

# National Association of State Mental Health Program Directors

## Weekly Update

### Senate HELP Votes Final “Cures” Bills

The Senate Health Education, Labor and Pensions (HELP) Committee on April 6 passed five medical innovation bills during the final “markup” of the Senate version of the House’s 21st Century Cures legislation, [H.R. 6](#).

The five bills approved are the last that HELP will vote under an initiative to accelerate the development of new drugs and devices. The HELP Committee has approved a total of 19 related bills over three voting sessions.

HELP Committee Chairman Lamar Alexander (R-TN) has said HELP’s mental health reform legislation, S. 2680, approved by the Committee on March 16, will accompany the Cures package to the Senate floor when it moves.

HELP still must reach a bipartisan agreement on mandatory funding for the National Institutes of Health (NIH). Chairman Alexander says the committee has made progress on the issue, but HELP Democrats Senators Elizabeth Warren (D-MA) and ranking member Patty Murray (D-WA), have said they will not support the package without additional, mandatory NIH funding. H.R. 6, approved by the House 344-77 on July 10, 2015, would provide \$8.75 billion in new mandatory funding for both NIH and the FDA.

The bills approved by the Committee on April 6 included:

- [S. 2700](#), the *FDA and NIH Workforce Authorities Modernization Act*, which is designed to make it easier for the NIH and the FDA to recruit top scientists;
- S. 185, the *Promise for Antibiotics and Therapeutics for Health (PATH) Act*, which would permit the FDA to accelerate an antibiotic’s approval for an identifiable, limited patient population if the drug treats a serious or life-threatening condition and addresses an unmet need;
- S. 2713, the *Advancing Precision Medicine Act of 2016*, which supports the President’s Precision Medicine Initiative;
- S 2742, the *Promoting Biomedical Research and Public Health for Patients Act*, which aims to cut the time NIH-funded scientists have to spend on administrative tasks; and
- S. 2745, the *Advancing NIH Strategic Planning and Representation in Medical Research Act*.

### New Hampshire OKs Medicaid Expansion for Two More Years

On April 5, New Hampshire Gov. Maggie Hassan signed [New Hampshire H.B. 1696 \(Ch. 13 of 2016\)](#), reauthorizing Medicaid expansion in the state for two more years.

New Hampshire expanded Medicaid in 2014, but the “New Hampshire Health Protection Program” would have expired this year without the legislature’s reauthorization. It covers slightly less than 50,000 beneficiaries through subsidized premiums paid for enrollment in private plans.

To pay the state match when the 100 percent Federal match drops to 95 percent in 2017, the state will rely on “voluntary donations” from its 26 hospitals and premium taxes from its five insurers. With \$40 million in operational costs, the state’s share is expected to total about \$14 million.

Under H.B. 1696, the program would end within 180 days if payments from the hospitals and insurers are not made in a timely manner.

### Health Rankings Report: 25M Americans Have Three or More Unhealthy Behaviors

The website *America’s Health Rankings* on April 4 posted a new [report](#) highlighting the link between unhealthy behaviors and higher health costs.

Focusing on five “unhealthy behaviors”—smoking, excessive drinking, insufficient sleep, physical inactivity, and obesity—the study finds that 70 percent of U.S. residents self-report they have at least one of those behaviors and 12 percent (25 million) say they have three or more. Adults with multiple unhealthy behaviors are 6.1 times more likely to report having poor health than those with no unhealthy behaviors.

The report says the U.S. residents with the unhealthiest behaviors tend to have not graduated from high school and make less than \$25,000 annually. They are also more likely to reside in the South and Midwest states.

The Health Rankings [site](#) contains state-by-state profiles accessible by a linked U.S. map.

***Ride the Tiger:***  
***A Guide through the Bipolar Brain***  
**April 13 at 10 p.m. EDT on PBS**  
[www.ridethetigerthefilm.org](http://www.ridethetigerthefilm.org)

Five and one-half million Americans have been diagnosed with bipolar disorder and yet little is known about how the illness manifests itself in our brains. On April 13, PBS stations nationwide will air *Ride the Tiger*, a one-hour documentary by Detroit Public Television (DPTV), that tells the story of highly accomplished individuals—congressmen, attorneys, pastors, authors, and stay-at-home moms—who have been diagnosed with the disorder.

