OVERVIEW

1. What is Welcome Baby?
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 home- and hospital-based visits, including prenatally and postpartum.

2. What is the Newborn Universal Assessment?
The Welcome Baby hospital visit includes a Universal Assessment 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, if needed.

3. Who can apply to implement Welcome Baby?
First 5 LA has identified 24 hospitals eligible to enter into a strategic partnership with the Commission. These hospitals serve the majority of births across the fourteen Best Start Communities (80% of births)¹ and approximately half of all county births. It is expected that most hospitals will hire staff directly to implement the Welcome baby hospital visit and partner with community-based organizations or entities who will manage the Welcome Baby prenatal and postpartum engagement points, including personnel and administrative and programmatic activities.

4. How were the 24 hospitals selected?
The hospitals were selected because they serve the highest proportion of births across and within the fourteen Best Start Communities. Only the hospitals identified in the Letter of Intent can apply to implement Welcome Baby at this time.

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

5. Will there be only one opportunity for the Letter of Intent (LOI) to be submitted?
   No, there is an open procurement process. 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

PROGRAM IMPLEMENTATION

6. How will standardization and fidelity to the Welcome Baby program model be ensured?
   A Welcome Baby Oversight Entity will be selected through a competitive process to assist all of the Welcome Baby programs. Key responsibilities will include: coordination of all Welcome Baby staff training; technical assistance for data management and collection; oversight of adherence to program fidelity; and provision of support and cross-site learning opportunities. Providers at the community level will be required to participate in the systemic implementation of these programs with the assistance of the Oversight Entity.

7. If a patient resides in another Best Start Community and did not enroll in Welcome Baby prenatally but delivers at my hospital, are we responsible for completing her postpartum visits?
   Welcome Baby staff responsible for prenatal recruitment and enrollment must assess for a patient’s intended hospital for delivery. Hospitals are responsible for offering the Welcome Baby hospital visit to all patients delivering at their location. If the patient did not enroll prenatally and resides in another Best Start Community, her postpartum visits must be referred to the Welcome Baby site in her Best Start Community.

8. Can a hospital implement the prenatal and postpartum visits?
   Hospitals may elect to implement the prenatal and postpartum visits, but must demonstrate in their Letter of Intent the experience, expertise and capacity to implement home visitation services successfully.
9. **When is the last opportunity for a woman to enroll in Welcome Baby?**
   Women may enroll in Welcome Baby at up to 38 weeks of pregnancy or at the hospital following delivery. Women may not enroll into the program after discharge from the hospital.

10. **If a patient does not enroll prenatally but delivers at my hospital and lives in a different Best Start Community than the one my hospital serves, does my hospital oversee her postpartum visits or should she be referred back to the Welcome Baby site in her Best Start Community?**
    The hospital must offer and complete the Welcome Baby hospital visit if accepted and then refer the patient to the Welcome Baby site in her Best Start Community for the postpartum visits.

11. **How are participants recruited into the program prenatally?**
    It is expected that community-based organizations or entities partnered with participating hospitals will be responsible for prenatal enrollment of patients. The partners will be responsible for identifying and leading effective outreach efforts, which may include a focus on prenatal providers who serve a significant number of mothers delivering at the participating hospitals; sharing information in hospital-based tours; and recruitment of mothers utilizing private doctors.

12. **If a patient plans to deliver in a participating hospital and enrolls in Welcome Baby prenatally but ultimately delivers at a non-participating hospital, can they continue in the Welcome Baby program postnatally?**
    Yes, if a patient enrolled prenatally and completed at least one home visit and plans to delivers at a participating hospital but does not, she may continue in the program for the postpartum visits.

