

MHEDIC Meeting Minutes

Meeting Facilitators:	Dawn Anderson-Butcher; Mark Weist	Date:	11/27-11/28
Meeting Place:	Kent Island Hilton, Maryland		
Attendees:	Mark Weist, Steve Evans, Jen Green, Ted Feinberg, Dawn Anderson-Butcher, Karen Weston, Carl Paternite, Nancy Lever		

Meeting Purpose
Plan and strategize next steps and directions within MHEDIC

Topic	Notes
Stage Setting	<p>Introductions and Discussion of other MHEDIC members involved but not present:</p> <ul style="list-style-type: none"> • Airline ticketing problems at last minute with Ed Morris and Jim Koller • Ron Sudano and Michael Lindsay had last minute issues that deterred involvement • Others unable to come due to scheduling: Bob Burke, Jen Axelrod, Sally Lloyd, Jen Miller, Heather Alvarez, Julie Owens, Paul Flaspohler, Kay Rietz • Others: Joanne Cashman, Judy Shine etc. <p>Preliminary Discussion Notes:</p> <ul style="list-style-type: none"> • Major issue is the Workforce; the challenge is that the set of problems/needs is so broad; hard to figure out where to start. Many things to think about though, including: <ul style="list-style-type: none"> ○ not enough people ○ not enough trained ○ discipline silos ○ traditional training doesn't work without support on site ○ need coaching models (how support and fund) ○ variability within states; too busy with our own work ○ many associations and organizations; ○ Others... • Need to have impact; take action • Workforce development is more than the "what" (i.e., curriculum); it is the "how" in terms of the ways we train: more than knowledge acquisition; what do we do to promote skills and behavior changes. • Focus on the interdisciplinary issues and needs for cross-disciplinary training • Emphasize approaches involving school-community-family partnerships. • Social Marketing strategies • Need to think of individual competencies but also organization capacities and infrastructures (especially schools and districts) • Build from Annapolis Coalition recommendations
Values That Should Guide Our Future Work Together	<p>Values Determined through Discussion</p> <ul style="list-style-type: none"> • Impact Field (in the past been beneficial to participants but not the field; small circles) • Achievable • Moves to action • Mix of collaborative/process versus prescriptive (fun) • Creative • Interdisciplinary collaboration <p>Others Pulled from the MHEDIC history document that we should also keep:</p> <ul style="list-style-type: none"> • Subscribe and adhere to the principles and mission of the MHEDIC Consortium • Assume primary responsibility for costs for attendance at the meetings • Participate as individuals and not as organizational representatives, which precludes sending alternatives to participate in MHEDIC meetings

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	<ul style="list-style-type: none"> • Conduct themselves in a manner that promotes an atmosphere of mutual respect, collaboration, and trust • Take the lead on specific, agreed-upon projects and actively participate in other projects/initiatives.
<p>Primary Broad Goal Areas to Guide MHEDIC work (determined through the discussion)</p>	<p>Build individual and organizational capacity to invest in and implement “evidence-based school mental health.”</p> <ul style="list-style-type: none"> • Systematically identify and validate core interdisciplinary competencies • Develop and understanding of “process” of working with the schools as organizations <ul style="list-style-type: none"> ○ Move from communication/information sharing to true collaboration (shared outcomes, resources, benefits, etc) ○ Innovations: roles/responsibilities; collaborative leadership infrastructures; facilitate buy-in; funding/fiscal, and policy <p>Design and test training, curricula, methods, and experiences for developing individual and organizational capacities in the real world</p> <ul style="list-style-type: none"> • Resource needs, supports, coaching methods, etc • Depends on the state (readiness; advanced or beginning sites) <p>Social Marketing focused on raising awareness of what SMH is, the benefits of it; how it can make things better/different;</p> <ul style="list-style-type: none"> • Role specific targeting strategies are necessary
<p>Formalized Priority Areas for Action</p>	<p>PRIORITY ONE: Learning Laboratory Pilot Demonstration Project</p> <ul style="list-style-type: none"> • Parameters (within all of it there is an interplay between innovation and general capacities; organizational and individual capacities, etc): <ul style="list-style-type: none"> ○ Sites that connect to us (one school each of us) ○ Two year learning lab/case study experience (all like a qualitative research project) ○ At each site have the right players (us, school leaders, educators, families, community- and school-based) ○ Connecting to major educational constructs (RTI, school improvement planning) ○ Addressing a unique and compelling need (non-academic barrier to learning) at each site (some may be trauma, others oppositional defiant) ○ Pursuing together an evidence-based practice in relation to that need (framed in context of the public health, three tier model) ○ Developing interdisciplinary competencies in relation to addressing that specific need (which would also generalize to other areas) ○ Closely tracking relevant processes (collaboration, successes, barriers, are teams working together, team functioning) ○ Measuring outcomes of the identified problem/need; • Grant possibilities in the future; What is intermediary step: concept paper that pulls this together. Start on this and then this could lead to grant application; this could lead to a preliminary work in schools for pilots; then big grant opportunity. <p>PRIORITY TWO: Continue Serving in Leadership Capacity in Relation to SMH Workforce Issues</p> <ul style="list-style-type: none"> • Continue scatter shot approach: let’s also make progress in sharing powerpoints; infiltrate national conferences; promoting publications; involving students; • Promote graduate student section of MHEDIC; can we get these students together; capitalize on their energy and motivation; Example of MU, OU, and MO cross-university work; <ul style="list-style-type: none"> ○ Research possibilities: What is the state of knowledge in SMH; Concept mapping; what connects more closely; if I was a new graduate student it would provide guidance in my research; ○ Have them work with us to provide input; ○ Also have them do a mapping of the competencies (cross walking across these; quality tools that have them; set that is focused on all folks; some on just

