



John S. and James L.
Knight Foundation

Writing the Story of Transformation

Foundations for Success Helps Kids Live Happier, Healthier Lives

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May 2007

Commissioned by

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John S. and James L. Knight Foundation

Program Area

Communities Program

Priority Area

Well-Being of Children and Families

Award Sept. 2004

\$2.6 Million over five years

Overall objective

To put in place a county-wide system of care for early childhood mental health in Ramsey County, Minnesota.

Abstract

Mental health screening is now in place to reach every child in Ramsey County between birth and five years old. Over 12,000 total children were screened by March 2007. A centralized assessment provides a developmentally sound, parent-sensitive entry point for services. A collaborative infrastructure among partner organizations has been established and professionals are applying new knowledge about early childhood mental health to their daily work.

Community:

St. Paul, Minn.

INTRODUCTION

*“For these are all our children. We will all profit by, or pay for whatever they become.”
~ James Baldwin*

This afternoon, three-year-old Molly tries to stomp on her baby sister. Across town, Marcus picks up a stick and smacks his neighborhood buddy. Carmen had another tough day in preschool today, and is sullen and withdrawn.

Whose children are these? Molly’s mother is in tears: “I have bi-polar disorder and a brand new baby – I don’t know what to do.” Crystal reports that her son Marcus usually responds to stress by hitting and yelling. Carmen’s mom says that she didn’t know she was supposed to play with her daughter, since she was never played with as a child.

A committed group of visionary thinkers in Minnesota believes they are their children, too, and that their distress needs to be understood and addressed. They created an initiative in Ramsey County to identify and help the estimated one child in five who has potentially serious behavioral or emotional problems. These children need intervention and care -- care that is high quality, accessible, culturally competent, and family friendly.

Foundations for Success (FFS) is a five-year initiative designed to put in place a county-wide system of care for early childhood mental health. More than 100 community partners are working to assure that high quality services reach children where they are, when they need help. FFS offers mental health services that were previously unavailable or in short supply for young children, birth through age five. Services represent the full continuum of care, including prevention, early identification, intervention, and intensive treatment.

*“We have to remember that a child’s mental health is a part of their overall health and development, and that even our youngest children can face mental health issues that must be addressed or have lifelong implications.”
- Catherine Wright,
FFS Coordinator*

From direct service providers to policy makers, people involved in FFS understand that mental health is every bit as important as physical health. They know that families almost always are doing the best they can, but often bump up against the limits of their resources and understanding. They know how to help these children and their families. And they know that social and emotional difficulties of very young children, if left unattended, translate into deeper problems later in life – for the child, the family, and the community.

The founders of FFS decided to change that trajectory. This is their story.

A Culmination of Forces

Societal change. The profile of families in Ramsey County, Minnesota has been changing in ways that mirror trends elsewhere in the U.S. More families are struggling economically, due to factors such as job insecurity, lack of health insurance, debt, and housing costs. Parents with young children have additional stresses. Increasing numbers of kids are in child care settings for long hours each day. Parents of challenging children – sometimes coping with unresolved chemical, physical, or mental health issues of their own -- can be overwhelmed and over-extended. They often engage in disciplinary practices that actually increase their children’s aggressive and oppositional behavior.

“When she was about 18 months old, she began doing things I’d never experienced before. She started taking her diaper off and spreading her feces all over the carpet or on the walls. She did that for a about a year, sometimes two or three times a day. I didn’t know what to do.”
- Elaine, mother of Molly

Science. Research in the past decade has provided a critical mass of evidence that the brain’s development of neurological pathways is shaped by experience. When children are cared for by responsive adults and receive appropriate stimulation, their brains become “hard-wired” for exploration and discovery rather than for risk and protection. But when exposed to undue stress, babies and toddlers can develop serious psychiatric disorders such as depression, anxiety, and attachment disorders.

Social-emotional Health. Critical to healthy development is the ability of children to regulate their emotions and manage their social interactions in ways that are acceptable to themselves and others. Habitual and ingrained social and emotional problems are highly resistant to change and can intensify over time. Early identification and intervention are crucial, yet there is a dearth of practitioners who are trained to work with very young children.

