



# UPDATE

October 15, 2014

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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*

## INCREASED HEALTH RISKS LINKED TO FIRST-EPISODE PSYCHOSIS: RESEARCHERS CALL FOR COORDINATED CARE TO ADDRESS RISKS – NIH-FUNDED STUDY

Many individuals with psychosis develop health risks associated with premature death early in the course of their mental illness, researchers have found. Individuals with schizophrenia are already known to have higher rates of premature death than the general population. The study found that elevated risks of heart disease and metabolic issues such as high blood sugar in people with first episode psychosis are due to an interaction of mental illness, unhealthy lifestyle behaviors, and antipsychotic medications that may accelerate these risks. The research was funded by the National Institute of Mental Health (NIMH).

**Press Release:** <http://www.nimh.nih.gov/news/science-news/2014/increased-health-risks-linked-to-first-episode-psychosis.shtml>

## GROUNDBREAKING SUICIDE STUDY

A groundbreaking study will help researchers learn more about ways to treat people experiencing suicidal thoughts. Nearly 20,000 people will be able to participate in a trial that draws from other successful interventions for depression and suicide. One of the treatments being tested was developed with the help of other patients. In a large practical trial, researchers at Group Health Cooperative in Seattle, Washington, Health Partners Medical Group in Minnesota, and Kaiser Permanente of Colorado will test treatments intended to reach large groups of adult patients who have serious thoughts of suicide. Patients at risk will be identified and followed through medical records. This study is funded through the National Institutes of Health's (NIH) Common Fund's Health Care Systems Research Collaboratory Program, which engages healthcare systems as research partners in conducting large-scale clinical studies.

**Science Update:** <http://www.nimh.nih.gov/news/science-news/2014/groundbreaking-suicide-study.shtml>

## NEW REPORT PROVIDES NATIONAL CLINICAL DATA ON THE PREVALENCE OF MANY SPECIFIC MENTAL DISORDERS

The Substance Abuse and Mental Health Services Administration (SAMHSA) released the findings of a new clinical study providing national data on the prevalence of specific mental disorders in adults. The report presents data from the Mental Health Surveillance Study on the past-year prevalence of mood disorders, anxiety disorders, eating disorders, substance use disorders, adjustment disorder, and psychotic symptoms.

**Science News:** <http://www.nimh.nih.gov/news/science-news/2014/new-report-provides-national-clinical-data-on-the-prevalence-of-many-specific-mental-disorders.shtml>

## **HHS AND DOJ AWARD \$3M TO SUPPORT INNOVATIVE APPROACHES TO CURB YOUTH VIOLENCE; FUNDING PROGRAM SEEKS TO REDUCE VIOLENCE AND HELP YOUTH REACH THEIR FULL POTENTIAL**

The United States (U.S.) Department of Health and Human Services (HHS) and the Department of Justice (DOJ) announced a new grant award of approximately \$3 million to help curb youth violence and improve the health and well-being of underserved and distressed communities. Nine demonstration sites will receive the grants through the Minority Youth Violence Prevention: Integrating Public Health and Community Policing Approaches program, a joint effort by HHS and DOJ to support interventions aimed at addressing youth violence, improving academic outcomes, increasing access to public health and social services, reducing disparities, reducing negative encounters with law enforcement, and reducing violent crimes against minority youth.

**Press Release:** <http://www.minorityhealth.hhs.gov/omh/content.aspx?ID=31&lvl=2&lvid=8>

## **SAMHSA PROVIDES UP TO \$139 MILLION FOR INTEGRATED APPROACHES TO TREAT MENTAL AND SUBSTANCE USE DISORDERS**

SAMHSA is providing up to \$139 million in funding to programs promoting integrated treatment and recovery services for mental and/or substance use disorders. SAMHSA funding will support evidence-based programs that build upon a variety of community behavioral support systems to better address a wide range of issues vital to treatment and recovery. These integrated programs forge networks among an array of medical settings, treatment facilities, and community services to ensure that people with mental and/or substance use disorders as well as other health conditions get the full range of services they need.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1410031825.aspx>

