PROJECT SUMMARY

Paternal Mental Health Pilot Project

COUNTY NAME: Madera County

DATE SUBMITTED: 4/9/2021

PROJECT TITLE: Project D.A.D. (Dads, Anxiety, & Depression)

TOTAL AMOUNT REQUESTED: $930,401.56

DURATION OF PROJECT: 2021-2025

SECTION 1: INNOVATION REGULATIONS REQUIREMENT CATEGORY

GENERAL REQUIREMENT

THE PROPOSED PROJECT: Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

PRIMARY PURPOSE

THE PROPOSED PROJECT: Increase access to mental health services to underserved populations.

SECTION 2: PROJECT OVERVIEW

PRIMARY PROBLEM

There is a growing body of literature dedicated to the importance of optimal maternal mental health as it relates to successful outcomes for moms and babies. As a result, barriers to maternal mental health services and supports due to access and stigmas are on the decline. Similar to mothers, the risk for mental health problems increase once a male becomes a father, but there is limited research examining this issue and even fewer interventions aiming to address it. The primary problem as presented here is the lack of service capacity targeting the mental health of new fathers. This void allows for undiagnosed and untreated paternal mental health disorders that can have lasting impacts on the mental health of the related infant, mother, and even the overall future success of the family unit.

Although the mental health of a new father is rarely examined in comparison to new mothers, the most extensive work on paternal postpartum mental health experiences and subsequent depression is growing clearer. Paternal postpartum depression occurs in 10% of men between the first trimester and the first year of the baby's life[i] with the highest rate occurring 3 to 6 months post-partum. Though the paternal postpartum depression rate (10%) is only half of the maternal post-partum depression rate (22%) [ii], it remains significantly higher than that of all

men who are of parenting age (5%). In 2018, there were roughly 2,200 births in Madera County. Given these rates of occurrence and what we know about treatment, it is estimated that 220 fathers experienced paternal postpartum depression during that year, most of which went undiagnosed and untreated.

Untreated paternal postpartum depression is associated with maladaptive parenting behaviors towards infants, resulting in negative child development outcomes. A meta-analysis by Wilson and Durbin found that paternal depression is associated with increased *negative parenting behaviors* like psychological control, hostility, and intrusiveness and decreased *positive parenting behaviors* like affection, positive involvement and supportiveness. Further, untreated mental illness often results in externalizing behaviors like substance and alcohol abuse, aggressive behaviors, and acting out. It is these behaviors that can cause irreversible damage to infant and maternal mental health, as well as the overall family unit.

Depression in parents has been consistently linked to children's early signs of vulnerabilities to mental health complications which, elevates cortisol levels. Children and adolescents of a depressed parent or parents have demonstrated signs of a dysregulated temperament, aggression, heightened emotionality, dysphoric behavior and demonstrate unhappy facial affect, particularly for female children. Dysregulated temperament traits have shown an increased risk for developmental psychopathology like Attention-Deficit/Hyperactivity Disorder (ADHD) thus making these children and adolescents more vulnerable to substance misuse.

PROPOSED PROJECT

A. PROVIDE A BRIEF NARRATIVE OVERVIEW DESCRIPTION OF THE PROPOSED PROJECT

The most common complication during pregnancy or after birth is depression. Perinatal Mood and Anxiety Disorders (PMAD) which includes postpartum depression is a common, serious, and highly treatable disorder. Research suggests the prevalence rate of PMAD to be 15-20%. The Central Valley rate is believed to be approximately 25%. In Madera County this phenomenon is related to unique risk factors in our communities like low income, language barriers, isolation, high teen birth rate, lack of transportation, and education level. Left untreated, PMAD can become a lifelong struggle with major depression for mothers and fathers. This can also affect the infant's ability to achieve developmental and social-emotional milestones lasting into adulthood. There is growing research, data, and service delivery related to PMAD as it relates to the mom and baby. However, despite harsh implications on the family unit, there is limited knowledge (and even fewer resources) related to PMAD as it relates to new fathers.

Project Dads, Anxiety, & Depression (referred to here as ***Project DAD***) is based on the local Perinatal Mental Health Integration Project (PMHIP) that integrates behavioral health and medical care towards early identification of post-partum depression to improve behavioral health outcomes for the mother and baby. During the past 5 years of implementation, the

PMHIP witnessed signs and symptoms of paternal postpartum depression in a noteworthy number of new fathers. This phenomenon is the impetus for this innovation. With some additional planning and adaptation to include new fathers as the unique client, this expanded service can be implemented in Madera County fairly quickly.

Project DAD is based on interagency collaboration between the PMHIP, behavioral health providers, medical providers, Women, Infants and Children (WIC) and other agencies serving women of child-bearing age to aid in identifying fathers who may suffer from PMAD. The component of integrating strategic outreach and supports for fathers in settings that

traditionally targeting mothers is itself innovative. Through interagency collaboration, ***Project DAD*** will aim to impact systemic and environmental change by 1.) Educating the service system/providers on paternal depression and anxiety 2.) Implementing tools to assess the extent to which the service system/providers are "father-friendly" and skilled at identifying and addressing parental PMAD 3.) Supporting the service system/providers in the incorporation of "father-friendly" policies that enhance their environment and service delivery for new fathers. The other area of proposed innovation is increased access to services for fathers struggling with PMAD concerns by integrating 1.) Community collaboration under the Maternal Wellness Coalition, 2.) Community education and awareness, 3) paternal screenings in alternative and nontraditional settings (3) family case management and planning, care coordination, access to early intervention counseling services (5) linkage to local Dad's support groups.

Through interagency collaboration mentioned above, ***Project DAD*** will work with various organizations and medical settings including: WIC, medical offices, hospitals, the Madera Chamber of Commerce, the Madera County Economic Development Commission, and the Madera County Farm Bureau, to incorporate mental wellness screening for perinatal fathers. The target timeframe for screenings and services will be from the commencement of pregnancy until one year after birth. Identified fathers will be referred to ***Project DAD*** for early intervention and prevention services.

B. IDENTIFY WHICH OF THE THREE PROJECT GENERAL REQUIREMENTS SPECIFIED ABOVE [PER CCR, TITLE 9, SECT. 3910(A)] THE PROJECT WILL IMPLEMENT

GENERAL REQUIREMENT: Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

C. BRIEFLY EXPLAIN HOW YOU HAVE DETEREMINED THAT YOUR SELECTED APPROACH IS APPROPRIATE.

During the past 5 years of implementation, the Madera County's PMHIP notated that 1 out of 10 perinatal father displayed signs and symptoms of paternal depression and anxiety.+. This data is in line with the national state average. Based upon the data and outcomes report, the designers of ***Project DAD*** *program* began exploring research and project design opportunities in response to needs among fathers. Though PMAD during the transition to fatherhood is an important behavioral and public health issue, it is currently under-researched and poorly understood.

Systematic Review of Literature: Adverse mental health in new fathers can have an adverse impact on the baby, their partner, and the wider society, designers of ***Project DAD*** committed to better understanding strategies to address PMAD among fathers. In pursuit of information, designers of ***Project DAD*** uncovered a Systematic Review published by the Joanna Briggs Institute (JBI). JBI findings stated that:

1. Fathers wanted more guidance and support around the preparation for fatherhood and partner relationship changes;

2. Barriers to accessing support included lack of tailored information resources and acknowledgement from health professionals

JBI concluded that better preparation for fatherhood, and support for couple relationships during the transition to parenthood, could facilitate better behavioral health for new fathers that would positively impact baby development, partner wellbeing, and overall stability of the family. This literature, though limited, is the basis for the proposed innovation of ***Project DAD*** as follows:

1. Interagency collaboration that integrates paternal behavioral health education, screening, counseling, case management services as well as non-behavioral health services. The ***Project DAD*** programing will be embedded in both traditional and non-traditional settings therefore promoting access and decreasing stigma.

