



UPDATE

December 1, 2015

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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*

BIOMARKER FOR BRAIN EXCITABILITY MAY HELP TRACK MEDICATION EFFECT

A newly discovered link between order in the activity of neurons in the brain and excitability—how likely it is that individual neurons will “fire”—may provide a means for monitoring treatment of conditions like epilepsy that would be less invasive and thus more versatile than current methods. This new approach, developed by National Institute of Mental Health (NIMH) scientists, has implications beyond conditions like epilepsy; the findings support an emerging picture of how the brain balances flexibility and order during wakefulness and sleep.

Science Update: <http://www.nimh.nih.gov/news/science-news/2015/biomarker-for-brain-excitability-may-help-track-medication-effect.shtml>

NIH-SUPPORTED NEUROBIOBANK JOINS AUTISM BRAINNET IN BRAIN DONATION INITIATIVE; PUBLIC-PRIVATE PARTNERSHIP AIMS TO INCREASE QUALITY AND QUANTITY OF BRAIN TISSUE FOR AUTISM RESEARCH

NIMH has signed an agreement to establish a collaborative, nationwide effort for the collection, storage, and distribution of postmortem human brain tissue for the benefit of autism research. The agreement with Foundation Associates LLC will coordinate the efforts of two independent networks of human brain tissue repositories, the National Institutes of Health (NIH) NeuroBioBank and the Autism BrainNet.

Press Release: <http://www.nimh.nih.gov/news/science-news/2015/nih-supported-neurobiobank-joins-autism-brainnet-in-brain-donation-initiative.shtml>

MALE AND FEMALE DRINKING PATTERNS BECOMING MORE ALIKE IN THE U.S.

In the United States (U.S.), and throughout the world, men drink more alcohol than women. But a recent analysis by scientists at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) indicates that longstanding differences between men and women in alcohol consumption and alcohol-related harms might be narrowing in the U.S.

Press Release: <http://www.nih.gov/news-events/news-releases/male-female-drinking-patterns-becoming-more-alike-us>

10 PERCENT OF U.S. ADULTS HAVE DRUG USE DISORDER AT SOME POINT IN THEIR LIVES; 75 PERCENT REPORT NOT RECEIVING ANY FORM OF TREATMENT

A survey of American adults revealed that drug use disorder is common, co-occurs with a range of mental health disorders and often goes untreated. The NIAAA-funded study found that about 4 percent of Americans met the criteria for drug use disorder in the past year and about 10 percent have had drug use disorder at some time in their lives.

Press Release: <http://www.nih.gov/news-events/news-releases/10-percent-us-adults-have-drug-use-disorder-some-point-their-lives>

NIH-LED EFFORT DETAILS GLOBAL BRAIN DISORDERS RESEARCH AGENDA IN NATURE SUPPLEMENT

The breadth and complexity of brain and nervous system disorders make them some of the most difficult conditions to diagnose and treat, especially in the developing world, where there are few resources. An NIH-led collaboration has studied these complex issues that occur across the lifespan and published a supplement to the journal *Nature* that lays out a research strategy to address them. More than 40 scientists collaborated to produce nine review articles that detail research priorities for different aspects of brain disorders in low- and middle-income countries (LMICs). The most strategic opportunities involve cross-disciplinary studies of the relationship among environmental, developmental, and genetic factors on brain disorders, the co-authors note. Advances in genomics provide new clues for mental disorders research, including predispositions for substance abuse and addiction, which could be harnessed to improve diagnosis and identify tailored treatments. The miniaturization of diagnostic technologies and other mobile health advances could improve surveillance, assessment, and treatment of mental and nervous system disorders in LMICs, where cell phones are widely used.

Press Release: <http://www.nih.gov/news-events/news-releases/nih-led-effort-details-global-brain-disorders-research-agenda-nature-supplement>

NIH SUPPORTS NEW STUDIES TO FIND ALZHEIMER'S BIOMARKERS IN DOWN SYNDROME; GROUNDBREAKING INITIATIVE WILL TRACK DEMENTIA ONSET, PROGRESS IN DOWN SYNDROME VOLUNTEERS.

NIH has launched a new initiative to identify biomarkers and track the progression of Alzheimer's in people with Down syndrome. Many people with Down syndrome have Alzheimer's-related brain changes in their 30s that can lead to dementia in their 50s and 60s. Little is known about how the disease progresses in this vulnerable group. The NIH Biomarkers of Alzheimer's Disease in Adults with Down Syndrome Initiative will support teams of researchers using brain imaging, as well as fluid and tissue biomarkers in research that may one day lead to effective interventions for all people with dementia.

