

10-2016

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Whitney Gustin Connor
Rose Community Foundation

Colleen Church
Caring for Colorado

Barbara Yondorf
Yondorf & Associates

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Recommended Citation

Gustin Connor, Whitney; Church, Colleen; and Yondorf, Barbara (2016) "Tackling Big Issues Together: The Story of One Funders Network Promoting the Mental Health of Young Children," *The Foundation Review*: Vol. 8: Iss. 4, Article 7.

<https://doi.org/10.9707/1944-5660.1326>

Available at: <https://scholarworks.gvsu.edu/tfr/vol8/iss4/7>

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Tackling Big Issues Together: The Story of One Funders Network Promoting the Mental Health of Young Children

Whitney Gustin Connor, M.P.A., Rose Community Foundation; Colleen Church, M.P.A., Caring for Colorado; and Barbara Yondorf, M.P.P., Yondorf & Associates

Keywords: Early childhood, early-childhood mental health, mental health, social-emotional, funder collaboration, systems change, collective effort

Key Points

- In 2012, Rose Community Foundation and the Caring for Colorado Foundation supported an environmental scan on children's behavioral health to better understand challenges and opportunities for philanthropic investment. In the wake of the report's release they established the Funders Learning Network on Early Childhood Mental Health, an organization of more than 10 community, private, and family foundations, to develop shared strategies for promoting the behavioral health of young children and families.
- This article examines the evolution of the network from a learning collaborative to an incubator for jointly funded initiatives. Among its collaborative funding efforts is LAUNCH Together, a five-year, \$11.4 million initiative to support the behavioral health of young children and their families.
- While the network is still new, there are early signs of progress and lessons learned. Measures reflecting changes in grantmaking among network members, increased availability of behavioral health services for children and families, and progress by network members in their own collaborative practices all point to promising results.

Introduction

This article describes how a number of Colorado foundations came together in 2013 to form the Funders Learning Network on Early Childhood Mental Health. (See Figure 1.) It documents the network's evolution from a forum for knowledge exchange to a funders network that also serves as an incubator for jointly funded initiatives in early-childhood mental health. The article looks at the network's history, current initiatives, and early results, and outlines some of the challenges and lessons learned.

The framework for this article comes from a typology of collaborative foundation models and functions developed by The Bridgespan Group (Huang & Seldon, 2014). (See Figure 2.) The models, ranging from lower to higher levels of integration, focus on knowledge exchange, coordinated funding, co-investment in an existing entity or initiative, creation of a new entity or initiative, and fund the funder. All but the last one describe the network's current functions.

Colorado Collaboratives

Funder collaboratives have been a part of the foundation landscape for years. Foundations have recognized the potential to have an impact on the social sector that goes well beyond the sum of each partner's contributions. Colorado has a history of successful funder collaboratives that have taken on issues such as policy advocacy, oral health, and mental health. Many of them formed to address health and wellness issues facing children and families.

FIGURE 1 The 10 foundations who are currently members of the Early Childhood Mental Health Funders Network



Aloha Foundation	Ben and Lucy Ana Walton Fund at Walton Family Foundation
Caring for Colorado Foundation	Colorado Health Foundation
Community First Foundation	Early Childhood Philanthropist Group
Kaiser Permanente	Piton Foundation at Gary Community Investments
Rose Community Foundation	Temple Hoyne Buell Foundation

In 2000, recognizing financial, operational, and staffing challenges facing a statewide children’s advocacy organization, 11 foundations joined to build the capacity of the Colorado Children’s Campaign. Over five years of collective and aligned engagement, the funders collaborated to ensure that it matured into a vibrant research, policy, and advocacy organization. Today the campaign is a vital nonprofit focused on the development and implementation of data-driven public policies that improve child well-being in health, education, and early childhood.

In 2003, the Mental Health Funders Collaborative, a group of eight Colorado grant-making foundations, conducted an assessment and critical analysis of Colorado’s public and private mental health systems, uncovering alarming data about the lack of mental health care funding and access to care for people across the state. In turn, this became a funding collaborative to advance Colorado’s mental health that continued its work until 2011.

