WELCOME BABY STRATEGIC PARTNERSHIP HOSPITAL
LETTER OF INTENT

The Welcome Baby program is a voluntary, universally provided hospital and home-based intervention for pregnant and postpartum women. The primary objective of Welcome Baby is to work with families to maximize the health, safety and security of the baby and parent-child relationship and to facilitate access to support and services when needed. The Welcome Baby program includes prenatal and postpartum home-based visits, but one of the cornerstones of the program is a hospital visit at the time of the child’s birth. First 5 LA is targeting specific hospitals in Los Angeles County in a non-competitive strategic partnership to support the initial implementation of the Welcome Baby hospital visit.

In implementing Welcome Baby, First 5 LA will strategically partner with targeted hospitals to support the goals that children are born healthy, maintain a healthy weight, are safe from abuse and neglect and are ready for kindergarten. In order to build upon and leverage existing investments, First 5 LA is partnering with specific hospitals in a non-competitive process across Los Angeles County that serve families within and around its place-based efforts, called Best Start. First 5 LA has identified 24 hospitals that serve the majority of births across the fourteen Best Start Communities (80% of births) and approximately half of all county births (please refer to page 8 for list of targeted hospitals).

The Welcome Baby program is intended to be offered universally to all families regardless of income status, potential challenges or risk. The Welcome Baby hospital visit will be offered to all women giving birth at participating hospitals. As over the vast majority of mothers in Los Angeles County deliver their babies at birthing hospitals, a Welcome Baby hospital visit was included in the program to help ensure that the greatest number of families are contacted by the program, are exposed to supportive resources available to them in their community, and reinforce that they provide the most important developmental environment for their new baby.

Additionally, the hospital visit includes a risk screening using the Bridges for Newborns Screening Tool. The Bridges for Newborns Screening Tool is part of First 5 LA’s county-wide Universal Assessment strategy for Newborns, which aims to identify families at greatest risk and need and link families to supportive services. Providing a system to connect with families across the county presents an opportunity to positively influence the life of children born in Los Angeles County. Currently, there is no community-wide system in place that universally provides parents with an opportunity to learn about parenting and early childhood development, and to obtain assistance on issues such as basic health care, insurance coverage, nutrition, breastfeeding, family violence, maternal depression, and/or improving home safety. The Bridges for Newborns Screening Tool has been utilized across Orange County hospitals for over ten years. This screening tool has been utilized by hospital staff to determine whether a family needs additional referrals to

1 California Department of Public Health, Birthing Data. 2010.

Welcome Baby Strategic Partnership Hospital Letter of Intent
community-based services; the screening tool has been found to successfully measure a family’s level of risk\textsuperscript{2}. Offering the Welcome Baby hospital visit would ensure that almost all families with new babies are reached, and all families would have the opportunity to participate in the supportive services offered, if needed.

First 5 LA expects most targeted hospitals will implement the Welcome Baby hospital visit and partner with one or more community-based organizations that will implement the prenatal and postpartum Welcome Baby engagement points and oversee the referral process. First 5 LA is committed to funding all costs related to Welcome Baby, including personnel, administrative and programmatic costs, and aims to minimize the fiscal and operational impact of integrating the Welcome Baby hospital visit into the hospital’s infrastructure.

Targeted hospitals stand much to gain from participation in Welcome Baby: a one-on-one assessment of patient needs; linkages to appropriate resources; strengthened collaborative efforts with local community agencies; and expected prevention of costly readmissions for infant safety and health problems. The Welcome Baby program helps expand the continuum of care for patients from the hospital to services after discharge, while also highlighting the hospital’s support for women who deliver or plan to deliver at their facility. Given the prenatal and postpartum support provided by Welcome Baby, the program can also aid hospitals in their performance measures for the Healthcare Effectiveness Data and Information Set (HEDIS), particularly childhood immunization, prenatal and postpartum care, and well-child visits. In addition, as the program benefits the community, Welcome Baby can support community hospitals in meeting requirements of the Hospital Community Benefit Program.

**WELCOME BABY PROGRAM OVERVIEW**

All women delivering at targeted, participating hospitals will be eligible to receive the Welcome Baby hospital visit. A family’s scope of participation in Welcome Baby will be determined by their place of residence and the results of their risk screening at the hospital visit. Women living within a Best Start community will be eligible for up to nine engagement points, beginning prenatally. The risk screening conducted at the hospital visit will identify the Best Start families needing more focused support who will receive a referral to a more intensive, Select Home Visitation Program which will be offered in participating Best Start communities through First 5 LA support. Women living outside a Best Start community will be eligible for the hospital visit and up to three additional postpartum home visits, if needed. The postpartum engagement points provide families with continued access to community resources with opportunities to receive ongoing developmental information and referrals for other interventions when they are most beneficial. Further, in-home support will include focus on breastfeeding support, infant care, access to and utilization of health care and bonding.

The Welcome Baby program is a standardized program that includes established protocols and procedures. All Welcome Baby providers, including community-based organizations, entities and hospitals, must follow established procedures. It is expected that community-based organizations or entities will manage the Welcome Baby prenatal and postpartum engagement points, including personnel and administrative and programmatic activities. Please refer to Diagram 1 on page 4 for a Welcome Baby Client Flow. Each prenatal and postpartum engagement point has a specific set of proposed activities and core objectives. A description of the prenatal and postpartum Welcome Baby engagement points is included in Appendix A.

