



# UPDATE

February 1, 2016

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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*

## TEAM-BASED TREATMENT FOR FIRST EPISODE PSYCHOSIS FOUND TO BE HIGH VALUE; NIH-FUNDED STUDY SHOWS EARLY INTERVENTION IS MORE COST-EFFECTIVE THAN TYPICAL CARE

New analysis from a mental health care study shows that “coordinated specialty care” (CSC) for young people with first episode psychosis is more cost-effective than typical community care. Cost-effectiveness analysis in health care is a way to compare the costs and benefits of two or more treatment options. While the team-based CSC approach has modestly higher costs than typical care, it produces better clinical and quality of life outcomes, making the CSC treatment program a better value. These findings of this study, funded by the National Institute of Mental Health (NIMH), part of the National Institutes of Health (NIH), will help guide mental health professionals in their treatment for first episode psychosis.

**Press Release:** <http://www.nimh.nih.gov/news/science-news/2016/team-based-treatment-for-first-episode-psychosis-found-to-be-high-value.shtml>

## SCHIZOPHRENIA’S STRONGEST KNOWN GENETIC RISK DECONSTRUCTED; SUSPECT GENE MAY TRIGGER RUNAWAY SYNAPTIC PRUNING DURING ADOLESCENCE

Versions of a gene linked to schizophrenia may trigger runaway pruning of the teenage brain’s still-maturing communications infrastructure, NIH-funded researchers have discovered. People with the illness show fewer such connections between neurons, or synapses. The gene switched on more in people with the suspect versions, who faced a higher risk of developing the disorder, characterized by hallucinations, delusions, and impaired thinking and emotions.

**Press Release:** <http://www.nimh.nih.gov/news/science-news/2016/schizophrenias-strongest-known-genetic-risk-deconstructed.shtml>

## GENOME-WIDE STUDY YIELDS MARKERS OF LITHIUM RESPONSE

An international consortium of scientists has identified a stretch of chromosome that is associated with responsiveness to the mood-stabilizing medication lithium among patients with bipolar disorder. While the finding won’t have an immediate clinical application, it is a groundbreaking demonstration of the potential for identifying genetic information that can be used to inform personalized treatment decisions, even in genetically complex disorders. The genes identified are also an avenue for understanding the biology of the lithium response.

**Science Update:** <http://www.nimh.nih.gov/news/science-news/2016/genome-wide-study-yields-markers-of-lithium-response.shtml>

## EXPERIMENTAL COMBINATION SURPRISES WITH ANTI-HIV EFFECTIVENESS

A compound developed by NIH-supported researchers to protect the nervous system from HIV surprised researchers by augmenting the effectiveness of an investigational antiretroviral drug beyond anything expected. The potency of the combination treatment, tested so far in mice, suggests that it would be possible to rid the body of HIV for months, reducing the frequency with which patients must take these medications from daily to several times a year.

**Science Update:** <http://www.nimh.nih.gov/news/science-news/2016/experimental-combination-surprises-with-anti-hiv-effectiveness.shtml>

## SAMHSA'S 2015 BAROMETER TRACKS THE BEHAVIORAL HEALTH OF AMERICA

The Substance Abuse and Mental Health Services Administration's (SAMHSA) most recent National Behavioral Health Barometer report (Barometer) highlights many important trends in Americans' behavioral health throughout the nation. The 2015 Barometer findings cover key behavioral healthcare issues affecting American communities including the prevalence rates of youth and adult substance use, serious mental illness, suicidal thoughts, and people seeking treatment for these disorders. The Barometer shows this data at the national level, and for each of the 50 states and the District of Columbia. Results from this 2015 Barometer suggest the behavioral health of our nation is improving, particularly among adolescents. For example, indicators measuring trends in past month nonmedical pain reliever use, binge drinking and cigarette usage suggest a decrease among adolescents from 2002 to 2014. The Barometer reports no change in the level of adults seeking treatment for serious mental illness, which remained constant in 2013 and 2014.

**Press Release:** <http://www.samhsa.gov/newsroom/press-announcements/201601261100>

## DEATH RATE, POOR HEALTH RISE FOR MIDDLE-AGED WHITES, REVERSING TREND

Experts analyzing federal survey data found that the death rate among middle-aged, white Americans rose significantly between 1999 and 2013, reversing a decades-long trend of improvement. This group also reported worse physical and mental health than other age groups, according to a study funded by the National Institute of Aging (NIA). From 1978 to 1998, the death rate for United States (U.S.) non-Hispanic whites ages 45 to 54 fell 2 percent per year on average, matching the rate for some wealthy European countries. But in the following 15 years, the U.S. group's death rate rose half a percent per year on average, while the death rate for their European peers continued to fall. In the U.S., this higher death rate was unique to middle-aged whites. During the same period, the average yearly death rate decreased 1.8 percent for Hispanics and 2.8 percent for non-Hispanic blacks in the same age group. Even older Americans age 65 to 74 had a lower death rate than 45- to 54-year-old whites.

