

APRIL 6, 2022

Infant Mortality
Prevention Network
Pre-Application
Conference

AGENDA

Welcome and brief introductions

- Tom Morgan/Deano Siev
- IMPN Network Program Managers, Public Health—Seattle & King County (PHSKC)

Overview of RFA Process

- Jeffrey Brown
- PHSKC Contract, Procurement and Real Estate Services (CPRES)

Infant Mortality Prevention Network - Program Overview, Populations, Goals

- Tom Morgan/Deano Siev

Questions and Answers

- Moderated by Jeffrey Brown

PRESENTERS

Tom Morgan

IMPN Program Manager - Community Health Services Division

Deano Siev

IMPN Program Manager - Community Health Services Division

Jeffrey Brown

PHSKC - Contract, Procurement and Real Estate Services (CPRES)

GENERAL MEETING INFO

- Remain muted until the Question and Answer near the end of presentation.
- You may use the chat to ask questions, but we may not respond until the Q&A section.
- There is no requirement to have your camera on.
- The Infant Mortality Prevention Network RFA can be found here:
<https://kingcounty.gov/depts/health/partnerships/funding/infant-mortality.aspx>

RFA Flow

April 6th, 2022

Preapplication Conference



April 12, 2022

Final Day for submitting Questions



April 19, 2022

Applications are Due @ 2:00PM



May 4, 2022

Notice of selection (tentative)



