

# Painting a Brighter Picture of Infant and Early Childhood Mental Health in Greater Minnesota



**MINNESOTA**  
**THRIVE**  
 **INITIATIVE**

MINNESOTA INITIATIVE FOUNDATIONS

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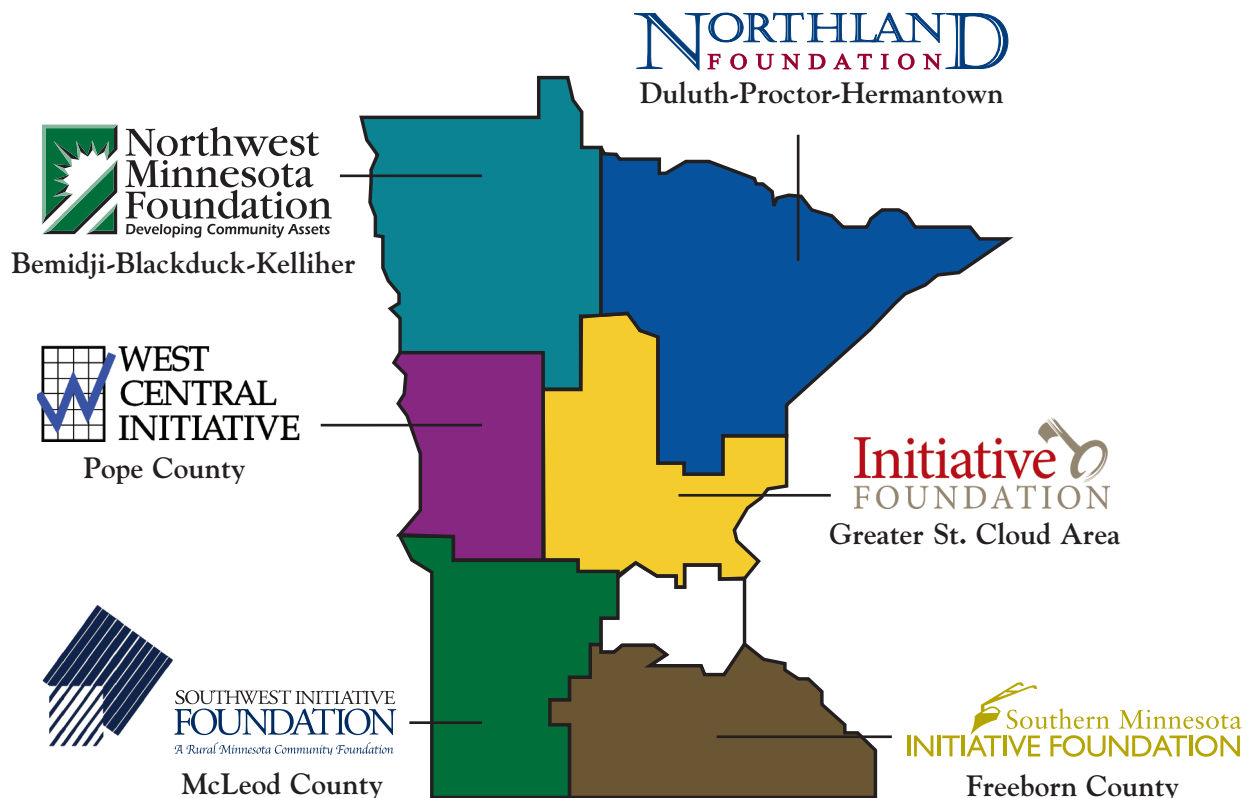
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The Minnesota Thrive Initiative promotes the healthy social and emotional development of infants and young children.

## Painting A Brighter Picture

**A** newborn lies in her crib, crying. She could be hungry, wet, or sick. Maybe she just needs to be held. Are her cries ignored, or is she picked up and gently soothed?

A toddler with separation anxiety throws a tantrum each morning at child care. Does the center's staff know how to handle his distress and help him get back on track?

Everyday, very young children are learning about their world. They learn that it is a safe, welcoming place to explore, learn, and grow or that it is cold and unpredictable. Mental health begins at birth and continues to develop through the infant, toddler, preschool, and school years.

Research now underscores what many people have instinctively long believed: early experiences and relationships are the cornerstones of our lifelong social-emotional foundation. It may be a sturdy foundation built

on loving, consistent care, or, it may be shaky and in need of extra support.

