

COUNTY CONTRACT NUMBER 575187
AGREEMENT WITH PALOMAR HEALTH DEVELOPMENT, INC.
FOR FAMILY HOME VISITING SUPPORT SERVICES

This agreement ("Agreement") is made and entered into effective as of the date of the last signature on the signature page by and between the County of San Diego, a political subdivision of the State of California ("County") and Palomar Health Development, Inc., a California Nonprofit Public Benefit Corporation, located at 2125 Citracado Parkway, Suite 300, Escondido, CA 92029 ("Contractor"), with reference to the following facts:

RECITALS

- A. The County, by action of the Board of Supervisors at Minute Order No. 4, April 22, 2025, authorized the Director of Purchasing and Contracting to award a contract for Family Home Visiting Support Services.
- B. The First 5 Commission of San Diego ("Commission") is an agency of the County with specific independent authority over the Commission's strategic plan and the local Child and Families Trust Fund ("Proposition 10 funds"). *See* Cal. Health & Safety Code § 130140.1. Accordingly, with regard to a portion of the funding for the Agreement derived from Proposition 10 funds, the Commission, by action on April 16, 2025, Item No. 5, authorized the Commission's Executive Director to collaborate with the County's Director of Purchasing to expend Proposition 10 funds to support the Agreement.
- C. Contractor is specially trained and possesses certain skills, experience, education, and competency to perform these services.
- D. The Chief Administrative Officer made a determination that Contractor can perform the services more economically and efficiently than the County, pursuant to section 703.10 of the County Charter.
- E. The Agreement shall consist of this document, Exhibit A Statement of Work, Exhibit A-1 Start of Contractor's Technical Response, Exhibit B Insurance Requirements, and Exhibit C Payment Schedule. In the event of a conflict between any provisions of this Agreement, the following order of precedence shall govern: First (1st) this document; Second (2nd) Exhibit B; Third (3rd) Exhibit A; Fourth (4th) Exhibit C; and Fifth (5th) Exhibit A-1.

NOW THEREFORE, for valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

ARTICLE 1
PERFORMANCE OF WORK

- 1.1 Standard of Performance. Contractor shall, in good and workmanlike manner and in accordance with the highest professional standards, at its own cost and expense, furnish all of the labor, technical, administrative, professional and all other personnel, all supplies and materials, equipment, printing, transportation, training, facilities, and all other means whatsoever, except as herein otherwise expressly specified to be furnished by County, necessary or proper to perform and complete the work and provide the services required of Contractor by this Agreement.
- 1.2 Contractor's Representative. The person identified on the signature page ("Contractor's Representative") shall ensure that Contractor's duties under this Agreement shall be performed on behalf of the Contractor by qualified personnel; Contractor represents and warrants that (1) Contractor has fulfilled all applicable requirements of the laws of the State of California to perform the services under this Agreement and (2) Contractor's Representative has full authority to act for Contractor hereunder. Contractor and County recognize that the services to be provided by Contractor's Representative pursuant to this Agreement are unique: accordingly, Contractor's Representative shall not be changed during the Term of the Agreement without County's written consent. County reserves the right to terminate this Agreement pursuant to section 7.1 "Termination for Default" if Contractor's Representative should leave Contractor's employ, or if, in County's judgment, the work hereunder is not being performed by Contractor's Representative.
- 1.3 Contractor as Independent Contractor. Contractor is, for all purposes of this Agreement, an independent contractor, and neither Contractor nor Contractor's employees or subcontractors shall be deemed to be employees of the County. Contractor shall perform its obligations under this Agreement according to the Contractor's own means and methods of work, which shall be in the exclusive charge and under the control of the Contractor, and which shall not be subject to control or supervision by County except as to the results of the work. County hereby delegates to Contractor any and all responsibility for the safety of Contractor's employees, which shall include inspection of property to identify potential hazards. Neither Contractor nor Contractor's employees or subcontractors shall be entitled to any benefits to which County employees are entitled, including without limitation, overtime, retirement benefits, workers' compensation benefits and injury leave.
- 1.4 Contractor's Agents and Employees or Subcontractors. Contractor's duties under this Contract shall be performed on behalf of Contractor ("Contractor's Key Personnel"). Contractor represents and warrants that (1) Contractor's Key Personnel has fulfilled all applicable requirements of the laws of the State of California to perform the work under this Contract and has full authority to act for Contractor hereunder. Contractor's Key Personnel shall not be changed during the Term of the Contract without County's prior written consent.

Contractor shall obtain, at Contractor's expense, all agents, employees, subcontractors, and consultants required for Contractor to perform its duties under this Agreement, and all such services shall be performed by Contractor's

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Representative, or under Contractor's Representatives' supervision, by persons authorized by law to perform such services. Retention by Contractor of any agent, employee, subcontractor, or consultant shall be at Contractor's sole cost and expense, and County shall have no obligation to pay Contractor's agents, employees subcontractors, or consultants; to support any such person's or entity's claim against the Contractor; or to defend Contractor against any such claim.

In the event any subcontractor or consultant is utilized by Contractor for any portion of the project, Contractor retains the prime responsibility for carrying out all the terms of this Agreement, including the responsibility for performance and ensuring the availability and retention of records of subcontractors and consultants in accordance with this Agreement.

- 1.4.1 "Related Subcontract" means an agreement to furnish, or the furnishing of, supplies, materials, equipment, or services of any kind to Contractor or any higher tier subcontractor in the performance of some or all of the work in this Agreement. Related Subcontracts includes consultant agreements, which are defined as agreements for services rendered, or the rendering of services, by persons who are members of a particular profession or possess as special skill and who are not officers or employees of the Contractor. Examples include those services acquired by Contractor or a subcontractor in order to enhance their legal, economic, financial, or technical positions. Professional and consultant services are generally acquired to obtain information, advice, opinions, alternatives, conclusions, recommendations, training, or direct assistance, such as studies, analyses, evaluations, liaison with government officials, or other forms or representation. Related Subcontracts shall not include agreements for ancillary goods or services, or consulting services intended to support Contractor in a general manner not specific to the work performed under this Agreement. "Related Subcontractor" means an individual or entity holding or performing a Related Subcontract.
- 1.4.2 Required Subcontract Provisions: Contractor shall notify all Related Subcontractors of Contractor's relationship to County. Contractor shall include in its Related Subcontracts and require Related Subcontractors' compliance with the provisions of Articles 3, 7, 8, 9, 10, 11, 13, 14 and 16, and section 4.6.1 of Article 4, hereunder except altered as necessary for proper identification of the contracting parties.
- 1.4.3 Contractor shall provide COR with copies of all Related Subcontracts entered into by Contractor within thirty (30) days after the effective date of the Related Subcontract, or within thirty (30) days of the effective date of this Agreement if such Related Subcontract is already in existence at that time.
- 1.4.4 County Approval: Any Related Subcontract that is in excess of fifty thousand dollars (\$50,000) or twenty five percent (25%) of the value of this Agreement, whichever is less; or a combination of Related Subcontracts to the same individual or firm for the Agreement period, the aggregate of which exceeds fifty thousand dollars (\$50,000) or twenty five percent (25%) of the value of this Agreement, whichever is less; or any Related Subcontract for professional medical or mental health services, regardless of value, must have prior concurrence of the COR.
- 1.5 Offshore Prohibition. Except where Contractor obtains the County's prior written approval, Contractor shall perform the work of this Agreement only from or at locations within the United States. Any County approval for the performance of work outside of the United States shall be limited to the specific instance and scope of such written approval, including the types of work and locations involved. Notwithstanding the foregoing, this section shall not restrict the country or countries of origin of any assets purchased to provide the work hereunder; provided that when such assets are used to provide the work, such assets shall be used only from or at locations within the geographic boundaries of the United States.
- 1.6 DVB Participation. If this Agreement resulted from a solicitation containing Disabled Veteran Business ("DVB") requirements and forms, such requirements and Contractor's submitted forms are incorporated herein by reference to the extent not included as an Exhibit to this Agreement. Contractor shall make all commercially reasonable efforts to comply with all such DVB requirements, including meeting the DVB Percent of Utilization on Contractor's DVB Subcontractor Participation Plan. Contractor shall maintain a rate of DVB utilization throughout the term of this Agreement that is reasonably in alignment with the progress of the Agreement (e.g., term, utilization, deliverables). Contractor shall provide to County, upon request, documentation sufficient to verify Contractor's compliance with such requirements.
- If in County's determination, Contractor is not in compliance with all DVB requirements, County may take corrective action, which may include (i) requiring Contractor to submit a corrective action plan acceptable to County detailing actions the Contractor will take to fulfill its DVB requirements and/or (ii) withholding of payments to Contractor equivalent to the amount of DVB underutilization. Such corrective actions shall be in addition to any other remedies the County may have under this Agreement or at law or equity.
- 1.7 Preferred Vendor. If this Agreement resulted from a solicitation where Contractor claimed Preferred Vendor status in its response per section 405 of the San Diego County Administrative Code, Contractor shall perform a commercially useful function (as that term is defined in California Military and Veterans Code § 999 or successor statute) throughout the term of this Agreement.

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ARTICLE 2
SCOPE OF WORK

- 2.1 **Statement of Work.** Contractor shall perform the work described in the “Statement of Work” attached as Exhibit A to this Agreement, and by this reference incorporated herein, except for any work therein designated to be performed by County.
- 2.1.1 **Evaluation Studies.** Contractor shall participate as requested by the County in research and/or evaluative studies designed to show the effectiveness and/or efficiency of Contractor services or to provide information about Contractor’s project.
- 2.1.2 **Health Insurance.** If Contractor provides direct services to the public under this Agreement, Contractor shall ask if clients and any minor(s) for whom clients are responsible have health insurance coverage. If the response is “no” for client or minor(s) the Contractor shall refer the client to Covered California at <https://www.coveredca.com/> or to 1-800-300-1506.
- 2.1.3 **Behavioral Health Services Funding Source Requirements.** Contractor shall adhere to all Behavioral Health Services policies and requirements, and any modifications thereof, applicable to the type of work performed and funding source(s) involved. The terms of this Agreement shall take precedence over any conflicting terms in such policies and requirements, and Contractor shall promptly notify the COR upon discovery of any such conflict. Such policies and requirements can be found at <https://optumsandiego.com/> and include, but are not limited to, the following:
- 2.1.3.1 **Mental Health Services**
- 2.1.3.1.1 Organizational Provider Operations Handbook (OPOH)
- 2.1.3.1.2 Financial Eligibility and Billing Procedures – Organizational Providers Manual
- 2.1.3.2 **Substance Use Disorder Services (Alcohol and Drug Services)**
- 2.1.3.2.1 Substance Use Disorder Provider Operations Handbook
- 2.1.3.2.2 Drug Medi-Cal Billing Manual
- 2.2 **Right to Acquire Equipment and Services.** Nothing in this Agreement shall prohibit the County from acquiring the same type or equivalent equipment and/or service from other sources, when deemed by the County to be in its best interest.
- 2.3 **Responsibility for Equipment.** County shall not be responsible nor be held liable for any damage to persons or property consequent upon the use, misuse, or failure of any equipment used by Contractor or any of Contractor’s employees, even though such equipment may be furnished, rented, or loaned to Contractor by County. The acceptance or use of any such equipment by Contractor or Contractor’s employees shall be construed to mean that Contractor accepts full responsibility for and agrees to exonerate, indemnify, and hold harmless County from and against any and all claims for any damage whatsoever resulting from the use, misuse, or failure of such equipment, whether such damage be to the employee or property of Contractor, other Contractors, County, or other persons. Equipment includes, but is not limited to material, computer hardware and software, tools, or other things.
- 2.3.1 Contractor shall repair or replace, at Contractor’s expense, all County equipment or fixed assets that are damaged or lost as a result of Contractor negligence.
- 2.4 **Non-Expendable Property Acquisition.** County retains title to all non-expendable property provided to Contractor by County, or which Contractor may acquire with funds from this Agreement if payment is on a cost reimbursement basis, including property acquired by lease purchase Agreement. Contractor may not expend funds under this Agreement for the acquisition of non-expendable property having a unit cost of \$5,000 or more and a normal life expectancy of more than one year without the prior written approval of COR. Contractor shall maintain an inventory of non-expendable equipment, including dates of purchase and disposition of the property. Inventory records on non-expendable equipment shall be retained, and shall be made available to the County upon request, for at least three years following date of disposition. Non-expendable property that has value at the end of the Agreement (e.g. has not been depreciated so that its value is zero), and to which the County may retain title under this paragraph, shall be disposed of at the end of the Agreement as follows: At County’s option, it may: 1) have Contractor deliver to another County contractor or have another County contractor pick up the non-expendable property; 2) allow Contractor to retain the non-expendable property provided that Contractor submits to the County a written statement in the format directed by the County of how the non-expendable property will be used for the public good; or 3) direct the Contractor to return to the County the non-expendable property.

ARTICLE 3
DISENTANGLEMENT

3.1 **General Obligations.**

Upon the expiration or termination of all or a portion of the services provided hereunder (“Transitioning Services,”), the County may elect to have such services, substantially similar services, or follow-on services (“Disentangled Services”) performed by County or one or more separate contractors (“Replacement Provider”). Contractor shall take all actions necessary to accomplish a complete and timely transition of the Disentangled Services (“Disentanglement”) without any material impact on the services. Contractor shall cooperate with County and otherwise take all steps reasonably required to

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assist County in effecting a complete and timely Disentanglement. Contractor shall provide Replacement Provider with all information regarding the services and any other information needed for Disentanglement.

Contractor shall provide for the prompt and orderly conclusion of all work required under this Agreement, as County may direct, including completion or partial completion of projects, documentation of work in process, and other measures to assure an orderly Disentanglement.

3.2 Disentanglement Process.

Contractor and County shall discuss in good faith a plan for Contractor's Disentanglement that shall not lessen in any respect Contractor's Disentanglement obligations.

If County requires the provision of Transitioning Services after expiration or termination of the Agreement or Disentanglement work not otherwise required under this Agreement, for which additional compensation will be due, such services shall be compensated at: (i) the applicable rates in Agreement or a reasonable pro-rata of those prices, or (ii) if no applicable rates apply, no more than Contractor's costs. Such work must be approved in writing by County approval of a written Disentanglement plan or separately in writing and is subject to the Compensation clause on the signature page.

Contractor's obligation to provide Disentanglement services shall not cease until all Disentanglement obligations are completed to County's reasonable satisfaction, including the performance by Contractor of all Specific Obligations of Contractor. County shall not require Contractor to perform Transitioning Services beyond 12 months after expiration or termination, provided that Contractor meets all Disentanglement obligations and other obligations under Agreement.

3.3 Specific Obligations.

The Disentanglement shall include the performance of the following specific obligations ("Specific Obligations"):

3.3.1 No Interruption or Adverse Impact

Contractor shall cooperate with County and Replacement Provider to ensure a smooth Disentanglement, with no interruption of or adverse impact to Disentangled Services, Transitioning Services, other work required under the Agreement, or services provided by third parties.

3.3.2 Client Authorizations.

Contractor shall obtain from clients served by Contractor all client consents or authorizations legally necessary to transfer client data to Replacement Provider.

3.3.3 Leases, Licenses, and Third-Party Agreements.

Contractor shall procure at no charge to County all authorizations necessary to grant Replacement Provider the use and benefit of any third-party agreements pending their conveyance or assignment to Replacement Provider.

Contractor, at its expense, shall convey or assign to Replacement Provider leases, licenses, and other third-party agreements procured under this Agreement, subject to written approval of the Replacement Provider (and County, if Replacement Provider is other than County).

Without limiting any other provision of this Agreement, Contractor shall reimburse County for any losses resulting from Contractor's failure to comply with any terms of any third-party agreements prior to the date of conveyance or assignment.

3.3.4 Return, Transfer, and Removal of Assets.

Contractor shall return to County all County assets in Contractor's possession, pursuant to section 2.4 of this Agreement.

County shall be entitled to purchase at net book value Contractor assets used primarily for the provision of Disentangled Services to or for County, other than those assets expressly identified as not being subject to this provision. Contractor shall promptly remove from County's site any Contractor assets that County, or its designee, chooses not to purchase under this provision.

3.3.5 Delivery of Documentation.

Notwithstanding section 13.5 of this Agreement, and without limiting Contractor's obligations thereunder, Contractor shall deliver to Replacement Provider (and/or County, if Replacement Provider is other than County), all documentation and data necessary for Disentanglement.

ARTICLE 4
COMPENSATION

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County will pay Contractor in accordance with Exhibit C Payment Schedule and this Article 4, for the work specified in Exhibit A Statement of Work (SOW), not to exceed the maximum compensation as set forth on signature page. Contractor shall employ and maintain an accounting and financial system to effectively monitor and control costs and assure accurate invoicing and performance under this Agreement.