May-June, 2022

Agreement scope and budget development



July 1 - Dec 31, 2024

Project period

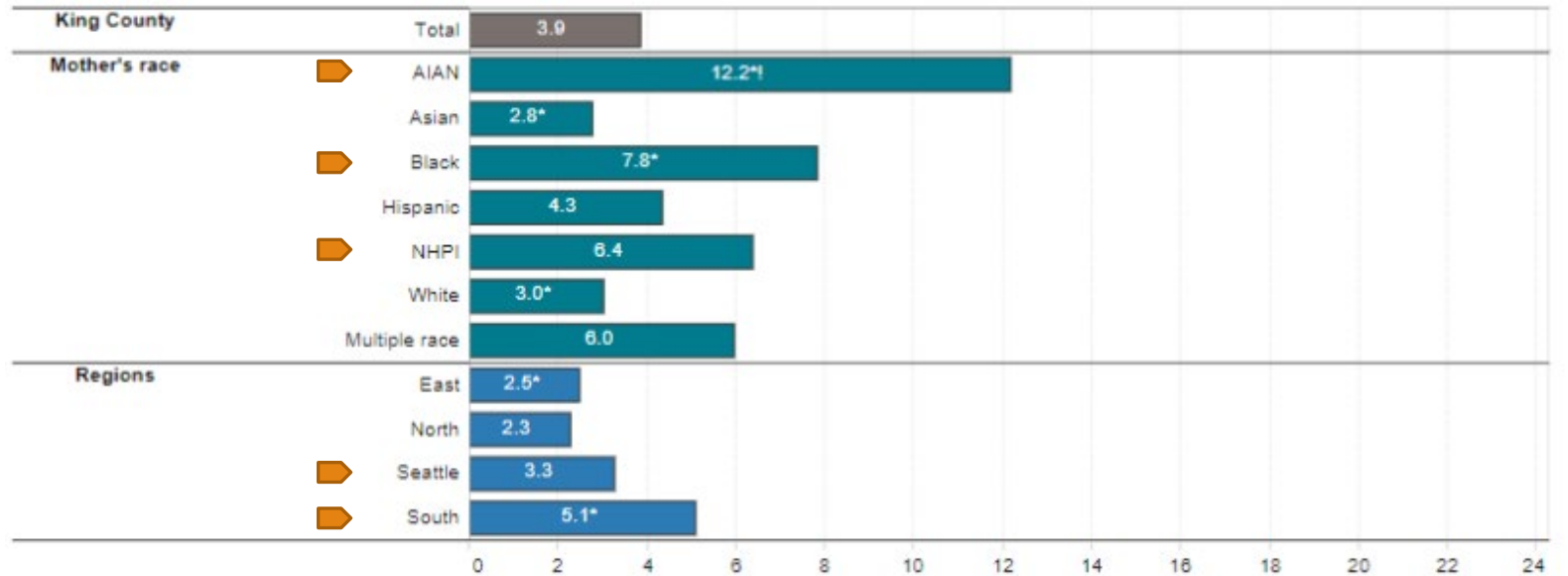


Summer 2024

RFA release for 2025 contract rebid

Racism, Infant Mortality, Health Outcomes

Infant Mortality Rate by Race and Region in KC



Infant Mortality:
Death of infant before first birthday