The documentary, narrated by David Ogden Stiers (*Mash*), co-written by National Book award-winning author Andrew Solomon (*The Noonday Demon*), and directed by duPont-Columbia award winner Ed Moore, examines where the biological breakdowns occur and whether it might be possible to pre-empt, fix, or rewire brains with bipolar disorder back to recovery.

*Ride the Tiger* is designed to subvert stereotypes about people with mood disorders by raising awareness, reducing stigmas, and examining the lives of those affected by bipolar disorders. The film weaves together compelling stories of people with mood disorders with a narrative by scientists and scholars on the cusp of discovery. It explores questions and connections that are spurring four scientific disciplines of mental health research: genetics, the brain, treatment, and basic science.

Among those featured in the film are:

- Patrick Kennedy, former member of the U.S. House of Representatives, who fights the battle to end medical and societal discrimination against a variety of mental illnesses;
- Patty Duke, Oscar and Emmy award winning actress diagnosed with bipolar disorder in the early 1980s, who died March 29;
- Terri Cheney, former entertainment attorney in Beverly Hills, who represented the likes of Michael Jackson, Quincy Jones, and motion picture studios;
- Ellen Forney, talented cartoonist and award winning author of several bestsellers, including *Marbles: Mania, Depression, Michelangelo and Me*; and
- Kay Redfield Jamison, bestselling author of the groundbreaking book on bipolar disorder, *An Unquiet Mind* and Professor of Psychiatry at Johns Hopkins.

Experts featured in the film include Dr. Thomas Insel, a neuroscientist and psychiatrist best known for his leadership at the National Institute of Mental Health and prior work as the Director of the Center for Behavioral Neuroscience at Emory University in Atlanta.

## Canadian Study Finds Youth Activities Reduce Suicidal Ideation

Researchers in Canada have found evidence that engaging adolescents in personally meaningful activities may protect them from suicidal ideation and risk, even if they have other risk factors such as depression, low self-esteem, and a lack of social support. The authors suggest that interventions that engage youth in such activities can protect youth while avoiding the stigma associated with programs that focus on suicide or mental health.

In the study, higher levels of engagement in activities that are personally meaningful to the participating 13- to 19-year-old secondary school students were correlated with a lower risk of clinically defined suicidal ideation, even if the youth had other risk factors. The youth had to feel that the activities were important and difficult to give up.



The authors, Laura Lynn Armstrong and Ian G. Manion, caution that: (1) some youth have suicidal thoughts despite high levels of meaningful engagement and (2) longitudinal research is necessary to confirm their conclusions.

The findings were reported in the *Journal of Research on Adolescence*, "[Meaningful youth engagement as a protective factor for youth suicidal ideation](#)," 25(1), 20–2 (2015). The 813 youth studied were recruited from five secondary schools in rural, urban, and suburban communities in eastern Ontario. The population group was 52 percent female and 48 percent male. Each individual's level of suicidal ideation was measured over a 30-day period with the Suicidal Ideation Questionnaire (SIQ; Reynolds 1988). Youth engagement was measured with the Centre of Excellence for Youth Engagement's Engagement Matrix (CEYE 2005).

### LINKS OF INTEREST

The Center for Practice Innovations' [Consumer & Family Portal](#) includes brief, recovery-oriented videos of consumers sharing their recovery experiences, as well as resources for recovery. The site is maintained by the New York State Psychiatric Institute at Columbia University and the New York State Office of Mental Health.

The recovery video links, which are also available on [YouTube](#) and [Vimeo](#), may be sent directly to consumers and families, or embedded within waiting rooms or kiosks for use by providers in real-time discussions of recovery with a consumer or family member.

