



UPDATE

March 15, 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*

PIONEERING NIMH DATA SHARING

The National Institute of Mental Health's (NIMH) first major effort to share clinical trial research data – established before many current data registries existed – is still doing a brisk business. The NIMH Limited Access Datasets project, including data from 23 large NIMH-supported clinical trials, recently sent out its 300th dataset. The datasets are referred to as "limited access" because, for the protection of the human study participants from whom the data were obtained, only qualified researchers may obtain access to the datasets, and only upon the approval of a Data Use Certification, which stipulates specific terms and conditions under which the data may be used, including terms for data security and confidentiality, and acknowledgement of the original data submitters in publications. The datasets have provided the raw material for at least 160 – and likely many more – published scientific papers, an example of how data sharing provides an avenue for multiplying the return on investment and benefit from clinical research.

Science News: <http://www.nimh.nih.gov/news/science-news/2015/pioneering-nimh-data-sharing.shtml>

NIH-FUNDED SCIENTISTS IDENTIFY BRAIN SITE FOR STRESS ROLE IN BINGE ALCOHOL DRINKING

New research supported by the National Institutes of Health (NIH) shows how elements of the brain's stress and reward pathways can interact to suppress binge alcohol drinking. The finding, now online in the journal *Nature Neuroscience*, suggests potential strategies for treating and preventing alcohol use problems.

Press Release: <http://www.nih.gov/news/health/mar2015/niaaa-10.htm>

SENSITIVE PARENTING MAY BOOST KIDS' LATER ACADEMIC, RELATIONSHIP SUCCESS; NIH FUNDED STUDY SHOWS BENEFITS WELL INTO ADULTHOOD

Children whose mothers were sensitive to their needs tended to grow up into adults who reached higher levels of academic achievement and to have the most enduring romantic relationships. That's the conclusion of NIH-funded researchers after analyzing data collected over the course of 30 years.

Press Release: <http://www.nichd.nih.gov/news/releases/Pages/031015-podcast-maternal-sensitivity.aspx>

SAMHSA'S SUICIDE PREVENTION MOBILE APP TO HELP HEALTH CARE PROVIDERS SAVE LIVES

The Substance Abuse and Mental Health Services Administration (SAMHSA) unveiled a free, new mobile app called *Suicide Safe* now available to help health care providers assist patients with suicidal ideation and behaviors. The app was revealed during the 10-year anniversary event celebrating the SAMHSA-sponsored National Suicide Prevention Lifeline that has answered more than seven million calls since 2005. *Suicide Safe* can help bridge this gap by furnishing behavioral and primary health care providers with tips on how to assess for suicidal risk, communicate effectively with patients and their families, determine appropriate next steps, and make referrals when needed. SAMHSA's *Suicide Safe* app is now available for free download on Apple® and Android™ mobile devices.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201503110700>

HUD AWARDS \$150 MILLION TO PROVIDE PERMANENT HOMES AND SERVICES TO EXTREMELY LOW-INCOME PERSONS WITH DISABILITIES; RENTAL ASSISTANCE TO PREVENT UNNECESSARY INSTITUTIONALIZATION

To help prevent thousands of individuals with disabilities from being unnecessarily institutionalized or possibly falling into homelessness, the U.S. Department of Housing and Urban Development (HUD) announced it is awarding \$150 million in rental assistance to 25 State Housing Agencies. In turn, the state agencies will provide permanent affordable rental housing and needed supportive services to nearly 4,600 households who are extremely low-income persons with disabilities, many of whom hoping to transition out of institutional settings back to the community.

Press Release:

http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2015/HUDNo_15-026

NEW FROM NIMH

THE ANATOMY OF NIMH FUNDING

Learn about the NIMH budget, what is funded, who is funded, and how funding decisions are made. http://www.nimh.nih.gov/funding/funding-strategy-for-research-grants/white-paper_149362.pdf

DIRECTOR'S BLOG: TRANSPARENCY

NIMH Director Thomas Insel introduces a white paper posted on the NIMH website which provides answers to many of the most common questions NIMH receives about how it makes funding decisions. <http://www.nimh.nih.gov/about/director/2015/transparency.shtml>

DIRECTOR'S BLOG: COLLABORATIVE CARE

NIMH Director Thomas Insel pays tribute to Dr. Wayne Katon who pioneered effective depression care for millions of people in the world. <http://www.nimh.nih.gov/about/director/2015/collaborative-care.shtml>

