First 5 LA Welcome Baby Provider Pool Request for Qualifications (RFQ)

Los Angeles County Children and Families First – Proposition 10 Commission (aka First 5 LA)

RELEASE DATE: March 29, 2013
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### I. TIMELINE FOR SELECTION PROCESS

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<thead>
<tr>
<th>ACTIVITY</th>
<th>DATE</th>
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<tr>
<td>Welcome Baby Provider Pool RFQ Released</td>
<td>March 29, 2013</td>
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<tr>
<td>Information Session:</td>
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<td>RSVP required by 5:00 p.m. on April 5, 2013 to</td>
<td>April 9, 2013</td>
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<tr>
<td><a href="mailto:dcareaga@first5la.org">dcareaga@first5la.org</a>. Session will be held at First 5 LA.</td>
<td>2:00pm-3:30pm PST</td>
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<tr>
<td>Application Deadline for Provider Pool</td>
<td>At any time before June 21, 2013 By 5:00 pm PST</td>
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<td>Note: A response may be submitted at any time on or before June 21, 2013, and will be reviewed within three weeks of submission. The final deadline is June 21, 2013.</td>
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<tr>
<td>Application Review</td>
<td>Within three weeks of submission</td>
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<tr>
<td>Applicants Notified of acceptance into Welcome Baby Provider Pool</td>
<td>Within three weeks of submission</td>
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*Dates listed in timeline are subject to change at First 5 LA’s sole discretion.

All questions and requests for additional information regarding this RFQ must be received in writing by First 5 LA. To ensure that all potential applicants receive the same information, questions and answers will be compiled and posted on the Funding Center’s website. First 5 LA reserves the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions, information requests, and RSVP’s to the Information Session must be submitted to:

Diana Careaga, M.P.H., Program Officer  
First 5 LA Program Development Department  
750 N. Alameda Street, Suite 300  
Los Angeles, CA 90012  
Phone: 213.482.7552  
E-mail: dcareaga@first5la.org
II. BACKGROUND

First 5 LA — “Champions for Our Children”

In 1998, California voters passed Proposition 10, which levied a 50-cent per pack tax on all tobacco products. The resulting tax revenues were earmarked for the creation of a comprehensive system of information and services to advance early childhood development and school readiness within each county in California. In Los Angeles County, the First 5 LA Commission was formed as a public entity to develop and oversee various early childhood initiatives and to manage the funding from Proposition 10. Since 1998, First 5 LA has invested more than $1 billion to support programs, initiatives, research, partnerships, public education and other endeavors in all four of its goal areas:

- Children are born healthy
- Children maintain a healthy weight
- Children are safe from abuse and neglect
- Children are ready for kindergarten

The First 5 LA FY 2009-2015 Strategic Plan

In 2009, First 5 LA’s Board of Commissioners adopted a new strategic plan to guide its investments through June 2015. The plan, *Strengthening Families and Communities in L.A. County*, marked a significant evolution in First 5 LA’s approach to grantmaking. In addition to a countywide approach that focuses on policy change, public education, workforce development and other strategies, the strategic plan also commits a sizeable portion of funds to improve the well-being of children in specific geographic communities.

The Commission selected 14 Best Start communities based on lessons learned from First 5 LA’s first decade and research, which shows the influential role of safe and supportive neighborhoods in a young child’s quality of life.

This combined place-based and countywide approach is intended to concentrate First 5 LA’s limited resources in areas of high need and to support the sustainability of those efforts over time. The strategic plan will allow First 5 LA to continue focusing on strengthening families while deepening our commitment to fostering a community’s ability to create and sustain safe and nurturing places for children to grow.

Figure 1: First 5 LA Prioritized Pathway

The strategic plan identified a pathway for First 5 LA investments that leads to our desired outcomes for children, families and communities in our four goal areas.
The Place-Based Approach, Best Start

First 5 LA’s place-based approach focuses on the places where families live — combining strategies to strengthen families with those that build community capacity to create and sustain thriving and healthy environments for all children. The research and promising practices emerging from decades of place-based efforts make a strong case for First 5 LA’s shifting a significant amount of resources to this funding strategy. The place-based approach allows First 5 LA to focus on families most in need, creating a seamless pipeline to effectively serve families along the continuum of a child’s development. This approach also creates unique partnerships with families, community residents and other funders, resulting in a better measure of our impact.