# New CDC Grant Opportunity – National Violent Death Reporting System (NVDRS)

*Due Date of Letter of Intent: April 26, 2016*

*Due Date for Applications: May 27, 2016*

*Date of Informational Conference Call: April 19 at 2 p.m. EDT*

*Call-in Number: 855-644-0229; Conference id: 5247155*

*Webinar URL: <https://webconf.cdc.gov/zud5/V7K2L26T?s>*

In 2014, over 59,000 violent deaths were reported, mainly by suicide and homicide, at an estimated cost of nearly \$70 billion in lost wages and medical care.

On March 25, the Centers for Disease Control and Prevention (CDC) announced a new funding opportunity to expand the number of states and territories participating in the National Violent Death Reporting System (NVDRS). The grant program, [Collecting Violent Death Information on Using the National Violent Death Reporting System](#), will award an estimated total of \$16,500,000 to approximately seven states/territories to join NVDRS, with an individual award ceiling of \$878,000.

Created in 2002, NVDRS is an ongoing state-based surveillance system that collects comprehensive information on violent deaths—suicides, homicides, deaths from legal intervention, deaths of undetermined intent, and unintentional firearm deaths—from various sources such as death certificates or reports from coroners or medical examiners, law enforcement, crime labs, and hospitals. The NVDRS is the first system to: 1) provide detailed information on circumstances precipitating all types of violent deaths, including brief narratives that summarize what happened in the violent death incident, 2) combine information across multiple data sources, and 3) link multiple deaths that are related to one another (e.g., multiple victim homicides, suicide pacts, and cases of homicide followed by the suicide of the suspect). Elements of the data include victim demographics, injury and death information, geography information, toxicology, criminal activity, life stressors, mental health, weapon information, circumstances surrounding the death (ex. suicide, homicide, undetermined), and rich narratives from coroners, medical examiners, and law enforcement. The online data helps states and communities guide and target violence prevention programs, policies, and practices with the goal of reducing violence. Several states have used the data they have collected to examine suicide rates in their state.

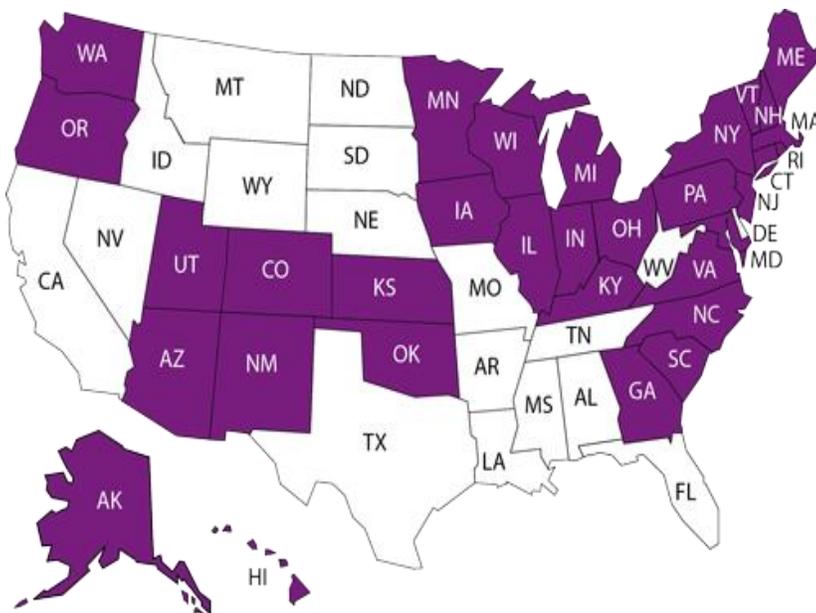
For example, Ohio examined utilization patterns of suicide decedents that were Medicaid recipients using NVDRS. They looked at the characteristics of the suicide decedents and found that the majority were Caucasian adult males between the ages of 30 and 49 and living in an urban area who had complex psychiatric and medical conditions, with over 50 percent classifying as disabled, and that 40 percent did not have a mental health diagnosis. The researchers examined the timing and types of health visits prior to the suicide, and reported that 50 percent had a health visit in the month prior to the suicide

and 27 percent had a health visit within a week. It was also noted that the majority of adult suicide decedents had physical health visits rather than mental health visits. Of those that had a mental health visit within 30 days, 32 percent met with a case manager and 19.2 percent went in for pharmacy management.

