confirm the new parent has engaged in seeking support through the gatekeeper's referral. At this time the data point will not formally be part of the measurement of "success" for the project, but the collected information will help determine areas that may need improvement or adjusting.

Learning Goal 2:
What is the experience of parents experiencing depressive symptoms, trained gatekeepers, and postpartum service providers who have participated in the New Parent TLC pilot project?

Sub-goal 2a: What factors contribute to completed linkages to services and a positive experience for parents, and trained gatekeepers?

Sub-group 2b: What factors were identified as barriers for referrals made that were not successfully completed?

Data for learning goal two will be collected quarterly.

The initial priority is to measure the increase, if any, in referrals to services for parental depressive symptoms by trained gatekeepers. Below, in the evaluation section, a method is provided to measure this expected increase, if any. Referrals and self-reported completed referrals will be documented by a sample of the participants and provided to the evaluator quarterly throughout the span of the project in the form of a survey. An increase in referrals initiated by trained gatekeepers to appropriate services for those parents who are not currently receiving services will show progress in the purpose area one (increase access to mental health services to underserved groups). Completion of referrals will also be used to measure progress, in addition to lessons learned and quality improvement going forward.

The second learning goal will contribute to lessons learned, and quality improvement through the span of the project, and thereafter should the project continue. Gatekeepers, postpartum service providers, and parents can reflect on his or her collaborative experience with **New Parent TLC**, what worked and what did not, what should be added or removed from the training, identify barriers, and approaches to address those barriers. The first year of the project will be used as the main pilot, with more intense data collection and a quality improvement plan for the following two years. Monthly emails will be sent to trained participants for them to have the opportunity to share their experience with any **New Parent TLC** interaction with a parent. A coaching session can be provided for those willing for constant quality improvement through the process. Formal interviews will be scheduled quarterly for the qualitative data collection, and an annual report will be completed each year. For privacy reasons the identity and all personal identifying details will not be included in the monthly email, unless the gatekeeper has prior permission from the new parent.

B) Relation of learning goals to key elements/approaches that are new, changed or adapted in the project.

Key elements that are new, changed, or adapted in this project include: a shift from identification of signs of suicidal ideology or domestic violence, and concentrate on identifying

parental depressive and anxiety symptoms, along with the linkage to appropriate services; create curriculum that is grounded in cultural responsiveness and equity; and promote a community collaboration to improve the identification of parental depressive systems, and link those parents to services.

Learning Goal 1 will show the effectiveness of the adaptations by determining if there was an increase in referrals for parents with depressive symptoms.

Learning Goal 2 will show the effectiveness of the community collaboration, share what is working, what is not, recommendations for quality improvement changes, and identify where barriers need to be addressed.

EVALUATION PLAN

Learning Goal 1 Evaluation Plan

<u>Research Question 1:</u> What is the difference, if any, in the number of referrals to services for parental depressive symptoms by the entire group of trained gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by entire group of trained gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by entire group of trained gatekeepers.

<u>Research question 2:</u> What is the difference, if any, in the number of referrals to services for parental depressive symptoms by the group of trained childcare provider gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by the group of trained childcare provider gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by the group of trained childcare provider gatekeepers.

<u>Research question 3:</u> What are the differences, if any, in the number of referrals to services for parental depressive symptoms by the group of trained coworker/employee gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by the group of trained coworker/employee gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by the group of trained coworker/employee gatekeepers.

<u>Research question 4:</u> What are the differences, if any, in the number of referrals to services for parental depressive symptoms by the group of trained cosmetology service provider gatekeepers?

***H_0*1:** There is no statistically significant difference in the number of referrals to services for parental depressive symptoms by the group of trained cosmetology service provider gatekeepers.

***H_1*1:** There are statistically significant differences in the number of referrals to services for parental depressive symptoms by the group of trained cosmetology service provider gatekeepers.

Learning Goal 1 population and sample size

The population for learning goal one evaluation includes the gatekeeper groups of 600 trained childcare providers, 500 trained coworker/employees, and 100 cosmetology service providers over the course of three years. With a confidence level of 95%, margin of error of 5% and population proportion of 50% the appropriate sample size is 235 childcare providers, 218 coworker/employees, and 80 cosmetology service providers over the course of the three-year project. Sample sizes will also be evaluated quarterly based on the number of training participants in each group to ensure a sufficient sample size.

Data collection method

Data for Learning Goal 1 will be collected by means of self-administered questionnaire that will be developed by the evaluator with First 5 Sonoma County, and tested by the evaluator with First 5 Sonoma County, the cultural community advisory group, and community members. The questionnaire will be administered either by electronic form through Survey Monkey, or in paper form for those who prefer the use of paper. The questionnaire will be available in both English and Spanish. Survey responses will be collected quarterly from each of the participants from the gatekeeper training.

At the time of registration (approximately 30 days before each scheduled training) the prospective gatekeeper will be given an initial survey to determine a baseline. The survey will measure if the prospective gatekeeper has identified any signs of parental depressive symptoms in the month before the training, if the prospective gatekeeper engaged in a conversation about any identified symptoms, and if the prospective gatekeeper made a referral for services. The survey will also include questions on a Likert scale to measure prospective gatekeepers' level of comfortableness in participating in the discussion about parental depressive symptoms, and their confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms.

