

RECOMMENDATIONS FOR INFANT MENTAL HEALTH SERVICES, SYSTEMS, AND FUNDING
--

This discussion group recommended that the State of Minnesota develop a grant process for local communities to identify an individual to be trained as an Infant Mental Health Specialist.

1. Require that grant be built into an ongoing, successful collaborative structure within the community. Let each community decide which structure it would like to use as fiscal agent for the grant (IEIC, collaboratives, etc.).
2. The person nominated to serve as Infant Mental Health Specialist must be linked to the community's collaborative structure identified in #1.
3. Communities should be given the flexibility to define their "community" for the purpose of the grant (using the geographic boundaries or other criteria that make sense to them in defining their community).
4. The role of Infant Mental Health Specialists should be to integrate, coordinate, and develop methods for screening; and provide consultation regarding infant mental health issues to community providers.
5. The training component should consist of a core curriculum delivered to all identified Infant Mental Health Specialists. Training should be supplemented according to individual and community needs and interests.
 - Project Exceptional is one possible model to link people so that a statewide network of IMH specialists exists and is maintained and so that ongoing training can be provided to those in the network.
 - There will be community needs beyond what the Infant Mental Health Specialist can address. By developing this position in every community, service gaps will become more evident, and there will be a need to put other elements in place to fill those gaps.

Other Opportunities:

The Children's Cabinet has developed priorities for the next legislative session that mirror those for infant mental health. We need to find ways to become part of this effort. The three priorities targeted by the Cabinet are children's mental health, child welfare, and early intervention. This commitment by the Children's Cabinet represents a wonderful opportunity to move forward.

Funding:

- Explore options for coordinated funding pools among social services, education and health, plus foundation and corporate support.
- Explore foundation and grant support: Local community activities are often funded through a combination of private foundation, corporate, and public support.

Discussion Group Members			
Christopher Watson, Facilitator			
Cathy Hansen	Lola Jahnke	Dorothy Liszka	Joan Mick
Kathy Bushman	Karen Heyer	Barbara Belzer	Kerry Volkers
Terri Helland	Karen Lindberg	Cindy Toppin	Kathleen Spегgen
Doris Bailey	Robin Exsted	Anne Gearity	Glenace Edwall
George Realmuto	Terry Hallfin	Jean Martin	

RECOMMENDATIONS FOR INFANT MENTAL HEALTH TRAINING
--

This discussion group brainstormed the “who” of training. There is a large and diverse audience for training, including child care staff, families, subspecialists, judges, and members of religious communities. This group put specificity aside and came up with general recommendations.

1. The State of Minnesota will provide leadership in curriculum development and training of interdisciplinary Infant Mental Health (IMH) specialists, including the following content areas:
 - information/theory base
 - assessment/screening/referral resources--how you do it, knowledge of resources used
 - intervention/treatment methods
 - consultation/supervision/training tools
2. The State will provide leadership in identifying and developing infant mental health education and training materials. There is a need to address the various levels of training—the specialist, the mental health clinician, direct service, child care staff, line staff, and others.
3. The State will provide leadership for professional development/continuing education in the area of infant mental health for professionals working with families of young children with disabilities, and including attention to prenatal issues.
4. The State will provide leadership in identifying and providing an IMH base and skills necessary for direct service personnel working with infants and young children with disabilities and their families.
5. The State will identify a network of individuals with expertise in infant mental health and a mechanism for their provision of consultation to communities. The goal is to support the development of expertise within communities.
6. The State will provide leadership in offering parent and family education for families of infants and young children with disabilities.

Discussion Group Members

Susan Schultz, Facilitator			
Scott Harman	Joan O’Leary	Valerie Ritland	David Fisher
Connie Abbott	Linda Olson Keller	Betsy Horton	Tom Anderson

RECOMMENDATIONS FOR INFANT MENTAL HEALTH PUBLIC AWARENESS/EDUCATION & SUPPORT/ADVOCACY/POLICY DEVELOPMENT
--

This discussion group recommended that the State of Minnesota:

1. **Develop and support a general awareness campaign regarding infant mental health.**
 - State and grassroots partnership needs to be developed.
 - Develop a brochure.
 - Produce a glitzy campaign.
 - Connect with current messages around violence (e.g., Columbine)
 - Stigma issues need to be addressed by talking about infant/children's mental health (e.g., Oprah Foundation 30-minute video that addresses stigma)
 - Emphasize the relevance to families across all socioeconomic levels.
 - There is a need to train and teach about child development.
 - Include information regarding prenatal through early childhood ages.
2. **Conduct a public relations campaign targeted at the State legislature and others for specific wants and needs.**
 - Advocate for increasing staff and pay for those doing the work (e.g., child care staff).
 - Advocate for universal screening and connections for services.
 - Increase access for the 10% of families who do not want screening for infant mental health concerns.
 - Advocate for increased resources for training and expert consultation (e.g., improve access).
 - Encourage universities and colleges to develop certificate programs or degrees in infant mental health (medical schools, social work, education, public health, psychology, nursing).
 - Advocate for a stable "medical home" for each Minnesota family (i.e., a primary care physician).
 - Increase child find (early identification) and finding services for children and families.
 - Advocate for parental leave policies in workplaces.
3. **Examine, support, and encourage individual changes needed in State agencies and programs.**
 - All disciplines (education, health, social service, etc.) need information on young children regarding social-emotional development and relationships.
 - Connect with licensing and other monitoring agencies to facilitate infant mental health services.
 - Examine policy, procedures and practices (i.e., out of home placements).
 - Connect with interagency efforts and collaboratives.
4. **Create good state and local partnerships (among advocacy groups, local organizations such as Elks and Moose, business groups, JayCees, faith groups).**
5. **Assure participation and involvement by members of diverse cultural communities.**
6. **We need to acknowledge the tension between looking at addressing the needs of children with disabilities in comparison to the needs of young children in general (healthy child development). We need to address this issue because we want to go down the same road in advocacy and policy development. How are we going to get there together?**

Discussion Group Members			
Michael Eastman and Sue Benolken, Facilitators			
Renee Torbenson	Deanna Steckman	Jan Rubenstein	Kathy Jefferson
Judy Wepplo	Phyllis Wright Slaughter	Marilyn Lucas	Mary Vanderwert
James Huber			