The Douglas County Infant Mental Health Project

A playbook for improving family services through a professional collaborative approach

Portland State UNIVERSITY

THE Ford Family FOUNDATION

Contents

Communities seeking to build a collaborative infant mental health project are encouraged to request a copy of the DC-IMH Guide by visiting TFFF.org. The Guide contains a comprehensive description of the research underpinning the project, detailed descriptions of each phase, agendas for networking meetings, and activity templates.

Introduction

A listening project by The Ford Family Foundation in 2017 identified a need for coordinated services in the infant mental health community in Douglas County. Feedback from community members revealed that there were services, but not enough of them; there was a workforce supporting families, but they needed more education and information; and that there were relationships across family-serving agencies, but they were limited. A thoughtful multifaceted strategy was needed.

With that as the catalyst, a design team of professionals from The Ford Family Foundation, the Oregon Infant Mental Health Association and Portland State University met during 2018 to craft plans for a professional learning cohort.

The result was the Douglas County Infant Mental Health Project (DC-IMH), launched in January of 2019 by The Ford Family Foundation and Portland State University. The project, which concluded in September 2021, took place against the backdrop of COVID-19 and unprecedented wildfires in Douglas and surrounding counties. The success of the project is a testament to the strength and dedication of the group.

Our goal was to connect and strengthen the support systems for young children and their families in a place-based manner that reflected the particular needs of Douglas County. The 12-member cohort, supported by a four-person mentor team, came together across a variety of agencies for education, reflective supervision and networking opportunities.

The results have been far-reaching and are continuing independent of the project today. The relationships that were carefully created and nurtured within our collaborative model are now creating a strengthened foundation of collaborative work throughout our rural community. Our cohort members are serving as advocates and leaders in the larger infant mental health community.

We are sharing our story with you in the hopes that it may help in your efforts to serve children and families in the critical area of infant mental health. We hope you are inspired to create your own story.

Protective factors

Infant mental health is designed to strengthen protective factors in a community, including:

- ✓ Enhancing **parental resilience** to meet challenges and demands.
- ✓ Providing an array of **social connections** to mitigate isolation.
- ✓ Giving parents **coordinated and specific supports** in times of need.
- ✓ **Facilitating knowledge** of parenting and child development.
- ✓ Supporting **healthy social and emotional development** in young children.

Why infant mental health?

In Douglas County and other areas of rural Oregon, there is a significant need for services relating to infant mental health ¬– the social and emotional development of infants and toddlers in the first three years of life.

A child's experiences in the first three years of life are critical building blocks for future development. During those years, young children's development is guided by their primary caregivers, parents and others who spend significant amounts of time with them. Brain development in this critical time period affects all areas of growth – physical, cognitive, social, emotional and linguistic.

Young children need healthy attachment to primary caregivers in nurturing environments for healthy development. Since young children are absolutely dependent on the support and nurture they receive from their caregivers, infant mental health considers the health and well-being of both the child and the primary caregivers as intertwined. Using strengths-based practices, infant mental health supports the building of strong relationships that are the foundation of healthy attachment and relationships.

Infant mental health supports emerge from interdisciplinary practices that involve families, social services, health, law enforcement and education to support families and caregivers of children birth to 3 years old. Supporting infant mental health offers unique opportunities to build on coordinated care systems for families and their young children across public and private agencies.

Project overview

The DC-IMH project created a cohort of professionals from a diverse selection of professional agencies serving children ages birth to 3 years old and their families. A four-person mentor team supported the 12-member cohort.

The project was designed from a strengths-based perspective, where everyone is a teacher and a learner. Everyone has something to contribute and everyone can learn. Rather than being the expert, facilitators recognize the expertise of participants and are open to learning as well.

Project designers chose four key principles to guide the course of the project, all of them focused on meeting Douglas County's specific needs by building culturally sensitive pathways. Each principle aligns to a phase of the project.