Press Release: <http://www.nih.gov/news-events/news-releases/nih-supports-new-studies-find-alzheimers-biomarkers-down-syndrome>

SMOKING RATES FOR ADULTS WHO ARE UNINSURED OR ON MEDICAID MORE THAN TWICE THOSE FOR ADULTS WITH PRIVATE HEALTH INSURANCE; OVERALL ADULT SMOKING RATE HITS NEW LOW OF 16.8 PERCENT

American adults who are uninsured or on Medicaid smoke at rates more than double those for adults with private health insurance or Medicare, according to a study published by the Centers for Disease Control and Prevention (CDC). Data from the 2014 National Health Interview Survey show that 27.9 percent of uninsured adults and 29.1 percent of Medicaid recipients currently smoke. By contrast, 12.9 percent of adults with private insurance and 12.5 percent of those on Medicare currently smoke.

Press Release: <http://www.cdc.gov/media/releases/2015/p1112-smoking-rates.html>

HHS TAKES ANOTHER IMPORTANT STEP IN EFFORTS TO COMBAT OPIOID DEATHS: APPROVAL OF NARCAN FITS INTO BROADER STRATEGY TO COMBAT OPIOID OVERDOSE

The U.S. Health and Human Services Administration (HHS) Food and Drug Administration approved Narcan, the first nasal spray version of naloxone hydrochloride – a drug that can stop or reverse the effects of an opioid overdose. Previously, naloxone had only been approved in injectable forms. While some injectable versions can be used by lay people, adding a user-friendly, safe nasal spray version expands the treatment options available to patients, family members, first responders, and communities across the country that are working to reverse the epidemic of prescription opioid and heroin overdoses.

<https://www.whitehouse.gov/blog/2015/11/19/hhs-takes-another-important-step-our-effort-combat-opioid-deaths>

RESOURCES: PUBLICATIONS, TOOLKITS, OTHER RESOURCES

NIH: AN UPDATE ON THE PRECISION MEDICINE INITIATIVE COHORT PROGRAM

NIH Director Francis Collins discusses updates to the U.S. Precision Medicine Initiative (PMI) Cohort Program. The NIH team has been laying the foundation for building a national research cohort of one million or more volunteers that will expand the understanding of the ways to improve health and treat disease. NIH has announced the first set of funding opportunities that will build an infrastructure for the PMI Cohort Program, including a coordinating center, biobank, network of health care provider organizations, and participant mobile technologies. In addition, funding opportunities were announced to develop a pilot program to inform the creation of the direct volunteer enrollment component of the cohort and a communication infrastructure to convey the importance of the research effort.

<http://www.nih.gov/about-nih/who-we-are/nih-director/statements/update-precision-medicine-initiative-cohort-program>

NEW FROM SAMHSA

SAMSHA NEWS: SOCIAL MEDIA DURING A CRISIS

This *SAMHSA News* article describes how behavioral health organizations can use social media to communicate accurate information quickly in response to news events and disasters.

<http://newsletter.samhsa.gov/2015/11/18/social-media-during-a-crisis/>

BLOG POST: THE IMPACT OF HISTORICAL AND INTERGENERATIONAL TRAUMA ON AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

Center for Mental Health Services Director Paolo del Vecchio describes how tribes, federal and state programs, and non-profit organizations are creating focused strategies to overcome historical trauma. There is a specific focus on Native youth and supporting their return to cultural traditions, practices, and language. Strengthening ties to community and culture have been successful in promoting behavioral health and supporting recovery.

<http://blog.samhsa.gov/2015/11/25/the-impact-of-historical-and-intergenerational-trauma-on-american-indian-and-alaska-native-communities>

BLOG POST: GENERATION INDIGENOUS: ELIMINATING BARRIERS TO OPPORTUNITY

SAMHSA Acting Administrator Kana Enomoto describes Generation Indigenous, or Gen-I, as it is known in Indian Country, an initiative aimed at improving the lives of Native youth by removing the barriers standing between them and their opportunity to success. By taking a culturally specific approach, Gen-I's goal is to improve the lives of Native youth through a national dialogue that will in turn affect policies and programs to inspire and cultivate the next generation of Native leaders.