As the map to the left illustrates, 32 states currently participate in NVDRS. The new funding opportunity aims to expand the number of states and territories that participate in the surveillance system and ultimately helping the CDC reach its goal of including all 50 states, all U.S. territories, and the District of Columbia.

For additional information on this grant opportunity, please visit [grants.gov](http://grants.gov) and search “CDC-RFA-CE16-1607”.

The CDC contact for additional information is Rebecca Wilson, [ysp2@cdc.gov](mailto:ysp2@cdc.gov).



## State Technical Assistance Available from the State Mental Health Technical Assistance Project (Coordinated by NASMHPD with SAMHSA Support)

**To Request On-site TA:** States may submit requests for technical assistance to the on-line SAMHSA TA Tracker, a password-protected system. All of the Mental Health Directors/Commissioners are authorized to use this system, and Commissioners can give authorization to other SMHA staff, as well. Once in this system, the user will be asked to identify the type of TA that is being sought, the audience, and the goals that the state is seeking to address via the support.

On average, a given TA project includes as many as 10 days of consultant time (including prep and follow-up), along with coverage of consultant travel to your state.

The log-in for the Tracker is: <http://tatracker.treatment.org/login.aspx>. If a state has forgotten its password or has other questions about accessing the Tracker system, the Commissioner or authorized user can send an e-mail to: [tatracker@treatment.org](mailto:tatracker@treatment.org).

For answers to other questions, contact your CMHS State Project Officer for the Mental Health Block Grant, or Pat Shea at NASMHPD at 703-682-5191 or [pat.shea@nasmhpd.org](mailto:pat.shea@nasmhpd.org).

Note that technical assistance under this project cannot be specifically focused on institutional/hospital-based settings.

## NASMHPD Early Intervention in Psychosis (EIP) Virtual Resource Center

In the spring of last year, NASMHPD launched an Early Intervention in Psychosis (EIP) virtual resource center, which was made possible through the generous support of the Robert Wood Johnson Foundation (RWJF).

The intent of the EIP site is to provide reliable information for practitioners, policymakers, individuals, families, and communities in order to foster more widespread understanding, adoption and utilization of early intervention programming for persons at risk for (or experiencing a first episode of) psychosis. The site includes information from the national RWJF-funded demonstration to identify and prevent the onset of psychotic illness – the Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP) – as well as a variety of other early intervention initiatives.

EIP is designed to provide an array of information through a consolidated, user-friendly site; and it is updated on a periodic basis. To view the EIP virtual resource center, visit [NASMHPD's EIP website](#).

## NIMH Special Lecture for Autism Awareness Month – April 11

NIMH is holding a special lecture to recognize National Autism Awareness Month on April 11. John Donovan and Caren Zucker from ABC News will discuss autism's past, including some new findings, and how rediscovering that past can advise the future for those who have autism, their families, and for those researching and treating it. As two journalists with a personal connection to autism, they aim to inspire acceptance of and support for people on the spectrum by telling their stories with honesty and compassion.

This event is free and open to the general public. Space is limited, but you may view the live videocast if you're unable to attend. Learn more at <http://1.usa.gov/1PJY9FH>.

*NIMH Special Lecture for Autism Awareness Month*

**IN A DIFFERENT KEY:  
THE STORY OF AUTISM  
THEN AND TO COME**

APRIL 11, 2016 • 3-4 PM • LIPSETT, BUILDING 10



JOHN DONVAN • CAREN ZUCKER

1:30 PM: MEET & GREET BEFORE THE TALK AT THE FAES BOOKSTORE  
COPIES OF BOOK AVAILABLE FOR PURCHASE AND SIGNING

LECTURE IS FREE AND OPEN TO THE PUBLIC AND WILL BE VIDEOCAST

NATIONAL INSTITUTES OF HEALTH  
NATIONAL INSTITUTE OF MENTAL HEALTH  
OFFICE OF AUTISM RESEARCH COORDINATION

## Study Supports NIAAA Single-Question Alcohol Screen for Youths in Rural Clinics

A single screening question about drinking frequency in the past year could help doctors identify youths at risk for abusing alcohol, according to a study funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and published in the April 2016 issue of [The Journal of Pediatrics](#).