The follow-up survey will include questions about how often the gatekeeper used each of the three aspects of **New Parent TLC** (*Talk, Link, Confirm*). The survey will ultimately measure if a referral was made after a gatekeeper identified parental depressive symptoms in an effort to identify the extent of an increase as a result of the **New Parent TLC** gatekeeper training. Each follow-up survey will also measure prospective gatekeepers' level of comfortableness in participating in the discussion about parental depressive symptoms, and their confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms.

A comparison of results from the baseline, against the follow-up survey are expected to show an increase in referrals, level of comfortableness in the discussion about parental depressive symptoms, and confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms.

The baseline data collection, and the follow-up date collection will control for interactions with new parents, in questions such as, "Have you had any interactions with a parent who has an infant under 12 months of age in the last…" In the baseline survey prospective gatekeepers will answer for the last month. In the quarterly follow-up survey trained gatekeepers will answer for the last three months.

Quantitative Data analysis

Data will be analyzed quarterly, semi-annually, and annually over the three-year project term. First each group will be evaluated against the baseline data to identify and measure an increase in referrals, level of comfortableness in the discussion about parental depressive symptoms, and confidence level in their knowledge on where to refer any particular parent expressing depressive symptoms. With sufficient sample data collected an analysis of variance (ANOVA) test will be used to compare the number of referrals made in each group of childcare providers, coworkers/employers, and cosmetology service providers. The ANOVA is appropriate for identifying differences between categorical groups, and if a significant difference is identified, then a post-hoc test will be completed to identify where the differences exist.

The proposed analysis will conclude if there were increases in referrals for those participating gatekeepers, and it will show if one group is more effective than another in making referrals for services. The analysis will also show self-reported completed referrals. The expectation is that as a result of the gatekeeper training, referrals will increase.

Learning Goal 2 evaluation plan

<u>Learning Goal 2:</u> What is the experience of trained gatekeepers, postpartum service providers, and parents experiencing depressive symptoms who have participated in the New Parent TLC pilot project?

The evaluation plan for learning goal two includes qualitative data in the form of interviews. At least two trained gatekeepers in each group, childcare providers, coworker/employees, and cosmetology service providers will be interviewed quarterly. In addition, postpartum service providers, and parents who have reported parental depressive symptoms will be interviewed each year as well.

The interviews will explore the experience as either a trained gatekeeper, service provider, or parent who has been part of the training, provided services, or received a referral based on reported symptoms. Exploration will include factors of completed referrals, and barriers when referrals were not completed.

Qualitative Data Analysis

The qualitative data gathered in this process will contribute to lessons learned, and quality improvement through the span of the project, and thereafter should the project continue. Trends will be identified and explored. Gatekeepers, postpartum service providers, and parents can reflect on his or her collaborative experience with New Parent TLC, what worked and what did not, what should be added or removed from the training, identify barriers, and approaches to address those barriers. Interviews with participants will be recorded and transcribed. A qualitative data analysis software, NVivo, will be used to analyze the qualitative data. The software allows qualitative data to be organized in ways that allow for trends to be easily identified and explored. Within each group of participants trends will be identified, and then the data from each group can be synthesized for the final report.

Annual report

An annual report will be developed and disseminated through multiple channels including an email to all trained gatekeepers, to the cultural community advisory group members, posted on the First 5 Sonoma County website, distributed to relevant County Health Department personnel, including Behavioral Health Division, shared with other First 5 Commissions, and a link to the report will be included in the newsletter when complete at the end of each year. The report will not include any personal information with unique identifiers or individually identifiable health information, to ensure the privacy of new parents who may have been identified with depressive symptoms and referred to services, and to ensure all HIPAA provisions are met.

SECTION 3: Additional Information for Regulatory Requirements

Contracting

Sonoma County Department of Health Services (DHS) will contract with First 5 Sonoma County for the proposed three-years of Innovation funding award. First 5 has an internal staff evaluator to lead and conduct the evaluation.

The MHSA Coordinator of the Sonoma County DHS Behavioral Health Division will be the main point of contact to monitor progress of **New Parent TLC** and assure contract compliance per County and State regulations. The County may provide technical support in program delivery and evaluation, fiscal reporting and program reporting to the County. Project coordination meetings will be held quarterly to establish expectations in reporting and to assure compliance with MHSA and Innovation regulations. In addition, First 5 will be expected to submit quarterly reports that include quantitative (number of clients served, demographics) and qualitative data (narrative reporting that includes findings, challenges, and solutions).
As the administrator for the **New Parent TLC** project, First 5 will contract with an educational consultant for the curriculum development, training and co-facilitation for the gatekeeper training sessions. Mental health professionals, such as a Marriage and Family Therapists and/or

Licensed Clinical Social Workers with clinical expertise in perinatal/postnatal mood disorders, anxiety and depression will be used as subject expert in the development of the curriculum. Other than the curriculum development and co-facilitation for gatekeeper training there will be no other outside contracting.

