

Funding Opportunity: Perinatal Mental Health Community Capacity Building

Purpose

Strengthening Families Washington (SFWA), a team within the Washington State Department of Children, Youth, and Families (DCYF) in collaboration with Perinatal Support Washington (PS-WA), a statewide non-profit dedicated to shining the light on perinatal mood and anxiety disorders (PMADs) and treating them effectively, are interested in strengthening the capacity of communities to address perinatal mental health needs and increasing resources, supports and services for families impacted by perinatal mental health complications.

The purpose of this funding opportunity is to support communities interested in collaborative efforts to increase community-wide awareness and develop resources to support the mental health of pregnant women and new parents (perinatal mental health). Successful applicants will receive technical support and assistance from PS-WA, including content expertise and training opportunities.

We invite proposals from organizations interested in increasing awareness of perinatal mental health and creating resources for parents within their community. Community may be defined by the applicant and can be geographic area such as city or county, ethnic or racial group, or by shared experience relevant to perinatal mental health (e.g., families transitioning out of NICU). Successful applicants will demonstrate their ability to bring together a group of diverse stakeholders to form a local Perinatal Mental Health Task Force in order to address perinatal mood and anxiety disorders. Examples of stakeholders are: public health providers, medical providers, mental health providers, child care providers, community health organizations, parent educators, home visitors, early learning organizations, or other social services providers, among other possible community members. In addition to organizing a Task Force, stakeholders at these meetings will need to identify community organizations that have interest in and capacity to implement one of the following direct service activities: perinatal mental health supports groups or 1:1 parent support. Technical support and training will be provided in leading and facilitating Task Force meetings and support groups and/or 1:1 parent support programs. The ultimate goals are to reduce or eliminate negative impacts of perinatal mood disorders; support all caregivers, families, and children in their optimal development; prevent child abuse and neglect; and promote healthy family development.

The Perinatal Mental Health Initiative is a unique program that aims to influence change on a community level as well as support parents experiencing perinatal mental health complications.



PERINATAL SUPPORT
WASHINGTON



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Successful applicants will be identified as the host organization and be responsible for holding and executing the resulting contracts. Host organizations will be able to act as the lead (or identify an appropriate lead) to facilitate a community Task Force as well as implement (or subcontract) a direct service parent support program for parents. Collaboration with local partners is highly recommended.

Project Overview

Up to 10 host organizations will be contracted for the 2022-2023 state fiscal year (July 1, 2022-June 30, 2023). Up to five currently funded host organizations will continue for the next year. Approximately five new host organizations will be selected for funding for the 2022-2023 state fiscal year. The new host organizations in good standing during the 2022-2023 state fiscal year will be eligible for an additional year of funding for the 2023-2024 state fiscal year.

Host Organizations Will Receive:

1. **Expert coaching and technical assistance:** PS-WA will provide perinatal mental health expertise and consultation to funded host organizations for the duration of the contract. This includes support and coaching with Task Force development including agenda setting, goal setting, and thinking systemically about perinatal mental health. PS-WA will also support Task Force organizations in providing a one-day training in their communities. Additionally, clinical and technical support will be provided for the direct service components of this project. This includes providing regular meetings for support group leaders and 1:1 parent support providers, as well as support with data collection and reporting.
2. **Training opportunities:** Successful applicant direct service providers will receive training in Group Peer Support facilitator training, 1:1 Parent Support Training, and opportunities to attend two-day PS-WA-provided perinatal mental health foundations trainings as well as PS-WA hosted webinars. These trainings will be offered without any registration fees. Host organizations will be responsible for any travel costs for these trainings and any costs related to optional supplemental materials. In addition, PS-WA will offer a one-day training for your specific community at-large, not only those stakeholders attending Task Force meetings. These trainings will include all materials and meeting day refreshments. Successful applicants will be responsible for hosting the event including securing a location and inviting attendees, which may be paid for using this funding.
3. **Peer Connections:** DCYF and PS-WA will facilitate connections between all funded communities for peer support and advice. Regular opportunities will be offered for organizations to share their unique successes and ask for advice in overcoming obstacles from others who may have similar experiences.
4. **Concrete Goods Funding:** Successful applicants will receive an additional \$2,000 to be used for helping families in the perinatal period in their community. Concrete goods includes supplies, resources or gift cards to meet emerging short-term needs of families. Concrete goods funding may not include alcohol, tobacco, vaping supplies, firearms or other weapons. These funds also

cannot be used to pay for housing costs, utilities, or medical expenses or for personnel expenses or employee assistance. Existing concrete goods funding may be used for, but is not limited to, providing food, transportation, diapers, formula, cleaning supplies, safety supplies (e.g., outlet covers or masks), and educational/school supplies. Gift cards may be provided to families, as long as gift cards are tracked in accordance with DCYF-issued instructions.