Conducted by researchers at the University of Pittsburgh collaborating with a network of rural primary care practitioners, the study also supports the use of the age-based screening thresholds in NIAAA's [Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide](#).

Researchers asked nearly 1,200 youths ages 12 through 20 at primary care clinics in rural Pennsylvania about their alcohol use and screened them for alcohol use disorder (AUD) using a computer-based questionnaire. They found that 10 percent of rural youth over age 14 met the diagnostic criteria for DSM-5 AUD in the past year.

Adolescents between 12 and 17 years of age who reported drinking at least one standard drink on three or more days in the past year were most at risk for alcohol problems. Among those who drank at this level, 44 percent were found to have AUD.

Screening for AUD based on the 3-day guideline demonstrated 91 percent sensitivity — indicating that a youth with AUD was likely to be detected by the screen. A negative screen (fewer than three drinking days in the past year) effectively ruled out AUD.

For youths ages 18 through 20, the researchers found the best screen for alcohol problems was to ask whether individuals had engaged in 12 or more drinking days (i.e., a day in which at least one standard drink is consumed) in the past year. Thirty-one percent of those who reported drinking at this level had AUD.

The researchers also assessed screening methods outlined in the NIAAA *Youth Screening Guide*, which uses age-specific alcohol frequency questions to identify moderate and highest levels of AUD risk.

Under those guidelines, “moderate risk” is defined as one or more drinking days in the past year for ages 12-15, three or more days per year for ages 16-17, and 12 or more days per year for 18-year-olds. “Highest risk” is defined as three or more days per year for youth ages 12-15, 12 or more days for 16-year-olds, 24 or more days for 17-year-olds, and 52 or more days for 18-year-olds. The moderate risk guidelines were 86 percent accurate, while the highest risk guidelines were 92 percent accurate.

The researchers note that, as national studies document higher rates of alcohol use among rural youth, identifying problem drinking is of particular importance for primary care providers in rural settings. They recommend an alcohol use frequency screen followed by a diagnostic evaluation for those who screen positive as “a simple, brief, and cost-effective clinical assessment procedure.”

## New Frontiers in Coordinating Housing and Medicaid Services for People with Behavioral Health Conditions

**A Policy Forum and Live Webinar Sponsored by Mathematica's [Center for Studying Disability Policy](#)**

**Thursday, April 21, 12 p.m. to 1:30 p.m. EDT at Mathematica's [Washington, D.C. Office](#) and [by Webinar](#)**

**REGISTER HERE**

Join Mathematica's [Center for Studying Disability Policy](#) at its next policy forum to learn more about what state and federal partners are doing to coordinate and integrate health and housing services for people with behavioral health needs.

**Speakers** [Jonathan Brown](#), [Carol Irvin](#), and [Matthew Kehn](#) from Mathematica and **Jennifer Ho** from HUD will discuss:

- Why housing is an important part of efforts to treat high-need, high-cost Medicaid beneficiaries
- Challenges and lessons from the Money Follows the Person Demonstration's efforts to improve the availability of supportive housing for Medicaid beneficiaries moving out of institutions
- Innovative state efforts to better coordinate health and housing services for people with behavioral health conditions
- Efforts led by HUD to partner with other federal agencies, such as CMS and the Substance Abuse and Mental Health Services Administration, to coordinate health and housing services

Note: In-person check-in and lunch begin at 11:45 a.m.; the program begins at 12:00 p.m. All in-person guests must sign in and present a photo ID. For more information, email [disabilityforums@mathematica-mpr.com](mailto:disabilityforums@mathematica-mpr.com).

## Upcoming Webinars of Interest

### Peer-Run Respite Programs

A SAMHSA-sponsored webinar presented by Mental Health America -- April 14 at 2 p.m. to 3:30 p.m. EST

Description: Peer-Run Respite Programs serve as successful alternatives to hospitalization or other traditional crisis services with focuses on support, hope, and recovery. Operated by individuals who themselves have lived through crises, respites offer services to ultimately improve quality of life and reduce hospitalizations, in addition to shifting costs from expensive crisis centers and hospital stays. Panelists will discuss their programs, what they have learned over time, and share lessons on how communities can build their own peer-run respite programs.