- 4.1 General Principles. Contractor shall comply with generally accepted accounting principles, good business practices, San Diego County Code of Administrative Ordinances section 472, and the cost principles published by the federal Office of Management and Budget (OMB), including 2 CFR 200 - UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS “The Uniform Guidance,” which can be viewed at https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl. Contractor shall comply with all applicable federal, State, and other funding source requirements. Contractor shall, at its own expense, furnish all cost items associated with this Agreement except as specifically stated herein to be furnished by County.
- 4.1.1 Fiscal Year. The County’s fiscal year runs from July 1 through June 30 (“County Fiscal Year”).
- 4.1.2 Cost Allocation Plan. Contractor shall submit annually to the County a cost allocation plan in accordance with The Uniform Guidance.
- 4.1.3 Agreement Budget. The COR may make Administrative Adjustments to the budget as long as the total budget does not exceed the compensation specified on the Signature Page.
- 4.2 Compensation. For cost-reimbursement Services, the County will reimburse the actual allowable, allocable, necessary, and reasonable costs incurred in accordance with this Agreement (including the established budget), generally accepted accounting principles, good business practices, and the cost principles published by the federal Office of Management and Budget (OMB) (“Allowable Costs”). Where non-cost-reimbursement work (fixed price, labor hour, time and materials, etc.) is also provided for in this Agreement, Contractor shall be entitled to compensation as set forth below:
- 4.2.1 Contractor shall be entitled to compensation only upon completion and acceptance of a deliverable or portion of work as described in the Payment Schedule (“Services”). Services shall include any additional or as-needed services specified in the SOW and Pricing Schedule and pre-approved in writing by COR or authorized by County task order issued in accordance with this Agreement (“As-Needed Services”).
- 4.2.1.1 Contractor shall be entitled to reimbursement for incidental expenses associated with any such portions of the work only when specifically allowed for in the SOW and Pricing Schedule (“Reimbursable Expenses”), and only upon completion and acceptance of the Services for which they were incurred unless earlier reimbursement is otherwise authorized under this Agreement. Compensation for Reimbursable Expenses shall be at cost.
- 4.2.1.2 Where travel, lodging, or meal expenses (“Travel Expenses”) are allowable Reimbursable Expenses, rates must not exceed County-authorized rates set forth in San Diego County Administrative Code section 472. Should Contractor incur Travel Expenses greater than the County-authorized rates, Contractor shall not be entitled to reimbursement for the difference between the County-authorized rate for each category and the actual cost.
- 4.3 Invoices.
- 4.3.1 Contractor shall invoice monthly for completed and accepted Services performed in the prior month. Completed fixed-price deliverables may be invoiced upon acceptance.
- 4.3.1.1 Where allowable, Contractor may invoice monthly for As-Needed Services completed and accepted within that month, or include with invoices for other completed and accepted Services.
- 4.3.1.2 Contractor may invoice monthly for Reimbursable Expenses incurred within the month, or include with invoices for completed and accepted Services.
- 4.3.2 Contractor shall submit invoices to the COR that are completed and submitted in accordance with written COR instructions and are in compliance with all Agreement terms.
- 4.3.2.1 Contractor shall provide accurate invoices with sufficient detail and supporting documentation for County verification. Invoices must reference the Agreement number (and task order, if applicable), contain a detailed listing of each deliverable or portion of work, including the pay point, target, accomplishment, unit price, percentage completion, and appropriate calculations where applicable. Invoices must include a progress report documenting the status and accomplishments of Contractor.
- 4.3.2.2 Contractor invoices shall include the following language:
I certify, under penalty of perjury under the laws of the State of California, that the deliverables and/or services invoiced were delivered and/or performed specifically for this Agreement in accordance with and compliance to all terms and conditions set forth therein.

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- 4.3.3 Contractor requests for payment of authorized Reimbursable Expenses must be included in the invoice for the associated Services, unless previously invoiced in accordance with this Agreement.
- 4.3.4 Contractor invoices for Allowable Costs must be complete, containing all claimed costs for the invoiced period of performance, unless authorized in writing by COR, previously invoiced in accordance with Agreement, or otherwise specifically allowed for in this Agreement.
- 4.3.5 Final Fiscal Year-End Settlements. Contractor shall submit the final invoice for Services performed during each County Fiscal Year no later than the settlement date established by COR or each department, but in no event later than 60 calendar days from (i) the end of each County Fiscal Year or (ii) the expiration or termination of this Agreement. County may, in its sole discretion, choose to not process invoices for reimbursement for services performed during that County Fiscal Year after this date.
 - 4.3.5.1 The following costs will be excluded from reimbursable costs during the year-end settlement process:
 - 4.3.5.1.1 ADS Drug Medi-Cal: Drug Medi-Cal costs that exceed the cap at the individual provider level.
 - 4.3.5.1.2 Mental Health Services Revenue Risks: Medi-Cal costs for which the County has not received reimbursement through an approved Medi-Cal claim.
- 4.4 Payments. Contractor shall be entitled to payment only upon County approval of a correct and substantiated invoice. Payment terms are, unless otherwise specified by County, thirty (30) days from the later of: (i) performance of work under the Agreement entitling Contractor to payment, (ii) County receipt of a correct and substantiated invoice, and (iii) County receipt of all substantiating information. The County at its sole discretion may issue partial payment where only a portion of an invoice is correct and substantiated. Payment shall be deemed to have been made on the date that County submits electronic payment or mails a warrant or check. The County is precluded from making payments prior to receipt of services (advance payments).
- 4.5 Full Compensation. The compensation set forth in this Agreement shall constitute the full and complete payment for Contractor's performance of the services set forth herein. Contractor shall not be entitled to any additional payment for services rendered. Contractor shall not be entitled to any compensation, reimbursement, ancillary benefits, or other consideration for services rendered beyond that specified in Agreement.
- 4.6 Prompt Payment for Vendors and Subcontractors
 - 4.6.1 Unless otherwise set forth in this section 4.6, Contractor shall promptly pay Related Subcontractors for satisfactory performance of work required by this Agreement. Such prompt payment shall be no later than thirty (30) days after Contractor receives payment for such services from County, and Contractor shall apply such payments to the payment of the Related Subcontractor(s) that performed the work.
 - 4.6.2 If Contractor determines that any payment otherwise due such Related Subcontractor is subject to withholding in accordance with a Related Subcontract, Contractor shall:
 - 4.6.2.1 Provide written notice to the Related Subcontractor and COR within three (3) business days of such withholding stating the amount to be withheld, the basis for the withholding, and, if applicable, the cure required of the Related Subcontractor in order to receive payment of the amounts withheld; and
 - 4.6.2.2 Reduce the Related Subcontractor's payment by an amount not to exceed the amount specified in the notice furnished under paragraph 4.6.2.1 above.
 - 4.6.3 Contractor shall not include in any invoice to the County amounts that the Contractor has withheld or intends to withhold from a Related Subcontractor for failure to satisfactorily perform work in a manner required by this Agreement. If such withholding determination is made after submitting an invoice to the County, Contractor shall submit to County a revised invoice omitting or crediting such amount. Contractor shall not include such amounts in any subsequent invoices unless the Related Subcontractor has cured the basis for withholding.
- 4.7 Partial Payment. Contractor shall be paid only for work performed in accordance with this Agreement. If Contractor fails to perform a portion of the work or fails to perform some or all of the work in accordance with this Agreement, County, at its sole discretion, may provide partial payment to Contractor to reflect the reasonable value of work properly performed.
- 4.8 Withholding of Payment. Without limiting any other provision of this Agreement, County may withhold payment, in whole or in part, if any of the following exist:
 - 4.8.1 Missing Information. Contractor has not provided to County any reports, data, audits, or other information required for Agreement administration, for reporting or auditing purposes, or by State, federal, or other funding source.
 - 4.8.2 Misrepresentation. Contractor, with or without knowledge, made any misrepresentation of a substantial and material nature with respect to any information furnished to County
 - 4.8.3 Unauthorized Actions by Contractor. Contractor took any action under this Agreement that required County approval without having first received such approval.

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- 4.8.4 **Breach.** In the County's determination, Contractor is, or at the time of performance was, in breach of any of the terms of this Agreement.
- 4.8.5 **Wage Theft.** Contractor has a judgment rendered against it by the California Division of Labor Standards Enforcement (DLSE), other state labor compliance body, or the United States Department of Labor that is unsatisfied. In such event, County may withhold payment from Contractor in the amount of such unsatisfied judgment until such judgment has been discharged.
- 4.9 **Disallowance.** County may disallow payment at any time if it determines that the basis for the payment is or was not eligible for compensation under this Agreement. If County makes payment to Contractor that is later disallowed by the County, State or federal government, or other funding source, County shall be entitled to prompt recovery of funds in accordance with Article 12.
- 4.10 **Maximum Price.** During the performance period of this Agreement, the maximum price for the same or similar items and/or services shall not exceed the lowest price at which Contractor then offers the items and/or services to its most favored customer.
- 4.11 **Overpayments.** If Contractor becomes aware of a duplicate contract financing or invoice payment or that County has otherwise overpaid on a contract financing or invoice payment, Contractor shall immediately notify the COR and County shall be entitled to prompt recovery of funds in accordance with Article 12.
- 4.12 **Availability of Funding.** The County's obligation for payment under this Agreement is contingent upon the availability of funding from which payment can be made. No legal liability on the part of the County shall arise for payment beyond the end of the County Fiscal Year for which funds are designated by the County. In the event that federal, State, or County funding ceases or is reduced, the County shall, in its sole discretion and without limiting any other provision of this Agreement, have the right to terminate or suspend this Agreement, or to reduce compensation and service levels proportionately.
- 4.13 **Rate of Expense.** Contractor shall control its rate of expense throughout the term of this Agreement such that it is reasonably in alignment with the progress of the Agreement, inclusive of term, achievement towards objectives, anticipated revenue, deliverables, and other applicable factors. Contractor shall provide to County, upon request, documentation sufficient to verify Contractor's compliance with such requirements.
- 4.13.1 Contractor shall promptly inform the COR if its rate of expense exceeds, or is anticipated to exceed, the progress of this Agreement or would result in expenses that exceed the maximum Agreement amount or budget. In no event, however, shall Contractor's invoiced amounts exceed the maximum Agreement amount or budget.
- 4.13.2 If the Agreement term, Initial Term, or any Option Period originates in one County Fiscal Year and ends in another County Fiscal Year, Contractor shall not exceed the amounts reasonably allocated to each of the County Fiscal Years based on the monthly budget or other rate of expense.
- 4.14 **Revenue Sources.** Federal or other funding source amounts listed in the Agreement or the budget are preliminary estimates and shall not limit the County's use of specific funding sources that vary from the preliminary estimates, provided that such payments do not exceed the total Agreement amount.
- 4.15 **Program Income.** Program Income as defined in 2 CFR §200.1 shall be administered in accordance with 2 CFR §200.307 and shall be reported at the end of the Initial Term of the Agreement and each Option Period. All use of Program Income requires written County approval.
- 4.15.1 Unless otherwise required by federal, State, or other funding source requirements, Program Income earned after the period of performance of this Agreement shall be utilized in support of the same or similar goals and objectives, preferably under an agreement between County and Contractor.
- 4.16 **Incentive/Bonus/Performance Payments.** Contractor shall not use any funds paid under this Agreement for employee incentive or bonus programs or structures, for employees at any level, unless such payments are within Contractor's normal compensation policy and are based upon objective measurements of performance that include compliant and ethical conduct. Contractor agrees to provide information to the County on the formula or criteria used to calculate such payments upon request.

ARTICLE 5
AGREEMENT ADMINISTRATION

- 5.1 The Director of the Department of Purchasing and Contracting or designated Department of Purchasing and Contracting official is the contracting officer for this Agreement ("Contracting Officer").
- 5.2 **County's Agreement Administrator.** The County has designated the individual identified on the signature page as the Contracting Officer's Representative ("COR"), The COR will coordinate the County's administration of this Agreement.

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- 5.2.1 The COR is designated to receive and approve Contractor invoices for payment, audit and inspect records, inspect Contractor services, and provide other technical guidance as required.
- 5.2.2 The COR is not authorized to make Changes to this Agreement, except for administrative adjustments, such as line-item budget changes or adjustments to the service requirements, that do not change the purpose or intent of the Statement of Work, the Terms and Conditions, the Agreement Term, or the total Agreement price ("Administrative Adjustments"). Each Administrative Adjustment shall be in writing and signed by COR and Contractor.
- 5.3 Agreement Progress Meeting. The COR and other County personnel, as appropriate, will meet periodically with the Contractor to review the Agreement performance, with the COR serving as meeting chair. At these meetings the COR will apprise the Contractor of how the County views the Contractor's performance and the Contractor will apprise the County of problems, if any, being experienced. The Contractor shall also notify the Contracting Officer (in writing) of any work being performed, if any, that the Contractor considers being over and above the requirements of the Agreement. Appropriate action shall be taken to resolve outstanding issues. The minutes of these meetings will be reduced to writing and signed by the COR and the Contractor. Should the Contractor not concur with the minutes, the Contractor shall set out in writing any area of disagreement within 10 days. Appropriate action will be taken to resolve any areas of disagreement.

ARTICLE 6
CHANGES

- 6.1 Changes. Changes to this Agreement may only be made by Administrative Adjustment, Change Order, or amendment, in accordance with this Article 6. No other modification of this Agreement shall be valid.
- 6.1.1 Administrative Adjustment. Changes that do not change the purpose or intent of the Statement of Work, the Terms and Conditions, the Agreement Term, or the total Agreement price of the Agreement, such as line-item budget changes or adjustments to the service requirements, ("Administrative Adjustments") may be made if in writing and signed by COR and Contractor
- 6.1.2 Change Order. The County may at any time, by written order, make Changes within the general scope of this Agreement ("Change Order"). If any Change Order causes an increase or decrease in the cost or time required for the performance of the work under this Agreement, an equitable adjustment shall be made to the price, delivery schedule, or both.
- 6.1.2.1 Contractor must assert any claim for equitable adjustment within thirty (30) days from the date of receipt by the Contractor of the Change Order; however, the Contracting Officer may receive and act upon any such claim asserted at any time prior to final payment under this Agreement where the facts justify such action. Where the cost of property made obsolete or excess as a result of a Change Order is included in the Contractor's claim for equitable adjustment, the Contracting Officer shall have the right to prescribe the manner of disposition of such property. Failure to agree to any equitable adjustment shall be a dispute concerning a question of fact within the meaning of Article 15 "Disputes". However, nothing in this section shall excuse the Contractor from proceeding with this Agreement as changed.
- 6.1.3 Amendment. The County and Contractor may modify this Agreement by written amendment signed by the Contracting Officer and Contractor.

ARTICLE 7
SUSPENSION, DELAY, AND TERMINATION

- 7.1 Termination for Default. In the event of Contractor's breach of this Agreement, County shall have the right to terminate this Agreement in whole or in part.
- 7.1.1 Prior to termination for default, Contracting Officer will send Contractor written notice specifying the default. Contractor shall have ten (10) days from issuance (unless a different time is given in the notice) to respond to the notice as directed by County to acknowledge the default or show cause as to why Contractor is not in default. Such notice may provide Contractor the opportunity to cure the default or to demonstrate progress towards curing the default. If Contractor fails to respond, or if Contractor's response is not satisfactory to the County, County may terminate this Agreement for default upon written notice from Contracting Officer.
- 7.1.2 If County determines that the default contributes to the curtailment of an essential service; poses an immediate threat to life, health, or property; or constitutes fraud or other serious misconduct, County may terminate this Agreement for default by written notice from the Contracting Officer without the notice described in section 7.1.1 above.
- 7.1.3 In the event of termination for default, all finished or unfinished documents, and other materials, prepared by Contractor under this Agreement shall become the sole and exclusive property of County.

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7.1.4 If, after termination for default, it is determined for any reason that Contractor was not in default under this Agreement, the rights and obligations of the parties shall be the same as if terminated for convenience under section 7.5 "Termination for Convenience."

7.2 RESERVED

7.3 Failure to Perform. Contractor shall immediately notify the COR upon learning that it has, or that it is reasonably foreseeable that it will, fail to perform or timely perform its obligations under this Agreement for any reason, including, but not limited to, a labor dispute, emergency, epidemic, pandemic, or supply chain shortage. In such event, Contractor shall, upon request, prepare and deliver to the COR a written mitigation plan. Nothing in this section relieves the Contractor of its obligations under this Agreement.

7.4 Reduction in Funding. In the event there is a reduction of funds made available by County to Contractor under this or subsequent agreements, the County of San Diego and its departments, officers and employees shall incur no liability to Contractor and shall be held harmless from any and all claims, demands, losses, damages, injuries, or liabilities arising directly or from such action.

7.5 Termination for Convenience. The County may, by written notice from Contracting Officer, terminate this Agreement for convenience, in whole or in part, at any time. Upon receipt of such notice, Contractor shall promptly report to County all undelivered or unaccepted work performed in accordance with this Agreement prior to termination ("Incomplete Work"). Contractor may, at County's option, be required to complete some or all Incomplete Work during Disentanglement.

7.5.1 The County shall pay Contractor as full compensation for work performed and costs of termination:

7.5.1.1 The unit or pro rata price for any delivered and accepted portion of the work.

7.5.1.2 Actual and reasonable Contractor costs for Incomplete Work not mitigable or otherwise recoverable by Contractor. Such compensation shall not exceed the unit or pro rata price due to Contractor had the work been completed.

7.5.2 In no event shall the County be liable for any loss of profits or any other consequential damages.

7.5.3 County's termination of this Agreement for convenience shall not preclude it from changing the termination to a default, as set forth in section 7.1 of this Agreement, nor from taking any action in law or equity against Contractor for:

7.5.3.1 Fraud, waste, or abuse of Agreement funds, or

7.5.3.2 Improperly submitted claims, or

7.5.3.3 Any failure to perform the work in accordance with the Statement of Work, or

7.5.3.4 Any breach of any term or condition of the Agreement, or

7.5.3.5 Any actions under any warranty, express or implied, or

7.5.3.6 Any claim of professional negligence, or

7.5.3.7 Any other matter arising from or related to this Agreement, whether known, knowable, or unknown before, during, or after the date of termination.

7.6 Suspension of Work. The Contracting Officer may order Contractor, in writing, to suspend, delay, or interrupt all or part of the work of this Agreement for the period of time that the Contracting Officer determines appropriate. County reserves the right to prohibit, without prior notice, Contractor or Contractor's employees, directors, officers, agents, subcontractors, vendors, consultants, or volunteers from 1) accessing County data systems and County owned software applications, including websites, domain names, platforms, physical files, 2) treating County's patients, clients, or facility residents, or 3) providing any other services under this Agreement.

