

THE IRVING HARRIS FOUNDATION'S PROFESSIONAL DEVELOPMENT NETWORK

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Irving Harris was a truly remarkable man who was savvy in business and visionary in his philanthropy. Driven by a deep commitment to social justice and equity, and inspired by the Jewish tenet Tikkun Olam, meaning 'to repair the world', Irving dedicated much of his life to strategic grantmaking with a particular focus on ensuring that every child was born by parents and to communities ready to nurture that child's successful growth and development. Irving advanced this goal by investing in leadership development and training to strengthen the field's infrastructure, the development and replication of innovative, evidence-based programs and services and public policy and advocacy that promoted the realignment of public resources to support high quality, comprehensive services and systems that support the mental health and development of very young children and their families. Irving was at the forefront of building the infant mental health and early learning fields and he was driven by a clear understanding that investing early in human capital development would result in significant returns on public and private investments and, therefore, the greatest benefit to our society.

Irving Harris left a distinct philanthropic legacy. He was respected as much for his approach to grantmaking as he was for its effectiveness. The Irving Harris Foundation's board continues to carry on his philanthropy inspired by his vision, philosophy and strategy. Undergirding Irving's philanthropy are a set of core values and strategies that continue to shape the Foundation's investments and have allowed us to have a deeper and more sustained impact on the field. They include:

- **Leadership Development and Training:** From the beginning, Irving identified and invested in leaders and innovators who he believed were in a position to have a significant influence on the field whether in practice, research, training, or policy. He then helped provide them the resources and flexibility they needed to be creative change agents. The Foundation continues to support and nurture leaders and invest in training as core impact strategies. In addition, many of the Foundation's special initiatives, including the Harris Professional Development Network (PDN), use leadership development and training as a critical strategy to strengthening and raising the quality of the early learning and mental health infrastructure.
- **Leverage Resources to Drive Systemic Change:** Irving understood that there is not enough collective private funding to address the complex issues facing at-risk families. The Foundation intentionally seeks to leverage its resources with other public and private funds to ensure broader impact. We also try to leverage field knowledge by promoting best practices through training, replication and systems integration in an effort to narrow the gap between what we know is needed and what our publicly funded systems do to support high risk families with very young children.
- **Risk Taking:** Irving took calculated risks in his grantmaking, recognizing that the greatest gains would only occur if he and the field experimented and pushed the boundaries of what was accepted practice and policy. He managed the risk by remaining steeped in the knowledge base of the field, partnering with field leadership and leveraging his funding – often by creating

public/private partnerships in advance of new initiatives. The Foundation continues to look for opportunities to use our grantmaking to challenge grantees and the field to test new ideas and promote innovative practice that advance the field.

- **Impact root causes:** Irving's philanthropy was focused sharply on infant mental health, early childhood development and child and family policy with an emphasis on prevention. Informed by research and best practice, he understood that he needed to take a comprehensive and holistic approach in order to address the complex issues affecting young children, their families, and their communities. The Foundation's continued focus on investing early in human capital development reflects our deep commitment to prevention and early intervention as a core strategy to ensure equal opportunity and access for all children and families.
- **Act early and proactively:** Irving – and now the Foundation – seeks opportunities to use our philanthropy and influence to be change agents in the field. We work with our grantees and government partners to identify gaps and needs in the field and to develop strategic, innovative, long-term approaches to address these needs through training, leadership development, the development and replication of innovative programs, communication efforts, and public policy.
- **Be responsive to community and grantee needs:** The Foundation works tirelessly to understand the true needs and challenges being faced by our grantees and by the communities we are trying to support through our grantmaking. While we want to know what is working, the Foundation actively pursues open dialogue with our grantees and community partners to learn what is not working and what the barriers are to achieving real change for children and families. Foundation staff serve on local, state and national committees to better inform our work and to participate in the discussions and decisions that impact the field. This puts us in the position of developing shared strategies with our grantees as opposed to top-down grantmaking.
- **Value relationships and work in partnership and collaborations:** Most importantly, Irving and the Foundation have always placed a very high value on building and sustaining strong relationships with grantees, philanthropic and public partners, and leaders in the field. We have remained focused on investing in infant mental health and early learning and development for over 40 years and we have remained committed to our core grantees for long periods of time. Often the Foundation works in collaboration with other foundations or with the public sector to advance shared goals and to broaden our impact. This approach has proven to be an incredibly important and valuable strategy.