Washington State Average: 4.7
King County Average: 3.9

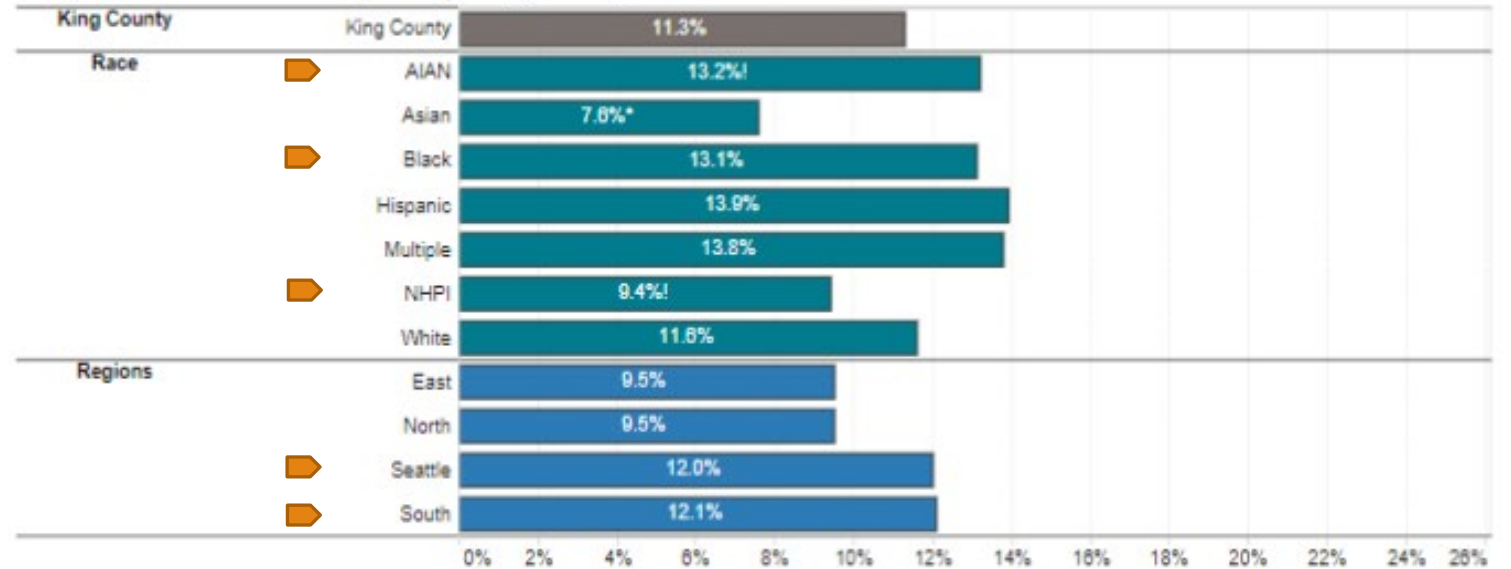
! = Small Sample Size

Racism, Infant Mortality, Health Outcomes

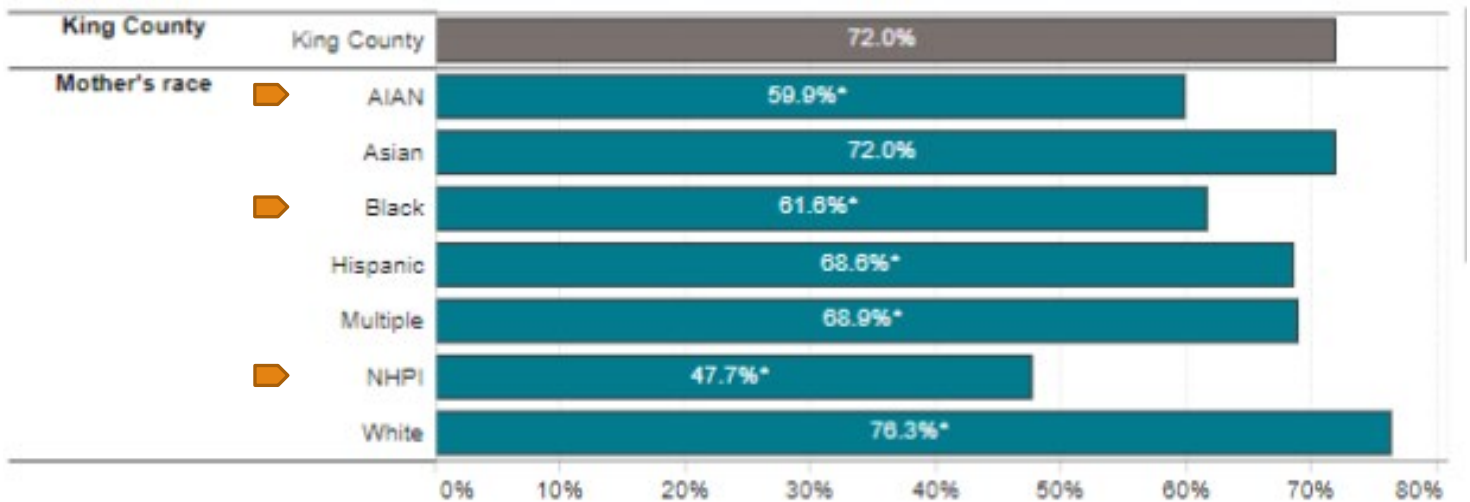
Women - 12.9% / Men - 9.7%

Early Adequate Prenatal Care for Mothers who reside in South KC Region are 68% likely to receive early care.