In 2007, six health foundations collaborated to fund Cavity Free at Three. The program teaches health providers how to improve their outreach, education, and service delivery to families, with the goal of preventing dental disease early in life. As a result, more children in low-income families now receive preventive dental care, and the model is showing promising outcomes for oral

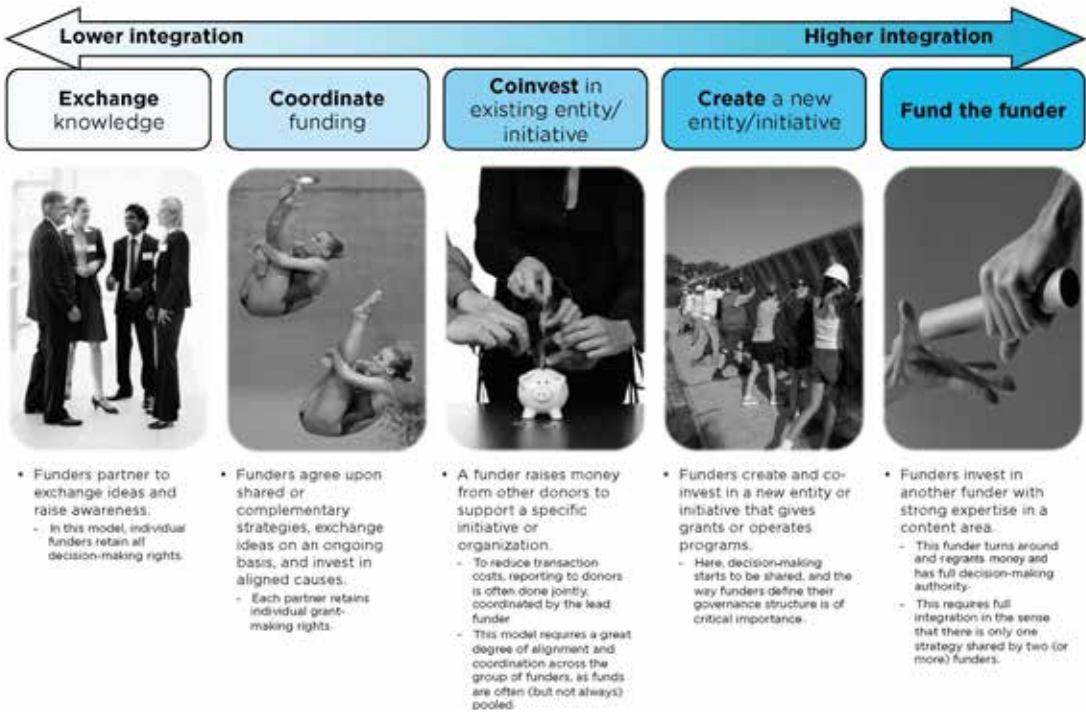
health. The multiyear funding collaboration and engagement of foundation partners helped elevate awareness of oral health issues in Colorado, led to Medicaid reimbursement for the Cavity Free at Three protocols, and precipitated a new initiative expanding the reach of the oral health workforce. Members of a panel of technical advisors that was convened to create Cavity Free at Three remain influential in the continuing evolution of oral health in Colorado.

The Issue: Early-Childhood Mental Health

Early-childhood mental health establishes the foundation of future health, well-being, and academic success. The term is often used interchangeably with “early social-emotional development” to describe the developing “capacity of children from birth to 5 years to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn” (Hoover & Kubicek, 2013, p. 2).

The emotional quality of the parent-child relationship, in particular, has a profound effect on young children’s mental health. Sensitive, responsive, and dependable relationships are key to providing the support and encouragement all children need for positive growth and development. Unfortunately, a variety of

FIGURE 2 The Bridgespan Group has identified five main models of philanthropic collaborations that range in type of structure and level of integration.



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environmental and behavioral risk factors can negatively impact the quality of these relationships and, in turn, compromise children’s mental health. Environmental factors include exposure to violence; chronic fear and stress; abuse and neglect; poverty; maternal depression; parental substance abuse; teenage parents; and foster care. Behavioral factors include genetic prematurity and low birth weight. These risk factors lead to childhood depression, attachment disorders, and traumatic stress disorders that require intervention (Hoover & Kubicek, 2013).