Experience. Professionals who provide care and education for these children attest to the difficulty these children face in life. The developmental course has already been compromised for infants who experience multiple foster care placements, or trauma at the hands of a parent, or poor quality and frequently changing child care. Teachers increasingly are confronted with behaviors that disrupt the classroom. They have limited ability to address the underlying mental health problems. And they are under pressure to produce academic results in preschool children. As a result, children in pre-kindergarten programs are expelled at a rate more than three times that of students from kindergarten through twelfth grade.

The price is unacceptably high. Failure to identify and intervene early can result in high personal and social costs. Behavior problems that emerge in early childhood can predict poor adolescent outcomes such as dropping out of school, unemployment, relying on public assistance, criminal justice involvement, and lifelong debilitating mental and emotional illness.

“If preschoolers (who need mental health support) get to kindergarten without help, some of them never catch up. They never catch up. It doesn’t matter what you do in kindergarten, it’s too late.”
- Cindy Toppin,
Lifetrack Resources

Coming Together

Foundations for Success came into being when the Community Action Partnership of Ramsey and Washington Counties, under the leadership of Catherine Wright, shepherded an extensive community planning process. They drew together dozens of people and built upon fifteen years of prior work. At the table were the five Ramsey County school districts, which established a community-wide committee to address early childhood mental health issues. Also involved were veterans of the Interagency Early Intervention Committee. Mandated to create a system of services for children with special needs, this group had been frequently bogged down by conflicting priorities and lack of resources.

FFS leaders sponsored a parent survey in 2000. It revealed that most parents only knew of Child Protective Services and Early Childhood Special Education as resources for mental health concerns. They then drew together over one hundred community partners to develop a strategic plan. It identified screening, services, access, and public awareness as priorities.

FFS founders knew that effective intervention could change the life chances for children with mental health problems. They knew that the transformation of large-scale systems was both possible and necessary, and now they had a vision for bringing that about.

John S. and James L. Knight Foundation Involvement

The Knight Foundation's Program Director Polly M. Talen was at the table from the start. She immediately sensed the transformative potential of this work. She also understood that maximizing its potential demanded that she play an active and on-going role.

*"Knight added visibility and helped make a convincing case that investing in little kids would have a real impact. Their involvement affirmed the work of a very knowledgeable, high quality network. That brought a face to the subject, took it out of the shadows and into the sunlight: Indeed we have children who are suffering."
- Jane Kretzmann,
Bush Foundation*

Indeed, her presence as an "outsider" to the field of early childhood mental health provided crucial feedback as FFS founders tested ideas and developed strategies.

After Knight funded two pilot projects, Wright and Talen worked with partners to develop a five-year initiative to support screening, new service delivery, training, evaluation, and project coordination. Knight funded the \$2.6 million initiative in 2004. During the first two years, Talen has encouraged funding flexibility to allow adjustments based on learning from implementation and evaluation. She also has worked with FFS partners to use the visibility and influence of the Knight Foundation to raise awareness, make connections, and spur needed dialogue among funders, policy leaders, and others. FFS is now at the mid-point of the five-year grant.

This report documents the experiences and perceptions of thirty-one professionals, practitioners, and parents involved with FFS. What makes it a transformative systems change initiative? What difference do they think Foundations for Success is making? What can be learned from this transformation-in-progress?

WHAT MAKES FOUNDATIONS FOR SUCCESS A TRANSFORMATIVE SYSTEMS CHANGE INITIATIVE?

FFS has five characteristics that make it transformative.

1. It has strong guiding principles.
2. Its new services provide coherence and continuity within the larger system.
3. It is grounded in research-based knowledge and continuous learning.
4. It creates and cultivates crucial relationships to achieve its ends.
5. It is designed for sustainability.

1. Strong guiding principles

“There isn’t a parent out there who doesn’t want to do better by their kids than was done by them.”

*- Scott Harman,
St. David’s Child
Development and
Family Services*

Child- and family-centered. Foundations for Success partners think of the child holistically – as a part of a family, a community, and a culture. FFS works to build services that are child- and family-centered, accessible, and culturally competent, and that stress prevention and early intervention. They strive to offer help in settings where children live, play, and learn. They endeavor to provide support and guidance to parents and others who are central to the child’s healthy development.

Systems orientation. Foundations for Success conceives of child-focused services and institutions as a system, with points of connection, interaction, feedback, and leverage. It developed a visual tool (attached) to depict system elements along a continuum from prevention to intensive intervention. This tool illustrates system capacities and gaps. It enables people to see where their own work is located and how it relates to the whole.