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	<p>educators); to guide strategic next steps; Megan/Dawn at OSU will lead this and everyone will send the competencies to Dawn; also get the quality assessment tool from MD. Also could involve conference presentation at the National conference.</p> <ul style="list-style-type: none"> • Need for something related to original MHEDIC goal focused on preservice Goal #4: <ul style="list-style-type: none"> ○ Examples of good examples of training (MD school social work; MO masters program; national conferences) ○ Need for Conceptual Framework on competency development (Mark will lead); language is crude (pre-service, graduate, in-service); categories of training needs so that undergraduate, conference, on-site, and how this relates to career trajectories; lay it out at each level. • Connections with National Community of Practice MHEDIC SMH Group; this could be a subgroup of this larger entity; Ted is one of the Facilitators of this. • Social Marketing agenda: connecting things more loosely but letting MHEDIC add value to our own work; • Connecting dots to the National School Mental Health 2008 Phoenix conference
<p>Organizational Issues</p>	<p>MHEDIC will continue as a closed consortium, with additional focus on directions and specific goals.</p> <ul style="list-style-type: none"> • Membership: Everyone on the past MHEDIC list was invited; a few individuals did not respond; some others are important to involve; need to determine list of correspondence (Dawn and Mark will work together on this). • Smaller team will work on the core learning laboratory project (beginning with group present at this meeting) <p>Will also engage graduate students in MHEDIC (one from each university, including OSU, MD, MO, MU, OU, JMU). Send names and contact information to Mark and he will write letter of invite.</p> <p>Another face-to-face meeting location. Follow up meeting that updates on progress. Could host it at OSU, as some resources may be available; maybe allow MO and OSU to present what doing and get feedback from the group on the process (receive TA from the group in a guided way)</p> <p>Strengthen connections with MHEDIC Practice Group</p> <ul style="list-style-type: none"> • Keep separate currently but be strategic about linkages • Ted is a facilitator with Judy Shine; Jen and Bob used to also help; Dawn will engage in supporting this group in the future, too • In the past this group has focused mostly on informing the national conference agenda • Not a great deal of engagement right now • Important forum to glean insights and get input from the field • Meeting on 12/13 and 12/14 where the next steps of the practice group will be determined; Once this is done we can determined appropriate linkages.

Action Steps

1. Draft learning pilot concept paper that links to Annapolis Coalition findings and includes interdisciplinary competencies and build from notes above(Carl)
2. Each university provides graduate student contact information to Mark (JMU, OSU, MD, MO, OSU, OU, MU leads)
3. Develop cross-mapping of the various competencies out there (Dawn/Megan at OSU with interested graduate students)
4. Create preliminary mapping of conceptual framework on competency development (Mark)
5. Determine distribution list by sending mark excel file with all contact information to determine who is on the distribution list (Dawn, Megan, and Mark).
6. Current attendees review notes and then send out to the larger group based on distribution list (Dawn; all)
7. Host follow up phone conference in January and determine date for follow-up spring meeting in Columbus (Dawn, Mark)
8. Explore connections with national community of practice (Mark, Ted)
9. Send out additional materials from Ted (Dawn)