LISANBY CHOSEN TO LEAD NIMH DIVISION OF TRANSLATIONAL RESEARCH

Dr. Sarah Hollingsworth Lisanby, one of the leading researchers in the area of neuromodulatory interventions for treating major depression, will join NIMH as the director of the Division of Translational Research. <http://www.nimh.nih.gov/news/science-news/2015/lisanby-chosen-to-lead-nimh-division-of-translational-research.shtml>

WHITE HOUSE BLOG: CHANGING THE STORY ABOUT MENTAL HEALTH IN AMERICA

This blog post describes the launch of *The Campaign to Change Direction*, a nationwide effort to raise awareness around mental health in America. Spearheaded by Give an Hour and co-sponsored by SAMHSA, the campaign is designed to change the story of mental health across the nation by urging all Americans to learn the five signs that someone might be in distress. The First Lady spoke at the launch, in support of her Joining Forces initiative. <https://www.whitehouse.gov/blog/2015/03/04/changing-story-about-mental-health-america>

SAMHSA RESOURCES

TRANSITION TO ICD-10: WHAT IT ENTAILS AND WHY IT'S IMPORTANT TO BEHAVIORAL HEALTH PROVIDERS

This resource assists mental health and substance abuse services providers in making the transition to the new *International Classification of Diseases, 10th Edition* (ICD-10) code sets. It answers common questions about ICD-10, including preparation for implementation. <http://store.samhsa.gov/product/SMA14-4804>

SAMHSA NEWS: MANAGING CHRONIC PAIN AND MEDICATION MISUSE

The latest issue of *SAMHSA News* focuses on managing chronic pain and medication misuse, and how health care providers are using new tools to help patients manage chronic pain while limiting long-term health risks and without misusing addicting medications. The issue also addresses the topics of suicide and middle-aged men, integrating substance use assessment in health care, and how Native American communities are using culture to promote wellness among youth. <http://newsletter.samhsa.gov/2015/03/managing-chronic-pain>

E-SOLUTIONS: FOCUS ON HEART HEALTH

This issue of the SAMHSA-Health Resources and Services Administration (HRSA) Center for Integrated Solutions (CIHS) e-newsletter focuses on heart health for individuals with serious mental illness. <http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-february-2015>

ARCHIVED WEBCAST: A MULTI-DIMENSIONAL LOOK AT SUBSTANCE USE DISORDERS AND/OR MENTAL HEALTH ISSUES, THEIR TREATMENT, AND RECOVERY FOR JOURNALISTS COVERING BREAKING NEWS

In this archived webcast organized by SAMHSA and the Entertainment Industry Council, panelists discussed the importance of using fair, correct, and respectful terminology to better report on prescription drug abuse, substance use disorders, co-occurring disorders, mental illness, and those individuals who are affected by them. Panelists shed light on their experiences during this webcast that focused on the power that journalists can have in reducing discrimination against people seeking treatment, or those in recovery from behavioral health issues. <http://www.eicnetwork.tv/Events/SAMHSA/TabId/1052/VideoId/1374/A-MultiDimensional-Look-At-Substance-Use-Disorders-For-Journalists-Covering-Breaking-News.aspx>

SAFE SPACE, SAFE PLACES: CREATING WELCOMING AND INCLUSIVE ENVIRONMENTS FOR TRAUMATIZED LGBT YOUTH

SAMHSA's National Child Traumatic Stress Network (NCTSN) Child Sexual Abuse committee launched a new video which highlights the effect of trauma on LGBTQ (lesbian, gay, bisexual, transgender, and questioning) youth; how bias impedes optimal care, and practical steps for creating safe and welcoming environments for traumatized LGBTQ youth. The video features five LGBTQ youth describing how trauma and bias have affected their ability to feel safe when seeking services. Presenters discuss specific steps that professionals and organizations can take to create safer and more welcoming environments for traumatized LGBTQ youth. <http://www.nctsn.org/products/nctsn-safe-places-video>

NEW JUVENILE JUSTICE AND TRAUMA REVIEWS

NCTSN has released a series of literature reviews addressing topics related to trauma among the juvenile justice population:

ASSESSING EXPOSURE TO PSYCHOLOGICAL TRAUMA AND POSTTRAUMATIC STRESS IN THE JUVENILE JUSTICE POPULATION

http://www.nctsn.org/sites/default/files/assets/pdfs/assessing_trauma_in_jj_2014.pdf

