First 5 LA
Best Start LA Welcome, Baby! Program RFQ
Frequently Asked Questions

1. Are there any future plans to open the geographical area?

Best Start LA will be implemented in 4 other demonstration communities throughout Los Angeles County in the near future. These communities have not been identified. A competitive process will be used to select these communities. Welcome, Baby! is expected to be implemented in the communities selected as Best Start LA demonstration communities.

2. Is consideration being given to allow a governmental agency to apply?

Yes, government agencies are allowed to apply to this RFQ.

3. Does an applicant need to be physically based in the geographic area identified in the RFQ? If an applicant is close to the boundaries listed in the RFQ, can we apply?

Applicants do not need to be physically present in the geographic area, however, they do need to have experience or currently provide services to families residing in this geographic area.

4. Our clinic serves families in the Pico Union area, but not necessarily in the South LA / Koreatown area. Can we still apply?

Applicants must be willing to service or have experience serving families in the geographic area outlined in the RFQ.

5. Can organizations apply to both the Best Start LA Welcome, Baby! RFQ and the Best Start LA Lead Agency RFP?

Applicants can apply to both; however, First 5 LA recommends that organizations considering this step closely examine both documents and the deliverables that are being requested. This is a complex investment; organizations should consider their internal capacity and strengths in being able to meet the expected objectives of the Commission’s investment.

6. The RFQ says you expect 5,000 births annually in the geographic area. Does that mean that the full slate of home visits over 5 years will be provided to 25,000 families?

The number of home visits depends on the hospital that you partner with; it is expected that all families delivering at that hospital will receive the hospital and home visits regardless of where the families live. It is also expected that the hospital your agency partners with serves a significant number of families within the
geographic area of the Best Start LA demonstration community as outlined in the RFQ.

Prenatal visits are more difficult to accomplish due to many variables. First 5 LA expects that families receiving prenatal care from a prenatal provider that serves a significant number of mothers delivering at the hospital associated with the pilot will also receive prenatal visits.

7. Are the prenatal visits to be home based?

The prenatal visits are not required to be home visits. They may occur in a clinic or other community-based setting.

8. Can families receive hospital and home visits if they are attending a prenatal clinic that is participating in the Welcome, Baby! program, but not delivering at the partner hospital?

In this initial pilot phase, First 5 LA expects to offer the program only to those families that meet the following criteria: (1) the families’ prenatal care provider has delivering rights at the hospital with which the Welcome, Baby! lead agency partners and the families deliver at that hospital; or (2) the families did not receive prenatal visits, but deliver at the partner hospital. The hospital the lead agency partners with should be considered the driver for how families are targeted. First 5 LA expects the lead agency to offer Welcome, Baby! to all families delivering at the one hospital with which the lead agency partners. This is a very complex and costly program and First 5 LA expects to learn from this pilot phase before rolling out to additional providers and hospitals in the region.

9. The RFQ notes that First 5 LA expects the program to be fully operational when 80% of families delivering at the hospital are serviced. What is the expectation of the lead agency to reach that goal?

That is a goal that First 5 LA expects to reach once the program is fully operational and accepted in the community. The Commission looks to agency to help clarify when and if that goal is feasible given the community that will be serviced.

10. What training will be expected for home visitors?

LABBN has recommended that Touchpoints training be provided to home visitors. Other trainings will be provided as well. LABBN is working on scan of types of training to be offered.

11. Is First 5 LA looking for one provider or multiple providers?

First 5 LA is seeking an agency that has capacity to manage this program and serve all the families. The Commission welcomes partnerships among providers and expect that there will have to be some MOUs or arrangements made with prenatal providers and/or a hospital to gain access to families; however, it is the
Commission’s expectation that the lead agency should provide the visitation services.

12. Can you clarify the role of the lead agency?

As an example, if your agency is a clinic, then you would be responsible for collecting data, hiring and supervising staff, and working with LABBN to ensure your staff receives training. Your agency will also be responsible for partnering with at least one prenatal provider and a hospital serving a significant number of families within the Best Start LA geographic area. As a lead agency, your organization will coordinate all the work.