How can we ensure that our youngest citizens are given a strong social-emotional foundation and that families of little ones with mental health issues can access the services and resources they need? The six Minnesota Initiative Foundations, local communities, and a statewide network of partners set out to answer that question by creating the Minnesota Thrive Initiative.

Thrive is a groundbreaking, three-year pilot project that has joined hundreds of individuals in a common effort focused on infant and early childhood mental health. Together, we have helped connect practitioners across multiple disciplines, educate community members about healthy social and emotional development, coordinate and expand mental health services, and make Greater Minnesota a better place for children and families.

Here is a picture, painted in broad strokes, of how the Minnesota Thrive Initiative came to be and the steps it has taken to help shape a brighter, more welcoming world for our youngest children.

## Why And How Thrive Came To Be

The Minnesota Thrive Initiative is a true collaboration of the six Minnesota Initiative Foundations, Greater Minnesota community members, and a statewide network of partners.

### Setting The Stage

Infant and early childhood mental health is simply a child's ability to experience and regulate emotions, form close and secure relationships, and explore their world through play. Yet the concept of infants and young children having distinct mental health needs has not been, until recently, commonly accepted. In the past, early brain development

was neither widely studied nor clearly understood. Thankfully, that is changing.

A growing body of research indicates a vital window of opportunity between birth and age five. Young children who do not receive the care they need to meet early social and emotional milestones are less likely to do well in the first years of school. It launches a domino effect leading to a higher risk of problems later in life—problems that affect children, their families, and society as a whole. Education, early identification of mental health concerns, and proper interventions make a difference.

### Call For Action

The idea for Thrive first grew from the Minnesota Initiative Foundations' statewide early childhood care and education

## Examples Of Capacity-Building Strategies

EDUCATION & TRAINING	MEDICAL & MENTAL HEALTH INTEGRATION	REFERRAL SYSTEMS	CONSULTATION	PUBLIC AWARENESS
<p>Targeted infant and early childhood mental health trainings held for diverse sectors.</p> <p>Scholarships offered for advanced training on infant and early childhood mental health.</p> <p>Technology such as I-TV and Webinars used to increase access to cutting-edge research.</p> <p>Evidence-based and best practice curriculums implemented in early care and education programs.</p>	<p>Infant and early childhood mental health topics included in prenatal classes.</p> <p>Care Coordinator position established to integrate medical and mental health services.</p> <p>Convenings hosted for public health nurses and educational home visitors to coordinate services.</p>	<p>Infant and early childhood mental health Resource Directories developed and distributed.</p> <p>Interagency Resource Teams formed to coordinate services.</p> <p>Common Referral Form and Guidelines created to streamline services.</p> <p>Monthly convenings hosted to connect professionals from diverse sectors.</p> <p>Outreach Coordinator position created to link families to services.</p>	<p>Reflective Practice/ Consultation implemented in early care and education settings.</p> <p>Expert consultation provided to medical and mental health professionals.</p> <p>Infant and early childhood mental health incorporated into higher education curriculums.</p>	<p>Public awareness and media campaigns on infant and early childhood mental health initiated.</p> <p>Resource Fairs hosted to provide information on community programs and services.</p> <p>Culturally appropriate training and resources expanded.</p> <p>Over 20,000 IQ magazines and parent &amp; community tip cards focused on infant and early childhood mental health distributed.</p>

work, which began in 2003. Thousands of interviews in dozens of Greater Minnesota communities revealed widespread concern over the growing number of infants and young children with behavioral and emotional challenges, and a severe lack of rural capacity to provide help. Research tracing early social and emotional development to academic success and lifelong well-being only served to raise the stakes. Something needed to be done, and it would take a shared vision, serious funding, and long-term commitment. In 2006, the Minnesota Thrive Initiative was born. Through funding partnerships, \$2.5 million was raised to launch this effort.

The overarching goal of Thrive is to strengthen local support networks to ensure the social and emotional well-being of children ages 0-5, with an emphasis on ages 0-3.

### Building Blocks

As a first step, each Minnesota Initiative Foundation selected a pilot site in their region. The six sites serve a total of 28 communities and are diverse in terms of race, ethnicity, rural and urban, and socio-economic status. They represent a large geographic area that traditionally has been underserved in relation to infant and early childhood mental health.

In January 2007, each Foundation began building a grassroots Action Team. Early childhood, higher education, mental health, medical, government, and other sectors came to the table. Action Team Managers were hired to provide local leadership, and each team was guided through a Community Organizing Process.