Research has long demonstrated the importance of early-childhood mental health and social-emotional development. The original Adverse Childhood Experiences study, conducted by the federal Centers for Disease Control and Prevention and Kaiser Permanente from 1995 to 1997, is perhaps the most well-known and is one of the largest assessments of the association

between childhood trauma (e.g., physical, sexual, or psychological/emotional abuse or neglect) and later-life health and well-being. Its findings suggest that certain experiences such as familial economic hardship, substance abuse, and mental illness are major risk factors for the leading causes of illness, death, and poor quality of life in the U.S. (Felitti & Anda, 2009).

In more recent years, scientific advances in our understanding of brain development and champions of children’s health have worked to raise greater public awareness and urgency on the issue. Jack Shonkoff and his team at the Harvard Center for the Developing Child have been national leaders in this effort, coining the term “toxic stress” and demonstrating that healthy development can be derailed by excessive or prolonged activation of stress-response systems (Shonkoff & Garner, 2012).

Impetus for Collaboration on Early-Childhood Mental Health

The impetus for the creation of an early-childhood mental health funders network was the increasing recognition of the importance of the healthy social-emotional development of young children. Frederick Douglass is credited with the observation that “it is easier to build strong children than to repair broken men.” The Funders Learning Network on Early Childhood Mental Health grew out of several funders’ shared commitment to, and history of grantmaking in, the field of child and family well-being. Those organizations with expertise in these areas had already established some relationships: staff from Rose Community Foundation and Caring for Colorado Foundation met in late 2011 to collaborate on early-childhood mental health and engage other foundations.

Rose Community Foundation has funded early-childhood and health programs and initiatives since its inception in 1995. Early grantmaking in early-childhood mental health focused on an alarming increase in preschool expulsions and their impact on children and their families. More recently, the foundation has provided grants to nonprofits working on children’s health and well-being in a variety of community settings, including elementary and high schools, pediatric offices, and the home, as well as in early-childhood education centers.

In 2011, the two senior program officers overseeing these grants at Rose Community Foundation saw an opportunity to work together to increase the organization’s impact on the issue of young children’s mental health. The idea was introduced to the foundation’s health and early-childhood grantmaking committees at a joint meeting, where committee members learned more from local subject-area experts. Colleagues from other foundations, including the Caring for Colorado Foundation, were invited to attend. Because of what was learned at this meeting, the committees recommended that Rose Community Foundation move forward on early-childhood mental health. Caring for Colorado staff also expressed

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interest, and the two foundations began their partnership on the issue.

Since its formation in 2000, Caring for Colorado has invested in organizations and efforts to improve the health and well-being of children and adults across the state. It has made grants to support comprehensive pediatric medical homes, health insurance coverage, dental care access, maternal and child health through home visitation, and an array of community-based organizations. Mental health has been one of the foundation’s grantmaking priorities, especially efforts to increase access to community-based mental health services, integrated physical and behavioral health care, and stigma reduction. Recognizing the changes in health care delivery over the past 10 years, emerging science on early childhood and mental health, and the importance of two-generation approaches, Caring for Colorado eagerly partnered with Rose Community Foundation to dive deeper into the topic of young children’s mental health.

Environmental Scan

Rose Community Foundation and Caring for Colorado Foundation recognized that while much work had been done in Colorado to support the fields of early childhood and mental

One way to engage other local foundations early on was to include them in the environmental scan. The consultants conducting the scan interviewed staff from a diverse group of foundations and invited them to participate in focus groups. With their extensive knowledge and expertise, these funders were a critical source of information for fully understanding the environment and its opportunities and challenges.

health separately, there was a lack of focus on early-childhood mental health specifically and an absence of a coordinated system to address it effectively. The foundations contracted with a local consulting firm, JFK Partners, to understand the landscape, identify opportunities, and develop recommendations for funders to address the unmet mental health needs of Colorado's young children and their families. The environmental scan included information from an extensive review of relevant literature and documents, an analysis of key informant interviews and focus groups, and a summary of early-childhood mental health services data. The final report discussed objectives, progress, challenges and opportunities, and current directions (Hoover & Kubicek, 2013). It presented recommendations in seven goal areas: child and family well-being, integrated system of care, quality program availability, school readiness, adequate funding, professional/workforce development, and public engagement. The report's main finding was that,