<http://blog.samhsa.gov/2015/11/18/generation-indigenous-eliminating-barriers-to-opportunity>

DRUG-RELATED SUICIDE ATTEMPTS BY MIDDLE-AGED ADULTS LIKELY TO INVOLVE ALCOHOL COMBINED WITH DRUGS

According to this new report, an estimated 228,366 emergency department visits were for drug-related suicide attempts in 2011. Of these, middle-aged patients aged 35 to 64 accounted for 99,559 of these visits.

http://www.samhsa.gov/data/sites/default/files/report_2096/Spotlight-2096.html

REPORT SHOWS THE AFFORDABLE CARE ACT COULD PROVIDE BEHAVIORAL HEALTH CARE COVERAGE TO 5.3 MILLION LOW-INCOME, UNINSURED AMERICANS

This report indicates the Affordable Care Act of 2010 (ACA) could provide expanded access to behavioral health care for 5.3 million low-income, uninsured people who need substance use or mental health treatment. <http://www.samhsa.gov/newsroom/press-announcements/201511170215>

VETERANS' PRIMARY SUBSTANCE OF ABUSE IS ALCOHOL IN TREATMENT ADMISSIONS

This report shows the most common primary substance of abuse among Veteran admissions in non-Veterans Affairs (VA) facilities was alcohol (65.4 percent), followed by heroin (10.7 percent) and cocaine (6.2 percent). http://www.samhsa.gov/data/sites/default/files/report_2111/Spotlight-2111.pdf

ADDICTION COUNSELING COMPETENCIES

This resource provides guidelines to enhance the competencies of substance abuse treatment counselors. It discusses patient assessment and screening, treatment planning, referral, service coordination, counseling, family and community education, and cultural competency. <http://store.samhsa.gov/product/SMA15-4171>

BEHAVIORAL HEALTH SERVICES FOR PEOPLE WHO ARE HOMELESS

This guide equips those who provide services to people who are homeless or at risk of homelessness and who need or are in substance abuse or mental illness treatment with guidelines to support their care. <http://store.samhsa.gov/product/SMA15-4734>

IMPROVING CULTURAL COMPETENCE

This resource assists professional care providers and administrators in understanding the role of culture in the delivery of substance abuse and mental health services. It discusses racial, ethnic, and cultural considerations and the core elements of cultural competence. <http://store.samhsa.gov/product/SMA15-4849>

HHS RESOURCES

CDC QUICK STATS: PERCENTAGE OF CHILDREN AND ADOLESCENTS AGED 4-17 YEARS WITH SERIOUS EMOTIONAL OR BEHAVIORAL DIFFICULTIES, BY POVERTY STATUS AND SEX

From 2011 to 2014 the percentage of children with serious emotional or behavioral difficulties was about twice as high among children living in poor families compared with children living in the most affluent families. This pattern was found for both boys and girls. At each poverty status level a higher percentage of boys than girls had serious emotional or behavioral difficulties. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6446a8.htm>

TECHNICAL ASSISTANCE RESOURCES: FROM COVERAGE TO CARE

These Centers for Medicare and Medicaid Services publications help people with new health care coverage understand their benefits and connect to primary care and preventive services. Publications are available in English, Spanish, Arabic, Chinese, Haitian Creole, Korean, and Vietnamese. <https://marketplace.cms.gov/technical-assistance-resources/c2c.html>

IMPLEMENTATION OF EVIDENCE-BASED TREATMENT FOR PTSD

Despite great advances in the development and validation of evidence-based treatments (EBTs) for post-traumatic stress disorder (PTSD), adoption by clinicians in the field has been disappointingly small. This issue of the National Center for PTSD's *Research Quarterly* reviews the implementation science literature regarding the testing of methods to promote greater utilization of EBTs by health care practitioners, program directors, and policy makers. <http://www.ptsd.va.gov/professional/publications/ptsd-rq.asp>

DCOE BLOG POST: FACT VS. FICTION: HOW PSYCHOLOGICAL HEALTH CARE CAN AFFECT YOUR SECURITY CLEARANCE

Those in the military already know that many military and government jobs require a security clearance. To get or maintain a clearance, one must complete Standard Form 86, "Questionnaire for National Security Positions." Section 21 of the form, "Psychological and Emotional Health," asks if the applicant has consulted with a health care professional about an emotional or mental health condition in the previous seven years. This question may raise concerns for those who received care in the past or those who hold an active clearance and are considering seeking care. This Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) blog post answers questions related to Section 21.