## **SAMHSA PROVIDES UP TO \$231 MILLION TO PROMOTE PROGRAMS ADDRESSING CHILDREN'S MENTAL HEALTH AND SUBSTANCE USE ISSUES**

SAMHSA awarded up to \$231 million in funding for programs dedicated to addressing a wide spectrum of behavioral health issues affecting the nation's children, adolescents, young adults (ages 16-25), and their families. These programs provide crucial mental and substance use disorder prevention and treatment services developed for children, adolescents, and young adults in communities throughout the country. The programs address behavioral health needs that may stem from a wide variety of circumstances including trauma, as well as inadequate access to proper health care or other support systems. One of these programs is part of the Obama Administration's "Now Is The Time" initiative, designed to increase access to mental health services. The Healthy Transition program assists young adults with mental illnesses and their families find the comprehensive services best suited for their individual needs.

**Press Release:** <http://www.samhsa.gov/newsroom/advisories/1410140132.aspx>

## **SAMHSA PROVIDES UP TO \$175 MILLION TO PROMOTE TREATMENT AND RECOVERY FROM MENTAL AND SUBSTANCE USE DISORDERS**

SAMHSA announced it is providing up to \$175million in funding to programs promoting treatment and recovery services for people with mental and/or substance use disorders. SAMHSA funding will support a wide array of programs addressing every part of the treatment and recovery process.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1410080924.aspx>

## **SAMHSA PROVIDES UP TO \$294 MILLION IN TRIBAL YOUTH PROGRAMS TO PREVENT AND TREAT MENTAL AND SUBSTANCE USE DISORDERS**

SAMHSA awarded up to \$294 million in funding for behavioral health services for tribal youth promoting prevention, treatment, and recovery from mental and substance use disorders. SAMHSA is awarding these grants to programs in tribal communities across the country to expand and enhance their behavioral healthcare services, especially with regard to children, adolescents, and young adults.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1410142812.aspx>

## **NEW FUNDING TO SUPPORT PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS; SAMHSA GRANTS HELP THE CRIMINAL JUSTICE SYSTEM DEAL WITH PEOPLE WITH BEHAVIORAL HEALTH NEEDS**

SAMHSA is providing up to \$82 million for programs offering treatment services to people involved in the criminal justice system who have mental and/or substance use disorders – including people incarcerated, on parole, probation, or who have been accused of an offense.

Press Release: <http://www.samhsa.gov/newsroom/advisories/1410152529.aspx>

## **NATIONAL HEALTH SERVICE CORPS EXPANDS THE PRIMARY CARE WORKFORCE IN COMMUNITIES THAT NEED THEM MOST**

HHS announced today because of the Affordable Care Act, \$283 million has been invested in the National Health Service Corps (NHSC) in fiscal year 2014 to increase access to primary care services in communities that need it most. Today, more than 9,200 Corps clinicians are providing care to approximately 9.7 million patients across the country. The NHSC provides financial, professional and educational resources to medical, dental, and mental and behavioral health care providers who bring their skills to areas of the United States with limited access to health care.

Press Release: <http://www.hhs.gov/news/press/2014pres/10/20141009b.html>

## NEW FROM NIMH

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### DIRECTOR'S BLOG: KETAMINE

Ongoing research is investigating the long-term efficacy and safety of the anesthetic drug ketamine, which studies have shown can rapidly lift depressive symptoms. NIMH Director Thomas Insel talks about the status of ketamine in his blog. <http://www.nimh.nih.gov/about/director/2014/ketamine.shtml>

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### DIRECTOR'S BLOG: ATONEMENT

In his blog for Mental Illness Awareness Week, NIMH Director Thomas Insel talks about the complexity of mental disorders and the need for scientists, clinicians, patients, and families to work together in searching for better treatment. <http://www.nimh.nih.gov/about/director/2014/atonement.shtml>

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### VIDEO: BRAIN INITIATIVE AS MOONSHOT

NIH Director Francis Collin discusses some of the 58 projects funded in the first wave of grants awarded by the NIH under the BRAIN Initiative. He announced the awards at a September 30 press conference. <http://www.nimh.nih.gov/news/media/2014/brain-initiative-as-moonshot.shtml>