ARTICLE 8
COMPLIANCE WITH LAWS AND REGULATIONS

8.1 Compliance with Laws and Regulations. Contractor shall at all times perform its obligations hereunder in compliance with all applicable federal, State, County, and local laws, rules, and regulations, current and hereinafter enacted, including facility and professional licensing and/or certification laws and keep in effect any and all licenses, permits, notices and certificates as are required. Contractor shall further comply with all laws applicable to wages and hours of employment, occupational safety, and to fire safety, health, and sanitation.

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- 8.2 Contractor Permits and License. Contractor certifies that it possesses and shall continue to maintain or shall cause to be obtained and maintained, at no cost to the County, all approvals, permissions, permits, licenses, and other forms of documentation required for it and its employees to comply with all existing foreign or domestic statutes, ordinances, and regulations, or other laws, that may be applicable to performance of services hereunder. The County reserves the right to reasonably request and review all such applications, permits, and licenses prior to the commencement of any services hereunder.
- 8.3 Equal Opportunity. Contractor shall comply with federal and State equal employment opportunity laws, including, but not limited to, the provisions of Title VII of the Civil Rights Act of 1964 in that it will not discriminate against any individual with respect to his or her compensation, terms, conditions, or privileges of employment nor shall Contractor discriminate in any way that would deprive or intend to deprive any individual of employment opportunities or otherwise adversely affect his or her status as an employee because of such individual's race, color, religion, sex, national origin, age, handicap, medical condition, sexual orientation or marital status.
- 8.4 Affirmative Action. Each Contractor of services and supplies employing fifteen (15) or more full-time permanent employees, shall comply with the Affirmative Action Program for Vendors as set forth in Article IIIk (commencing at section 84) of the San Diego County Administrative Code, which program is incorporated herein by reference. A copy of this Affirmative Action Program will be furnished upon request by COR or from the County of San Diego Internet website (www.sandiegocounty.gov).
- 8.5 Non-Discrimination. Contractor shall ensure that services and facilities are provided without regard to ethnic group identification, race, color, nation origin, creed, religion, age, sex, physical or mental disability, political affiliation or marital status in accordance with applicable laws, including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000d), section 162 (a) of the Federal-Aid Highway Act of 1973 (23 U.S.C 324), section 504 of the Rehabilitation Act of 1973, The Civil Rights Restoration Act of 1987 (P.L. 100-209), Executive Order 12898 (February 11, 1994), Executive Order 13166 (August 16, 2000), Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000-e), the Age Discrimination Act of 1975 (42 U.S.C. 6101), Article 9.5, Chapter 1, Part 1, Division 2, Title 2 (section 11135, et seq.) of the California Government Code, Title 9, Division 4, Chapter 6 (section 10800, et seq.) of the CCR and California Dept of Social Services Manual of Policies and Procedures (CDSS MPP) Division 21.
- 8.6 AIDS Discrimination. Contractor shall not deny any person the full and equal enjoyment of, or impose less advantageous terms, or restrict the availability of, the use of any County facility or participation in any County funded or supported service or program on the grounds that such person has Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) as those terms are defined in Title 3, Division 2, Chapter 8, section 32.803, of the San Diego County Code of Regulatory Ordinances.
- 8.7 American with Disabilities Act (ADA) 1990. Contractor shall not discriminate against qualified people with disabilities in employment, public services, transportation, public accommodations, and telecommunications services in compliance with the Americans with Disabilities Act (ADA), the California Fair Employment and Housing Act (FEHA), and California Administrative Code Title 24.
- 8.8 Political Activities Prohibited. None of the funds, provided directly or indirectly, under this Agreement shall be used for any political activities or to further the election or defeat of any candidate for public office. Contractor shall not utilize or allow its name to be utilized in any endorsement of any candidate for elected office. Neither this Agreement nor any funds provided hereunder shall be utilized in support of any partisan political activities, or activities for or against the election of a candidate for an elected office.
- 8.9 Lobbying. Contractor agrees to comply with the lobbying ordinances of the County and to assure that its officers and employees comply before any appearance before the County Board of Supervisors. Except as required by this Agreement, none of the funds provided under this Agreement shall be used for publicity or propaganda purposes designed to support or defeat any legislation pending before State and federal Legislatures, the Board of Supervisors of the County, or before any other local governmental entity. This provision shall not preclude Contractor from seeking necessary permits, licenses and the like necessary for it to comply with the terms of this Agreement.
- 8.9.1 Byrd Anti-Lobbying Amendment. In accordance with 31 U.S.C. 1352 and related regulations, (a) Contractor certifies, and shall require each lower-tier recipient (as that term is defined in 31 U.S.C. 1352) to certify to the tier above, that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any covered Federal contract, grant or any other award covered by 31 U.S.C. 1352, and (b) Contractor shall disclose, and shall require each lower-tier recipient to disclose to the tier above, any lobbying with non-Federal funds that takes place in connection with obtaining any covered Federal award.

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- 8.10 Religious Activity Prohibited. There shall be no religious worship, instructions or proselytization as part of or in connection with the performance of this Agreement.
- 8.11 Audit Requirement.
- 8.11.1 Contractor shall annually engage a Licensed Certified Public Accountant licensed to perform audits and attests in the State of California to conduct an annual financial audit of the organization. Contractors that expend \$750,000 or more of federal grant funds per year shall also have an audit conducted in compliance with Government Auditing Standards, which includes Single Audit Act Amendments and the Compliance Supplement (2 CFR part 200 App. XI). Contractors that are commercial organizations (for-profit) are required to have a non-federal audit if, during its fiscal year, it expended a total of \$750,000 or more under one or more HHS awards. 45 CFR part 74.26(d) incorporates the threshold and deadlines of the Compliance Supplement but provides for-profit organizations two options regarding the type of audit that will satisfy the audit requirements. Contractor shall include a clause in any agreement entered into with an audit firm, or notify the audit firm in writing prior to the audit firm commencing its work for Contractor, that the audit firm shall, pursuant to 31 U.S.C. 7503, and to the extent otherwise required by law, provide access by the federal government or other legally required entity to the independent auditor's working papers that were part of the independent auditor's audit of Contractor. Contractor shall submit two (2) copies of the annual audit report, the audit performed in accordance with the Compliance Supplement, and the management letter to the County fifteen (15) days after receipt from the independent Certified Public Accountant but no later than nine (9) months after the Contractor's fiscal year end.
- 8.11.2 Contractor shall immediately notify County upon learning that Contractor's independent Certified Public Accountant may or will issue a disclaimer of opinion due to substantial doubt of Contractor's ability to continue as a going concern.
- 8.12 Board of Supervisors' Policies. Contractor represents that it is familiar, and shall use its best efforts to comply, with the following policies of the Board of Supervisors, available on the County of San Diego website.
- 8.12.1 Board Policy B-67, which encourages the County's Contractors to offer products made with recycled materials, reusable products, and products designed to be recycled to the County in response to the County's requirements; and
- 8.12.2 Board Policies B-53 and B-39a, which encourage the participation of small and veteran owned businesses in County procurements; and
- 8.12.3 Zero Tolerance for Fraudulent Conduct in County Services. Contractor shall comply with County of San Diego Board of Supervisors Policy A-120 "Zero Tolerance for Fraudulent Conduct in County Services." There shall be "Zero Tolerance" for fraud committed by contractors in the administration of County programs and the provision of County services. Upon proven instances of fraud committed by contractors in connection with their performance under the Agreement, said contractor shall be subject to corrective action up to and including termination of the Agreement; and
- 8.12.4 Interlocking Directorate. Per Board Policy A-79, if Contractor is a non-profit corporation, Contractor shall not subcontract any work under this Agreement with a related for-profit subcontractor where an interlocking directorate, management, or ownership relationship exists, unless specifically authorized by the Board of Supervisors; and
- 8.12.5 Drug and Alcohol-Free Work Environment. The County of San Diego, in recognition of its responsibility to provide a safe, healthy, and productive work environment and perform services as safely, effectively, and efficiently as possible, has adopted a requirement for a work environment not adversely affected or impaired in any way by the use or presence of alcohol or drugs in Board Policy C-25 County of San Diego Drug and Alcohol Use Policy.
- 8.12.5.1 As a material condition of this Agreement, the Contractor agrees that Contractor and Contractor's employees, while performing services or using County equipment pursuant to Agreement:
- 8.12.5.1.1 Shall not be in any way impaired because of being under the influence of alcohol or a drug.
- 8.12.5.1.2 Shall not possess, consume, or be under the influence of alcohol and/or an illegal drug.
- 8.12.5.1.3 Shall not sell, offer, or provide alcohol or an illegal drug to another person; provided, however, that the foregoing restriction shall not be applicable to a Contractor or Contractor employee who as part of the performance of normal job duties and responsibilities prescribes or administers medically prescribed drugs.
- 8.12.5.2 Contractor shall inform all employees who are performing applicable services of the County's Board Policy C-25 and the above prohibitions.

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- 8.13 Cartwright Act. Following receipt of final payment under the Agreement, Contractor assigns to the County all rights, title, and interest in and to all causes of action it may have under section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright act (Chapter 2) (commencing with section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Contractor for sale to the County under this Agreement.
- 8.14 Hazardous Materials. Contractor shall comply with all Environmental Laws and all other laws, rules, regulations, and requirements regarding Hazardous Materials, health and safety, notices, and training. Contractor agrees that it will not store any Hazardous Materials at any County facility for periods in excess of ninety (90) days or in violation of the applicable site storage limitations imposed by Environmental Law. Contractor agrees to take, at its expense, all actions necessary to protect third parties, including, without limitation, employees, and agents of the County, from any exposure to Hazardous Materials generated or utilized in its performance under this Agreement. Contractor agrees to report to the appropriate governmental agencies all discharges, releases, and spills of Hazardous Materials that are required to be reported by any Environmental Law and to immediately notify the County of it. Contractor shall not be liable to the County for the County's failure to comply with, or violation of, any Environmental Law. As used in this section, the term "Environmental Laws" means any and all federal, state, or local laws or ordinances, rules, decrees, orders, regulations, or court decisions (including the so-called "common law"), including, but not limited to, the Resource Conservation and Recovery Act, relating to hazardous substances, hazardous materials, hazardous waste, toxic substances, environmental conditions or other similar substances or conditions. As used in this section the term "Hazardous Materials" means any chemical, compound, material, substance or other matter that: (a) is a flammable, explosive, asbestos, radioactive nuclear medicine, vaccine, bacteria, virus, hazardous waste, toxic, overtly injurious or potentially injurious material, whether injurious or potentially injurious by itself or in combination with other materials; (b) is controlled, referred to, designated in or governed by any Environmental Laws; (c) gives rise to any reporting, notice or publication requirements under any Environmental Laws, or (d) is any other material or substance giving rise to any liability, responsibility or duty upon the County or Contractor with respect to any third person under any Environmental Laws.
- 8.15 Clean Air Act and Federal Water Pollution Control Act.
- 8.15.1 Contractor shall comply with all applicable standards, orders, or regulations issued pursuant to the Clean Air Act, as amended, (42 U.S.C. §§ 7401 et seq.) and the Federal Water Pollution Control Act, as amended, (33 U.S.C. §§ 1251 et seq.). Contractor shall report each violation to the USDA and the appropriate EPA Regional Office as required.
- 8.15.1.1 Contractor agrees to report each violation to the County (and understands and agrees that the County will, in turn, report each violation as required to assure notification to the appropriate federal agency) and the appropriate Environmental Protection Agency Regional Office. Contractor agrees to include this requirement in each subcontract exceeding \$150,000 financed in whole or in part with federal assistance.
- 8.16 Debarment, Exclusion, Suspension, and Ineligibility.
- 8.16.1 Contractor certifies that, to the best of its knowledge, and except as disclosed to County and acknowledged in writing by County prior to the execution of this Agreement, Contractor, its employees, directors, officers, agents, subcontractors, vendors, consultants, and volunteers:
- 8.16.1.1 Are not presently debarred, excluded, suspended, declared ineligible, voluntarily excluded, or proposed for debarment, exclusion, suspension, or ineligibility by any federal, state, or local department or agency; and
- 8.16.1.2 Have not within a 3-year period preceding this Agreement been convicted of, or had a civil or administrative judgment rendered against them for, the commission of fraud or a criminal offense or civil action in connection with obtaining, attempting to obtain, or performing a public (federal, State, or local) transaction; violation of federal or State anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property; physical, financial or sexual abuse or misconduct with a patient or client, or medical negligence or malpractice;
- 8.16.1.3 Are not presently indicted or otherwise criminally, civilly, or administratively charged by a government entity (federal, State, or local) with commission of any of the offenses enumerated in the paragraph above; and
- 8.16.1.4 Are not presently the target or subject of any investigation, accusation, or charge related to the conduct of business by any federal, state, or local agency or law enforcement, licensing, certification, labor standards, occupational safety, ethics, or compliance body.
- 8.16.1.5 Are not proposed for debarment by any state, local, or federal department or agency.
- 8.16.1.6 Do not have a judgment rendered against them by a body described in 8.16.1.5 that is unsatisfied.

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- 8.16.1.7 Have not within a three (3) year period preceding this Agreement (i) been found in violation or had a judgment rendered against them resulting from the type of investigation, accusation, or charge described in 8.16.1.5 or (ii) had one or more public transactions (federal, state, or local) terminated for cause or default.
- 8.16.2 Contractor shall have an ongoing duty during the term of this Agreement to disclose to the County any occurrence that would prevent Contractor from making the certifications contained in this section 8.16 on an ongoing basis. Such disclosure shall be made in writing to the COR and the County Office of Ethics and Compliance within five (5) business days of when Contractor discovers or reasonably believes there is a likelihood of such occurrence.
- 8.16.3 Debarment and Suspension.
- 8.16.3.1 This Agreement is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the Contractor is required to verify that none of the Contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
- 8.16.3.2 The Contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- 8.16.3.3 This certification is a material representation of fact relied upon by County. If it is later determined that the Contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to County, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- 8.17 Display of Fraud Hotline Poster(s). As a material term and condition of this Agreement, Contractor shall:
- 8.17.1 Prominently display in common work areas within all business segments performing work under this Agreement County of San Diego Office of Ethics and Compliance Ethics Hotline posters;
- 8.17.2 Posters may be downloaded from the County Office of Ethics and Compliance website at: <http://www.sandiegocounty.gov/content/sdc/cao/oec.html>. Additionally, if Contractor maintains a company website as a method of providing information to employees, the Contractor shall display an electronic version of the poster(s) at the website;
- 8.17.3 If Contractor has implemented a business ethics and conduct awareness program, including a reporting mechanism, the Contractor need not display the County poster.
- 8.18 False Claims Act Training. Contractor shall, not less than annually, provide training on the Federal False Claims Act (31 USC 3729, et seq. or successor statutes) and State False Claims Act (California Government Code 12650, et seq. or successor statutes) to all employees, directors, officers, agents, Related Subcontractors, or volunteers providing services under this Agreement. Contractor shall maintain verification of this training. Contractor shall retain verifications in accordance with the Agreement requirement for retention of records
- 8.19 Code of Ethics. As a material term and condition of this Agreement, Contractor shall develop and implement a Code of Ethics or similar document and maintain it during the term of this Agreement. Additionally, Contractor shall train all employees and volunteers on the Code of Ethics, and all employees, volunteers, directors, officers, and agents shall certify that they have received training and have been provided an opportunity to ask questions of their employer regarding the Code of Ethics. Contractor shall retain these certifications in accordance with the Agreement's provision regarding retention of records
- 8.20 Compliance Program. Contractors with an agreement that exceeds more than \$250,000 in value annually shall establish, and maintain for the duration of this Agreement, a compliance program that meets the standards of Federal Sentencing Guidelines section 8B2.1 and 42 CFR 438.608, regardless of funding source or services.
- 8.21 Investigations. Unless prohibited by an investigating government authority, Contractor shall cooperate and participate fully in any investigation initiated by County relative to this Agreement. Upon County's request, Contractor shall promptly provide to County any and all documents, including any and all communications or information stored digitally, and make available for interviews any employee(s) of Contractor identified by County. Contractor further agrees to immediately notify County if any employee, director, officer, agent, subcontractor, vendor, consultant, or volunteer of Contractor comes under investigation by any federal, State, or local government entity with law enforcement or oversight authority over the Agreement or its funding for conduct arising out of, or related to, performance under this Agreement.

Contractor shall promptly make available to County all internal investigative results, findings, conclusions, recommendations, and corrective action plans pertaining to the investigation in its possession as requested by the County, unless otherwise protected by applicable law or privilege.

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8.22 RESERVED.

8.23 Contracting with Small and Minority Businesses, Women's Business Enterprises, and Labor Surplus Area Firms. Contractor shall, in accordance with 2 CFR 200.321 - Contracting with small and minority businesses, women's business enterprises, and labor surplus area firms, take affirmative steps to include minority business, women's business enterprises, and labor surplus area firms by:

8.23.1 Placing qualified small and minority businesses and women's business enterprises on solicitation lists;

8.23.2 Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;

8.23.3 Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;

8.23.4 Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; and

8.23.5 Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

8.24 Procurement of Recovered Materials. Contractor shall comply with 2 CFR part 200.323 and shall procure only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000. Contractor certifies that the percentage of recovered materials to be used in the performance of this Agreement will be at least the amount required by applicable specifications or other contractual requirements.

8.24.1 In the performance of this Agreement, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired:

8.24.1.1 Competitively within a timeframe providing for compliance with the contract performance schedule;

8.24.1.2 Meeting contract performance requirements; or

8.24.1.3 At a reasonable price.

8.24.2 Information about this requirement, along with the list of EPA-designated items, is available at EPA's Comprehensive Procurement Guidelines web site <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.