Host Organization Will Be Responsible For:

1. **Community Building for Perinatal Mental Health:** Engage diverse stakeholders in a Perinatal Mental Health Task Force to identify perinatal mental health strengths and needs. Effective Task Force efforts will work toward reducing barriers to care and increasing access to parent support services for all families. The Task Force efforts will expand engagement of stakeholders over time, identify, and work toward goals that increase community capacity to address perinatal mental health needs of families and the providers that serve them. This includes exploring ways to increase knowledge and understanding of perinatal mental health among anyone who interacts with families across diverse contexts (e.g., community service providers, childcare providers, health care providers, librarians, businesses, etc.). Task Forces should engage with a cross sector of providers and parents, specifically those who represent the families to be served. Specific Task Force responsibilities include:
 - A. Collaborating with PS-WA for the duration of the contract. PS-WA will provide ongoing consultation and support to help communities think strategically about establishing perinatal mental health systems.
 - B. Convening a minimum of four Task Force meetings per contract year with individuals and organizations that interact with families across various contexts in the community, with at least one meeting occurring in the final quarter of the contract term.
 - Meetings should address resources and needs of the community related to perinatal mental health.
 - Meetings should occur regularly throughout the contract period, including at least one meeting in the final quarter of each contract year.
 - Before applying, the community should determine where and how parent support programs such as support groups, virtual support group, or 1:1 parent support programs should be offered, including which organization(s) are most likely to be successful in offering this service. On a continued basis, the Task Force should be working to provide input on progress and developing methods to support the support group activities.
 - The group should work toward finding sustainable solutions to offering Perinatal Mental Health services in their community.

- C. Inviting attendees, planning, and hosting a one-day Perinatal Mental Health training (all training costs including trainers and training materials provided by PS-WA).
- If you are a current or previously funded program, you may work with PS-WA to determine the best type of training opportunity for your community, which may include the one-day PMAD (Perinatal Mood and Anxiety Disorders) training or another option agreed upon between the applicant and PS-WA.
 - This training should be available for any community care provider, not focused on clinical providers only. Attendees should be invited from across multiple sectors that may interact with families in the perinatal period including, but not limited to, medical providers, mental health providers, childcare providers, community health organizations, parent educators, home visitors, early learning organizations, or other social services providers.

For funded communities who have existing cross sector groups that would meet the requirement of the Task Force composition and activities outlined above, a new cross sector group is not required to be developed. Applicants should demonstrate that efforts are already under way in the community to focus on Perinatal Mental Health. Applicants can choose to not use funding for this purpose if a documented group is already working in this capacity as long as the group can offer guidance on community-level Perinatal Mental Health efforts.

2. **Concrete Supports for Perinatal Mental Health:** Establish concrete supports in the community for families impacted by PMADs within the first 6 months of the contract. Specific responsibilities include at least one of the following:

- A. *Develop at least one ongoing perinatal support group.* Host organizations can manage and facilitate support groups or subcontract to other community organizations. DCYF approval will be required for all subcontracts. Support group qualifications include:
- Held at a central location that is easy for parents to access and at times that are convenient for families.
 - Meeting rooms that are appropriate to accommodate 10 parents with infants.
 - Facilitator must have completed PS-WA training for support group facilitators and participate in monthly consultation calls.
 - Facilitator should be representative of the community including but not limited to language and culture; parenting/caregiving experience; knowledgeable about pregnancy, birth, and postpartum; and knowledgeable about infant development.
 - Ability to recruit and engage with 4-8 parents weekly or bi-weekly for support group meetings.