Despite a growing awareness of the importance of mental health to future wellness and recent progress to address gaps in its current system, Colorado's early-childhood mental health system remains inadequate to promote the healthy development of its young children, prevent problems for those at risk, and treat the symptoms of children with diagnosed mental health disturbances. (p. 3)

The Funders Learning Network on Early Childhood Mental Health, Rose Community Foundation, and Caring for Colorado recognized that addressing early-childhood mental health was a project big and complex enough to require additional partners. One way to engage other local foundations early on was to include them in the environmental scan. The consultants conducting the scan interviewed staff from a diverse group of foundations and invited them to participate in focus groups. With their extensive knowledge and expertise, these funders were a critical source of information for fully understanding the environment and its opportunities and challenges. When the scan was released in May 2013 at a meeting with community partners and foundations, many of the foundation staff members who had been included in the scan voiced support for a collaborative effort.

With the confirmed interest of other funders, Rose Community Foundation and Caring for Colorado hired a facilitator and hosted the first meeting of the Funders Learning Network on Early Childhood Mental Health in July 2013. Staff from the two foundations laid out the reasons for forming the network: to learn together about early-childhood mental health and to build relationships among interested funders. Attendees represented foundations with a focus on early childhood, health, mental health, and maternal mental health. Their geographic areas ranged from a single county to the to the entire state. Organizational structures included private, community, and family foundations, and the community benefits division of a nonprofit health insurer.

Phase 1: Exchange Knowledge

The diversity of membership and a deliberate focus on collective learning put the network squarely in The Bridgespan Group's "knowledge

exchange” collaborative model in its first year. Monthly meetings alternated between learning from one another and learning from grantees and other community partners. Members of the network shared information about their own grantmaking in early-childhood mental health; data relevant to the issue they had collected and analyzed; and efforts to understand and map systems, gaps, and opportunities. Nonprofit and government-agency representatives made presentations about early-childhood development, determinants of health, gaps and opportunities in the system, and caregiver and other stakeholder engagement. Network members were kept abreast of new systems-level activities across the state. Among the most significant were a statewide initiative to integrate physical and behavioral health services in primary care settings, the recent launch of the state’s first Office of Early Childhood, a federal Race to the Top grant, and the Colorado Help Me Grow initiative.¹ Knowledge exchange was foundational for the network. As one member observed at the time, “We want shared action, but it needs to be thoughtful and informed.”

During this period, funders in the network continued to make grants related to early-childhood mental health consistent with their individual foundation’s priorities and strategies. Examples include grants to integrate behavioral health services into private and community-based pediatric clinics from foundations focused on health care delivery and practice transformation. Some grants were also consistent with recommendations from the environmental scan. Support for the new position of director of early childhood mental health and the development of a statewide strategic plan at the Office of Early Childhood by a foundation focused on policy are examples of these grants.

In addition to engaging in shared learning, in its first year the network adopted a shared vision: All children are physically and emotionally

healthy and safe, ready for school and life, and able to reach their full potential. It also agreed on six areas of focus: children ages 0 to 3 and their families; systems-level rather than programmatic approaches; prevention, promotion, and early intervention; multigenerational approaches; involvement and support for families; and community-based strategies. The vision, six areas of focus, and seven goal areas of the environmental scan were used to focus group discussions and learning sessions.