8.24.3 Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act, including the following:

8.24.3.1 For contracts over \$100,000 in total value, Contractor shall estimate the percentage of total material utilized for the performance of the Agreement that is recovered materials and shall provide such estimate to County upon request.

8.25 Domestic Preferences. In accordance with 2 CFR part 200.322, as appropriate and to the extent consistent with law, Contractor shall, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products).

8.25.1 "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, must occur in the United States.

8.25.2 "Manufactured products" means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

8.26 Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment. In accordance with 2 CFR part 200.216, Contractor and its subcontractors are prohibited from expending funds under this Agreement to:

8.26.1 Procure or obtain;

8.26.2 Extend or renew a contract to procure or obtain; or

8.26.3 Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115-232, section 889, covered

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telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

8.26.3.1 For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

8.26.3.2 Telecommunications or video surveillance services provided by such entities or using such equipment.

8.26.3.3 Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

8.27 RESERVED.

8.28 FEMA Required Provisions.

8.28.1 Access to Records. The following access to records requirements apply to this Agreement:

8.28.1.1 The Contractor agrees to provide County, the FEMA Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books, documents, papers, and records of the Contractor which are directly pertinent to this Agreement for the purposes of making audits, examinations, excerpts, and transcriptions.

8.28.1.2 The Contractor agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.

8.28.1.3 The Contractor agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the Agreement.

8.28.1.4 In compliance with the Disaster Recovery Act of 2018, the County and the Contractor acknowledge and agree that no language in this Agreement is intended to prohibit audits or internal reviews by the FEMA Administrator or the Comptroller General of the United States.

8.28.2 DHS Seal, Logo, and Flags. The Contractor shall not use the DHS seal(s), logos, crests, or reproductions of flags or likenesses of DHS agency officials without specific FEMA pre-approval.

8.28.3 Compliance with Federal Law, Regulations, and Executive Orders. This is an acknowledgement that FEMA financial assistance may be used to fund all or a portion of the Agreement. The Contractor will comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives.

8.28.4 No Obligation by Federal Government. The Federal Government is not a party to this Agreement and is not subject to any obligations or liabilities to the County, Contractor, or any other party pertaining to any matter resulting from the Agreement.

8.28.5 Program Fraud and False or Fraudulent Statements or Related Acts. The Contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the Contractor's actions pertaining to this Agreement.

ARTICLE 9
CONFLICTS OF INTEREST; CONTRACTOR'S CONDUCT

9.1 Conflicts of Interest. Contractor presently has no interest, including but not limited to other projects or independent agreements, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. The Contractor shall not employ any person having any such interest in the performance of this Agreement. Contractor shall not hire County's employees to perform any portion of the work or services provided for herein including secretarial, clerical, and similar incidental services except upon the written approval of County. Without such written approval, performance of services under this Agreement by associates or employees of County shall not relieve Contractor from any responsibility under this Agreement.

9.1.1 California Political Reform Act and Government Code Section 1090 Et Seq. Contractor acknowledges that the California Political Reform Act ("Act"), Government Code section 81000 et seq., provides that Contractors hired by a public agency, such as County, may be deemed to be a "public official" subject to the Act if the Contractor advises

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the agency on decisions or actions to be taken by the agency. The Act requires such public officials to disqualify themselves from participating in any way in such decisions if they have any one of several specified “conflicts of interest” relating to the decision. To the extent the Act applies to Contractor, Contractor shall abide by the Act. In addition, Contractor acknowledges and shall abide by the conflict-of-interest restrictions imposed on public officials by Government Code section 1090 et seq.

9.2 Conduct of Contractor.

- 9.2.1 Contractor shall inform the County of all Contractor’s interests, if any, that are, or that Contractor believes to be, incompatible with any interests of the County.
- 9.2.2 Contractor shall not, under circumstances that might reasonably be interpreted as an attempt to influence the recipient in the conduct of his duties, accept any gratuity or special favor from individuals or organizations with whom the Contractor is doing business or proposing to do business, in accomplishing the work under this Agreement.
- 9.2.3 Contractor shall not use for personal gain or make other improper use of confidential information acquired in connection with this Agreement. In this connection, the term “confidential information” includes, but is not limited to, unpublished information relating to technological and scientific development; medical, personnel, or security records of individuals; anticipated materials requirements or pricing actions; and knowledge of selections of Contractors or subcontractors in advance of official announcement.
- 9.2.4 Contractor, its employees, directors, officers, agents, subcontractors, vendors, consultants, and volunteers shall not offer, directly or indirectly, any unlawful gift, gratuity, favor, entertainment, or other item(s) of monetary value to an employee or official of the County.
- 9.2.5 Referrals. Contractor further covenants that no referrals of clients through Contractor’s intake or referral process shall be made to the private practice of any person(s) employed by the Contractor.

9.3 Prohibited Agreements. As required by section 67 of the San Diego County Administrative Code, Contractor certifies that it is not in violation of the provisions of section 67, and that Contractor is not, and will not subcontract with, any of the following:

- 9.3.1. Persons employed by County or of public agencies for which the Board of Supervisors is the governing body;
- 9.3.2. Profit-making firms or businesses in which employees described in sub-section 9.3.1, above, serve as officers, principals, partners, or major shareholders;
- 9.3.3. Persons who, within the immediately preceding twelve (12) months came within the provisions of the above sub-sections and who (1) were employed in positions of substantial responsibility in the area of service to be performed by the Agreement, or (2) participated in any way in developing the Agreement or its service specifications; and
- 9.3.4. Profit-making firms or businesses, in which the former employees described in sub-section 9.3.3 above, serve as officers, principals, partners, or major shareholders.

9.4 Limitation of Future Agreements or Grants. It is agreed by the parties to the Agreement that Contractor shall be restricted in its future contracting with the County to the manner described below. Except as specifically provided in this section, Contractor shall be free to compete for business on an equal basis with other companies.

- 9.4.1 If Contractor, under the terms of the Agreement, or through the performance of tasks pursuant to this Agreement, is required to develop specifications or statements of work and such specifications or statements of work are to be incorporated into a solicitation, Contractor shall be ineligible to perform the work described within that solicitation as a prime or subcontractor under an ensuing County agreement. It is further agreed, however, that County will not, as additional work, unilaterally require Contractor to prepare such specifications or statements of work under this Agreement.
- 9.4.2 Contractor may not apply for nor accept additional payments for the same services contained in the Statement of Work.

ARTICLE 10
INDEMNITY AND INSURANCE

- 10.1 Indemnity. County shall not be liable for, and Contractor shall defend and indemnify County and the employees and agents of County (collectively “County Parties”), against any and all claims, demands, liability, judgments, awards, fines, mechanics’ liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys’ fees and court costs (hereinafter collectively referred to as “Claims”), related to this Agreement or the work covered by this Agreement and arising either directly or indirectly from any act, error, omission or negligence of Contractor or its Contractors, licensees, agents, servants or employees, including, without limitation, Claims caused by the sole passive

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negligent act or the concurrent negligent act, error or omission, whether active or passive, of County Parties. Contractor shall have no obligation, however, to defend or indemnify County Parties from a Claim if it is determined by a court of competent jurisdiction that such Claim was caused by the sole negligence or willful misconduct of County Parties.

Without limiting the foregoing, Contractor's defense and indemnity obligations under this section shall specifically apply to any claim, suit, proceeding, demand, liability, loss, damage, or expense (including but not limited to attorneys' fees) arising from or relating to a claim that any work performed pursuant to this Agreement infringes a patent, copyright, moral right, trademark, trade secret, or other intellectual property right of a third party. Without limiting the generality of the foregoing, if any portion of any the same or County's use of the same is, or in Contractor's or County's opinion is likely to be, held to infringe the rights of any third party, Contractor shall at its expense either (i) procure the right for County to use the infringing item free of any liability or expense to County to the full extent contemplated by this Agreement; or (ii) replace it with a non-infringing equivalent reasonably satisfactory to County. Without limiting the County's other rights and Contractor's obligations under this section, County shall have the right to employ counsel at its own expense for, and participate in the defense of, any claim.

- 10.2 Insurance. Contractor shall, at its own cost and expense, obtain and keep in force and effect during the term of this Agreement, including all extensions, the insurance specified in Exhibit B Insurance Requirements. Evidence of insurance and any other documents or notices required to be provided to County pursuant to Exhibit B shall be submitted to the COR or as instructed by the COR. The provisions of section 10.1 are independent of, and shall in no way limit, Contractor's and its insurer's requirements under this section 10.2 and Exhibit B.

ARTICLE 11
AUDIT AND INSPECTION

11.1 Audit and Inspection.

- 11.1.1 Authorized federal, State and County representatives and their designated inspectors shall each have the following rights ("Audit and Inspection"):

11.1.1.1 to monitor, assess, and evaluate Contractor's performance under this Agreement;

11.1.1.2 to conduct audits, inspections, reviews of reports, and interviews of staff and participants involved with the services provided under this Agreement; and

11.1.1.3 to inspect the premises, services, materials, supplies, and equipment furnished or utilized in the performance of this Agreement and the workmanship of the work performed under this Agreement.

- 11.1.2 Contractor shall fully cooperate with any Audit and Inspection. County shall perform Audits and Inspections in a manner so as not to unduly interfere with Contractor's performance.

- 11.1.3 At any time during normal business hours and as often as County may deem necessary, Contractor shall make available to County, State or federal officials for examination all of its records with respect to all matters covered by this Agreement and will permit County, State or federal officials to examine and make excerpts or transcripts from such records, and to make audits of all invoices, materials, payrolls, records of personnel, information regarding clients receiving services, and other data relating to all matters covered by this Agreement.

- 11.1.4 If an audit is conducted, it will be done in accordance with generally accepted government auditing standards as described in "Government Auditing Standards," published for the United States General Accountability Office or the institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing.

11.2 External Audits. Contractor shall provide the following to the COR:

- 11.2.1 a copy of all notifications of audits or pending audits by federal or State representatives regarding contracted services identified in this Agreement within three (3) business days of Contractor receiving notice of the audit.

- 11.2.2 a copy of the draft and final State or federal audit reports within twenty-four (24) hours of receiving them. Contractor shall also provide electronic copies to Agency Contract Support (ACS) at ACS.HHSA@sdcounty.ca.gov.

- 11.2.3 a copy of Contractor's response to the draft and final State or federal audit reports at the same time the response is provided to the State or federal representatives.

- 11.2.4 a copy of all responses made by a federal or State representative to a Contractor's audit response no later than three (3) business days after receiving it, unless prohibited by the government agency conducting the audit. This shall continue until the federal or State auditors have accepted and closed the audit.

- 11.3 Availability of Records. Contractor shall maintain and/or make available within San Diego County accurate books, accounting records, and other records related to Contractor's performance under this Agreement, including all records of

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costs charged to this Agreement during the term of this agreement and for the longer of: (i) a period of five (5) years after the date of final payment under this Agreement, (ii) for records that relate to appeals under Article 15 "Disputes," or litigation or the settlement of claims arising out of the performance of this Agreement, three (3) years after such appeals, litigation, or claims have been disposed of, and (iii) any retention period required by the funding source(s) of this Agreement. Contractor shall provide any requested records to County within two (2) business days of request. Contractor assertions of confidentiality shall not be a bar to full access to the records. County shall keep the materials described above confidential unless otherwise required by law.

11.3.1 Contractor shall maintain, and the records referred to in section 11.3 shall include, records sufficient to establish the reasonableness accuracy, completeness and currency of all cost or pricing data submitted to County in connection with this Agreement, including records of adequate price competition, negotiations, and cost or price analysis.

- 11.4 Outcome-Based Measures. Where outcome-based measures are set forth in the Statement of Work, Contractor shall maintain, and provide to County upon County's request as often as County deems necessary, complete, and accurate data documenting such outcome measures under this Agreement. Such data may include, but is not limited to, statistics on outcomes, rates of success, and completion rate of deliverables.
- 11.5 Full Cost Recovery. Contractor shall reimburse County for all direct and indirect expenditures incurred in conducting an audit, investigation, or inspection when Contractor is subsequently found to have violated terms of this Agreement.
- 11.6 Corrective Actions. If any services performed hereunder are found to have not been in conformity with the specifications and requirements of this Agreement, County shall have the right to (1) require the Contractor to perform the services in conformity with said specifications and requirements at no additional increase in total Agreement amount, (2) require Contractor immediately to take all necessary steps to ensure future performance of the services in conformity with requirements of the Agreement, (3) reduce payment to Contractor in accordance with Article 4, (4) have the services performed, by agreement or otherwise, in conformance with the specifications of this Agreement and recover from Contractor any costs incurred by County that are directly related to the performance of such services, and/or (5) pursue any other rights or remedies available to County under this Agreement.

ARTICLE 12
RECOVERY OF FUNDS

Where Contractor is required to reimburse County under any provision of this Agreement, or where County is otherwise owed funds from Contractor, County may, at its sole discretion and subject to funding source restrictions and State and federal law: (1) withhold such amounts from any amounts due to Contractor pursuant to the payment terms of this Agreement, (2) withhold such amounts from any other amounts due to Contractor from County, and/or (3) require Contractor to make payment to County for the total amount due (or a lesser amount specified by County) within thirty (30) days of request by County. Notwithstanding the foregoing, County may allow Contractor to repay any such amounts owed in installments pursuant to a written repayment plan.

ARTICLE 13
USE OF DOCUMENTS AND REPORTS

- 13.1 Findings Confidential. Any reports, records, data, or other information given to or prepared or assembled by Contractor under this Agreement that the County requests to be kept confidential shall not be made available to any individual or organization by the Contractor without the prior written approval of the County except as may be required by law. Contractor shall not disclose to any individual or organization any reports, records, data, or other information received, prepared, or assembled by Contractor under this Agreement
- 13.2 Ownership, Publication, Reproduction and Use of Material. All reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other material or properties produced under this Agreement shall be the sole and exclusive property of County. No such materials or properties produced in whole or in part under this Agreement shall be subject to private use, copyright, or patent right by Contractor in the United States or in any other country without the express written consent of County. County shall have unrestricted authority to publish, disclose, distribute and otherwise use, copyright or patent, in whole or in part, any such reports, studies, data, statistics, forms or other materials or properties produced under this Agreement.
- 13.3 Confidentiality. Contractor agrees to maintain the confidentiality of and take industry appropriate and legally required measures to prevent the unlawful disclosure of any information that is legally required to be kept confidential. Except as otherwise allowed by local, State, or federal law or regulation and pursuant to this section 13.3, Contractor agrees to only disclose confidential records where the holder of the privilege, whether the County, or a third party, provides written permission authorizing the disclosure.
- 13.4 Public Records Act. The California Public Records Act ("CPRA") requires County to disclose "public records" in its actual or constructive possession unless a statutory exemption applies. This generally includes contracts and related documents. If

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County receives a CPRA request for records relating to the Agreement, County may, at its sole discretion, either determine its response to the request without notifying Contractor or notify Contractor of the request. If County determines its response to the request without notifying Contractor, Contractor shall hold County harmless for such determination. If County notifies Contractor of the request, Contractor may request that County withhold or redact records responsive to the request by submitting to County a written request within five (5) business days after receipt of the County's notice. Contractor's request must identify specific records to be withheld or redacted and applicable exemptions. Upon timely receipt of Contractor's request, County will review the request and at its sole discretion withhold and/or redact the records identified by Contractor. Contractor shall hold County harmless for County's decision whether to withhold and/or redact pursuant to Contractor's written request. Contractor further agrees that its defense and indemnification obligations set forth in section 10.1 of this Agreement extend to any Claim (as defined in section 10.1) against the County Parties (as defined in section 10.1) arising out of County's withholding and/or redacting of records pursuant to Contractor's request. Nothing in this section shall preclude Contractor from bringing a "reverse CPRA action" to prevent disclosure of records. Nothing in this section shall prevent the County or its agents or any other governmental entity from accessing any records for the purpose of audits or program reviews if that access is legally permissible under the applicable local, State, or federal laws or regulations. Similarly, County or its agent or designee may take possession of the record(s) where legally authorized to do so.

- 13.5 Custody of Records. Contractor shall deliver to County or its designee, at County's request, all documentation and data related to Contractor's work under this Agreement, including, but not limited to, County data and client files held by Contractor, at no charge to County. County, at its option, may take custody of Contractor's client records upon Agreement termination, expiration, or at such other time as County may deem necessary. County agrees that such custody will conform to applicable confidentiality provisions of State and federal law and that retained records shall be available to Contractor for examination and inspection in accordance with applicable law. Contractor shall destroy records not turned over to County in accordance with applicable retention requirements and this Agreement. Notwithstanding the foregoing, Contractor may retain one (1) copy of the documentation and data for archival purposes or warranty support, and Contractor may maintain records that it is legally required to maintain.
- 13.6 Reports. Contractor shall submit reports required in Exhibit A and additional reports as may be requested by the COR and agreed to by the Contractor. Format for the content of such reports may be developed by County. The timely submission of these reports is a necessary and material term and condition of this Agreement and Contractor agrees that failure to meet specified deadlines will be sufficient cause to withhold payment. Contractor shall submit to County within thirty (30) days of the termination of this Agreement a report detailing all work done pursuant to this Agreement by Contractor.