**Press Release:** <https://www.nia.nih.gov/newsroom/announcements/2015/12/death-rate-poor-health-rise-middle-aged-whites-reversing-trend>

## **NIH GENOME SEQUENCING PROGRAM TARGETS THE GENOMIC BASES OF COMMON, RARE DISEASE**

The NIH will fund a set of genome sequencing and analysis centers whose research will focus on understanding the genomic bases of common and rare human diseases. The National Human Genome Research Institute (NHGRI), part of NIH, launched the Centers for Common Disease Genomics, which will use genome sequencing to explore the genomic contributions to common diseases such as heart disease, diabetes, stroke, and autism. NHGRI also announced the next phase of a complementary program, the Centers for Mendelian Genomics, which will continue investigating the genomic underpinnings of rare, typically inherited diseases, such as cystic fibrosis and muscular dystrophy.

**Press Release:** <http://www.nih.gov/news-events/news-releases/nih-genome-sequencing-program-targets-genomic-bases-common-rare-disease>

## **NIDA EDITORIAL URGES SAFER OPIOID PRESCRIBING PRACTICES FOR PREGNANT WOMEN**

Recent research sheds light on the risks of prescribing opioids to pregnant women and their exposed infants – underscoring the importance of following good opioid prescription practices, according to an editorial published in the *British Medical Journal* by Dr. Nora D. Volkow, Director of the National Institute on Drug Abuse (NIDA).

**Press Release:** <http://www.drugabuse.gov/news-events/news-releases/2016/01/nida-editorial-urges-safer-opioid-prescribing-practices-pregnant-women>

## **DEPARTMENT OF JUSTICE REVIEW OF SOLITARY CONFINEMENT**

In July 2015, the President announced that he had asked the Attorney General to review “the overuse of solitary confinement across American prisons.” Since that time, the Department of Justice (DOJ) has undertaken a thorough review to determine how, when, and why correctional facilities isolate certain prisoners from the general inmate population, and has now developed concrete strategies for safely reducing the use of this practice, also known as “restrictive housing,” throughout our criminal justice system. That review led to a Report to the President setting out Guiding Principles that would responsibly limit the use of restrictive housing at the federal, state, and local level as well as specific recommendations for policies that the Bureau of Prisons can implement for federal prisons. The Report identifies ways to further humane and safe conditions for both inmates and the correctional officers charged with protecting them. The President announced that he is adopting the recommendations in the Report, which is now available and will be directing all relevant federal agencies to review the report and report back on their plan to address their use of solitary confinement.

**Fact sheet:** <https://www.whitehouse.gov/the-press-office/2016/01/25/fact-sheet-department-justice-review-solitary-confinement>

## NIMH: ARCHIVED TWITTER CHAT ON STRESS MANAGEMENT

The transcript is available from the NIMH Twitter chat on mind and body approaches for stress management with the National Center for Complementary and Integrative Health (NCCIH). Experts from NIMH and NCCIH discussed the latest science on using mindfulness, yoga, tai chi, and other relaxation techniques.

[https://storify.com/NIH\\_NCCIH/nccih-stress-management-and-mind-and-body-approach](https://storify.com/NIH_NCCIH/nccih-stress-management-and-mind-and-body-approach)

## NEW FROM NIH

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### VIDEO PARENT FEEDBACK PROGRAM IMPROVES SCHOOL READINESS OF CHILDREN IN POVERTY

A program that helps lower-income parents interact more effectively with their infants and toddlers through reading and play improves children's attention and decreases rates of problem behaviors by age 3 years, according to a study funded in part by the NIH.

<https://www.nichd.nih.gov/news/releases/Pages/012816-VIP.aspx>

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### 2014-2015 NIH ALZHEIMER'S DISEASE PROGRESS REPORT AVAILABLE ONLINE

A new online report provides an easy-to-read overview of recent NIH-funded research advances and initiatives in Alzheimer's disease and related dementias. The report includes searchable tables of NIA-funded clinical trials that are testing promising interventions for Alzheimer's disease, mild cognitive impairment, age-related cognitive decline, delirium, and dementia-related psychiatric conditions and symptoms—agitation, apathy, and depression. <https://www.nia.nih.gov/alzheimers/announcements/2015/12/2014-2015-nih-alzheimers-disease-progress-report-available-online>

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### ED-INITIATED BUPRENORPHINE OUTPERFORMS REFERRAL OR SBIRT FOR ED PATIENTS WITH OPIOID ADDICTION

Emergency department (ED) visits present prime opportunities to identify people with opioid addiction and start them on the way to recovery. That's one conclusion supported by a recent NIDA-supported study, which also points to onsite initiation of treatment with buprenorphine/naloxone as the most effective strategy for capitalizing on these opportunities. <http://www.drugabuse.gov/news-events/nida-notes/2016/01/ed-initiated-buprenorphine-outperforms-referral-or-sbirt-ed-patients-opioid-addiction>

