



Request for Proposals

Building Together: Equitable Systems for Maternal, Infant, and Early Childhood Mental Health

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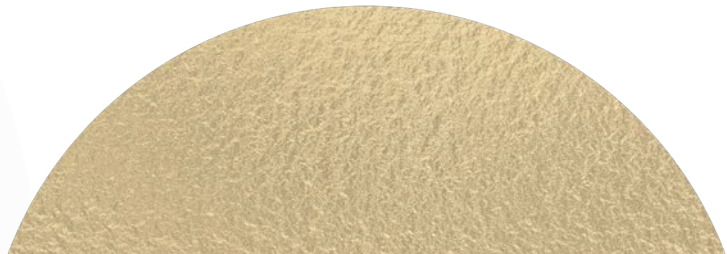


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Section 1: Overview

Executive Summary

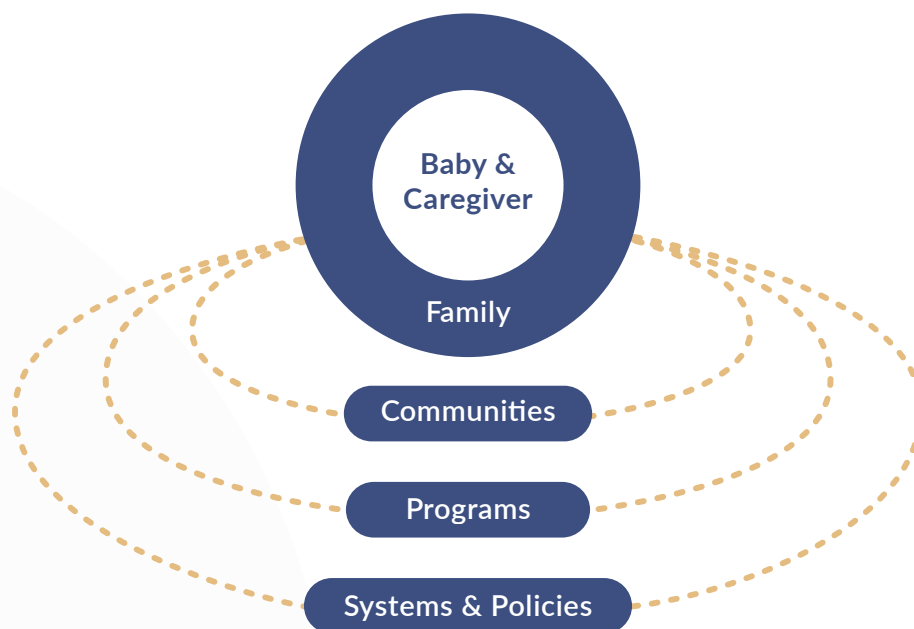
Perigee Fund is excited to announce our first national Request for Proposals (RFP), “Building Together: Equitable Systems for Maternal, Infant, and Early Childhood Mental Health.” Through the Building Together RFP, Perigee seeks to identify compelling partnerships that share our goal of making mental health supports more accessible for prenatal-to-age-3 families. Building Together will make \$2M in new funding available, so that more places have more momentum to integrate maternal, infant, and early childhood mental health into family-serving systems.

Through Building Together, Perigee seeks to fund the systems change necessary for more babies and families to access mental health supports. Because mental health challenges during pregnancy and the earliest years of life have been systemically under-resourced, and because families receive support from many sectors, efforts to improve access to prenatal-to-age-3

mental health services benefit from a systems change approach. The RFP seeks proposals from those who are working to increase family access to publicly funded mental health services by weaving together policy, financing, workforce development, and practice change. Grants are not intended to fund direct services.

Eligible applicants are U.S.-based collaborative efforts working at a state, territory, or tribal level. Groups working toward systems change in cities or counties with a population greater than one million are also invited to apply. Applicants from Washington state are not eligible, as Perigee maintains an existing portfolio of Washington State efforts.

Expressions of Interest are due Friday, July 26, at noon PT, by online submission. An optional information session will be held virtually on Thursday, June 27, from 11:30am – 1pm Pacific Time.



About Perigee

Deeply [committed to equity](#) and compelled by the urgent need to increase support for prenatal-to-age-3 families impacted by trauma, Perigee Fund invests in systems change to ensure that during pregnancy and early childhood, more families receive programs, services, and resources that protect and nurture their unfolding relationships.

Perigee’s Vision is to end intergenerational trauma through the power of early relationships. Perigee’s Goal is to shift policies and systems to increasingly value and embed supports for caregiver and infant mental health in the places where families are during pregnancy and early childhood. Perigee works towards this goal through its [strategic framework](#).



