



UPDATE

June 1, 2015

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<http://www.nimh.nih.gov/outreach/partnership-program/news-and-updates-from-the-program.shtml>

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*Prepared by the U.S. Department of Health and Human Services,
National Institutes of Health, National Institute of Mental Health,
Office of Constituency Relations and Public Liaison*

A PATIENT'S BUDDING CORTEX -- IN A DISH? NETWORKING NEURONS THRIVE IN 3-D HUMAN "ORGANOID"

An evolving "disease-in-a-dish" technology funded by the National Institutes of Health (NIH), scientists have perfected mini cultured 3-D structures that grow and function much like the outer mantle – the key working tissue, or cortex – of the brain of the person from whom they were derived. Strikingly, these "organoids" buzz with neuronal network activity. Cells talk with each other in circuits, much as they do in our brains.

Press Release: <http://www.nimh.nih.gov/news/science-news/2015/a-patients-budding-cortex-in-a-dish.shtml>

ANIMALS' PRESENCE MAY EASE SOCIAL ANXIETY IN KIDS WITH AUTISM; NIH-FUNDED STUDY COULD HAVE IMPLICATIONS FOR TREATMENT

When animals are present, children with autism spectrum disorders (ASDs) have lower readings on a device that detects anxiety and other forms of social arousal when interacting with their peers. According to a study funded in part by NIH, companion animals—like dogs, cats, or the guinea pigs in the study—may prove to be a helpful addition to treatment programs designed to help children with ASDs improve their social skills and interactions with other people.

Press Release: <http://www.nichd.nih.gov/news/releases/Pages/052015-animal-presence-autism.aspx>

4.3 MILLION AMERICANS WORKING FULL-TIME HAD AN ANXIETY DISORDER IN THE PAST YEAR

A new report by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates about 3.7 percent of America's full-time adult workers age 18 or older (4.3 million Americans) had one or more anxiety disorders in the past year. Anxiety disorders are characterized by ongoing states of overwhelming worry and fear. Treatment in the form of counseling and/or medication can help people successfully manage these conditions. The report shows that the adults who were not working full-time had even higher rates of anxiety disorders. Among adults working part-time, 5.6 percent experienced anxiety disorders in the past year. The rate among adults who are unemployed was 6.9 percent, and the rate among adults not in the labor force was 8.9 percent.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201505210945>

SIGNIFICANT DECREASES IN UNDERAGE CIGARETTE SMOKING SEEN IN NEARLY EVERY STATE FROM 2003 TO 2013

A new SAMHSA report shows that from 2003 to 2013 levels of past month underage cigarette smoking among those aged 12 to 17 have dropped significantly in 49 out of 50 states and in the District of Columbia. The only state that did not experience a statistically significant decline was Utah, which traditionally has had one of the lowest levels of underage cigarette smoking in the nation.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201505180900>

SAMHSA REPORTS HIGHLIGHT RISE IN TRAMADOL-RELATED HOSPITAL ED VISITS

Two new SAMHSA reports reveal sharp rises in the number of hospital emergency department (ED) visits involving the drug tramadol between 2005 and 2011. One report focuses on ED visits related to adverse reactions associated with the drug, while the other report tracks visits related to the misuse or abuse of the drug. Tramadol is a prescription opioid medication typically used for the management of moderate, severe, or chronic pain. Like any medication, tramadol can cause adverse reactions. These adverse reactions can include seizures and a potentially fatal reaction (if untreated) known as serotonin syndrome. Medical problems can also arise if tramadol is combined with anti-anxiety medications (e.g., benzodiazepines), alcohol, or other narcotic pain relievers.

Press Release: <http://www.samhsa.gov/newsroom/press-announcements/201505140730>

RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES

NEW FROM NIMH

BLOG POST: MENTAL HEALTH AWARENESS MONTH: BY THE NUMBERS

Statistics paint a picture of the impact of mental illness in the United States (U.S.). NIMH Director Thomas Insel reviews the numbers for Mental Health Awareness Month.