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#### NIDA DIRECTOR'S BLOG: LISTENING TO THE DEAD

In 2012, New Yorkers Bill Williams and Margot Head lost their son Will to an overdose, after a long, hard fight against his addiction. Bill began to use his writing talents to get past his sorrow and speak up about the many challenges families face when dealing with this tragic illness—in his words, “to remove the stain of shame surrounding this disease.” NIDA Director Nora Volkow asked him to share his thoughts in a guest blog post, as a reminder of the devastating and incomprehensible experiences faced by families who are fighting the disease of addiction. <http://www.drugabuse.gov/about-nida/noras-blog/2016/01/listening-to-dead>

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#### NIDA SCIENCE SPOTLIGHT: NEW OPIOID PRESCRIBING POLICIES NOT LIKELY TO HAVE CAUSED INCREASE IN HEROIN USE

A new scientific review suggests that federal and state policies aimed at curbing inappropriate prescribing of opioids have not directly led to the recent increases in heroin use across the nation. Researchers conducting an analysis of the relationship between prescription opioid and heroin abuse found that the transition to heroin use occurred before many policies, including public education efforts, prescription drug monitoring programs, increased enforcement and regulatory actions, and abuse-deterrent formulations, were enacted. <http://www.drugabuse.gov/news-events/news-releases/2016/01/new-opioid-prescribing-policies-not-likely-to-have-caused-increase-in-heroin-use>

### NEW FROM SAMHSA

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#### BUILD UP YOUR TEEN TREATMENT IQ: EVIDENCE-BASED PREVENTION AND TREATMENT FOR YOUTH

SAMHSA's Addiction Technology Transfer Center (ATTC) announced a new national effort to address the substance use treatment needs of adolescents. Based on NIDA's publication, *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide*, this campaign will familiarize treatment providers with research study outcomes, provide strategies to incorporate those findings into practice, and address the implications for treating adolescents. Through the use of a social media campaign, quarterly updates, and webinars conducted by experts in the field, users will learn about a variety of topics including: the developing brain, behavioral therapies proven effective for adolescents, treatment retention and cultural adaptations, and the importance of testing for sexually transmitted infections.

<http://attcnetwork.org/projects/teentxiq.aspx>

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#### ADVISORY: ADULTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER AND SUBSTANCE USE DISORDERS

This resource defines attention deficit hyperactivity disorder (ADHD) in adults. It discusses the interaction between ADHD and substance use disorders. It provides information on screening for ADHD in adults, treatment of co-occurring ADHD and substance use disorders, and prevention of stimulant abuse in clients with ADHD. <http://store.samhsa.gov/product/Advisory-Adults-With-Attention-Deficit-Hyperactivity-Disorder-and-Substance-Use-Disorders/All-New-Products/SMA15-4925>

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#### USING TECHNOLOGY-BASED THERAPEUTIC TOOLS IN BEHAVIORAL HEALTH SERVICES

This resource assists clinicians with the implementation of technology-assisted care. It highlights the importance of using technology-based assessments and interventions in behavioral health treatment services. It discusses how technology reduces barriers to accessing care.

<http://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924>

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#### REPORT SHOWS ADOLESCENTS' MARIJUANA USE LARGELY UNCHANGED

According to SAMHSA's National Survey on Drug Use and Health, the estimated national rate of marijuana use by persons ages 12 to 17 held at 7.2 percent in the previous month. The previous survey, covering 2012 to 2013, also showed that 7.2 percent of adolescents had used marijuana in the previous month.

[http://www.samhsa.gov/data/sites/default/files/report\\_2121/ShortReport-2121.html](http://www.samhsa.gov/data/sites/default/files/report_2121/ShortReport-2121.html)

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#### MATRIX INTENSIVE OUTPATIENT TREATMENT FOR PEOPLE WITH STIMULANT USE DISORDERS: COUNSELOR'S FAMILY EDUCATION MANUAL

This comprehensive kit provides substance abuse treatment professionals with a year-long intensive outpatient treatment model for clients with dependence on stimulant drugs such as methamphetamine and cocaine. It includes family education sessions and handouts. <http://store.samhsa.gov/product/SMA15-4153>

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#### REPORT: SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT IS STILL IMPORTANT EVEN WITH THE EXPANSION OF MEDICAID

The SAMHSA block grants serve as a safety net for individuals without health insurance or other resources who seek specialty substance use treatment and prevention services. With the implementation of the Patient Protection and Affordable Care Act, also known as the Affordable Care Act, some uninsured, low-income individuals whose treatment would have been covered by the SAMHSA block grants are likely to now be covered by Medicaid. This report examines this potential shift from public funds to Medicaid coverage for substance use treatment and its impact on certain vulnerable populations (i.e., those who were uninsured and either unemployed or not in the labor force, those who were homeless, and those who were incarcerated). [http://www.samhsa.gov/data/sites/default/files/report\\_2080/ShortReport-2080.html](http://www.samhsa.gov/data/sites/default/files/report_2080/ShortReport-2080.html)