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### VIDEO: MUCH MORE EXTRAORDINARY THAN ANYTHING WE CAN IMAGINE

NIMH Director Thomas Insel discussed the promise of brain science over the next decade at a NIH press conference announcing the launch of 58 projects under the BRAIN Initiative, September 30, 2014. <http://www.nimh.nih.gov/news/science-news/2014/nih-announces-first-wave-of-funding-for-brain-initiative-research.shtml>

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### ARCHIVED TWITTER CHAT: DEPRESSION AND NOVEL MEDICATIONS

A transcript of the NIMH Twitter chat on depression and the development of novel medications is available. <http://www.nimh.nih.gov/health/twitter-chats/index.shtml>

## NEW FROM NIH

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### NIDA: LATEST SCIENCE: ROLE OF BRAIN NICOTINIC RECEPTORS IN NICOTINE AND COCAINE ADDICTION

Tobacco use remains the leading preventable cause of death worldwide yet current Food and Drug Administration (FDA)-approved anti-smoking agents have been only moderately effective in maintaining abstinence. In addition, cocaine is a powerfully addictive stimulant for which no pharmacological treatments are currently available. Both nicotine and cocaine have rewarding effects that are responsible for motivating repeated drug-taking behavior. Acetylcholine receptors (nAChRs) in the brain mediate some of these rewarding effects. Studying the subtypes of these receptors is important for understanding how these drugs produce their rewarding effects. In a study funded by the National Institute on Drug Abuse (NIDA), researchers compared the role of different nAChRs subtypes in the expression of nicotine and cocaine reward. <http://www.drugabuse.gov/news-events/latest-science/role-brain-nicotinic-receptors-in-nicotine-cocaine-addiction>

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### VIDEO: AL-ANON FAMILY GROUPS: INTERVIEW WITH NIAAA DIRECTOR DR. GEORGE KOOB

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has made available an interview by Al-Anon Family Groups with NIAAA Director George Koob about the impact of alcoholism on family members and friends. [http://niaaa.nih.gov/Al-Anon percent20Interview percent20George percent20Koob](http://niaaa.nih.gov/Al-Anon%20Interview%20George%20Koob)

## BUILDING CAPACITY TO REDUCE BULLYING

This StopBullying.gov blog post describes a new report from the Institute of Medicine and the National Research Council that is available to support awareness month activities. *Building Capacity to Reduce Bullying* is a new report summarizing a two-day workshop sponsored by the Health Resources and Services Administration to examine ways to prevent bullying. Over 20 experts shared research to explore why bullying happens and what can be done to stop it. The summary report describes key findings from the workshop presentations and discussions. <http://www.stopbullying.gov/blog/2014/10/08/building-capacity-reduce-bullying-workshop-summary-institute-medicine-and-national>

## WORKING TOGETHER TO PREVENT BULLYING THIS MONTH AND EVERY MONTH

This HHS blog post describes resources released by Federal Partners in Bullying Prevention in recognition of the efforts to improve school climate and reduce rates of bullying nationwide to inform youth, those who work with youth, members of the media, parents, and schools.

<http://www.hhs.gov/blog/2014/10/working-together-prevent-bullying-month-and-every-month.html>

## NEW FROM SAMHSA

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### LEADING CHANGE 2.0: ADVANCING THE BEHAVIORAL HEALTH OF THE NATION 2015-2018

SAMHSA has released its new strategic plan, *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018*. The strategic plan outlines how SAMHSA will continue to increase awareness and understanding of mental and substance use disorders, expand prevention efforts, promote emotional health and wellness, increase access to effective treatment, and support recovery.

<http://store.samhsa.gov/product/PEP14-LEADCHANGE2>

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### DEPRESSION IN MOTHERS: MORE THAN THE BLUES

This resource equips providers with information and strategies for use in working with mothers who may be depressed. It includes facts about depression; screening tools for more serious depression; and referrals, resources, and handouts for mothers who are depressed. <http://store.samhsa.gov/product/SMA14-4878>

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### UNDERSTANDING THE CONNECTION BETWEEN SUICIDE AND SUBSTANCE ABUSE: WHAT THE RESEARCH TELLS US

SAMHSA has released a recording of the webinar, *Understanding the Connection between Suicide and Substance Abuse: What Research Tells Us*. This is the first in a two-part series that examines current research findings on the connections between substance abuse and suicide. The webinar also highlights particular factors that contribute to both issues, as well as strategies to address them in a coordinated way.