The prenatal visits help ensure relationships are built early on with Best Start families and provide educational messages and support at a time when parents are more receptive and open to receiving this information. Effective outreach efforts to recruit Best Start mothers will be identified and led by participating organizations or entities, and may include a focus on prenatal providers who serve a significant number of mothers delivering at the targeted hospitals; sharing information in hospital-based tours; and recruiting mothers utilizing private doctors. Up to five postpartum engagement points are offered to provide Best Start families. Families residing outside the Best Start boundaries will receive the Welcome Baby hospital visit and up to three additional postpartum engagement points, if needed. Staffing to support the prenatal and postpartum engagement points include a Welcome Baby nurse and Parent Coach.

The following is a list of outcomes that are expected to occur by engaging Best Start families in the Welcome Baby program. Measuring and tracking data at each engagement point allows direct evaluation of these outcomes. The outcomes reflect the improvements the program is expected to make in the lives of the families and children they serve. The outcomes include:

- Increased breastfeeding
  - Increased initiation, duration and exclusivity of breastfeeding
  - Improved parent knowledge of nutrition
- Families receive appropriate health and developmental care
  - Increased numbers of families with a medical home
  - Higher immunization rates
  - Higher rates of health insurance coverage
  - Increased number of mothers screened for post-partum depression
  - Increased numbers of parents administering high-quality developmental screens
- Families experience improved connections to supports, resources, and services in their community, resulting in more referrals and increased utilization of existing resources for families with unmet basic needs; drug, alcohol, or domestic violence exposure; social isolation; post-partum depression; or risk factors for developmental delays
Diagram 1: Welcome Baby Client Flow

- **Welcome Baby Hospital Visit**
  - All mothers eligible
  - Complete Risk Assessment

**Legend:**
- Solid text box: activity completed by Hospital
- Dotted text box: activity completed by community-based partner

**HOSPITAL SCOPE OF WORK**

Welcome Baby Hospital Visit (at the hospital following delivery)
Active participation by the targeted hospitals is essential to the effective delivery of Welcome Baby. It is expected that Welcome Baby will be offered to all new mothers following delivery. Hospitals will be expected to have onsite personnel, known as Hospital Liaisons, to implement the hospital visit. Hospitals may choose to hire this staff directly as hospital employees or partner with one or more community-based organizations or entities and provide access rights for the organization to conduct the hospital visit. If the hospital has partnered with one or more community-based organizations, it is expected that the hospital will coordinate with the organizations to identify prenatally enrolled clients and communicate the results of the risk screening assessment for appropriate referrals.

The hospital must provide work space for the Hospital Liaisons, as well as support and supervision within the appropriate department. The hospital must be able to support outreach efforts within the hospital, including efforts from any partners to provide information to expectant mothers during hospital tours; and allow Hospital

Welcome Baby Strategic Partnership Hospital Letter of Intent
Liaisons to participate in Welcome Baby trainings, staff meetings, and quarterly peer-exchange meetings. Hospital Liaisons will also need to collect and input data on a weekly basis into a First 5 LA designated database.

The hospital visit is expected to introduce or reinforce the following:
- Resources and information in the First 5 Kit for New Parents;
- Reassurance and encouragement with lactation initiation;
- Positive parent-infant interaction;
- Referrals, if needed;
- Information on insurance enrollment for the newborn;
- Information on in-home and provider-based postpartum follow-up for mother and infant; and
- Completion of the Bridges For Newborn Screening Tool, which will help identify need, if any, for more focused support and referral to a more intensive home visitation program.

Hospital Liaison Staff

Hospital Liaisons will provide an introduction to the Welcome Baby program and describe the opportunities and services to mothers, if necessary. The goal of the hospital visit is to invite mothers to participate or continue participation in the program; observe parent-infant interaction when possible; assess for social support, infant feeding, and maternal depression; and complete the Bridges for Newborn Screening Tool. The hospital visit was designed to be minimally intrusive to new families as it is understood how important this time is for a mother and baby to bond and how overwhelmed with information parents already are during their short time in the hospital.

The Hospital Liaison plays a critical role in the success of the Welcome Baby hospital visit. Recommended Hospital Liaison qualifications include:
- Medical Assistant certification and at least 2 years of work experience or Bachelor’s degree in child development, social work, psychology, human development, or a related field;
- Must be a certified lactation educator (CLE) or willing to be certified, or can be a certified lactation counselor (CLC) or international board certified lactation consultant (IBCLC/RLC);
- Child Development Associate (CDA) certification preferred;
- Ability to function as a member of an interdisciplinary team;
- Ability to promote bonding and attachment between infant-mother;
- Experience working with low-income families and families from diverse cultural and ethnic backgrounds;
- Empathy, warmth, and the ability to establish trusting supportive relationships with an ethnically diverse population;
- Knowledge of normal fetal and infant development; and prenatal and child health requirements;
- Familiarity with the effects of parental alcohol and/or other drug abuse on family health, parenting, and general functioning;
- Familiarity with the effects of domestic violence and parental alcohol and other drug abuse on family health, parenting, and general functioning;

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• Familiarity with the effects of perinatal depression on child development, parenting, and general functioning;
• Skill in organizing and maintaining accurate records;
• Skill in writing to articulate concepts and ideas in notes and reports;
• Able to input data on a regular basis into a First 5 LA designated database;
• Bilingual preferred, with the ability to communicate in the language(s) represented in the community to be served; and
• Willingness to work a flexible dayshift schedule that includes some Saturdays, Sundays, and holidays.