[http://www.dcoe.mil/blog/15-11-](http://www.dcoe.mil/blog/15-11-19/Fact_vs_Fiction_How_Psychological_Health_Care_Can_Affect_Your_Security_Clearance.aspx)

[19/Fact_vs_Fiction_How_Psychological_Health_Care_Can_Affect_Your_Security_Clearance.aspx](http://www.dcoe.mil/blog/15-11-19/Fact_vs_Fiction_How_Psychological_Health_Care_Can_Affect_Your_Security_Clearance.aspx)

EVENTS

WEBINAR: DETRIMENTAL EFFECTS OF BLUE LIGHT FROM ELECTRONICS ON SLEEP

DECEMBER 3, 2015, 1:00-2:30 PM ET

Light isn't just for vision. In addition to enabling one to see, light is the major synchronizer of our bodies' circadian rhythms to the local time on earth. Light can also induce an acute alerting effect on people. Lighting characteristics affecting vision are different than those affecting biological rhythms and acute alertness. Different types and levels of light can affect a person's ability to see clearly, identify people and objects, and drive safely. Certain types of light applied at certain times of the day can increase sleep efficiency of older adults and reduce symptoms of seasonal affective disorder, or SAD, felt by many people during winter months. If applied at the wrong time, light can lead to circadian rhythm disruption, which has been linked to increased risk for diseases and disorders. During this DCoE webinar, how and when lighting can be used to promote health and well-being of those suffering from circadian disorders will be discussed.

http://www.dcoe.mil/Training/Monthly_Webinars.aspx

WEBINAR: HOW TO RE-ENROLL IN THE HEALTH INSURANCE MARKETPLACE

DECEMBER 3, 2015, 1:00 PM ET

For those that have health insurance selected through the Health Insurance Marketplace, December 15 is the last day to check health insurance options and re-enroll with changes taking place by January 1, 2016. Starting on December 16, individuals may be automatically re-enrolled in their plan or a similar plan. This HHS webinar will share how to update one's income and household status, re-enroll, and where to go for more information. <https://attendee.gotowebinar.com/register/6098143645530667522>

WEBINAR: ACA 101 FOR INDIVIDUALS AND FAMILIES

DECEMBER 8, 2015, 1:00 PM ET

This HHS webinar will discuss what is the ACA and the Health Insurance Marketplace, how to enroll in the Marketplace, and key websites and resources on the law. How to re-enroll in the Marketplace will also be discussed. Open enrollment in the Marketplace began on November 1, 2015 with coverage beginning as early as January 1, 2016. Open enrollment ends on January 31, 2016.

<https://attendee.gotowebinar.com/register/377663922166765826>

WEBINAR: INCREASING HEALTH INSURANCE MARKETPLACE OPEN ENROLLMENT

DECEMBER 8, 2015, 2:00-3:30 PM ET

SAMHSA's Center for Substance Abuse Treatment, in collaboration with the Office of National Drug Control Policy are hosting this webinar, which discuss health insurance enrollment during the 2015-2016 open enrollment period for the state Health Insurance Marketplaces. The webinar will explore "how to" examples for expansion and non-expansion states targeting prevention, treatment, and recovery community-based organizations. Specific attention will be given to strategies for enrolling individuals with substance use disorders. The webinar will draw upon the expertise of several national and community recovery organizations to discuss the ways in which they are addressing the specific needs of individuals with substance use conditions, with the goals of helping individuals understand and enroll in health insurance coverage to gain access to needed care.

<http://content.govdelivery.com/accounts/USSAMHSA/bulletins/12815af>

WEBINAR: HOW EXCLUSION OF WOMEN AND AFRICAN-AMERICANS UNDERMINES THE VALUE OF TREATMENT RESEARCH

DECEMBER 10, 2015, 2:00-3:00 PM ET

This VA webinar examines the disparity between who is enrolled in psychiatric research versus who accesses psychiatric care in the real world. Particularly, it will examine whether study exclusion criteria affect the representation of women and African-Americans in samples and also whether they change the outcomes a study of treatment finds. The webinar is intended for anyone who conducts, consumes, or applies mental health research, or is interested in broader questions of how and whether science can be translated into practice in any field of medicine. <https://attendee.gotowebinar.com/register/2800980953220863234>

WEBINAR: SAMHSA'S MOBILE MENTAL HEALTH RESOURCES FOR PATIENT CARE

DECEMBER 10, 2015, 8:00-9:00 PM ET

This SAMHSA webinar will examine the importance of mobile mental health tools in providing timely and meaningful care to patients. SAMHSA representatives will provide information about SAMHSA's free mobile resources—including mobile apps for disaster response, bullying prevention, and suicide prevention as well as SAMHSA's Behavioral Health Treatment Locator—and how these tools can be used by clinicians.

