**MHRN Steering Committee Meeting, October 26, 2018**

**Summary**

***Key points*:**

* Areas DSIR would welcome MHRN input:
  + Strategies to address opioid crisis - acknowledgeopioid abuse can’t be disentangled form MH issues and concerns, need coordinated approach to address crisis.
  + Racial/ethnic disparities
  + Youth mental health - transdiagnostic approaches to identify those in need, offer treatments that don’t target the syndrome but domains of impairment; area needs more flushing out operationally, through experimental therapeutics
* Rapid implementation made possible by MHRN embeddedness in HCSs and engagement of key stakeholders from the beginning – examples, CV Wizard, SUAY, Automated Follow-up Pilot
* MHRN can be a laboratory for ALACRITY Centers, a partnership, not a competition
* MHRN currently engaged in 8-10 goals or have had initial discussions about them
* Critical importance of involvement of key stakeholders early and ongoing
  + Engagement with HCS leaders prior to onset of research (design stage) through to implementation & evaluation of implementation – encourage discussions with MHRN before funding an R34
  + Unique & invaluable insights from those with lived experience needed from conceptualization of research to dissemination of findings
* Need better “marketing” of MHRN achievements
  + MHRN already well-aligned with NIMH priorities, other agencies (NIDA, PCORI, FDA, etc.), & other priorities (DBSA, HCSs, ISMICC)
* Future MHRN - very useful to DSIR to think how MHRN can make contributions to ISMICC goals.
* Peer Support – need models for implementation in HCSs, ways to address administrative barriers; explore peer-provided respite services
* Some MHRN efficiencies
  + Demonstrated rapid recruitment and enrollment into studies
  + Data collection and interventions within the EHR environment
  + Demonstrated rapid implementation into large HCSs
  + Ongoing engagement with key stakeholders at onset and throughout MHRN activities
  + Reusable infrastructure
    - Suicide Risk prediction – reusable code packages & experienced staff
    - Suicide Prevention Trial – repurpose methods of identifying & enrolling eligible participants

***Areas for improvement:***

* Marketing – improve publicizing of ongoing activities and achievements
* Training – better leveraging of graduate students, post-docs, clinical scholars, residents in HCS; need better systematic and documented approach
* Need more focused effort to incorporate implementation science & experimental therapeutics into MHRN activities; need to build capacity for implementation science; put what MHRN has done in the language of implementation science
* Methods development – Need a Methods Core, Methods SIG; MHRN should be leading methods development; enhance the field