<http://www.nimh.nih.gov/about/director/2015/mental-health-awareness-month-by-the-numbers.shtml>

BLOG POST: TRAINING FOR THE FUTURE

NIMH Director Thomas Insel talks about the importance of incorporating neuroscience in the training of psychiatric residents and a new initiative to do that. The clinicians of 2025 will need to know about the science of the brain. <http://www.nimh.nih.gov/about/director/2015/training-for-the-future.shtml>

NEW FROM NIH

NIDA: NEW ONLINE RESOURCE ABOUT DRUG USE TRENDS AMONG COLLEGE-AGE AND YOUNG ADULTS

The National Institute on Drug Abuse (NIDA) has created a new section on its website featuring the most recent Monitoring the Future national survey results on drug use among students enrolled full-time in college as well as young people of the same age group not attending college. It also includes links of interest to parents, educators, dorm supervisors, counselors, clinicians, and researchers who work with this age group. Additional resources include infographics, statistics and trends, treatment guides, information about careers in addiction science as well as related videos, publications, articles, and other relevant materials.

<http://www.drugabuse.gov/related-topics/college-age-young-adults>

NIAAA: PILOT STUDY SHOWS A MOBILE APP CAN HELP PEOPLE WITH ALCOHOL USE DISORDER TO REDUCE PROBLEM DRINKING

A pilot study of a smartphone-based intervention found that the mobile app helped people with an alcohol use disorder (AUD) to reduce their alcohol consumption. The pilot program was supported in part by a grant from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The study enrolled 28 participants, ranging in age from 22 to 45, who met criteria for an AUD. Each participant received the smartphone-based intervention to use for six weeks. <http://www.niaaa.nih.gov/news-events/news-noteworthy/pilot-study-shows-mobile-app-can-help-people-alcohol-use-disorder-reduce>

NIAAA: E-HEALTH TECHNOLOGY AND WHAT IT MEANS FOR THE ALCOHOL FIELD

Electronic health (eHealth) technologies are poised to transform theories of behavior change and models of behavioral health care through real-time monitoring of physical and cognitive states, and delivery of personalized interventions that can prevent relapse when and where needed. This resource explores both the potential of these technologies and the challenges they present.

<http://pubs.niaaa.nih.gov/publications/aa88/aa88.htm>

NEW FROM SAMHSA

SUICIDE AMONG COLLEGE AND UNIVERSITY STUDENTS IN THE U.S.

SAMHSA's Suicide Prevention Resource Center (SPRC) has released this information sheet that summarizes the data available on suicidal thoughts, attempts, and deaths among college and university students. The document also describes the risk and protective factors that are common among these students.

http://www.sprc.org/library_resources/items/suicide-among-college-and-university-students-united-states

E-SOLUTIONS: TAPPING MOBILE TECHNOLOGY FOR IMPROVED INTEGRATED CARE

This newsletter discusses the use of mobile technology in an integrated care setting.

<http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-may-2015>

NATIONAL CHILD TRAUMATIC STRESS NETWORK NEWSLETTER

The latest Issue of *Impact* includes articles about the online expansion of the Resource Parent Curriculum Facilitators project, Network efforts to deliver trauma-informed care to unaccompanied immigrant minors, and partnerships with performing arts groups.

http://www.nctsn.org/sites/default/files/assets/pdfs/newsletters/impact_sp15_final.pdf

ANALYSES OF MAX CLAIMS: SAMHSA FEE-FOR-SERVICE SPENDING ESTIMATES, MEDICARE-MEDICAID ENROLLEE ANALYSIS, AND MANAGED CARE SUMMARY

This report presents Medicaid spending information for treatment of mental and substance use disorders for people enrolled in Medicaid only as well as those dually enrolled in Medicare and Medicaid. It also reports on fee-for-service spending and managed care spending.

<http://store.samhsa.gov/product/Analyses-of-MAX-Claims-SAMHSA-Fee-for-Service-Spending-Estimates-Medicare-Medicaid-Enrollee-Analysis-and-Managed-Care-Summary/SMA15-4908>

SAMHSA HELPS PEOPLE WITH SMI GET NEEDED MEDICATIONS

This blog post describes what drug formularies are and why restrictions exist, as well as potential adverse consequences for people with serious mental illness (SMI). In addition, the blog post describes how SAMHSA is offering shared decision-making tools such as decision aids that individuals use with their physicians to make informed decisions about their treatment based on their goals and preferences.