Broad scale social change. FFS works to increase awareness of child development, mental health, and cultural perspectives, so that community norms and government policies will reflect children’s needs as a priority. It has co-sponsored statewide trainings of professionals, met with public officials, made presentations to local and national grantmakers, and developed newsletters and web-based tools.

Expansive base of allies. FFS creates opportunities to bring together stakeholders, expand the base of committed partners, and unite the efforts of allied professionals. It has helped create momentum for efforts to improve training, funding, and program development at the University of Minnesota, Minnesota Head Start Association, Minnesota Association of Children’s Mental Health, Children’s Physicians Network, private insurance companies, and numerous other entities.

“It’s my passion to work with little kids. I love them for their own selves. Helping to change what’s happening for them is a visionary passion that is very thrilling to me.”

*- Glenace Edwall,
Children’s Mental
Health, MN
Department of Human*



Why the guiding principles are transformative:

- They start with what is good for the child, not what is good or easy for the system.
- They have generated tools that provide concrete guidance for discussion, analysis, and solutions.
- They have produced alliances that mobilize involvement by others and contribute to more seamless interactions among the many professionals involved in a child's life.
- They have generated communication messages that expand the web of knowledgeable adults who can take action.

2. New services that provide coherence and continuity

Screening. The service innovation with perhaps the largest system-wide impact is screening. FFS created a system of standardized mental health screening to reach every child in Ramsey County from 0-5 years old. Parents fill out a questionnaire to provide an initial indication of a child's social-emotional development. Results are tabulated on site and discussed with parents; those whose children have elevated scores are offered a referral for a fuller assessment. The goal is to screen 10,000 children a year.

Despite having little history of collaboration, multiple agencies in different systems reached agreement on the process: five school districts, Head Start, Child Protection, and numerous community child care settings and medical clinics. These entities not only agreed to do the screening, but to provide it on an in-kind basis and make it a permanent part of what they do.

Their agreement to use a common tool also was groundbreaking. Each screening site administers a state approved, standardized tool, the Ages & Stages Questionnaire: Social-emotional scales (ASQ:SE). The tool initially was available in Spanish as well as English. FFS provided funds and worked with the authors to translate the tool into Hmong and Somali, and to collect data on its use across cultures.

Common use of the ASQ:SE assures that screening meets quality standards, can reach families in multiple languages, and will result in meaningful aggregate data. Common implementation experiences across sites helps with training and problem solving.

“There’s been significant resistance to providing mental health screening to these high risk populations because people are concerned – well, what are we are going to do with them? So you have to ask the question differently. Because even if you don’t identify kids, those kids are still there and they still have mental health issues. We can’t pretend they’re not there.”
- Ed Frickson, Ramsey County Project Assist



Why the new screening system is transformative:

- It marshals an unprecedented level of cooperation and agreement across multiple systems and agencies.
- It emphasizes prevention and early detection, rather than focusing only on children whose behavior has already come to someone's attention.
- It resolves a historical problem among professionals who knew it was important to screen for social and emotional concerns, but lacked information on what tools to use and resources to implement consistent screening.
- The ASQ:SE introduces a set of concepts and definitions regarding mental health issues. This has provided a common language for conversations among parents, screeners, doctors, teachers and others.
- It creates a way to systematically document the mental health status of young children, thus providing data for the first time on the scope and nature of their needs.

Assessment. Parents whose children have elevated screening scores need a system with immediate access, ease of use, and sensitivity to their concerns. FFS created that system by working with ECIR, the Ramsey County Early Childhood Information and Referral service. ECIR immediately receives from screening sites the ASQ:SE results and information on whether the parent has agreed to be contacted. A child development professional contacts the parent, conducts a more thorough assessment, discusses parental concerns, and offers ideas on services that may help. If parents decide to take the next step, ECIR staff helps them make the connection to access services. ECIR reports back to referring agencies on steps taken. ECIR records are an important part of the database for each of the five school districts.

Why the centralized assessment process is transformative:



- It provides through ECIR a single entry point for all families in the county, ensuring their access to developmentally appropriate, culturally and linguistically competent mental health assessments.
- It engages parents in a way that neither stigmatizes nor blames, helps them understand and interpret what is going on, and keeps them in the driver's seat.
- It provides both information and impetus to develop more appropriate services. Comprehensive screening and assessment exposes places along the continuum where services are currently insufficient; these gaps frequently result in over-reliance on Child Protection or school-based special education services.