Frequent mental distress (adults), King County

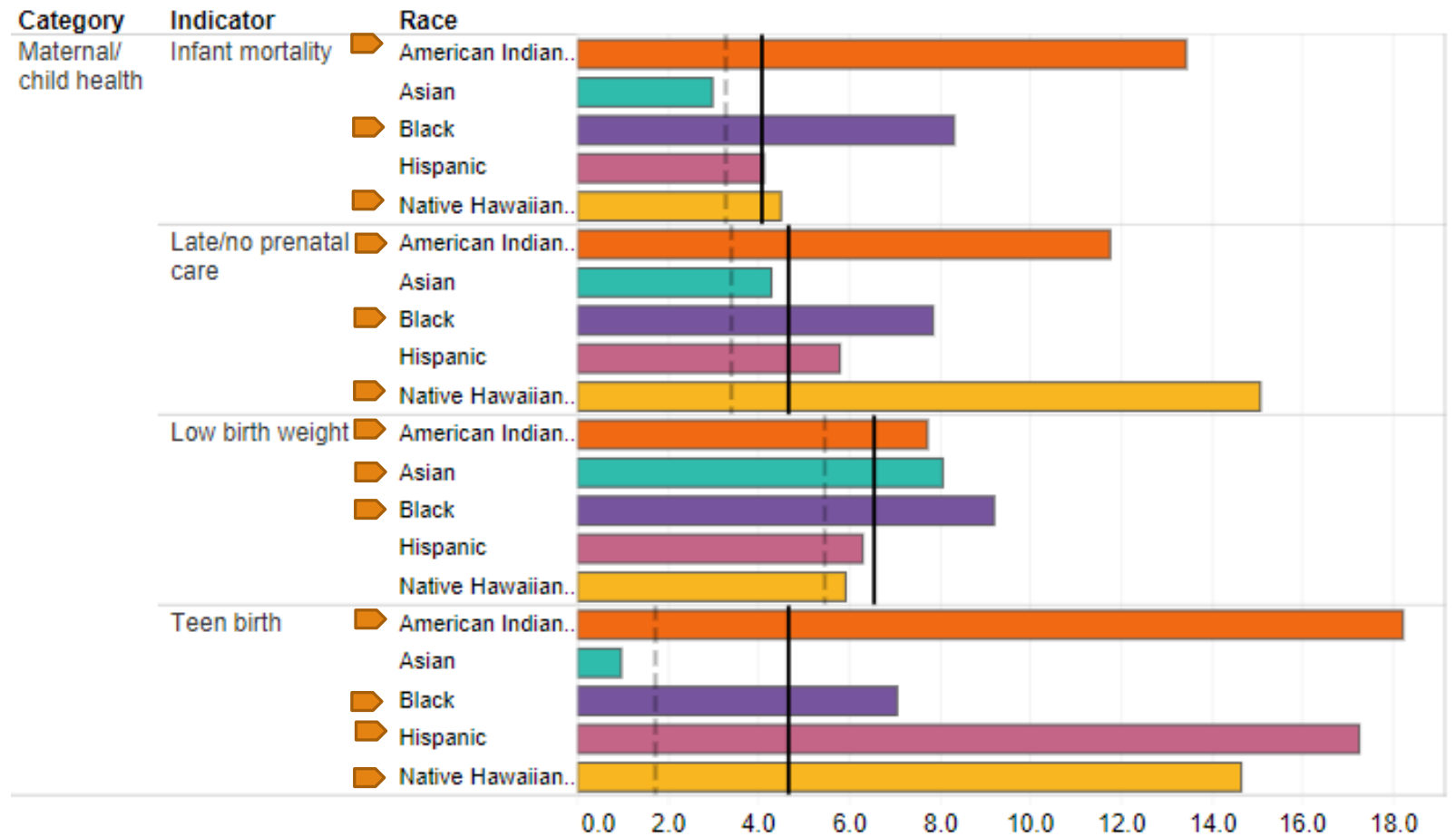


Early Adequate Prenatal Care for Adult Mothers by Race, King County



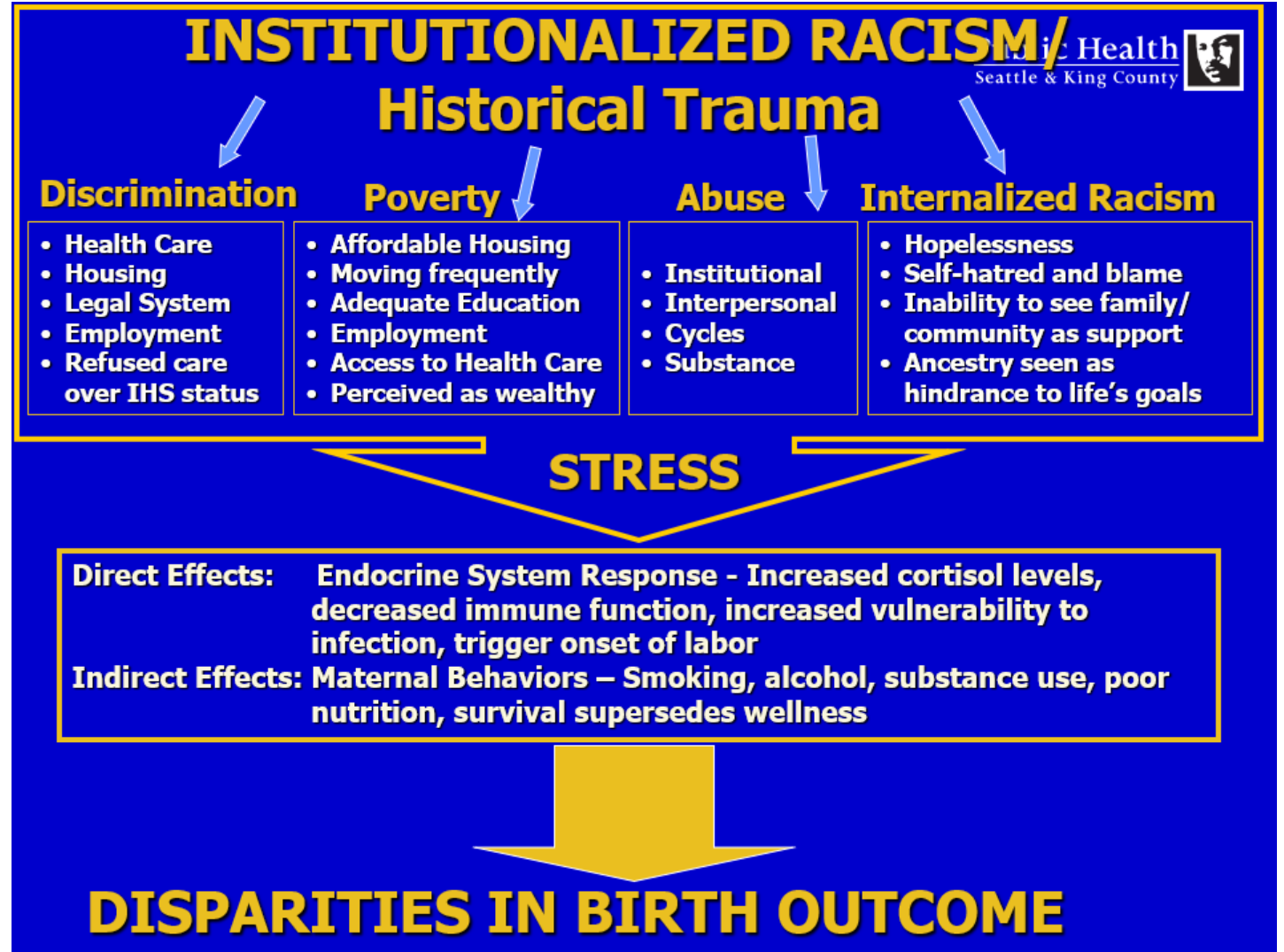
Racism, Infant Mortality, Health Outcomes