2. Treatment will involve traditional interventions aimed to address paternal PMAD. The treatment interventions are a tiered approach based upon symptoms and overall need. Each case plan will be tailored for the participant and designed to promote positive mental wellbeing.

3. ***Project DAD*** will aim to integrate the mother thru interventions designed to strengthen the couple's relationship and parenting strategies.

Organization Overview

California Health Collaborative (CHC):

The California Health Collaborative (CHC) will implement all aspects of this program. As a 501(c)(3), CHC has the ability to manage the program, oversee the finances ensuring that budgets are met, and implement all activities within the scope of work. Headquartered in Fresno, California, California Health Collaborative (CHC) has offices in Chico, Hanford, Visalia, Victorville, San Bernardino, Merced, Oakland, and Sacramento; additional staff are out-stationed in Bakersfield, Los Angeles, Madera, Rancho Cordova, Roseville, San Diego and Santa Rosa. CHC is committed to enhancing the quality of life and health of the people of California, particularly the underserved and underrepresented. With a demonstrated commitment to enhance the lives of underserved Californians and guided by its mission to change lives by improving health and wellness, CHC is uniquely positioned to facilitate capacity-building activities that support innovative health solutions.

CHC's current local, state and federally-funded health education programs include: 1) teen pregnancy prevention programs in rural communities; 2) tobacco prevention and cessation in rural Northern and Central California; 3) breast and cervical cancer screening for underinsured and uninsured women with seven of the state's ten regional partnerships including one covering the Central Valley; 4) nutrition and physical activity education for SNAP-Ed eligible communities; 5) maternal and infant health for high-risk populations throughout the Central Valley; 6) perinatal mental health programs and maternal wellness coalitions 7) cancer case abstracting and surveillance activities; 8) breast cancer clinical navigation and support services for low-income women; 9) AOD prevention services for youth and young adults in Fresno County; 10) diabetes management and prevention for adults in California; and (11) Adverse Childhood Experiences (ACE)

Relevant to this proposal, CHC currently has four Maternal Wellness Programs. The Maternal Wellness program includes Coalitions (in San Joaquin, Fresno, Madera and Kings Counties) that bring partners together to build awareness and increase access to services for postpartum depression and anxiety. This program also works directly with pregnant and post-partum women, infants, fathers and families educating and counseling those suffering from perinatal mood and anxiety disorders.

CHC's Maternal Wellness Coalitions (MWC) focus their efforts on identifying service gaps through the pathways model of care. The MWCs have stream-lined their resources for expecting moms and families to receive the best outcomes. The Maternal Wellness Coalition partners with elected officials, law enforcement, medical facilities, school districts, and community organizations to collaborate on various medical and psychosocial determinants which impact individuals, children and families. In addition, CHC's Maternal Wellness program partners with medical providers, hospitals and behavioral health providers to create a comprehensive plan of care to support both the patient and the provider, bridging gaps to services needed.

CHC also possesses a critical and distinguishing set of core capabilities:

- Significant experience working with hospitals, county health departments and other partnering agencies to provide tools, trainings and technical assistance to ensure appropriate perinatal care.
- Experience in Perinatal Mental Health, training providers to screen and refer moms into the appropriate care.
- Experience helping low-income, disadvantaged individuals to overcome cultural, linguistic, financial and geographic barriers to health.
- A longstanding commitment to providing integrated disease prevention and health promotion for the underserved.
- Administrative and fiscal excellence punctuated with the capability of immediate start-up.

CHC has coordinated more than 50 health initiatives throughout California – many of which have enjoyed renewals of funding for 10 or more consecutive years. CHC's programs focus on communities with limited access to resources and those who face barriers related to age, culture, language, income, education, gender, geography or immigration status.

Organization Experience:

Regarding the target audience for this proposal, Madera County fathers, CHC has significant experience. CHC has been working in Madera County for several years, with programs in Perinatal Programs. The perinatal program focused on reaching low-income residents with mental wellness education and increase access to mental health services. The Madera County Maternal Wellness Program works with medical providers, hospitals and other partnering agencies to improve perinatal outcomes. The Perinatal Director and Manager work closely within the community, the Perinatal Director and Senior Programs Director review data and share strategies that can support hospitals and Providers in reaching goals in improving Mental Wellness and various birth outcomes.

According to the Maternal Data Center, 8.87% of moms delivering were diagnosed with Gestational Diabetes and 4.27% were diagnosed with Gestational Hypertension. These high rates of preterm birth, along with the other health concerns in this region, lead to higher rates of postpartum depression and anxiety. Preterm birth rates are also a concern for this region. In 2017, 9.3% of babies were born before 37 weeks which can lead to social emotional delays.

The prevalence of perinatal depression has a significant cost to individuals, children, families, and the community. This project would serve as a touchpoint to accessing mental health services for perinatal families, infants, teens, and adults. Infants of depressed and/or anxious mothers are at an increased risk of infant neglect and insecure attachment. Such adversities can lead to behavioral challenges, cognitive impairments as well as social-emotional complications. While mothers are significantly impacted by perinatal depression, 1 out of 10 fathers who reside within a home, are also at risk of a mental health complication. With both parents suffering from a mental health

illness, this could potentially have a negative impact on the entire family. For example, disrupted family cohesiveness, occupation(s), academic progression among children and the overall physical wellness of the family members residing within the home. As mentioned above, given the magnitude of community impact perinatal depression holds, this project will not only serve as a touchpoint for perinatal families but non-traditional partners such as teachers, law enforcement and churches.

DESCRIPTION OF THE: *Project DAD*

Scope of Work Narrative: The transition to parenthood is considered to be a major life transition that can increase the vulnerability to parental depressive disorders, including paternal perinatal depression (PPND). Although it is known that many fathers experience anxiety and depression during the perinatal period, PPND is a recent diagnostic. The Madera ***Project DAD*** will include the following: (1) Community Collaboration under the Maternal Wellness Coalition, (2) Stakeholder Education and Awareness, (3) Case Management and Care Coordination (4) Early Intervention and prevention Counseling Services

Collaboration/ Coordination Activities: The ***Project DAD*** will form a workgroup to promote community collaboration and coordination. The ***Project DAD*** workgroup will be housed within the CHC Maternal Wellness Coalition of Madera County. Since 2012, CHC has housed and facilitated the Maternal Wellness Coalition (MWC) of Madera County. The role of the Maternal Wellness Coalition is to address perinatal wellness. The MWC hosts a monthly in-person/virtual coalition meeting. The MWC consists of a Chair and Co-chair, mission statement, as well as annual goals and objectives. Each meeting is 90 minutes long. An agenda is provided to each participant with minutes from the previous meeting. Current stakeholders consist of the following entities: Saint Agnes, Valley Children's Hospital and Madera Community, local community-based organizations such as WIC, NAMI. Madera County Schools, Learn4Life Madera County, preschools, Community Action Partners, First 5 Madera, Police Department, Fresno State and Fresno Pacific. Insurance companies, Anthem, HealthNet, Calviva, Kaiser and Aetna as well as local medical and behavioral health providers. The MWC consists of county representation, Public Health and Behavioral Health. All MWC stakeholders are not only encouraged Maternal Wellness Coalition meeting but other community-based collaboratives such as the suicide prevention taskforce and the Growing Health Families meetings. The Perinatal Director will continue to participate in Public Health Community Advisory Board (CAB) meetings, providing stakeholders with updates on the projects and participant engagement.

