# MHRN Steering Committee Meeting – 02/26/2018

## Communications update:

* **Publications database**

Looking at new ways to track publications- send any ideas to Casey or Greg!

* **Possible website migration**

Will most likely happen after April meeting. Following the lead of the HCSRN.

## Budget and carry-forward update

Still waiting to get official permission to spend unspent funds from last year.

Final year of the budget cycle next year!- Possibly no gap period for our network between MHRN II and MHRN III. If no gap, there will, possibly be no carrying over funds.

## Review preliminary notice regarding NIMH practice-based research network

If MHRN will continue to be funded, this is the likely mechanism.

## Early thoughts about infrastructure for third cycle of MHRN funding

Similar infrastructure and funds as MHRN II. Call for more specific methods core.

What’s our role in new ketamine-like drugs? What are some new tech/drugs that will come along that we might want to pay attention to? Implementation science? Access to firearms?

Resources to ask for more info on methods core: Look at other NIMH-funded Centers with Methods Cores, for example, Rinad Beidas and ALACRITY Methods Core

## Brainstorming about project ideas for third cycle of MHRN funding

1 large project (pragmatic trial) R01 and pilot projects (2-4) R34.

Middle of March- send 1 page idea and general budget plan.

If we have more proposals than available spots we already have, we will decide at our April meeting.

Pragmatic trial can build on our previous studies, but pilot studies need to be new and innovative.

Possible ideas:

* Arne Beck – Mindfulness-Based CBT for Perinatal Depression; possibly 3 sites
* Ashli Owen-Smith- opioid use in mental health patients. If interested, contact her.
* Karen Coleman - Culturally appropriate shared decision making in depression patients ; KPSC and Denver Health (Jeannette Waxmonsky)
* Chris Lu/Frances Lynch – Evaluating risk prediction models- how humans use these models, focused on people reacting to it, how do you communicate with patients
* Leif Solberg – work with HC Systems and implementing new HEDIS measures; more of a pragmatic trial than pilot (which focuses on innovation)