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#### REVISED OPIOID OVERDOSE TOOLKIT NOW AVAILABLE

This toolkit is designed to educate first responders, physicians, patients, family members, and community members on ways to prevent opioid overdose. The revised content now includes information on the first Food and Drug Administration (FDA)-approved nasal spray version of naloxone hydrochloride, a life-saving medication that can reverse the effects of an opioid overdose. <http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>

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## BLOG POST: ADDRESSING LEADERSHIP NEEDS FOR AMERICAN INDIAN AND ALASKA NATIVE BEHAVIORAL HEALTH WORKERS

To address the need for culturally informed leadership development for American Indian and Alaska Native behavioral health providers who can navigate the rapidly changing health care environment, the National American Indian and Alaska Native ATTC offers the American Indian and Alaska Native Leadership Academy. This ATTC blog post describes this leadership program, which is based on the ATTC Network Leadership Institute Model, and has been culturally adapted for American Indian and Alaska Native needs.

<http://attcniatx.blogspot.com/#sthash.kcfUaQ4f.dpuf> <http://attcniatx.blogspot.com/>

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## CHILDREN WITH TRAUMATIC SEPARATION: INFORMATION FOR PROFESSIONALS

The relationship with a parent or primary caregiver is critical to a child's sense of self, safety, and trust. However, many children experience the loss of a caregiver—either permanently or for varying amounts of time—due to death or other circumstances. For example, chronic separations may result from military deployment, parental incarceration, immigration, parental deportation, or termination of parental rights. When separated from their caregiver, children may develop post-traumatic responses. This factsheet gives information on traumatic separation, challenges children may face, post-traumatic responses children may have, and suggestions for helping children who experience traumatic separation from a caregiver.

[http://www.nctsn.org/sites/default/files/assets/pdfs/children\\_with\\_traumatic\\_separation\\_professionals.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/children_with_traumatic_separation_professionals.pdf)

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## WHAT'S SHARING POWER GOT TO DO WITH TRAUMA-INFORMED PRACTICE?

Family members are more likely to show up and continuously engage in the treatment process when a service provider welcomes their participation and respects their experiences. The Partnering with Youth and Families Committee of SAMHSA's National Child Traumatic Stress Network (NCTSN) developed a tip sheet for providers seeking to build a trauma-responsive practice to *share power* with families, youth, and children. The tip sheet discusses the importance of enhanced participation and its positive outcomes for trauma-informed care. [http://www.nctsn.org/sites/default/files/assets/pdfs/sharingpower1\\_final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/sharingpower1_final.pdf)

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## SHARING POWER: A TOOL FOR REFLECTION

The Partnering with Youth and Families Committee of the NCTSN developed this tip sheet for providers to use to explore sharing power in trauma-responsive care. Providers also can use the tool to “wear the hats” of others at their agency—parent, intake worker, administrator, and more—to help broaden perspective and deepen their insights. The tip sheet covers these topics: language and tone (of agency outreach materials), intake and registration, conducting an initial meeting, giving assessment/evaluation feedback (e.g., jargon-free), the course of care, obstacles and crises, and ending treatment services.

[http://www.nctsn.org/sites/default/files/assets/pdfs/sharingpower2\\_final.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/sharingpower2_final.pdf)

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## **BUILDING ON STRENGTHS: IMPROVING POSITIVE OUTCOMES FOR BOYS AND YOUNG MEN OF COLOR**

This suite of tools from SAMHSA's Center for the Application of Preventive Technologies is designed to help practitioners working in states, tribes, jurisdictions, and communities develop programming that promotes the overall health and well-being of boys and young men of color, and helps to protect them from substance misuse and related behavioral health problems.

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### **EXECUTIVE SUMMARY: MAIN FINDINGS ON PROTECTIVE FACTORS AND PROGRAMS**

This summary provides an overview of protective factors associated with substance use and misuse, and strategies that have been shown to be effective in addressing these factors, improving outcomes, and promoting behavioral health among boys and young men of color. <http://www.samhsa.gov/capt/tools-learning-resources/tools-improving-positive-outcomes-boys-young-men-color>

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### **ENSURING THE WELL-BEING OF BOYS AND YOUNG MEN OF COLOR: FACTORS THAT PROMOTE SUCCESS AND PROTECT AGAINST SUBSTANCE USE AND MISUSE**

This report distills information from the research literature on factors that have been shown to either protect boys and young men of color from substance misuse, or to mitigate risks associated with adverse experiences or situations, and factors that have been shown to promote well-being and positive youth development for boys and young men of color in the U.S. <http://www.samhsa.gov/capt/tools-learning-resources/ensuring-well-being-boys-young-men-color>