RFP At a Glance

- Each grantee will receive up to \$250,000 total across a 2-year period.
- Up to eight (8) total applicants will be awarded funding by the end of 2024.
- Opportunities for technical assistance (TA) and gathering with peers will be provided.

Key Dates

- Thursday, June 27, 2024: Virtual information session (optional).
- Friday, July 26, 2024: Expressions of Interest due for all interested applicants.
- End of August 2024: Between 12 and 20 finalists invited to interview and complete a proposal.
- September – October 2024: Finalists complete interviews and proposals.
- November 2024: Applicants notified and awards made.
- December 2024 – December 2026: Grant period.

See [Section 3: Key Information](#) for more details on the RFP timeline and process.

See [Section 4: Key Definitions](#) for Perigee’s explanation of terms such as “collaborative,” “systems change,” and “prenatal-to-age-3 mental health”.

Section 2: Funding Opportunity

Prioritizing Mental Health for Prenatal-to-Age-3 Families

The mental health crisis in the U.S. is urgent and widespread. This RFP seeks partners who are working to address the impact of trauma and promote our collective responsibility to nurture and protect the unfolding relationships between caregivers and babies. Well-supported families can heal and thrive during this influential developmental period.

One in five birthing people face mental health challenges¹ in pregnancy and the postpartum period,² but 75% do not get the care they need, in part due to a nationwide shortage of maternal mental health providers.³ Because of structural racism, people of color are the most affected by maternal mental health challenges, and the least likely to be screened⁴ or receive appropriate services.⁵ Lack of access to care is a central reason that mental health challenges are a leading cause of maternal mortality.⁶

Research also tells us that 9% to 14% of children experience relational, emotional, and/or behavioral issues in the first five years of life.⁷ Children and caregivers need relationship-based supports to navigate these issues. Infant and early childhood mental health programs like dyadic trauma therapy and mental health consultation are highly effective, but don't reach enough families because of funding and workforce challenges. Access to supports is also inequitable. While medical homes are a good place for families to connect with mental health supports, half of the 11 million infants and toddlers in the United States did not have a medical home in 2023.⁸ Black and Latine families were the least likely to have a medical home.⁹

In the face of these challenging realities, Perigee sees many reasons for hope. We know collaborative efforts across the country are working to improve equitable access to mental health supports for families. We

celebrate policy changes that have created new local, state, and federal funding streams for maternal, infant, and early childhood mental health. More prenatal-to-age-3 mental health organizations exist now than ever before, and more services are culturally rooted and address mental health inequities. Undergirding this positive change is a rise in new champions for prenatal-to-age-3 mental health in communities and across sectors like healthcare, early care and education, and behavioral health.

So much of the progress we celebrate is possible because determined groups of people have come together to prioritize the mental health of prenatal-to-age-3 families. While some of these efforts are better resourced than others, almost all are under-resourced. Through the funding provided by this RFP, Perigee hopes to accelerate and deepen the progress of existing efforts, so that the changes they are working towards for children and families endure.



Building Together: A Unique Funding Opportunity

Perigee invites existing collaboratives that are working to increase family access to maternal, infant, and early childhood mental health supports to apply for up to \$250,000 in funding. Perigee seeks applications from collaborative efforts because increasing the availability and accessibility of mental health supports is a team sport. The issues and opportunities are transdisciplinary.

We acknowledge that “collaborative” may not be the term used by every group. Whether a group calls themselves a coalition, network, partnership, collective impact effort, or something else, they are welcome to apply as long as:

- They are working together to advance a shared vision for improving maternal and/or infant and early childhood mental health in their state, tribe, territory, or region.
- They prioritize and are guided by family and provider voices in their work.
- They work to increase access to mental health supports for families, particularly those affected by trauma.
- They collaborate effectively with government and/or policy making partners to advance systems change.
- Their systems change efforts include at least two of these four types of structural systems change: policy, financing, workforce development, and practice change.
- They have a strong track record of making decisions together and advancing positive change.

Perigee seeks a diverse group of applicants for this RFP, including geographic diversity. Efforts focused primarily on maternal mental health are welcome to apply, as are those focused primarily on infant and early childhood mental health. Families access support in many places, so we invite efforts working in any sector that meets prenatal-to-age-3 families where they are. Broad, population-based efforts are invited to apply, as are efforts focused on addressing the inequities in mental health care experienced by many families, especially Black and Indigenous families, immigrant families, and families of children with disabilities.