This overview of Irving and the Foundation's strategic approach to grantmaking in the infant and early childhood field is critical to understanding why the Foundation has made such a major, long-term investment in the PDN. The idea for the PDN evolved out of Irving's growing appreciation for the importance of supporting very young children's mental health and development and the recognition that there was a critical need to strengthen the infrastructure of this new field through multi-disciplinary training and leadership development. His growing understanding of the importance of investing in infant development was nurtured through his relationships with some of the early leaders in the field, many of whom he met through his participation in the creation of and service to ZERO TO THREE: the National Center for Infants, Toddlers and Families.

HISTORY OF THE PDN

These early relationships with key leaders in infant mental health and child trauma were extremely influential in shaping Irving's overall grantmaking strategy. In order to move the field forward, Irving proactively sent letters to a handful of experts asking them to reflect on how they would use \$50,000, \$100,000 or \$200,000 a year to build the infrastructure of the infant mental health field through training and leadership development. At the time, the most pressing need was to train highly competent, mental health professionals in how to provide relationship-based treatment and support to families with very young children. Irving's request was not prescriptive but open ended, challenging his colleagues to think creatively about how to best develop the mechanisms to professionalize the field. Irving awarded three multi-year grants, which provided enough financial security for leaders to take risks as they developed their fledgling programs.

Over the next six years, the Foundation added additional sites using the same process of identifying leaders and innovators across disciplines with the potential to have great influence on the infant mental health field. Sites were asked not only to train pre- and post-doc fellows and others within their institutions, but to look for opportunities to strengthen mental health leaders in their community who were serving pregnant women and families with very young children. To foster cross-site learning and fertilization, the Foundation encouraged and supported sites to convene so that they could use each other to better understand and address the challenges and barriers impacting their work, identify and address gaps and needs in the field, and share resources. Foundation staff and leaders ZERO TO THREE participated in these meetings as a way to ensure that lessons learned were translated to the broader field and opportunities for field movement were capitalized. These meetings, which were more frequent in the early years of the grants and now occur annually, have been incredibly important in strengthening and expanding the individual and collective impact of the PDN sites and subsequently the Foundation's investment.

CURRENT NEEDS OF THE FIELD

As the infant mental health field has evolved, so have the needs of the field. While there remains a need to train leaders, training alone will not address the complex needs of isolated and at-risk families. The PDN sites have been extremely successful over the last twenty years in helping to establish the infant mental health field and advance an understanding of the importance of investing in young children's social and emotional health and well-being. The Foundation believes that the collaboration between PDN sites is a key component of this success as it leverages other public and private investment, advances research and best practices, contributes toward policy gains, and results in trained individuals who embrace and advance the field. The PDN now represents an important component of a much more robust field of infant mental health training and leadership development that is contributing to advancing best practice models that strengthen the infrastructure of the field. Yet, there continues to be vast unmet needs across the socioeconomic spectrum of young children and their families, with particularly unacceptable gaps in access to and quality of mental health and early learning services for poor and minority children. The training of infant mental health providers from underrepresented

minority backgrounds continues to lag dramatically behind the need and we must understand how to better engage those who are emerging from institutions of higher learning in the early childhood field.

In addition, many young children needing mental health intervention are not referred to mental health clinics and if they are, there are few clinicians with the skills and training to address their particular needs. These children are more often found in child- and family-serving systems such as childcare, pediatric clinics, and foster care. Similarly, many of these children's parents are often under-educated, depressed and isolated which makes it difficult for them to access the services and supports they need to effectively parent their children. A third worrisome trend in the field of infant mental health is that violence-related trauma is a recurrent factor in the lives of millions of very young children and their families, but the field as a whole has been slow in responding to this situation with specialized intervention approaches and needed systems change. These are only a few of the complex issues that continue to face at-risk infants, toddlers and their families today.