ARTICLE 14
INFORMATION PRIVACY AND SECURITY PROVISIONS

- 14.1 Recitals. This Article is intended to protect the privacy and security of County information that Contractor may create, receive, access, store, transmit, and/or destroy under this Agreement. In addition to the below Responsibilities, contractor shall be in compliance with the following rules, regulations, and agreements, as applicable:
- 14.1.1 Health Insurance Portability and Accountability Act, specifically, Public Law 104-191, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005, 42USC section 17921 et seq., and 45CFR Parts 160 and 164, collectively referred to as "HIPAA;"
- 14.1.2 County agreements with the State of California, collectively referred to as "State Agreements" and posted on the County's [website](#), including:
- 14.1.2.1 For Eligibility Operations contracts, the Medi-Cal Eligibility Data System Privacy and Security Agreement Between the California Department of Social Services and the County;
- 14.1.2.2 For Mental Health contracts, the Medi-Cal Behavioral Health Services Performance Agreement between the California Department of Health Care Services (DHCS) and the County;
- 14.1.2.3 For Substance Use Disorder contracts, the San Diego County Alcohol and Drug Program Administrator Agreement between DHCS and the County;
- 14.1.2.4 For Aging and Independence Services contracts, the Standard Agreement between the County and the California Department of Aging;
- 14.1.2.5 For Whole Person Wellness contracts, the Agreement for Whole Person Care Pilot Program for San Diego County with DHCS; and
- 14.1.2.6 For Public Health Services contracts, the Standard Agreement between the County and the California Department of Public Health.
- 14.1.3 Title 42 Code of Federal Regulations, Chapter 1, Subchapter A, Part 2.

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- 14.2 Definitions. Terms used, but not otherwise defined, in this Article shall have the same meaning as defined by HIPAA.
- 14.2.1 “Breach” of Protected Health Information (PHI) shall have the same meaning given to the term “breach” under HIPAA and “breach” of Personal Information (PI)/Personally Identifiable Information (PII) shall have the same meaning as given to it under the State Agreements.
- 14.2.2 “Business Associate,” when applicable, shall mean the Contractor.
- 14.2.3 “County PHI” shall have the same meaning as PHI under HIPAA, specific to PHI under this Agreement.
- 14.2.4 “County PI/PII” shall have the same meaning as PI/PII under the State Agreements, specific to PI/PII under this Agreement.
- 14.2.5 “Covered Entity,” when applicable, shall mean the County.
- 14.2.6 “Security incident” shall have the same meaning as defined by the State Agreements.
- 14.3 Responsibilities of Contractor.
- 14.3.1 Use and Disclosure of County PHI/PI/PII. Contractor shall use the minimum County PHI/PI/PII required to accomplish the requirements of this Agreement or as required by Law. Contractor may not use or disclose County PHI/PI/PII in a manner that would violate HIPAA or the State Agreements if done by the County.
- 14.3.2 Safeguards. Contractor shall ensure sufficient administrative, physical, and technical controls are in place to prevent use or disclosure of County PHI/PI/PII
- 14.3.3 Mitigation. Contractor shall mitigate, to the extent practicable, any harmful effects caused by violation of the requirements of this Article, as directed by the County.
- 14.3.4 Subcontractors. Contractor shall ensure that any agent, including a subcontractor, to whom it provides County PHI/PI/PII, imposes the same conditions on such agents that apply to Contractor under this Article.
- 14.3.5 Cooperation with County.
- 14.3.5.1 Contractor shall provide access to County PHI/PI/PII, as well as internal practices and records related to County PHI/PI/PII, at the written request of County within ten (10) calendar days.
- 14.3.5.2 Contractor will assist County regarding individual’s access, copy, amendment, accounting of disclosure, and other such requests for County PHI/PI/PII in the time and manner designated by County.
- 14.3.6 Breach Reporting. Contractor shall report breaches and suspected security incidents to County, to include:
- 14.3.6.1 Initial Report.
- 14.3.6.1.1 Contractor shall email County Contracting Officer’s Representative (COR) and HHS Privacy Officer immediately upon the discovery of a suspected security incident that involves data provided to County by the Social Security Administration, as per the State Agreements.
- 14.3.6.1.2 Contractor shall email COR and HHS Privacy Officer immediately of breaches and suspected privacy incidents involving 500 or more individuals.
- 14.3.6.1.3 Contractor shall additionally submit an online County “Privacy Incident Report” through the online portal within one (1) business day for all breaches and suspected security incidents.
- 14.3.6.2 Investigation Report. Contractor shall immediately investigate such suspected security incident or breach and provide the County a complete report of the investigation within seven (7) working days using County’s “Privacy Incident Report” online form.
- 14.3.6.3 Notification. Contractor will comply with County’s request to notify individuals and/or media and shall pay any costs of such notifications, as well as any costs associated with the breach. County shall approve the time, manner and content of any such notifications before notifications are made.
- 14.3.7 Designation of Individuals. Contractor shall designate a Privacy Official and a Security Official to oversee its privacy and security requirements herein.
- 14.3.8 Termination. Upon termination of the Agreement for any reason, Contractor shall return or destroy all County PHI/PII/PI, except County PHI/PII/PI necessary for Contractor to continue its proper management and administration or to carry out its legal responsibilities, as mutually agreed upon by the Parties. If the Parties mutually agree that return or destruction of County PHI/PII/PI is infeasible, Contractor shall extend the protections of this Article to such County PHI/PII/PI for so long as Contractor maintains such County PHI/PII/PI.

ARTICLE 15
DISPUTES

Notwithstanding any provision of this Agreement to the contrary, the Contracting Officer shall decide any dispute concerning a question of fact arising out of this Agreement that is not otherwise disposed of by the parties within a reasonable period of time. The decision of the Contracting Officer shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, capricious, arbitrary, or so grossly erroneous as necessarily to imply bad faith. Contractor shall proceed diligently with its performance hereunder pending resolution by the Contracting Officer of any such dispute. Nothing herein shall be construed

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as granting the Contracting Officer or any other administrative official, representative or board authority to decide questions of law, or issues regarding the medical necessity of treatment or to pre-empt any medical practitioners' judgment regarding the medical necessity of treatment of patients in their care. The foregoing does not change the County's ability to refuse to pay for services rendered if County disputes the medical necessity of care.

ARTICLE 16
GENERAL PROVISIONS

- 16.1 Change of Control. Contractor shall notify County in writing of any change in majority ownership of Contractor (or all or substantially all of Contractor's assets) through a transaction or series of transactions including, without limitation, an acquisition, sale, reorganization, merger, or consolidation ("Change of Control") at least one hundred eighty (180) days prior to the effective date of a Change of Control or as soon as practicable thereafter if notice cannot legally be provided to County within such timeframe.
- 16.1.1 Without limiting any other rights or remedies of County, in the event of a pending or actual Change of Control, County may terminate this Agreement in accordance with section 7.5, Termination for Convenience, except that Contractor shall not be entitled to costs of termination set forth in section 7.5.2.
- 16.2 Assignment and Delegation. Contractor shall not assign any of its rights or delegate any of its obligations hereunder without the prior written consent of County, which shall not be unreasonably withheld; provided, however, that Contractor may assign or delegate its rights or obligations under this Agreement to the entity becoming a majority owner of Contractor's assets during a Change of Control, provided that notice is given in accordance with section 16.1 above. Any purported assignment or delegation in violation of this section shall be null and void
- 16.3 Entire Agreement. This Agreement, together with all Exhibits attached hereto and other agreements expressly referred to herein, constitute the entire agreement between the parties with respect to the subject matter contained herein. All prior or contemporaneous agreements, understandings, representations, warranties, and statements, oral or written, including any proposals from Contractor and requests for proposals from County, are superseded.
- 16.4 Remedies Not Exclusive. The rights and remedies of County provided in this Agreement shall not be exclusive and are in addition to any other rights and remedies provided by law, equity, or under resulting order.
- 16.5 Sections and Exhibits. All recitals, sections, and exhibits referred to in this Agreement are incorporated herein by reference.
- 16.6 Further Assurances. Parties agree to perform such further acts and to execute and deliver such additional documents and instruments as may be reasonably required in order to carry out the provisions of this Agreement and the intentions of the parties.
- 16.7 Governing Law. This Agreement shall be governed, interpreted, construed, and enforced in accordance with the laws of the State of California.
- 16.8 Headings. The article and section headings used in this Agreement are inserted for convenience of reference only and are not intended to define, limit, or affect the construction or interpretation of any term or provision hereof.
- 16.9 Neither Party Considered Drafter. Despite the possibility that one party may have prepared the initial draft of this Agreement or played the greater role in the physical preparation of subsequent drafts, neither party shall be deemed the drafter of this Agreement and that, in construing this Agreement in case of any claim that any provision hereof may be ambiguous, no such provision shall be construed in favor of one party on the ground that such provision was drafted by the other.
- 16.10 No Other Inducement. The making, execution, and delivery of this Agreement by the parties hereto has been induced by no representations, statements, warranties, or agreements other than those expressed herein.
- 16.11 Notices. Notice to either party shall be in writing and personally delivered; sent by certified mail, postage prepaid, return receipt requested; or emailed to the County's or Contractor's designated representative (or such party's authorized representative). Any such notice shall be deemed received by the party (or such party's authorized representative) on the earliest of the date of personal delivery, three (3) business days after deposit in the U.S. Mail, or upon sending of an email from which an acknowledgement of receipt has been received other than an out of office, unavailable, or undeliverable reply.
- 16.12 Severability. If any term, provision, covenant, or condition of this Agreement is held to be invalid, void or otherwise unenforceable, to any extent, by any court of competent jurisdiction, the remainder of this Agreement shall not be affected thereby, and each term, provision, covenant, or condition of this Agreement shall be valid and enforceable to the fullest extent permitted by law.
- 16.13 Successors. Subject to the limitations set forth in sections 16.1 and 16.2 above, all terms of this Agreement shall be binding upon, inure to the benefit of, and be enforceable by the parties hereto and their respective heirs, legal representatives, successors, and assigns.

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- 16.14 Time. Time is of the essence for each provision of this Agreement.
- 16.15 Time Period Computation. All periods of time referred to in this Agreement shall be calendar days, unless the period of time specifies business days. Calendar days shall include all days of the week, including holidays. Business days shall be Monday through Friday, excluding County observed holidays.
- 16.16 Waiver. The waiver by one party of the performance of any term, provision, covenant, or condition shall not invalidate this Agreement, nor shall it be considered as a waiver by such party of any other term, provision, covenant, or condition. Delay by any party in pursuing any remedy or in insisting upon full performance for any breach or failure of any term, provision, covenant, or condition shall not prevent such party from later pursuing remedies or insisting upon full performance for the same or any similar breach or failure.
- 16.17 Third Party Beneficiaries Excluded. This Agreement is intended solely for the benefit of the County and its Contractor. Any benefit to any third party is incidental and does not confer on any third party to this Agreement any rights whatsoever regarding the performance of this Agreement. Any attempt to enforce provisions of this Agreement by third parties is specifically prohibited.
- 16.18 Publicity Announcements and Materials. All public announcements, including those issued on Contractor letterhead, and materials distributed to the community shall identify the County of San Diego as the funding source for contracted programs identified in this Agreement. Copies of publicity materials related to contracted programs identified in this Agreement shall be filed with the COR. County shall be advised at least twenty-four (24) hours in advance of all locally generated press releases and media events regarding contracted services identified in this Agreement. Alcohol and Drug Prevention Services Contractors shall notify COR or designee at least five (5) business days in advance of all Contractor generated media releases and media events regarding contracted services identified in this Agreement.
- 16.19 Critical Incidents. Contractor shall have written plans or protocols and provide employee training for handling critical incidents involving: external or internal instances of violence or threat of violence directed toward staff or clients; loss, theft or unlawful accessing of confidential client, patient or facility resident Personal Information (PI), Personally Identifiable Information (PII) and/or Personal Health Information (PHI); fraud, waste and/or abuse of Agreement funds; unethical conduct; or violation of any portion of San Diego County Board of Supervisors Policy C-25 "Drug and Alcohol Use Policy" while performing under this Agreement. Contractor shall report all such incidents to the COR within one business day of their occurrence. However, if this Agreement includes Article 14, Contractor must adhere to the timelines and processes contained in Article 14.
- 16.20 Responsiveness to Community Concerns. Contractor shall notify County within one business day of receipt of any material complaints submitted to Contractor orally or in writing related to Contractor's performance of work under this Agreement ("Complaints"), unless prohibited by applicable State, federal, or local law. Complaints include, but are not limited to, issues of abuse or quality of care, or issues regarding a program or facility applicable to this Agreement. Contractor shall take appropriate steps to acknowledge receipt of Complaint(s) from individuals or organizations and to address or resolve all Complaints. Contractor shall promptly notify the County of the status and disposition of all complaints and provide additional information or documentation upon request. Nothing in this provision shall be interpreted to preclude Contractor from engaging in any legally authorized use of its facility, property, or business as approved, permitted or licensed by the applicable authority.
- 16.21 Criminal Background Check Requirements. Contractor shall ensure that criminal background checks are required and completed prior to employment or placement of any employee, director, officer, agent, subcontractor, consultant, or volunteer who will be providing any services, accessing County or client data, or receiving compensation under this Agreement. Background checks shall be in compliance with any licensing, certification, funding, or Agreement requirements, including the Statement of Work, which may be higher than the minimum standards described herein. Furthermore, for any individuals identified above who will be assigned to sensitive positions funded by this Agreement, background checks shall be in compliance with Board of Supervisors Policy C-28, available on the County of San Diego website. Sensitive positions are those that: (1) physically supervise minors or vulnerable adults; (2) have unsupervised physical contact with minors or vulnerable adults; and/or (3) have a fiduciary responsibility to any County client, or direct access to, or control over, bank accounts or accounts with financial institutions of any client. If this Agreement includes Article 14, Contractor must also adhere to requirements contained in Article 14.

Contractor shall have a documented process for reviewing the information and determine if criminal history demonstrates behavior that could create an increased risk of harm to clients or risk to services to be performed under Agreement. Contractor shall document review of criminal background findings and consideration of criminal history in the selection of such persons listed above in this section.

- 16.21.1 Contractor shall utilize a subsequent arrest notification service or perform a criminal background check annually during the term of this Agreement for any employee, director, officer, agent, subcontractor, consultant, or volunteer

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who will be providing any services under this Agreement. Contractor shall keep the documentation of their review and consideration of the individual's criminal history on file in accordance with paragraph 11.3 "Availability of Records."

16.21.2 Definitions

16.21.2.1 Minor: Individuals under the age of eighteen (18) years old.

16.21.2.2 Vulnerable Adult: (1) Individuals age eighteen (18) years or older, who require assistance with activities of daily living and who may be put at risk of abuse during service provision; (2) Individuals age eighteen (18) years or older who have a permanent or temporary limited physical and/or mental capacity that may put them at risk of abuse during service provision because it renders them: unable to make decisions for themselves, unable to physically defend themselves, or unaware of physical abuse or other harm that could be perpetrated against them. Activities of daily living are defined as the basic tasks of everyday life, such as eating, bathing, dressing, toileting, and transferring.

16.21.2.3 Volunteer: A person who performs a service willingly and without pay.

16.22 Survival. The provisions of this Agreement necessary to carry out the intention of the parties as expressed herein shall survive the termination or expiration of this Agreement. Without limiting the foregoing, the following sections and articles of this Agreement shall survive the expiration or earlier termination of this Agreement: sections 8.1, 8.21, 10.1, 16.4, 16.7, and Articles 3, 4, 7, 11, 12, and 13.

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EXHIBIT A – STATEMENT OF WORK

SIGNATURE PAGE

AGREEMENT TERM. The initial term of this Agreement shall begin on March 1, 2026, and end on June 30, 2027, for an Agreement period of eighteen (18) months (“Initial Term”).

OPTION TO EXTEND. The County shall have the option to extend the term of this Agreement for four (4) increments of one (1) year(s) (each an “Option Period”), for a total of four (4) years beyond the expiration of the Initial Term, not to exceed June 30, 2031. This option shall be automatically exercised unless County notifies Contractor in writing not less than thirty (30) days prior to an Option Period that the County does not intend to extend the Agreement.

Options to Extend for One to Six Additional Months at End of Agreement. County shall also have the option to extend the term of this Agreement, in one or more increments, for a total of no less than one (1) and no more than six (6) calendar months (“Incremental Options”). The County may exercise each Incremental Option by providing written notice to Contractor no fewer than fifteen (15) calendar days prior to expiration of this Agreement. The rates in effect at the time an Incremental Option is exercised shall apply during the term of the Incremental Option.

COMPENSATION: Pursuant to Exhibit C, Article 4, and other applicable provisions of this Agreement, County agrees to pay Contractor a sum not to exceed five million eight hundred twenty-one thousand one hundred ninety-six dollars (\$5,821,169.00) (“Maximum Agreement Amount”). Furthermore, compensation for the Initial Term and any Option Periods shall not exceed the amounts shown for the Initial Term or that Option Period shown in Exhibit C.

COR. The County designates the following individual as the Contracting Officer’s Representative (“COR”)

Juanita Garcia, Administrative Analyst II
9655 Granite Ridge Drive, Suite 120
San Diego, CA 92123
(858) 285-7712 Juanita.Garcia@sdcounty.ca.gov

CONTRACTOR’S REPRESENTATIVE. Contractor designates the following individual as the Contractor’s Representative.

Shirin Strauss, Program Director
Palomar Health First Steps
338 Via Vera Cruz, Suite 250
San Marcos, CA 92078
(760) 739-3990 Shirin.Strauss@palomarhealth.org

IN WITNESS WHEREOF, County and Contractor execute this Agreement effective as of the date of the last signature below. The person(s) signing this Agreement for Contractor represent(s) and warrant(s) that they are duly authorized to bind Contractor and have the legal capacity to execute and deliver this Agreement.