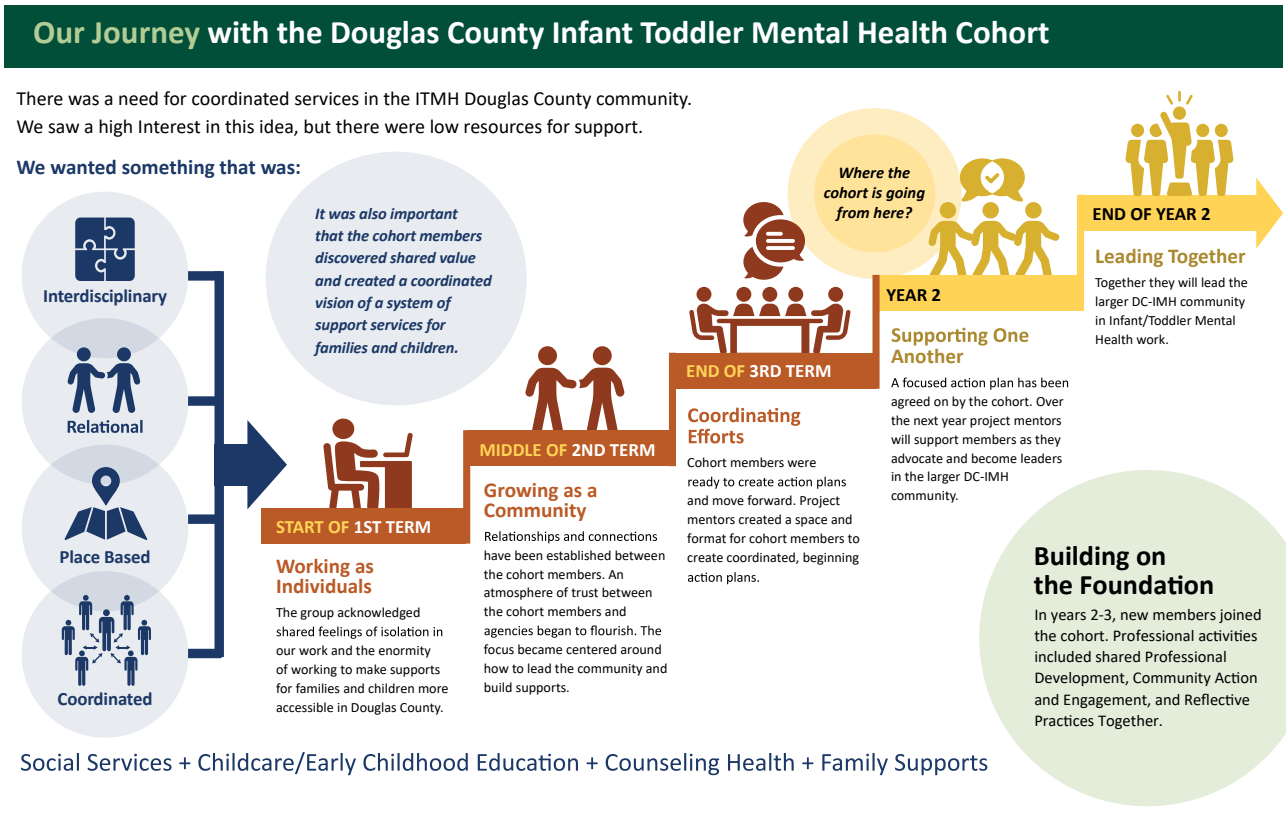
Key principles & phases

Phase I Relational: Making connections to people and agencies

Phase II Interdisciplinary: Learning new perspectives and supports

Phase III Place-Based: Making it relevant to the community

Phase IV Coordinated: Working together to move the work forward



Areas of focus

The first year of the project focused heavily on the building of relationships. In order to create a coordinated vision for a system of support services for families and children, participants needed to identify shared values and needs, and then build connections across sectors. Cohort members also began work on their PSU Infant/Toddler Mental Health graduate certificates, which were completed at the end of the project's first year.