<http://captus.samhsa.gov/archived-webinar/understanding-connection-between-suicide-and-substance-abuse-what-research-tells-us>

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### MOBILIZING PARTNERSHIPS AND RESOURCES TO ADDRESS SUBSTANCE ABUSE AND SUICIDE

The second in a two-part series, this webinar was designed to prepare practitioners to work across disciplines to address substance abuse and suicide. Participants explored the essential ingredients of effective collaboration, and learned about some of the innovative ways practitioners are working together to prevent these related problems. <http://captus.samhsa.gov/archived-webinar/mobilizing-partnerships-and-resources-address-substance-abuse-and-suicide>

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### SAMHSA'S CONCEPT OF TRAUMA AND GUIDANCE FOR A TRAUMA-INFORMED APPROACH

This resource describes a concept of trauma-informed care and offers a framework for how an organization, system, or service sector can become trauma-informed by integrating the perspectives of researchers, practitioners, and people with lived experience of trauma. [http://store.samhsa.gov/product/SMA14-4884?WT.mc\\_id=EB\\_20141008\\_SMA14-4884](http://store.samhsa.gov/product/SMA14-4884?WT.mc_id=EB_20141008_SMA14-4884)

## NEW FROM CDC

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### INCREASES IN HEROIN OVERDOSE DEATHS — 28 STATES, 2010 TO 2012

The Centers for Disease Control and Prevention (CDC) analyzed recent mortality data from 28 states to determine the scope of the heroin overdose death increase and to determine whether increases were associated with changes in opioid pain reliever (OPR) overdose death rates since 2010. This report summarizes the results of that analysis, which found that, from 2010 to 2012, the death rate from heroin overdose for the 28 states increased from 1.0 to 2.1 per 100,000, whereas the death rate from OPR overdose declined from 6.0 per 100,000 in 2010 to 5.6 per 100,000 in 2012. Heroin overdose death rates increased significantly for both sexes, all age groups, all census regions, and all racial/ethnic groups other than American Indians/Alaska Natives. OPR overdose mortality declined significantly among males, persons aged 45 years and older, persons in the South, and non-Hispanic whites. Five states had increases in the OPR death rate, seven states had decreases, and 16 states had no change. Of the 18 states with statistically reliable heroin overdose death rates (i.e., rates based on at least 20 deaths), 15 states reported increases. Decreases in OPR death rates were not associated with increases in heroin death rates. The findings indicate a need for intensified prevention efforts aimed at reducing overdose deaths from all types of opioids while recognizing the demographic differences between the heroin and OPR-using populations. Efforts to prevent expansion of the number of OPR users who might use heroin when it is available should continue.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6339a1.htm>

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### ALCOHOL INVOLVEMENT IN OPIOID PAIN RELIEVER AND BENZODIAZEPINE DRUG ABUSE-RELATED EMERGENCY DEPARTMENT VISITS AND DRUG-RELATED DEATHS — UNITED STATES, 2010

To quantify alcohol involvement in OPR and benzodiazepine abuse and drug-related deaths and to inform prevention efforts, FDA and CDC analyzed 2010 data for drug abuse-related emergency department (ED) visits in the U.S. and drug-related deaths that involved OPRs and alcohol or benzodiazepines and alcohol in 13 states. The analyses showed alcohol was involved in 18.5 percent of OPR and 27.2 percent of benzodiazepine drug abuse-related ED visits, as well as 22.1 percent of OPR and 21.4 percent of benzodiazepine drug-related deaths. These findings indicate that alcohol plays a significant role in OPR and benzodiazepine abuse. Interventions to reduce the abuse of alcohol and these drugs alone and in combination are needed. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6340a1.htm>

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### MORTALITY IN THE U.S., 2012

This report presents 2012 U.S. final mortality data on deaths and death rates by demographic and medical characteristics. These data provide information on mortality patterns among residents of the U.S. by such variables as sex, race and ethnicity, and cause of death. Information on mortality patterns is key to understanding changes in the health and well-being of the U.S. population. The 10 leading causes of death in 2012 remained the same as in 2011. Age-adjusted death rates decreased significantly from 2011 to 2012 for eight of the 10 leading causes and increased significantly for one leading cause--suicide.