Phase 2: Coordinate Funding

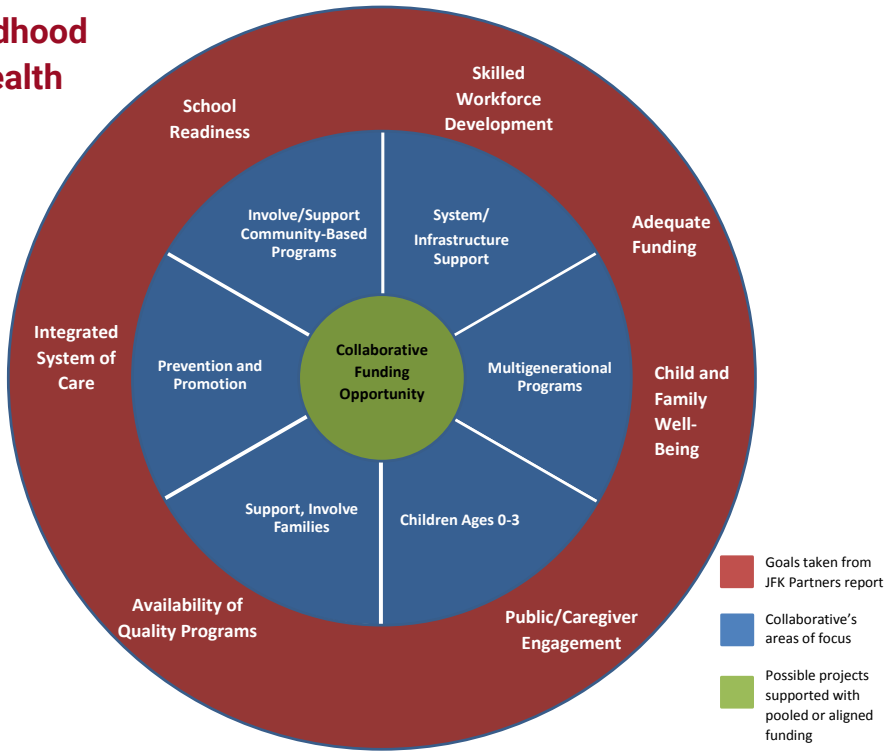
By early 2014, the Funders Learning Network on Early Childhood Mental Health comprised 10 core foundations that began to explore the possibility of coordinating funding to support a collective effort. The group’s discussions built on the groundwork laid the year before: the seven goal areas of the environmental scan, concentrated areas of focus, surveys of foundation interest, and a catalog of members’ past and current relevant grants. The network developed a bull’s-eye graphic showing the goal areas and areas of focus for use as a tool to help the group assess opportunities for coordinated funding and co-investment and their alignment with the network’s priorities. (See Figure 3.) Opportunities at the center of the bull’s-eye are ones that meet the criteria in the outer circles. Much of 2014 was devoted to learning more about opportunities that fit in the center of the bull’s-eye.

One of the first opportunities for coordinated funding came in the form of a federal State Innovation Model (SIM) grant for \$65 million over four years, which Colorado received in early 2015 (State of Colorado, n.d.). The overarching goal is to improve the health of Coloradans by providing access to integrated primary care and behavioral health services in coordinated community systems for 80 percent of state residents by 2019. The SIM’s priority on system integration and its alignment with the network’s goals and areas of focus created the opportunity for members to coordinate funding. Four network members made coordinated grants to ensure the inclusion of children’s mental health services in this initiative that, as originally conceived, excluded children altogether.

¹Race to the Top is a \$4.35 billion U.S. Department of Education contest created to spur innovation and reforms in state and local K-12 education. Help Me Grow is a national model — a system that connects at-risk children with the services they need.

FIGURE 3 The network developed a bull’s-eye graphic showing the goal areas and areas of focus for use as a tool to help the group assess opportunities for coordinated funding and co-investment and their alignment with the network’s priorities. Opportunities at the center of the bull’s-eye are ones that meet the criteria in the outer circles.

Early Childhood Mental Health



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As interest in investing cooperatively grew, members decided that a work-group format would best accommodate work on joint projects and initiatives. While the network continues to serve its original purpose as a learning collaborative, the creation of ad hoc work groups gives those interested in taking action the opportunity to work together to explore ideas for coordinated funding for projects. Any network member can suggest a strategy or initiative aimed at improving the early-childhood mental health system, and form a work group. The groups do not have to follow a set format; they can include some or all network members, depending on interest, and may invite community partners to join to help inform and guide the work. The groups do not have to get approval from the network in order to work

together on a strategy or initiative of interest; the role of the network is to provide constructive feedback to the work group. The network itself does not sponsor initiatives developed by work groups; the funders are responsible for deciding who should assume the lead in launching the project and identifying cooperating funders. With the adoption of this operational format, the network solidified its identity as a learning community and incubator for ideas for jointly funded initiatives on early-childhood mental health.

In late 2014, the network held a half-day retreat to take stock of its progress and plan for the future. Members drafted a formal description of the network for distribution to community stakeholders and funders who might be

FIGURE 4 The graphic — produced by Project LAUNCH and used by LAUNCH Together — demonstrates both projects’ multi-faceted approach. They increase access to and bolster evidence-based prevention and promotion practices while supporting systems-level integration, workforce training, evaluation, and public awareness. The projects’ five core strategies are represented in the inner circle.