Intervention services along the continuum. The Foundations for Success continuum serves as a visual tool to depict the full system and pinpoint where services needed to be strengthened or created. Screening and assessment steps strengthen the prevention end of the continuum, where services are available to all children with or without mental health issues. Moving along the continuum from early to intensive intervention, FFS provides funding for four additional programs:

Incredible Years. This program helps children identify and regulate their emotions, and develop positive peer relationships. The lead agency, Wilder Child Guidance Clinic, has trained over 130 teachers, who are now implementing the evidence-based curriculum in 32 preschool and Head Start classrooms. For families whose children are experiencing more significant mental health concerns, Wilder uses the curriculum to provide therapeutic playgroups and parent groups. Incredible Years promotes social and emotional competence in children, and helps parents develop healthy relationships and support their children's development at home and school.

“The whole intent behind the program is building a relationship with your kids. Turning you into the kind of person your kids want to listen to, and turning your kids into kids that you would want to interact with a lot. A lot of parents, like me, don't think they can play with their kids. I certainly never wanted to play with my daughter.”
- Laura, mother of Carmen

“We have this big push about getting kids ready for school through literacy. But if children don't have the social-emotional skills, if they can't self-regulate, and attend, and compose themselves, they're not going to be able to learn their ABC's or write their name, or anything else they're expected to do in a large group setting.”

– Carol Stromme, Resources for Child Caring

Project KEEP. This intervention provides therapy to children in child care and pre-kindergarten settings. These are children who may have a mental health diagnosis, but who continue to function in the community. Through a partnership between St. David's Child Development and Family Services, and Resources for Child Caring, mental health professionals team up with child care consultants to provide therapeutic playgroups with children whose mental health issues prevent their capable functioning in the classroom.

Project KEEP also educates teachers about therapeutic interventions. It seeks to help teachers recognize mental health issues that may underlie difficult classroom behaviors and address them more effectively. This reduces the likelihood of classroom disruption and expulsion of children. To date, Project KEEP has worked with about ten groups at five child care sites.

Beginnings. This program, sponsored by Lifetrack Resources, provides in-home therapy. It is designed for children, birth to age four, who have significant mental health symptoms such as anxiety, aggression, depression, or attachment disorders. About 90 percent of the families are low income, and 70 percent of parents also have mental health difficulties. Therapeutic interventions focus on strengthening the parent-child relationship. Hands-on activities in the home and community enrich family relationships and improve functioning.

“A lot of agencies don’t provide services they can’t bill for, but because we have this grant, we can. You say your kid is throwing temper tantrums in the grocery store? Let’s go to the grocery store and work directly on it. We can go to school meetings if the school is concerned about the child’s behavior. I took one mother (whose car was broken down) to get her health insurance reinstated so that she could get back on her meds. This lets them know we are caring for them and their child. Not just telling them what to do, but providing what they need to do it.”
- Christine Hensgens, *Beginnings*

“Amber is a different kid than a year ago...She had amazing temper tantrums... and was terrified of everything. She’d been sexually abused... Fraser has been wonderful for her. Talking with her and getting the secrets out. They talk to her all the time about being safe. That’s been huge. It’s new to her that people actually care that she’ll be safe. I want so much for her to know there are wonderful people in the world.”
- Louise, foster mother of Amber

Preschool Day Treatment. This program serves children who have such severe emotional and behavioral disturbances that they cannot function well in the community or at home. Their behaviors may stem from neurological vulnerabilities, traumatic experiences, exposure to drugs or alcohol, or disrupted attachments to adults. Fraser Child and Family Center provides intensive group therapy at its Minneapolis location, and in Ramsey County through a partnership with Head Start. Children receive three hours of group therapy daily for a full year or until they meet their goals. Parents attend monthly family therapy sessions and therapeutic parenting support groups.

Why the continuum of services is transformative:

- It was not designed only to address gaps in service, but to create continuity through use of common curricula and a shared developmental and relational focus of therapeutic interventions.
- It provides services as early in a child’s life as the need is known, and with the minimum intervention needed.
- Services are provided in natural settings, where children spend time and where parents have existing relationships. This makes them more available, affordable, and acceptable to parents.
- Services implemented in child care, Head Start, and pre-kindergarten programs are designed to improve the knowledge

and skills of existing teachers. This builds the capacity of those programs to work with all children more effectively.