Health Disparities: Maternal Health



Solid Black Line: KC Average
Dotted Line: White

Racism, Historical Trauma, and Infant Mortality



PROGRAM OVERVIEW

The Infant Mortality Prevention Network is a collection of independent service agencies, all working to eliminate the impact of racism on infant mortality and birth outcomes for populations most impacted.

Three IMPN Components:

- Upstream – Community Impact
- Downstream – Individual family Impact
- Interagency Networking

IMPAN COMPONENTS

UPSTREAM: IMPAN agencies provide education and resources intended to:

- Promote awareness about the role racism plays in health outcomes
- Inform community about services and resources that promote healthy birth outcomes, remove barriers to accessing resources, or reduce trauma and stress
- Create opportunities for families to connect with community (group activities)

DOWNSTREAM: Each agency will provide direct services and case management to families who are from the communities impacted the most by infant mortality. There is no specific program model required for this program, only that the program is designed to improve birth outcomes and lower risk for infant mortality.

IMPN COMPONENTS

INTERAGENCY NETWORKING

IMPN agencies meet monthly to:

- Collaborate

- Build referral networks

- Build community

- Learn

 - Guest speakers

 - Trainings

REPORTING REQUIREMENTS

Agency shall maintain accounts and records.

Agency shall submit an invoice and all accompanying backup financial documents within 15 days after the close of each quarterly reporting period.

Quarterly service level reports are due **3 business days** after each quarter ends.

Examples of required quarterly data points reports are...

- # of unduplicated clients who receive individual direct services and case management

- Date of service(s), reason for visit, birth outcomes, etc.

- Number of group activities, description of those activities, number in attendance

- Number of people who received information and education (including outreach activities)

ELIGIBILITY

Have an existing program or programs that are designed to improve birth outcomes and promote infant health.

- These funds are intended to expand and improve existing programs.

Serve a focus population shown to be disproportionately impacted by infant mortality.

- (application should clearly define the population(s) served with evidence that the focus population experiences disproportionately high infant mortality rates)

FUNDING

Contract Cycle	Public Health Funding	Best Starts for Kids Funding	City of Seattle Funding	Total
July 1 – Dec 31, 2022	\$45,000	\$125,000	\$70,652	\$240,652
Jan 1 – Dec 31, 2023	\$90,000	\$250,000	\$141,305	\$481,305
Jan 1 – Dec 31, 2024	\$90,000	\$250,000	\$141,305	\$481,305
Total for 2.5 years	\$225,000	\$625,000	\$353,262	\$1,203,262

Notes on funding:

- The amounts above represent total the program funding that will be divided between awardees. Total per-agency funding will be determined based on number and type of awards made.
- Public Health and BSK funding is available to agencies who serve residents of King County.
- City of Seattle funding is only available to agencies who serve City of Seattle residents.
- Applicants need to indicate whether they are applying for only City of Seattle funding, or if they are applying for both City of Seattle and Public Health/BSK funding.

Q/A