Parents, civic and business leaders, members of the clergy, representatives from community-based organizations and others are working together to develop partnerships within each of the 14 communities. The expectation is that each

community partnership will submit proposals to the First 5 LA commissioners for future investments that target community-identified priorities that will help advance Best Start’s primary goals that children in each community grow up safe, healthy and ready to learn.

To learn more about Best Start, visit www.beststartla.org.

**Countywide Approach**
The strategic plan recognizes the critical role of strong, coordinated and responsive systems in supporting families and improving outcomes for children prenatal through age 5. These systems include the actual structures through which health and human services are provided in L.A. County, as well as less formalized systems. By focusing on countywide systems improvement and change, countywide investments can have an impact beyond the children in the 14 Best Start communities. At the same time, this approach will help improve the sustainability of the place-based approach and outcomes. First 5 LA understands that enduring systems changes are most successful when they are informed by — and grow out of — community-based experience and concrete evidence regarding models that strengthen families and improve outcomes for children, such as those we will be supporting in the Best Start communities.

The countywide approach is a comprehensive effort through a variety of programs, strategies and initiatives. The strategic plan incorporates seven specific countywide strategies, including public policy, public education, resource mobilization, workforce development, data systems integration and health access. In addition, First 5 LA is supporting an array of countywide investments in areas such as universal screening and assessment of newborns, early care and education workforce development, nutrition and physical activity programs for families and in child care facilities, and parental support projects. In addition, among other strategies, First 5 LA continues to strive for increased access to health care and insurance for pregnant women, children and their families; provide telephonic or online and printed resource directories for families and support and enhance the impact of our investments with effective, strategic partnerships and leveraging social and financial capital via our newly-developed Community Investments Department.

**III. WELCOME BABY PROVIDER POOL RFQ**
First 5 LA seeks applicants interested in implementing Welcome Baby to be included in the Welcome Baby Provider Pool. To that end, applicants with the experience and capacity to support and implement programs with home visitation services as the centerpiece are desired.

Hospitals will serve as the fiscal agent for the Welcome Baby program and may choose to partner with one or more community-based organizations or entities to manage and implement the prenatal and postpartum Welcome Baby engagements. Community-based organizations or entities interested in supporting implementation
of Welcome Baby must establish a Memorandum of Understanding (MOU) with one of these participating hospitals. Hospitals will be able to subcontract with one or more community organizations or entities, if desired, after their contract negotiations with First 5 LA are finalized. 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 organizations, if applicable. Hospitals are not required to partner with any particular organization or entity, including those in the Welcome Baby Provider Pool. However, First 5 LA will provide interested hospitals with a list of community-based organizations and entities that are part of the Welcome Baby Provider Pool. Members of the Pool will have undergone a review process to assess and ensure they have the programmatic capacities and/or abilities to successfully implement Welcome Baby.

**Overview of the Family Strengthening Strategies**

Providing families access to high quality interventions is an essential component to improving child and family outcomes. To that end, First 5 LA’s strategic plan calls for a continuum of direct services that begin at pregnancy and continue through the child’s first five years for the purpose of strengthening families and maximizing child development. The strategic plan’s place-based approach therefore includes the Family Strengthening strategies. These strategies are designed to impact the most fundamental influence on the lives of young children: their families. Stable, safe and reliable relationships with adults and caregivers are a critical factor in children’s optimal development and well-being. These strategies present a valuable opportunity to build relationships and trust with families so that parents have the opportunity to receive relevant information about their role as the primary caregiver in their children’s lives and connect to other services available to them in their community. The family strengthening strategies consist of services to be provided directly to families with home visitation as a centerpiece for the provision of parent engagement, education, and support. These strategies consist of the Welcome Baby and Select Home Visitation Programs.

In order to support the efforts of Welcome Baby and Select Home Visitation Program providers, First 5 LA released an RFQ to select a Family Strengthening Oversight Entity. The Oversight Entity will coordinate the training required for all Welcome Baby providers, ensure standardization of Welcome Baby across all communities, and work with Welcome Baby and Select Home Visitation Program providers to assist in the development of appropriate service referral pathways, support proper data collection, provide technical support for database use, and coordinate quarterly cross-community peer exchange opportunities.