<http://blog.samhsa.gov/2015/05/27/samhsa-helps-people-with-smi-get-needed-medications/>

NEW FROM HHS

UNDERSTANDING THE EFFECTS OF MALTREATMENT ON BRAIN DEVELOPMENT

This Administration for Children and Families issue brief provides basic information on brain development and the effects of abuse and neglect on that development. The information is designed to help professionals understand the emotional, mental, and behavioral impact of early abuse and neglect in children who come to the attention of the child welfare system. <https://www.childwelfare.gov/pubs/issue-briefs/brain-development/>

MANAGEMENT STRATEGIES TO REDUCE PSYCHIATRIC READMISSIONS

The purpose of this Agency for Healthcare Research and Quality (AHRQ) report is to describe and compare four core management strategies to reduce psychiatric readmissions—length of stay for inpatient care, transition support services (i.e., care provided as the individual moves to outpatient care), short-term alternatives to psychiatric re-hospitalization, and long-term approaches for reducing psychiatric re-hospitalization—for patients at high risk of psychiatric readmission.

<http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2082>

CDC REPORTS

SERIOUS PSYCHOLOGICAL DISTRESS AMONG ADULTS: U.S., 2009-2013

Data from the 2009 to 2013 National Health Interview Survey (NHIS) are used to estimate the prevalence of serious psychological distress—measured by a score of 13 or greater on the Kessler 6 (K6) nonspecific distress scale—among adults overall and by demographic characteristics. The K6 obtains information on the frequency of six psychological distress symptoms. This report also compares health insurance and health characteristics between those with and those without serious psychological distress. In every age group, women were more likely to have serious psychological distress than men. Among adults aged 18 and over, 3.4 percent had serious psychological distress, including 3.9 percent of women and 2.8 percent of men.

<http://www.cdc.gov/nchs/data/databriefs/db203.htm>

ASSOCIATION BETWEEN DIAGNOSED ADHD AND SELECTED CHARACTERISTICS AMONG CHILDREN AGED 4-17 YEARS: U.S., 2011-2013

This Centers for Disease Control and Prevention (CDC) report describes the prevalence of diagnosed attention deficit hyperactivity disorder (ADHD) among children aged four to 17 years using parent-reported data collected in a large, nationally representative health survey. Differences in the prevalence of diagnosed ADHD are examined by selected demographic and socioeconomic variables: the child's sex, race, and Hispanic ethnicity, health insurance coverage, and poverty status for all children aged four to 17 and among age groups four to five, six to 11, and 12 to 17. <http://www.cdc.gov/nchs/data/databriefs/db201.htm>

DECREASE IN RATE OF OPIOID ANALGESIC OVERDOSE DEATHS — STATEN ISLAND, NEW YORK CITY, 2011-2013

After implementation of an aggressive, targeted public health strategy that involved health care providers, community organizations, and the general public, Staten Island saw a 29 percent decrease in opioid-analgesic-involved overdose mortality and a 9 percent decrease in opioid analgesic high-dose prescribing. This underscores the need to take a multi-pronged approach to prevent overdose deaths.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6418a3.htm>

MEASURING STUDENT SAFETY: BULLYING RATES AT SCHOOL

This Department of Education blog post describes recent data from *The School Crime Supplement to the National Crime Victimization Survey*, which collects data on bullying by asking a nationally representative sample of students ages 12 to 18 if they had been bullied at school. In 2013, about 22 percent of students reported being bullied at school during the school year. This percentage was lower than the percentage reported in every prior survey year in which these data were collected (28 percent each in 2005, 2009, and 2011, and 32 percent in 2007). Similarly, lower percentages of students reporting being bullied in 2013 were observed across some student characteristics. For example, in 2013 about 24 percent of female students reported being bullied at school, compared with 29 to 33 percent in prior survey years. The pattern for males was similar. The percentage of students who reported being bullied in 2013 was also lower than the percentages in all prior survey years for White and Black students. For Hispanic and Asian students, the percentage of students who reported being bullied in 2013 was lower than the percentages in both 2007 and 2009. <http://nces.ed.gov/blogs/nces/post/measuring-student-safety-bullying-rates-at-school>

NIJ: HELPING AT-RISK YOUTH SAY "NO" TO GANGS

This National Institute of Justice (NIJ) journal article describes evaluation findings of the Gang Resistance Education and Training program, which teaches kids to avoid gang membership and helps them develop positive relationships with law enforcement. An NIJ-funded evaluation found that a revised curriculum and greater attention to teacher training have resulted in an improved program for preventing gang membership and delinquency. <http://www.nij.gov/journals/275/pages/gang-resistance-education.aspx>