During the second year, as relationships built trust, the outward-facing work of the coordinated approach began. A focused action plan ¬– promoting mental health to medical professionals in their community ¬– was developed by participants. Mentors supported members as they advocated and became leaders in the larger infant mental health community. Participants also continued work on their Oregon Infant Mental Health Endorsement®, and kept participating in bi-monthly reflective supervision sessions.

Within each project phase, the cohort participated in networking meetings, professional development activities and reflective supervision.

Networking meetings

The networking meetings, held quarterly, provided a space for participants to come together, build community and create a shared vision. They were also an opportunity to identify common issues and brainstorm collaborative solutions.

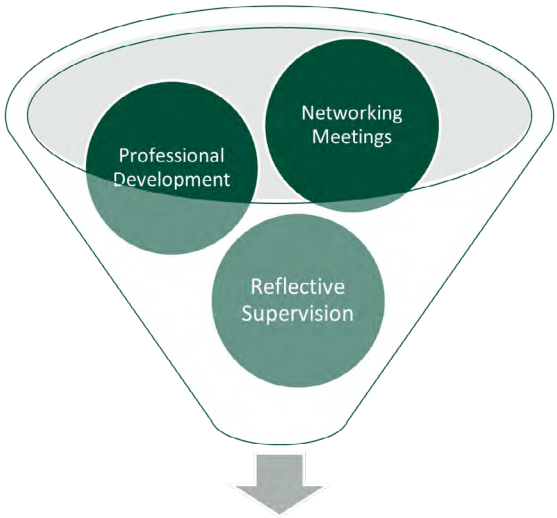
Professional development activities

Professional development activities included completion of:

- Portland State University's 20-credit Infant/Toddler Mental Health graduate certificate
- Professional development workshops
- The Oregon Infant Mental Health Endorsement®

Reflective supervision

Participants attended two small-group reflective supervision sessions each month. This gave cohort members a place to examine case studies and apply the educational materials they were learning together. The sessions also provided an opportunity to create partnerships, so participants did not feel isolated in their work or overwhelmed with uncertainty.



Building Interdiciplinary Capacity in Infant Mental Health

A multi-phased approach

Phase I: **Relational**

Making connections to people and agencies

The first phase of the project focused on building relationships so participants felt confident in reaching out to each other, and in referring families to additional services. Families often need support from multiple agencies, but increasing those contacts can also increase their apprehension and reset the cycle of trust. Because of this, the mentor team found that building relationships between the participants and their agencies was an essential part of the work. Participants wanted to be able to have connections so that they were able to refer clients to specific individuals for support services, rather than just providing them with a phone number or website.

*"**My hope is** that we build a network that captures every child and family in need to prevent risk and greatly enhance the quality of life for our community."*

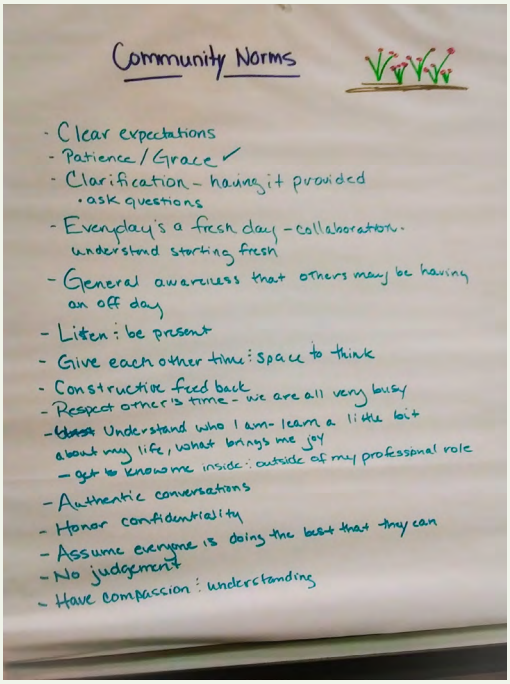
*"**My dream is** new personal and professional insights that enhance the quality of work/services/ relationships with partners and families."*

***My dream is** "Networking and making connections with providers and agencies in Douglas County – to better understand their services and be able to make direct referrals to real people."*

from the Hopes and Dreams exercise

The first networking meeting was held just after the beginning of the first term, as participants began working on the PSU Infant/Toddler Mental Health graduate certificate. **The mentor team had four major goals in this first meeting:**

1. Make the participants feel welcomed, valued, and supported in this work.
2. Ease the transition of beginning courses and answering questions about the graduate certificate.
3. Support the participants in getting to know each other and building Invite the participants to consider how their work was situated within the wider scope of the work being done within their community.
4. Invite the participants to consider how their work was situated within the wider scope of the work being done within their community.



