## Due: July 15, 2023

Agency Name:

Contract #:

Contact Person:

Date:

## Narrative

Seven-page maximum for questions 1-5, minimum 10pt font, and 1-inch margins. If your community offered **both** in-person or virtual support groups **and** 1:1 parent support programs, the total response may be a maximum of eight pages.

(Attachments are not included in the maximum page count.)

## Contract Expectations

1. **Convene and document at least four community task force meetings** occurring through the contract period with at least one meeting in the final quarter (between April 1 and June 30, 2023).
	1. Dates of Meetings and Community Stakeholders. List the dates of the community meeting(s) and complete the following table. Rows may be added if needed.

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| **Date** | **Topic/Brief Description** | **Total Attendance** | **Number of Attendees by Type of Organization/Primary Role** |
| **Government** | **Health Care** | **Mental Health Care** | **Community Organization** | **Child Dev. Support ESIT, IMH** | **Education** | **Perinatal Support Services**  | **Parents / Other Community Volunteers** | **Other (\*specify below)** |
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(*Click outside of table to add more rows as needed)*

\*Types of Other Organizations/Primary Roles:

Meeting Minutes. Attach a copy of the minutes from the community task force meeting(s) you held.

* 1. Task Force Structure. (i). Describe the structure of your community task force. (ii). Is the task force a stand-alone group or is it embedded into a larger initiative, committee, other? (iii). Is task force leadership shared among partner organizations or primarily held by your organization?

* 1. Task Force Process Reflection. (i). Briefly describe the focus of your task force efforts between July 1, 2022, and June 30, 2023. (ii). Briefly describe two or three aspects of your task force efforts that went well. (iii). Describe any current concerns or aspects of your task force that did not go as well as hoped. (iv). Report any impact COVID-19 may have had on your task force meetings, goals, or activities. (v). Briefly outline the “next steps” with regard to your community’s Perinatal Mental Health Task Force efforts. (For example, will the PMH Task Force efforts continue? If yes, what will that look like? Will leadership change? If so, how?)

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1. **Develop, host, and facilitate at least one ongoing concrete support**. This may be an ongoing in-person support group, an ongoing virtual support group, an ongoing 1:1 parent support program, or a combination of these options.

Please describe the type(s) of concrete supports offered to families in your community:

*For in-person or virtual support groups, provide a brief description of how you met this expectation as follows:*

1. Description of Community or Virtual Support Group(s).
	* Describe your support group(s) and include: (i). the name of the group, (ii). location and times, (iii). date started, and (iv). any particular focus or unique characteristics of the group(s) (e.g., virtual, language, target population), number of GPS facilitators trained in 2022-2023

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1. Support Group Process Reflection.
	* Briefly describe two or three aspects of your support group planning and implementation that went well and any ongoing barriers or current concerns with regard to the implementation of your community support group(s).
	* Indicate whether the groups will continue and briefly describe plans. Include any change in facilitation, recruitment, etc.

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*For 1:1 parent support programming, provide a brief description of how you met this expectation as follows:*

1. Description of 1:1 Parent Support Programming.
	* Describe your peer or parent support programming, including (i). the types of support activities that took place (e.g., face-to-face meetings, video meetings, phone calls) and (ii). the frequency of these contacts. Include (iii). the date the services started and (iv). any particular focus or unique characteristic of the participants (e.g., virtual, language, target population), number of 1:1 peer support facilitators trained in 2022-2023.

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1. 1:1 Parent Support Programming Process Reflection.
	* Briefly describe two or three aspects of your parent support program planning and implementation that went well. Include any ongoing barriers or current concerns with regard to the implementation of peer or parent support programming.
	* Indicate whether the programming will continue and briefly describe plans. Include any change in facilitation, recruitment, etc.

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1. **Develop a Perinatal Mental Health Resource and Referral (R&R) handout** specific to your community.

Please provide a brief description of how you met this expectation as follows:

1. Attach your current R&R Handout as a .pdf document to this report.
2. Description of R&R handout distribution.
3. Briefly describe (i). where and (ii). how you distributed this resource and referral handout between July 1, 2022, and June 30, 2023. Please indicate if this is a new or revised handout.

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1. Next steps for R&R handout.
	* Briefly describe any next steps for your task force or community with regard to the resource and referral document

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1. Other community perinatal mental health resources.
	* List and briefly describe any other key perinatal mental health information resources (handouts, web, or mobile information) for families and the general public that your task force worked on this year. If applicable, please include as attachments.

*Optional:* Please briefly provide any additional information that you would like to share with DCYF and PS-WA about your community’s Perinatal Mental Health Community Capacity Building efforts and accomplishments between July 1, 2022, and June 30, 2023.

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1. **Host a one-day Perinatal Mental Health initial training** for the community in partnership with Perinatal Support Washington.
	1. Indicate the date and topic of your one-day training.
	* Describe the planning process for the one-day training: (i). How did you decide on a topic for the training and (ii). how did the task force participate? (iii). Did the one-day training meet your task force’s expectations? How so?

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1. **Engage in program evaluation activities.**
	1. Provide a brief description of your experiences with the evaluation activities. Include any elements that went well and any areas that were challenging.
	2. Please describe your efforts to increase survey response rates.
	3. If you feel that any areas were not assessed that would help fully understand the experiences of participants (1:1 Parent Support Participants, Support Group Participants, or Task Force Participants), please describe those.

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## Returning Organization Planning

1. **If your organization or community is ending their first year of funding, or is continuing in a new funding cycle, reflect on goals for the next year (starting July 1, 2023)**. What are the plans for next year including budget planning, 1-Day training timeline or topics, upcoming meeting plans, and any changes in support group or 1:1 parent supports? What is your strategy for ensuring continuity between years? What is your anticipated timeline for any key activities your Task Force will take on next year?

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