TRAUMA AMONG GIRLS IN THE JUVENILE JUSTICE SYSTEM

http://www.nctsn.org/sites/default/files/assets/pdfs/trauma_among_girls_in_the_jj_system_2014.pdf

EVIDENCE-INFORMED INTERVENTIONS FOR POSTTRAUMATIC STRESS PROBLEMS WITH YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTEM

http://www.nctsn.org/sites/default/files/assets/pdfs/trauma_focused_interventions_youth_jjsys.pdf

NEW FROM CDC

SUICIDE TRENDS AMONG PERSONS AGED 10-24 YEARS

Previous reports have noted that trends in suicide rates vary by mechanism and by age group in the U.S., with increasing rates of suffocation suicides among young persons. To test whether this increase is continuing and to determine whether it varies by demographic subgroups among persons aged 10 to 24 years, the Centers for Disease Control and Prevention (CDC) analyzed National Vital Statistics System (NVSS) mortality data for the period 1994 to 2012. Results of the analysis indicated that, during 1994 to 2012, suicide rates by suffocation increased on average by 6.7 percent and 2.2 percent annually for females and males, respectively. Increases in suffocation suicide rates occurred across demographic and geographic subgroups during this period. Clinicians, hotline staff, and others who work with young persons need to be aware of current trends in suffocation suicides in this group so that they can accurately assess risk and educate families. Media coverage of suicide incidents and clusters should follow established guidelines to avoid exacerbating risk for "suicide contagion" among vulnerable young persons. Suicide contagion is a process by which exposure to the suicide or suicidal behavior of one or more persons influences others who are already vulnerable and thinking about suicide to attempt or die by suicide.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6408a1.htm>

DRUG-POISONING DEATHS INVOLVING HEROIN: UNITED STATES, 2000–2013

Drug poisoning (overdose) is the number one cause of injury-related death in the U.S., with 43,982 deaths occurring in 2013. While much attention has been given to deaths involving opioid analgesics, in recent years there has been a steady increase in the number of drug poisoning deaths involving heroin. Using NVSS data, this brief provides a description of trends and demographics for heroin-related drug poisoning deaths in the U.S. from 2000 through 2013. <http://www.cdc.gov/nchs/data/databriefs/db190.htm>

COMMUNITY HEALTH STATUS INDICATORS-UPDATED

CDC released the updated *Community Health Status Indicators* online tool that produces public health profiles for all 3,143 counties in the U.S. Each profile includes key indicators of health outcomes, which describes the population health status of a county and factors that have the potential to influence health outcomes, such as health care access and quality, health behaviors, social factors, and the physical environment. <http://www.cdc.gov/communityhealth>

STRESSFUL LIFE EVENTS EXPERIENCED BY WOMEN IN THE YEAR BEFORE THEIR INFANTS' BIRTHS — U.S., 2000–2010

Stress during pregnancy is associated with preterm birth, low birth weight, anxiety, and depression. Data from the Pregnancy Risk Assessment Monitoring System showed that self-reported stressful life events (SLEs) experienced during the year before an infant's birth decreased slightly from 2000 to 2010. In 2010, over 70 percent of all women reported one or more SLEs, with financial stressors reported most commonly. Younger and unmarried women, women with less than a college education, and women covered by Medicaid for prenatal care and/or delivery reported more stressful life events. The American College of Obstetricians and Gynecologists recommends that all pregnant women receive psychosocial screening and referral, as needed, during prenatal visits. Clinicians should be aware of the prevalence and risk of stress among their pregnant patients. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6409a3.htm>

COLLABORATION WITH BEHAVIORAL HEALTH CARE FACILITIES TO IMPLEMENT SYSTEMWIDE TOBACCO CONTROL POLICIES — CALIFORNIA, 2012

This CDC *Preventing Chronic Disease* article reports on California Tobacco Control Program (CTCP) regional trainings, which focused on the special tobacco use cessation needs and opportunities for cessation among persons with mental illness or substance abuse disorders, as well as CTCP surveys of behavioral health care programs assessing their readiness for adopting tobacco control strategies at treatment facilities. http://www.cdc.gov/pcd/issues/2015/14_0350.htm

HHS BLOG POST: OVERCOMING CHALLENGES THROUGH PERSEVERANCE AND THE ARTS

This Department of Health and Human Services (HHS) blog post describes how Thomas Ledbetter, who was diagnosed with autism at age two, has used art to channel his negative experiences with bullying throughout elementary and middle school. <http://www.hhs.gov/blog/2015/03/03/overcoming-challenges-through-perseverance-and-arts.html>