Partnership with Community-Based Organizations or Entities
In addition to the hospital visit, the success of the Welcome Baby program depends on the capacity to deliver the expected prenatal and postpartum home visitation engagement points and the ability to manage the program. Hospitals may choose to oversee implementation of all the Welcome Baby engagement points. Hospitals may also choose to implement the hospital visit and partner with one or more local, community-based organizations or entities to support implementation and management of the prenatal and postpartum engagement points.

First 5 LA will conduct a review to determine the fiscal and programmatic capacity of local, community-based organizations and entities interested in supporting the prenatal and postpartum implementation of Welcome Baby. Organizations and entities that pass this review will become part of a Welcome Baby Home Visitation provider pool. This pool of qualified providers will be shared with targeted hospitals who are interested in reviewing a qualified pool. Hospitals will enter into agreements (Memorandum of Understandings) with community-based organizations or entities to support Welcome Baby implementation. Hospitals must be able to serve as the fiscal agent for any community-based organizations or entities who subcontract with the hospital and have the ability to monitor and manage subcontracts. Some hospitals may choose to partner with only one community-based organization or entity as a lead subcontractor. This subcontractor would take the lead role in coordinating implementation efforts with other involved agencies, if applicable. Hospitals may also choose to enter into agreements directly with more than one community-based agency or entity.

It is expected that the Welcome Baby program will collaborate with the Best Start communities by providing program updates on a quarterly basis at minimum. This requirement can be fulfilled by any community-based partner.

Collaboration with First 5 LA Home Visitation Oversight Entity
In order to support the standardized implementation of Welcome Baby across Los Angeles County, First 5 LA will release an RFP to select an entity to serve as a Home Visitation Oversight Entity for all Welcome Baby providers. The Entity will coordinate the training required for all Welcome Baby staff; provide technical assistance and support; assist in development of appropriate referral pathways; support proper data collection and technical support for database use; and coordinate quarterly cross-community peer exchange meetings. It is expected that the Welcome Baby training, which includes didactic, hands-on training, will take a

Welcome Baby Strategic Partnership Hospital Letter of Intent
minimum of 170 hours. Welcome Baby staff, including Welcome Baby hospital staff, will be expected to collaborate and participate in these efforts. A hospital's community-based partners can take the lead in collaborating with the Home Visitation Oversight Entity. The Welcome Baby Hospital Liaisons will benefit greatly from this support and centralized coordination and expertise.

**Expectations and Deliverables**

1. The success of Welcome Baby depends on the organizational capacity of the hospital to coordinate with partners to deliver the expected home visitation services and ability to manage the program. At a minimum, hospitals must meet or possess the following requirements:

- Serve as the fiscal agent by contracting with First 5 LA;
- Demonstrate strong financial management, monitoring, and audit processes to support grant administration;
- Ensure fiscal responsibility and stability and programmatic accountability;
- Demonstrate willingness to follow established Welcome Baby program protocols and procedures;
- Demonstrate willingness and capacity to work collaboratively and build relationships with community-based organizations and entities;
- Build upon the hospital’s existing relationships with prenatal providers;
- Ability to subcontract with local community-based agencies or entities, as applicable, to conduct or support the prenatal, hospital or postpartum visits;
- Ensure coordination between any community-based organizations or entities and hospital based staff;
- Ability to provide appropriate work space and supervision to hospital-based staff;
- Able to maintain program records, monitoring and reporting program progress and results;
- Demonstrate willingness to participate in First 5 LA evaluation activities;
- Ability to comply with the legal requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), particularly as it relates to:
  - The collection of personal information;
  - The use and disclosure of information about families who are program clients; and
  - Have written policies in place to deal with issues such as confidentiality.
- Ability to share information, particularly with regard to sharing the results of screening and referring families to other agencies;
- Possess a written policy that outlines the requirements for reporting known or suspected instances of child abuse and neglect as defined by the California Child Abuse and Neglect Reporting Act (“CANRA”, Penal Code sections 11164-11174.4);
• Possess a written policy that outlines the requirements for all health care providers who provide medical services for a physical condition to a patient whom he or she knows or reasonably suspects of suffering from injuries resulting from a firearm or assault or abusive conduct as defined by California’s Domestic Violence and Mandatory Report Law (California Penal Code 11160-11163.2).