CONTRACTOR:

By: Andrew Tokar
[Andrew Tokar \(Feb 26, 2026 16:23:29 PST\)](#)
Name: Andrew Tokar
Title: Chief Financial Officer
Email: andrew.tokar@palomarhealth.org
Date: Feb 26, 2026

COUNTY OF SAN DIEGO:

ALLEN HUNSBERGER, Director
Department of Purchasing and Contracting
By: 
[Richard McCarvell \(Mar 10, 2026 13:55:51 PDT\)](#)
Name: Richard McCarvell
Title: Chief, Departmental Operations
Date: Mar 10, 2026

By electronically signing this document, all parties accept the use of electronic signatures.

Adobe Acrobat Sign Transaction Number: CBJCHBCAABAALThFpEfgu7hAMnB_6NOmp862D8br7_yc

Approved as to form and legality
County Counsel

By: Matthew Patrick O'Sullivan

Name: Matthew O'Sullivan

Title: Supervising Deputy County Counsel

Date: Mar 2, 2026

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FOR FAMILY HOME VISITING SUPPORT SERVICES
EXHIBIT A – STATEMENT OF WORK

1. Scope of Work/Purpose

Contractor shall provide home visitation services, delivered by paraprofessionals, to the identified focused populations. The evidence-based model to be utilized in the delivery of home visiting services shall be Healthy Families America (HFA). All program staff shall receive intensive training to understand the essential components of family assessment, home visitation, and supervision per HFA Best Practice Standards. The HFA model shall be delivered according to model fidelity. Using a transdisciplinary strategy, the program will promote improved maternal and child health, caregiver mental health, provide family strengthening and support, promote nurturing parent-child interactions, and foster early childhood development. By building trusting relationships between provider and family, our community benefits from home visiting services which enhance the quality of life and increases the well-being of children and their families.

Contractor shall be responsible for the start-up, implementation, maintenance, and evaluation of the paraprofessional case management activities within the Family Home Visiting Support Services (FHVSS) program working with the Countywide Coordinator (American Academy of Pediatrics California Chapter 3) and respective County of San Diego staff assigned to support a centralized intake system. The Countywide Coordinator (American Academy of Pediatrics Ca-3 Chapter) will oversee implementation of home visiting services provided through the direct service providers. The Countywide Coordinator will serve as a central resource to facilitate and oversee training, evaluation, capacity building activities, and HFA accreditation. In addition, the Countywide Coordinator (American Academy of Pediatrics California Chapter 3) will oversee policy, quality assurance, quality improvement and technical assistance. The Countywide Coordinator (American Academy of Pediatrics California Chapter 3) will be responsible for ensuring that the FHVSS providers coordinate with other entities in the county that provide similar services to the focus population to prevent service gaps and avoid duplication of effort.

Contractor shall coordinate service delivery with County Public Health Nurses, ensuring that their expertise is leveraged for delivering clinical nursing services to families enrolled in the FHVSS program.

2. Background Information

The County of San Diego Health and Human Services Agency (HHSA) has delivered an evidence-based home visiting program since 1999. In addition to the program operated by Medical Care Services (MCS), First 5 Commission of San Diego (First 5) has also operated a home visitation program since 2013 using the HFA model administered through contracted service providers employing paraprofessional staff. Currently, both First 5 and MCS are administering the HFA model.

Based on a business re-engineering process, which examined HHSA home visiting efforts, recommendations to streamline the process and maximize the impacts of the programming resulted in the development of a new transdisciplinary approach.

On April 22, 2025, Minute Order No. 4, the San Diego County Board of Supervisors authorized the Director, Department of Purchasing and Contracting to issue a competitive solicitation for the FHVSS program, following this new approach.

The FHVSS program will use this new transdisciplinary team approach, which involves integrating knowledge and perspectives from multiple disciplines. Transdisciplinary work involves a co-equal partnership, in which the Contractor and Public Health Nursing (PHN) staff collectively define and develop a conceptual understanding of the family's needs. HHSA PHN staff will focus on child and family health needs and will determine the nurse visiting frequency and content based on the client's clinical/health needs. Transdisciplinary service is defined as sharing roles across disciplinary boundaries to maximize communication, interaction and cooperation. A transdisciplinary team is committed to teaching, learning, and working collectively to implement coordinated services. Transdisciplinary work is the integrative process where team members work collaboratively and extend discipline-specific perspectives, knowledge, and skills to produce innovative solutions.

2.1. A Trauma-Informed System: The County of San Diego Health and Human Services Agency (HHSA) is committed to becoming a Trauma-Informed System as part of its effort to build a better service delivery system. All programs operated and supported by HHSA shall be part of a Trauma-Informed System, which includes providing trauma-informed services and maintaining a trauma-informed workforce. It is an approach for engaging individuals – staff, clients, partners, and the community – and recognizing that trauma and chronic stress influence coping strategies and behavior. Trauma-informed systems and services minimize the risk of re-traumatizing individuals and/or families, and promote safety, self-care, and resiliency.

2.1.1. Trauma-Informed Principles include:

- Understanding trauma and its impact to individuals;
- Promoting safety;
- Awareness of cultural, historical, disability, and gender issues, and ensuring competence and responsiveness;

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- Supporting consumer empowerment, control, choice, and independence;
- Sharing power and governance (e.g., including clients and staff at all levels in the development and review of policies and procedures);
- Demonstrating trustworthiness and transparency;
- Integrating services along the continuum of care;
- Believing that establishing safe, authentic, and positive relationships can be healing;
- Understanding that wellness is possible for everyone.

- 2.2. **The Family First Prevention Services Act (FFPSA)** was signed into law on February 9, 2018. The FFPSA changed the landscape of the Social Security Act Title IV-E funding distribution, which historically funded child welfare services and juvenile probation for placement of youth in care for families who met the Aid to Families with Dependent Children income criteria.

The revised FFPSA funding distribution now allows jurisdictions to provide more services to families in need. Eligible services include those focused on substance use disorders, mental health, in-home parenting, and kinship navigation. Services can be provided for up to 12 months with the potential to extend for additional 12-month periods, including contiguous 12-month periods, on a case-by-case basis. Children, youth, parents and both related and non-related extended family members who have guardianship or custody of the children are all eligible. FFPSA was launched in the County of San Diego through a collaboration of Child Welfare Services, Juvenile Probation and Behavioral Health Services. Healthy Families America is a FFPSA allowable service and intended to serve the Community Pathway population as well as populations known to CFWB.

- 2.3. **Live Well San Diego Vision:** The County of San Diego, Health and Human Services Agency (HHS), supports the *Live Well San Diego* vision of Building Better Health, Living Safely, and Thriving. *Live Well San Diego*, developed by the County of San Diego, is a comprehensive, innovative regional vision that combines the efforts of partners inside and outside County government to help all residents be healthy, safe, and thriving. All HHS partners and contractors, to the extent feasible, are expected to advance this vision. Building Better Health focuses on improving the health of residents and supporting healthy choices. Living Safely seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies. Thriving focuses on promoting a region in which residents can enjoy the highest quality of life. Information about *Live Well San Diego* can be found on its website dedicated to the vision:

<http://www.LiveWellSD.org>

While not specifically a party to the County's overall efforts or initiatives, as outlined above, Contractor supports the goals of the County and its broad public health interests as described.

3. **Definitions**

- 3.1. Child and Family Well Being Department (CFWB): The Child and Family Well Being Department serves families in need of prevention services and foster care. The Office of Child and Family Strengthening is within the CFWB Department and serves as the centralized administrator and intake of Home Visiting.
- 3.2. CalWORKs beneficiary:
- 3.2.1. The individual is pregnant, or the individual is a parent or caretaker relative of a child less than 24 months of age at the time the individual enrolls in the program; and
 - 3.2.2. A member of the CalWORKs Assistance Unit; or
 - 3.2.3. The parent or caretaker relative of a child-only case; or
 - 3.2.4. A pregnant individual who has applied for CalWORKs aid within 60 calendar days prior to reaching the second trimester of pregnancy and would be eligible for CalWORKs aid, other than not having reached the second trimester of pregnancy; or
 - 3.2.5. An individual who is "apparently eligible" for CalWORKs aid, including:
 - 3.2.5.1. Families that have a child(ren) in the home who has been deprived of parental support or care because of the absence, disability or death of either parent.
 - 3.2.5.2. Families with a child(ren) when both parents are in the home, but the principal earner is unemployed.
 - 3.2.5.3. Relative caregivers of a foster child(ren).

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“Apparent Eligibility” means that the information provided on the Statement of Facts and information otherwise available to the county indicates that the applicant would be eligible for aid if the information on the Statement of Facts were verified.

- 3.3. Family First Prevention Services Act (FFPSA): Federal 2018 legislation that permits evidence-based services to support families from entering foster care by funding evidence-based services that are well supported in reducing child maltreatment and foster care experiences. Provides opportunities for jurisdictions to establish a Community Pathway with a no wrong door approach. HFA is identified as the evidence-based home visiting services for FFPSA eligible families in San Diego.
- 3.4. Family Connection Hub – The Family Connection Hub operates as San Diego’s Community Pathway to provide an array of local and evidence-based practices for families in need. The Family Connection Hub is responsible for ensuring a prevention-focused infrastructure to keep children safely at home using service navigation to support upstream efforts with families.
- 3.5. Healthy Families America (HFA) – Healthy Families America is the signature home visiting program of Prevent Child Abuse America, aimed at promoting healthy child development and strengthening families.
- 3.6. Low income:
 - 3.6.1. Household income is less than 200% of the Federal Poverty Level.

4. Goals and Outcomes

- 4.1. Contractor shall work in conjunction with HHSA PHN and CFWB staff to ensure families participating in services receive timely home visitation services to promote improved child and maternal health, caregiver mental health, family strengthening and support, promoting positive parent-child interactions, and fostering healthy early childhood development.
- 4.2. Contractor shall provide services that are culturally competent by employing staff and materials that reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the population served.
- 4.3. Contractor shall employ strategies to measure the program's results and effectiveness and its impact on the focused home visitation population as it relates to desired program outcomes, including reducing child maltreatment and preventing the entry of foster care.

5. Focus Population

- 5.1. The focus population, as noted below, are those who are not receiving similar home visiting services through other programs. Once a family is enrolled, home visiting services may be offered for three (3) years after the child’s birth. If not enrolled prenatally, services may be offered for three (3) years after enrollment.
 - 5.1.1. Pregnant and parenting teens
 - 5.1.2. Pregnant and parenting youth in foster care
 - 5.1.3. Military families (including active duty, reserve or veteran)
 - 5.1.4. Immigrant and refugee families
 - 5.1.5. Income-eligible pregnant or postpartum women/families
 - 5.1.6. Medically complex mother or child (including but not limited to: history of or current substance abuse, history of or current domestic violence, history of or current mental health concerns)
 - 5.1.7. CalWORKs beneficiaries
 - 5.1.8. Family First Prevention Services Act (FFPSA) eligible families as determined by CFWB. These are families who are at risk for child maltreatment or at risk of foster care entry.
 - 5.1.9. Families identified by CFWB
- 5.2. Regions
 - 5.2.1. Lot 1: North Region
 - 5.2.1.1. North Inland
 - 5.2.1.2. North Coastal
 - 5.2.2. Lot 2: Central Region
 - 5.2.2.1. Central
 - 5.2.2.2. North Central
 - 5.2.3. Lot 3: South Region
 - 5.2.4. Lot 4: East Region
- 5.3. Services shall be located in all six (6) of the HHSA service regions. The table below contains a listing of zip codes for the HHSA Regions.

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San Diego County Geographic Zip Code and HHSA Regional Boundaries
(Only current geographic zip codes-historical and P.O. Box zip codes not included)

Central	East	North Central	North Coastal	North Inland	South
92101	91901	92037	92007	92003	91902
92102	91905	92093	92008	92004	91910
92103	91906	92106	92009	92025	91911
92104	91916	92107	92010	92026	91913
92105	91917	92108	92011	92027	91914
92113	91931	92109	92014	92028	91915
92114	91934	92110	92024	92029	91932
92115	91935	92111	92054	92036	91950
92116	91941	92117	92055	92059	92118
92134	91942	92119	92056	92060	92135
92136	91945	92120	92057	92061	92154
92139	91948	92121	92067	92064	92155
92182	91962	92122	92075	92065	92173
	91963	92123	92081	92066	
	91977	92124	92083	92069	
	91978	92126	92084	92070	
	91980	92130	92091	92078	
	92019	92131	92672	92082	
	92020	92140		92086	
	92021	92145		92096	
	92040	92161		92127	
	92071			92128	
				92129	
				92259	
				92536	

6. General Requirements for Service Delivery

All requirements shall adhere to HFA best practice standards to maintain fidelity to the HFA model ([HFA Accreditation](#)).

Contractor shall:

- 6.1. Maintain HFA accreditation.
- 6.2. Work with the Countywide Coordinator, the American Academy of Pediatrics California Chapter 3 (AAPCA3) and CFWB in the start-up, implementation, ongoing service delivery, quality improvement and evaluation of the home visitation services.
- 6.3. Ensure services are provided in partnership with PHN staff and/or other partners as identified.
- 6.4. Coordinate service delivery with the County's PHN, ensuring that their expertise is leveraged for delivering clinical nursing services to families.
- 6.5. Ensure staff essential to service delivery shall complete the required level of training and certification as determined by the Countywide Coordinator (American Academy of Pediatrics Ca-3 Chapter) and HHSA. The [American Academy of Pediatrics California Chapter 3](#) operates as the Countywide Coordinator.
- 6.6. Provide staff training on safety measures, mandated child abuse reporting, and any other relevant items as part of orientation before staff begin conducting home visits.
- 6.7. Work with the Countywide Coordinator (American Academy of Pediatrics Ca-3 Chapter) and HHSA to ensure that all required data collection and evaluation reporting is completed in a timely and efficient manner, within 5 business days upon request by the COR. Data collection requirements will be provided to the Contractor upon receipt of contract.
- 6.8. Attend required meetings with Countywide Coordinator (American Academy of Pediatrics Ca-3 Chapter), including Supervisor Workgroup, Program Manager Workgroup, technical assistance meetings, and others as requested by the county.
- 6.9. Attend required pre- and post-visit huddles along with PHN staff.
- 6.10. Obtain pre-approval for outreach and marketing materials.
- 6.11. Ensure home visiting services are staffed appropriately with HFA compliant caseloads to ensure that home visitors have adequate time with each family to meet their unique and varying needs and to plan for future activities. This may vary per

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the target population being served.

- 6.11.1. Notification of Key Personnel Changes. Contractor shall notify the Contracting Officer Representative (COR) (or designee) in writing within seventy-two (72) hours of a change of key personnel funded under this Agreement. Key personnel include personnel who provide direct services, management oversight, or any combination of these duties. The notification will include a plan to ensure services continue with minimal impact.
 - 6.12. Contractor shall work with Countywide Coordinator (American Academy of Pediatrics Ca-3 Chapter) and HHSA to ensure effective linkages and coordination with other key initiatives, systems and programs as identified by the COR, including but not limited to: California Advancing and Innovating Medi-Cal (Enhanced Care Management), Black Infant Health Program, Community Services for Families, Tribal Families, Behavioral Health Services, Maternal Mental Health Program, Maternal Child Health, and Family First Prevention Services Act prevention services.
 - 6.13. Contractor shall consider actions to support or achieve sustainable travel.
 - 6.13.1. Contractor shall provide reporting that addresses sustainability, including but not limited to energy used, number of EV vehicles utilized, carbon emissions savings, etc.
 - 6.13.2. Duty of care should also include inclusivity safety concerns.
 - 6.14. Offeror shall have use of an accounting system for segregating, supporting, controlling and accounting of all funds, property, expenses, revenues, and assets for each County of San Diego agreement, distinct from other provider activities. Offeror shall have the ability to provide assurance that the system is in accordance with generally accepted accounting principles and federal Office of Management and Budget (OMB) Circulars, located within the applicable Code of Federal Regulations. The Offeror shall describe how the proposed system will be used for this program. Accounting systems are subject to the County's review and approval prior to the agreement award. No cost reimbursement agreement will be awarded to any Offeror who does not have an acceptable accounting system.
7. **Specific Requirements for Service Delivery**
- 7.1. Contractor shall adhere to the critical elements required for [HFA accreditation](#), as well as HHSA requirements as outlined below:
 - 7.1.1. Home Visiting Service Referrals and Intake: CFWB shall serve as the HHSA centralized intake for home visiting in San Diego County to operationalize the No Wrong Door approach and determine the appropriate funding source for services to be administered.
 - 7.1.1.1. COR shall coordinate intake activities with the contractor.
 - 7.1.1.2. All HFA referrals to the home visiting service programs shall be received by CFWB to determine program eligibility and initiate program intake. CFWB shall coordinate this process with the contractor.
 - 7.1.2. Contractor shall:
 - 7.1.2.1. Offer home visiting services to all families determined eligible by the County.
 - 7.1.2.2. Attempt to contact clients/families within three (3) working days of receiving the referral from CFWB or sooner, based on family availability.
 - 7.1.2.3. Schedule assessment visit and conduct Family Resiliency and Opportunities for Growth (FROG) Scale.
 - 7.1.2.4. Coordinate clinical assessment with PHN staff within three (3) days of the initial visit.
 - 7.1.3. Contractor shall not:
 - 7.1.3.1. Decline services to a family that has accepted the services and is eligible as determined by CFWB.
 - 7.1.4. Training and Support. Contractor shall:
 - 7.1.4.1. Ensure home visiting staff, supervisors, and program managers receive training specific to their role per HFA Best Practice Standards and receive training specific to their role as directed by Countywide Coordinator. Trainings include but are not limited to:
 - 7.1.4.1.1. Identifying at-risk families,
 - 7.1.4.1.2. Completing a standardized risk assessment,
 - 7.1.4.1.3. Offering services and making referrals,
 - 7.1.4.1.4. Promoting the use of preventive health care,
 - 7.1.4.1.5. Securing medical homes,
 - 7.1.4.1.6. Emphasizing the importance of immunizations,
 - 7.1.4.1.7. Utilizing creative outreach efforts,
 - 7.1.4.1.8. Establishing and maintaining trust with families,
 - 7.1.4.1.9. Building upon family strengths,
 - 7.1.4.1.10. Developing an individual family support plan,
 - 7.1.4.1.11. Observing and supporting positive parent-child interactions,
 - 7.1.4.1.12. Determining the safety of the home,
 - 7.1.4.1.13. Managing crisis situations.
 - 7.1.4.2. Ensure home visiting staff are supervised using reflective strategies so they are able to develop realistic

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and effective goal plans to empower families, to better understand why a family may not be making progress and how to work with that family more effectively; allowing home visiting staff to express their concerns and frustrations so they see that they are making a difference which may avoid stress-related burnout.