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### **POSITIVE APPROACHES TO PREVENTING SUBSTANCE USE AND MISUSE AMONG BOYS AND YOUNG MEN OF COLOR: PROGRAMS AND STRATEGIES AT-A-GLANCE**

This tool provides summaries of interventions that help young people develop social skills, civic and cultural competencies, positive attitudes toward community, and a strong sense of identity-examples of the abilities and attitudes that allow a young person to succeed and thrive. <http://www.samhsa.gov/capt/tools-learning-resources/approaches-preventing-substance-use-boys-young-men-color>

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### **SOURCES OF DATA ON SUBSTANCE USE AND MISUSE AMONG BOYS AND YOUNG MEN OF COLOR**

This tool provides a quick overview of key national, state, and local data surveys and warehouses that provide substance-related indicator data for this population. <http://www.samhsa.gov/capt/tools-learning-resources/sources-data-substance-use-boys-young-men-color>

## VIDEO: BUILDING COMMUNITY, BUILDING HOPE

The Administration for Children and Families (ACF) recently released this video as part of a series of actions preventing and responding to child maltreatment. This video follows three programs, located in Iowa, Oregon, and California, that experienced success to innovatively engage parents and communities as a means to prevent and respond to child maltreatment.

<https://www.childwelfare.gov/topics/preventing/communities/bcbh/>

## NEW FROM CDC

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### ANTIDEPRESSANT PRESCRIPTION CLAIMS AMONG REPRODUCTIVE-AGED WOMEN WITH PRIVATE EMPLOYER-SPONSORED INSURANCE —U.S., 2008–2013

Antidepressant medication use during pregnancy has been increasing in the U.S. Many women require antidepressants on an ongoing basis, and a clear consensus on the safest medication options for both the mother and her fetus does not exist. Given that half of all U.S. pregnancies are unplanned, antidepressant use will occur during the first weeks of pregnancy, a critical period for fetal development. To understand trends among women of reproductive age, the Centers for Disease Control and Prevention CDC used Truven Health's MarketScan Commercial Claims and Encounters data to estimate the number of antidepressant prescriptions filled by women aged 15–44 years with private employer-sponsored insurance. During 2008–2013, an average of 15.4 percent of women aged 15–44 years filled at least one prescription for an antidepressant in a single year. The most frequently filled antidepressants included sertraline, bupropion, and citalopram. Prescribing of antidepressants is common, and research on antidepressant safety during pregnancy needs to be accelerated to provide evidence-based information to health care providers and women about the potential risks for antidepressant exposure before and during pregnancy and between pregnancies. [http://www.cdc.gov/mmwr/volumes/65/wr/mm6503a1.htm?s\\_cid=mm6503a1\\_e](http://www.cdc.gov/mmwr/volumes/65/wr/mm6503a1.htm?s_cid=mm6503a1_e)

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### NEW CDC ESTIMATES SHOW URGENT GLOBAL PROBLEM: VIOLENCE THREATENS ONE BILLION CHILDREN PER YEAR

The CDC released a groundbreaking report that estimates the global burden of violence against children under 18 for each region of the world. This report titled, *Global Prevalence of Past-Year Violence Against Children: A Systematic Review and Minimum Estimates*, was released in *Pediatrics*. The report combines data from 38 reports spanning 96 countries to calculate the number of children affected by violence in the past year. Conservative estimates of the data show that a minimum of 50 percent of children in Asia, Africa, and North America experienced serious forms of violence in the past year, and that over half of all children in the world – one billion children ages 2-17 years – are victims of violence. These children are at risk for long term consequences associated with exposure to violence such as an increased likelihood of chronic diseases, injury, HIV, mental health problems, suicide, and reproductive health problems.

<http://www.cdc.gov/violenceprevention/vacs/publications.html>

## HEALTH OBSERVANCE: NATIONAL TEEN DATING VIOLENCE AWARENESS AND PREVENTION MONTH

FEBRUARY 2016

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National Teen Dating Violence Awareness and Prevention Month is a national effort to raise awareness about abuse in teen and 20-something relationships and promote programs that prevent it during the month of February. Dating violence can happen to any teen in a romantic, dating, or sexual relationship, anytime, anywhere. But it doesn't have to happen at all. Learn how to prevent teen dating violence and to promote healthy relationships with CDC's online resources. <http://www.cdc.gov/features/datingviolence/>