ANTIPSYCHOTIC DRUG USE: HHS HAS INITIATIVES TO REDUCE USE AMONG OLDER ADULTS IN NURSING HOMES, BUT SHOULD EXPAND EFFORTS TO OTHER SETTINGS

Antipsychotic drugs are frequently prescribed to older adults with dementia. The Government Accountability Office's analysis found that about one-third of older adults with dementia who spent more than 100 days in a nursing home in 2012 were prescribed an antipsychotic, according to data from Medicare's prescription drug program, also known as Medicare Part D. Among Medicare Part D enrollees with dementia living outside of a nursing home that same year, about 14 percent were prescribed an antipsychotic. <http://www.gao.gov/products/GAO-15-211>

ACF BLOG POSTS

PLANNING FOR FUTURE EVALUATIONS OF INDEPENDENT LIVING PROGRAMS FOR YOUTH IN FOSTER CARE

This Administration for Children and Families blog post summarizes a review and three accompanying briefs that explore how the foster care system helps facilitate youths' successful transition to adulthood. The review describes the developmental assets youth need for success in adulthood and ways the foster care system can help facilitate their preparation. The briefs highlight three types of programs as they relate to youth in or transitioning out of foster care: education, financial literacy, and asset-building, and employment programs. <http://www.acf.hhs.gov/blog/2015/03/planning-for-future-evaluations-of-independent-living-programs-for-youth-in-foster-care>

ESSENTIALS FOR PARENTING TODDLERS AND PRESCHOOLERS

This blog post describes *Essentials for Parenting Toddlers and Preschoolers*, an online resource for parents to build positive, healthy relationships using activities and videos that model what to do during real-life parenting challenges. Skills focus on encouraging good behavior and decreasing misbehavior using proven strategies like positive communication, structure and rules, clear directions, and consistent discipline and consequences. <http://www.acf.hhs.gov/blog/2015/03/cdcs-essentials-for-parenting-toddlers-and-preschoolers>

NEW FROM DEPARTMENT OF JUSTICE

JUVENILE OFFENDERS AND VICTIMS: 2014 NATIONAL REPORT

Developed by the National Center for Juvenile Justice for the Office of Juvenile Justice and Delinquency Prevention (OJJDP), this report draws on reliable data and relevant research to provide a comprehensive view of young offenders and victims, and what happens to those who enter the juvenile justice system in the U.S. The report offers to Congress, state legislators, other state and local policymakers, educators, juvenile justice professionals, and concerned citizens, empirically-based answers to frequently asked questions about the nature of juvenile crime and victimization, and about the justice system's response. <http://www.ojjdp.gov/ojstatbb/nr2014/>

OJJDP UPDATES STATISTICAL BRIEFING BOOK

OJJDP has updated its *Statistical Briefing Book*, which offers easy online access to statistics on a variety of juvenile justice topics. Updates include frequently asked questions on the characteristics of children living in poverty; high school completion and dropout rates; juvenile arrests and juvenile arrest rate trends through 2012; and juvenile suicide victims, juvenile homicide victims, and juvenile homicide offenders through 2012. <http://www.ojjdp.gov/ojstatbb/>

CALL TO ACTION AND ISSUE BRIEF: JUSTICE SYSTEM USE OF PRESCRIPTION DRUG MONITORING PROGRAMS— ADDRESSING THE NATION'S PRESCRIPTION DRUG AND OPIOID ABUSE EPIDEMIC

This issue brief was drafted to serve as an educational resource and call to action, underscoring the value of the justice enterprise's participation in prescription drug monitoring programs (PDMPs) from both the public safety and the public health perspective. This resource, directed toward justice practitioners and policymakers, addresses the following: PDMPs and their purpose; the value of PDMP data to law enforcement, probation, and parole practitioners, and courts personnel; the importance of public health and public safety community partnerships; practices for effectively using PDMP data for justice purposes; and resources, promising practices, and implementation examples to promote transportability of solutions into other communities. <https://www.bja.gov/Publications/Global-JusticeSystemUsePDMPs.pdf>

ESTIMATES OF INCIDENCE RATES AND PROPORTIONS OF TBI AND PTSD DIAGNOSES ATTRIBUTABLE TO BACKGROUND RISK, ENHANCED ASCERTAINMENT, AND ACTIVE WAR ZONE SERVICE, ACTIVE COMPONENT, U.S. ARMED FORCES, 2003–2014