Welcome Baby and Select Home Visitation Program providers will be expected to collaborate together to develop and implement referral pathways to best meet the needs of families. This includes referrals for families identified by the Bridges for Newborns tool during the Welcome Baby hospital visit, which will identify families who need more focused support and will trigger a referral to the Select Home
Visitation Program provider for Best Start families. Families may also be referred to other local, home visitation or direct service providers as needed. The Los Angeles County Department of Public Health is also in the process of developing a Prenatal and Early Childhood Home Visitation Consortium (Consortium) to further countywide efforts to improve the efficiency of service delivery for families. This Consortium aims to work collaboratively with key stakeholders supporting home visitation efforts to develop policy that instills high quality practice standards and coordinates referral processes among existing and new perinatal in-home support programs. The development of the referral pathway will be informed and supported by the Oversight Entity, First 5 LA, and the Consortium. First 5 LA is also funding and overseeing a Home Visitation Database to support data collection and coordination efforts across Welcome Baby and Select Home Visitation provider sites. It is intended that the First 5 LA Home Visitation Database will also help facilitate the enactment of the referral process. First 5 LA will release a RFQ to procure agencies interested in implementing a Select Home Visitation program in the future.

IV. WELCOME BABY PROGRAM OVERVIEW

The following sections will describe the Welcome Baby program, including the engagement points, required program components, and desired qualifications and expertise desired for those in the Welcome Baby Provider Pool. This section will also describe the role of participating hospitals.

The Family Strengthening strategy begins with engaging families through a program known as Welcome Baby. Welcome Baby is a universal home visitation program for mothers regardless of income, challenges or risk factors. Welcome Baby is designed to serve as an outreach to families at strategic points in time during pregnancy, birth, and postnatally. Welcome Baby provides primary health promotion information and parenting education, and invites and welcomes families into an array of services and supports in their community. In addition, families receive helpful information and support during each visit on topics such as breastfeeding, home safety, the importance of establishing a medical home, well-child visits and immunizations, family planning, smoking cessation, crying patterns, parent-to-child temperament, and post-partum depression.

First 5 LA’s strategic plan also includes a systematic and universal strategy countywide to support all new parents at the birth of their child. This strategy includes the application of a universal screening to be conducted with all parents upon the birth of their newborns at eligible and participating hospitals. The universal screening tool, Bridges for Newborns is used to identify families’ risk of experiencing poor child outcome and is part of the Welcome Baby hospital visit. Families identified as needing more support and services through the universal screening at the hospital visit will receive additional home visits.

Welcome Baby begins with prenatal visits to help ensure relationships are built early on and to provide educational messages and support at a time when parents
are more receptive and open to receiving this information. Effective outreach efforts to recruit 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 community clinics and private doctors.

All mothers delivering at participating hospitals are eligible to receive the Welcome Baby hospital visit. The hospital visit includes a risk screening using the Bridges for Newborns Screening Tool. 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 community-based services and has been found to successfully measure a family’s level of risk for poor child and family outcomes in the areas of physical and behavioral health and child welfare. 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.

Families residing within and out of the Best Start Communities will benefit in different ways from Welcome Baby. Families residing within a Best Start Community will be eligible for up to nine Welcome Baby engagement points: three prenatal, one at the hospital, and five after the baby’s birth. Although it is anticipated that Welcome Baby will be sufficient to support the majority of pregnant women and new parents in these communities, a significant proportion of parents (perhaps 30% or more of those assessed) will need more intensive support. These families will be eligible to be referred to the Select Home Visitation Program in their Best Start Community. Families living outside a Best Start Community are eligible to receive the hospital visit and up to three postpartum engagements (please refer to Diagram 1 below for the Welcome Baby client flow).

Diagram 1: Welcome Baby Client Flow

Families residing within a Best Start Community are eligible for Prenatal Visits

Welcome Baby Hospital Visit
(All Mothers Delivering at Hospital are Eligible)
- Complete Bridges for Newborns Screening Tool

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

The following is a list of outcomes that are expected to occur as a result of home visitors’ engagements with families through Welcome Baby. Measuring and tracking data at each family encounter allows for direct evaluation of these outcomes. These outcomes reflect the types of improvements the home visitation strategy is expected to produce in the lives of the families and children they serve:

- Increased breastfeeding; specifically,
  o Increased initiation, duration and exclusivity of breastfeeding
  o Improved parent knowledge of nutrition
- Improved families’ receipt of appropriate health and developmental care; as reflected by:
  o Increased numbers of families with a medical home
  o Higher immunization rates
  o Greater number of families with health insurance coverage
  o Increased number of mothers screened for post-partum depression
  o Increased numbers of parents administering high quality developmental screens
- Improved families’ connections to supports, resources, and services in their community, resulting in:
  o 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.
First 5 LA has had a Welcome Baby pilot program in the Best Start Metro LA Community since 2009. The pilot program is implemented by California Hospital Medical Center in partnership with Maternal Child Health Access, a community-based organization. Serving over 3,500 women to date, the pilot has strengthened the Welcome Baby program model and demonstrated positive outcomes on parents and children served. Additional information on the Welcome Baby program can be viewed at http://www.first5la.org/Welcome-Baby.

