

MHEDIC Meeting Minutes

Meeting Facilitators:	Dawn Anderson-Butcher	Date:	05-22-2008
Meeting Place:	Hilton Garden Inn, Columbus OH		
Attendees:	Paul Flaspohler, Jen Axelrod, Bob Burke, Steve Evans, Mark Weist, Ed Morris, Carl Paternite, Megan Lehnert, Anna Ball, Dawn Anderson-Butcher, Olivia Christensen, Corrine Anderson-Ketchmark, Karen Weston, Joni Splett, Amanda Paul, Jim Koller, Jen Elfstrom, Jen Green, Julie Owens, Nicole Evangelista, Michael Kelly, Nancy Lever, Karen Keane, Amy Wilms, Todd Barnhouse, Krista Allison		

Meeting Purpose
To review and discuss MHEDIC progress related to the broad goals developed in November and to collaborate on current projects and future directions.

Topic	Notes
New Developments for MHEDIC	<p>MHEDIC History, Vision, and Values:</p> <ul style="list-style-type: none"> ▪ In 2000, Bob Burke, Ed Morris, Jim Koller, and Mark Weist established the Midwest School Mental Health Consortium. The group has developed over time and is now MHEDIC. ▪ MHEDIC has experienced renewed energy in the past two years and is committed to its mission and broad consortium goals with an emphasis on social marketing. ▪ The group established a key set of values in the past that may help guide the group's development as a fluid group focused on the integration of work to support school mental health. ▪ A subgroup was established to refine the group's development in this area (Paul, Bob, Jen A., & Ed). Anna and Jen E. can provide assistance as needed. <p>Members felt that improved communication tools were needed for the group. A new domain name was established for MHEDIC (www.mhedic.org) and the current MHEDIC page is now located on this site until the necessary administrative structure and resources is created to support site changes.</p> <p>Membership:</p> <ul style="list-style-type: none"> ▪ MHEDIC is an open group inviting members who embrace the consortium's values. ▪ Individuals who invite new members are responsible for orienting them to the group's mission, values, and procedures. ▪ Current membership includes numerous university representatives. It may be beneficial to consider increased involvement from policy/department leaders, families, and practitioners. ▪ The Community of Practice can represent school-based interests. Corrine will serve as a linking member for this group. ▪ Recruitment is not needed until the group has further defined possibilities for output. ▪ Dawn, Jen A., and Julie will work as a subgroup to generate ideas on building structure to organize individuals for output.
Continued Discussion Related to Ohio Workforce Developments	<p>There is new energy in Ohio around workforce development. This is largely fueled by the ODMH Transformation State Incentive Grants (TSIG) that are closely aligned with the New Freedom Commission's mission to transform the mental health workforce in the U.S.</p> <p>Possibilities for next steps related to TSIG include:</p> <ul style="list-style-type: none"> ▪ MHEDIC could work in Ohio to establish a nationwide example. ▪ A comprehensive assessment of school mental health throughout the state may be a starting point. A closer look at similar efforts in Maryland and Illinois may be helpful. ▪ MHEDIC could conduct an analysis of how schools and districts are utilizing their funds for mental health services. An appendix could be added to SHIP to focus on mental health and learning supports to assess this. ▪ A comprehensive needs assessment is needed.