2. Hospitals may determine that they will hire Hospital Liaison staff directly. Hospitals must possess an internal organizational infrastructure that can support the recruitment, training and development, and on-going supervision of Hospital Liaison staff. Additional requirements include:
   • Ability to recruit and/or train culturally and linguistically appropriate staff;
   • Ability to support hospital staff’s participation in efforts of the Home Visitation Oversight Entity to provide ongoing, high quality, relevant staff development;
   • Ability to supervise hospital-based staff;
   • Ability to provide work station or space for the hospital-based staff; and
   • Ability of staff to consistently enter client information and data on a regular basis. As such, hospitals will be required to have the following technological capabilities in order to support the data system:
     • Hardware: Pentium III processor with 256MB RAM or better
     • Operating System: Windows 2000 or later
     • Internet Connection: Broadband recommended
     • Browser: Internet Explorer 6.0 or later, Mozilla Firefox 7.0 or higher recommended, JavaScript must be enabled

Please note: whereas targeted hospitals are not expected to have the aforementioned capabilities at the time the statement of qualifications is submitted, any targeted hospital not in possession of these capabilities must be able to establish them and plan to include related costs in their proposed budget.

Eligibility
The targeted hospitals eligible for First 5 LA’s strategic partnership in a non-competitive process to support Welcome Baby implementation are as follows:

• Antelope Valley Hospital
• Beverly Hospital
• Centinela Hospital Medical Center
• Citrus Valley Medical Center - Queen of Valley Campus
• Garfield Medical Center
• Good Samaritan Hospital
• Greater El Monte Community Hospital
• Kaiser Permanente: Baldwin Park Medical Center
• Kaiser Permanente: Panorama City Medical Center
• Kaiser Permanente: South Bay Medical Center
• Long Beach Memorial Medical Center
• Memorial Hospital of Gardena
• Monterey Park Hospital
• Northridge Hospital Medical Center
• Pacific Alliance Medical Center
• Pacific Hospital of Long Beach
• Providence Holy Cross Medical Center
• Providence Little Company of Mary - San Pedro Hospital
• Queen of Angels / Hollywood Presbyterian Medical Center
• St. Mary Medical Center
• St. Francis Medical Center
• Torrance Memorial Medical Center
• Valley Presbyterian Hospital
• White Memorial Medical Center

**Budget**

The Welcome Baby budget for each targeted hospital is based upon each hospital’s birth rate. First 5 LA estimates the cost of providing the Welcome Baby program at $1,700 per child for Best Start families and an average of $500 per child for Non-Best Start Families. This estimate covers the participation for Best Start families in the program (nine engagement points) and for non-Best Start families (up to 4 engagement points), including all related administrative and programmatic costs. Table 1 provides an estimated budget for each eligible hospital based upon 2010 Los Angeles County birthing data. The actual contracting amount will be finalized in contract negotiations with First 5 LA based upon updated hospital birthing data, as well as the hospital’s timeline for ramp-up, including hiring and training.

**TABLE 1: Hospital Births by Program Eligibility and Estimated Budget**

<table>
<thead>
<tr>
<th>Targeted Hospital</th>
<th>Best Start Families: # of Births</th>
<th>Non-Best Start Families: # of Births</th>
<th>*Estimated Annual Budget:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antelope Valley Hospital</td>
<td>3386</td>
<td>1357</td>
<td>$5,147,760</td>
</tr>
<tr>
<td>Beverly Hospital</td>
<td>290</td>
<td>770</td>
<td>$2,934,320</td>
</tr>
<tr>
<td>Centinela Memorial Medical Center</td>
<td>437</td>
<td>1601</td>
<td>$702,400</td>
</tr>
<tr>
<td>Citrus Valley Medical Center-Queen of Valley Campus</td>
<td>407</td>
<td>3786</td>
<td>$1,234,720</td>
</tr>
<tr>
<td>Garfield Medical Center</td>
<td>912</td>
<td>2396</td>
<td>$2,066,720</td>
</tr>
<tr>
<td>Good Samaritan Hospital</td>
<td>728</td>
<td>3734</td>
<td>$2,198,720</td>
</tr>
<tr>
<td>Greater El Monte Community Hospital</td>
<td>152</td>
<td>388</td>
<td>$2,483,680</td>
</tr>
<tr>
<td>Kaiser Hospital: Baldwin Park</td>
<td>162</td>
<td>2260</td>
<td>$1,124,320</td>
</tr>
<tr>
<td>Kaiser Hospital: Panorama City</td>
<td>463</td>
<td>1468</td>
<td>$1,216,880</td>
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<tr>
<td>Kaiser Hospital: South Bay</td>
<td>426</td>
<td>1397</td>
<td>$1,138,160</td>
</tr>
<tr>
<td>Little Company of Mary- San Pedro Hospital</td>
<td>166</td>
<td>615</td>
<td>$471,760</td>
</tr>
<tr>
<td>Long Beach Memorial Medical Center</td>
<td>1348</td>
<td>3494</td>
<td>$3,230,880</td>
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<tr>
<td>Memorial Hospital of Gardena</td>
<td>409</td>
<td>990</td>
<td>$952,240</td>
</tr>
<tr>
<td>Monterey Park Hospital</td>
<td>724</td>
<td>904</td>
<td>$1,346,240</td>
</tr>
<tr>
<td>Northridge Hospital Medical Center</td>
<td>398</td>
<td>1966</td>
<td>$1,327,680</td>
</tr>
<tr>
<td>Pacific Alliance Medical Center</td>
<td>560</td>
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<tr>
<td>Pacific Hospital of Long Beach</td>
<td>387</td>
<td>513</td>
<td>$731,520</td>
</tr>
<tr>
<td>Providence Holy Cross Medical Center</td>
<td>941</td>
<td>1548</td>
<td>$1,898,960</td>
</tr>
<tr>
<td>Queen of Angels / Hollywood Presbyterian Medical Center</td>
<td>717</td>
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<tr>
<td>St. Mary Medical Center</td>
<td>1408</td>
<td>1582</td>
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<td>St. Francis Medical Center</td>
<td>2536</td>
<td>3293</td>
<td>$4,766,160</td>
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<tr>
<td>Torrance Memorial Medical Center</td>
<td>368</td>
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<td>$1,650,880</td>
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<tr>
<td>Valley Presbyterian Hospital</td>
<td>1360</td>
<td>3073</td>
<td>$3,078,800</td>
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<tr>
<td>White Memorial Medical Center</td>
<td>1315</td>
<td>2771</td>
<td>$2,896,800</td>
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</table>