Section 3: Key Information

Applicant Eligibility

Grants will fund existing collaborative efforts with the history, vision, and leadership to advance systems changes that improve prenatal-to-age-3 mental health for families in a bounded timeline. One member of

the collaborative effort should apply for the grant on behalf of their group. The applicant must be a nonprofit organization or public entity.

Eligibility Characteristics

- Be an existing group of 5 or more partners working to improve maternal and/or infant and early childhood mental health, with at least two years of experience working together.
- Be working at the state, territory, large regional/city (1 million+ population), or tribal level in the U.S. or U.S. territories.
- Center the priorities, lived expertise, and voice of prenatal-to-age-3 families and providers.
- Have clearly established goals and objectives related to improving mental health supports for prenatal-to-age-3 families.
- Collaborate with government partners and/or policy makers to advance the group's goals for prenatal-to-age-3 mental health.
- Demonstrate a flexible and creative approach to increasing access to mental health supports, guided by family input. (e.g., access to dyadic trauma therapy, cultural practices, and peer support have varying levels of importance for different families).
- Work across multiple areas of the mental health promotion, prevention, and treatment continuum. Efforts focused only on promotion will not be prioritized.
- Collect qualitative and quantitative indicators about the impact of their work.
- Have other sources of funding for their work outside of this RFP. Ideally, these funding sources include local philanthropic investment.
- Have the capacity (or plan to fund the capacity) to participate in learning opportunities offered by Perigee through the Building Together initiative and contribute to initiative-wide strategic learning and evaluation opportunities.

Washington State efforts at the city, county, tribal, or state level are not eligible for this RFP, as Perigee maintains a portfolio of existing investments in maternal, infant, and early childhood mental health systems change in Washington State.

Funding Purpose & Restrictions

Perigee is a national funder with a spend-down horizon of 10-15 years. Our investments in specific state and local efforts are intended to accelerate change for a limited time in leveraged ways. This RFP is for one-time funding of up to \$250,000 per grantee with terms from December 2024 – December 2026. Additional limited funding in 2027 and beyond is possible, depending on availability of funds and high-impact progress.

This is a unique funding opportunity designed to provide flexible resources and recognition. We are looking for applications that propose a strategic use of Perigee funding. Some examples of potential funding use are listed below. This list is solely illustrative and not intended to limit or guide the scope of applicant efforts:

- Supporting new action by group members (e.g., implementing a policy change effectively and with family and provider input and guidance).
- Creating and communicating shared insights from qualitative and quantitative data, to cultivate new champions and pursue desired systems changes.
- Building across differences to connect and strengthen separate systems change efforts (e.g., workforce development and practice change).
- Advancing policy and financing changes while ensuring that families and providers have input into the policy process.

Please note: Lobbying is an allowable use of funds if desired. All finalists interested in using grant funds for lobbying will be asked to estimate lobbying expenses per year in their grant proposals. Perigee understands that government partners will not participate in activities that include lobbying expenses.

Funding has the following restrictions:

- Funds should not be used for direct services.
- No capital expenditures.



Review & Selection Process

| Expression of Interest Phase

All Expressions of Interest will be reviewed by the Perigee team. After a comprehensive review, the Perigee team will select between 12 and 20 finalists. The strongest applicants will demonstrate the following in their Expression of Interest:

- Highly collaborative leadership and team that reflect the cultural and racial diversity of the families the collaborative seeks to support.
- Evidence that prenatal-to-age-3 families and their priorities drive the effort at every level, from shared leadership to programming.
- A track record of equitable increases in access to publicly funded maternal and/or infant and early childhood mental health services from which to build upon.
- High potential for positive impact across a population that is diverse, large, and/or affected by trauma.

Perigee will also consider geographic distribution of efforts when inviting full proposals.

| Grant Proposal and Interview Phase

Each finalist will be invited to submit a full grant proposal and participate in a virtual group interview. Perigee team members will conduct all finalist interviews and review each completed proposal. An external review panel composed of 5-6 field leaders will also review completed proposals. Perigee team members and the external review panel will collaborate to prioritize proposals for funding. Perigee takes full responsibility for final funding decisions.



Timeline

Phase 1: RFP Opens, Applicants Complete “Expression of Interest”

All interested parties are invited to complete a short Expression of Interest through Perigee’s grantee portal. Only one Expression of Interest should be completed by a collaborative effort. Multiple submissions will be disqualified.