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	<p>Any additional ideas can be sent to Dawn or Carl and a follow-up call will be arranged with the Ohio team.</p>
<p>Interdisciplinary Competencies to Promote School Mental Health</p>	<p>An initial list of competencies was developed from various sources and a content analysis of themes. Following a two-person reliability check with 80% agreement, there are now 180 competencies listed.</p> <p>Next steps for the MHEDIC subgroup:</p> <ul style="list-style-type: none"> ▪ Further refine the list and combine similar items to reduce the number of competencies. ▪ Survey MHEDIC (and potentially other key groups) to identify those competencies that are most essential for interdisciplinary practice and the adequacy of training for each item. ▪ Review the literature base on interdisciplinary field training. ▪ Submit an IRB application. <p>Potential implications for this work:</p> <ul style="list-style-type: none"> ▪ The identification and validation of competencies is the first step to preservice training and will thus drive curriculum. ▪ These competencies can be incorporated into existing measures of pre-service training in field offices. ▪ There is a potential link to national coordinated school health initiatives. <p>It is important to ensure that MHEDIC has the capacity and resources to utilize the data from the survey.</p>
<p>Research/Evaluation of School Mental Health Practices</p>	<p>MHEDIC could formalize a research agenda to move the field forward. This could include a database of resources (e.g. tools for assessment and evaluation) and a clear delineation of roles and tasks to identify possibilities for cross-collaboration.</p> <p>Structured discussion of members' work can allow for new ideas, sharing feedback, and the identification of gaps in the field. To do this, an articulated structure for research support is needed:</p> <ul style="list-style-type: none"> ▪ Posting "bios" related to current research areas on the MHEDIC website can allow for cross-collaboration. ▪ Formalize two MHEDIC meetings per year using the traditional two-day structure but also offer an optional research sharing session in the morning. Each of these meetings could build on the previous meetings to ultimately establish a stronger research agenda. ▪ A subgroup will establish the details for this session to happen at the next MHEDIC meeting and to make connections around the overall agenda (Karen W., Michael K., Jen M., Steve, Mark, Jen A., Julie). ▪ Utilize one hour at the national conference to meet around research agenda (Nancy). <p>Possible key elements of the research agenda:</p> <ul style="list-style-type: none"> • Anchored to workforce agenda • A focus on quality of implementation (both small scale and large scale measurement) • A closer look at the consultation process • Outcome measurements must be carefully chosen and linked to all variables • A need to value the experiences and priorities of those working in the field (need to consider what teachers, parents, and children view as change)
<p>Graduate Student Leadership and Involvement in MHEDIC</p>	<p>There is an expressed need for more clearly defining the roles of different disciplines in school mental health. This could be viewed as an opportunity for simultaneous learning: discipline-specific learning and interdisciplinary learning.</p> <p>While training programs may be too "siloeed," there are likely more differences within one discipline than across the disciplines. Schools still look to past practice to determine which discipline is hired for school mental health rather than choosing those who are most closely aligned with the building/district's needs.</p>

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	<p>Possibilities for exploring these issues and including graduate students in MHEDIC:</p> <ul style="list-style-type: none"> • Survey graduate students nationally • Add a needs assessment in SHIP that includes graduate student input • Renew the practice group for students (sharedwork.org) • Engage in a project that further operationalizes the roles of different disciplines • Current students can connect with previous students to get new ideas • Include students in other disciplines (e.g. OT, education, educational leadership) • Convene at the national conference for more planning to direct the role of graduate students in MHEDIC
<p>Next Steps for MHEDIC</p>	<p>Summary of next steps:</p> <ul style="list-style-type: none"> • Further explore and refine MHEDIC's mission, goals, and values. • Generate ideas for work in Ohio. • Refine competencies and use for training or research design later • Explore a research agenda for MHEDIC and use a revised meeting schedule to allow members time for sharing research initiatives and feedback • Engage graduate students in other areas and further develop the role in MHEDIC <p>MHEDIC will meet at the national conference on Thursday night for one hour. The group will have another two-day meeting in early December.</p>

Action Steps

1. Guiding Subgroup will explore changes in MHEDIC's goals and values to more closely reflect the current group and future directions (Paul, Bob, Jen A., Ed).
2. Develop organizational structures to support membership growth and increased work output (Dawn, Jen A., Julie).
3. A team informs work in Ohio specifically related to TSIG (Carl, Dawn, Paul, Bob, Mark)
4. Refine competencies and distribute to MHEDIC group for feedback (Dawn, Jen G, Mark, Anna, Megan).
5. Submit an IRB application for competencies (Dawn, Jen, Anna).
6. Establish protocol for including a research session in the December MHEDIC meeting (Karen W, Michael K., Jen M., Steve, Mark, Jen A., Julie).
7. Convene graduate students for further discussion around MHEDIC involvement (Anna).
8. Identify and invite graduate representatives from other under-represented disciplines (Dawn, Anna).
9. Secure space at the national conference for MHEDIC to meet (Nancy).