Systems Change Strategy: Systems change strategies include strengthening clinical responses mental wellness, strengthening pregnancy outcomes and strengthening community-based referral pathways to best serve perinatal fathers, babies and the Providers. Stakeholders who participate in the MWC will receive additional education on the significances of father involvement. Within 90 days of funding, the MWC stakeholders will receive a training on the Father Friendly Check-Up. Stakeholders will be presented with a tool which assess each organization in determining how the organization encourages (or does not encourage) father involvement in the activities and programming offered by the stakeholder's organization. MWC stakeholders will be encouraged to complete the assessment through incentives. These incentives will be materials (pocket guides, bundles, tip cards) from National Fatherhood Institute. The Madera stakeholders will also be presented with the same information, tools and incentives. This will occur 180 days after funding.

Deliverables: Copy of agenda, materials presented during the meeting and sign-in sheets. Narrative on systems change strategies and screening.

Provider Engagement Strategies: The target audience will be medical and behavioral professionals who server, treat and screen Madera County residents. Perinatal fathers and women will be screened with the following screening tools PHQ9 and ACE. The Provider engagement sessions will be conducted to train medical offices on the significant role of fathers, strategies to engage fathers, as well as paternal depression and anxiety. Local resources will be provided to the Provider offices to promote community wide screening with adequate referral networks.

Screening Tools*:* Adverse childhood experiences and the impact on mom, father and baby, screening tools, prevalence rate, clinical response, and impact on health. Toxic stress during and after pregnancy including perinatal mood disorders, trauma-informed care, pregnancy outcomes and resilience strategies for both mom and baby.

Awareness Campaigns: The MWC has promoted several awareness campaigns: maternal and paternal depression, preterm birth, safe sleep, infant mortality, adverse childhood experiences and resiliency strategies. Awareness campaigns have been delivered in the form of provider education, hospital staff education, conferences, web-based interviews and trainings, toolkits and bundles. Under the guidance of the MWC, the Fatherhood Initiative work group will create their own awareness campaigns targeting the population and demographics.

Deliverables: The ***Project DAD*** workgroup will create materials promoting community awareness, education, knowledge and supports for ***Project DAD*** throughout Madera County. Community Stakeholders and the MWC will have the option to review the materials prior to distribution. Materials will be created and ready for distribution within the first 90 days for funding. Copy of agenda, materials presented during the meeting and sign-in sheet of MWC- ***Project DAD*** workgroup meetings.

Paternal Perinatal Access and Coordination to Services: The ***Project DAD*** workgroup will identify gaps in services and create successful pathways for perinatal families***.*** The MWC has created algorithms for care coordination/case managers based upon local resources, threshold of need and perinatal mental health symptomology. The ***Project DAD*** workgroup will incorporate National Fatherhood Initiative data, complete asses mapping and implement strategies to support the participant's annual goals and objectives.

Deliverables: An annual, one-page progress report that describes the type of collaboration and the benefits or challenges faced. Report will include identified partners and community-based organizations serving fathers/partners in the community. In addition, the progress report will provide an overview on strategies the ***Project DAD*** workgroup has leveraged local resources, information from the National Fatherhood Initiative while building additional assets within the community to support the needs of fathers and infants.

Hiring, Training, and Evaluation of Program Staff:

CHC Perinatal Director, Alexandra will support the project with oversight. Within 30 days of funding a detailed job description summarizing essential responsibilities, activities, qualifications and skills for the ***Project DAD*** case manager/group facilitator, program evaluator and program coordinator. Within 60 days all positions will be filled. All CHC employees undergo an annual review in the month of July. Within 90 days of funding ***Project DAD*** staff will be trained on how to implement the 24/7 Dad curriculum as well as Clear Impact Results-Based Accountability (RBA). Similar to the other four Maternal Wellness programs that CHC houses, the ***Project DAD*** staff will receive training on HIPPA, Mandated Reporting, Implicit Bias, Trauma Informed Care, Adverse Childhood Experiences, Motional Interviewing Techniques, Suicide Prevention, Columbia Suicide Severity Rating Scale (C-SSRS), Perinatal and Infants Mental Wellness .

Deliverables:

PEI coordinator will receive a detailed job description, employment verification, and training certificates, sign-in sheets and/or logs.

Recruitment Program Participants:

Recruitment of program participants will occur in strategic locations throughout Madera County. This will include worksites, the Department of Public Health home visitation programs, Madera Hospital and Healthy Start (HS), Madera County Behavioral Programs, local obstetricians and pediatric providers, high-risk perinatologist, Valley Children's, WIC, Learn4life, local churches, preschools, the MWC stakeholders. A minimum of 100 eligible participants will receive services annually.

Deliverables:

An Excel spreadsheet with participants demographics and date recruited will be submitted annually. Outreach efforts will be record within an Excel document. Document will include location, number of target population at the event and number of program flyers distributed during the event, outcomes and barriers.

Retention of Program Participants: Program involvement, incentives and cohesiveness among the participates promotes retention. During the 12 group sessions of 24/7 Dad, one to two participates will take a lead role during the following session. The lead role may consist of a five-minute presentation on a particular topic or presenting an ice breaker. Graduates who have completed the curriculum and demonstrate a positive father role for at least two years will be recruited as mentors/coach for new graduates.

Madera Project DAD Community Engagement: CHC Perinatal Director, Alexandra has subscribed to the National Fatherhood Initiative projects therefore aligning Madera County with surrounding County lead initiatives and projects. Relevant findings, strategies or issues pertain to local and

statewide fathers will be shared during the following meetings: ***Project DAD*** workgroup, monthly MWC meeting, suicide prevention workgroup, CAB and Growing Health Families meetings.

Education/ Implementation of 24/7 Dad curriculum: The CHC ***Project DAD*** program will conduct 12 group sessions of 24/7 Dad. A survey will be conducted among the potential participates to determine scheduling. Scheduling options will include the day of the week and timeslot. The 24/7 Dads group will start 120 days after the ***Project DAD*** program is funded.

> ***Evaluation of Sessions:*** Working with an evaluator, a pre and post survey will be created to determine the understanding and knowledge gained from each session. A satisfaction survey will also be developed to determine the success of each fatherhood cohort. Satisfaction survey will cover the 12 group sessions of 24/7 Dad. Survey will be conducted at the close of each session.

Deliverables: Sign-in sheet and satisfaction survey for each session.

Case Management and Care Coordination: The Case Managers will help the participant identify and evaluate the participants overall needs. Upon enrollment into the ***Project DAD*** program, each participant will attend an intake appointment. CHC Perinatal programs have developed a Social Needs Assessment Form, which is reflective of the County's unique services. The Social Needs Assessment Form is both patient and provider facing. It is designed to set goals addressing social determines of health. The form is written at a written at fifth-grade reading level. It is offered in multiple languages. Upon enrollment the case manager completes a behavioral health screening with each participate. Participates are offered short-term in-house counseling services by a Register Marriage and Family Associate. Case Managers/Group Facilitator are trained on motional interviewing techniques to best determine the participates strengthens, barriers and family's overall needs. Each participant will complete a HS Background form, consent forms and acknowledge confidentiality.

The Case Managers are required to contact the participant a minimum of every-other-week. The ***Project DAD*** will require a minimum of three Face-to-Face (in-person or virtual) case management meetings per participant. The first individual meeting will be designed as intake and goal setting. The participate will complete a pre-assessment survey. The second meeting will be a check-in meeting. The Case Manager will evaluate and monitor the participates progress for obtaining initial goals. The Case Manager will provide feedback, resources and referrals as needed to the participate as needed. The third face-to-face meeting will be the exit interview. During this meeting the participate and Case Manager will review achievements, strengths, and future orientated goals. Participants are given the option to continue with Face-to-face meetings while attending the 12 week 24/7Dads group. The participate will be presented with a certification of completion He will complete a post assessment survey. The participate will be encouraged to re-contact with the program through the ***Project DAD*** alumni association.

Deliverables: Pre and post assessment surveys completed by participants. Annual narrative regarding the alumni association.