**Presenters:** *Steve Miccio and Ashley Wilksen*

[REGISTER HERE](#)

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### Best Practices in the use of Self-Directed Care to Support Recovery in Women

A SAMHSA-sponsored webinar presented by Mental Health America (MHA) -- April 21 at 2:00 p.m. to 3:30 p.m. EST.

Description: Building relationships and support systems is an important part of recovery. Mental Health America's highly innovative It's My Life: Social Self-Directed Care program combined evidenced-based practices of Peer Support and Psychiatric Rehabilitation with Self-Directed Care and Life Coaching to support those in recovery and to help some of the most isolated members of our communities to become more connected to others. The program not only helped to build self-esteem and improve quality of life but also led to a reduction in crisis events and hospitalizations. The webinar will provide an overview of the program, guidance on what was learned, and a discussion of the challenges and benefits of programs integrating a focus on social connection in recovery.

**Presenters:** *Patrick Hendry and Shavonne Carpenter, CPSS*

[REGISTER HERE](#)

In each case, when the Log-On Screen appears, select "Enter as a Guest" and enter the name and state of the participant in the "Name" field (Ex. Jane Doe-AK), then click on "Enter Room." This is a "listen only" webinar. Should you need to dial in, the instructions are on the note pad in the seminar room. Questions should be directed to [Kelle Masten](#) via email or at 703-682-5187.

## Center for Trauma-Informed Care: Upcoming Sessions

**NASMHPD oversees the SAMHSA National Center for Trauma Informed Care (NCTIC). NCTIC offers consultation, technical assistance (TA), education, and outreach, and resources to support a revolutionary shift to trauma-informed care across a broad range of publicly-funded service systems, including systems providing mental health and substance abuse services, housing and homelessness services, child welfare, criminal justice, and education.**

Below is a listing of upcoming trainings.

### Idaho

**Boise - April 20**

**Idaho Youth Treatment Program/Division of Behavioral Health**

### Maryland

**Hagerstown - April 19**

**Child Welfare**

### Tennessee

**Johnson City - April 25 & 26**

**Dept. of Psychology, East Tennessee State University**

For more information on these trainings, please contact [jeremy.mcshan@nasmhpd.org](mailto:jeremy.mcshan@nasmhpd.org).

## Pending Changes to the Fair Labor Standards Act Overtime Exemption for Supervisors Could Mean Significant New Expenses for States Co-Employing Home Care Workers

NASMHPD Legal Division members were briefed on a number of pending Federal actions at the Division's Annual Meeting in Austin, Texas, March 28 through 30. However, few of those pending activities had the impact of the news of an imminent change to the Federal Fair Labor Standards Act (FLSA) overtime regulations that could leave states responsible for millions of dollars more in compensation due otherwise supervisory workers, such as state-, local-, or jointly-employed home health care supervisors.

The FLSA requires payment of a minimum wage (MW) of \$7.25 per hour and, generally, a time-and-one-half overtime (OT) payment for hours over 40 hours in a week to non-exempt employees. An "executive employee" exemption from MW/OT permits compensation on a salary basis at a rate not less than \$455 per week (\$23,660 annually), if the employee's *primary duty* is managing the enterprise or a customarily recognized department or subdivision, he or she customarily and regularly directs the work of at least two or more other full-time employees or their equivalent, and he or she has authority to hire and fire other employees or recommend hiring, firing, advancement, promotion or other employee change of status.

*Primary duty* is defined under the regulations to mean the principal, main, major or most important duty that the employee performs based on all the facts in a particular case. Generally, an employee who in any workweek does not spend at least 50 percent of his or her time in that "primary duty" will not qualify for the executive exemption in that workweek and will be due overtime payment after 40 hours.

In practical terms, this means, for example, if a supervisory home health worker has to fill in doing the work of a staff-level home health worker for more than 20 hours in a week he or she is short-staffed, the supervisor may be due overtime from the employer for hours he or she works over 40 in that week.