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are “signature wounds” of the Afghanistan/Iraq wars; however, many TBI/PTSD cases are not war-related. During the wars, diagnoses of TBI/PTSD among military members increased because risks of TBI/PTSD, and capabilities to detect cases, increased. This *Medical Surveillance Monthly* report summarizes TBI/PTSD diagnosis experiences of three cohorts of overseas deployers in relation to the natures of their exposures to active war service and enhanced case ascertainment efforts. The findings suggest that, during the war, the proportions of PTSD diagnoses attributable to war zone service decreased from approximately 80 percent to less than 50 percent, while the proportions attributable to enhanced case ascertainment increased from less than 10 percent to nearly 50 percent. The proportions of TBI diagnoses attributable to war zone service more than tripled from 2003 to 2005 through 2007 to 2009; the proportions attributable to enhanced ascertainment also markedly increased, but not until after 2007. By the end of the war, war zone service and enhanced ascertainment accounted for similar proportions of all PTSD and TBI diagnoses. If programs and resources currently focused on TBI and PTSD continue, rates of diagnoses post-war will greatly exceed those pre-war. <https://www.afhsc.mil/msmr>

NATIONAL CENTER FOR PTSD: RESOURCES FOR UNDERSTANDING MILITARY CULTURE

MILITARY CULTURE: CORE COMPETENCIES FOR HEALTH CARE PROFESSIONALS

This free, online, interactive course for health care professionals provides a conceptual framework for military culture and its impact on psychological health and treatment. It also covers the most common stressors in military culture and their impact on service members and Veterans. The course includes a self-assessment tool for military culture competence, and a checklist that incorporates the cultural vital signs introduced in the course. Participants receive a total of eight continuing education credits.

<http://www.mentalhealth.va.gov/communityproviders/military.asp>

COMMUNITY PROVIDER TOOLKIT

This website provides tools to support the mental health services provided to Veterans. Information on connecting with the Department of Veterans Affairs, understanding military culture and experience, as well as tools for working with a variety of mental health conditions are available.

<http://www.mentalhealth.va.gov/communityproviders/index.asp>

DCOE BLOG POSTS

PHYSICAL PAIN MAY ACCOMPANY PSYCHOLOGICAL HEALTH CONCERNS

This Defense Centers of Excellence for Psychological Health and TBI (DCoE) blog post summarizes a recent webinar on physical symptoms and mental health. Hard-to-diagnose or vague symptoms that patients report during routine visits to a primary care provider may signal psychological health challenges such as depression and anxiety. The more physical symptoms a patient has, the more likely he or she is to have a co-existing psychological health concern. http://www.dcoe.mil/blog/15-03-04/Physical_Pain_May_Accompany_Psychological_Health_Concerns.aspx

MORAL INJURY POSES HIDDEN RISKS FOR SERVICE MEMBERS

This DCoE blog post provides an overview of moral injury, a term coined to describe what service members experience when they themselves commit an act that violates their own beliefs. Moral injury is not clinically defined nor captured as a formal diagnosis, and no clinical practice guidelines are available for it. However, health care providers in the military often address moral injury when treating a psychiatric disorder. Chaplains, frequently the first resort for service members struggling with moral issues, also counsel service members who experience moral injury. Exposure therapy often used in treating PTSD can actually worsen moral injury. Moral injury patients need to experience not safety, but forgiveness. Chaplains and behavioral health counselors can assist by helping them understand how much blame to bear, learn to tolerate their intense negative emotions, and figure out how to become useful members of their communities or make some other form of restitution. Other techniques used in treating PTSD, such as improving physical health, group therapy, or religious practice, can also be helpful. http://www.dcoe.mil/blog/15-03-11/Moral_Injury_Poses_Hidden_Risks_for_Service_Members.aspx

EVENTS

HEALTH OBSERVANCE: NATIONAL BRAIN INJURY AWARENESS MONTH

MARCH 2015

To raise awareness of TBI, the Brain Injury Association of America recognizes National Brain Injury Awareness Month every March. In support of this public awareness campaign, the NCTSN offers resources on TBI for families, medical professionals, and military families. <http://www.nctsn.org/resources/public-awareness/national-brain-injury-awareness-month>

GRAND ROUNDS: ADDRESSING PREPAREDNESS CHALLENGES FOR CHILDREN IN PUBLIC HEALTH EMERGENCIES

MARCH 17, 2015, 1:00 PM

This session of CDC Grand Rounds will discuss strategies to address the unique vulnerabilities of children in every stage of emergency planning. Presenters will also highlight the strong progress that has been made in pediatric disaster readiness as well as the collaboration that is still needed between public health professionals and pediatric care providers to improve the outcomes for children during emergencies.