Social and Community Engagement Strategies: Participates will be encouraged to attend local events, community townhalls, playgroups, car shows. One to two participates will be encouraged to take an active role within the ***Project DAD*** acting as the Chair or Co-Chair. Program involvement will promote retention among the participates. This may include attending the ***Project DAD*** workgroup or Maternal Wellness monthly meetings, assisting with recruitment of new fathers, assisting with awareness campaigns, and social media platforms. The ***Project DAD*** will have a Facebook and Instagram page. The Chair or Co-Chair may assist with the Dad's Café, Father's Day event, the annual graduation for ***Project DAD*** participants, alumni annual gathering, promote the Madera Voices campaign and other nontraditional outreach events.

Deliverables: Quarterly narrative on cohesiveness and participant engagement.

Media and Awareness Activities: To increase community awareness and knowledge about issues surrounding disparities in birth outcomes among women, all awareness campaigns will include a component addressing inclusion of the father/partner while supporting the perinatal women. Several media activities will be planned throughout the year addressing disparities in birth outcomes among perinatal women of color.

Women and perinatal families of color undergo substantial maternal and paternal stress. During the month of May, the ***Project DAD*** program will address maternal and perinatal mental wellness through various social media platforms. ***Project DAD*** staff will participate in local news interviewers, radio, web-based live events.

The program director will work with Fresno County Behavioral Health to write a proclamation addressing both maternal and paternal mental health disparities among Black families. For the past 5 years CHC has worked with the Madera County public officials on acknowledging perinatal mental health. However, through recognition, a community wide action item will be presented to the Madera County board of Behavioral Health Supervisors and County Supervisors.

Deliverables: Quarterly narrative pertaining to media activities. PEI coordinator will receive a copy of Op-ed. Copy of proclamation.

Supplemental Training for Fathers: Given CHC's history with this subject matter, educating the father would be an easy transition. Education would occur during the 12-week ***Project DAD*** cohort unless needed sooner. Some fathers will enroll into the program at various stages of parenthood. Therefore, the ***Project DAD*** program will be designed with flexibility. The role of the Case Manager will be to ensure each participate receives supplemental education on topics mentioned above therefore uniquely preparing each participate for his journey into fatherhood.

Paternal Wellness: Perinatal wellness can include paternal perinatal depression (PPND) and anxiety. It is known that 1 and 10 fathers experience anxiety and depression during the perinatal period throughout

California. The role of fathers during pre-natal care and addressing barriers for father's participation in pre-natal care.

At CHC, the Maternal Wellness program educates fathers and his family on the following topics maternal and infant development topics such as: fetal development, infant health and development, safe infant sleeping practices *(*SIDS), the role of fathers during pre-natal care, childbirth and post-natal care and empowering the women, addressing barriers for father's participation in pre-natal care.

Deliverables: Presentation on supplemental topics: fetal development, infant health and development, safe infant sleeping practices *(*SIDS), the role of fathers during pre-natal care, childbirth and post-natal care, address barriers for father's participation in pre-natal care. Excel speed sheet on which participants have received the supplemental training. Satisfaction survey for each session.

Substance Misuse: Participants of ***Project DAD*** will receive education on the impact of substance misuse. ***Project DAD*** will receive a screening during the enroll progress. The following topics will discussed during the 12 week cohort: cannabis and opioid utilization, the impact on the fetus and other children residing within the home, strategies to refrain from usage, and referrals as needed to for substance misuse treatment. Medical and Community Providers will also receive education and access to resources and materials.

Deliverables: Pre and post assessment surveys completed by participants. Annual narrative regarding screening, copy of materials.

Adverse Childhood Experiences (ACE): ACE and the impact on fathers, mothers and infant development. Toxic stress during and after pregnancy including perinatal mood disorders, trauma-informed care, pregnancy outcomes and resilience strategies for both fathers, mothers and babies. There is a direct link between childhood trauma and the adult onset of chronic disease, as well as mental illness, doing time in prison, and work issues, such as absenteeism.

Adverse Childhood Experiences

About two-thirds of the adults in at least one study experienced one or more *types* of adverse childhood experiences, and over 80% of participants had multiple early adverse experiences. The more adverse childhood experiences one has, the higher risk is for medical, mental and social problems in adulthood.

Epigenetics Markers

It is well-established that men and women with histories of childhood trauma have long-term alterations in concentrations of the stress hormones, corticotropin-releasing hormone (CRH), cortisol, and glucocorticoid. Elevated levels of these hormones have a negative impact on mood—depression, and anxiety. Also, there is evidence for genotype modification via epigenetics markers.

Deliverables: Pre and post assessment surveys completed by participants. Annual narrative regarding screening

Children Engagement: The ***Project DAD*** staff will present the benefits of reading to children during each 12-week cohort. During the presentation the present will cover strategies to reading with children, as well as strategies on becoming a strong reader. Reading materials and children's literature will be presented to each participate.

March is designated as National Reading Month - a month to motivate Americans of all ages to read every day. The ***Project DAD*** program will utilize this month as a "Reading Kick-Off campaign; thus, bringing awareness to fathers regarding the benefits of reading to their children. Books and literature will be cultural reflective of the ***Project DAD*** participants. Participants will be incendivities for submitting photos and engaging in reading challenges. These challenges will be designed to build community among the ***Project DAD*** peers and families. A sample incentive may consist of a children's book. Guess speakers will present on reading strategies, resources and community-based tutors.

Deliverables: Sign in sheets. Narrative addressing outcomes, strengths, barriers and challenges. Satisfaction surveys of presenters and guess speakers.

D. ESTIMATE THE NUMBER OF INDIVIDUALS TO BE SERVED ANNUALLY AND HOW YOU ARRIVED AT THIS NUMBER.

Paternal postpartum depression occurs in 10% of men between the first trimester and the first year of the baby's life,[iii] with the highest rate occurring 3 to 6 months post-partum. Though the paternal postpartum depression rate (10%) is only half of the maternal post-partum depression rate (22%)[iv], it remains significantly higher than that of all men who are of parenting age (5%). In 2018, there were roughly 2,200 births in Madera County. Given these rates of occurrence and what we know about treatment, it is estimated that 220 fathers experienced paternal postpartum depression during that year, most of which went undiagnosed and untreated.

Based on these numbers, ***Project Dad*** expects to serve 100 unduplicated dads annually through screenings, assessments, and/or treatment as needed. An additional 5,000 dads will be reached with education to build awareness of postpartum depression.

Further, through interagency collaboration, ***Project DAD*** will aim to impact systemic and environmental change through partnerships with at least 5 agencies to 1.) Educate the service system/providers on paternal PMAD 2.) Implement tools to assess the extent to which the service system/providers are "father-friendly" and skilled at identifying and addressing parental PMAD 3.) Support the service system/providers in the incorporation of "father-friendly" policies that enhance their environment and service delivery for new fathers.

E. DESCRIBE THE POPULATION TO BE SERVED, INCLUDING RELEVANT

DEMOGRAPHIC INFORMATION (AGE, GENDER IDENTIFY, RACE, ETHNICITY, SEXUAL ORIENTATION, AND/OR LANGUAGE USED TO COMMUNICATE).