- Open to all parents in the community free of charge.
 - Collect anonymized demographic, attendance, and outcome data from participants using evaluation tools developed by PS-WA.
- B. *Develop at least one ongoing virtual perinatal support group(s).* Host organizations can manage and facilitate these groups or subcontract to other community organizations. DCFYF approval is required for all subcontracts. Virtual support group qualifications include:
- Held in an online-accessible platform that allows for group participation, including content and video sharing capability.
 - The platform must be publicly accessible for any participant, but should be in a secure environment that cannot be recorded without prior informed consent of all participants.
 - Facilitator must have completed PS-WA training for support group facilitators and participate in monthly consultation calls.
 - Facilitator should be representative of the community including but not limited to language and culture; parenting/caregiving experience; knowledgeable about pregnancy, birth, and postpartum; and knowledgeable about infant development.
 - Ability to recruit and engage with 4-8 parents weekly or bi-weekly for support group meetings.
 - Open to all parents in the community free of charge.
 - Collect anonymized demographic, attendance, and outcome data from participants using evaluation tools developed by PS-WA.
- C. *Develop a 1:1 parent support program focused on providing support to families experiencing or a risk for a perinatal mood and/or anxiety disorder.* Host organizations can manage and facilitate 1:1 peer/parent support program or subcontract to other community organizations. DCFYF approval is required for all subcontracts. Peer support is meant to be short-term and non-therapeutic in nature. 1:1 parent support program qualifications include:
- Be available to provide phone, online or in-person meetings to parents in their home (as health and safety protocols allow).
 - Provide community building events for parents in the program either in person or virtually.

- Parent/peer must have completed PS-WA training and participate in monthly consultation calls.
- 1:1 Parent Support provider should be representative of the community including but not limited to language and culture; parenting/caregiving experience; knowledgeable about pregnancy, birth, and postpartum; and knowledgeable about infant development.
- Ability to recruit and engage with 20 parents per contract year.
- Open to all parents in the community free of charge
- Collect anonymized demographic, attendance, and outcome data from participants using evaluation tools developed by PS-WA.

Please note: Support group facilitator trainings and 1:1 parent support training will be provided by PS-WA. Training materials and registration will be provided at no cost to programs. However, travel to trainings or any optional supplemental materials will be the responsibility of the program.

3. **Perinatal Mental Health Resource and Referral Handouts Specific to Each Community:**

Resource and Referral handouts are intended to create easy pathways of care for both professionals and families. They will include mental health referrals, support groups, links, and information about perinatal mental health, local crisis information, and online resources for support. Successful host organizations are encouraged to work with their local Help Me Grow affiliate (or the statewide Help Me Grow if there is no local affiliate) in developing and distributing the Resource and Referral Handouts.

4. **Work Plan and Budget:** Successful host organizations will develop a work plan and budget within the first three months of the DYCF contract period. Host organizations will be provided a work plan and budget template. Budget should reflect at least six months of direct service funding for at least one support group and/or 1:1 Parent Supports.

5. **Evaluation:** Successful host organizations are responsible for engaging in evaluation activities and data collection focused on two programmatic areas and one tool for concrete goods.

- A. Community Capacity Building – Host organizations and their partners will be asked to complete a community capacity survey and participate in key informant interviews and/or focus groups conducted by evaluation consultants to DCYF.
- B. Parent Outcomes – Support group providers will collect outcomes data from participants using a parent questionnaire provided by PS-WA.

- C. Concrete Goods – Staff will collect and enter information related to concrete goods dissemination in a tool provided by DCYF, PS-WA, and/or the contracted evaluation coaches.

Funding Focus

Funding is provided through federal Community-Based Child Abuse Prevention (CBCAP) dollars. The intent of this funding is primary and secondary prevention and these services may not be used as a part of a formal case plan for families involved with Child Welfare services.

Support groups and direct service components should focus on offering culturally relevant services to unserved and underserved populations. Populations include but are not limited to: low income families, families with children 0-3, special needs families, families experiencing homelessness, African American families, unaccompanied homeless youth, fathers, mothers, refugee/immigrant families, tribal communities, Latino/Hispanic families, adult former victims of domestic violence or child abuse and neglect, teen parents, single parents, non-English speakers, Asian/Pacific Islander families, and relative caregivers. Support groups and 1:1 parent supports should be strengths-based.