Welcome Baby Strategic Partnership Hospital Letter of Intent
Source: California Department of Public Health, Birthing Data. 2010.

*The estimated budget reflects full implementation and assumes an acceptance rate of 80%.

The contractor will be required to submit a budget and budget justification as well as monthly fiscal invoices. Payments will be made based on actuals submitted through monthly invoices.

**Timeline**
Submission of the LOI for FY2012-2013 is on a rolling deadline (see below). An LOI may be submitted at any time, but will be processed immediately following the subsequent deadline. Upon approval, hospitals will participate in the contract negotiation process with First 5 LA. Hospitals will be able to subcontract with community organizations or entities, if desired, during or after contract negotiations are finalized.

The deadlines for the Letter of Intent in FY 2012-2013 are as follows:
- August 10, 2012
- September 28, 2012
- November 30, 2012
- January 25, 2013
- March 29, 2013
- May 31, 2013

The FY 2012-2013 timeline for LOI submission, contract negotiation, and board approval are outlined in Table 2 below.

**TABLE 2: LOI Deadlines**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Dates</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Sept. 28, 2012</td>
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<tr>
<td></td>
<td>Nov. 30, 2012</td>
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<tr>
<td></td>
<td>Jan. 25, 2013</td>
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<td></td>
<td>Mar. 29, 2013</td>
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<td></td>
<td>May 31, 2013</td>
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<tr>
<td>Application Process completed</td>
<td>Sept.</td>
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<tr>
<td></td>
<td>Oct.</td>
</tr>
<tr>
<td></td>
<td>Dec.</td>
</tr>
<tr>
<td></td>
<td>Feb.</td>
</tr>
<tr>
<td></td>
<td>April</td>
</tr>
<tr>
<td></td>
<td>June</td>
</tr>
<tr>
<td>Contract Negotiations with First 5 LA</td>
<td>Sep.- Oct.</td>
</tr>
<tr>
<td></td>
<td>Nov.- Dec.</td>
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<tr>
<td></td>
<td>Jan.- Feb.</td>
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<tr>
<td></td>
<td>Mar.- April</td>
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<tr>
<td></td>
<td>May- June</td>
</tr>
<tr>
<td></td>
<td>July- Aug.</td>
</tr>
<tr>
<td>Board Approval of Contract</td>
<td>Nov.</td>
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<tr>
<td></td>
<td>Jan.</td>
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<tr>
<td></td>
<td>Mar.</td>
</tr>
<tr>
<td></td>
<td>May</td>
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<tr>
<td></td>
<td>July</td>
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<tr>
<td></td>
<td>Oct.</td>
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<tr>
<td></td>
<td>Feb. 2013</td>
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<tr>
<td></td>
<td>April 2013</td>
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<tr>
<td></td>
<td>June 2013</td>
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<tr>
<td></td>
<td>Aug. 2013</td>
</tr>
<tr>
<td></td>
<td>Nov. 2013</td>
</tr>
</tbody>
</table>

*First 5 LA reserves the right to adjust the schedule at any time as needed.

**Contract Period**
Contracts for each hospital (including scope of work, budget and budget justification) will be approved on an annual or bi-annual basis by the Commission and will cover the costs for personnel and needed materials and supplies to conduct the hospital and pre- and post-natal engagement points.
First 5 LA operates on a fiscal-year zero-based budgeting cycle. Contracts will be renewed on annual basis subject to First 5 LA board approval.

**CONTENT OF THE LETTER OF INTENT (LOI)**

**LOI Online Application**
The LOI Online Application can be accessed at:
http://www.first5la.org/WELCOME-BABY-LOI-APPLICATION

**Cover Letter**
Please send a signed, original cover letter by mail to First 5 LA.

**Proposal Narrative**
Using a maximum of 5 pages double spaced (not including the budget and budget narrative) please describe the following:

- Proposed Welcome Baby implementation approach, including role of key departments and personnel, and intent to partner and work with one or more community-based agencies or entities. If known, identify the community-based agencies or entities and describe their expected role.
- Identify the optimal staffing plan the hospital believes would be necessary to implement this program, as well as the qualifications and skill-set that will be sought if Hospital Liaison staff will be hired.
- Description of history and experience coordinating with any local, community-based organizations or entities.