Community Program Planning

The County has robust stakeholder engagement in the MHSA Community Program Planning process. This includes the MHSA Steering Committee, Stakeholder Committee, county staff and contractors and any other interested parties. The County's MHSA Steering Committee is a key stakeholder and the committee is comprised of 27 diverse community members, including consumers, family members, TAY, ethnic and LGBTQ+ representation, various public sector personnel and advocates (see Appendix A for membership representation).

Since January of 2019, The MHSA Steering Committee has met at least quarterly to participate in shaping the mental health system of care funded by MHSA. In the summer of 2019, the MHSA Steering Committee established an Innovation Subcommittee to develop an inclusive community process that would solicit innovative project proposals, develop and apply a selection criterion for the incoming proposals and make a recommendation to award Innovation funds to selected projects. The Community Program Planning process is outlined below:

2019	Task
May-June	Understand Innovation regulations and requirements, discuss and define community planning process.
July	Develop and adopt community application, scoring criteria and FAQs to solicit Innovation Project Ideas.
Aug	Establish a calendar of community meetings for outreach and to inform the community about the Innovation opportunity; develop community presentation; conduct outreach for community meetings.
Sept	Conduct five community meetings in strategic geographic locations throughout the county to inform interested parties about MHSA and Innovation opportunity, including requirements, application form and selection criteria.
Oct	Received sixteen Innovation applications from the community; Innovation Subcommittee members reviewed and scored all applications based upon previously agreed upon selection criteria; Innovation Subcommittee held 2 full day meetings to discuss applications and arrive at consensus on prioritized projects and developed recommendation for funding.
Dec	Presented recommendation to MHSA Steering Committee and Mental Health Board (public meeting). Recommendation forwarded to the Behavioral Health Director and the Department of Health Services administration. Innovation applicants notified of status; meetings convened with approved projects to further develop their proposals.

In the table below the dates and locations of the community meetings are provided:

Date	Time	Location
September 4, 2019	10:30am – 12:30pm	Guerneville Regional Library 14107 Armstrong Woods Rd., Guerneville (West County)
September 4, 2019	3:00pm – 5:00pm	Sonoma Valley Regional Library 755 West Napa Street, Sonoma (East County)
September 11, 2019	9:00am – 11:00am	DHS Administration Santa Rosa Conference Room, 1450 Neotomas Ave., Santa Rosa (Central County)
September 11, 2019	1:00pm – 3:00pm	Petaluma Health District, 1425 N. McDowell Blvd., Rm 100, Petaluma (South County)
September 13, 2019	1:00pm – 3:00pm	Healdsburg Library 139 Piper St., Healdsburg (North County)

The table below provides the 16 applicant names and project titles.

Applicant	Project Title
Action Network (Sonoma County Indian Health Project, Redwood Coast Medical Services, Community Wellness Coalition)	Implement Community Resilience Leadership Model on the Rural Redwood Coast
Brief and Strategic Integrated Counseling Services (BASICS) [First Responder Support Network (FRSN)]	Approach to address workplace trauma among Sonoma County's first responders

Buckelew Programs (Aldea Children and Family Services, On the Move/VOICES)	Early Psychosis Intervention Care EPIC Program (EP LHCN)*
Center for Innovation and Resources	Effective, Equitable, Expanded (3E) Mental Health in Sonoma County Project
Early Learning Institute	Instructions Not Included (INI) with Dads Matter*
First 5 Sonoma County	Promoting Early Relational Mental Health: New Parent TLC*
Hanna Institute [Center for Well Being (CWB), International Trauma Center (ITC)]	"Bridging Gaps in Mental Health Care in Vulnerable Communities"
On the Move/VOICES (La Plaza, Humanidad, Latino Service Providers, Raizes Collective and North Bay Organizing Project)	Nuestra Cultura Cura Social Innovations Lab*
Petaluma Health Center	Psychiatric Nurse Practitioner Residency
Petaluma People Services Center	Manhood 2.0
Side by Side	New Residents Resource Collaborative
Social Advocates for Youth	Innovative Grief Services
Social Advocates for Youth	Street-Based Mental Health Outreach
Sonoma County Human Services Department Adult & Aging (and Santa Rosa Community Health)	Collaborative Care Enhanced Recovery Project: Advancing Older Adult Depression Care through Extended Supportive Services (CCERP)
Sonoma County Indian Health Project	Primary and Behavioral Health Care Integration Program with Traditional Native Healing Practices

The table below details the timeline of events in 2020 regarding preparing the Innovation projects proposals for public review and appropriate approvals from local and state authorities.

2020	Task
Feb-Mar	Prepared draft proposals for submission to Mental Health Services Oversight and Accountability Commission (MHSOAC) for technical assistance.
Mar	Submitted draft proposals to MHSAOC for review and technical assistance
Apr	Posted MHSA 2020-2023 Three-Year Plan with the five prioritized Innovation proposals for 30 days
May	Held public hearing at the Sonoma County Mental Health Board meeting. No substantive comments were received about the Innovation proposals.
June	Sonoma County Board of Supervisors approved the MHSA 2020-2023 Three-Year Plan that included the five prioritized Innovation proposals.
Sept/Oct	Received feedback and technical assistance from MHSOAC and incorporated feedback into proposals.
Nov	Posted Innovation proposals for 30-day public review period. On November 13, 2021.
Dec	Held public hearing at the Sonoma County Mental Health Board meeting on December 15, 2020. No substantive comments were received about the Innovation proposals.
2021	Task
Jan	Resubmit projects to MHSOAC for approval.
Feb	February 23, 2021 submit board item for Board of Supervisors review and approval.