The mentor team used several tools during network meetings to highlight these personal, professional and strategic connections. These included the journey map, a visual representation of a person's lifetime milestones, including steps they hope to accomplish in the future.

Journey maps

Interdisciplinary

Phase II: **Interdisciplinary**

Learning new perspectives and supports

Relationships matter. An interdisciplinary approach involves a small team of individuals across agencies with complementary skills, all of them committed to supporting the infant mental health needs of a family. The team works towards a shared desired outcome determined by the family and support system together. Grounded in a strengths-based approach, the work focuses on the relationship between the child and the family rather than a specific disciplinary approach. Each of the DC-IMH participants had established themselves as valuable pieces in the collage of the child and family support systems within their community. However, individual pieces must connect with each other to create a larger design. To begin this process, the participants needed to first understand where they were seeing themselves within the larger image. It was equally important for the participants to understand where the other members saw themselves.

Eco-mapping was used as a process to build awareness of the strengths, challenges/blocks, and gaps in the work in the community with infants/toddlers/caregivers.

Phase III:
Place-Based

Making it relevant to the community

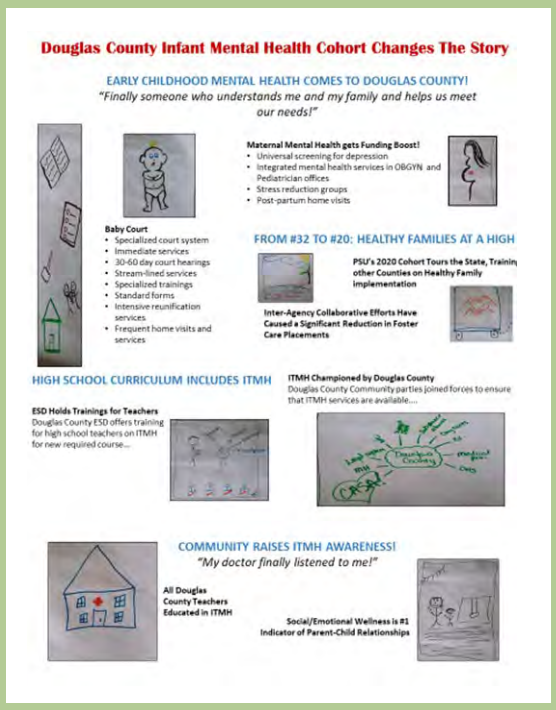
The needs of rural communities may be disconnected from many policies and support services, which are often focused on large population areas. What good are housing subsidies when there is a lack of housing available? How do early childcare and early childhood education subsidy vouchers help when there are no spaces available in qualifying programs? Furthermore, the support needed in one rural community in comparison to another can vary significantly. The Douglas County project involved participants from the same community but with different expertise in the field. That created a unique opportunity in which the needs of the larger community were considered from a variety of perspectives and understanding. And that, in turn, created the opportunity to define a shared vision for the future of IMH work in their community.

Phase IV:
Coordinated

Working together to move the work forward

Coordinated approaches to infant mental health require sustained work over time. As individuals become comfortable in groups and start to implement strategic planning, messaging becomes particularly important. Strong strategic alliances recognize that time must be spent on the relational work with the members of the collaborative. As relationships build trust, the outward-facing work of a coordinated approach begins. Thought becomes action – coordinated services and interdisciplinary practices start to move into operational stages of development, setting the stage for advocacy and ultimately policy development. The focus at this time moves to coordinated messaging emerging from the shared understandings developed during the first year of the project.