3. Research-based knowledge and continuous learning

Knowledge base. Foundations for Success is built on a strong base of child development theory and knowledge. Partners agreed to implement and promote a common approach that acknowledges two core realities: development in very young children differs in crucial ways from that of older children, and interventions must incorporate attention to the caregiver-child relationship. Additional criteria were that strategies must have been well researched and culturally tested. Tools being used are the ASQ:SE screening tool; the DC 0-3, a diagnostic manual adopted by the state for training and programs, that promotes a new way of doing diagnostic work; and the Incredible Years curriculum, which is used in programs all along the FFS continuum.

Research and evaluation. Foundations for Success contracted with Wilder Research to provide evaluation at each step of the way. Wilder collects screening information including data on demographics and elevated scores; it also collects information about administration of the instruments and parent perceptions of the process. For children who receive services in FFS funded programs, Wilder assesses child and family outcomes through pretest and posttest information and parent interviews. System level evaluation includes an annual scan of available services, and gathering information from families, service providers, and other key informants.

Wilder evaluators report findings on an on-going basis, and sit on the Steering Committee, where they provide research-driven recommendations and guide a process of continuous improvement. Committee members use evaluation findings to develop action plans and identify emerging research questions.

Continuous learning. Participants learn not only from the formal processes built into the research and evaluation design, but routinely – and eagerly -- from each other. Peer learning is integral to Incredible Years training; teachers are videotaped, and are convened to review the tapes and share ideas. Project KEEP brings together mental health professionals and teachers to observe each other in action and develop new skills.

Other venues are equally important for continuous learning. Steering Committee meetings allow colleagues to share perspectives, discuss evaluation findings, and form work groups to take action on identified priorities. In addition, FFS sponsors bi-monthly community meetings where

“Now I hear teachers saying, ‘It sounds like Tommy’s upset. Look at his face. He’s mad because you took his toy. What can you do to help him? Let’s talk.’ You really see a difference in the language they’re using, and they feel much more confident. And because of all these positive things they’ve done, they have less discipline problems. They also develop a lot of really positive classroom management strategies. It’s ongoing and it’s part of who they are now. That’s the piece I didn’t expect – you have this curriculum for the children that affects the adults so much.”
- Pat Landy, Incredible Years

anyone can come to learn about early childhood mental health efforts in Ramsey County and participate in the shaping of those efforts.

Why the knowledge and learning focus is transformative:

- It gives coherence to the system, helping planners and providers all across the system develop common understandings and work toward the same goals.
- It focuses evaluation resources on continuous improvement rather than end-point accountability. Rigorous data collection and analysis are integral rather than marginal, and inform decisions as the work unfolds.
- It places a high priority on diffusion of consistent messages about social-emotional development.
- The comprehensive body of data that it is producing is essential for influencing policy and funding decisions.
- It is inclusive. Monthly community meetings serve as a “watering hole” for all people in community who want to learn about early childhood mental health issues, and work with colleagues to develop new strategies.

4. Creation and cultivation of crucial relationships

Relationship focus. Foundations for Success embarked on its partnership with the core premise that success depended upon relationships of trust built over time. It cultivates relationships that are crucial to the achievement of its wide-ranging goals, from peer exchanges on classroom strategy, to system level cooperation on statewide DC 0-3

*“Oh! Having partners is so valuable to the schools. We too have long arms and big hearts. It’s heartbreaking (when kids don’t meet program criteria) because we know they still need support. Having this kind of network allows us to get families to another place in the system and get support... You can’t do it alone. None of us has enough expertise, money, nobody.”
- Ann Bettenberg, Mounds View Schools*

training. Relationships of trust and mutual accountability are created and sustained when all participants are recognized for their piece of the puzzle, and asked to make meaningful contributions.

Dynamic collaboration. FSS is designed as a collaborative – but partners are not referring to a static structure. They construct interactions and create opportunities so that people can work together on tasks, recruiting others when additional perspective or influence is needed. This dynamic view of collaboration requires sensitivity and adaptation to changing project needs.

Strong leadership. FFS was founded when a visionary leader set out to change the landscape of mental health services for young children. Catherine Wright's passion and conviction stimulated the involvement of other motivated and experienced leaders, many of whom had been pressing this agenda for years. Early funding enabled her to dedicate time for leadership functions, and to synchronize participation of others.

Shared leadership. Two years after the launch of FFS, a Steering Committee was formed to institutionalize a shared leadership structure. It serves as the decision making body for FFS; oversees work groups; and assures continuity, communications, and meaningful participation of families and other community members.

