for the clinical trial to be properly reviewed. NIH and FDA are seeking public comment on the draft template. They welcome feedback from investigators, investigator sponsors, institutional review board members, and other stakeholders who are involved in protocol development and review. They are particularly interested in hearing the public's views on the utility of the template, and whether the instructional and sample text is useful and clear. Comments accepted through April 17, 2016.

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-043.html>

HEALTHY PEOPLE 2030: SEEKING NOMINATIONS FOR ADVISORY COMMITTEE

HHS has begun planning for *Healthy People 2030*, scheduled for release in 2020. The Healthy People initiative establishes disease prevention and health promotion objectives for the Nation. The Office of Disease Prevention and Health Promotion is seeking nominations for members of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Nominations will be accepted until 6:00 PM ET on April 18, 2016.

<https://content.govdelivery.com/accounts/USOPHSODPHPHF/bulletins/13d4223>

REQUEST FOR INFORMATION: BUILDING A SET OF RECOMMENDED TASKS AND MEASURES FOR THE RDOC MATRIX

NIMH is interested in developing a well-specified list of tasks, paradigms, and measures for investigators to consider using to measure the constructs of the Research Domain Criteria (RDoC) matrix. As a part of this effort the NIMH seeks input about existing tests with known construct validity, and also general suggestions on the most important criteria to consider when selecting candidate tests. Comments from members of both the research and clinical communities are welcome. Responses accepted through April 22, 2016. Although the deadline for responding to the RFI is not until April 22, input provided by April 4, 2016 will be especially helpful to inform the discussions at an upcoming meeting of a National Advisory Mental Health Council Workgroup charged with making recommendations for RDoC tasks and measures.

<https://grants.nih.gov/grants/guide/notice-files/NOT-MH-16-007.html>

COMMENTS ON PROPOSED RULE: MAT FOR OPIOID USE DISORDERS

HHS proposes a rule to increase the highest patient limit for qualified physicians to treat opioid use disorder under section 303(g)(2) of the Controlled Substances Act (CSA) from 100 to 200. The purpose of the proposed rule is to increase access to treatment for opioid use disorder while reducing the opportunity for diversion of the medication to unlawful use. Comments are being accepted on this proposed rule through 5:00 PM on May 31, 2016. <https://content.govdelivery.com/accounts/USSAMHSA/bulletins/13fdb4d>

OPIOID RECOVERY APP CHALLENGE

SAMHSA launched a new challenge to spur developers to create a mobile application (app) that provides additional recovery support to patients receiving treatment for opioid misuse. The app may be used as part of a patient's comprehensive treatment plan, which includes counseling and participation in social support programs. The goal is to assist people in recovery in accessing resources, educational materials, information, and social supports through technology. The challenge is accepting submissions through May 27, 2016. <http://samhsaopioidrecoveryapp.devpost.com/>

FUNDING INFORMATION

COLLABORATIVE HUBS TO REDUCE THE BURDEN OF SUICIDE AMONG AMERICAN INDIAN AND ALASKA NATIVE YOUTH

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-17-350.html>

USING THE NIMH RESEARCH DOMAIN CRITERIA (RDOC) APPROACH TO UNDERSTAND PSYCHOSIS

<http://grants.nih.gov/grants/guide/pa-files/PAR-16-135.html> (R21)

<http://grants.nih.gov/grants/guide/pa-files/PAR-16-136.html> (R01)

EVALUATING PRACTICE-BASED SEXUAL VIOLENCE PRIMARY PREVENTION APPROACHES FROM CDC'S RAPE PREVENTION AND EDUCATION PROGRAM

<http://www.grants.gov/custom/viewOppDetails.jsp?oppld=282468>

COLLECTING VIOLENT DEATH INFORMATION USING THE NATIONAL VIOLENT DEATH REPORTING SYSTEM

<http://www.grants.gov/view-opportunity.html?oppld=282550>

TARGETED CAPACITY EXPANSION: MEDICATION ASSISTED TREATMENT-PRESCRIPTION DRUG OPIOID ADDICTION

<http://www.samhsa.gov/grants/grant-announcements/ti-16-014>

2016 STRATEGIC PREVENTION FRAMEWORK PARTNERSHIPS FOR PRESCRIPTION DRUGS GRANTS

<http://www.samhsa.gov/grants/grant-announcements/sp-16-006>

GRANTS TO PREVENT PRESCRIPTION DRUG/OPIOID OVERDOSE-RELATED DEATHS

<http://www.samhsa.gov/grants/grant-announcements/sp-16-005>

PREVENTING TEEN DATING AND YOUTH VIOLENCE BY ADDRESSING SHARED RISK AND PROTECTIVE FACTORS

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=282610>

POPULATION HEALTH INTERVENTIONS: INTEGRATING INDIVIDUAL AND GROUP LEVEL EVIDENCE

<http://grants.nih.gov/grants/guide/pa-files/PA-16-146.html> (R01)

<http://grants.nih.gov/grants/guide/pa-files/PA-16-147.html> (R21)

PREVENTING TEEN DATING AND YOUTH VIOLENCE BY ADDRESSING SHARED RISK AND PROTECTIVE FACTORS

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=282610>



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.