- 7.1.4.3. Ensure home visiting staff receive training at a minimum in cultural competency, substance abuse, child abuse reporting, Community Supporting, FFPSA training series (to be provided by CFWB), domestic violence, drug-exposed infants, and resources in their community.

7.1.5. Home Visiting Service Delivery, Contractor shall:

- 7.1.5.1. Utilize a transdisciplinary approach for service delivery in collaboration with PHN staff.
- 7.1.5.2. Communicate relevant client information with PHN staff to ensure effective case management.
- 7.1.5.3. Work with PHNs to develop mutually agreed upon visiting schedules.
- 7.1.5.4. Provide services that are culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants.
 - 7.1.5.4.1. Staff employed and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.
- 7.1.5.5. Focus on parent support as well as encouraging parent-child interaction and child development.
 - 7.1.5.5.1. Services shall include but are not limited to parent support activities such as parent socialization groups, play groups, meetings, and/or events.
- 7.1.5.6. At minimum, link all families to a medical provider to assure optimal health and development (e.g. timely immunizations, well child visits, childcare, etc.) Depending on the family's needs, they may also be linked to additional services which include but are not limited to financial, food, and housing assistance programs, mental health providers and resources, school readiness programs, childcare, job training programs, family support centers, substance abuse treatment programs, domestic violence shelters, and primary prevention services.

- 7.2. Contractor shall conduct Safety Monitoring in person with the family at least monthly. Safety monitoring shall include, but not be limited to, identifying and reporting any safety concerns in the home that warrant a Suspected Child Abuse Report to the Child Abuse Hotline within 36 hours.
- 7.3. Contractor shall conduct risk assessments via the HFA risk protocol.
- 7.4. Contractor shall coordinate with the Family Connection Hub program to ensure a Whole Family Approach and avoid duplication of services for families being served by the Family Connection Hub.
- 7.5. Contractor shall complete one (1) two-week period Time Studies for every quarter. The Time Study template will be provided by CFWB accompanied by a Desk Guide with Time Study instructions and training support.
- 7.6. Contractor shall follow continuous quality improvement processes as determined by California Department of Social Services (CDSS) guidelines issued via All County Letters (ACLs) and All County Information Notices.

8. Data Collection and Reporting Requirements

- 8.1. Contractor shall work with Countywide Coordinator (American Academy of Pediatrics Ca-3 Chapter) to ensure timely data entry within 10 business days and QA efforts to assess HFA data benchmarks in accordance with the annual Data Quality Assurance and Reporting requirements as guided by Countywide Coordinator.
- 8.2. On a quarterly basis, Contractor shall submit a report to include at a minimum: number of children served, families served, and narratives related to the following – executive summary, program accomplishments, difficulties and barriers encountered, and client success stories for evaluation and reporting of activities.
- 8.3. If providing services to FFPSA eligible families, Contractor shall document federal and state data elements required for FFPSA as outlined in Welfare and Institutions Code 16587 (4)(A)(B)(C)(D) and future ACLs from CDSS. State and federal requirements for documenting these elements in Family Well Being Plans are pending and will be provided in Fall 2026. Additional child-specific data reporting requirements for FFPSA will be provided by the County prior to October 2026.
- 8.4. Documentation for claiming of service delivery to FFPSA eligible families receiving services must be completed in CARES (statewide child welfare database – California Automated Response and Engagement System). CARES statewide implementation is expected in October 2026.
 - 8.4.1. Contractor will be provided with training and support from CFWB and CDSS to ensure documentation is completed in CARES.
 - 8.4.2. Contractor shall identify and provide policies and procedures to ensure accurate documentation occurs, and maintain an updated list of CARES system users, within ten (10) business days, following the end of the calendar month to COR.
 - 8.4.3. If Contractor is providing services to an FFPSA eligible family, Contractor shall notify COR within two (2) business days should any of the following occur, which could affect eligibility. Family may qualify to receive services for

COUNTY CONTRACT NUMBER 575187
AGREEMENT WITH PALOMAR HEALTH DEVELOPMENT, INC.
FOR FAMILY HOME VISITING SUPPORT SERVICES
EXHIBIT A – STATEMENT OF WORK

an additional twelve months (12) upon candidacy redetermination.

8.4.3.1. As a new change occurs in the family composition within the household (ex: child removed from home),
or,

8.4.3.2. Upon completion of services.

- 8.5. When providing services to CalWORKs eligible families, Contractor shall submit CalWORKs Monthly Progress Reports (MPR) and Home Visiting Logs to HHSA Self-Sufficiency via the COR.
- 8.6. Contractor shall provide required client-level data to PHN staff to support the shared service delivery model and case coordination. Specific data sharing will be determined as agreed upon and documented in a separate Memorandum of Agreement between the Medical Care Services/Public Health Department and Contractor.
- 8.7. County Data System Requirements: The Contractor shall utilize multi-factor authentication (MFA) to provide an additional layer of security for the County's data system. Accessing the County's data system through MFA prompts users to verify themselves on a separate device after login.
- 8.7.1. All County's data system users, including but not limited to staff, subcontractors, consultants, interns, and volunteers, shall complete MFA verification prior to accessing County's data system.
- 8.7.2. Contractor shall provide all County's data system users with an Authenticator Token and/or register a smartphone capable of using an authenticator application.
- 8.7.2.1. The Contractor and their IT department shall be responsible for purchasing and/or installing the Authenticator token and/or authenticator application that is compatible with County's data system.

EXHIBIT A-1 START OF CONTRACTOR'S TECHNICAL RESPONSE

PROGRAM / TECHNICAL EXHIBIT

1. ORGANIZATIONAL CAPABILITY, EXPERIENCE, AND STAFFING

1.1. Experience

Palomar Health, through its **North County First 5 First Steps (F5FS) Family Support Program**, is excited to apply for the County of San Diego's request for proposals (RFP 12658) for Family Home Visiting Support Services. Palomar Health, a public non-profit entity, is the only trauma center in San Diego County's Northern Region and serves as a primary health safety net for uninsured, low-income families. Palomar Health provides approximately 191,996 patient visits annually and approximately \$1,050,431,597 annually in uncompensated care, primarily to uninsured, low-income, and underserved families of San Diego County. Established in 1948, Palomar Health is California's largest public hospital district and provides the most comprehensive health care in North San Diego County, serving diverse communities in an 850 square mile area, and a trauma center serving 1,440 square miles of North San Diego County. Palomar Health implements its mission *'To heal, comfort, and promote health in the communities that we serve'* through a system of more than 900 affiliated medical providers, two hospitals (Palomar Medical Center in Escondido and Pomerado Hospital in Poway), home health agency, two skilled nursing facilities, ten clinical outreach departments, and Expresscare® clinics, all located in San Diego County. Palomar Health is a Magnet-Recognized Health System; the first health system in California to achieve nursing's highest honor. Palomar Health is also San Diego County's only member of the Mayo Clinic Care Network and is nationally recognized as operating one of America's 250 Best Hospitals; a Best 100 Hospital for joint replacement and orthopedic surgery; a Best Hospital for stroke care, heart care and bariatric surgery; a Diabetes and Stroke Center of Excellence; and a Blue Distinction Center for spine surgery, cardiac care and maternity care.

Palomar Health North County Health Development, Inc., (Health Development), a private 501(c)(3) non-profit subsidiary of Palomar Health, will assume responsibility for the proposed project's financial management in collaboration with the Program Director. Health Development has a 5-member board of directors, which is composed of the Palomar Health Chief Executive Officer, Chief Financial Officer, and three members of the Board of Directors. Health Development administers the fiscal operations of all grants for Palomar Health, provides system support to project staff for program implementation, and handles contractual arrangements, including subcontractors. Grant funds are maintained and managed separately from Palomar Health funds.

For 12 years, since October 2013, Palomar Health, through its North County F5FS program, has provided home visiting services using the Healthy Families American (HFA) model to a focused population of low income families (household income less than 200% of the Federal Poverty Level), immigrant and refugee families, military families (including active duty, reserve or veteran), and teen (ages 13-21) pregnant and parenting families, in addition to CalWORKS enrolled and eligible families. We are a long-term, relationship based program (enrolling during pregnancy and families stay with us until their child turns 3 years old). As of June 2025, North County F5FS has served approximately 740 families through over 24,320 home visits. Palomar Health was awarded the 2013 contract through a competitive grant process with the First 5 Commission of San Diego.

North County F5FS serves the North Inland and North Coastal regions of San Diego County. Together, these two regions make up the North County. North Coastal has a population of 537,000 residents and includes six cities: Del

Mar, Encinitas, Carlsbad, Oceanside, Solana Beach and Vista along with Camp Pendleton, the US Marine Corps' largest installation¹. The North Coastal region covers 388 square miles and stretches south to north from Del Mar to Orange County and to the east to Vista and Rancho Santa Fe. North Inland has a population of 579,151 residents and is the largest geographical region in San Diego County. It covers 2,373 square miles of urban, suburban, rural, and remote areas and includes the communities of Anza-Borrego Springs, Escondido, Fallbrook, Palomar, Julian, Pauma, Poway, Ramona, San Marcos, and Valley Center². It stretches north to Riverside and east to Imperial County. Despite its large population, North Inland has a low population density at 244 persons per square mile. North Region F5FS provides services to families in all cities and communities in both North Inland and North Coastal, including remote areas where families have little to no access to services.

1.1.1. Provide an organizational resume of the Offeror's experience, including County or other governmental contracts, within the last 5 years, performing the services listed below. Include the following information:

1.1.1.1. Name of agency or entity for which the program was operated, description of services, location of the program (city/county region or state); dates in which Offeror operated program; contact person(s) phone number, and e-mail address; the program's annual costs; and total contract value.

Here is a sampling of five (5) Palomar Health contracts, operating within the last 5 years:

CONTRACT 1: Targeted Home Visiting Initiative Services – First 5 First Steps (North Coastal/North Inland)

- **Agency:** First 5 Commission of San Diego
- **Description of Services:** Delivery of a comprehensive, culturally-sensitive, North Region community-based, family-centered, trauma-informed Targeted at Risk Home Visiting project using Healthy Families America (HFA), Parents As Teachers (PAT), Baby Talk, and Mothers and Babies evidenced-based models, with HFA Affiliation and Accreditation. Services included home visits, parent activities and workshops, and special events for expectant and parenting families and their children up to age 3 years old.
- **Location:** North Region (North Inland, North Coastal), San Diego County, CA
- **Contract Terms:** July 1, 2013 – June 30, 2026
- **Contact:** Juanita Garcia, Projects Coordinator
 - [REDACTED]
 - [REDACTED]
- **Annual Costs:** \$1,432,647 (varied per year)
- **Total Contract Value:** \$17,777,562

CONTRACT 2: Healthy Development Services – Regional Services Networks (North Inland Region)

- **Agency:** First 5 Commission of San Diego
- **Description of Services:** Lead agency for the North Inland Region to provide integrated care and treatment services addressing health, developmental, and behavioral needs of children ages birth through 5 years.
- **Location:** North Inland, San Diego County, CA
- **Contract Terms:** July 1, 2009 – June 30, 2026
- **Contact:** Alicia Castro, Project Coordinator
 - [REDACTED]
 - [REDACTED]

¹ https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-HealthStatusReport_NorthCoastal_2012.pdf

² https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/documents/CHS-HealthStatusReport_NorthInland_2012.pdf

- **Annual Costs:** \$1,849,196 (varied per year)
- **Total Contract Value:** \$29,918,460

CONTRACT 3: Victim Services (XC) Program

- **Agency:** County of San Diego
- **Description of Services:** Provided forensic medical exams on an on-call basis for victims throughout San Diego County.
- **Location:** San Diego County, CA
- **Contract Terms:** February 1, 2017 – December 31, 2024
- **Contact:** Keith Spears, Contracts Manager
 - [REDACTED]
 - [REDACTED]
- **Annual Costs:** \$323,450
- **Total Contract Value:** \$2,785,000

CONTRACT 4: Green Oaks Ranch

- **Agency:** New Alternatives, Inc
- **Description of Services:** Provides Nurse Practitioner and Physician services to an intake center for assessment and placement of abused, neglected, and/or abandoned children taken into immediate protective custody by Law Enforcement Officers and/or Health & Human Services Agency Social Workers.
- **Location:** San Diego County, CA
- **Contract Terms:** January 1, 2013 – June 30, 2023
- **Contact:** Larry Fortin, Program Director
 - [REDACTED]
 - [REDACTED]
- **Annual Costs:** \$157,000.00
- **Total Contract Value:** \$1,648,500

CONTRACT 5: Trauma Therapy and Victim Services

- **Agency:** County of San Diego, District Attorney's Office
- **Description of Services:** Victim services and specialty trauma therapy services.
- **Location:** San Diego County, CA
- **Contract Terms:** January 1, 2022 – December 31, 2022
- **Contact:** Terra Marroquin, Crime and Intelligence Analyst
 - [REDACTED]
 - [REDACTED]
- **Annual Costs:** \$100,000
- **Total Contract Value:** \$100,000

1.1.1.2. In detail, provide a narrative with experience in working with the public health, behavioral health, or social services sector, or government agencies.

North County F5FS has extensive experience collaborating with public health, behavioral health, social services, and government agencies, including Medi-Cal, juvenile courts, and juvenile counseling services, to support at-risk pregnant women and parenting families. For over 12 years we have established and maintained partnerships with

local public health departments, for example as an HHSA Live Well San Diego partner and with North Inland and North Coastal Public Health Centers, to ensure timely and effective family referrals for prenatal care, immunizations, nutrition assistance, health education, social-services and insurance (i.e., Medi-Cal), and more.

Our Family Support Specialists work closely with public health nurses and other maternal-child health specialists (such as Registered Dietitians, Speech Pathologists, and Occupational Therapists) to monitor developmental milestones, facilitate early intervention services, and promote positive birth outcomes. Understanding the critical role of mental health and substance use support for families, we collaborate with behavioral health providers, including licensed counselors, addiction specialists, and perinatal mental health programs. Through warm handoffs with community partners, we address maternal depression, anxiety, trauma, and substance use disorders in order to enhance family stability and resilience. Our program also partners with social service agencies to connect families to essential resources such as housing assistance, food security programs, childcare subsidies, and domestic violence prevention services.

In addition, North County F5FS works closely with juvenile justice system stakeholders, including juvenile hall (we see clients while in detention), and juvenile courts, and we have case review meetings and collaborate care as applicable with probation officers, social workers and therapists, and youth counseling programs, to support teens in detention and families navigating legal challenges and employing restorative and unification practices. We work to ensure continuity of care for youth involved in the system, e.g., during detention and supporting the transition through placement post-detention and family re-unification. These partnerships help us address the complex needs of families impacted by incarceration, court involvement, or mandated services (even though our program does not “count” toward a mandated court ordered program, because our enrollment and engagement is voluntary).

Recognizing that effective family support requires a comprehensive, multi-layered, culturally-sensitive, trauma-informed approach, North County F5FS established a collaborative network of key community stakeholders who meet quarterly. The North County Home Visiting Collaborative that began in 2014 in partnership with North County Public Health Nurses (PHNs), has become a strong vehicle for coordinating services, sharing best practices and community resources, understanding community trends and emerging public health concerns, and strategizing system-wide solutions to emerging challenges faced by the families we serve.

The North County Home Visiting Collaborative fosters ongoing communication with and between community organizations, public health, behavioral health, and social services sector representatives to enhance equitable and sustainable opportunities for families to access comprehensive support, reduce barriers to engagement, and improve family outcomes. By convening this community collaborative, our program serves as a leader, in collaboration with long-standing community partners, to create a seamless continuum of care that empowers families, promotes healthy pregnancies and age-appropriate child development, increases family self-sufficiency and wellness, and strengthens community health infrastructure.

1.1.1.3. In detail, provide a narrative with experience in collaborating with multiple disciplines to achieve a transdisciplinary team approach.

North County F5FS has collaborated with a variety of disciplines over the past 12 years to provide highly coordinated and informed services for its families. For example, North County F5FS subcontracts with Byron Chow, MD; a pediatrician at Neighborhood Healthcare (local community health center) and our program's Medical Director. Dr. Chow provides medical oversight of all of our clients through monthly, one-on-one meetings with the Supervisor, Program Director, and Family Support Specialists to assess for medical red flags or other health care concerns families may be experiencing. Additionally, he provides staff trainings regarding medical and behavioral red flags for mother and child and other timely and relevant topics. Dr. Chow understands and works with the communities we serve, and his expertise includes an extensive understanding of community resources and referrals to support families.

North County F5FS works hand-in-hand with its local WIC (Women, Infants, and Children), which provides free healthy foods, breastfeeding support, nutrition education and referrals to other services for families with children up to five years of age. We have routinely referred our families to WIC for weekly breastfeeding support groups, breast pumps and other infant feeding supplies, and other services and resources. We are welcomed into their lobby to meet with expecting and breastfeeding parents to inform families about our program and for those who are interested we can begin the process towards program enrollment at that time for their convenience. North County F5FS has developed strong, effective referral pathways with WIC programs in North County.