**Strategic Partnerships with Hospitals to Implement Welcome Baby**

In order to build upon and leverage existing investments for the initial expansion of Welcome Baby, First 5 LA identified 24 specific hospitals across Los Angeles County that are eligible to enter into a strategic partnership with First 5 LA in a non-competitive process. These hospitals deliver the majority of births within and around First 5 LA’s Best Start Communities, serving 80% of births\(^3\) across the fourteen Best Start Communities and approximately half of all births countywide. Please see Appendix A for a complete list of eligible hospitals.

First 5 LA will provide interested hospitals with a list of community-based agencies and entities that are part of the Welcome Baby Provider Pool. Members of the Pool will have undergone a review process to assess and ensure they have the fiscal and programmatic capacities and/or abilities to successfully implement Welcome Baby. Hospitals will serve as the fiscal agent for all Welcome Baby programs. Hospitals may choose to partner with one or more community-based agencies or entities to manage and implement the prenatal and postpartum Welcome Baby engagements. Interested community-based organizations or entities must establish a Memorandum of Understanding (MOU) with one of these participating hospitals. Hospitals will be able to subcontract with one or more community organizations or entities, if desired, after contract negotiations with First 5 LA are finalized. 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 are not required to partner with any particular organization or entity, including those in the Welcome Baby Provider Pool.

The Welcome Baby program is a standardized program that includes established protocols and procedures. Each engagement has a specific set of core objectives and proposed activities. All Welcome Baby providers, including hospitals, community-based organizations and entities, must follow established procedures. The Welcome Baby training, which is required for all Welcome Baby providers, includes didactic, hands-on training and takes a minimum of 170 hours.

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\(^3\) California Department of Public Health, Birthing Data. 2010.
Welcome Baby Engagement Points

This section provides an overview of the activities that are expected to occur during each engagement between a Welcome Baby program staff and parents. Diagram 2 below provides a visual of the engagement points.

Diagram 2: Welcome Baby Engagement Points

Engagement Point One (Prenatal Home Visit): up to 27 weeks of pregnancy
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 visit, Welcome Baby staff will provide expectant parents with the First 5 California Kit for New Parents, assess their strengths and needs, and outline areas that will support parents seeking information and community based resources.

Parents 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 the Kit for New Parents
- Breastfeeding education and resources for breastfeeding classes
- An overview of the Patient Health Questionnaire (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 of pregnancy**

Mothers 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, mothers 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.

**Engagement Point Three (Prenatal Home Visit): 28-38 weeks of pregnancy**

This engagement prepares parents for their newborn. For mothers 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 mothers who did not receive the first engagement point (before 27 weeks of pregnancy), this visit provide another opportunity to enroll in Welcome Baby and receive the information discussed above. This visit will provide 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 if necessary, describe the opportunities and services. Non-Best Start families will be approached for the first time at the hospital and a risk screening using the Bridges for Newborns tool 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
- Provide referrals, as 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 Risk Screening Tool

All mothers delivering at participating Welcome Baby hospitals will be offered the hospital visit and receive the Bridges for Newborns risk screening. The risk screening will identify families needing additional support. Best Start families needing more 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. Families living outside Best Start communities 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 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:

- 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 and discuss safe and healthy 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 as parents. It is expected that the Welcome Baby 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, mothers will be asked basic questions related to fatigue, nutrition, social supports, and physical 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 parents have been successfully linked to the services or supports provided during the previous visits. For those parents that live in the geographic area of a Best Start community, this visit will act as another opportunity to connect families to services and supports in their neighborhoods.

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 the Ages and Stages Developmental Screen will be provided at this time. Welcome Baby staff will have an opportunity to ensure that parents have been successfully linked to the services or supports provided during the previous visits.