<http://www.cdc.gov/cdcgrandrounds/>

WEBINAR: PATIENT-CENTERED OUTCOMES RESEARCH AND THE USE OF DECISION AIDS TO FACILITATE SHARED DECISION-MAKING

MARCH 18, 2015, 3:30-5:00 PM ET

The Agency for Healthcare Research and Quality (AHRQ) will host this webinar to discuss how patient-centered outcomes research (PCOR) findings can be used to facilitate shared decision-making. Shared decision-making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. New health care delivery models such as patient-centered medical homes and Accountable Care Organizations (ACOs) are increasingly required to engage patients in shared decision-making. Patient decision aids and information tools based on PCOR can facilitate the discussion of benefits, harms, and risks of each health care option.

<http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/webinars/index.html>

WHO'S LEADING THE LEADING HEALTH INDICATORS? WEBINAR: MENTAL HEALTH

MARCH 19, 2015, 12:00-1:00 PM ET

This Healthy People 2020 webinar will focus on activities and interventions related to mental health disorders. Through four presentations focusing on data, communication efforts, and effective implementation strategies at the state level, presenters will explore the importance of mental health and the progress being made to address this public health issue.

<http://www.healthypeople.gov/2020/webinars-events>

TELEHEALTH AND TECHNOLOGY WEBINAR: THE WELL-BEING OF MILITARY CHILDREN: AUGMENTING CLINICAL CARE WITH WEB- AND MOBILE-BASED TOOLS

MARCH 19, 2015, 1:00-2:30 PM ET

This DCoE webinar will include a review of the Military Kids Connect(r) website, a technology-based resource for military preschoolers to teens, which may serve to augment clinical care practices and to improve how health care providers interact with military children. Webinar participants will learn to: describe the dynamics of separation on the military family system; examine the use of web-based and mobile apps as resources in clinical settings serving military children; and integrate the use of the Military Kids Connect(r) website as a social media tool to improve understanding of the influence of the military culture on military children. <https://continuingeducation.dcri.duke.edu/well-being-military-children-augmenting-clinical-care-web-and-mobile-based-tools>

WEBINAR: BRIDGING THE DIVIDE: IMPROVING TRANSITIONS OF CARE TO REDUCE HOSPITAL READMISSIONS

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

Comprehensive transitional care from inpatient to community medical and behavioral health services can improve health outcomes and reduce costs. Join this SAMHSA-HRSA CIHS webinar to review promising care transition models, initiatives and payment incentives that can be employed to promote collaboration between inpatient and outpatient providers; hear how one community provider implemented a successful care transition program; discuss strategies to increase success of discharge and treatment planning; and get tips on how to encourage individuals and family members to manage their care.

<http://www.integration.samhsa.gov/about-us/webinars>

WEBINAR: HAYWARD PROMISE NEIGHBORHOOD: WRAPPING CHILDREN IN COORDINATED EDUCATIONAL AND HEALTH SUPPORTS FROM CRADLE TO COLLEGE TO CAREER

MARCH 19, 2015, 3:00-4:15 PM ET

Inspired by the success of the Harlem Children's Zone, Promise Neighborhoods are place-based efforts, wrapping children in educational, social, and health programs and supportive services from the cradle to college to career. Hayward Promise Neighborhood (HPN) was funded in 2012 to serve the Jackson Triangle in Hayward, California and/or students that attend six focus schools within the Hayward Unified School District. This Federal Interagency Health Equity Team webinar will discuss HPN's cradle to college to career pipeline with an emphasis on its partnership with over 10 agencies. This collaboration enhances collective impact and supports education, health, and safety equity.

<http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=36&ID=342>

WEBINAR: COMMENTING ON FDA ACTION

MARCH 25, 2015, 2:00-3:00 PM ET

The Food and Drug Administration (FDA) will host a webinar to share the how and why to comment to a docket—a public record of information about an FDA action. The FDA often requests the public comment on a docket when the agency establishes or modifies how food, medical products, and/or medical devices are regulated. These requests for comment are announced in the Federal Register, and provide important opportunities to share concerns and comments informing FDA policies and practices. Participants will also learn where to find a docket, the suggested format for comments, and practice finding a docket using the recent FDA Federal Register Notice. <https://www.eventbrite.com/e/webinar-the-fda-docket-tickets-15695602971>

HEALTH OBSERVANCE: NATIONAL MINORITY HEALTH MONTH

APRIL 2015

During April, the HHS Office of Minority Health marks National Minority Health Month by raising awareness about the health disparities that continue to affect racial and ethnic minorities.