<https://attendee.gotowebinar.com/register/5867345160543405569>

WEBINAR: WORKING TOGETHER WITH NATIVE COMMUNITIES TO SUPPORT THE HEALING OF OUR SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES

DECEMBER 11, 2015, 3:00-4:00 PM ET

Native communities have one of the highest records of military service per capita of any other ethnic group. To move towards more successful outreach to American Indian and Alaska Native tribes and communities, both tribal culture and military culture must be honored. Behavioral health providers need to have the cultural knowledge and skills to build successful relationships, which is key to working with tribal service members, veterans, and their families (SMVF) and linking them to needed resources. This SAMHSA webinar will include information on cultural beliefs, healing practices, and strategies for working with tribal leadership in rural communities. The presenters will outline available resources and discuss how to address and prevent behavioral health issues in tribal SMVF. <https://goto.webcasts.com/starthere.jsp?ei=1085077>

NATIONAL DRUG AND ALCOHOL FACTS WEEK

JANUARY 25-31, 2016

National Drug and Alcohol Facts Week (NDAFW) is a national health observance for teens to promote local events that use National Institute on Drug Abuse (NIDA) science to shatter the myths about drugs. An online guide is available to help plan, promote, and host local NDAFW events. NIDA is now partnering with the NIAAA to include alcohol information for teens in community events.

<https://teens.drugabuse.gov/national-drug-facts-week>

SAMHSA'S 12TH PREVENTION DAY

FEBRUARY 1, 2016, NATIONAL HARBOR, MARYLAND

SAMHSA will convene its 12th Annual Prevention Day on Monday, February 1, 2016, in conjunction with CADCA's National Leadership Forum. This one-day forum is for prevention practitioners, community leaders, researchers, and consumers in the behavioral health field to share SAMHSA's prevention priorities for the coming year and provide participants with the necessary training, technical assistance, and resources to successfully address these prevention issues. <http://www.cadca.org/events/26th-national-leadership-forum-including-samhsas-12th-prevention-day/samhsas-12th-prevention>

CLINICAL TRIAL PARTICIPATION NEWS

BIPOLAR DISORDER PEDIATRIC RESEARCH STUDY

Treatment of Severe Mood Dysregulation (Inpatient: 12- to 15 weeks)

This study tests the efficacy of different treatments for decreasing irritability in children with severe mood and behavioral problems. Participants have symptoms of severe irritability and are not doing well on their current medications. The child must be currently in treatment with a physician, medically healthy and not currently hospitalized, psychotic, or suicidal. The study includes day or full hospitalization to discontinue medication, followed by either methylphenidate plus citalopram, or methylphenidate plus placebo.

Recruiting ages 7-17. [09-M-0034]

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

For more information on research conducted by the National Institute of Mental Health in Bethesda, MD click here www.nimh.nih.gov/JoinAStudy.

Twitter: Research Opportunities: Participants needed for studies on pediatric bipolar disorder

CALLS FOR PUBLIC INPUT

REDESIGNED NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS ANNOUNCES OPEN SUBMISSION PERIOD

SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) has announced that its next open submission period will take place from November 23, 2015 to January 26, 2016. NREPP has been redesigned, including changes to (1) the process for identifying new programs and practices for review, (2) the minimum requirements to be considered for NREPP review, and (3) the review process, including what materials are reviewed. http://www.nrepp.samhsa.gov/04b_reviews_open.aspx

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

NATIONAL CHILD TRAUMATIC STRESS INITIATIVE, NATIONAL CENTER FOR CHILD TRAUMATIC STRESS

<http://www.samhsa.gov/grants/grant-announcements/sm-16-003>

STATEWIDE CONSUMER NETWORK PROGRAM

<http://www.samhsa.gov/grants/grant-announcements/sm-16-002>

FY 2016 COOPERATIVE AGREEMENTS FOR ADOLESCENT AND TRANSITIONAL AGED YOUTH TREATMENT IMPLEMENTATION

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

CDC RESEARCH ON PRESCRIPTION OPIOID USE, OPIOID PRESCRIBING, AND ASSOCIATED HEROIN RISK

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=280151>

CDC NATIONAL CENTERS OF EXCELLENCE IN YOUTH VIOLENCE PREVENTION

<http://www.grants.gov/web/grants/view-opportunity.html?oppld=272228>

BRAIN INITIATIVE: DEVELOPMENT AND VALIDATION OF NOVEL TOOLS TO ANALYZE CELL-SPECIFIC AND CIRCUIT-SPECIFIC PROCESSES IN THE BRAIN

<http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-16-775.html>

BRAIN INITIATIVE: NEW TECHNOLOGIES AND NOVEL APPROACHES FOR LARGE-SCALE RECORDING AND MODULATION IN THE NERVOUS SYSTEM

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-16-006.html>

BRAIN INITIATIVE: OPTIMIZATION OF TRANSFORMATIVE TECHNOLOGIES FOR LARGE SCALE RECORDING AND MODULATION IN THE NERVOUS SYSTEM

<http://grants.nih.gov/grants/guide/rfa-files/RFA-NS-16-007.html>



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.