<http://www.cdc.gov/nchs/data/databriefs/db168.htm>

## AHRQ DATA REVEAL WIDER IMPACT OF OPIOID OVERUSE

Between 1993 and 2012, the hospitalization rate for overuse of opioids — prescription painkillers such as morphine, codeine, fentanyl, and oxycodone — has more than doubled, according to the most recent data from the Agency for Healthcare Research and Quality (AHRQ). In 2012, there were a total of 709,500 U.S. hospitalizations among adults for opioid overuse. In addition, the problem has become much broader, with hospitalizations increasing at particularly alarming rates among middle-aged and older age groups.

<http://www.ahrq.gov/news/blog/ahrqviews/100914.html>

## MAKING COMMUNITIES MORE RESILIENT IN THE FACE OF DISASTERS

This MentalHealth.gov blog post describes how behavioral health planners and providers can form collaborations among community groups to mobilize efforts of service providers prior to disasters to support psychological recovery of community members. <http://www.mentalhealth.gov/blog/2014/09/making-your-community-more-resilient.html>

## NEW FROM ACF

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### WHITE PAPER SERIES ON WELL-BEING AND CHILD WELFARE

In 2012, the Administration on Children, Youth and Families published the information memorandum *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services*. Building on this guidance, the Children's Bureau published a series of white papers focused on integrating well-being into child welfare practice to effectively achieve safety and permanency for children and families. The series is intended to further the national dialogue on the topic of well-being, and how incorporating and emphasizing well-being in child welfare can result in better outcomes for children and families and the overall child welfare system.

<https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=161&sectionid=1&articleid=4325>

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### SPOTLIGHT ON TRIBAL CHILD WELFARE

Native American children are disproportionately represented in child welfare. Efforts to effect change must be culturally competent, protect the best interests of Indian children, and strengthen Native families. This month's issue of Children Bureau's newsletter explores the cultural adaptations of trauma treatments, research on the use of social services by urban American Indian families, and a guide to help CASAs ?? advocate for Native children.

<https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewSection&issueID=161&subsectionID=60>

## **WEBINAR: INTEGRATION OF A VIRTUAL HOPE BOX MOBILE APPLICATION INTO CLINICAL CARE**

OCTOBER 16, 2014, 1:00-2:30 PM ET

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Several behavioral health treatments have proven useful for patients who feel hopeless and may be considering suicide or self-harm. One tool used by providers is the “hope box.” Therapists suggest that their patients fill a shoe box (or other container) with items that remind them of why their life is worth living, such as supportive letters from loved ones, their favorite music CDs, photos, reminders of their accomplishments, or a list of things they want to do. However, since such a box is awkward to carry, it may not always be handy when a patient needs it most. Using the principles of the original hope box, a smartphone app was created called the “Virtual Hope Box” (VHB). As with its namesake, patients choose items, but the “container” is more portable and more private—and it’s always with them. Patients can also add more accessible types of content like music and video files. This Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) webinar is designed to get the word out about VHB to clinicians, and show how smartphone apps can empower and engage patients in their own care.

<http://continuingeducation.dcri.duke.edu/integration-virtual-hope-box-mobile-application-clinical-care>

## **WEBINAR: IMPROVING HEALTH AND QUALITY OF LIFE OF INDIVIDUALS WITH MULTIPLE CHRONIC CONDITIONS**

OCTOBER 16, 2014, 2:00-3:00 PM ET

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The HHS Office of the Assistant Secretary for Health is sponsoring this webinar to discuss the health and quality of life of individuals with multiple chronic conditions (MCC). HHS data show that more than one-quarter of all adults and two-thirds of Medicare beneficiaries are living with MCC. Persons with more than one chronic disease account for two-thirds of America's healthcare costs. For several years, HHS has focused on optimum health and quality of life for individuals with MCC. This webinar will feature experts from the Centers for Medicare and Medicaid Services, NIH, and SAMHSA to discuss HHS progress in improving health and quality of life for individuals with MCC; opportunities for further incorporating work on MCC within programs and activities across HHS; and approaches for managing the challenges of MCC. Participants can join the webinar directly using the telephone and web information below. Toll Free Number: 800-857-0455; Participant passcode: 8423024