**Letters of Support**
Include at least three (3) letters of support from key hospital personnel and/or departments and any identified community partners

**Budget and Budget Narrative**
An estimated annual budget was included on page 9, Table 1, for your reference. This budget is reflective of full program implementation with an 80% acceptance rate. This budget amount does not reflect the program’s ramp-up period, including hiring and training of staff. Hospitals must propose a feasible budget demonstrating any needed recruitment and staff training period. For the purpose of this budget for the LOI, applicants may utilize the hospital’s birth rate numbers as indicated in Table 1. The actual contracting amount will be finalized in contract negotiations with First 5 LA based upon updated hospital birthing data. It is expected that the budget for FY 2012-2013 will be significantly less than the amount reflected on page 9 and will demonstrate adequate ramp-up time and an increasing acceptance rate over time. Additional budget instructions can be found on the Welcome Baby Strategic Partnership Hospital Letter of Intent website at http://www.first5la.org/WELCOME-BABY-LOI

**Additional Application Documents**
Please see the Welcome Baby Strategic Partnership Hospital Letter of Intent website for additional instructions and required documents.

Welcome Baby Strategic Partnership Hospital Letter of Intent
CONTRACTUAL CONSIDERATIONS

Specific contractual considerations, including but not limited to the following, apply to RFQ submission process and project implementation and to any contracts that result from the submission and implementation of the project/proposal. The contractor will need to comply will all of the provisions in the attached sample contract (See Sample Contract).

A. Conflict of Interest

The selected Contractor will be required to comply with the COMMISSION's Conflict of Interest provisions, as outlined in the contract, and as applicable under California Law. Contractor acknowledges that he/she/it is acting as public official pursuant to the Contract and shall therefore avoid undertaking any activity or accepting any payment, employment or gift from any third party that could create a legal conflict of interest or the appearance of any such conflict. A conflict of interest exists when one has the opportunity to advance or protect one’s own interest or private interest of others, with whom one has a relationship, in a way that is detrimental to the interest, or potentially harmful for the integrity or fundamental mission of the COMMISSION. Contractor shall maintain the confidentiality of any confidential information obtained from the COMMISSION during the Contract and shall not use such information for personal or commercial gain outside the Contract. By agreeing to the Contract and accepting financial compensation for services rendered hereunder, Contractor agrees that he/she/it will not subsequently solicit or accept employment or compensation under any program, grant or service that results from or arises out of the funded project and related initiative(s). During the term of the Contract and for one year thereafter, Contractor will not knowingly solicit or accept employment and/or compensation from any COMMISSION collaborator or Contractor without the prior written consent of the COMMISSION.

B. Compliance

Current/Former grantees and/or Contractors must be in good standing and in compliance with all aspects of their contract with the COMMISSION in order to be eligible to apply for the current Request for Qualifications (RFQ). The COMMISSION may deem an applicant ineligible if it finds in its reasonable discretion, that applicant has done any of the following, including but not limited to: (1) violated any significant terms or conditions of Grant Agreement/Contract; (2) committed any act or omission which negatively reflects on Applicant’s quality, fitness or capacity to perform services listed in RFQ with the COMMISSION or any other public entity, or engaged in a pattern or practice which negatively reflects on the same; (3) committed an act or offense which indicates a lack of business integrity or business dishonesty; or (4) made or submitted a false claim against the COMMISSION or any other public entity.

C. Contract Information

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1. The COMMISSION may, at its sole discretion, reject any or all submissions in response to this RFQ. The COMMISSION also reserves the right to cancel this RFQ, at its sole discretion, at any time before execution of a contract. The COMMISSION shall not be liable for any costs incurred in connection with the preparation of any submissions in response to this RFQ. Any cover letters, résumés and/or curriculum vita, including attached materials, submitted in response to this RFQ shall become property of the COMMISSION and subject to public disclosure.

2. The agency/organization submitting an application agrees that by submitting an application it authorizes the COMMISSION to verify any or all information and/or references given in the application.

3. The COMMISSION reserves the right, after contract award, to amend the resulting contract, scope of work, and any other exhibits as needed throughout the term of the contract to best meet the needs of the COMMISSION.

4. The COMMISSION reserves the right to request additional financial information to verify applicant’s past and current financial status. This information includes, but is not limited to: the most recent independent audit, Cash Flow Statement, Statement of Activities (Income Statement), and Statement of Financial Position (Balance Sheet).

5. Consistent with the intent of Proposition 10: California Children and Families Act of 1998, no monies for this Project may be used to supplant Federal, State, County and/or other monies available to the organization for any purpose. Activities funded under this proposal must be new or enhancements to existing activities.

6. The award of a contract by the COMMISSION to an individual/agency/organization that proposes to use sub contractors for the performance of work under the contract resulting from this application process shall not be interpreted to limit the COMMISSION’s right to approve subcontractors, assemble teams and/or assign leads. Each applicant will be evaluated independently for added value to the overall team. A copy of executed subcontract(s) related to Program funding must be provided to the COMMISSION.