While this funding is available to any organization serving a population in Washington State, certain areas and populations will be offered priority for funding because they have lower representation of trained mental health providers, fewer or no perinatal mental health support groups, and higher rates of parents reaching out for support. Geographic priority will be given to organizations serving communities in Eastern Washington or one of the following counties: Clark, Grays Harbor, Jefferson, Lewis, or Thurston. Cultural priority will be given to organizations serving communities of color or Spanish speaking communities. Priority will also be given to applicants who are committed to inviting a Plan of Safe Care hospital staff member or provider to all Task Force meetings and activities.

Funds Available

The funding awarded will be \$20,000 for basic contract compliance elements. Successful applicants will be required to submit a budget during the first quarter of the contract. Organizations will be encouraged to include incentives for parent participation in Task Force activities; incentives must total no more than \$2,000 per year. In addition, successful applicants will be offered an additional \$2,000 to use as concrete goods in their local community. The maximum award will be \$22,000 from July 1, 2022, through June 30, 2023. DCYF anticipates awarding up to 10 contracts.

Contract Period

The contract period will run from July 1, 2022 – June 30, 2023, with the option to extend funding for up to an additional year for organizations in good standing.

Who Should Apply

501c3 private non-profit organizations, tribal organizations, public or private schools, faith-based organizations, and local government entities serving Washington State parents, caregivers and families. For-profit organizations may require additional information to determine eligibility to receive funding.

How to Apply

Submit one copy by email (Word or PDF), including all required attachments, by 5 p.m. on Tuesday April 12, 2022. Late or incomplete applications will not be considered. Please email all applications to strengtheningfamilies@dcyf.wa.gov.

Applications **MUST** use no less than 11-point font with 1-inch margins.

Name	Sara Winkelman, Strengthening Families Washington
Phone	360-701-8736
Email	sara.winkelman@dcyf.wa.gov

Selection Process and Timeline

Webinar	March 14, 2022
Funding Applications Due	April 12, 2022
Announce Successful Applicants	May 13, 2022
Negotiate Contracts	June, 2022
Contract Effective Date	July 1, 2022

Please note – the following pages are the only ones required to be submitted as a part of the completed application. Pages one through eight of this announcement do not need to be included.

A. Applicant Information (5 points + Optional 9 Bonus Points)

Please include Section A as the cover sheet for the application narrative. A DUNS/UEI is not required to apply for funding, but will be required and verified by DCYF prior to issuing a contract.

Organization Name _____
DUNS/UEI Number (if available) _____
Mailing Address _____
City, State, Zip Code _____
Contact Person Name _____
Phone _____
Email _____

If selected as a successful applicant, what is the name and contact information for the person who will sign the contract.

Contact Person Name _____ Email _____

Organization Type

Please note, if you select "other" as the organization type, additional information may be requested by DCYF if selected as a successful applicant to determine eligibility for funding.

- 501-c3 Private Non-Profit
- Tribal Organization
- Local Government
- Public Educational Organization
- Private Educational Organization
- Other:

Community Population: (Select one primary population)

- Urban
- Suburban
- Rural

Priority Populations (3 Points Each)

Focus population will include at least one of these geographic locations (specify below): Clark County, Grays Harbor County, Jefferson County, Lewis County, Thurston County, or any Eastern Washington County (Adams County, Asotin County, Benton County, Chelan County, Columbia County, Douglas County, Ferry County, Franklin County, Garfield County, Kittitas County, Klickitat County, Lincoln County, Okanogan County, Pend Oreille County, Spokane County, Stevens County, Walla Walla County, Whitman County, or Yakima County)

Focus population will include at least one underrepresented cultural or linguistic population (specify below): Communities of color (including, but not limited to, Black/African American, Native American/Alaskan Native, Hispanic, Asian/Pacific Islander, or others), populations that speak a language other than English as their primary language, or other groups typically underrepresented in Washington or overrepresented in the Child Welfare system

Task force will include invitations for staff from one of the Plan Of Safe Care identified hospitals (specify below): Confluence Health (Wenatchee), MultiCare Deaconess (Spokane), Providence Holy Family (Spokane), Providence Sacred Heart (Spokane), Yakima Memorial (Yakima), Peace Health St. Joseph's (Bellingham), Providence Everett (Everett), Swedish Edmonds (Edmonds), Swedish First Hill (Seattle), Swedish Issaquah (Issaquah), University of Washington Northwest Hospital (Seattle), CHI St. Joseph's (Tacoma), MultiCare Tacoma General (Tacoma), St. Francis (Federal Way), Legacy Salmon Creek (Vancouver), or Peach Health South West (Vancouver)

Please list the specific priority population(s) you are proposing to serve for any boxes checked above:

For Sections B-D, please answer the following questions. *(Not to exceed 8 pages.)*

Applications **MUST** use no less than 11-point font with 1-inch margins.