"It's incredible how the Steering Committee can deal with conflict and agree on things. It's because the children get a benefit – they keep the children at the center."

*- Antonia Wilcoxin,
Children's Mental Health, MN
Department of Human Services*

Why these relationships are transformative:

- They honor history. FFS builds on 15-20 years of prior work, capitalizing on the existing relationships and collaboration experience of many partners.
- They transmit and reinforce the core values of FFS. These values motivate involvement even by people who will gain nothing directly, but who want to contribute because it is the right thing to do for children.
- They create work associations that have intrinsic value and create ripple effects. Many people have begun to work across former boundaries and in new partnerships that extend outside the FFS initiative.
- They build in tenacity. Large numbers of people are invested in the daily work and accountable to each other for the success of FFS. This reinforces their determination.
- They extend beyond the usual boundaries. Through relationships, the knowledge generated by FFS is beginning to influence discussions and decisions in other counties of the state, and in other states. For example, the screening efforts through Foundations for Success are being replicated in Head Start programs throughout the state and in medical clinics across the metro area.

5. Designed for sustainability

Embedded programs and products. Foundations for Success was deliberately future-focused when it added its new services into strong existing programs along the continuum. This eased the introduction of new services, and made efficient use of existing resources. The Preschool Day Treatment and Beginnings programs were implemented by agencies that were expert in service delivery and knowledgeable about third party reimbursements. Project KEEP added mental health services to the county's existing child care consultation program. The bulk of ASQ:SE screenings are carried out at school screening sites, where the elaborate administrative apparatus already existed for other types of screening.

“The other thing that was a given, an absolute, was that we didn't want to create any more things that wouldn't have sustainable funding. So when we created a service, from the beginning we wanted to identify how it would be sustained. We didn't want to create something for a few years and then have everybody talk about it for the next ten years as, ‘Remember the good old days?’”
- Louise Brown

Leveraged funds. Foundations for Success has leveraged funds from both public and private sources. For example, Head Start funds help pay for day treatment services provided by Fraser Child and Family Center. FFS pooled resources with several partners to conduct statewide trainings that have reached hundreds of mental health professionals, pediatricians, and child care providers. Discussions with foundations have helped motivate the investments several have made in early childhood mental health. FFS also helped leverage Medicaid and private insurance reimbursements. Four FFS partners have now become certified to receive a new Medical Assistance benefit that allows reimbursement for mental health services provided outside clinic settings.

System infiltration. A critical component of FFS sustainability is increasing the knowledge, motivation, and momentum among leaders who will take action in their own spheres of influence. Communications activities, trainings, and policy level problem solving are some of the means through which FFS has created momentum for systems change into the future.

Why these actions toward sustainability are transformative:

- Programs are more likely to be sustained where they can dovetail with pre-existing agency priorities, capacities, and funding streams.
- Participating agencies could not have adopted the service innovations without funding support. Now that costs have stabilized and the value is clear, in many cases they can sustain them with small increments of their own funding.
- The new Medicaid and private insurance reimbursements set an important precedent for on-going policy initiatives to expand mental health coverage.

- Doctors, teachers, and other professionals are learning that mental health problems are real and early intervention is crucial; increasing numbers are involved in training, screening and referral.

A TRANSFORMATION-IN-PROGRESS

Accomplishments to date: a summary

- **Mental health screening** is now in place to reach every child in Ramsey County between birth and five years old. It took much of the first two years of the Knight grant to coordinate partners, establish procedures, train professionals, and develop reliable data collection. As of January 2007, over 5,300 children had been screened, with that number surging as families prepare for next school year.
- **Centralized assessment** provides a developmentally sound, parent-sensitive entry point for services. Wilder evaluators are following up with families to learn what happened with their referrals and how services might be improved.
- **A collaborative infrastructure** has been established. Leadership and work group responsibilities are widely dispersed. A shared understanding of the vision for a continuum of care provides focus for on-going program development and policy advocacy.
- **Professionals are applying new knowledge** about early childhood mental health to their daily work. The ASQ:SE screening tool and the DC 0-3 diagnostic scheme have introduced concepts, definitions, and common language across multiple systems and agencies.
- **Data collection systems and evaluation findings** are documenting the scope and nature of need, and yielding research-based recommendations that have implications for public sector planners and the community at large.
- **Services to children** in over 40 classrooms and a variety of home and agency settings have reached hundreds of children and families. Wilder currently has data on 102 adults and 281 children served through the end of 2006.