13. Will First 5 LA identify the hospital that should be included in this pilot?

No, First 5 LA will not identify the hospital. As the applicant, your agency should identify the hospital. This hospital should be one that serves a significant number of families within this geographic area. The hospital should have a relationship with your organization so that you can access families delivering there.

14. Do you have any demographic statistics for the area?

A more detailed community assessment is to be completed through another RFQ that will be released for this geographic area in a few months. However, First 5 LA has compiled the following demographic statistics:

• The total population in the geographic area is 115,669, and includes 21,438 families
• Almost 10,000 children age 0 to 4 live in this geographic area
• 62% of the population does not have a high school degree
• 68% of the population is Spanish-Speaking
• 73% of the population is Latino and 11% is Asian-American

15. What is the difference between those born in the pilot geographic area, but not getting Welcome, Baby! services, and those born in the area and getting Welcome, Baby! services?

Families will be targeted for Welcome, Baby! based on the hospital the lead agency works with to access patients. It is expected that the lead agency will have a relationship with a hospital serving a significant number of families within the geographic area and at least one prenatal provider with delivery rights at that hospital. Families that receive prenatal care at that partner prenatal provider site and deliver at the hospital will receive all seven visits. Families that do not receive prenatal care at the partner prenatal provider, but deliver at the hospital will be eligible to receive the hospital and home visits regardless of where they live. Through negotiations, First 5 LA and the lead agency will identify the appropriate geographic range for these visits.

For those families that live in the geographic area and deliver at the hospital with which the lead agency partners, they will be exposed to all three strategies of Best
Start LA. However, there will also be those families that do not live in the community, but deliver at the hospital working with the lead agency. These families will not be targeted for the community strategies, though they will not be precluded from participating if they choose to do so. Finally, there will be families that live in the defined geographic area, but do not deliver at the hospital included in this program. These families will not receive Welcome, Baby! visits, but will be exposed to the community strategies. First 5 LA understands that not all families in the geographic area will receive all Welcome, Baby! visits.

16. What is the annual number of births for geographic census area?

According to 2006 California Department of Health Services Birth Records, 4,609 babies were born in the geographic area as defined by the following zip codes - 90006, 90007, 90011, and 90015. These zip codes were used as approximations to the census tracks for this geographic area because the data was not available in that format.

17. If one agency serves 5,000, then will the entire five year budget go to the agency?

The budget will be based on the costs the lead agency estimates will be incurred to provide the quantity and quality of visits First 5 LA expects, given the annual delivery rate of the hospital that the lead agency will partner with. This budget was calculated assuming an annual delivery rate of 5,000 births, however, if the hospital in question has fewer births, then the budget will likely be lower.

18. There is currently a nursing shortage in California. Is First 5 LA aware of this and will it affect the ability of the agency to reach the number of families expected?

First 5 LA is cognizant of this nursing shortage. Because the Commission is trying to provide a high quality program to families, the nurse visit must be included. Staff and resource issues at the community level may affect the total number of families to be reached or the pace at which the program is expanded in the community.

19. Will First 5 LA contract with an evaluator or should the grantee budget for evaluation?

The evaluation for Best Start LA will be completed by First 5 LA with a combination of internal staff and external contractors. The Los Angeles Best Babies Network will also assist in this effort by facilitating an early process evaluation for the program and assisting in data collection efforts. The lead agency should expect to include in its budget those costs related to ensuring that data collection occurs.

20. How does First 5 LA envision the Welcome, Baby! lead agency coordinating with Best Start LA Partnership lead entity?
The successful applicant will be prepared to be flexible in the actual mechanisms of Best Start LA as First 5 LA is still determining how organizations will work together. It is known that there will be a network or collaborative working together ensuring that families are receiving all the opportunities available to them. The lead agency can also expect to have more interaction with their Program Officers, who will coordinate communication.

21. Is there a required match?

No.

22. What is the overhead calculation?

10% is the standard overhead calculation.