On November 13, 2020, the County posted 4 proposed Innovation Projects, Instructions Not Included, CCERP, New Parent TLC and Nuestra Cultura Cura for the 30-day public review period. Followed by a public hearing hosted by Sonoma's Mental Health Board on December 15, 2020. No substantive comments were received on any of the projects during the 30-day review period or at the public hearing.

For the review period, the County's process is to post the project proposal on the Department's website/Behavioral Health Division webpage and send notification out to MHSA Steering Committee members, MHSA Stakeholder Committee, contacts on the MHSA Newsletter list) (over 2000 contacts), County staff and contractors and any other interested parties.

NOTE: The county is proposing two projects that support new parents: New Parent TLC and Instructions Not Included. While both of these programs aim to support new parents and identify parents with symptoms of depression, they are completely different and require different types of service providers and skill sets.

New Parent TLC is training the community that comes into contact with new parents, and does not work directly with parents. It is based on a community suicide prevention training model. Gatekeepers are trained about the signs and symptoms of postpartum depression and how to talk to a new parent about what they are noticing and provide them with referrals.

Instructions Not Included is working directly with new fathers, and trained professionals are screening for depression and ACEs

	New Parent TLC	Instructions Not Included
Description	Providing gatekeeper training: TLC (which is like QPR) for the community that interacts with new parents	Providing in home or virtual visits to new fathers and screening for post-partum depression and ACEs.
Target Population	childcare providers, cosmetologists and peer to peer workers	New fathers
Contact with parent	No	Yes
Providing referrals for new parents	Yes	Yes

In addition to the County's community program planning process, each of the applicants were required to develop their proposed projects with consumer and community input to validate the need among the population and that the innovation proposed was a feasible and strategic approach to the defined community/mental health challenge.

In the last quarter of 2020, the County will post the proposed Innovation Project, New Parent TLC, for a 30-day public review period. The County's process is to post the project proposal on the Department's website/Behavioral Health Division webpage and send notification out to MHSA Steering Committee members, MHSA Stakeholders, County staff and contractors and any other interested parties. The public review period will culminate with a public hearing at the Sonoma County Mental Health Board meeting, held the third Tuesday of every month (Planning for December 15, 2020). A final step in the County's process is approval by the MHSOAC prior to contracts being issued.

In addition to the County's community program planning process, each of the applicants were required to develop their proposed projects with consumer and community input to validate the need among the population and that the innovation proposed was a feasible and strategic approach to the defined community/mental health challenge.

Thus, the community, specifically those impacted by PPD and/or PPND were the major driving force and inspiration for the program planning of New Parent TLC. The community was engaged in multiple ways throughout the program planning and development process including focus groups, interviews, and survey responses. First 5 Sonoma County convened a focus group of key stakeholders to explore the perceived challenges and needs in the area of early relational mental health issues. Among those participants were several individuals who have personally been significantly impacted by postpartum depression, leaders from County of Sonoma maternal home visiting programs (Nurse Family Partnership, Field Nursing, Teen Parent Connections), private maternal mental health and dyadic therapy clinicians (Alison Murphy, MFT of Mother's Care and Jenni Silverstein, LCSW), local community-based leaders in the fields of maternal mental health, and developmental screening and early intervention for infants, (Child Parent Institute & Early Learning Institute). Once the initial idea was developed based on the experiences and needs of the community members impacted by PPD, PPND and/or other forms of parental depression, continuous community input was gathered through the program planning development process in the form of surveys, interviews with those in the potential gatekeeper positions such as cosmetology services providers, and interviews with parents. The data collected from community members throughout the program planning process were consistently used in the development of the larger structure and within the details of how to best serve and reach underserved communities.

In addition to the program planning that has already been completed, there will continue to be multiple steps that include the cultural community advisory group to ensure the services and evaluation of those services are culturally appropriate. The cultural community advisory group will ensure culturally competent curriculum with a curriculum review process that will also include culturally appropriate referrals and resources for specific communities. The cultural community advisory group will also support the development and review of evaluation, and any lessons learned or quality improvement after the first pilot year is complete and evaluated. The continued participation of the cultural community advisory group will ensure cultural competency throughout the development, implementation, evaluation, and program improvement process of the project.

MHSA General Standards

A) Community Collaboration

New Parent TLC is adapted from two successful community collaboration models. The community collaboration includes parental peers (gatekeepers), who already have trusted relationships with new parents, and high rates of contact with new parents. These gatekeepers identify parental depressive symptoms, participate in open-comfortable conversations with the parents, and make referrals as needed. Referrals are made to a variety of culturally appropriate services, which may include peer support groups, clinical services, or home visitors (just to name a few). The **New Parent TLC** model empowers community members to identify symptoms, make referrals, and check back in with the parent to confirm a linkage to service. The model includes non-traditional supports to a community mental health issue.