Welcome Baby Program Personnel
It is expected that hospitals will likely employ the hospital staff, known as Hospital Liaisons, and the community-based organizations or entities will employ the Project Director, Clinical Supervisor, Parent Coaches, Welcome Baby Nurses, and other program support staff. First 5 LA recognizes that participating hospitals and community-based organizations or entities may have additional suggestions about the staffing needed or the qualifications and skill-set required, however, it is required that all Welcome Baby programs hire the key positions identified above to implement the program as designed and to fidelity. The Welcome Baby program is also not a medical intervention nor intended to provide medical advice, and as such program personnel cannot include physicians or additional medical staff as personnel or consultants for program staff.
First 5 LA expects applicants to employ high-quality staff that have experience and are willing to be further trained in engaging and building relationships with families of young children. First 5 LA also expects that this staff will be culturally sensitive and knowledgeable of the parents who will be served. The number of staff needed by each organization will depend on the number of families to be served from participating hospitals. First 5 LA expects that it may take more than one organization or entity per participating hospital to provide services to all eligible families. The following section outlines key personnel Welcome Baby providers are required to hire to provide families the prenatal, hospital, and postpartum engagements. It also provides key assumptions to help applicants assess the needed staffing size and important qualifications First 5 LA recommends be considered when employing staff to support Welcome Baby. Ideal staff for Welcome Baby should already possess these skills or have the capacity and willingness to be trained in the areas described below. All staff working directly with clients are required to be either certified lactation educators (CLE) or certified lactation counselors (CLC) at a minimum, but may be certified lactation consultants (CLC) or international board certified lactation consultants (IBCLC/RLC). This training can be provided after hiring, if necessary. It is ideal that where applicable, home visitation staff be bilingual with the ability to communicate in the language(s) represented in the community to be served. A description of key responsibilities for key personnel can be found in Appendix B.

**Welcome Baby Program Management Staff**

- **Project Director** (suggested qualifications include: B.A. or Masters level in Public Health, Public Administration or Early Childhood Development with experience in program implementation, home visitation programs, and knowledge of maternal child health). The Director has the overall responsibility for the implementation of the Welcome Baby program. The Program Director must work effectively as part of a multidisciplinary team that includes the hospital, other Welcome Baby sites in their community, Best Start Community Partnership, First 5 LA, and Home Visitation Oversight Entity.

- **Clinical Supervisor** (suggested qualifications include: Registered Nurse, Licensed Clinical Social Worker, or Licensed Developmental Psychologist). The Clinical Supervisor will be responsible for day-to-day oversight of Welcome Baby home visitation staff. They will oversee Parent Coach Team Supervisors and Registered Nurses (RNs) and ensure staff are properly trained, receive reflective supervision, and provide empathetic and client-centered services for clients. The Clinical Supervisor will work closely with the Project Director and Data and Evaluation Manager to monitor progress in achieving program goals and objectives. It is expected that the Clinical Supervisor would be hired by the community-based partner or entity.

- **Data and Evaluation Manager** (suggested qualifications include B.A. or Masters level in Public Health, Public Administration or related field, with
experience in program evaluation and data management). The Data and Evaluation Manager assists the Program Director with program implementation and evaluation activities related to ensuring delivery of quality services and achievement of program goals. The Data and Evaluation Manager also works closely with the Program Director and Clinical Supervisor to develop and implement systems for program management, monitoring, quality assurance and reporting of outcome measures. The Data and Evaluation Manager will trouble-shoot data system problems and barriers to accurate program evaluation on an on-going basis, as well as implement data quality assessment procedures to review data validity and implement quality assurance tools. It is expected that the Data and Evaluation Manager would be hired by the community-based partner or entity.

- **Outreach Specialist** (suggested qualifications include: Bachelor’s degree in child development, social work, psychology, human development, or a related field or Child Development Associate (CDA) certification preferred). The Outreach Specialist will conduct community outreach at health centers, provider offices and other social service sites aimed at recruiting and enrolling eligible clients into the Welcome Baby program. The Outreach Specialist will also be responsible for developing relationships with key community contacts, maintaining prenatal outreach logs, following up with potential clients, and conducting client intakes. The Outreach Specialist will work closely with the Program Director, Clinical Supervisor, and other team members to provide input into the program documentation, training, procedures and overall structure of the program.

**Welcome Baby Home Visitation Staff**
- **Parent Coaches** (suggested qualifications include: Bachelor’s degree in child development, social work, psychology, human development or related field, Child Development Associate (CDA) and experience in providing home visitation services, or community health worker/promotora). These Parent Coaches will conduct the prenatal and postpartum visits in the home and over the phone. Parent Coaches are responsible for supporting families, conducting assessments and providing parent education in the areas of prenatal and postnatal care, breastfeeding, parent-infant attachment, child development, home safety and other maternal and child health related topics. They will also help identify client strengths, needs, barriers and risks and provide community resources for those needs and provide and model empathetic support and feedback when working with new moms, babies and family members. It is expected that Parent Coaches would be hired by the community-based partner or entity.