GEOGRAPHY: Madera County is located in the heart of the Central Valley with a population of roughly 150,000 people. Covering an area of 2,147 miles, Madera County is a mixture of flatlands and mountain area. Forty-five percent of the county is designated rural and home to about the same percentage of people. Meanwhile, fifty-five percent of the population resides in the county's only two incorporated cities – Madera and Chowchilla. *Given the large terrain, access to behavioral health and medical care is limited in the unincorporated areas.*

DIVERSITY: Roughly 33% of the Madera County population is foreign born (naturalized or non- citizen). The predominant race/ethnicity is Hispanic/Latino (57%) followed by Caucasian/White (35%).[v] The bulk of the remaining percentage is represented by African American, Native American, and East Indian. *Studies document that PMAD occurrence rates are higher among the Hispanic/Latino population at 38%. This population is known to be less likely to pursue mental health services due to cultural beliefs and stigmas.*

LANGUAGE: Approximately 45% of the population reports speaking a language other than English at home.[vi] The preferred language is usually Spanish. *Studies document significant barrier to behavioral health and medical care amongst non-English speaking patients.*

GENDER AND AGE: The Madera County gender ratio averages around 90:100 (male to female) among those of childbearing age.[vii] *The median age in Madera County is 28.2, the midst of the childbearing age range.*

HIGH SCHOOL COMPLETION: In Madera County, 30% of adults over 25 have not graduated high school.[viii] *Literacy is often reported as a barrier to adequate behavioral health and medical care.*
POVERTY: 22% of the Madera County population live at or below poverty.[ix] *Poverty is often reported as a barrier to adequate behavioral health and medical care.*

CULTURALLY AND LINGUISTICALLY RELEVANCE: Health disparities affecting color fathers, women and babies appear to be less dependent on age, economic status or education. In fact, poor birth outcomes persist even when Black women have a pregnancy at an optimal age, have high income or are well educated. Racism, as well as social and economic stressors, play a major role in poor birth outcomes—babies born too early and too small—for women of color. California Health Collaborative program(s) are determined to create a comprehensive assessment of its programming that client-centered life planning delivered in a culturally supportive environment improves mental and physical health and social conditions among colored perinatal families resulting in healthier pregnancies and birth outcomes. The ***Project DAD*** incorporates these strategies by employing culturally competent women and men to provide a culturally relevant and nurturing relationship with pregnant and parenting families in their community to further empower them to make even healthier choices in their lives.

F. DESCRIBE THE EFFORTS MADE TO INVESTIGATE EXISTING MODELS OR APPROACHES CLOSE

TO WHE YOU ARE POPOSING. HAVE YOU IDENTIFIED GAPS IN LITERATURE OR EXISTING PRACTICE THAT YOUR PROJECT WOULD SEEK TO ADDRESS? PLEASE PROVIDE CITATIONS AND LINKS TO WHERE YOU GATHERED THIS INFORMATION

EXISTING MODELS:
Existing models typically offer support, encouragement, and education to the fathers to ensure that every child has the opportunity to have a capable and caring father. For example, the National Responsible Fathers Clearinghouse a federally funded program aims to strengthen families through father involvement, promoting strong family relationships, enhancing the fathers' economic stability, and providing support during incarceration and reentry. Nonetheless, the focus of the perinatal transition for fathers, and father-baby as a unit is limited.

The Merced County Human Services Agency has developed a fatherhood program referred to as the Boot Camp for New Dads. This boot camp is a one-day, three-hour workshop for the first time or expectant dads. Using a unique man to man approach, veteran dads and their babies orient new dads who are expecting a baby. Topics include the following: perspectives on fatherhood, supporting mom in her role as a new mother, recognizing symptoms of perinatal mental health, crying baby checklist, baby safety, managing stress as well as self-care. Nonetheless, the focus of the perinatal transition for fathers within the workplace setting is limited.

EXISTING PRACTICE THAT YOUR PROJECT WOULD SEEK TO ADDRESS:
An existing gap in practice is there is a common misconception that mothers are more responsible for their children's mental health and social-emotional cognitive development while fathers are less influential. This project is a multipronged approach, identifying and addressing the gaps between current fatherhood programs and perinatal mental wellness; while promoting early fatherhood engagement. The overarching goal for this project is to bring awareness, education, screening and services to paternal fathers at risk for depression and anxiety during the perinatal phase. However, within other Counties similar projects have surfaced gender equality within community services, policies, workplace settings, and common venues that perinatal families typically frequent. It is more than likely the Dad's project will highlight the need for systems change strategies, strengthening clinical responses to mental wellness, strengthening community-based referral pathways, as well as access to mental health services within Madera County.

Many men treasure the opportunity to have a more significant role in their children's upbringing, yet several barriers prevent early fatherhood engagement. Both employers and fathers lack education on the significances of early fatherhood engagement. Employers know they need to support fathers as well as mothers to get the best out of their workforce; however, that is not the common culture as women are presumed the primary care providers.

SHIFT IN IDEOLOGY:
To shift this ideology, male employees must be empowered and equipped with the messaging to request the time with their newborn and/ or toddler. In doing so, male employees are assisting women in

combating the gender pay gap. Employers will no longer be able to retain the mindset that their female employees are the primary care providers, especially during the first few years of life.

SCREENING:
Screening fathers for a mental health complication is vital for both the father's health and the social-emotional and cognitive development of his newborn. An untreated mental health complication can lead to low-quality fathering; therefore, subjecting the infant to future behavioral problems. The prevalence rate among is 1 in 10 men that is half of all men who have a spouse suffering from postpartum depression will be depressed as well.

LEARNING GOALS/PROJECT AIMS

A. WHAT IS IT THAT YOU WANT TO LEARN OR BETTER UNDERSAND OVER THE COURSE OF THE INN PROJECT, AND WHY HAVE YOU PRIORITIZED THESE GOALS?

The mission of ***Project DAD*** is to increase awareness about PMAD and service capacity as it relates to new fathers. ***Project DAD*** is a new application of universal screening and treatment based on the IMPACT model that will be uniquely crafted to support new fathers. This strategic approach will not only contribute to advanced learning of processes and application; but also, build awareness while educating both medical and mental health professionals on the prevalence of PMAD among new fathers. In addition, this innovative approach is aimed to build capacity among professionals addressing treatment needs, protocols, and outcomes for new fathers who suffer from PMAD during the perinatal phase of life.

B. HOW DO YOUR LEARNING GOALS RELATE TO THE KEY ELEMENTS/APPROACHES THAT ARE NEW, CHANGED OR ADAPTED IN YOUR PROJECT?

The concepts in the IMPACT model, developed at the University of Washington in 2002 for use in treatment of major depression, have been used to guide the development of the Madera County PMHIP that targets moms. Prior to its local success in the PMHIP, the IMPACT model has been successful in the treatment of depression in older adults. Integrating mental health and medical care has demonstrably lower cost than using a strict Behavioral Health model, as well as a strong patient compliance. During this project we will learn how to modify this model and apply it to new fathers. Furthermore, we will learn if using a modified version of this model in the perinatal mental health arena will ease service access for all patients regardless of insurance status. We will also learn if it will increase medical and mental health care compliance by patients.

Project Dad will improve timeliness of treatment initiation and will promote earlier return to normal functioning for the majority of new fathers. The IMPACT model has been used for the PMAD population in Los Angeles. ***Project DAD*** will modify the model for the unique population of both worksites and male clients in Madera County.

Below are some avenues where learning/education will take place when implementing a program such as this for paternal PMAD.

1. Learning specific to PMAD as it relates to new fathers will take place on the part of both the psychiatric and counseling community as well as the Obstetrical, Pediatric, and Public Health communities. These practitioners will learn about PMAD as it relates to occurrence, symptoms, treatment, need for universal screening, and effects of paternal PMAD on the mother and infant dyad, the marriage/partner relationship, and the community.

2. Since Fathers are not patients of OB/GYN and Pediatric offices, screening will take place at worksites. Through worksite wellness efforts, the PHQ-9 screening will be implemented at target worksites such as agricultural industries, retail venues, and other places of employment in Madera County. Worksites will be trained to universally screen their staff (which will include new fathers) using the PHQ-9, and all screens will be sent to the PMHIP program for scoring and review. This will allow staff scores to remain anonymous, but also allow follow up by the PMHIP program.
3. Community education about paternal PMAD and its impact on the new mom, baby, and family unit will occur and include information on community resources.
4. ***Project DAD*** will assist in learning how to promote systems change through updated practices that are more inclusive of new fathers and environmental changes through being sure that images and surroundings reflect fathers.