EVENTS

HEALTH OBSERVANCE: PTSD AWARENESS MONTH

JUNE 2015

The National Center for PTSD (posttraumatic stress disorder) promotes awareness of PTSD and effective treatments throughout the year. The purpose of PTSD Awareness Month is to encourage everyone to raise public awareness of PTSD and its effective treatments. http://www.ptsd.va.gov/about/ptsd-awareness/ptsd_awareness_month.asp

PRE-APPLICATION RFA WEBINAR: PLANNING GRANTS FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS-TWO PARTS

JUNE 8, 2015, 2:00–3:30 PM ET AND JUNE 10, 2015, 2:00-3:30 PM ET

SAMHSA is hosting a two-part webinar for prospective applicants interested in applying for fiscal year 2016 Planning Grants for Certified Community Behavioral Health Clinics. The webinar will be led by staff from SAMHSA, the Centers for Medicare and Medicaid Services (CMS), and the Assistant Secretary for Planning and Evaluation. http://www.samhsa.gov/sites/default/files/sm-16-001-webinar-notification_0.pdf

INTERACTIVE WEBISODE: PREVENTING DEATH BY SUICIDE: STRATEGIES TO HELP CHILDREN, YOUTH, AND FAMILIES

JUNE 9, 2015, 2:00-3:00 PM ET

In this webisode, SAMHSA's KSOC-TV will explore principles of a suicide intervention-informed approach to address the prevention of suicide and to facilitate the skill building that is critical to healing, recovery, and resilience for children, youth, families, schools, and communities impacted by suicide.

<http://fdastudios.com/20150609-ksocTV/>

WEBINAR: THE GROWING MOMENTUM IN EARLY AND FIRST-EPIISODE PSYCHOSIS PROGRAMS

JUNE 9, 2015, 3:00-4:30 PM ET

Progress continues in bringing a coordinated array of effective services and supports to communities for youth and young adults experiencing early and first-episode psychosis. Research advances continue to show tremendous promise in lessening the long-term severity of psychosis and in preventing it. The coordinated array of services and supports in early and first-episode psychosis programs are recovery-focused and include partnering with youth, young adults, and families as part of the care team. This work takes into account those aspects of life that matter most to young adults, including education, employment, relationships, and living a full life. States are now required to dedicate 5 percent of the Mental Health Block Grant to early and first-episode psychosis programs. A national network of researchers, programs, and stakeholders has formed to help ensure the broader dissemination of these effective programs. This SAMHSA Children's Webinar Series program will discuss the expansion of early and first-episode psychosis programs statewide, and how stakeholder organizations can become more involved in expanding these programs. https://nasmhpd.adobeconnect.com/fep_reg/event/event_info.html

WEBINAR: PEERS AS CRISIS SERVICE PROVIDERS

JUNE 10, 2015, 1:00-2:30 PM ET

This SAMHSA Peer Webinar Series program will provide examples of the range of crisis services that peers can provide, the benefits of integrating peer specialists into crisis services, and common pitfalls to avoid.

https://nasmhpd.adobeconnect.com/providers_reg/event/event_info.html

WEBINAR: ORGANIZATIONAL APPROACHES TO EFFECTIVE TRAUMA-INFORMED SERVICES

JUNE 12, 2015, 2:00-3:00 PM ET

This SAMHSA Children's Webinar Series program will describe evidence-based models and promising organizational practices designed for specific populations, types of trauma, caring for children, and how to bring trauma-informed care to scale across service systems.

https://nasmhpd.adobeconnect.com/traumainformed_reg/event/event_info.html

WEBINAR: STRATEGIES FOR EFFECTIVE SUPERVISION OF A GROWING PEER WORKFORCE

JUNE 15, 2015, 2:00-3:00 PM ET

This SAMHSA Peer Webinar program will examine how an organization's supervisors can obtain the skills and confidence to nurture peer staff and the unique challenges that can arise as peers become a vital part of staffing patterns. Expert panelists will also discuss issues around reimbursement and workforce retention.

<http://goo.gl/forms/5IlnEFKnLm>

WEBINAR: EMERGENCY DEPARTMENTS: A KEY SETTING FOR SUICIDE PREVENTION

JUNE 16, 2015, 3:00-4:30 PM ET

With close to 500,000 patients visiting EDs for self-inflicted injuries each year, ED staff have a pivotal role to play in preventing suicide; however, EDs face challenges addressing the needs of suicidal patients due to the fast-paced environment, the complex nature of suicide, stigma, and barriers to accessing follow-up care.