“The true systems change is that now the infrastructure exists where it didn’t before. That’s huge. The value added speaks for itself. If this money goes away, the people in the system are going to look at that gap and say, ‘Hey, we can’t afford to let this go.’”
 - Mary Sue Hanson,
 Suburban Ramsey Family Collaborative

“Something that hit me this week is that (with FFS) we have at least one place in the state where we can point to a model of integrated services for early childhood that doesn’t exist anywhere else in the state – and very few places around the country, really.”
 – Glenace Edwall, Children’s Mental Health, MN Department of Human Services

- **FFS is serving as a model.** Head Start programs across the state are building mental health continuums of care for their children and families. Other counties in the state are looking to FFS for guidance. National networks of people concerned about children’s mental

health are expressing interest in learning from FFS.

Next steps

Foundations for Success has reached the midpoint in its Knight Foundation grant. Along with excitement and pride in its accomplishments, participants provide a frank assessment of work that lies ahead. Areas that need continued attention are:

- **Lack of depth along the continuum**
Although services are now available at each point along the continuum, they are not always enough. The system is still discovering the scope of need for interventions, and attempting to build sustainable capacity to deliver services where and when families need them. FFS also continues to work with others to build a larger pool of mental health practitioners with infant-toddler expertise.
- **Issues of race and culture**
FFS partners recognize that people of color face unique barriers in a system of providers who are predominantly white. They are exploring strategies to increase culturally competent and culturally specific services. The shortage of well-trained providers (including persons of color, men, and staff with specialized language skills) is of particular concern.
- **Engagement with parents**
Foundations for Success continues to augment intervention strategies so that they will engage parents as much as possible. The caregiver-child relationship is paramount for healthy development, and in almost every case is a resource of love and motivation unmatched elsewhere.
- **Fragility of public funding**
Public funding systems have not fully embraced early childhood as a priority. Many services provided by FFS partners are dependent to some extent on public dollars. Some plans to sustain services through public funding sources now appear less certain. Continued policy advocacy is a priority.
- **Turnover in the system**
Five years of Knight funding has provided FFS with critically needed time to develop the system. It is also long enough to experience change and attrition. Resource inventories need updating. New personnel require training. It is a system that requires continual renewal.
- **Leadership structures**
FFS is gradually shifting from a strong central leader to a shared leadership model. The Steering Committee and work group structures are relatively new, and require infusions of time and commitment. The new model has the potential

to lead to healthier and more embedded ownership of Foundations for Success in the community over time.

Reasons for optimism: Every changed life

Foundations for Success partners have reason to be optimistic. Changes at the system level are profound, and are spreading. Problems are being tackled. Energy is high. But the most important reason for optimism is seeing the difference being made every day in the lives and futures of children.

“Before FFS, there was nothing. There was nothing. A child was lifting her skirt on the bus. Somebody came to me to complain. I said, ‘Tell me more about this child.’ They said, ‘Well, she is in her third foster care home; she’s been sexually molested.’ And I said, ‘Then this is the behavior you might expect.’ ‘Yes, but we have to help the child not to do this anymore.’ And I couldn’t make a referral... The huge difference now is there is a place to refer. And that is really life changing. That makes this little girl become a young woman who is somewhat healthy, rather than one who felt destructive and may not have a healthy adult life.” - Antonia Wilcoxin, Children’s Mental Health, MN Department of Human Services

“I was on the ground floor looking at these needs 15 years ago. To actually see a system in place -- that’s working, that’s parent friendly, that’s producing results for kids and for their parents – how could that not be marvelous?”
- Margie McMahon, White Bear Lake Schools

And in the words of parents:

“Most of what he’s learned (from Incredible Years), he’s brought home. I get frustrated easily, so I might react to something by saying, “They’re being stupid!” And Marcus will say, Mom, you’re getting mad. You need to take a deep breath.’ I’m learning so much from this program that helps me with my other kids, too.”
– Crystal, mother of Marcus

“That hour that (the in-home therapist) invests in us in a week – she gets so much done in an hour. I’ve seen so much progress in Molly over the past year, and I’ve changed, too. Before, I had such anger towards her. It’s hard to say you’re fed up with your own child. It’s so rewarding to say now that I can enjoy her. It makes me feel so much better as a mom. A year ago there were literally days when I couldn’t stand her. It was heartbreaking. Now there aren’t really days like that anymore.” - Elaine, mother of Molly