B) Cultural Competency

New Parent TLC supports cultural competency in many ways. In Sonoma County, over 26% of the population is Latinx, and Sonoma County is ranked number 2 in the nation for same-sex couples (Sonoma County Pride, 2018). Lare-Cinisomo, Wisner, Burns, and Chaves-Gnecco, (2014) found the preferred coping for postpartum depression in Latinas is a woman's own cognitive coping strategies, not seeking professional intervention. However, the second-level preferred approach included formal support from home visitors or lay community health workers, preferably introduced by a trusted friend, which significantly supports the proposed New Parent TLC gatekeeper model (Lare-Cinisomo, et.al., 2014).

To meet the specific needs of the populations in Sonoma County, culturally appropriate curriculum will be developed that focuses on the Latinx population and the LGBTQ+ population to ensure equity for all families in the community. In addition, through the curriculum development process a robust team of consultants will be used to ensure all components of the curriculum are infused in cultural responsiveness and equity. The team of cultural consultants will form the cultural community advisory group, and include leaders from Humanidad, Raizes Collective, Positive Images, and Life Works. At least 30% of the gatekeeper trainings will focus on members of Latinx population and be available in Spanish. Curriculum infused with culturally responsive communication strategies, culturally appropriate community resources and referrals for services will be fundamental in supporting these underserved populations in seeking and receiving the support they need to address depressive symptoms. Because traditional counseling or therapy is not the top preferred service for the Latinx community, the cultural community advisory group will be vital in identifying and defining appropriate services that are effective in reducing depressive symptoms, and that the population is more likely to participate in.

C) Client-Driven

The entire development of the New Parent TLC project was client-driven. The project originated from a combination of date gathered from interviews, survey, and a focus group where a father shared his story. Greg Ludlams, shared openly about losing his wife to suicide after months of unrecognized, untreated symptoms of postpartum depression following the birth of their second child. He described how his wife's symptoms went completely undetected in spite of regular scheduled medical appointments, that she made great efforts to appear "put together" and to mask her symptoms. Greg noticed changes in his wife's mood, but had no idea what the cause was, how severe the symptoms could be and did not recognize any signs of suicidality. After her death, Greg learned from their infant son's child care provider that his wife had shared with her a small hint of her struggle with depression. One day when she dropped off their son at the provider's home on her way to work, she mentioned to the child care provider that she was feeling "overwhelmed." A short time after that, Greg's wife took her own life.

Greg strongly encouraged First 5 Sonoma County to consider these daily, frequent, non-clinical contacts as opportunities to connect struggling parents with supports that could ease the

weight of maternal and paternal depression and anxiety that is far too common and too often unrecognized and untreated. His story greatly inspired this innovation project.

In addition, interviews were conducted with parents who expressed the need for the **New Parent TLC** project, as most parents interviewed did not discuss their depressive symptoms with a medical professional, and did not seek help on their own.

A survey was also conducted with parent participants at a Spanish speaking child education group. The survey data supported the inclusion of co-workers as a main support or person to confide in about parental depressive symptoms.

D) Family-Driven

Approximately 70% to 80% of women will experience sub-clinical "baby blues". While not necessarily harmful to the mother in the long-term if symptoms resolve, this "mild" condition has been proven to be damaging to the infant's development and leaves the infant at risk of exposure to Adverse Childhood Experiences (ACEs) (Postpartum Depression, 2019). With a birth rate in Sonoma County of approximately 5,000 births per year, this could mean up to 4,000 babies annually are exposed to at least one significant Adverse Childhood Experience (ACEs) in the very first year of life as a result of unidentified, untreated symptoms of maternal depression.

In addition, 50% of postpartum depressed mothers do not seek treatment leaving their infants at risk of adverse outcomes (American Psychological Association, 2006). Employing the community-based gatekeeper approach aims to identify parental depressive symptoms that would otherwise go untreated, ultimately improving the potential for healthy development and attachment for those infants and improving outcomes for the entire family.

E) Wellness, Recovery, and Resilience-Focused

Early intervention, self-care, and linkages to culturally appropriate services support resilience. Through the curriculum development, aspects of five protective factors: parent resilience, knowledge of parenting and child development, social and emotional competence of children, social connections, and concrete support in times of need will be included. This framework promotes wellness and recovery and is used in early home visiting programs, Family Resource Centers, and other family centered, strength-based services.

F) Integrated Service Experience for Clients and Families

The integrated services in the **New Parent TLC** model include the linkage between gatekeepers, parents, and services in the community, and is inclusive of all types of new parents. Traditional mental health services do not include parental peers, such as childcare providers, coworkers, or cosmetology service providers. **New Parent TLC** educates the community, normalizes the conversation about parental depressive symptoms, and raises awareness as well.

Cultural Competence and Stakeholder Involvement in Evaluation

The evaluation includes a quantitative portion and a qualitative portion. In the quantitative portion of the evaluation a survey will be used to collect data. The survey will be tested for validity and reliability in both English and Spanish. The survey will be prepared at an eighth-grade reading level and tested with multiple community members from varying cultural groups. Parents from two-parent households, single parent households, custodial and non-custodial, LGBTQ+, geographical ranges, and a wide range of age differences will all participate in survey testing. Spanish community members will participate in the testing process for the Spanish version of the survey to ensure cultural competence, and that the Spanish version is accurately measuring the same outcomes as the English version.