Given these needs, the Foundation, in partnership with leaders in the PDN, expanded the focus of the PDN sites' work from an emphasis almost entirely on training to a more expanded set of goals that include the development and replication of innovative, evidence-based model programs; more intentional efforts to change the way child and family serving systems provide infant mental health and early learning services; and most recently increased efforts to influence public policies at the state and federal levels. Overarching all of this work has been an intentional and sustained commitment to strengthening diversity informed infant mental health services and practices in the field by promoting minority leadership development to create a pipeline of leaders that more reflects the underrepresented communities in which we work.

Over the years, this expanded focus has resulted in the creation of many important evidence-based model programs including Child-Parent Psychotherapy and the Learning Collaborative dissemination model, Court Teams, Fussy Baby, Minding the Baby and Healthy Steps. Many of these models were first replicated within the PDN as a way to pilot dissemination strategies without compromising the integrity of the model. PDN leaders have assumed leadership roles advancing policies in their states that integrate infant mental health into child serving systems such as the efforts of our FSU, Tulane and Minnesota sites. Sites have worked to integrate infant mental health into larger systems serving at-risk infant, toddlers and parents such as Project Bloom at the University of Colorado, the integration of infant mental health into child-serving systems in Louisiana through the Early Childhood Comprehensive Systems Initiative, and the dissemination of mental health consultation across the country. The PDN sites and the Foundation have worked together to develop new tools to transform field practice such as the Diversity-Informed Infant Mental Health Tenets that have come out of the Network's eight year commitment to exploring and grappling with how best to support and nurture diversity informed training and practice. All of these initiatives have been field leading.

In the years ahead, the Foundation has asked sites to continue to expand their impact through the strategies described above as well as for leaders to move out of their comfort zone and become much more engaged in advancing a public policy strategy that includes increased support for infant mental health and child trauma services as part of society's broader investment in early learning and school

success. Work remains to be done as we are at a critical moment where there is increased awareness of the impact of trauma and toxic stress on young children's development coupled with a stronger research base that could support more strategic communication and policies. Sophisticated, respected messengers are needed to advance this agenda who can advocate for increased asset allocation and more appropriate and inclusive definitions of evidence-based practice. With the right training and support, PDN leaders can become important advocates on behalf of children's mental health. On the practice front, the PDN has begun to explore the role of fathers in very young children's mental health and well-being. In the years ahead, the PDN will more intentionally focus on strengthening practice and research in this area. PDN leaders have grown along with the network itself, moving from purely viewing themselves as clinicians to understanding that they can and do impact broader systems and services affecting at-risk young children and their families.

WHAT HAVE WE LEARNED

The Foundation has learned a lot from the infant mental health field and from the incredible individuals with whom we have been blessed to work. We have reinforced the value of forming and nurturing trusting and responsive relationships through our collaborative partnerships with our grantees. These relationships have helped inform our grantmaking and enabled us to identify and respond more effectively to the challenges in the field. From Jere Pawl we learned that "how we are is as important as what we do". We have tried to invest in ways that respect and support our grantees' ability to innovate and influence the field, which has allowed us to maximize our impact. We have remained strategically focused on advancing the best interests of at-risk pregnant women, infant and toddlers over a long period of time recognizing that long lasting and significant change often takes a developmental trajectory much like human development. We invest early and then we nurture, support and respond to our grantees as they and the field develop the capacity to transform practice, systems, and we hope, policy. Having had a clear vision and strategy and sticking with it over time, while also being flexible enough to shift as the needs of the field "move" around policy or systems or research, has allowed the Foundation to have optimal impact. If Irving were alive today, he would marvel at how the PDN, with the support and guidance of the Foundation, has helped transform the infant mental health and child trauma field.