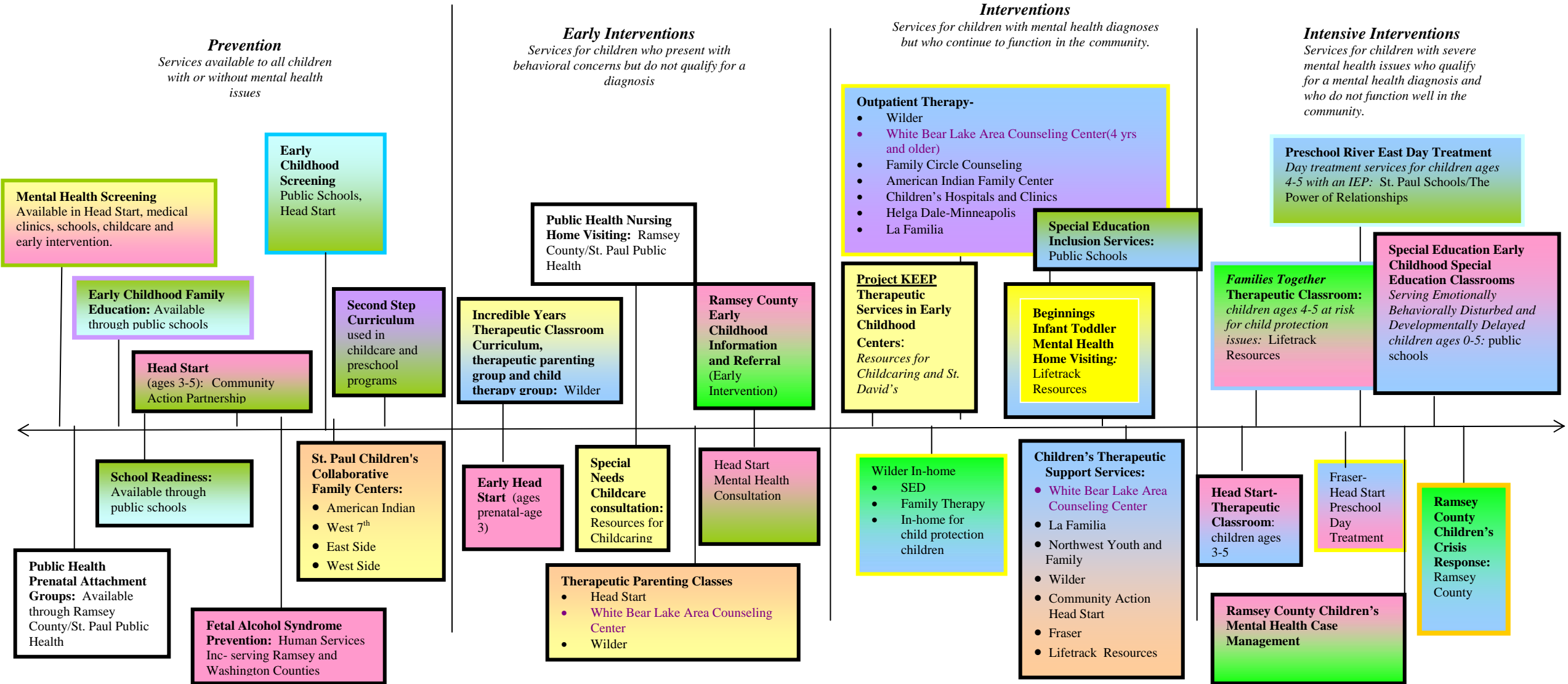
“She may have started out in life with fewer skills than other kids, but I think with what she’s learned in therapy, she’s way ahead of other kids, too. She can talk things through. That’s unusual. I think she’s going to be a fabulous adult, I really do.” - Laura, mother of Carmen

Helping kids live happier, healthier lives, and become fabulous adults. How could that not be marvelous?



Foundations for Success Early Childhood Mental Health Services Continuum in Ramsey County

Improving early childhood mental health to support successful families and communities in Ramsey County



Funding Key

- = City funds
- = County Funds
- = Federal Funds
- = Foundations
- = LCTS Federal Funds
- = Participant Funds
- = School Funding
- = State Funds
- = Third Party Billing