The third network meeting began by revisiting the journey maps cohort members had created in the last session. This time, the mentor team asked participants to add layers to their journey maps that demonstrated how they were applying the content they were learning, what was changing, and where they imagined themselves in the future. Sharing their journey maps helped participants see where their goals aligned and started conversations around how they could work together.



The remaining networking meetings focused largely on working through the process of creating a shared vision. Participants explored different focus areas before deciding on a plan to enhance awareness of infant and toddler mental health, particularly in the medical community.

Participant voices

I don't know if it's possible to measure the benefit of the cohort that went along with the Infant-Toddler Mental Health program. The graduate certificate on its own was wonderful, the training was good. The classes were relevant and applicable to, I think rural areas as well as metropolitan areas and everywhere in between. And that itself was awesome. However, the cohort magnified its efficacy a hundred times. Because what we were able to do was create these lasting bonds in a multi-disciplinary team setting to where now we have what we've really done is reduce the barrier to care for a lot of families in our community.

This program opened my eyes to the lack of resources for IMH in our county. The cohort model gave me the courage and strength to take a professional and personal risk to start a new job that would meet the needs of the underserved IMH population in Douglas County.

Growing impact

The relational work that began in the collaborative model of networking meetings, professional development and reflective supervision has started to expand into a strengthened foundation of relational work in rural communities.

- **Advocacy and policy development** – Localized advocacy continued to grow and strengthen as the initial cohort's work gained momentum. The cohort became aware of Oregon Medicaid reforms that had been implemented and began to discuss an advocacy campaign to health professionals. Cross-sector professional presentations increased awareness. A public campaign was designed by the cohort and those who joined from a second scholarship round to increase awareness in the community.
- **Coordinated services** – Service delivery among cohort members increased in coordination as the expanded cohort worked together. New services and a new mental health agency expanded services. Several cohort members were promoted or moved into new positions, bringing their knowledge and influence into new agencies and sectors serving young children and families.
- **Interdisciplinary practices** – Continued coordinated services and interdisciplinary practices reinforced the identification and dissemination of tools and resources that supported families to understand and respond to the mental health needs of young children

The participants continue to work together as collaborative partners of shared client families, referral sources, and to build new programs to fill gaps. Interested participants were invited to continue with reflective supervision after the formal group processes ended. Master's level clinicians within the cohort were also invited to continue training to become reflective supervisors themselves to build further provider capacity in the community.

Lessons learned

We learned a lot from each other during the course of the project. Here are some of our takeaways.

1 **Relational work is important in rural communities.** Building relationships need to take place over time, both as a primary and ongoing focus of the rural infant mental health work.

2 **Both interdisciplinary and multidisciplinary practices need to be developed.** Working towards a multidisciplinary coordinated system of care for diverse rural communities required mapping of individual and organizational connections. Activities reveal both strengths of connections and silos of organizational information or bias based on narratives of competing resources.

3 **Strong place-based work acknowledges the complex relationships in rural communities.** Projects need both leadership in the community and external supports to address issues of transparency between agencies to mitigate issues of perceived organizational power or preference.

4 **Sustained and transparent coordination is required for systems change.** A project needs to develop a unified understanding of the group's goals. It is important to slow down to allow the process to unfold. Historic beliefs about individuals and communities require time to re-orient to build trust and new understandings.

I think the infant mental health graduate certificate program that I went through, as well as the work I've done with the cohort, played a role in the attaining of my promotion, because I have some specialization now in a niche mark and an age range that really there's a depletion.

The conversations in our community and the education around the need for IMH specialists, there is an awareness that there are issues that can be accessed, and I think as people are learning that we don't have to wait until children are age 5 to discover that we can support children, that conversation is growing.

I am so grateful for the work that PSU has put together and the journey we have been able to go through as a cohort with The Ford Family Foundation helping us because I think none of us would have the career focus we have without it and families are being touched in a way they would not have known to touch before.

"There is no power for change greater than a community discovering what it cares about."

Margaret J. Wheatley

Portland State UNIVERSITY

THE Ford Family FOUNDATION