In the qualitative portion of the evaluation, any Spanish-speaking participants will be interviewed in Spanish. The cultural community advisory group will also be used as experts to consult through the evaluation process. They will participate in testing the measurement instrument (survey), reviewing recordings of interviews, and ensuring translation is culturally accurate to the statements made and trends identified.

Innovation Project Sustainability and Continuity of Care

The MHSA Coordinator, with the assistance of the MHSA Innovation Subcommittee, will host an annual meeting to review progress of the active Innovation Projects. Each Innovation Project will be required to submit an annual evaluation report on findings to date. These annual reports will be reviewed and discussed among the Innovation Subcommittee members who will focus on successful outcomes and challenges that may prompt the need for technical assistance and additional resources.

Specific to this proposed project, the Sonoma County Behavioral Health Division will work in collaboration with the First 5 leadership and look holistically at the success of the project. Key indicators include the ability to engage and train gatekeepers; successful referrals and positive experiences of all community members engaged.

Data driven decision-making will determine if the project is promising and additional time is indicated to further develop definitive results for the project. If necessary, criteria will be developed to determine if an Innovation project should be extended for up to two years with continued Innovation funding (up to five years total) or supported with alternative funding. Once Innovation funding has ended, the project may be considered for MHSA Prevention and Early Intervention funding and/or pursue funds from other Community Based Organizations and/or public grants. The three local hospital systems: Kaiser Permanente Community Benefits, Sutter Health and St. Joseph's Health System often pool funding to support local projects that are within their respective mission statements. Projects can be supported in whole or focused on specific gatekeepers that are particularly successful in addressing the mental health challenge for the community of new parents. It will be necessary to consult with the full MHSA Steering Committee, Behavioral Health Division administration, and/or other community resources such as local foundations, and the Board of Supervisors.

It is not anticipated that individuals with a serious mental illness will receive services from **New Parent TLC** as we are not targeting this population. However, there is definitely a potential overlap as the entrance criteria is being a new parent in Sonoma County. All participants will receive supportive navigation to other services as needed. Gatekeepers will be trained and keep up to date resource and referrals cards that will include a list of local parental depression services and groups. The contractor will develop the resource and referral cards as part of the gatekeeper training curriculum materials. If a gatekeeper identifies a parent with serious mental illness at the end of the project's final year, First 5 will work closely with the County Behavioral Health Division and community mental health services to assure an appropriate and smooth transition.

With a local First 5 in all 58 counties in California, the lead agency on this project, First 5 Sonoma County is in a prime position to share this project with all 58 other county level First 5s once the project is established as a best or promising practice. The First 5 Network already has strong partnerships with the First 5 Association, First 5 California, and local level First 5s across the state. It is common practice for First 5s to share service models for dissemination after a pilot period, complete with implementation, evaluation, and improvement plans for partnering First 5s to duplicate the model, opening an opportunity for statewide expansion of the program.

Efforts to promote change and sustainability will focus on policy development at the local and state levels. Program evaluation for **New Parent TLC** will be used as support for policy change, such as universal participation by licensed childcare providers to recognize parental depression symptoms. With policy support, gatekeeper training could be a requirement for childcare licensing, such as CPR training is currently. With sufficient participation, this program can be easily transitioned into a "train the trainer" model, with champions in the community that will support sustainability for the program to continue and expand.

Communication and Dissemination Plan

A) Dissemination of information to stakeholders

An annual report will be created to share the annual data analysis, lessons learned, and any plan for quality improvement through the duration of the project. The annual report will be sent to all trained gatekeepers through electronic mail, to members of the cultural community advisory group, posted on the First 5 Sonoma County website and in the monthly newsletter, shared with other First 5 Commissions with a presentation to the California First 5 Commission, and shared with the California Department of Social Services, Childcare Licensing Office. In addition, the Health Department, Behavioral Health Division, MHSA Steering Committee and Mental Health Board will receive copies of all evaluation reports and program updates that are available to the public.

As stated above, the strong partnerships within the First 5 Network position the lead agency, First 5 Sonoma County, for statewide dissemination of not only the annual reporting, but the service model as well. First 5s actively share models, and the **New Parent TLC** model focuses

specifically on the target population of First 5: new parents, children under three years, and child care providers. The model perfectly fits within the First 5 statewide goals of improved family functioning, improved child development, improved child health, and improved systems of care. The **New Parent TLC** sustainable model can be easily scaled to fit the population size needs of each local First 5 Commission, making this model prime for implementation in all 58 California counties.

B) KEYWORDS for search:

- Gatekeeper training,
- Perinatal mood disorder (PMD),
- Postpartum depression (PPD),
- Paternal Postnatal Depression (PPND),
- Post Adoptive Depression, and
- Adverse Childhood Experiences (ACEs)

Timeline

A) The expected start date for **New Parent TLC** is July 1, 2021. The expected end date for **New Parent TLC** is June 30, 2024.
B) The total timeframe of the Innovation project is three years.
C) Key activities, milestones, and deliverables by quarter are listed below.