## WEBINAR: HOSPITAL DIVERSION AND ALTERNATIVES IN CRISIS RESPONSE

FEBRUARY 2, 2016, 1:00-2:00 PM ET

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Individuals in mental health crisis need effective and timely treatment and support in order to move through and heal from the crisis. But, not all individuals require or benefit from psychiatric hospitalization during periods of crisis. In this SAMHSA webinar, RI International, Inc., a Phoenix-based agency, will present their “next generation crisis response services,” which include an array of approaches for managing mental health crisis in non-hospital settings. The programs include the “Living Room,” in which peers, nurses, and doctors work side by side with individuals in crisis, and Recovery Response Centers that offer more intensive support and services. [https://events-na2.adobeconnect.com/content/connect/c1/916603251/en/events/event/shared/940188535/event\\_landing.html?sco-id=939651652&\\_charset\\_=utf-8](https://events-na2.adobeconnect.com/content/connect/c1/916603251/en/events/event/shared/940188535/event_landing.html?sco-id=939651652&_charset_=utf-8)

## WEBINAR: ENHANCING THE BEHAVIORAL HEALTH WORKFORCE

FEBRUARY 3, 2016, 2:00-3:00 PM ET

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Join SAMHSA and the Health Resources and Services Administration (HRSA) for an informational webinar on advancing the behavioral health workforce through the HRSA NURSE Corps Programs. State and local health care officials are encouraged to attend this informative presentation to learn how the NURSE Corps Loan Repayment and Scholarship Programs can enhance the behavioral health workforce. This webinar is designed to provide an overview of the purpose and impact of the NURSE Corps Programs. Specifically, the webinar outlines the basic eligibility, financial benefits, and service requirements of the two major NURSE Corps Programs: Loan Repayment and Scholarships. The presentation will also explain where to find applicant resources and online tools, including member videos that highlight how NURSE Corps providers help the community. <http://blog.samhsa.gov/2016/01/27/hrsa-nurse-corps-programs-enhancing-behavioral-health-workforce/#.VqoQ1PkrLrc>

## WEBINAR: CRITICAL SKILLS FOR ACTIVATING SELF-MANAGEMENT

FEBRUARY 4, 2:00-3:00 PM ET

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Join this SAMHSA-HRSA Center for Integrated Health Solutions webinar to learn the key steps to activating self-management, particularly for chronic conditions, among those in behavioral health treatment. Hear from two pioneers working to build provider competency in activation of self-management about the skills needed to start and sustain health behavior with consumers.

<https://goto.webcasts.com/starthere.jsp?ei=1089959>

## WEBINAR: SUPPORTING LGBTQ YOUTH: WHAT PEER EDUCATORS NEED TO KNOW

FEBRUARY 9, 2016, 3:00 PM ET

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The Office of Minority Health Resource Center and ACF grantee Northwest Network of Bisexual, Transgender, Lesbian, and Gay Survivors of Abuse will share innovative approaches to working with LGBTQ youth to build healthy relationships and communities. Attendees will learn about *Love+*, a domestic and sexual violence prevention project that works with young people to build violence prevention messages, explore what peer educators can do to support LGBTQ youth, and envision a world where all people can have access to loving equitable relationships and

communities. <https://attendee.gotowebinar.com/register/3407314338910484994>

## WEBINAR SERIES: ELECTRONIC HEALTH RECORDS BOOT CAMP

WEDNESDAYS FROM FEBRUARY 10-MARCH 16, 2016, 3:00-4:00 PM ET

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Register for this six-part SAMHSA webinar series designed to help behavioral health leaders increase their understanding of electronic health records (EHRs) and prepare to implement EHR systems within their organizations. Participants will learn about the benefits of EHRs and have the opportunity to get their questions answered and concerns addressed alongside other substance use and mental health treatment leaders. <https://attendee.gotowebinar.com/register/8160064399673459969>

## **WEBINAR: TO TWEET OR NOT TO TWEET: COMMUNITY-BASED PARTICIPATORY RESEARCH APPROACHES TO ADVANCE WELLNESS AND VIOLENCE PREVENTION VIA SOCIAL MEDIA**

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

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In this NIH Office of Behavioral and Social Science Research lecture, researchers will discuss the use of social media in community-based participatory research. During this presentation, researchers will describe how a community can begin to develop and deploy its own sensing methods for health-related content signals in its social media use through academic-community partnered research. Emerging community-based participatory research on the social media presence of informal helping exchange networks and the relationship to signals of wellness and violence prevention in communities will be discussed.

<http://events.r20.constantcontact.com/register/event?oeidk=a07ebuktp0l650017e7&llr=vykrlptab>

## **WEBINAR: CONNECTING KIDS TO COVERAGE**

FEBRUARY 11, 2016, 3:00 PM ET

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Children and teenagers in the community may qualify for free or low-cost health insurance coverage through Medicaid and the Children's Health Insurance Program (CHIP). Many parents may be eligible for Medicaid as well. In this HHS webinar, learn about the nationwide effort to identify children and youth eligible for Medicaid and CHIP and get them enrolled.