7. The selected Contractor will be required to sign the contract at least two (2) weeks prior to the intended start date of the contract, as outlined in Terms of Contract/Term of Grant section, to assure the timely completion of the signature process by all parties. If the contract is not signed prior to the intended start date, the commencement of any activities under the Exhibit A – Scope of Work will not begin until the contract execution date (the date all parties have signed the contract) and Contractor will not be eligible to obtain reimbursement for any costs incurred prior to the contract execution date, unless otherwise approved in writing by the COMMISSION. If this Contract is not signed within the thirty-day (30) period from the intended start date, the COMMISSION has the right to
 withdraw the contract award. The COMMISSION reserves the right to revise the effective date prior to final execution of the contract.

The contractor shall not be authorized to deliver or commence performance of services as described in this RFQ until final execution of the contract (contract must be signed by both parties). Final execution of the contract is contingent on First 5 LA’s Board approval of the negotiated scope of work and budget. Any performance of services commenced prior to obtaining all written approvals by First 5 LA shall be considered voluntary.

8. Unless otherwise submitted during the application process, the selected Contractor will be required to submit the required documentation listed on the Contractor Checklist, which includes, but not limited to, the following documents before the Contract can be fully executed:

- Agency Involvement in Litigation and/or Contract Compliance Difficulties Form
- By-laws (if applicable)
- Articles of Incorporation (if applicable)
- Board of Directors or List of Partners (as applicable)
- Signature Authorization Form
- Annual Independent Audit for prior fiscal year or calendar year (if applicable)
- Appropriate business licenses (for vendors or private organizations)
- IRS Letter of Determination (if applicable)
- Completed IRS Form W-9
- Memorandums of Understanding (for any sub-contractors, collaborators, and/or partners listed under Contracted Services and Evaluation sections of Exhibit B – Budget Forms)
- Certificates of Insurance for all insurance requirements outlined in the contract.

9. Per the COMMISSION’s Policy and Guidelines for Hiring Consultants (Section 7), the total composite rate for a Consultant may not exceed $150 an hour. This means that the total cost of billable hours associated with a contract divided by the total number of hours billed must be equal to or less than $150. A blended rate is allowable. For example, for a contract totaling $150,000, a consultant may bill 500 hours for Consultant A at $200/hour, and 500 hours for Consultant B at $100/hour, with a total composite rate of $150/hour (1,000 total hours divided by $150,000 in billable hours = $150/hour).

10. The selected contractor/s will be required to adhere to all contractual obligations as outlined in this document, including the First 5 LA Contract (See Sample Contract). The selected applicant shall be expected to execute the contract without substantive alteration. If applicant cannot accept the terms of the contract without substantive alterations, the applicant should refrain from applying. It is imperative that all applicants review the contract language in detail and fully understand contractual obligations should they be selected.
I. APPEALS POLICY

First 5 LA reserves the right, without prejudice, to reject any or all submitted applications. An Appeal shall be permitted only on the grounds that the decision violated applicable law, First 5 LA policies and procedures, or the terms of the bid, RFP or RFQ. Appeals challenging First 5 LA’s decision on the merits or qualifications of bidders or proposers or the scoring of proposals shall not be permitted. An appeal of a First 5 LA decision shall be in writing and filed with the office of the CEO within ten (10) business days following the date the notification of decision is made by First 5 LA. For more information, please see First 5 LA’s Appeals Policy.
Appendix A

Welcome Baby Program Activities
This section provides a description of the nine Welcome Baby engagement points and an overview of the activities that are expected to occur during the engagement points. A family’s scope of participation in Welcome Baby will be determined by their place of residence and the results of their risk screening at the hospital visit. Women living within a Best Start community will be eligible for up to nine engagement points, beginning prenatally. Women living outside a Best Start community will be eligible for the hospital visit and up to three additional postpartum home visits, if needed.

Engagement Point One (Prenatal Home Visit): up to 27 weeks
The prenatal period is an optimal time to connect with expectant parents and engage families in a receptive, calm, supportive environment. Research shows that expectant parents are highly motivated to plan and prepare for the arrival of their newborn. During this first prenatal visits, Welcome Baby staff will provide expectant parents with the Kit for New Parents, assess their strengths and needs, and outline areas that will support parents seeking information and community based resources.

Patients can be recruited at the prenatal clinic, but this prenatal visit occurs in the home. It is a time for the Welcome Baby staff to provide encouragement to expectant parents, recognize and build upon families’ strengths, begin to build a trusting relationship with families, and make connections that are culturally relevant.

The encounter is expected to include:

- An introduction to the Welcome Baby program
- An introduction of First 5 California’s Kit for New Parents
- Breastfeeding education and resources for breastfeeding classes
- An overview of the PHQ-2 questionnaire for depression screening
- Receipt of a consent for services, including:
  - Enrollment in the Welcome Baby program
  - Permission to have access to specific medical and social data
  - Permission to make referrals to outside agencies

Prenatal visits will build on services currently in place within the prenatal setting.

Engagement Point Two (Prenatal Telephone Call): 20-32 weeks
Patients who enroll during their first trimester will be eligible to receive a prenatal telephone call. This brief telephone assessment will be an opportunity to reconnect with patients and assess their overall well-being. During the call, patients will be asked basic questions related to prenatal testing, infant feeding plan and support, health care coverage, social support, and depression. This will also be a time when staff can answer any questions the mom may have and make or follow-up on additional referrals to community-based resources.

