Logistics and Process

1. Report out by December, potentially a memo to make recommendations in this area on how we promote BH prevention and promotion within Early Intervention area.
2. Be prepared to give updated during regular commission meetings
3. By late October/Early November: Devote a commission meeting to working groups. Each group would break out and report back to the Commission at the end about what they are working on and brainstorm goals and any opportunities for collaboration.
4. Meet bi-weekly and/or monthly over phone or in-person

Initial Areas/Thoughts to Explore

1. Schools integrating services as a context to explore
2. Keeping people out of hospital and jails, think very broadly
3. Inviting other communities, task forces, coalitions to learn more about their processes and whether or not there is any overlap with their current work

What Does EI Mean for Each of US?

1. Think broadly, intervene at the earliest stages in multiple contexts and areas of interest
   1. Turn it on its head. Early intervention can be anything that involves interventions that if not otherwise provided, would lead to long-term issues for population
2. Maternal-child health
3. Child development and the needs of children
4. Family and caregiver support and involvement for children to prevent future pathology (i.e. mental health crises and jails)
5. Focus on social determinants of behavioral health issues and look at interventions or innovative programs to think about resilience, self-regulation and skills to function
6. Primary and Secondary Levels in Public Health Model: do we focus on the entire population or target groups with specific issues

Focus Areas

1. Focus on children
2. Focus on schools
   1. MHLAC sees most clients have been “pushed out” of schools
   2. Reach out to school reps to check their curriculum to see what works. Ex: Brockton “trauma sensitive” curriculum
3. Focus on families and caregiver support
   1. maternal/child development work
   2. Family caregiver involvement when possible
4. Focus on changing existing policies or new policies based on current gaps
   1. find existing policies that can be changed quickly
   2. identify state agencies that can work together
   3. “small pockets of change”
5. Maryanne: recovery support services and early intervention with people in recovery to support prevention in substance use
6. Phil: Better funding for programs that keep people out of institutions, i.e. bias training, police crisis training
   1. Overlaps with targeting vulnerable communities
   2. Intersectional view: which social identities/traits contribute to MH/BH
7. Susan: Peer support and training for implicit biases i.e. training for police and housing first; working with children on implicit biases early on, so the kids learn to ask for help
   1. What programs are schools using to teach “self regulation”
   2. By putting the focus on children it would in turn require support from school and families
8. Yaminette: Focus on early intervention in areas where social works can optimize their roles and have an impact in, i.e. families, schools, jail

Policy Goals

1. Get rid of “ingrained bad practices”
2. Overcome the stigma attached to mental and behavioral health: “it’s ok to reach out”
3. Focus on kids in the context of their families -> supporting family as a whole can lead to early intervention for the child
4. Find the gaps in current policy and integrate those gaps into a better understanding of what needs to be done

Next Steps

1. Each person to research potential concrete policies where early intervention area can focus
2. Meet again October 6th at 1pm