<https://attendee.gotowebinar.com/register/4349618891179505921>

## **WEBINAR: CHRONIC FATIGUE SYNDROME: ADVANCING RESEARCH AND CLINICAL EDUCATION**

FEBRUARY 16, 2016, 1:00-2:00 PM ET

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Save the date for CDC's Public Health Grand Rounds on chronic fatigue syndrome. In this session, an expert panel of clinicians, epidemiologists, and researchers will discuss how they approach diagnosis and treatment in their own practices, how the diagnostic criteria for chronic fatigue syndrome have changed over the years, and how the public health community can continue to improve knowledge and understanding of this complex disorder. <http://www.cdc.gov/cdcgrandrounds/>

## **WEBINAR: SUBSTANCE ABUSE AND TREATMENT FOR RACIAL AND ETHNIC MINORITY ADOLESCENTS: EXAMINING THE EVIDENCE FOR ENGAGEMENT AND CULTURAL ADAPTATIONS**

FEBRUARY 17, 2016, 1:00 PM ET

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Less than 10 percent of the adolescents in need of publicly-funded substance abuse treatment actually receive it. When available, adolescents typically receive substance abuse treatment in outpatient settings, but the completion rates only range from 40 to 60 percent. In addition, racial and ethnic minority adolescents are less likely than their white counterparts to access and complete treatment. This SAMHSA ATTC webinar will provide participants with an overview of the current research on retention and engagement as well as the use of culturally-adapted substance abuse treatments for racial and ethnic minority adolescents. In particular, participants will be provided ideas for implementing evidence-based strategies to increase retention and engagement of adolescents in treatment. Further, participants will obtain an understanding of when and how cultural adaptations to treatment may be necessary based on the current research evidence.

<https://www3.thedatabank.com/dpg/423/personal2.asp?formid=meet&c=9625292>

## **WEBINAR: PTSD AND MILITARY SEXUAL TRAUMA**

FEBRUARY 17, 2016, 2:00-3:00 PM ET (RESCHEDULED)

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The Department of Veterans Affairs' Employee Education System and Mental Health Services presents this webinar to offer clinicians an opportunity to learn certain principles and tools to improve their clinical practice with military sexual trauma survivors.

<https://vha.train.org/DesktopModules/eLearning/CourseDetails/CourseDetailsForm.aspx?tabid=62&courseid=1061188>

## **WEBINAR: COPING STRATEGIES FOR ANXIOUS KIDS**

FEBRUARY 18, 2016, 12:00-1:00 PM ET

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NIMH Clinical Psychologist, Erin Berman, Ph.D., will present coping strategies for anxious kids, including: how to identify an anxious child; how to change anxious thinking; the science and biological roots of anxiety in children; how computer technology is transforming the understanding of anxiety, and current treatment options (both medications and cognitive behavioral therapy). There is no cost to participate in this webinar. Contact Kalene DeHaut, LCSW at [kalene.dehaut@nih.gov](mailto:kalene.dehaut@nih.gov) to register.

## WEBINAR: DO ASK, DO TELL: TAPPING THE POWER OF DISABILITY DIVERSITY AND ENCOURAGING SELF-IDENTIFICATION

FEBRUARY 18, 2016, 3:00-4:30 PM ET

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In 2014, updates to Section 503 of the Rehabilitation Act strengthened federal contractors' responsibilities to recruit and retain qualified people with disabilities. One major component of these updates is a requirement that federal contractors invite applicants and employees to voluntarily self-identify. The Department of Labor's Employer Assistance and Resource Network on Disability Inclusion is hosting this webinar to address strategies for achieving disability inclusion goals under Section 503 or a voluntarily adopted program by helping employees with disabilities understand the value of doing so.

<http://www.askearn.org/m-events.cfm?show=day&CURRENTDATE=02%2018%202016>

## MARIJUANA AND CANNABINOIDS: A NEUROSCIENCE RESEARCH SUMMIT

MARCH 22-23, 2016, BETHESDA, MD

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This NIH summit will focus on the neurological and psychiatric effects of marijuana, other cannabinoids, and the endocannabinoid system. Both the adverse and the potential therapeutic effects of the cannabinoid system will be discussed. The goal of this summit is to ensure evidence-based information is available to inform practice and policy, particularly important at this time given the rapidly shifting landscape regarding the recreational and medicinal use of marijuana. <https://www.drugabuse.gov/news-events/meetings-events/2016/03/marijuana-cannabinoids-neuroscience-research-summit>

## CALL FOR ABSTRACTS: 2016 DCOE SUMMIT

CALL FOR ABSTRACTS DUE: APRIL 11, 2016 AND MEETING DATES: SEPTEMBER 13-15, 2016

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Health care professionals and academics are invited to submit abstracts for the *2016 Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (TBI) Summit – State of the Science: Advances, Current Diagnostics and Treatments of Psychological Health and TBI in Military Health Care*. Abstract topics for oral presentation may refer to any topic related to advances in diagnostics and treatments of psychological health and/or TBI in military health care.