<http://www.minorityhealth.hhs.gov/nmhm/>

HEALTH OBSERVANCE: ALCOHOL AWARENESS MONTH

APRIL 2015

Alcohol Awareness Month is an opportunity to raise awareness about alcohol abuse and take action to prevent it, both at home and in the community. The HHS Office of Disease Prevention and Health Promotion has created a toolkit to spread the word about strategies for preventing alcohol abuse.

<http://www.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. Visitors to the 2015 National Child Abuse Prevention Month website can access tools to engage children, families, and communities, and raise awareness of child maltreatment prevention, including the new interactive Protective Factors in Practice vignettes illustrating how multiple protective factors support and strengthen families. The website also features three new strength-based parent tip sheets and three activity calendars for promoting well-being using protective factors for prevention programs, parents, and community partners—all of which are available in both English and Spanish. <https://www.childwelfare.gov/topics/preventing/preventionmonth>

WEBINAR: UNDERSTANDING AND ADDRESSING THE NEEDS OF YOUTH EXPOSED TO COMMUNITY VIOLENCE

APRIL 1, 2015, 12:00 PM ET

Presenters will discuss the key causes, major consequences, and professional responses related to community violence and its traumatic stress-related impacts on youth, including: (a) the historic and contemporary causes of violence exposure among urban youth and their families; (b) the inter-related contexts of violence exposure that impact urban youth; and (c) specific goals for implementing best practices for serving violence-exposed urban youth. This NCTSN webinar is for providers and professionals from mental health, juvenile justice, public school, faith-based, and community-based settings who serve youth and their families. <http://learn.nctsn.org/>

WEBINAR: WHAT INTERVENTIONS PREVENT SUICIDAL BEHAVIOR?

APRIL 2, 2015, 2:00-3:00 PM ET

Research shows that intervention strategies such as psychotherapies targeting suicidal thoughts, “caring letters,” and a limited number of medications with specific suicide mitigation effects are beneficial in preventing suicide in health care settings. This webinar, a part of the series sponsored by the National Council for Behavioral Health in collaboration with the Action Alliance for Suicide Prevention and NIMH, will address advances in the most effective psychotherapies, medication interventions, and adjunct interventions, and research challenges in refining and expanding interventions that remain. <https://goto.webcasts.com/starthere.jsp?ei=1057031>

2015 NIH REGIONAL SEMINAR ON PROGRAM FUNDING AND GRANTS ADMINISTRATION

MAY 6-8, 2015, BALTIMORE, MARYLAND

This NIH seminar is designed to help demystify the NIH grant application and review process, as well as clarify federal regulations and policies so that attendees will be able to return to their institution with a much better understanding of the overall NIH grants process.

<http://regionalseminars.od.nih.gov/baltimore2015/>

HEALTH OBSERVANCE: NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY

MAY 7, 2015

National Children's Mental Health 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. A national launch event will take place in Washington, DC to highlight strategies for integrating behavioral health with primary health care, child welfare, and education. <http://www.samhsa.gov/children/national-childrens-awareness-day-events/awareness-day-2015>

Access SAMHSA's online pledge form by Friday, March 20, 2015, to ensure that your event information is included on SAMHSA's website:

https://docs.google.com/forms/d/1rFawMloW8bUcqpUX_dCPT_IGlhjsRx3-MyY2K6vds/viewform

HEALTH OBSERVANCE: NATIONAL PREVENTION WEEK

MAY 17-23, 2015

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>

SAVE THE DATE: AHRQ RESEARCH CONFERENCE

OCTOBER 4-6, 2015, CRYSTAL CITY, VA

AHRQ announced that its research conference, held annually between 2007 and 2012, will make a return engagement in 2015. The conference will again bring authorities in health care research and policy together to participate in sessions focused on addressing today's challenges in improving quality, safety, access, and value in health care. In addition, AHRQ and AcademyHealth will team with the Patient-Centered Outcomes Research Institute (PCORI) in holding sessions on Tuesday afternoon, October 6, 2015, also at the Crystal Gateway Marriott, as part of the AHRQ conference and PCORI's first annual meeting, which follows at the same location from October 7-9, 2015. The Tuesday afternoon sessions, jointly hosted by AHRQ, AcademyHealth, and PCORI, will address key issues in dissemination and implementation of patient-centered outcomes research. <http://www.ahrq.gov/news/ahrq-conference.html>