**Web access:** <https://www.mymeetings.com/nc/join.php?i=PW8754886&p=8423024&t=c>

## WEBINAR: WORKING WITH MALE SURVIVORS OF CHILD SEXUAL ABUSE

OCTOBER 16, 2014, 2:00-3:00 PM ET

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The Office of Juvenile Justice and Delinquency Prevention, in collaboration with the National District Attorneys Association, will present the webinar, "Giving Voice to the Last Silent Victims." Male survivors of child sexual abuse are among the most underserved of all victim populations. This webinar will address common dynamics associated with male victimization, common tactics that predators use against boys, and how these issues can be overcome. <http://www.ojjdp.gov/enews/14juvjust/140930.html>

## TWITTER CHAT: YOGA FOR HEALTH AND WELL-BEING

OCTOBER 20, 2014, 2:00 PM ET

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This National Center for Complementary and Alternative Medicine (NCCAM) Twitter chat will discuss what the science says about the safety and efficacy of yoga for health and wellness. NCCAM Director Dr. Josephine Briggs will be the chat expert. <http://nccam.nih.gov/news/events/livechat?nav=upd>

## WEBINAR: ENGAGING UNDERSERVED COMMUNITIES IN CLINICAL TRIAL RECRUITMENT

OCTOBER 21, 2014, 2:00-3:00 PM ET

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This National Cancer Institute cyber-seminar will examine the issue of increasing the participation of racial/ethnic and other under-represented groups in clinical trials. Presenters will discuss their efforts and involvement with clinical trial accrual and under-represented populations, and contributions to scientific research through and with community participation. At the end of the cyber-seminar, participants will be able to identify how engaging underserved communities in research is pivotal to advancing cancer control research; articulate how broad-based recruitment strategies such as the Army of Women can help augment clinical trial recruitment in underserved communities; and propose three ways their organization can work to increased cancer clinical trial enrollment in their community

<https://researchtoareality.cancer.gov/cyber-seminars/engaging-underserved-communities-clinical-trial-recruitment>

## **WEBINAR: PSYCHOLOGICAL HEALTH ISSUES AFFECTING WOMEN SERVICE MEMBERS AND VETERANS**

OCTOBER 23, 2014, 1:00-2:30 PM ET

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This DCoE presentation will describe relevant research findings and clinical guidelines to inform best practices for meeting the unique needs of women service members and Veterans. During this webinar, participants will learn to: review the effects of combat on psychological health; explain the rigors of maintaining proper nutritional and gynecological health in a deployed environment; communicate issues around sexuality and motherhood with service members; describe gender differences in the effects of military service on mental health and well-being; and identify the components of gender-sensitive clinical care. <http://continuingeducation.dcri.duke.edu/psychological-health-issues-affecting-women-service-members-and-veterans>

## **WEBINAR: CULTURALLY SPECIFIC APPROACHES TO TRAUMA AND DOMESTIC VIOLENCE**

OCTOBER 27, 2014, 3:00–4:30 PM ET

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This webinar is hosted by the Administration on Children and Families (ACF) Family and Youth Services Branch, the Women and Trauma Federal Partners Committee, and the National Center on Domestic Violence, Trauma and Mental Health. Research has shown that the impact of experiencing multiple forms of trauma and abuse throughout one's lifetime is significantly higher among multi-racial, African American, Latina, Asian and Pacific Islander, and Native American/Alaska Native women. Speakers from national and culturally specific community-based organizations will discuss culturally specific trauma-informed approaches to both individual and collective trauma, violence, and abuse as well as a framework for thinking about trauma in the context of cumulative burden, ongoing risk, and coercive control.