23. Are the staffing specifications set in stone or can the applicant add to the staffing plan included in the RFQ?

The RFQ includes an analysis of best practice. The staffing specifications included in the RFQ are recommendations; First 5 LA recognizes that the lead agency selected to implement this program may have additional suggestions about the staffing needed or the qualifications and skill-set required given the community needs and resources available to support the community. It is important that whatever staffing recommendations are made maintain the level of quality First 5 LA expects for this program.

24. Is the database that is being developed for this program similar to the database that is already being used by LABBN agencies?

The database is a web-based system that is similar to the DCAR system currently being used by Healthy Births participants. The same contractor who developed that system is developing the system for Welcome, Baby!

25. In the RFQ, you refer to New Parent Coaches. Is that the same as the New Parent parenting program or are you using that term in a generic sense?

The term New Parent Coaches is generic.

26. There is a map for the Best Start LA community RFP that is included in that RFP. Is it available electronically? Is there any importance to the fact that it is entitled Magnolia Place?

The link for the map can be found on our website after the FAQs. The map is titled Magnolia Place, but it has no significance. Best Start LA is about the investing in the surrounding community not one locale.
27. If you are a clinic offering home visits through Welcome, Baby!, how do you reduce the possible perception by other clinics that your clinic is not soliciting their clients and trying to increase your own market share?

It will be important to communicate that home visitors are unbiased and are encouraging families to establish a medical home and medical insurance for their families. If families already have these connections, then the visitor will not question where it is, but rather encourage families to follow through with those appointments. If families do not have these services, then the home visitor can provide a list of resources or clinics to take away perception of bias.

28. Note to prospective applicants from WIC: WIC is not applying for this funding opportunity. WIC has experience with many providers and commonly receives requests to participate in MOUs. Please contact WIC in a timely manner if you wish to seek a partnership agreement with them. WIC is interested in helping as they are well represented in the area. WIC has also shared that there are 4 centers in the identified geographic area and that in the region WIC serves 11,000 families, 1,700 pregnant women, 3,100 infants, and 5,000 children age 1-3. Further, WIC enrolls 400 babies in the area every month.

29. The amount of time it may take both the nurses to make the home visits and the New Parent Coaches to make the home visits will vary. This being a pilot and an experimental model in Los Angeles, is the applicant agency at risk financially if it is found that it takes more staffing than anticipated to conduct the required seven visits? Will there be any ability to change the model after one, two or three years depending on the first year or two years’ experiences?

The budget estimated for this project was calculated by taking into consideration expected variances in the length of time it will take staff to complete the visits. The lead agency will be expected to conduct the maximum number of visits to the maximum number of families given the current budget. First 5 LA and its partners will determine appropriate intervals to monitor the progress and implementation of the program.

30. Which level of staffing is expected to make the telephone assessment and answer and address calls that come in to the home visitation program between visits?

The Care Coordinators or New Parent Coaches are expected to address any questions the agency receives between visits and conduct the two-week postpartum telephone assessment.

31. P. 10 describes a 2001 study referenced at the bottom. There is a separate clause that notes that …”studies have shown, however, that every child can benefit from…..”. Those studies aren’t referenced. Do you have references that can be made available for the studies?
First % LA does have these references available. One such source is a report completed for First 5 LA by the National Economic Development and Law Center and Zero To Three in March 2007. The report is titled “First 5 LA’s Community-Based Approach to Support the Prenatal through Three Population in Los Angeles County: A Preliminary Economic Analysis of Expected Results and Benefits”

32. There were a number of questions at the bidder’s conference seeking to clarify when and how many women are approached to join the Welcome Baby pilot. All families in a given hospital (that serves most births in the area) will be eligible, regardless of where they live or received prenatal care. P. 12 notes that prenatal care visits are limited to the providers who serve a significant portion of the mothers delivering at the hospital. Is the ability to provide prenatal visits for the women who will give birth at the hospital but who are not receiving prenatal care from the large provider something that could be considered? Can you clarify more the statements about which women will be targeted and when?