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Engagement Point Three (Prenatal Home Visit): 28-38 weeks
This engagement point provides the opportunity to engage the majority of families in preparation for their newborn. For clients already enrolled, this second prenatal visit provides the opportunity to reinforce breastfeeding and child birth preparation and education, review the signs and symptoms of preterm labor, review the Kit for New Parents, screen for depression, and introduce some home safety planning. For those not enrolled during the first prenatal visit, this visit will provide parents another opportunity to enroll in Welcome Baby and receive the information discussed above. This visit will provide parents with the time needed to address parent questions about preparing for their newborn and enrolling their newborn for insurance. During this visit, parents will be reminded to identify and interview a pediatrician for their baby if they had not done so and will be assisted in developing an action plan for the first weeks following birth.

Hospital Visit: (at the hospital following delivery)
An onsite hospital liaison, trained to be part of the Welcome Baby program and in lactation education, will provide an introduction to the Welcome Baby program and describe the opportunities and services. Non-Best Start families will be approached at the hospital and a screening will be completed as part of the Universal Assessment.

This encounter is expected to introduce or reinforce the following:
- Resources and information in the Kit for New Parents
- Reassurance and encouragement with lactation initiation
- Parent-infant interaction
- Universal Screening
- Referrals for high-risk intervention, if needed
- Information on insurance enrollment for the newborn
- Information on in home and provider-based post-partum follow-up for mother and infant
- Completion of the Bridges for Newborns Screening Tool

All mothers delivering at participating hospitals will be offered the hospital visit and receive the universal screening. The risk screening will identify families needing additional support. Best Start families needing more focused support will receive a referral to a more intensive, Select Home Visitation Program which will be offered in participating Best Start communities through First 5 LA support. Women living outside a Best Start community will receive up to three additional Welcome Baby postpartum home visits, if needed.

Engagement Point Five: (Nurse home visit within 3-7 days post-hospital discharge)
This visit will be conducted within 3-7 days post-discharge and can be offered to both mothers who are discharged with their newborn as well as to mothers whose newborn is still hospitalized. For infants placed in the Neonatal Intensive Care Unit (NICU) following their birth, the Welcome Baby Nurse will visit the family twice – once in the hospital within a week of birth and once in the home after the baby has been discharged from the hospital.
This is a critical time for both mother and baby and care must be provided in a compassionate, non-judgmental, culturally competent manner. The time spent with a first-time parent may be up to two hours, while the time spent with families that have other children may be about one hour. A registered nurse is expected to complete this crucial visit with families. During this visit, the Welcome Baby nurse will complete the following:

- Observe and evaluate breastfeeding, provide consultation and encouragement
- Work with the family to ensure safety and security of the new mother and infant
- Provide encouragement and reassurance to family members as they assume their new roles of parent
- Discuss infant behavioral cues, sleep position, safety, and parent’s concerns
- Provide a PHQ-2 screen for depression
- Assess the infant’s general health, hydration, and degree of jaundice
- Observe parent-infant interaction and infant behavior
- Observe or discuss parents’ interaction with each other since bringing baby home
- Remind parents of scheduling appointments with the baby’s pediatrician
- Remind mother of making the appointment for and the importance of her postpartum visit
- Observe maternal postpartum recovery, resumption of sexual relations, and family planning
- Provide parents with information about additional community-based resources

**Engagement Point Six (2-4 weeks postpartum home visit)**

During this visit, the Welcome Baby staff will provide parents with additional information and support as they grow into their new role of parents. It is expected that the home visitation staff engaging families at this time will review the following:

- Mother-child attachment and interaction
- Breastfeeding and nutrition
- Well-child visits and immunization schedules
- Developmental milestones and how to read baby’s cues
- How to use a developmental screening tool like the Ages and Stages Questionnaire
- Home safety tips
- Postpartum depression screening
- Early learning and emerging early literacy skills
- How to access health, developmental, and behavioral resources available in the community

**Engagement Point Seven: (2 months postpartum telephone call)**

This brief telephone assessment will be an opportunity to reconnect with parents and assess the overall well-being of baby and family. During the call, families will be asked basic questions related to fatigue, nutrition, social supports, and physical health.

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recovery. Welcome Baby staff will ask about the success of breastfeeding and whether or not the baby received his or her well child visit. This will also be a time when staff can answer any questions the mom may have and make or follow-up on additional referrals to community-based resources.

Engagement Point Eight: (3-4 months postpartum home visit)
This visit will continue to reinforce the messages delivered to parents in earlier meetings, especially in relation to understanding their baby’s developmental milestones. It will also be an opportunity to ensure that families have been successfully linked to the services or supports provided during the previous visits. For those families that live in the geographic area of a Best Start LA demonstration community, this visit will act as another opportunity to connect families to their community.

Engagement Point Nine: (9 months postpartum home visit)
This visit will continue to reinforce the messages delivered to parents in earlier meetings, especially in relation to understanding their baby’s developmental milestones. A thorough review of a developmental screen utilizing Ages and Stages will be provided at this time. As was done in Home Visit Three, Welcome Baby staff will have an opportunity to ensure that families have been successfully linked to the services or supports provided during the previous visits.