13. **What type of follow-up is required if the Universal Screening is completed at the Welcome Baby hospital visit and the patient is identified as having low risk?**
    Patients identified as having low risk during the hospital visit who reside in the local Best Start Community will be offered the opportunity to continue with the Welcome Baby postpartum visits. Patients identified as having low risk who reside outside the Best Start Community will receive appropriate referrals, as needed, during the hospital visit.
**STAFF TRAINING AND POSITIONS**

14. Will the Welcome Baby Program Model training be available after the first year of implementation in case of staff turnover?
   Yes, there will be ongoing training cycles available to support programs with new staff. Given the initial ramp-up period of new programs it is expected that Welcome Baby sites will hire staffing teams in cohorts, if needed, which will also contribute to ongoing demand for training.

The First 5 LA Family Strengthening Oversight Entity will be responsible for assessing and coordinating trainings with all Welcome Baby sites.

15. Will First 5 LA fund additional staff training for other topic areas not provided through the Welcome Baby Program Model training?
   Yes, hospitals and partners can include funding for additional training to support on-going staff development.

16. Does First 5 LA have salary ranges and job descriptions for the key personnel that will implement the prenatal and postpartum visits?
   A summary of the qualifications for key personnel needed to support the prenatal, hospital, and postpartum visits has been posted on the First 5 LA website at [http://www.first5la.org/WELCOME-BABY-LOI-APPLICATION](http://www.first5la.org/WELCOME-BABY-LOI-APPLICATION).

The proposed qualifications are recommendations, as First 5 LA recognizes that participating hospitals and partners will have additional suggestions about the staffing needed or the qualifications and skill-set required. Participating hospitals and partners are responsible for assessing and proposing salary ranges for their key personnel.

17. Who is responsible for hiring staff and are there any personnel positions First 5 LA is requiring?
   The Welcome Baby program model requires three key positions: Parent Coach, Hospital Liaison and the Welcome Baby Nurse. It is expected that most hospitals will elect to hire the Hospital Liaisons. Hospitals may identify additional personnel are needed, including Supervision for the Hospital Liaisons and a Grant Administrator.

Hospitals may partner with community-based organizations or entities to implement the prenatal and postpartum visits. Partners would be responsible for hiring the Parent Coaches and Welcome Baby Nurses. Additional key
personnel recommended to support Welcome Baby at the partner organizations includes: Program Director, Clinical Supervisor, Data and Evaluation Manager, and Outreach Specialist. Organizations or entities may propose additional staffing support are needed.

18. **How do the Hospital Liaisons coordinate with the hospital’s lactation and/or social work staff?**
   Each hospital is responsible for identifying how to best integrate the Hospital Liaisons into their existing structure to best meet the needs of patients. The Hospital Liaisons at the Welcome Baby Pilot site alert the appropriate hospital personnel when necessary based on information obtained during the Welcome Baby hospital visit.

19. **What is a typical day for a Hospital Liaison?**
   The goal of the hospital visit is to invite patients to participate or continue participation in the Welcome Baby program; observe parent-infant interaction when possible; assess for social support, infant feeding, and maternal depression; and complete the Bridges for Newborn Screening Tool. It is expected that Hospital Liaisons will enroll an average of 4 patients a day. Their time is spent approaching patients, whether prenatally enrolled or new to the program, to introduce and conduct the hospital visit. This includes coordination efforts with any hospital partners to identify prenatally enrolled patients. Hospital Liaisons also need to collect and input data on a weekly basis into a First 5 LA designated database.

20. **How many Hospital Liaisons must each eligible hospital hire?**
    A summary of Staff Composition per hospital has been posted on the First 5 LA website at [http://www.first5la.org/WELCOME-BABY-LOI-APPLICATION](http://www.first5la.org/WELCOME-BABY-LOI-APPLICATION).

**COMMUNITY PARTNERS**

21. **If a hospital partners with a community-based organization or entity to implement the prenatal and postpartum visits, must the partners have their own liability insurance?**
    All participating hospitals and partners must provide evidence of liability insurance.
22. What is First 5 LA doing to identify community-based organizations or entities interested in partnering with eligible hospitals to support implementation 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.

23. When will the list of organizations within the Home Visitation Provider Pool be available?

It is expected that the list will be shared with interested hospitals by November 2012.