EVALUATION OR LEARNING GOALS

PREFACE: Madera County's population is estimated to be roughly 152,000 people, with annual live births estimated to be 2200. The goal of ***Project DAD*** is to serve and support the behavioral health of new fathers from the commencement of pregnancy through the baby's first year of life. More specifically, by offering attention and targeted services to new fathers, ***Project DAD*** will act as a steadying factor to aid new fathers in their transition to fatherhood. This is expected to promote the overall wellbeing of the father, mother, baby, and stability of the family unit.

The primary aim of the evaluation will be to determine whether and to what extent ***Project DAD*** will effectively enhance service quality and capacity by integrating the wellbeing of new fathers into perinatal behavioral health and medical care, which traditionally only focuses on the mother and baby. We will learn the degree of interagency collaboration and overall systems change during the period under review as well as how to effectively deliver a new service.

The evaluation will be conducted within the context of the four priority outcomes based upon the project description above. The ***Project DAD*** evaluation will assess the degree to which the project successfully:

1. Increased screening for paternal PMAD;
2. Increased provider training and education for paternal PMAD;
3. Increased paternal PMAD service capacity; and
4. Increased interagency collaborative services for paternal PMAD.

Our general evaluation plan for 2021-2025 is reflective of ongoing design and methodologies for subsequent years of the project. Certain elaborations may be added to enhance the evaluation and the conclusions derived thereof, but without altering the integrity of the program protocol. Specific evaluation and outcome goals and assessment instruments will be finalized with the Madera County Behavioral Health Services.

OVER-ARCHING EVALUATION: With respect to demonstrating the effectiveness of ***Project DAD***, the most important set of evaluations are those described as the Over-Arching Evaluation. To develop a set of data for the Over-Arching Evaluation, a data analytic system that permits combining data contributed by the various staff and collaborators will be used. There are a few ways to do this. Pre-intervention data will serve as an initial baseline, and these data will be used to calculate transformed difference values to assess change over the 12-month program period. In other words, this approach will allow us to examine the magnitude of the impact of specific strategies on target parent population outcomes. This procedure will allow us to develop a descriptive picture of change in behavior, attitude, and knowledge for segments (e.g., quarterly) of the reporting period, which can then be summed to estimate ***Project DAD***'s over- all effectiveness for the grant period. Thus, these analyses will provide a measure of program viability across the culturally diverse target population for the first year and ultimately for the entire grant period. At the completion of this project we should learn if this project provides a more effective model of care and if it can promote systems change. **Recorded Keeping:** All participant files will be stored under HIPPA regulation federal and state guidelines. Copies of the deliverables will be stored for seven years.

The evaluation will help us learn:

1. How to collect qualitative and quantitative data with key stakeholders, collaborative partners, and staff;
2. Paternal PMAD screening frequency and if education increases it;
3. If successful referrals and early treatment effect onset;
4. Support group efficacy;
5. Inter-agency and program linkages; and
6. Overall program efficacy.

The specific data analytic procedures that will be used for the Over-Arching Evaluation will be ANOVA and Chi Square. The most efficient way to combine the data collected from the diverse sources may be to develop a community development matrix to capture and quantify complex qualitative and quantitative realities. If this is determined to be the case, the development of a matrix will ensue early during the implement phase of the ***Project DAD***.

Additional analyses to specifically target the IMPACT model's adaptations will examine the relationship of limited direct services and referral capacity with screening practices; the relationship between education and paternal PMAD severity and recovery as a function of the NURSE self-care plan; and the degree to which each member and the collective whole of the interagency team effectively contributes to the new model of care. Additional analyses will depend on the nature of the data that becomes available. In addition to this set of general Over-Arching Evaluation, we will inspect over time to determine if the degree of exposure to specific strategies of the program is having a desired salient effect on the relevant outcome variables.

DEMOGRAPHIC VARIABLES: A comprehensive array of demographic data will be collected for each client in each program (e.g., age, gender, ethnicity, socioeconomic status). These data will allow analyses to identify potentially meaningful differences in progress made by identifiable groups within specific program aspects (the statistical approach taken here will depend on the sample sizes).

PROCESS EVALUATIONS: We will describe selection and training of staff, solicitation of participants, survey of demographic data and program attitude (staff satisfaction forms). Key items to be learned include:

- Were the licensed professionals conducting the training the most qualified with skills to deliver the training as designed?
- How to develop training materials geared to the needs of health and medical providers and were they effective in transmitting the information?
- Have the trainings been successful?
- Was the navigation protocol developed and has it been useful to medical providers?
- Were new fathers with PMAD accurately identified and referred to appropriate services?
- What were the key successes and challenges during the early implementation phase?

However, since the ultimate evaluation involves whether the intervention program has a pronounced impact on behavior and attitude of the health care system and its consumers, this will be the focus of the ongoing process evaluation. Put differently, in addition to the deliverables associated with the set-up and delivery of ***Project DAD***, it is essential to determine the strengths and weaknesses of planned strategies. With this said, ongoing modification of existing approaches or strategies is possible, as are improvements to the existing protocol. This evaluation will help us learn if improving protocols result in an improvement to the overall system of care in hopes of building capacity and easing access to care. In other words, process evaluations will be initiated beginning and throughout the 2021-2025 period and should ultimately lead to improvements in the approach or protocol, if improvements are needed. To do this, a Likert-type questionnaire will be used to assess the strengths and weaknesses of existing procedures. Collectively this data will provide a clear appraisal of changes that would improve current practices and insight into how these changes might be implemented. On-site assessment will allow for such objective-based process evaluations. In addition, individual and group interview-based evaluations for both staff and client samples will be conducted. Examples of issues to be addressed are as follows:

- The extent to which the client would recommend the service to other people with similar needs
- Overall provider satisfaction

- Overall client satisfaction with the service or support group
- Things that the client appreciated most
- Opinion about the ***Project DAD*** service provider(s) (open-ended question)
- Areas that require improvement

Regarding qualitative data analysis, questions and discussion themes that are selected will be based upon the type of information that is either lacking from the quantitative analyses or that is needed to provide a more complete picture of the effectiveness of ongoing programs and individual projects. This form of evaluation will be conducted with staff and target individuals and groups.

FLEXIBILITY: An expansion or modification of the evaluation will be made as needed, provided that such changes do not risk creating a set of confounded data.

OTHER: ***Project DAD*** also attempts to target the coordination of mental health, physical health and social services to enable the effective screening and treatment of new fathers. Thus, another important outcome of this project is to ensure collaboration between providers and agencies that serve new fathers during the perinatal period. This evaluation will measure the degree to which this project impacts a systems change, in addition to the change at the individual level.

SECTION 3: ADDITIONAL INFORMATION FOR REGULATORY REQUIREMENTS

CONTRACTING

The county will be contracting out this project. County oversight will include a Behavioral Health Program Supervisor to monitor for compliance and quality of daily organization oversight, and compliance with MHSA requirements. Our Fiscal Department will manage the fiscal expenditures for any irregularities.

COMMUNITY PROGRAM PLANNING

The program planning process included community meetings and online surveys. The community meetings were at county library sites. There were 5 community meetings in the month of April, 2018. The draft plan was posted on our website for review and was distributed to our partner agencies. Fifty-seven participants identified themselves as community stakeholders.

Community Program Planning

The Community Program Planning Process for Madera County Behavioral Health Services (MCBHS) MHSA services includes an update and review of the following MHSA components: Community Services and Supports (including housing), Prevention and Early Intervention, and Innovation. The community was engaged in the planning process through focus groups, individual contacts, questionnaires, and agency meetings. The draft plan was posted to our website and the link to the plan was widely distributed electronically.