- **Hospital Liaisons** (suggested qualifications include: Bachelor’s degree in child development, social work, psychology human development or related field, or Medical Assistant certification and previous work experience in
maternal and newborn health services preferred). It is expected that most hospitals will elect to hire Hospital Liaisons as hospital staff. Participating 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. Hospital Liaisons will be based in the hospital, engage families after delivery, and enroll new families into the program. They will then have to inform any organizations or entities the hospital may have partnered with of the new families information so home visits can be scheduled.

- **Registered Nurses (RNs).** Welcome Baby Nurses will be responsible for visiting families at that critical first home visit after discharge from the hospital. The Welcome Baby Nurse is responsible for supporting families, conducting maternal and newborn assessments and providing parent education in the areas of postnatal care, breastfeeding, parent-infant attachment, home safety and other maternal and child health related topics. They will also help identify client strengths, needs, barriers and risks and provide community resources for those needs and provide and model empathetic support and feedback when working with new moms, babies and family members.

Table 1 below indicates the number of families eligible for Welcome Baby by targeted hospital based upon 2010 Los Angeles County birthing data and the number of teams needed by community-based organizations or entities to support the prenatal and postpartum engagements. A team is defined as including one Parent Coach Supervisor; 3 Parent Coaches, and 1 welcome Baby Nurse. Team sizes will be finalized in collaboration between the hospital, organizations or entities serving as partners, and First 5 LA.

Applicants to this pool should identify the optimal staffing plan the organization or entity believes would be necessary to implement this program to fidelity as well as the qualifications and skill-set that will be sought by the organization or entity as it recruits Welcome Baby staff. Applicants should also identify the eligible hospital they would partner with to support implementation of Welcome Baby, and the Best Start Community(ies) and/or communities they serve with families that deliver at the eligible hospital. It is expected that hospitals and organizations will hire staff on a staggered basis over time in order to take into account the start-up period, which includes training and testing of protocols. This will allow hospitals and partners to more accurately assess staffing needs and refine protocols and procedures in a cost-effective manner. Organizations may identify additional administrative support not identified above.
TABLE 1: Birthing Population and Estimated Team Size by Hospital

<table>
<thead>
<tr>
<th>Targeted Hospital</th>
<th>Total Number of Hospital Births (eligible for hospital visit)</th>
<th>Births to Best Start Families: (eligible for prenatal/postpartum engagement points)</th>
<th>Births to Non-Best Start Families: (eligible for hospital visit and up to 3 postpartum engagement points)</th>
<th>Estimated Number of Teams Needed for Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antelope Valley Hospital</td>
<td>4743</td>
<td>3386</td>
<td>1357</td>
<td>3</td>
</tr>
<tr>
<td>Beverly Hospital</td>
<td>1060</td>
<td>290</td>
<td>770</td>
<td>0.5</td>
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<tr>
<td>Centinela Memorial Medical Center</td>
<td>2038</td>
<td>437</td>
<td>1601</td>
<td>1</td>
</tr>
<tr>
<td>Citrus Valley Medical Center-Queen of Valley Campus</td>
<td>4190</td>
<td>407</td>
<td>3783</td>
<td>2</td>
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<tr>
<td>Garfield Medical Center</td>
<td>3308</td>
<td>912</td>
<td>2396</td>
<td>1.5</td>
</tr>
<tr>
<td>Good Samaritan Hospital</td>
<td>4462</td>
<td>728</td>
<td>3734</td>
<td>2</td>
</tr>
<tr>
<td>Greater El Monte Community Hospital</td>
<td>540</td>
<td>152</td>
<td>388</td>
<td>0.5</td>
</tr>
<tr>
<td>Kaiser Hospital: Baldwin Park</td>
<td>2422</td>
<td>162</td>
<td>2260</td>
<td>2</td>
</tr>
<tr>
<td>Kaiser Hospital: Panorama City</td>
<td>1931</td>
<td>463</td>
<td>1468</td>
<td>1</td>
</tr>
<tr>
<td>Kaiser Hospital: South Bay</td>
<td>1823</td>
<td>426</td>
<td>1397</td>
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<tr>
<td>Little Company of Mary- San Pedro Hospital</td>
<td>781</td>
<td>166</td>
<td>615</td>
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<td>Memorial Hospital of Gardena</td>
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<td>409</td>
<td>990</td>
<td>1</td>
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<tr>
<td>Monterey Park Hospital</td>
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<tr>
<td>Northridge Hospital Medical Center</td>
<td>2364</td>
<td>398</td>
<td>1966</td>
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<td>Pacific Alliance Medical Center</td>
<td>2016</td>
<td>560</td>
<td>1456</td>
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</tr>
<tr>
<td>Pacific Hospital of Long Beach</td>
<td>900</td>
<td>387</td>
<td>513</td>
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<td>Providence Holy Cross Medical Center</td>
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<td>941</td>
<td>1548</td>
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<tr>
<td>Queen of Angels / Hollywood Presbyterian Medical Center</td>
<td>4525</td>
<td>717</td>
<td>3808</td>
<td>0.5</td>
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<tr>
<td>St. Mary Medical Center</td>
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<td>Torrance Memorial Medical Center</td>
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<td>Valley Presbyterian Hospital</td>
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<td>White Memorial Medical Center</td>
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<td>1315</td>
<td>2771</td>
<td>2</td>
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</tbody>
</table>