- **Information Session:** Thursday, June 27, 11:30am – 1pm Pacific Time.
 - The information session will be recorded and be made available on the Building Together landing page of Perigee’s website.
 - The deadline to request simultaneous interpretation for the live info session in a language other than English or Spanish is Monday, June 17 at 12pm Pacific Time.
 - [Register for the information session.](#)
- **Expression of Interest Submissions Due:** Friday, July 26, by noon Pacific Time. Late submissions will not be reviewed.
 - [Complete and submit the EOI.](#)
 - [Download EOI questions in English or Spanish](#) from the landing page.
- **Finalists Notified:** End of August. Between 12 and 20 finalists will be invited to submit a grant proposal and will have an interview scheduled with the Perigee team. Applicants not proceeding to Phase 2 will be notified by early September.

Phase 2: Finalist Interviews & Grant Proposals

The period for completing a full written proposal and interviews will run concurrently with most interviews taking place before the final submission.

- **Finalist Interviews:** September 2024
- **Grant Proposals Due:** Early October 2024.

Phase 3: Grant Awards and Initiative Launch

- **Applicants Notified:** November 2024
- **Awards Made:** November – December 2024
- **Grant Period:** December 2024 – December 2026
 - Technical assistance, learning, and community building elements will be woven throughout the 2-year grant period.
 - An in-person gathering will be planned for fall 2025.

Translation Available

RFP materials will be provided in English and Spanish. The information session will be conducted in English, and live professional interpretation for the information session will be provided in Spanish.

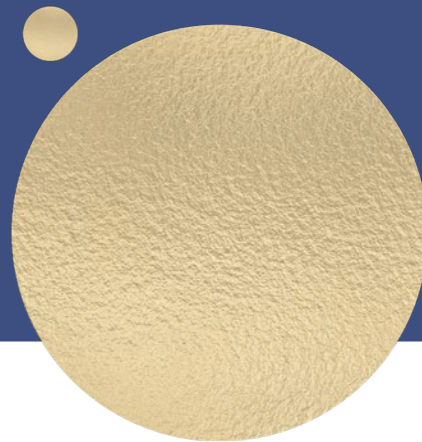
Translation and live interpretation into languages other than English and Spanish is available upon request and encouraged. Perigee values the opportunity for applicant voices to be expressed in their native language. Key information about translation and live interpretation follows:

- The deadline to request simultaneous interpretation for the live info session in a language other than English or Spanish is Monday, June 17 at 12pm Pacific Time.
- The deadline to request translation of the RFP and Expression of Interest questions into languages other than English or Spanish is Monday July 8 at 12pm Pacific Time.
- Applications in languages other than English must be submitted via email.

Process:

To make a request for translation or interpretation, or to notify Perigee that you will be submitting an Expression of Interest in a language other than English, please email rfp@perigeefund.org. Include your organization name, contact information, and the requested language in your email.

For written translation requests, please allow up to 2 weeks of turnaround time. For example, if you request translation on July 1, you will receive the translated materials by July 15, leaving you two weeks to submit your Expression of Interest.



RFP Communication & Contacts

If you have questions about this RFP, please submit them in writing, in the language of your choice, to rfp@perigeefund.org. As we receive questions, Perigee staff will create and routinely update a Frequently Asked Questions (FAQ) document on the Building Together landing page of our website so that all applicants have access to the same questions and answers. Perigee will also address questions in the information session on Thursday, June 27 and will publish a recording of the information session on our website.

Perigee staff leading the RFP process:

- Kim Gilsdorf, Program Officer: RFP goals, programmatic focus, and applicant eligibility. kim@perigeefund.org
- Sophia Rangel, Program Coordinator: Technical questions related to the online grantee portal. sophia@perigeefund.org

Section 4: Key Definitions

● Prenatal-to-Age-3 Mental Health

Perigee uses the term “prenatal-to-age-3 mental health” to encompass the relational nature of mental health for babies and their caregivers throughout pregnancy, infancy, and early childhood. Prenatal-to-age-3 mental health includes:

- Caregiver mental health in pregnancy and early parenting, particularly maternal mental health (MMH). MMH typically refers to a range of mental health and substance use challenges that, because of biological and/or social factors, occur during and/or after pregnancy. Non-birthing parents of all genders can also experience mood and anxiety disorders and substance use disorders during the pregnancy and postpartum period.
- Infant and early childhood mental health (IECMH), defined as early social-emotional development that takes place in the context of caregiver relationships, community, and culture.

Perigee thinks about supports for prenatal-to-age-3 mental health broadly, across promotion, prevention, and treatment. Compelling applicants will likely work across multiple areas. Perigee hopes to see treatment in the mix of focus areas for applicants and embraces a wide range of approaches to trauma treatment, from cultural somatic practices to dyadic parent-child therapy.