[http://www.ncdsv.org/images/FVPSA\\_DVAM-Calendar\\_10-2014.pdf](http://www.ncdsv.org/images/FVPSA_DVAM-Calendar_10-2014.pdf)

## **WEBINAR: ADDRESSING THE INTERSECTION OF DOMESTIC VIOLENCE AND POVERTY**

OCTOBER 28, 2014, 1:30–3:00 PM ET

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Hosted by the ACF Office of Community Services and the Family Violence Prevention and Services Program, this webinar will share information on the intersection of poverty, domestic violence, and economic security. Important considerations will be highlighted that can be enormously helpful to domestic violence survivors, including strategies to strengthen the safety net for survivors in need. Resources will be shared about financial literacy curriculum for survivors, an asset building toolkit, credit repair, and economic empowerment. [http://www.ncdsv.org/images/FVPSA\\_DVAM-Calendar\\_10-2014.pdf](http://www.ncdsv.org/images/FVPSA_DVAM-Calendar_10-2014.pdf)

## LISTENING SESSION: IMPROVING COMMUNITY MENTAL HEALTH SERVICES

ROCKVILLE, MARYLAND, NOVEMBER 12, 2014, 9:00 AM-5:00 PM ET

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Mark your calendar for an upcoming SAMHSA listening session about criteria development for the *Demonstration Programs to Improve Community Mental Health Services* (Section 223 of the Protecting Access to Medicare Act of 2014). Participants can attend in person or via webcast. Section 223 seeks to create certified community behavioral health clinics. The clinics will focus on improving outcomes by increasing access to community-based behavioral healthcare, expanding the availability and array of services, and improving the quality of care delivered to people with mental and/or substance use disorders. A *Federal Register* Notice with more details will be issued within the month. Registration is required to attend this forum. **Read Section 223 of the Legislation:** <https://www.congress.gov/113/bills/hr4302/BILLS-113hr4302enr.xml#toc-H1DCB12A737DC4561AE47B55A9B915A71>

## WEBINAR: SOCIAL MEDIA ENGAGEMENT AND CONTENT DEVELOPMENT FOR IPV

NOVEMBER 19, 2014, 1:00-2:00 PM ET

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This webinar is the third in a "Getting Started with Social Media for Injury and Violence Prevention" series offered by the Safe States Alliance and CDC, which will discuss developing credible social media content, building an audience, and learning how to engage with both individuals and organizations. [http://safestates.site-ym.com/events/event\\_details.asp?id=501905&group=](http://safestates.site-ym.com/events/event_details.asp?id=501905&group=)

## NATIONAL DRUG FACTS WEEK 2015

JANUARY 26-FEBRUARY 1, 2015

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National Drug Facts Week (NDFW) is a national health observance for teens to promote local events that use NIDA science to shatter the myths about drugs. The week brings together teens and scientific experts to shatter persistent myths about drug use and addiction. Ideas for community-based events as well as success stories from previous years are highlighted on the NDFW web portal. Last year, more than 1,000 events were held with teens throughout all states, and several internationally. <http://teens.drugabuse.gov/national-drug-facts-week>

## FUNDING INFORMATION

INNOVATIONS FOR HEALTHY LIVING - IMPROVING MINORITY HEALTH AND ELIMINATING HEALTH DISPARITIES (R43)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-004.html>

SYSTEM-LEVEL HEALTH SERVICES AND POLICY RESEARCH ON HEALTH DISPARITIES (R01)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-001.html>

TECHNOLOGIES FOR IMPROVING MINORITY HEALTH AND ELIMINATING HEALTH DISPARITIES (R41/R42)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-003.html>

BIOBEHAVIORAL AND TECHNOLOGICAL INTERVENTIONS TO ATTENUATE COGNITIVE DECLINE IN INDIVIDUALS WITH COGNITIVE IMPAIRMENT OR DEMENTIA

<http://grants.nih.gov/grants/guide/pa-files/PA-15-015.html> (R21)

<http://grants.nih.gov/grants/guide/pa-files/PA-15-017.html> (R01)

CONTINUUM OF CARE PROGRAM (U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT)

<https://www.hudexchange.info/resources/documents/nofa-for-fy2014-funds-in-the-fy2013-fy2013-coc-program-competition.pdf>



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 nonprofit 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.