At the same time, a Statewide Learning Community was established to link the pilot sites. An Infant and Early Childhood Mental Health Agency Partners Group was also created to promote information-sharing and contribute to system-building efforts in Minnesota.

### Continued Commitment

In three years, much has been accomplished in the Thrive pilot sites. The six case studies highlighted in this publication are among the more than 100 Capacity-Building Strategies undertaken through Thrive. Each of the pilot sites are exploring ways to sustain their efforts well into the future, and the Minnesota Initiative Foundations continue to provide technical assistance,

## Community Organizing Process

- **Build a Thrive Action Team with a cross-section of community members and hire an Action Team Manager.**
- **Offer educational sessions on infant and early childhood mental health and early brain development to ensure a base of knowledge across the Action Team.**
- **Interview community members from a broad range of sectors to determine strengths, opportunities, and perceptions related to infant and early childhood mental health.**
- **Map infant and early childhood mental health programs and services and create a local resource directory.**
- **Hold community dialogues to raise awareness about infant and early childhood mental health.**
- **Create a community vision focused on the healthy social and emotional development of young children.**
- **Develop a strategic action plan and implement Capacity-Building Strategies through task forces.**
- **Sustain efforts over time and keep infant and early childhood mental health in the forefront of community discussion and action.**

training, and financial resources to support infant and early childhood mental health efforts in their respective regions.

There is more work to be done. The need remains to ensure that all families in Minnesota have access to infant and early childhood mental health information, resources, and services. We—all of us—must continue to create a more welcoming environment for young children to explore, learn, and grow.



## What Thrive Has Accomplished To Date

The Minnesota Thrive Initiative has strengthened the capacity of Greater Minnesota communities to provide mental health services and resources for very young children and their families. Thrive has achieved a number of key outcomes, including:

**Heightened awareness and deepened understanding of young children’s mental health concerns.** Parents, early care and education providers, K-12 teachers, service providers, and community members have gained a deeper understanding of what infant and early childhood mental

health is and is not. There is also a greater awareness of what resources are available, and what is still needed, from promotion and prevention to intensive intervention.

**Increased community engagement and leadership to promote the healthy social and emotional development of young children.** More than 400 Action Team Members across the six sites are designing and implementing creative solutions to increase access to infant and early childhood mental health information and services.

**Created a network of professionals.** Thrive has linked individuals across a wide range of community sectors who previously did not have a forum to intentionally share their work, learn from one another, and join forces to

## Infant and Early Childhood Mental Health Agency Partners Group

Integral to Thrive is the creation of an Infant and Early Childhood Mental Health Agency Partners Group made up of Minnesota Initiative Foundation staff members, the Thrive Action Team Managers, funding partners (listed on page 13), and representatives of the statewide organizations listed to the right. The Foundations hosted partners meetings two to three times per year and were a catalyst for statewide conversation and collaboration among key players in Minnesota’s infant and early childhood mental health efforts. Agency partners supported local Thrive sites in a number of ways such as providing access to evidence-based approaches, training, and other resources. In turn, the Foundations and Thrive pilot sites offered an important rural voice to help inform the ongoing work of these partners.

- Foundations for Success funded by the John S. and James L. Knight Foundation
- Minnesota Child Care Resource & Referral Network
- Minnesota Community Foundation
- Minnesota Department of Health
- Minnesota Department of Health - Minnesota Children with Special Health Needs
- Minnesota Department of Education
- Minnesota Department of Human Services- Children’s Mental Health Division
- Minnesota Head Start Association
- Minnesota Association for Infant & Early Childhood Mental Health, a division of MACMH
- University of Minnesota Center for Early Education and Development

*“The Agency Partners meetings provided a unique and valuable opportunity to strengthen statewide relationships among organizations and to share emerging best practices in the field of infant and early childhood mental health.”*

*Candy Kragthorpe, Director, Minnesota Association for Infant & Early Childhood Mental Health, a division of MACMH*

strengthen essential resources and services. Through Thrive, professionals have learned more about each other's roles in relation to infant and early childhood mental health and have established mutually beneficial connections. The collaboration Thrive has facilitated has set a new precedent for working together to integrate and coordinate mental health services.

**Increased knowledge and skills in relation to infant and early childhood mental health.** Nearly 200 diverse trainings featuring experts in the field have provided communities with leading-edge information close to home. Statewide, nearly 7,200 people have participated. As a result, early care and education professionals, mental health practitioners, medical providers, and others are changing the way they interact with families and young children to support healthy social and emotional development.