● Collaborative

Many forms of collaboration have been documented across social change literature (coalitions, networks, movements, partnerships, collective impact efforts, etc.). In defining the eligibility criteria for this RFP, Perigee Fund does not seek to prioritize a particular approach to collaboration. All forms of collaborative efforts are welcome to respond to this RFP, if they meet the requirements outlined in [Section 3](#) of this RFP.

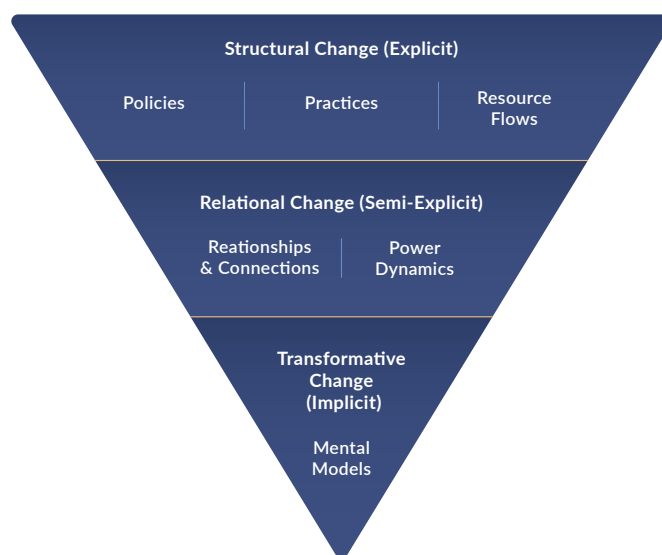
● Systems Change

Systems change is defined as “shifting the conditions that are holding the problem in place.” This definition comes from the [Social Innovation Generation](#) (SIG) group in Canada and is used by FSG in the 2018 article, [“The Water of Systems Change.”](#)

Drawing from extensive literature about systems change, the “Water of Systems Change” defines six conditions that often hold social or environmental problems in place. Some are explicit or semi-explicit, and others are implicit. Groups seeking to change these conditions must work at multiple levels to be effective, as outlined in the graphic below.

For this RFP, Perigee defines systems change as the work of shifting conditions in an ecosystem so that maternal, infant, and early childhood mental health supports are more available and accessible to families. The work of each grantee will likely include the three levels of structural, relational, and transformative change, as they work to ensure mental health supports are more equitably available for families.

Six Conditions of Systems Change



FSG’s “inverted triangle” framework

Endnotes

- 1 Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression. *Obstetrics & Gynecology*, 106(5, Part 1), 1071–1083. <https://doi.org/10.1097/01.aog.0000183597.31630.db>
- 2 Fawcett, E. J., Fairbrother, N., Cox, M. L., White, I. R., & Fawcett, J. M. (2019). The prevalence of anxiety disorders during pregnancy and the postpartum period. *The Journal of Clinical Psychiatry*, 80(4). <https://doi.org/10.4088/jcp.18r12527>
- 3 Luca, D. L., Margiotta, C., Staatz, C., Garlow, E., Christensen, A., & Zivin, K. (2020). Financial toll of untreated perinatal mood and anxiety disorders among 2017 births in the United States. *American Journal of Public Health*, 110(6), 888–896. <https://doi.org/10.2105/ajph.2020.305619>
- 4 Taylor, J., Novoa, C., Hamm, K., & Phadke, S. (2022). Eliminating racial disparities in maternal and infant mortality. Center for American Progress. <https://www.americanprogress.org/article/eliminating-racial-disparities-maternal-infant-mortality/>
- 5 Carr, D. (2022). Mental health is political. *New York Times*. Retrieved May 6, 2024, from <https://www.nytimes.com/2022/09/20/opinion/us-mental-health-politics.html>
- 6 Green, S. (2021) The Maternal Mental Health Crisis Undermines Moms' and Babies' Health. National Partnership for Women and Families. Retrieved May 6th, 2024, from <https://nationalpartnership.org/report/the-maternal-mental-health-crisis-undermines-moms-and-babies-health/>
- 7 Brauner CB, Stephens CB. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public Health Reports*, 121(3), 303-310. <https://doi.org/10.1177/003335490612100314>
- 8 Cole, P., Trexburg, K., & Schaffner, M. (2023). 2023 State of Babies Yearbook. Washington, D.C.; ZERO TO THREE. <https://stateofbabies.org/>
- 9 Cole, P., Trexburg, K., & Schaffner, M. (2023). 2023 State of Babies Yearbook. Washington, D.C.; ZERO TO THREE. <https://stateofbabies.org/>