Source: California Department of Public Health, Birthing Data. 2010.

*Team (FTE) = 1 Parent Coach Supervisor, 3 Parent Coaches, and 1 Welcome Baby Nurse. *Half Team (0.5-1 FTE) = 1 Parent Coach Supervisor, 1 Parent Coach, and 1 Welcome Baby Nurse.
V. WELCOME BABY PROVIDER POOL: ELIGIBILITY

The success of the Welcome Baby Program depends on the organizational capacity of the applicants to deliver the expected home visitation services and the applicant’s ability to manage the program. At a minimum, applicants must meet or possess the following eligibility requirements:

- Organization or entity can be a nonprofit organization with tax-exempt status under Section 501(c)(3) of the Internal Revenue Code or a for-profit organization; and
- Must have an established presence and/or office in LA County.

VI. WELCOME BABY PROVIDER POOL: DESIRED QUALIFICATIONS

Applicants must have the qualifications, experience, and ability to successfully implement Welcome Baby. As such, First 5 LA expects the applicant to have the following qualifications:

- Experience in:
  - Implementing programs that require adherence to specific protocols and service components;
  - Providing reflective supervision of home visitation program staff and providing client-centered services;
- Ability to:
  - Recruit and retain culturally and linguistically appropriate and accessible staff for children and families;
  - Ensure all staff will successfully complete all training required by First 5 LA;
  - Work in partnership with First 5 LA and the Oversight Entity;
  - Coordinate with the Oversight Entity to ensure staff participate in appropriate activities, including staff development, technical assistance and cross-site learning opportunities;
  - Collaborate with the Oversight Entity, participating hospitals and other community-based organizations, First 5 LA and the Prenatal and Early Childhood Home Visitation Consortium to develop and utilize a referral pathway to best meet the needs of families;
  - Support families in accessing a network of formal and informal services and supports available in their own communities in order to reduce social isolation and help families build their own support networks;
  - Share information, particularly with regard to sharing the results of screening and assessment and referring families to other agencies;
- History of serving families prenatally, at birth, and/or with children 0-5;
- Record of providing direct home visitation services and support to families and new parents within the Best Start Community to be served;
• Capacity and willingness to work with other partners selected to provide services to families within the Best Start Community;
• Agreement to comply with all reporting requirements as outlined below:
  o Maintain program records, monitoring and reporting program progress and results, and conducting program evaluation;
  o Maintain an interactive web-based data system and consistently enter client information and data on a regular basis. As such, agencies will be required to have the following technological capabilities in order to support the data system:
    • Hardware: Intel or AMD dual core processor or better with 2GB RAM or better
    • Operating System: Windows Vista or later
    • Internet Connection: Broadband recommended
    • Browser: Internet Explorer 7.0 or later, Mozilla Firefox 12 or later recommended, JavaScript must be enabled
• Ability to comply with the legal requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), particularly as it relates to:
  o Collection of personal information;
  o Use and disclosure of information about families who are program clients;
  o Establishment of written policies in place to deal with issues such as confidentiality
  o Ability to share information, particularly with regard to sharing the results of screening and assessment and referring families to other agencies;
  o Establishment of 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); and
  o Establishment of 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
  o 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).
• Demonstrating fiscal accountability and program capacity.

VII. WELCOME BABY PROVIDER POOL APPLICATION PROCESS

First 5 LA requires submission of applications using First 5 LA’s online system accessed from First 5 LA’s website at www.first5la/Funding-Center. Carefully review the following requirements for application content.
Required Submission:

1. Online Application Form: This online form is accessible from the Applicant website and must be completed to submit a proposal. Enter the Executive Director’s name, address, and other requested information.