First 5 LA expects the lead agency for Welcome, Baby! to connect with at least one prenatal provider that has delivery rights at the hospital that will be included in the program so that families have an opportunity to receive all visits. In order to ensure the budget will be sufficient to complete the SOW for this project, more than one prenatal provider can be included in the program as long as the families receiving the Welcome, Baby! prenatal visits also deliver at the partner hospital. Families not delivering at the partner hospital, but receiving care at the prenatal provider, will not be eligible for the prenatal visits.

33. P. 23, #9 states the need to work collaboratively with a prenatal provider and hospital which will be selected at a later date to conduct or support the prenatal or hospital visits. This would be in addition to any prenatal providers or hospitals in the applicant’s team or collaborative? Could you elaborate?

To clarify, what this statement was referring to is the prenatal provider and hospital that the lead agency identifies as its partner in this effort. It is not expected that hospitals or prenatal providers other than those identified by the applicant will be included in this initial pilot phase.

34. P. 23 #9 mentions the need for demonstrated capacity to develop a relationship with LA County’s Centralized Case Management System – please elaborate on the Centralized Case Management System. Is this a system county agencies use only? Can you elaborate?

The geographic area that was selected to be the first Best Start LA demonstration community is supported by the L.A. County Service Integration Branch’s Centralized Case Management effort. This geographic area is scheduled to complete the co-locating of five county departments at a centralized facility referred to as “Magnolia Place” by the end of September 2008. The Centralized Case Management
offices within Magnolia Place are being finalized, staff from the participating departments has been assigned and the County has committed funds to support the participation of the county staff from the Department of Children and Family Services (DCFS), the Department of Public Social Services (DPSS) and the Child Support Division to implement an Integrated Assessment Team. In addition the Department of Mental Health (DMH) and the Department of Public Health (DPH) will co-locate key programs. A number of community-based organizations located in this area will also be partnering with these county agencies to support families. The lead agency for Welcome, Baby! will be required to connect to these organizations and leverage the work that has been done to coordinate services and supports to families in this area.

35. P. 25, 1 Cover Letter, discusses the need for participating agencies in a collaborative to list information and have an authorized signatory’s signature on the cover letter. Would that be for any level of participation in the collaborative? Only agencies funded that are participating?

The cover letter only needs to include information for the lead agency and must be signed by all the authorized signatories for that agency. All other participating organizations must include information and authorized signatures on the MOU’s, not the cover letter.

36. Is there a page limit for the "resumes of principal staff...as well as job qualifications of descriptions of new positions"? Are these documents separate from the Statement of Qualifications Content (10 pg limitation)?

There is no page limit on resumes for principal staff or job qualifications for new positions. These documents do not count toward the Statement of Qualifications content page limit.

37. Based on the outline on pg. 25, it states the 25 page limitation is for the (B) Description of the Project. It states that the page limitation is not inclusive of (C) Budgets, but should this include (D) Sustainability of the Project and (E) Evaluation of the Project?

The 25 page limit only applies to the project description. All other sections are supplemental to this narrative.

38. Is the Appendix D: Previous Client Form (noted on the Statement of Qualifications Checklist) the same as the Applicant Reference Form (as described on the actual form)? Should we use this form in its original form?

These are the same items. Please use the Applicant Reference Form included on the website.

39. Does the cover letter follow the Table of Contents as the first requirement for the Statement of Qualifications Content?
The cover letter should proceed your entire packet.

40. The Cover Letter (2 page max) for the Statement of Qualifications is a separate document from the Appendix A: Statement of Qualifications Cover Sheet, correct?

Yes

41. Is the organizational chart and/or resumes inclusive of any page numbered requirements?

No

42. For clarification, are there two sections within the Statement of Qualifications Content--(1) Statement of Qualifications--10 pages and (2) Description of Project--25 pages? Or is there one section with a total of 25 pages inclusive of the first 10 page requirement?

These are two separate sections. Your entire Statement of Qualifications Content may include 10 pages to describe your organization’s qualifications and 25 pages to describe the methodology in delivering the project.