24. Can community-based organizations or entities that have partnered with a participating hospital subcontract with other agencies to support all of the Welcome Baby engagement points, for example, subcontract the hiring of the Welcome Baby Nurses?

Yes, hospitals and partners may propose to include additional subcontractors who will be responsible for components of the Welcome Baby program, but must indicate how they will coordinate the sharing of information to ensure a smooth transition of information as the patient moves between each engagement point.

25. Is there a way to share information obtained during the home visits with the patient’s primary physician?

Currently there is no official system to inform a patient’s provider of concerns or issues identified during home visits. It is expected that such a feature will be incorporated into the Welcome Baby database in the future.

26. Please describe the type of coordination occurring with managed care groups.

Welcome Baby sites can identify managed care groups working with their hospital and local providers and establish agreements to identify and refer patients to Welcome Baby.
27. If a patient does not live within the Best Start Community we serve and completes the Welcome Baby hospital visit and is found to have low risks, what follow-up is provided upon discharge?
   Families who live outside the Best Start Community boundaries are eligible for the Welcome Baby hospital visit. Upon completion of the risk screening, families identified as low risk will receive appropriate referrals, as needed. Families identified as medium to higher risk will receive up to 3 additional home visits.

28. Please describe the type of coordination or agreements made with prenatal providers in the Welcome Baby Pilot.
   The Welcome Baby Pilot established Memorandum’s of Understanding (MOU’s) with each of the main clinic providers working with California Hospital Medical Center, who agreed to allow Welcome Baby staff to recruit and advertise Welcome Baby program at their sites.

**BUDGET**

29. Does First 5 LA allow expenses for use of space?
   Yes, hospitals and partners may include the cost of space in the Budget Form, Section 5: Space.

30. Must the hospital adhere to the proposed contract amount they indicate in their Letter of Intent?
   Hospitals do not have to adhere to the proposed contract amount in their Letter of Intent. The final contract amount will be finalized during contract negotiations with First 5 LA.

31. Can Welcome Baby funds be used for existing hospital personnel which assist patients with Medi-Cal insurance enrollment?
   Welcome Baby funds cannot be used to fund existing hospital personnel whose sole purpose is to assist patients with Medi-Cal insurance enrollment.

32. Does First 5 LA allow for severance pay?
   First 5 LA funds do not cover severance pay.
33. **Is there a budgetary not-to-exceed amount hospitals must adhere too in their Letter of Intent?**
   
   During the first fiscal year hospitals and any partners will be in the initial ramp-up period of the program. As such, hospitals are not expected exceed the budget amount indicated as full implementation in the Letter of Intent. The final contract amount will be finalized during contract negotiations with First 5 LA.

34. **If a woman resides within a Best Start Community but does not enroll prenatally into the program, is the hospital reimbursed for the same estimated amount of $1700 per Best Start family?**
   
   The cost per child amount is an estimate that guides the development of the budget for each hospital. First 5 LA will not count individual families served to assess reimbursement. Whether a family enrolls prenatally or at the hospital, the hospital (and any associated partners) will be reimbursed for actual expenses incurred and not per number of families served.

35. **Should a hospital use the birth rate numbers indicated in the Letter of Intent to propose an initial budget or can the hospital use its own updated birth rate numbers?**
   
   Hospitals may use their own, updated birth rate numbers to guide the development of their budget for the Letter of Intent. It is important to note that the number of patients eligible for 9 versus 4 engagement points has a significant impact on the budget.

36. **What amount of time should a hospital allocate for a grant administrator?**

   Hospitals must assess and estimate the amount of time needed to oversee the administration of the Welcome Baby grant. It is expected that the allocation of time may be initially higher and will decrease as an oversight process is developed and maintained.

37. **Can Welcome Baby funds be used to purchase equipment such as computers, laptops, or ipads?**

   Yes, First 5 LA funds may be used to purchase equipment. Equipment purchases are only allowed in the first year of the contract. It is recommended that hospitals and partners plan appropriately in order to ensure all necessary equipment is purchased by the completion of the first year.