0-3 months

- Establish contract with Department of Health Services, administrative meetings to clarify reporting requirements
- Establish subcontract(s) with 1-2 clinical subject matter experts specializing in parental depressive disorders
- Form a cultural community advisory group to review curriculum for cultural responsiveness
- Hire clinical expert Consultant/Facilitator, and First 5 Program Coordinator staff (3-year project specific limited time employment)
- Refine plan for roll-out of training
- Develop referral resources and curriculum
- Develop outreach and engagement plan to recruit training participants
- Develop marketing and outreach materials for trainings

3-6 months

- Engage participating employers leveraging preexisting relationships established through Santa Rosa Metro Chamber of Commerce, and targeting the top employers in Sonoma County
- Launch outreach to childcare providers, cosmetology service providers, and employers to engage in gatekeeper training

- Develop training schedule & identify sites
- Develop pre-post survey for gatekeeper training participants

6-9 months

- Launch pilot trainings – 1 training for each gatekeeper group (January – March 2022)
- Collect baseline survey results & adjust training curriculum and approach if needed

9-12 months

- Continue engaging and training new childcare providers, cosmetology services providers, and groups of coworkers/employees to continue participation in trainings
- Collect second quarter survey responses
- Analyze second quarter data
- Complete interviews for qualitative evaluation
- Analyze annual qualitative data
- Evaluate first year process and create next steps
- Complete and disseminate the first annual report

12-24 months

- Continue engaging and training new childcare providers, cosmetology services providers, and groups of coworkers/employees to continue participation in trainings
- Continue collecting and analyzing quarterly data
- Complete year two qualitative data collection and analysis
- Complete year two annual report and disseminate as planned
- Begin compiling data from evaluations for policy change support

24-36 Months

- Continue engaging and training new childcare providers, cosmetology services providers, and groups of coworkers/employees to continue participation in trainings
- Continue collecting and analyzing quarterly data
- Complete year three qualitative data collection and analysis
- Complete year three annual report and disseminate as planned
- Work with Community Child Care Council and Child Care Planning Council to integrate **New Parent TLC** training into onboarding for new childcare providers
- At least three employers agree to continue **New Parent TLC** training for employees

SECTION 4: INN Project Budget and Source of Expenditures

INN Project Budget and Source of Expenditures

A) Budget Narrative

MHSA Innovation funding will cover the primary functions of the project over the three-year period. The project, **New Parent TLC**, will include the development of gatekeeper training

curriculum and training facilitation by clinical expert consultants, evaluation and coordination by First 5 Sonoma County evaluator, and outreach and training dissemination by First 5 Sonoma County Program Manager. First 5 Sonoma County will also leverage funding to cover indirect administrative costs for the program.

First 5 Sonoma County receives funding allocated from First 5 California through the California Children and Families Act (Proposition 10). The proposition was established through a voter approved initiative in 1998 to oversee the expenditures of tobacco tax revenues to support, promote, and optimize early childhood development through coordinated programs that emphasize child health, parent education, childcare, and other services and programs for children prenatal through age five. The goals of **New Parent TLC** are aligned with the goals of Proposition 10, and the funding can be leveraged to help support the program. Indirect administrative costs including .05 FTE Executive Director oversight, large training facility located in the First 5 Sonoma County leased office space, food and childcare provided for training participants as incentives for participation; ***an in-kind contribution of approximately $83,000 over three years.***

The total three-year cost to Sonoma County Department of Health Services not including the in-kind contribution from First 5 Sonoma County is $394,586.

- Personnel costs include salaries and benefits: $256,587
    - Program Director (supervision of coordinator, coordination of project, evaluation) .20 FTE first 6 months, .10 FTE 30 months
    - Program Manager/Coordinator (bilingual, gatekeeper trainer/facilitator) 1 FTE
- Operating costs include materials: $20,000
    - Printed training materials to distribute to each trainee.
- Consultant costs for clinical expert curriculum development & trainer(s): $116,400
- Qualitative data analysis software, NVivo ($1,599)

B) Budget Fiscal Year and Specific Budget Category

FY 2021-2022 (FY total $194,039)

Salaries and benefits: $95,973

- Program Director (first 6 months .20 FTE for development of evaluation and coordination of curriculum development and training plan) (second 6 months .10 FTE)
- Program Manager/Coordinator (bilingual) 1.0 FTE

Operating cost: $10,000
Initial cost of materials higher in first year for printing all curriculum and training materials
Consultant/facilitator cost: $58,800
Approximately $30,000 for the development of curriculum and $28,800 for facilitation
Qualitative data analysis software, NVivo: $1,599

FY 2022-2023 (FY total $114,107)

Salaries and benefits: $80,307

- Program Director .10 FTE

- Program Manager/Coordinator (bilingual) 1.0 FTE

Operating cost: $5,000

Consultant/facilitator cost: $28,800

FY 2023-2024 (FY total $114,107)

Salaries and benefits: $80,307

- Program Director .10 FTE
- Program Manager/Coordinator (bilingual) 1.0 FTE

Operating cost: $5,000

Consultant/facilitator cost: $28,800

Indirect Costs: $0 (In-kind)

Sonoma County has $822,000 in MHSA Innovation dollars that are subject to reversion on June 30, 2021. Sonoma County is submitting four Innovation proposals simultaneously, including this proposal for **New Parent TLC**, to the MHSOAC in December 2020 following the public hearing on December 15th at the Sonoma County Mental Health Board meeting. The combined total of the four Innovation proposals that are being submitted to the MHSOAC in December 2020 is $2,783,034.