This SAMHSA SPRC webinar will bring together experts in emergency medicine, emergency psychiatry, and research to: describe the rationale for ED-focused suicide prevention; discuss barriers and solutions to integrating suicide prevention in EDs; and introduce a new guide, *Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments*.

<http://www.sprc.org/training-institute/r2p-webinars/emergency-departments-key-setting-suicide-prevention>

WEBINAR: SPECIAL ENROLLMENT PERIODS AND RESOURCES FOR THE UNINSURED

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

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

<https://attendee.gotowebinar.com/register/8582454979918666497>

WEBINAR: EVIDENCE-BASED PRACTICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE

JUNE 17, 2015, 3:00-4:30 PM ET

This SAMHSA Children's Webinar Series program will focus on early intervention of behavioral and emotional problems practices that protect children from serious consequences like isolation, substance use, suicidal thinking, school dropout, and homelessness. Panelists will discuss evidenced-based practices that have been proven effective in protecting children, including the Good Behavior Game, Parents as Teachers, and the Texas Youth Suicide Prevention Project. The webinar will provide an overview of each program, guidance on the effective implementation of these practices, and a discussion on the challenges of early intervention for children and youth.

https://nasmhpd.adobeconnect.com/evidence_reg/event/event_info.html

SAVE THE DATE! FACEBOOK Q&A ON ADHD

JUNE 18, 2015, 12:00-1:00 PM ET

NIMH and the National Center for Complementary and Integrative Health are hosting a Facebook Q&A on ADHD. More details to come. <https://www.facebook.com/nimhgov>

WEBINAR: MENTAL HEALTH AND THE NEW HOME- AND COMMUNITY-BASED SERVICES REGULATION

JUNE 18, 2015, 2:00-3:30 PM ET

States are currently developing transition plans to bring their Medicaid Home- and Community-Based Services systems into compliance with the new rule. This SAMHSA webinar will discuss those plans and how the mental health community can become involved in the transition planning process.

https://nasmhpd.adobeconnect.com/services_reg/event/event_info.html

WEBINAR: AFTER ARREST AND JAIL: THE IMPORTANCE OF FORENSIC ASSERTIVE COMMUNITY TREATMENT

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

This SAMHSA Criminal Justice Webinar Series program will provide an overview of the Rochester Forensic Assertive Community Treatment (R-FACT) program, which has been helping people with mental illness get their lives back on track after an arrest or time in jail. The program makes the proven assertive community treatment model of comprehensive care available to people who are involved in the justice system, addressing both mental health and legal problems. The program is designed to address the needs of individuals who have cycled repeatedly through jails, EDs, homelessness, and other costly services. Now R-FACT is one step closer to being a new evidence-based practice.

https://nasmhpd.adobeconnect.com/importance_reg/event/event_info.html

WEBINAR: CREATING A RECOVERY ORIENTED MENTAL HEALTH WORKFORCE

JUNE 23, 2015, 1:00-2:30 PM ET

This SAMHSA Peer Webinar Series program will discuss programs in training and workforce development that have resulted in creating a recovery-oriented mental health workforce and share lessons on how communities can start to build their own workforce.

https://nasmhpd.adobeconnect.com/workforce_reg/event/event_info.html

WEBINAR: GOT COVERAGE? NEXT STEPS IN USING YOUR HEALTH INSURANCE

JUNE 23, 2015, 4:00 PM ET

Many people now have health insurance, but may not know how to use it. This HHS Partnership Center webinar will discuss how to read an insurance card, how to find a doctor, what one needs to know in making an appointment, and what to do in case of a health emergency. Key terms will be discussed as well as recommended health screenings. Presenters will highlight the Coverage to Care materials on health insurance literacy during the webinar. <https://attendee.gotowebinar.com/register/8330203922760973057>

WEBINAR: WHAT RESEARCH INFRASTRUCTURE DO WE NEED TO REDUCE SUICIDAL BEHAVIOR?