2. Proposal Narrative (maximum 12 pages double-spaced, 12 size font): Please provide a narrative outlining the applicant’s relevant qualifications and experience to implement Welcome Baby Program. The applicant will be reviewed according to the review criteria outlined in the Welcome Baby Statement of Qualifications Review Tool (see Appendix C).

The narrative must describe the following:

Applicant Background, Expertise and Experience (maximum 12 pages):

- Brief overview of the agency
- General and project specific qualifications, competency, experience, and capacity to successfully implement Welcome Baby.
- Experience and history in providing services to families prenatally, at birth, and/or with children 0-5.
- History of providing services to families and new parents within the targeted Best Start Community(ies) and/or communities they serve delivering at the eligible hospital that the agency would partner with to implement Welcome Baby. History of providing home visitation services, including type of services
- Experience in implementing programs with specific protocols or service components.
- Overview of types of professionals currently and historically employed for organization’s home visitation services as well as level of training consistently or periodically provided by the organization and experience in providing reflective supervision and client-centered services.
- Description of action plan to implement Welcome Baby, including proposed Welcome Baby staffing plan, including any key personnel if already known and/or intent to hire; agency’s capacity to hire needed staffing; and impact on agency’s current services.
- History of collaborating with other agencies or entities in providing referrals and supporting families to access a network of formal and informal services.

The Proposal Narrative must be uploaded in a Word or PDF document using the online application system on the RFQ website. No hard copies of the Proposal Narrative or electronic copies received via email will be accepted. Please refer to Section VI, Welcome Baby Review Process, for an outline of the review criteria that will be used in scoring this narrative.
VIII. WELCOME BABY PROVIDER POOL REVIEW PROCESS

In order for applications to be considered acceptable and eligible to be a member of the Provider Pool, an applicant’s proposal must be prepared in accordance with the instructions given in this RFQ. Provided that the application was submitted on time with all relevant materials, qualifications will be evaluated from a technical standpoint based on the applicant’s proposal narrative as described in the criteria defined below.

Review Criteria & Process
Qualifications will be scored by a team of reviewers. Please see Appendix C for a copy of the review tool that will be used to guide the scoring of applicants by reviewers. Qualified applicants that pass the review will be accepted into the Welcome Baby Provider Pool.

The Commission reserves the right to, without prejudice, reject any or all submitted qualifications.

Statement of Qualifications Review Process
1. Level 1: First 5 LA staff will review each application to ensure that basic requirements are met. Basic requirements include: timely receipt of application, format as required, inclusion of all appropriate attachments, etc. Proposals with omissions of any required documentation are subject to disqualification.

2. Level 2: Applications will be reviewed by First 5 LA staff using the Welcome Baby Statement of Qualifications Review Tool posted with the RFQ (Appendix C).

Acceptance notifications will be sent out to applicants accepted into the Welcome Baby Provider Pool.

IX. WELCOME BABY PROVIDER POOL TIMELINE

Submission of the application to become part of the Welcome Baby Provider Pool may be done on or before June 21, 2013. Applications will be reviewed within three weeks after submission. Upon review and approval, a list of approved organizations and entities will be shared with eligible hospitals for Welcome Baby.

X. WELCOME BABY PROVIDER POOL TERMS OF PARTICIPATION

1. Acceptance into the Welcome Baby Provider Pool is not a guarantee of work. First 5 LA will share the list of Welcome Baby providers in the Provider Pool with eligible hospitals that are interested in reviewing a qualified pool. Please note hospitals are not required to partner with members of the Provider Pool. Hospitals serve as the fiscal agent for Welcome Baby.
Baby and can enter into agreements with members of the Provider Pool to support implementation of Welcome Baby.

2. Organizations will not be bound to remain in the Provider Pool, and may exit at any time by mailing a signed, original letter to First 5 LA. Accepted organizations are not bound to accept work solicited by the Hospital.

3. The Commission reserves the right to amend the Welcome Baby Provider Pool as needed to best meet the needs of all parties. At the Commission’s discretion, members of the Provider Pool may be revised or removed.

XI. WELCOME BABY PROVIDER POOL: APPENDICES

Appendices are available on the Welcome Baby Provider Pool website.

| Appendix A. | Eligible Welcome Baby Hospitals |
| Appendix B. | Summary of Job Responsibilities for Key Personnel |
| Appendix C. | Welcome Baby Statement of Qualifications Review Tool |