CALLS FOR PUBLIC INPUT

INVITATION TO PARTICIPATE IN THE HEALTH CARE PAYMENT LEARNING AND ACTION NETWORK

The HHS is inviting private payers, employers, providers, patients, states, consumer groups, individual consumers, and other partners within the health care community to participate in the Health Care Payment Learning and Action Network ("Network"). The Network has been created to support the transformation of the nation's health care delivery system to one that achieves better care, smarter spending, and healthier people through the expansion of new health care payment models. Cooperation through the Network will help the entire U.S. health care system match and exceed the goals announced for Medicare: tying 30 percent of payments to quality or value through alternative payment models such as ACOs, or bundled payment arrangements by the end of 2016, and tying 50 percent of payments to alternative payment models by the end of 2018. The Network will also support the broader goal of tying the vast majority of payments in the health care system to quality or value.

Most meetings of the Network will occur virtually by teleconference or webinar. In-person meetings will occur in the Washington D.C. area. Learn more by joining the live streaming of the kickoff event on Wednesday, March 25, 2015. <http://innovation.cms.gov/initiatives/Health-Care-Payment-Learning-and-Action-Network/>

NOMINATIONS OPEN FOR SAMHSA VOICE AWARDS

SAMHSA's annual Voice Awards program recognizes consumer/peer leaders and entertainment industry professionals whose work and personal stories of resilience demonstrate that people with mental and/or substance use disorders can and do recover and lead meaningful lives. Nominations for the awards program can be submitted in two categories—1) consumer/peer leaders, and 2) television and film productions. Eligible consumer/peer leaders must have personally demonstrated that recovery is real and possible; led efforts to reduce the discrimination and misperceptions associated with behavioral health conditions; and made a positive impact on communities, workplaces, or schools. Television and film productions must contain a dignified, respectful, and accurate portrayal of people with behavioral health conditions, and must have aired in a public setting after April 15, 2014.

The Voice Awards 10th anniversary program will also spotlight the impact that suicide has on individuals, families, and communities, as well as its inextricable link to behavioral health. Special consideration will be given to consumer/peer leader nominees who are working to improve public awareness about and reduce instances of suicides and suicide attempts. Special consideration will also be given to television and film production nominees that sensitively portray stories of people who have considered, attempted, or completed suicide, yet do not romanticize suicide, idealize those who complete it, or expose viewers to graphic or sensationalistic specifics of suicidal behavior. All nominations are due Friday, March 27.

<http://www.samhsa.gov/voice-awards>

FDA REQUEST FOR INFORMATION ON SPECIFIC AREAS OF PUBLIC HEALTH CONCERN RELATED TO RACIAL/ETHNIC DEMOGRAPHIC SUBGROUPS FOR ADDITIONAL RESEARCH

The FDA is opening a docket to obtain information and comments on specific areas of public health concern for racial/ethnic demographic subgroup populations, focusing on certain disease areas where significant outcome differences may be anticipated. FDA is seeking public input on identifying areas that can be addressed through regulatory science research. Submit either electronic or written comments or information by April 27, 2015. <https://www.federalregister.gov/articles/2015/02/25/2015-03846/request-for-information-on-specific-areas-of-public-health-concern-related-to-raciaethnic>

FUNDING INFORMATION

“NOW IS THE TIME” PROJECT AWARE-COMMUNITY GRANTS

<http://www.samhsa.gov/grants/grant-announcements/sm-15-012>

PRE-APPLICATION WEBINAR: MARCH 19, 2015, 12:00-1:00 PM

<http://www.samhsa.gov/sites/default/files/sm-15-012-webinar.pdf>

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

<http://www.samhsa.gov/grants/grant-announcements/ti-15-007>

NATIONAL CONSUMER AND CONSUMER SUPPORTER TECHNICAL ASSISTANCE CENTERS
<http://www.samhsa.gov/grants/grant-announcements/sm-15-011>

NATIONAL PUBLIC HEALTH PRACTICE AND RESOURCE CENTERS FOR CHILDREN WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER OR TOURETTE SYNDROME
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=274992>

PRESCRIPTION DRUG OVERDOSE PREVENTION FOR STATES
<http://www.grants.gov/web/grants/view-opportunity.html?oppld=274995>



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.