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interested in joining. The network’s operating principles were reaffirmed: shared vision, openness, persistence, a focus on systems, and partnership, and members made a commitment to measure the progress of the network to hold itself accountable and move forward. These measures include increasing the network’s collective knowledge and deepening relationships between funders; staying engaged with early-childhood mental health and with each other; increasing foundation interest and funding for early-childhood mental health; remaining opportunistic and nimble; and creating partnerships to impact early-childhood mental health systems and supports for children, families, and communities. An internal assessment done in 2016 documented progress on all measures.

Phase 3: Create and Co-Invest in an Initiative

Eight network members came together in late 2015 to provide \$11.5 million in pooled funding for a bold five-year initiative called LAUNCH Together, moving the network into the next phase of creating and co-investing in an initiative.² The initiative arose from the network’s first work group and was inspired and informed by Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health),³ a national program funded by the federal Substance Abuse

²The funders are the Ben and Lucy Ana Walton Fund at the Walton Family Foundation, Caring for Colorado Foundation, Colorado Health Foundation, Community First Foundation, Kaiser Permanente, Piton Foundation at Gary Community Investments, Rose Community Foundation, and Temple Hoyne Buell Foundation.

³See <http://www.healthysafechildren.org/grantee/project-launch>

Coordinated funding, co-investments, and even creation of a new initiative are underway, but most outcomes and assessments of success or failure will come in future years. There have been some early signs, however, that the network is making progress and the benefits are beginning to reach Colorado's young children and families. Measures reflecting changes in grantmaking among network members, increased availability of behavioral health services for children and families, and progress by network members in their own collaborative practices all point to promising results.

and Mental Health Services Administration. The goal is to support Colorado communities in expanding evidence-based prevention and promotion strategies and building coordinated systems to support the wellness of children, prenatal through age 8, and their families, with a focus on behavioral health and social-emotional development. It is designed to encourage communities to embed early-childhood health promotion and mental health into coordinated state and local systems that serve children and families. Early Milestones, the lead agency for LAUNCH Together, developed a theory-of-change model and graphic for the initiative.

(See Figure 4.) The graphic shows inputs, strategies for change, and intermediate and long-term outcomes, and incorporates a bull's-eye graphic from Project LAUNCH that is similar to the network's bull's-eye.

In November 2015, LAUNCH Together awarded grants to seven communities to fund a seven-month strategic-planning process in each community. Four of the seven communities will receive four-year implementation grants through a competitive process. The work group of funders that conceived the initiative evolved into an advisory board for LAUNCH Together. According to Lisa Jansen Thompson, director of the Early Childhood Partnership of Adams County,

LAUNCH Together not only provides our state with additional investments in early childhood wellness, prevention, and promotion around social-emotional and mental health, but also allows for greater opportunities to implement strategies to meet the unique needs of communities and expand our learning of what works.

Early Results

The Funders Learning Network on Early Childhood Mental Health is still very new, with much of its early work focused on building relationships among network members and developing a shared understanding of the issue of early-childhood mental health. Coordinated funding, co-investments, and even creation of a new initiative are underway, but most outcomes and assessments of success or failure will come in future years. There have been some early signs, however, that the network is making progress and the benefits are beginning to reach Colorado's young children and families. Measures reflecting changes in grantmaking among network members, increased availability of behavioral health services for children and families, and progress by network members in their own collaborative practices all point to promising results.

- *Changes in grantmaking.* Perhaps the easiest change to measure is in the grantmaking practices among network members. Data collected for the network's first three years

show significant increases in early childhood mental health investments by number of grants and by dollar amounts. Between 2013 and 2015 the number of grants made by network members to support early-childhood mental health increased by 63 percent, and the total dollars granted increased by 62 percent. These changes reflect network members' commitment to the issue and their success in educating and building commitment among the committees and boards at their foundations. It also means communities are receiving more funds to promote early-childhood mental health.