[http://dcoe.adobeconnect.com/abstracts2016/event/event\\_info.html](http://dcoe.adobeconnect.com/abstracts2016/event/event_info.html)

## NIMH NATIONAL RECRUITMENT: JOIN NIH DEPRESSION RESEARCH STUDIES

Does depression impede your daily life? Are you currently feeling sad and hopeless, experiencing worthlessness and guilt, and have a lack of interest in everyday activities you once enjoyed? NIH studies are investigating the brain and experimental medications (such as ketamine and diazoxide) to rapidly reduce depressive symptoms. Research includes: depressed adults ages 18 to 70, outpatient visits or inpatient stays of up to 12 weeks at the NIH Clinical Center in Bethesda, MD. Call 1-877-MIND-NIH, TTY: 1-866-411-1010, **Email: [moodresearch@mail.nih.gov](mailto:moodresearch@mail.nih.gov), <http://www.nimh.nih.gov/labs-at-nimh/join-a-study/trials/adult-studies/depression-evaluations-for-medication-and-brain-imaging-studies.shtml>**

### TWITTER MESSAGE:

Join an NIMH Study. Depression research evaluates adults 18-70, the brain and novel medications to rapidly reduce symptoms. <http://goo.gl/Se1io5>

## TODAY'S RESEARCH ON MEDICINES FOR CHILDREN OFFERS HOPE FOR TOMORROW

Only 25 years ago, it was rare to find drug labels with dispensing information specific to children. That's because pharmaceutical companies rarely, if ever, conducted the research necessary to develop such instructions. As a result, health care providers often gave children smaller doses of adult medicines, without evidence of how exactly the children would react. This blog post describes Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) activities to lead a nationwide initiative to include infants, children, and adolescents in drug research studies. In addition, it highlights the experiences of two families involved in NICHD-supported pediatric pharmacology research.

<https://www.nichd.nih.gov/news/resources/spotlight/Pages/012615-pharmacology.aspx>



## COMMENTS SOUGHT FOR AHRQ EFFECTIVE HEALTH CARE PROGRAM REPORTS ON SUICIDE PREVENTION

The Agency for Healthcare Research and Quality's 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:

STRATEGIES TO DE-ESCALATE AGGRESSIVE BEHAVIOR IN PSYCHIATRIC PATIENTS (COMMENTS ACCEPTED THROUGH FEB. 23, 2016)

<http://www.effectivehealthcare.ahrq.gov/research-available-for-comment/comment-draft-reports/?pageaction=displaydraftcommentform&topicid=613&productid=2177>

DATA LINKAGE STRATEGIES TO ADVANCE SUICIDE PREVENTION (COMMENTS ACCEPTED THROUGH FEB. 23, 2016)

<http://www.effectivehealthcare.ahrq.gov/research-available-for-comment/comment-draft-reports/?pageaction=displaydraftcommentform&topicid=627&productid=2174>

## NIDA ISSUES CHALLENGE TO CREATE APP FOR ADDICTION RESEARCH

NIDA has issued a Challenge, "Addiction Research: There's an App for that," aimed at physicians and data scientists to develop a novel mobile application (app) for future addiction research. The Challenge requires that the app be explicitly created using Apple Inc.'s ResearchKit™, an open-source software kit designed specifically for biomedical and health research.

The goal of the NIDA Challenge is to create an app to be used by addiction researchers in future studies which will help to improve the scientific understanding of drug use and addiction. The app will: allow researchers to engage "citizen scientists", and to recruit a large and varied number of willing study participants; present informed-consent materials; and collect data frequently on a broad range of variables. NIDA encourages addiction researchers to use the newly available technical capabilities of ResearchKit™, and seek collaboration(s) with app developers and engineers to create the winning research app.

The deadline for submissions to the NIDA Challenge is April 29, 2016. Winners will be announced in August, 2016. Three monetary prizes may be awarded: \$50,000 for 1st Place; \$30,000 for 2nd Place; and \$20,000 for 3rd Place for a total prize award pool of up to \$100,000. <https://www.drugabuse.gov/news-events/news-releases/2015/11/nida-issues-challenge-to-create-app-addiction-research>

## FUNDING INFORMATION

BEHAVIORAL AND INTEGRATIVE TREATMENT DEVELOPMENT PROGRAM

<http://grants.nih.gov/grants/guide/pa-files/PA-16-072.html>

OJJDP NATIONAL GIRLS INITIATIVE

<http://www.ojjdp.gov/funding/FundingDetail.asp?fi=384>

THE NEURAL MECHANISMS OF MULTI-DIMENSIONAL EMOTIONAL AND SOCIAL REPRESENTATION

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-17-300.html>

GRANTS TO EXPAND SUBSTANCE ABUSE TREATMENT CAPACITY IN ADULT TREATMENT DRUG COURTS AND ADULT TRIBAL HEALING TO WELLNESS COURTS

<http://www.samhsa.gov/grants/grant-announcements/ti-16-009>



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.