B. Community Landscape (20 points)

Describe the community you are proposing to serve. What is your experience working with this community and what experience do you have connecting with families from this community in the perinatal period? What is your experience in connecting with mental health or medical providers who serve this community?

Using data from your community please describe the need for perinatal mental health resources.

C. Community Resources and Support (30 points)

In this section, DCYF and PS-WA are seeking information about how the host organization will work within the community to build capacity for perinatal mental health promotion.

Please demonstrate how you, as a host organization, collaborate with other existing resources and engage with partners in your community. In addition, please describe how you will convene a Perinatal Mental Health Task Force. Identify any community partners who have committed to participating in Task Force meetings and activities.

Parent participation is required in the planning and decision-making related to this funding opportunity. Please explain your organization's experience in partnering with parents for planning and decision making and how you will engage parents in this work specifically. How have you utilized parent input in your decision to apply for this funding opportunity?

D. Applicant Host Organization Capacity (25 points)

In this section, DCYF and PS-WA are seeking information that will document the applicant organization's ability to successfully carry out this project. If the organization is newly developed, the Executive Director and/or board members may be required to agree to background checks by the Washington State Patrol. Please note that the applicant organization must meet these eligibility requirements.

State the mission of the applicant organization. How does this work align with the mission statement?

Briefly describe the steps the applicant organization will take to ensure program services begin within 6 months of contract execution. Describe any concrete steps that will need to occur in order to be successful. Discuss the timelines for key milestones, including starting of direct services and Task Force meetings. What activities, if any, will be subcontracted, to whom, and has the organization already committed to being involved?

Describe the experience developing or delivering services related to perinatal mental health by the applicant organization or that of another organization in the community. If you have not had a lot of experience in providing perinatal mental health services, what experience do you have in serving families in the perinatal period? Is your organization interested in hosting the support group or will the host organization subcontract to another organization? Training will be provided in support group facilitation, so prior experience is not required.

Describe where your community is as it relates to implementation of a support group or 1:1 parent support at this time. Points for this question will be given based on how the selection below aligns with the proposed plan; no option is worth more points than others are.

- No current program/plan in place
- Initial plan is drafted
- Plan is in place, but lacked funds to implement
- Services already in progress, but need additional funding to expand or support

Describe the applicant's experience in successful compliance with contract requirements and completion of a program contract with state or local funding entities.

E. Attachments (20 points)

- *Parent Letter of Support* from a parent who represents the target community identified in Section B and can speak to how your organization partners with families from that community. Required. **Not to exceed 2 letters.**
- *Letters of Support from organizations or persons* who have an interest in the success of this program. Letters of Support may include social service providers, advisory committee and board members, community leaders, educators, clergy, business leaders, etc. Organizations must be committed to attending and participating in the community Task Force meetings. Required. **Not to exceed 2 letters.**



Application Submission Checklist

Late or incomplete applications will **not** be considered for funding. Complete applications must address each question and include the following documentation:

- Application Coversheet (Section A).
- Narrative (Sections B-D; not to exceed 10 pages, no less than 11-point font with 1-inch margins).
- Attachments (Section E).
- Signed and Dated Application Submission Checklist.
- An indirect rate certificate from a federally cognizant agency if your agency anticipates requesting an indirect rate that exceeds 10% of the direct expenses.

I certify that I have the authority to submit this proposal and that the information in this proposal is true and accurate. If my organization is faith-based, I understand that federal and state law prohibits the use of public funds for religious worship, exercise, instruction, or support of any religious establishment:

<http://www.acf.hhs.gov/programs/occ/resource/equal-treatment-regulations-for-faith-based-organizations>

I understand that my organization will not receive reimbursement for any costs incurred in preparing this proposal. If awarded funding, I understand that our proposal will be incorporated into the final contract.

Printed Name and Title

Signature

Date