- *Services to children and families.* A few of the grants reflect coordinated funding that allowed grantees to scale their work. Project CLIMB (Consultation & Liaison in Mental Health and Behavior) is one example. Based in the Child Health Clinic of Children's Hospital Colorado, Project CLIMB provides integrated mental health services to the clinic's patients and their families and increases the capacity of primary care health professionals to meet the complex mental health needs of the children and families they serve. The work of Project CLIMB was shared among network members and funding was coordinated to support replication of the model to four additional pediatric primary care practices. Early results of that expansion show children and families are receiving necessary services that were previously unavailable from their primary care provider. In the past two years, 1,235 behavioral health consultations were delivered, 800 unique patients were served, 600 hours of consultation were provided, and 16 providers were trained. This early success led to a new initiative by one network member that builds on the CLIMB model at an additional nine primary care practices. It is expected to reach 45,000 children, families, and pregnant women.
- *Leveraging other statewide efforts.* Some of the network members lend their voices as well as their grantmaking dollars in support of the SIM grant promoting integrated

mental health services among Colorado's primary care practices. They wrote letters supporting Colorado's application for the grant, encouraged and participated in discussions about children's mental health measures to include in the grant application, and co-invested in a grant to support SIM's work in children's mental health once the \$65 million grant was awarded. The result: Of the recently selected first 100 SIM practices, 21 are strictly pediatric practices and nine additional practices employ a pediatrician. The SIM guide to core competencies for licensed behavioral health providers working in primary care also includes issues specific to children and families, such as the influence of family systems, trauma, or adverse childhood experiences on care and health. Dr. Steven Poole, director of the Colorado Children's Healthcare Access Program at Children's Hospital Colorado, said:

Frankly, the funders group provided the greatest influence on SIM that led to more attention to the needs of young children, their families, and providers of primary and behavioral health for them.

- *Coordination among network members.* Just as members worked with grantees on measures of efficacy and success, the network asked how it could hold itself accountable and measure its own progress. A number of measures were decided upon by the group at its 2014 retreat and reported on in early 2016. That report revealed a clear picture of commitment to the network and increased knowledge and coordination among its members. Monthly network meetings regularly included nine to 12 foundation staff. Seven learning sessions covered such topics as public engagement and messaging, SIM, Help Me Grow, and data and evaluation. Coordinated and co-invested funding that arose from these sessions included support for SIM and a recently launched evaluation of early-childhood mental health data. Discussions with the state's public health department about coordinated support for Help Me Grow are also in progress.

Seldon, Tierney, and Fernando (2013) discuss the importance of “productive personal relationships” in successful collaborations (p. 7). Nurturing these relationships among individuals within the network was critical to moving through the formative stages. The network brought together funders who looked at the issue of children’s mental health through different lenses — as early-childhood grantmakers and as health care grantmakers.

Challenges and Lessons Learned

The Colorado Funders Learning Network on Early Childhood Mental Health emerged from a desire to support children and caregivers, enhance communities’ capacity to promote young children’s social-emotional development, and catalyze stronger systems to ensure all children and families have a foundation for lifelong mental wellness. Pursuit of these goals requires a concerted, uniform effort that is multipronged and involves an understanding of the wealth of potential variables that affect outcomes. The network is establishing itself as a key element driving this work for the benefit of Colorado’s children. Along the way, the network has learned some key lessons about collaboration.

Nurture Funder Relationships

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within the network was critical to moving through the formative stages. The network brought together funders who looked at the issue of children’s mental health through different lenses — as early-childhood grantmakers and as health care grantmakers.

The different perspectives were reflected in early discussions about such things as whether the group should use the term “early childhood mental health” or “early childhood social-emotional development.” Hiring a well-respected facilitator with extensive knowledge of the issue and the Colorado grantmaking field was an especially effective way to bridge various perspectives. With the help of facilitated discussions, people came to know one another better and learn together, and the differences became less important. Today, members are comfortable using either term or combining them, as in “mental, social, and emotional health.” Similarly, the group spent some time discussing whether to call itself a collaborative or a network, and the latter ultimately was chosen in part to reflect the focus on learning and relationship building. Taking the time to resolve these types of issues up front fosters productive personal relationships that are key to mounting successful joint ventures. Building partnerships takes trust, patience, and the space to learn and stretch. Falling back on relationships and common knowledge gained through learning together enables the group to move through difficult conversations and find breakthrough opportunities.

Don’t Rush

Taking time at the outset to bring all partners along and find common ground for collaboration is critical. While network members felt a sense of urgency to address poor child health and developmental outcomes, they also recognized that influence and impact can grow with time spent finding opportunities for collective action.