JUNE 24, 2015, 2:00-3:00 PM ET

Improving the research infrastructure surrounding suicide prevention can expand knowledge to reduce suicides. Standard definitions of suicidal behavior, as well as common data elements, reviews, and analyses across settings and studies are needed to advance the state of suicide care and research. Opportunities include using 'big data' from medical records to improve risk detection, and establishing clearinghouses for policy and practice changes to be studied further. This final webinar in the series, sponsored by the National Council for Behavioral Health in collaboration with the National Action Alliance for Suicide Prevention and NIMH, will provide an overview of the current research infrastructure and the improvements that are still needed. <http://www.nimh.nih.gov/news/science-news/2015/webinar-series-suicide-prevention-an-action-plan-to-save-lives.shtml>

WEBINAR: EVIDENCE-BASED TRAUMA-SPECIFIC INTERVENTIONS FOR PERSONS WITH BEHAVIORAL HEALTH NEEDS IN THE JUSTICE SYSTEM

JUNE 29, 2015, 2:00-3:45 PM ET

Given the high rates of traumatic experiences among persons with mental and/or substance use disorders in the justice system, trauma-specific interventions are an essential element of the recovery process. This SAMHSA's GAINS Center webinar reviews the research base on trauma-specific interventions and provides guidance on their use in treatment settings. A fact sheet will accompany the webinar as a supporting document. <http://gainscenter.samhsa.gov/eNews/may15.html>

WEBINAR: EVIDENCE-BASED HOUSING APPROACHES FOR PERSONS WITH BEHAVIORAL HEALTH NEEDS IN THE JUSTICE SYSTEM

JULY 8, 2015, 2:00-3:15 PM ET

Programs that work with adults in the justice system often identify access to safe and affordable housing as their most significant challenge. This SAMHSA's GAINS Center webinar examines the evidence on the role of a variety of housing approaches in reducing criminal behavior and improving behavioral health outcomes. In addition, the webinar offers strategies that government agencies and providers can take to establish and implement effective housing options. A fact sheet will accompany the webinar as a supporting document.

<http://gainscenter.samhsa.gov/eNews/may15.html>

WEBINAR: MOTIVATIONAL INTERVIEWING FOR PERSONS WITH BEHAVIORAL HEALTH NEEDS IN THE JUSTICE SYSTEM

JULY 14, 2015, 2:00-3:15 PM ET

Motivational interviewing is a widely implemented approach for promoting engagement and adherence to treatment for people with mental and/or substance use disorders. This SAMHSA's GAINS Center webinar discusses the evidence for motivational interviewing with justice-involved persons. Practical considerations for the use of motivational interviewing in mental health courts and other program models will be discussed as well. A fact sheet will accompany the webinar as a supporting document.

<http://gainscenter.samhsa.gov/eNews/may15.html>

REQUEST FOR INFORMATION (RFI): BUILDING AN EVIDENCE BASE FOR EFFECTIVE PSYCHIATRIC INPATIENT CARE AND ALTERNATIVE SERVICES FOR SUICIDE PREVENTION

NIMH, NIDA, SAMHSA, and the American Foundation for Suicide Prevention are seeking information on approaches to better understand: 1) what components of inpatient care are safe and effective in reducing suicide risk for various populations; 2) what are effective alternatives to inpatient care (e.g., telephone counseling, home visits, intensive day/residential treatment, types of respite care) and how can they be broadly implemented; and 3) what type of research designs could compare inpatient interventions with alternative approaches in a safe, acceptable, and fair manner. While a number of interventions for suicide attempters have been effective and even replicated, the effectiveness of inpatient care interventions or alternative approaches in reducing later morbidity (e.g., suicide attempts) and mortality (e.g., suicide deaths) remains a question for many U.S. health care systems. Testing the effectiveness of inpatient or alternative approaches is critical for suicidal patients as few empirically-based practices exist for acute care interventions and their follow-up care.

This RFI is intended to seek information about current practices and solicit perspectives on the need for empirical research from stakeholders who are associated with relevant systems of care (e.g., state commissioners, health care administrators, insurers, providers, patients, suicide attempt survivors, and family members) and who play a role in the provision of interventions for individuals at acute risk for suicide, as well as researchers focused on such interventions and services research. Responses will be accepted through August 1, 2015. <http://grants.nih.gov/grants/guide/notice-files/NOT-MH-15-019.html>

COMMENTS SOUGHT FOR AHRQ EFFECTIVE HEALTH CARE PROGRAM REPORT

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

NONPHARMACOLOGIC INTERVENTIONS FOR AGITATION AND AGGRESSION IN DEMENTIA
(COMMENTS DUE JUNE 8, 2015)

<http://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayProduct&productID=2081>

CMS PROPOSES MENTAL HEALTH PARITY RULE FOR MEDICAID AND CHIP

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

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

View Recorded SAMHSA Webinar: Application of MHPAEA to Medicaid and Children's Health Insurance Program: <https://www.youtube.com/watch?v=W9egzTB0cGg>