Unless they fall under the executive exemption or similar white collar exemptions for administrative and professional employees and computer workers, state and local government employees are covered by the FLSA, as are employees of hospitals and other institutions "primarily engaged in the care of the sick, the aged, or the mentally ill." Job titles and job descriptions do not determine exempt status, nor does paying a salary rather than an hourly rate.

The Department of Labor (DOL) last updated the MW/OT rules in 2004. On March 13, 2014, President Obama directed DOL to update the white collar exemption regulations, looking for ways to modernize and simplify the regulations while ensuring that the overtime protections remained fully effective.

DOL embarked on a series of listening sessions in Washington, D.C. and other locations, as well as by conference call. That DOL outreach led to publication of [proposed regulations](#) in the July 6, 2015 *Federal Register* which update the salary and compensation levels needed for white collar workers, including supervisors, to be exempt. The Department proposes to:

1. set the standard salary level for exemption at the 40th percentile of weekly earnings for full-time salaried workers--\$970 per week (\$50,440 a year) in 2016;
2. increase the total annual compensation requirement needed to exempt the most highly compensated employees (HCEs)—if they customarily and regularly perform at least one of the exempt duties or responsibilities of an exempted white-collar employee--from \$100,000 to the annualized value of the 90th percentile of weekly earnings of full-time salaried workers (\$122,148 annually); and
3. establish a mechanism for automatically updating the salary and compensation levels in the future.

Public comment was accepted on the proposal and a final draft of the regulations were sent to the Office of Management and Budget for review on March 14. Final publication is likely within this calendar quarter.

However, state employers of some health workers in institutional settings have one other option. Section 7(j) of the FLSA permits hospitals and residential care establishments to utilize a fixed work period of 14 consecutive days in lieu of the 40-hour workweek for the purpose of computing overtime. To use this exception, the employer must have a prior agreement or understanding with affected employees before the work is performed. This "eight and eighty (8 and 80) exception" agreement must provide for the employer to pay overtime for all hours worked over eight in any workday as well as eighty hours in the fourteen-day period. (An employer can use both the standard 40-hour overtime system and the 8 and 80 overtime system for different employees in the same workplace, but not for the same individual employee.)

### CHILDREN, YOUTH AND FAMILIES DIVISION LINK OF NOTE

[HEALTH CARE, FAMILY, AND COMMUNITY FACTORS ASSOCIATED WITH MENTAL, BEHAVIORAL, AND DEVELOPMENTAL DISORDERS IN EARLY CHILDHOOD, U.S., 2011-2012](#) - The Centers for Disease Control and Prevention (CDC) has published a new study that finds that 1 out of 7 children in the U.S. between the ages of 2 and 8 have a diagnosed mental, behavioral, or developmental disorder (MBDD). The factors most strongly associated with MBDDs were found by researchers to be fair or poor parental mental health, difficulty getting by on the family's income, child care problems (among parents of children aged 2 to 3 years of age), and lacking a medical home.

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## Solving the Grand Challenges in Global Mental Health: Maintaining Momentum on the Road to Scale Up

The Office for Research on Disparities and Global Mental Health in the Office of the Director of the National Institute of Mental Health and Grand Challenges Canada will co-convene a workshop entitled *Solving the Grand Challenges in Global Mental Health: Maintaining Momentum on the Road to Scale Up* on April 15 at the George Washington University in Washington, DC. The workshop will take place in coordination with The World Bank and World Health Organization meeting, *Out of the Shadows: Making Mental Health a Global Development Priority*, on April 13-14.

Together, the two meetings will bring together more than 200 global mental health innovators, investigators, policymakers, and other key stakeholders to discuss exciting new research and strategies for maintaining a worldwide spotlight on the six priority areas identified in the Grand Challenges in Global Mental Health initiative. Although registration is closed, NIMH encourages stakeholders to tune into the events that will be live-streamed. Stakeholders may also get workshop highlights and live updates on Twitter. Follow @NIMHgov, @WHO, @gchallenges, and @WBG\_Health. Learn more about the workshop at <http://1.usa.gov/1N8xGlP>.