Expenditures				
Personnel Costs (Salaries, wages, benefits)	**FY21/22**	**FY22/23**	**FY23/24**	**TOTAL**
1. Salaries	$86,684	$72,434	$72,434	$231,552
2. Direct Costs, benefits	$9,289	$7,873	$7,873	$25,035
3. Indirect Costs - IN KIND	0	0	0	0
4. Total Personnel Costs	$95,973	$80,307	$80,307	$256,587
Operating Costs	**FY21/22**	**FY22/23**	**FY23/24**	**TOTAL**
5. Direct Costs (materials)	$10,000	$5,000	$5,000	$20,000
6. Indirect Costs - IN KIND	0	0	0	0
7. NVivo Software	$1,599	0	0	$1,599
8. Total Operating Costs	$11,599	$5,000	$5,000	$21,599
Consultant Costs/Contracts (clinical, training, facilitator, evaluator)	**FY21/22**	**FY22/23**	**FY23/24**	**TOTAL**
9. Direct Costs	$58,800	$28,800	$28,800	$116,400
10. Indirect Costs – IN KIND	0	0	0	0
11. Total Consultant Costs	$58,800	$28,800	$28,800	$116,400

Budget Totals				
Personnel (line 1)	**$86,684**	**$72,434**	**$72,434**	**$231,552**
Direct Costs (lines 2+5+7+11)	**$79,688**	**$41,673**	**$41,673**	**$163,034**
Indirect Costs (lines 3+6+9)	**0**	**0**	**0**	**0**
Total Innovation Budget	**$166,372**	**$114,107**	**$114,107**	**$394,586**

C) Budget Context

Innovation funds will cover the primary functions of the project. First 5 Sonoma County will leverage Proposition 10 funding for the .05 FTE Executive Director for supervision time on the project, all administrative and indirect overhead costs, along with food and childcare expenses as incentive for child care providers, cosmetology service providers, and employees of medium to large organizations to participate in the trainings.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)							
ADMINISTRATION:							
A.	**Estimated total mental health expenditures <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**N/A**	**N/A**	**TOTAL**
1.	Innovative MHSA Funds	$150,706	$103,663	$103,663			$358,032
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$27,667	$27,667	$27,666			$83,000
6.	**Total Proposed Administration**						
EVALUATION:							
B.	**Estimated total mental health expenditures <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**N/A**	**N/A**	**TOTAL**
1.	Innovative MHSA Funds	$15,666	$10,444	$10,444			$36,554
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**						
TOTAL:							

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	N/A	N/A	TOTAL
1.	Innovative MHSA Funds	$166,372	$114,107	$114,107			$394,586
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*	$27,667	$27,667	$27,666			$83,000
6.	**Total Proposed Expenditures**	$194,039	$141,774	$141,773			$477,586
*If "Other funding" is included, please explain. First 5 in-kind contribution from Prop 10 funding							

APPENDIX A – SONOMA COUNTY MHSA STEERING COMMITTEE REPRESENTATION

First Name	Last Name	Industry	Representing
Claudia	Abend	Community at-large	Consumer, Family member
Mechelle	Buchignani	Law Enforcement	
Jessica	Carroll	MH, Social Services	Consumer, LGBTQ+
Sophie Marie	Clifford	Substance Abuse	Consumer, Latina, LGBTQ+
Mandy	Corbin	Education	Family Member
Christy	Davila	Social Services	
Angie	Dillon-Shore	0-5	LGBTQ
Jeane	Erlenborn	Education	
Cynthia	Kane Hyman	Education	
Ozzy	Jimenez	Businessman	LGBTQ, Latino
Erika	Klohe	MH, Community Benefits,	Family Member
Claire	McDonell	Education	Family Member, TAY
John	Mackey	Healthcare	Veteran
Shannon	McEntee		Consumer, TAY
Mike	Merchen	Law Enforcement	Family Member
Allison	Murphy	0-5	Family Member
Ernesto	Olivares	Social Services	Latino
Matt	Perry	Probation	
Ellisa	Reiff	Disabilities	
Kate	Roberge	MH, Disabilities, Workforce	Consumer, Peer

Kurt	Schweigman	Healthcare, MH	Native American
Kathy	Smith	Mental Health Board	Family member
Susan	Standen	Self-employed, MH peers	Consumer
Angela	Struckmann	Social Services	Family Member
Katie	Swan	Mental Health	Family Member, LGBTQ+, TAY
Sam	Tuttelman	Community at-large	Family member
Carol Faye	West	Peer	Consumer, Family member

26% Consumers, 41% Family members, 19% LGBTQ+, 11% Latinx, 4% Native American, 11% TAY