RFI: NIH PRECISION MEDICINE COHORT - STRATEGIES TO ADDRESS COMMUNITY ENGAGEMENT AND HEALTH DISPARITIES

This RFI seeks feedback to help guide creating the NIH's national research cohort of 1 million or more Americans as part of the President's proposed Precision Medicine Initiative (PMI), specifically as it relates to the development and implementation of effective community engagement strategies for the cohort, and to the advancement the cohort's ability to conduct transformative research to address health disparities. Precision medicine is an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle. In order for the benefits of precision medicine and the PMI to be available to all people, including those who are medically underserved and/or historically underrepresented in biomedical research, or who, for reasons of systematic social disadvantage experience disparities in health, the NIH aims to assemble a cohort reflective of the rich diversity of the U.S. population. The NIH seeks comment on topics related to community engagement strategies for a diverse sustained U.S. precision medicine cohort and health disparities. Responses accepted through June 19, 2015.

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-107.html>

RFI SOLICITING INPUT INTO THE NIH SCIENCE VISION FOR HEALTH DISPARITIES RESEARCH

The National Institute of Minority Health and Health Disparities (NIMHD) is embarking on a scientific planning process in collaboration with other NIH Institutes and Centers to define a vision that will guide the development of the science of health disparities research for the next decade. The NIMHD serves as the focal point at the NIH for the conduct of research, research training, capacity-building, and outreach and dissemination of minority health and health disparities information. Deadline for responses is July 31, 2015

<http://grants.nih.gov/grants/guide/notice-files/NOT-MD-15-006.html>

CLINICAL TRIALS

NATIONWIDE RECRUITMENT: BIPOLAR DISORDER PEDIATRIC RESEARCH STUDY

TREATMENT OF SEVERE MOOD DYSREGULATION

(Inpatient: 12- to 15 weeks) This study tests the efficacy of different treatments for decreasing irritability in children with severe mood and behavioral problems. Participants have symptoms of severe irritability and are not doing well on their current medications. The child must be currently in treatment with a physician, medically healthy and not currently hospitalized, psychotic, or suicidal. The study includes day or full hospitalization to discontinue medication, followed by either methylphenidate plus citalopram, or methylphenidate plus placebo. Recruiting ages 7-17. [09-M-0034]

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

For more information on research conducted by NIMH in Bethesda, MD click here
www.nimh.nih.gov/JoinAStudy.

DISABILITY.GOV BLOG POST: MAKING A DIFFERENCE THROUGH RESEARCH PARTICIPATION

This Disability.gov blog post describes the need for participation in research to advance the diagnosis, treatment, and lives for those with traumatic brain injury. The author is a Research Coordinator with the Center for Neuroscience and Regenerative Medicine, a federal intramural program established through Congressional legislation, designed to foster collaborative research efforts between the Uniformed Services Health and Sciences University, NIH, and Walter Reed National Military Medical Center.

<https://usodep.blogs.govdelivery.com/2015/05/26/making-a-difference-through-research-participation/>

FUNDING INFORMATION

THE HEALTH OF SEXUAL AND GENDER MINORITY POPULATIONS

<http://grants.nih.gov/grants/guide/pa-files/PA-15-260.html> (R15)

<http://grants.nih.gov/grants/guide/pa-files/PA-15-261.html> (R01)

<http://grants.nih.gov/grants/guide/pa-files/PA-15-262.html> (R03)

<http://grants.nih.gov/grants/guide/pa-files/PA-15-263.html> (R21)

PLANNING GRANTS FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

<http://www.samhsa.gov/grants/grant-announcements/sm-16-001>

RURAL OPIOID OVERDOSE REVERSAL GRANT PROGRAM

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=275759>

RESPONSIBLE FATHERHOOD OPPORTUNITIES FOR REENTRY AND MOBILITY

<http://www.acf.hhs.gov/grants/open/foa/view/HHS-2015-ACF-OFA-FO-0992>

OJJDP FY2015 JUVENILE DRUG COURTS COMMUNITIES OF PRACTICE

<http://www.ojjdp.gov/grants/solicitations/FY2015/DrugCourtCommunities.pdf>

FY2015 SUPPORTING MALE SURVIVORS OF VIOLENCE

http://ojp.gov/ovc/grants/pdftxt/FY15_Supporting_Male_Survivors_of_Violence_Solicitation_508.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 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.