These opportunities did not emerge in the first few months, but the network built a strong foundation for collaboration through the care and feeding of its members. That foundation includes learning sessions to ensure everyone has the same level of knowledge and understanding of

the issue and an appreciation for each funder's requirements for participation in a jointly funded project (e.g., the project needs to involve grantees in a specific geographic area, focus on prevention, or serve underserved populations). Taking the time to bring all partners along results in a greater readiness to act in concert.

Manage Community Expectations

Community and grantee partners, experts in the field, and others who shared their time and expertise with the network naturally anticipated action and developed expectations for funding. They wanted to know whether the network itself would make grants and, if so, if it would consider unsolicited proposals. In response, the network developed a succinct statement of purpose that made clear that the network itself does not make grants. The statement notes that the network was formed to bring funders together to learn about the strengths and weaknesses of the systems that support early-childhood mental, social-emotional health and share ideas that Colorado funders can use in deciding where to make investments that will have the greatest impact. The group changed its name from a funders collaborative to a funders network at the time it developed its statement of purpose, aiming to clarify that it would not be a source of funding as well as underscoring its focus on learning and relationship building.

When funders come together to learn about an issue and possibly take joint action, it does not happen in a vacuum. People outside the group may develop expectations that must be acknowledged, managed, and incorporated into funders' discussions and approaches. Transparent, ongoing communication to the field on the purpose, path, and likelihood of individual or collective action is vital to avoiding misalignment with partners.

Maintain Focus

Network members agreed early on that they wanted to focus on systems change, not on programs. As one funder noted,

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There's not enough money across all of our foundations to fund every evidence-based program in every Colorado community. We need to find ways to leverage, coordinate, and strengthen systems that promote young children's mental health and social-emotional development.

Yet discussions about early-childhood mental health, presentations to the network, and the environmental scan itself tended to gravitate to a focus on programs. To address this, at each of its meetings the network made available the bull's-eye graphic and a chart showing the network's vision, goals, challenges, and areas of focus. (See Figure 3.) This helped keep the group's focus on systems change. Maintaining focus is essential for a collaborative to be successful.

Use an Array of Tools to Organize and Present Information

Finding different ways to organize and present information expedites learning and identification of opportunities for shared engagement.

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Next Steps

As the network moves into 2016 and beyond, there is much to be proud of and still much to do. A second retreat is planned to examine progress, learn from and build on existing work, and consider new opportunities to promote early-childhood mental health. Discussions are underway about a number of projects, including development of an aligned theory of change reflective of Colorado's statewide early-childhood strategic plan; ways to support communications to parents, providers, and other stakeholders; and ways to build a robust workforce that can provide the

necessary services to support the mental health of children and their families.

Conclusion

Between 2013 and 2015, the Funders Learning Network on Early Childhood Mental Health expanded its role as a learning collaborative to include an incubator for jointly funded initiatives. The network moved organically through The Bridgespan Group's continuum of collaboration models. Today the network provides the space for funders to develop and identify possible co-investors for early-childhood mental health projects and initiatives.

It has had several major successes. As a result of aligned funding and grant requirements by four network funders, a statewide program designed to integrate physical and behavioral health broadened its focus to include children's mental health. Eight network partners committed \$11.5 million over five years in pooled funding for community planning and implementation grants under LAUNCH Together, an early-childhood mental health initiative that arose out of a network work group. Keys to the success of the network in its formative stages include shared learning opportunities and agreement on a shared vision, guiding principles, areas of focus, goals, and network processes and procedures.

Lessons from the network's experience include the importance of nurturing professional personal relationships, taking the time necessary to bring all partners along and find common ground for collaboration, managing community expectations, maintaining focus, and using an array of tools to organize and present information to expedite learning and opportunities for shared engagement.

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Whitney Gustin Connor, M.P.A., is senior program officer for health at Rose Community Foundation. Correspondence concerning this article should be addressed to Whitney Gustin Connor, Rose Community Foundation, 600 South Cherry Street, Suite 1200, Denver, CO 80246 (email: wconnor@rcfdenver.org).

Colleen Church, M.P.A., is director of programs at Caring for Colorado.

Barbara Yondorf, M.P.P., is president of Yondorf & Associates.