The stakeholder meeting dates for 2018 were as follows: Meetings were held at the county library sites because they have handicap accessible buildings with adequate parking. Interpreters (language and sign) are made available for free, upon request. Water and snacks were also provided for participants in an effort to attract more people to attend meetings.

- April 10th Chowchilla Library 3pm - 5pm
- April 19th Oakhurst Library 1:30pm – 3:30 pm
- April 12th Madera Ranchos Library 1pm - 3pm
- April 13th North Fork Library 1pm - 3pm
- April 5th Madera Library 1pm - 3pm

Covid 19 did not allow for the public stakeholder meetings as they have been presented in the past. As an alternative, stakeholders were interviewed individually. For FY 19-20, the MHSA coordinator conducted 63 interviews with key stakeholder who partner with The Department of Behavioral Health. Stakeholders included: Central Star Crisis Residential Unit, Hope House, Mountain Wellness Center, External stakeholders, Social Workers, Madera Unified School District, School psychologists, Doors of Hope, Program Managers in Social Services, Program manager of Adult Probation, Fourth Street Church of God, Madera County Workforce Investment Corporation, Madera Community Hospital, Juvenile probation, Housing Authority of Madera County, Special Education Local Plan Area, CASA Director, Valley Children's Health Care, Madera Food Bank, and Camarena Health Centers. Information was updated regarding the status of the DADS project as there has been delay in implementing the program.

Local Review Process: The draft plan was distributed electronically for public comment to community stakeholders and any other interested parties who requested a copy of the draft plan. This was distributed for print at the county library sites and allied partner agencies.

The Local Review Process of the current draft plan was from October 2019 to July 16, 2020. The majority of the circulation of planning information was done by outreach and interviews with stakeholder organizations. The interviews included an electronic survey link with information about MHSA services, non-MHSA mental health services, and substance use services provided by MCBHS. This information was distributed to the County Departments, local media and distributed to local agencies.

Community Program Planning Process Results

The Community Planning Process outcomes are listed below; the information includes stakeholder preferences for MHSA services and a small part for SUD prevention. Sixty Seven (67) people, referenced as "community stakeholders," participated in the planning process.

Community Recommendations: The top three recommendations for Innovation services, in order of importance, were: 1) Increasing Access to Mental Health Services to Underserved Groups (e.g. partnership with CSUF Public Health Mobile Unit), 2) Increase Access to Mental Health Services (e.g. people experiencing trauma barriers to access), and 3) Increase the Quality of Mental Health Services, Including Measurable Outcomes. In addition, the participating stakeholders also recommended Increasing Mental Health Services and Supports through Technology and Predicting Needs.

MHSA GENERAL STANDARDS

Project DAD supports and is consistent with the general standards identified the MHSA and Title 9, CCR, section 3320 as follows:

A. COMMUNITY COLLABORATION

The component of integrating strategic outreach and supports for fathers in settings that traditionally target mothers is itself innovative. Through interagency collaboration, ***Project DAD*** will aim to impact systemic and environmental change by 1.) Educating the service system/providers on paternal PMAD 2.) Implementing tools to assess the extent to which the service system/providers are "father-friendly" and skilled at identifying and addressing parental PMAD 3.) Supporting the service system/providers in the incorporation of "father-friendly" policies that enhance their environment and service delivery for new fathers.

Collaboration with the community will continue as the service system/providers refer new fathers with high scoring PHQ-9 or EPDS screenings to ***Project DAD***, and program staff makes referrals to other Madera community resources for new fathers experiencing PMAD.

B. CULTURAL COMPETENCE

PMAD can affect new fathers from all backgrounds, despite their income levels, age, ethnicity, education, or culture. ***Project DAD*** will serve all new fathers who are in need

of services free of charge. In order to accommodate Madera's large Spanish speaking population, a bilingual Care Coordinator will be hired. Further, all program materials will target new fathers and be offered in both English and Spanish. ***Project DAD*** staff, and interagency collaborative partners, will be trained to understand and appreciate unique cultural needs related to race/ethnicity and gender.

C. CLIENT DRIVEN

Project DAD will pursue application of an existing methodology (as per PMHIP) for service delivery to a new population (new fathers). ***Project DAD*** will pursue systemic and environmental changes through interagency partnerships that build the capacity of service providers that traditionally target mothers so that they have tools necessary to also focus on new fathers as the client. Resources and information will be provided to all clients as needed to decrease stigmas and increase the chance a new father will seek treatment. We will learn if educating medical professionals about paternal PMAD increases the screening rate.

Additionally, we will learn if increasing the screening rate equates to an increase in treatment for the client as well as how to best link clients to services in a timely manner.

D. FAMILY DRIVEN

Recognizing that paternal PMAD often negatively impacts the development of the new baby, maternal behavioral health, the partner/marriage relationship, and the overall family unit, ***Project DAD*** will pursue strategies to service the whole family. Once the presenting new father is stabilized, ***Project DAD*** will aim to integrate the mother and baby thru interventions designed to strengthen the couple's relationship and parenting feelings/behaviors.

E. WELLNESS, RECOVERY AND RESILIENCE

The goal of ***Project DAD*** is to learn if the wellness and recovery of new fathers who may experience PMAD can be enhanced if treated early. It is believed that paternal PMAD can be a short-term condition if new fathers receive treatment and care promptly. Untreated mental illness in men often results in externalizing behaviors like substance and alcohol abuse, aggressive behaviors, and acting out. It is these behaviors that can cause irreversible damage to the new baby, maternal behavioral health, the partner/marriage relationship, and the overall family unit.

F. INTERGRATED SERVICE EXPREINCE

Coordinating strategic outreach and supports for fathers in settings that traditionally target mothers is itself innovative and integrative. Through interagency collaboration, ***Project DAD*** will aim to impact systemic and environmental change through integrated service delivery by 1.) Educating the service system/providers on paternal PMAD 2.) Implementing tools to assess the extent to which the service system/providers are "father-friendly" and skilled at identifying and addressing parental PMAD 3.) Supporting the service system/providers in the incorporation of "father-friendly" policies that enhance their environment and service delivery for new fathers.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Project DAD also aims to engage Obstetric, Pediatrics, and social service providers in recognizing, screening, and referring new fathers symptomatic of paternal PMAD. Engaging these stakeholders will involve their feedback and editing suggestions on the evaluation methodology, tools, and desired outcomes. Seeking stakeholder participation in evaluation design often improves the extent to which they value and participate in the evaluation process.

Project DAD targets PMAD in new fathers. Fifty-seven percent of which are reported to be Hispanic/Latino. And, 45% of which reported Spanish as their preferred language. Gender, race/ethnicity, and language can all present as cultural barriers to seeking behavioral health care. As a result, these are important factors to capture in all evaluation methodologies, tools, and desired outcomes.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CA

Sustainability: Sustainability is to endure. It requires managing change, without end, in an ongoing adaptive process, in a complex world. Because innovations change things there will be unforeseeable problems. Sustainability requires interconnections across private and public sectors that include environment, economic and social, because no one sector can fully address human needs. This includes a balance of different types of cultures (political, language, meaning making, etc.), technology, and political endeavors. It includes stewardships for future new generations.

Our future Innovation projects will increase social capital across sectors, one project at a time, with many sectors. We have focused on families first. The first project focused on family systems; specifically, mothers and children. Now we are focusing on fathers.

For many reasons, men can be alienated from the family, because they don't have the skills and knowledge about raising children. Many men and women often are dealing with generations of trauma in their family systems. Some of the problematic behaviors come from trauma and isolate them from their families. This is because they don't have skills for parenting and a productive employment.

Because of this trauma, men become entangled in negative lifestyles, which cause them to engage in many government systems. This can be a heath/mental health barrier because most of their time will be complying with many government mandates. In addition, they adapt to this lifestyle instead of positive lifestyles. This requires a coalition to help men to develop fatherly skills and untangle dads from the public sector, because most of these men don't have basic skills, including fathering.