**Improved community capacity to support the healthy social and emotional development of young children.** Thrive sites have implemented over 100 Capacity-Building Strategies to ensure all families have greater access to infant and early childhood mental health information, resources, and services.

**Increased inclusion of diverse communities.** Thrive sites have intentionally connected with diverse communities. Among other strategies, they have increased native-language training opportunities for Latino child care providers; translated an infant and early childhood mental health resource directory into Spanish; promoted healthy early childhood social-emotional development among parents struggling with chemical dependency issues; and strengthened understanding of the mental health needs of Minnesota's Somali community.

**Established connections among existing infant and early childhood mental health efforts.** The six Thrive sites have convened regularly to learn from one another. In addition, they have built strong connections with the Agency Partners Group. These learning communities have created a new synergy between infant and early childhood mental health work at the local, regional, and state levels.

## Infant and Early Childhood Mental Health Certificate Program

The Foundations provided scholarships to 13 rural Minnesota professionals (two to three from each site) to participate in the first cohort of the two-year University of Minnesota Infant and Early Childhood Mental Health Certificate Program. This program enhances the understanding of infant and early childhood mental health and promotes the skills necessary to support young children's social-emotional development.

Scholarship recipients have made presentations to a wide array of community groups and provided leadership on local initiatives. They have participated in reflective practice with early care and education programs and public health nurses, developed resource guides for parents, and helped prepare federal funding applications.

All 13 graduates increased their knowledge and skills based on cutting-edge research, and have embedded infant and early childhood mental health principles in their professional roles. They will be resources to their communities for years to come.

*“The partnership with the Minnesota Initiative Foundations helped us reach out to Greater Minnesota communities to engage front-line workers and practitioners in the first cohort of the program. These participants enriched the discussion during classes and offered a diverse perspective. We were pleased that our program could help build capacity of rural communities to support infant and early childhood mental health.”*

*Dr. Elizabeth Carlson; Director of Harris Programs & Co-Director of the Infant and Early Childhood Mental Health Program, University of Minnesota*

## Greater St. Cloud Area: Professional Learning Community

Initiative Foundation

The Greater St. Cloud Area Thrive established its Professional Learning Community (PLC) to expand the skills and capacity of college students, faculty, and practitioners throughout the region. The PLC's goals are to:

- Create an early childhood mental health learning community through St. Cloud State University, St. Cloud Technical College, and area agencies across the disciplines of Social Work, Nursing, Special Education, Communication Disorders Sciences, Child and Family Studies, and Community Psychology/Marriage & Family Therapy.
- Provide specialized training in Infant Mental Health (IMH) utilizing state and national experts.
- Increase communication and collaboration among members of participating disciplines.
- Integrate new IMH knowledge and inter-disciplinary perspectives into current pre-service training for professionals.
- Revise current course work and add new course options to meet competency requirements for the Minnesota IMH endorsement.
- Facilitate collaboration between higher education and area practitioners to provide field placements and reflective consultation opportunities in IMH.

A cohort of practitioners serves as field placement and reflective practice supervisors, and a speakers' bureau has been developed to provide a parent perspective for students in these departments. Recent activities include a three-credit upper division IMH course with presentations by Anne Gearity on Developmental Repair, Dr. Troy Hansen on Integrated Medical/Mental Health, and Huda Farah on Mental Health in the Somali Culture.

While in St. Cloud, Huda Farah, director of the Center for Inclusive Childcare, met with students, practitioners, and Somali parents of young children to discuss early childhood mental health. The Thrive Action Team is also working with the St. Cloud Area Somali Women's Association to conduct



The Greater St. Cloud Area Thrive team is reaching out to serve children and families across all cultures.

focus groups with Somali parents to learn about ways that everyone can support the healthy social and emotional development of Somali children and their families.

According to Dr. Maria D. Chavez, Ed.D., founder of the Family Development Program at the University of New Mexico, "Families need to feel accepted and valued, and they need to see their culture or language reflected in the program's environment and activities."

With greater inter-agency and inter-disciplinary communication and increased educational opportunities, parents in the Greater St. Cloud area are better able to access quality early childhood mental health care. And, they can expect the professionals serving them will have a solid awareness of early childhood mental health and available support systems.

*"This Professional Learning Community was a powerful staff-development opportunity which helped me grow in my understanding of the mental health field and allowed me to network with professionals from many different programs."*

*Kathleen Ofstedal Ed.D.  
Child and Family Studies Department,  
St. Cloud State University*