Continuity of Care: We are continuing trauma informed initiative in 2017-2018, which has helped people to understand how to address the needs of the common populations we serve. It helps us speak a common language across sectors, public and private. This project will be integrated into existing resources after new processes are full implemented.

After the last project we realized that we had to focus on one demographic at a time. This new project were focused dads, which are a difficult to engage and have positive outcomes. We also realized that we had to focus on one population; even though there may be many cross overs from different sectors. We realized that people (clients) have so many needs that no one sector can fully address the needs, only its own services. In addition, we had to address one population at a time, which created capacity to take on new needs, one at a time. Due to this, we will be focusing on one population at a time. We want to increase connections with other sectors, and leverage their resource to increase wellness, within a trauma informed framework.

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

When community members are identified with serious mental illness, we will facilitate access to treatment, using a care navigator. The community members will be linked to our county Behavioral Health Services or Camarena Health. Camarena Health is a FQHC that provides mild to moderate mental health services. In addition, we will link community members suffering with a mild to moderate mental illness to Providers identified by local health care plans offered within Madera County. As a preventive option to mental health care, Madera's community members will be able to obtain counseling services within the Project Dad. Nonetheless, **Project**

Dad' s counseling services will be utilized as needed, due to gaps in therapeutic services and significant wait times to access counseling.

COMMUNICATION AND DISSEMINATION

A. HOW DO YOU PLAN TO DISSIMENATE INFORMATION TO STAKEHOLDERS WITHIN YOUR COUNTY AND (IF APPLICABLE) TO OTHER COUNTIES? HOW WILL PROGRAM PARTICIPANTS OR OTHER STAKEHOLDERS BE INVOLVED IN COMMUNICATION EFFORTS?

Project Dad will release an annual report of findings in Madera County to offer a comprehensive set of findings as per the evaluation design. Often, this format is very useful to program operators and funders but less effective when communicating to the public. As such, ***Project DAD*** will also produce a "Dashboard" of findings targeting services providers and the general public/families. Using this "Dashboard", ***Project DAD*** will release headline findings and noteworthy outcomes to the community via Constant Contact, Social Media, and press partnerships with electronic and print media. Program participants and stakeholders will be solicited to inform and participate in these outreach and media methods.

B. KEYWORDS FOR SEARCH: PLEASE LIST UP TO 5 KEYWORDS OR PHRASES FOR THI PROJECT THAT SOMEONE INTERESTEED IN YOUR PROJECT MIGHT USE TO FIND IT IN A SEARCH

- ***Project Dad***
- Paternal PMAD
- Postpartum Depression in new fathers

TIMELINE

A. SPECIFY THE EXPECTED START DATE AND END DATE OF YOUR INN PROJECT

This project will begin in July 2021 and continue for five years.

B. SPECIFY THE TOTAL TIMEFRAME (DURATION) OF THE INN PROJECT

Potentially this project will continue for a total of 5 years. The first year will primarily be building awareness of paternal depression and anxiety disorders, creating screen protocols and algorithms, identifying gaps in services. Piloting the implementation of the screening tool in traditional and nontraditional setting will also take place in year one. If no major changes in course are needed, then the project will be fully implemented and expanded in years two through five.

Figure 1 -4 INCLDUE A PROJECT TIMELINE THAT SPECIFIES KEY ACTIVITIES, MILESTONES, AND ELIVERABLES – BY QUARTER *(Pages 29-32)*

QUARTER	ACTIVITY	OUTCOME
Q1: 2021	1. Begin reaching out to medical Providers 1.a Develop training and marketing materials for Madera County 2. Identify stakeholders 3. Paternal PMAD awareness 4. Needs assessment	1. Interagency collaboration and networking 2. Needs and readiness survey data to guide project development 3. Pre-collaborative strength and gaps in services 4. Assessment Report
Q2: 2021	1. Host workshops for fathers 1.a Pre/post education assessment 2. Case management and Care Coordination	1. Workshops will include these key nine areas: 1. Separation & Loss 2. Child Development 3. How to Distinguish Between Punishment & Discipline 4. How to Distinguish between Anger & Hurt 5. Substance Abuse 6. Domestic Violence 7. Choosing a Healthy Mate 8. Child Abuse & Neglect 9. Communication Needs 1.a. Data collection 2.Case management and Care Coordination 2.a. Data collection
Q3: 2021	1. Identify support group location for expecting and new fathers 2. Create support group assessment	**Support group focused key areas**: perinatal and maternal mental wellness, social and psychological isolation, internal and external stressors, intergenerational factors, Adverse Childhood Experience (ACE), and resiliency
Q4: 2021	1.Provide individual and family counseling for expecting and new fathers. Preventive therapeutic services 2.Provide significant other counseling for expecting and new fathers	1. Family Systems, CBT and Solution Focused 2. Family Systems, CBT and Solution Focused

QUARTER	ACTIVITY	OUTCOME
Q1: 2022	1.Continue presentations to lead stakeholders 2. Continue hosting workshops for fathers 3. Continue hosting support groups for fathers 4. Continue with counseling services	1. At least 2 presentations are completed per quarter 2. At least 1 support group will be offered to the community per quarter 3. At least 1 workshop series will be offered to the community per quarter
Q2: 2022	1.Train at least one father to mentor new and expecting fathers in the community.	1.Increased capacity through integration a father lead support group
Q3: 2022	1.Continue educating hospitals 2.Continue educating Medical/ Mental Providers 3.Continue educating the community	Provide awareness and decreased stigmatism
Q4: 2022	1. Collaborative strength 2.Fidelity measure 3 Data Evaluation	1. Data evaluation and outcomes 1. Final report and recommendations

QUARTER	ACTIVITY	OUTCOME
Q1: 2023	• Continue presentations to lead worksite representatives • Continue hosting workshops for fathers • Continue hosting support groups for fathers • Continue with counseling services	• At least 2 presentations are completed per quarter • At least 1 support group will be offered to the community per quarter • 3. At least 1 workshop series will be offered to the community per quarter
Q2: 2023	• 1.Train at least one father to mentor new and expecting fathers in the community.	• Increased capacity through integration a father lead support group
Q3: 2023	• 1.Continue educating Behavioral Health Providers • 2.Continue educating Medical Providers • 3.Continue educating the community	• Provide awareness and decreased stigmatism
Q4: 2023	• Collaborative strength • Fidelity measure • Data Evaluation	• Data evaluation and outcomes • Final report and recommendations

QUARTER	ACTIVITY	OUTCOME
Q1: 2024	• Work with worksite partners to create policies that ensure the screening and referral system will continue beyond the funding. • Continue presentations to lead worksite representatives • Continue hosting workshops for fathers • Continue hosting support groups for fathers • Continue with counseling services	• At least 2 worksites will adopt a policy. • At least 2 presentations are completed per quarter • At least 1 support group will be offered to the community per quarter • At least 1 workshop series will be offered to the community per quarter
Q2: 2024 Q3: 2024	• Train at least one father to mentor new and expecting fathers in the community. • Continue educating Behavioral Health Providers • Continue educating Medical Providers • Continue educating the community	• Increased capacity through integration a father lead support group • Provide awareness and decreased stigmatism
Q4: 2024	• Collaborative strength • Fidelity measure • Data Evaluation	• Data evaluation and outcomes • Final report and recommendations

SECTION 4: INN PROJECT BUDGET AND SOURCE OF EXPENDITURE

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

A. BUDGET NARRATIVE

Please see attached spreadsheet.

B. BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

Please see attached spreadsheet.

C. BUDGET CONTEXT

[i] Paulson JF, Bazemore SD. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. JAMA. 2010;303:1961-1969.