We also partner closely with Lifeline Community Services (Lifeline). Lifeline is a community-based organization that serves low-income and underserved populations in San Diego County through programs that focus on positive youth development, child abuse prevention, housing and self-sufficiency, behavioral health, and anti-human trafficking and survivor services. North County F5FS and other community-based agencies attend Lifeline's standing case management meetings in which we discuss (anonymously) client cases that require an additional lens of support and feedback from behavioral health experts. Agencies are invited to share an example of one of their cases and receive feedback on additional techniques and other resources that would benefit the family. This partnership provides opportunities for our staff to learn about best practices in behavioral health and we cross-collaborate through mutual referral pathways to expand services to our families. In addition, Lifeline has graciously allowed us to convene community meetings and parenting activities at their conference center, which has ample and easy parking and is located in Vista (North Coastal Region).

Since 2014, our program in partnership with North County Public Health Nursing (PHN), coordinates and facilitates the North County Home Visiting Collaborative, which provides opportunities for a variety of disciplines invested in supporting home visiting services for pregnant and parenting families and others, to come together to discuss referral processes and pathways, best practices and outreach strategies, joint training opportunities, community agency updates, and other relevant issues to ensure services are coordinated and integrated in North Coastal and North Inland San Diego County through quarterly meetings. Membership includes representatives from over 75 agencies, including, for example: PHN, TrueCare (community health center), Volunteers of American Healthy Start Program, Gently Hugged, Easter Seals, EQUUS Workforce Development, Vista Community Clinic, Regional Center of San Diego, MAAC Head Start, Vista Hill, Neighborhood Healthcare, Jewish Family Service, Legal Services of San

Diego, United Way, PCI Global Doula and other Programs, Stars Infant Program, North County Lifeline, Camp Pendleton New Parent Support Program, Escondido Union High School District Cal-SAFE Teen Pregnancy Program, Palomar Health's Healthy Development Services Program (First 5 San Diego funded program), Escondido COMPACT, Casa de Amparo, Leah's Pantry, Interfaith Community Services, Volunteers of America Southwest, Palomar Counseling, UCSD Outpatient Women's Health, Black Infant Health, YMCA Childcare Resources, Walden Family Foundation, Blue Shield of California, CAPSLO Head Start, 2-1-1 San Diego, Countywide Coordinator - AAP CA3, Blue Shield CA Promise Health Insurance, San Diego Workforce Partnership, and San Diego State University WIC.

We enjoy a close relationship with One Safe Place, a North Inland Justice Center for hope, healing, and justice, that provides no cost support services under one roof to anyone who has experienced child abuse, sexual assault, domestic violence, hate crime, elder abuse, human trafficking, violent loss, family violence, or other abuse or victimization. Since One Safe Place's opening in San Marcos in July 2022, North County F5FS has had an MOU in place that allows for a dedicated office space and the opportunity to provide home visiting services to our clients as needed and to meet with referred potential clients. North County F5FS is on site at One Safe Place weekly. Partnering resources at One Safe Place include agencies that provide case management, trauma therapy, forensic medical exams, legal assistance, child services, and other community services under one roof. We refer our clients to One Safe Place partners for a myriad of victim-support services, including assistance with homelessness, legal/judicial expertise, job support services, and classes/trainings on a variety of relevant topics. North County F5FS staff have attended and led trainings at the site and we have been invited to host an outreach table at One Safe Place's frequent community events. Palomar Health, since the 1980's, has recognized the need to partner with the community to help those who have been victims of violent crimes. The Palomar Health Forensic Health Services Department consists of the Sexual Assault Response Team and the Child Advocacy Center. This Department is located at One Safe Place and refers to North County F5FS, and we refer to them as well. We have been featured in the One Safe Place newsletter as a highlighted partner.

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FEATURED PARTNER:

PALOMAR HEALTH - FIRST 5 FIRST STEPS

What does your organization do?

Palomar Health implements the First Steps Family Support Program (First Steps), an initiative of First 5 San Diego. Palomar Health has been providing health care in North Region San Diego for over 50 years.

What services will you be providing to One Safe Place guests and members?

First Steps offers home visits (held at homes, One Safe Place, parks, schools, libraries, and other locations), parent and family workshops, and other special family events. All services are provided through a trauma-informed lens and are individualized, caring, and culturally-sensitive. Available in English and Spanish, in-person and virtual. We provide education and support for positive parenting, child and family health, and to prevent child abuse and neglect. Topics discussed, include:

- What to expect during pregnancy, labor, delivery and recovery.
- Preparing for bringing home a newborn baby.
- Support with breastfeeding, bottle feeding and formula feeding.
- What to expect at each stage of your baby's growth.
- Skills to strengthen family relationships.
- Linking to community resources.
- Increasing positive parenting skills and knowledge.
- Identifying red flags when children need medical care.
- Helping to increase family self-sufficiency.
- And much more.

What is your ideal referral?

An expectant (anytime during pregnancy) or parenting mom or dad up to 3 months postpartum (does not need to be first baby), or a caregiver with a child under 3 months. Families can stay with our program until the child turns 3 years old. Call or email anytime if you have questions. Interested individuals can call directly, no referral needed.

Best way to reach your organization?

Call or email us at: 760.739.2044 or
FirstSteps@palomarhealth.org

We look forward to hearing from you!



**PALOMAR
HEALTH**



We have had a strong, long-term, comprehensive and effective collaboration with our PHN partners from both North Inland and North Coastal Live Well Centers. We partner with PHN supervisors, managers and public health nurses in coordinating (and they regularly attend and for years have provided the minutes for) our North County Home Visiting Collaborative meetings. As of June 2025, PHNs have referred over 105 families to our program (who either didn't meet criteria for their home visiting services, or their census was full for accepting new enrollments, or they were busy deployed to community and social services, i.e., during flu season or the start of COVID and needed to refer new cases).

In fiscal year 24-25, in anticipation of an expanded PHN/North County F5FS collaboration, we welcomed North County PHNs to shadow our Family Support Specialists during home visits. We began discussions regarding potential enhanced, coordinated service provision (e.g., joint home visits for families) in preparation for more coordinated work and delineation of shared roles (e.g., co-development of family service plans and goal plans) within the evidence-based Healthy Families America (HFA) home visiting model. The goals of the shadowing experience were twofold: provide PHNs an opportunity to observe the HFA model in action during a home visit, and to build new partnerships, and strengthen existing collaborative relationships between our teams. Both PHNs and our Family Support Specialists found the shadowing experiences to be an exciting foundation for an expanded and enhanced partnership in direct multi-disciplinary provision of home visiting services. Together, these non-duplicative, direct service roles increase the strength, experience and expertise that we were able to bring to our families. It was exciting for our team, and appreciated by our families. Our staff and clients, over the summer of 2025, also joined our PHN partners at their Summer Splash Day where our families and children had a fun and outdoor day, and received helpful emergency needs, including diapers, food bags, and more.

North County F5FS has partnered with UCSD on several projects. North County F5FS's Program Director, worked with UCSD in the development of their Safe Sleep Campaign materials for distribution to physicians (pediatricians, OB-GYNs, primary healthcare providers), and to hospitals and programs throughout San Diego County. The Program Director met with UCSD physicians, outreach liaisons, and other community partners such as Scripps, Sharp Memorial, and health educators from various fields of health care, to develop and distribute important safe sleep materials in English and Spanish for infant and family health and safety.

Collaboration with UCSD has included M.D. Resident shadows by physicians. Over the years, including as recently as June 2025, North County F5FS has invited UCSD Resident OB-GYNs and Pediatricians to observe our home visits, with family approval. Through pre- and post-visit "huddles" (briefs and de-briefs) with our Family Support Specialists, resident physicians have learned about HFA Best Practice Standards and other evidence-based models used for optimum family outcomes. They have observed our Family Support Specialists in action in the home, and how long-term relationships and trust building have led to parent efficacy, age-appropriate child development, family self-sufficiency, and more. In addition, UCSD has had representatives attend our North County Home Visiting Collaborative meetings, to share updates and education about UCSD Maternity Practices, Safe Sleep, and more. Referral pathways have also been established.

North County F5FS has also collaborated with Balboa Naval Base Hospital, providing in-service trainings for their health educators, attending military outreach events, and maintaining a mutual referral pathway between our program and their medical and healthcare services. North County F5FS has also established a long-term and strong

collaboration with Camp Pendleton (US Marine Corps largest installation), which is located in North Coastal San Diego County. We have access to provide home visits for any of our military families residing on base and we have worked with the on base New Parent Support Program in various capacities over the years, including mutual referral pathways, participation in mutual meetings, and in-services for their staff about our program. Camp Pendleton New Parent Support Program participates in our North County Home Visiting Collaborative, as a guest presenter and attendee.

Additional disciplines we collaborate with include Interfaith Community Services, a North County community based organization that provides an array of support services for vulnerable populations, including those experiencing homelessness. Interfaith is an essential partner to whom we refer our unhoused families to help with securing housing and other basic needs. Our North County Home Visiting Collaborative also identified Interfaith Community Services as a community service project one holiday season, members made over 300 sandwiches and sandwich bags on site for families experiencing homelessness. Lastly, we have partnered with our local police departments to receive safety trainings on topics such as identifying safety concerns in clients' homes, techniques to deescalate situations/people, and assistance in the development of program safety policies/procedures.

In February 2025, Palomar Health's North County F5FS was acknowledged by and received a Certificate of Commendation from Supervisor Jim Desmond, 5th District of San Diego (also known as North County), for exceptional service dedicated to the ideals of public service and exemplifying outstanding leadership, volunteerism and community service. Supervisor Desmond recognized our program as a great asset to the North County San Diego communities.

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COUNTY OF SAN DIEGO, FIFTH DISTRICT
SUPERVISOR JIM DESMOND

CERTIFICATE OF COMMENDATION

PRESENTED TO

**PALOMAR HEALTH FIRST 5
FIRST STEPS FAMILY
SUPPORT PROGRAM
*Exceptional Service***

It is my privilege to recognize and honor those organizations who are dedicated to the best ideals of public service, and Palomar Health First 5 First Steps Family Support Program is one such worthy department that exemplifies outstanding leadership, volunteerism, and community service. Palomar Health First 5 First Steps Family Support Program is a great asset to the North County San Diego communities. Thank you for your service and best wishes on your continued success!

JIM DESMOND
SUPERVISOR, FIFTH DISTRICT

February 19, 2025

DATE

1.1.1.4. In detail, provide a narrative with experience in implementing home visiting services by utilizing the HFA Best Standards.

North County F5FS is the North County (North Inland and North Coastal) provider in a network of four San Diego County regional providers offering home visiting services using the HFA model known as *First 5 First Steps (F5FS)*. The First 5 First Steps network is funded by First 5 San Diego, with additional funding sources throughout the years, such as the State of California CalWORKS, and leveraging and support by the lead agencies.

As a network of HFA-affiliated home visiting providers, the four regional programs are jointly considered a HFA multi-site system known as the *San Diego HFA Multi-Site System (MSS)*. **The four regional programs are led by Palomar Health (North Inland/North Coastal), SAY SD (Central/North Central), Home Start (East) and SBCS (South).** The San Diego HFA MSS structure uses a Countywide Coordinator, the American Academy of Pediatrics-California Chapter 3 (AAP-CA3) who provides, for example, training, technical assistance, policy development, and quality assurance responsibilities along with coordination and support for site accreditation from HFA. The policies and procedures listed in this section are from the San Diego HFA MSS Site Policies and Procedures Manual that serves to establish the policies, procedures, and guidelines our network uses to ensure that HFA Best Practice Standards are met. These policies and procedures are based on the framework set by the HFA 12 Best Practice Standards outlined in the 8th Edition HFA Best Practice Standards (the most recent version as of September 2025).

Throughout the 12+ years that Palomar Health North County F5FS has been providing home visiting services, we have worked hand-in-hand with the four (4) Regional Lead Organizations, and AAP-CA3, our Countywide Coordinator, to evaluate our performance based on HFA's Best Practice Standards. Under the leadership of the Countywide Coordinator, and as a joint effort with the other three First 5 First Steps lead agencies, the **San Diego HFA MSS applied for and in 2017 was awarded HFA Accreditation. HFA Accreditation reflects the program's ability to meet the 12 research-based critical elements in best practice and service administration, and ensures fidelity to the HFA model and optimizes potential for achieving positive outcomes for children and families. In 2021, the San Diego HFA MSS successfully achieved HFA Re-Accreditation.** HFA accreditation is valid for five years. San Diego HFA MSS and our 4 lead agencies are currently working on the re-accreditation process again and we are on track to achieve re-accreditation in Spring 2026.

The four (4) First 5 First Steps Family Support Program lead agency Chief Executive Officers, representing their respective Board of Directors, each with significant multi-departmental organizational support including from the 4 lead agency 5FS Program Directors/Managers (who have a strong, long-term partnership), all endorse these proposals (in response to RFP 12658), and our continued collaborative service provision for the most vulnerable children and families throughout San Diego County.

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September 26, 2025

County of San Diego - Department of First 5 Commission of San Diego
Via Health and Human Services Agency, Department of Child and Family Well-Being
For Family Home Visiting Support Services

To Whom It May Concern:

We are writing in support of SAY San Diego, Home Start, Palomar Health Development (Palomar Health), and SBCS Corporation (SBCS) in response to the County Family Home Visiting Support Services Request for Proposals (12658).

SAY San Diego, Home Start, Palomar Health, and SBCS have served as the implementing agencies for the First 5 First Steps Family Support Program since 2013. Together, we form the San Diego County Healthy Families America (HFA) Multi-Site Network. From the beginning of the Program, we have all worked closely together, and with AAP-CA3, the Program's Countywide Coordinator, to ensure that our services consistently align with HFA Best Practice Standards and we seamlessly support children and families across the county. For more than a decade, we have collaborated with each other in a shared mission to strengthen families and support age-appropriate child development for children throughout San Diego County.

Through this collaborative model, each agency provides regional services for the First 5 First Steps Program, as follows:

- ❖ SAY San Diego serves families in the Central Region (Central, North Central);
- ❖ Home Start serves East Region;
- ❖ Palomar Health serves North Region (North Inland, North Coastal), and
- ❖ SBCS serves South Region.

Collectively, we deliver relationship-based, trauma-informed, evidence-based home visiting services, including home visits, parent engagement activities, child development and family screenings, resource linkages and systems navigation and family-centered, culturally-sensitive education and support. Over the past decade, we have built a strong culture of collaboration—sharing training, best practices, referral-pathways between our regions, and continuous quality improvement processes—to ensure consistency and excellence across all regions, and ongoing support and continuity of care across regions for families that move during their program enrollment period. Together, we have supported one another in learning, problem-solving, and maintaining the highest standards of service delivery.

We are confident that individually and together, SAY San Diego, Home Start, Palomar Health, and SBCS has the proven expertise, infrastructure, and commitment to continue advancing the goals of the County Family Home Visiting Services Initiative and the First 5 First Steps Program. It is with full support that we endorse their proposals. Please feel free to contact us if you would like additional information.

Sincerely,



Luong Nguyen

Luong Nguyen
Chief Executive Officer
SAY San Diego



Joe Buehrle

Joe Buehrle
Chief Executive Officer
Home Start



Diane Hansen

Diane Hansen
Chief Executive Officer
Palomar Health



Kathryn Lembo

Kathryn Lembo
Chief Executive Officer
SBCS

What follows in this next section is each of the 12 HFA Best Practice Standards along with accompanying more detailed second and third order standards (through page 66). The first order standard (e.g., Standard 1) states the overall purpose of the practice within each section. Each first order standard is supported by a series of second order standards (e.g., 1-1) and sometimes third order standards (e.g., 1-1.A). After each second/third order standard are the San Diego HFA MSS/North County F5FS's written policies and procedures (as applicable) along with our (North County F5FS only) most recent results (if applicable). **This level of detail is provided so that the reader may understand the rigorous nature of the HFA model and how North County F5FS as part of the San Diego HFA MSS is in compliance and has experience with providing services using the Best Practice Standards.**

HFA Best Practice Standards 1 – 12

BPS = Best Practice Standard

HFA Best Practice Standard 1. Initiate services early, ideally during pregnancy.

The first HFA Best Practice Standard “Initiate Services Early, Ideally Pregnancy” has several components to it in order to comply with the standard. According to HFA, the intent of this standard is to ensure the program has a well-thought out mechanism for the early identification and engagement of families who could benefit from services. The earlier families are enrolled during pregnancy the greater the opportunity to support healthy practices during pregnancy, which can lead to improved birth outcomes and longer-term parent and infant health.

BPS 1-1. The site has a description of its eligibility criteria and the community relationships in place to identify and initiate services during pregnancy or within three months of birth.

- 1-1.A. The site has a description of: 1) its eligibility criteria 2) community data (including both source and year) used in deciding these criteria, 3) the defined service area, and 4) the number of families the site has capacity to serve. Eligibility criteria are determined based on data collected from one or more sources, e.g., a community needs assessment, kidscount.org, state rankings, vital records, census.gov, etc., and are reviewed by the site's community advisory board at least once every four years.
- 1-1.B. The site establishes organizational relationships with community providers for purposes of identifying families and receiving referrals (e.g., local hospitals, prenatal clinics, high schools, centralized intake systems, etc.).
- 1-1.C. The site tracks the number of families identified or referred by referral source, and their eligibility status. The site implements strategies to help maximize existing program capacity and support family needs in the community.

BPS 1-1. Policy: Eligibility Criteria

Each site will have a description of 1) its eligibility criteria, 2) community data (including source and year) used in deciding on these criteria, 3) the geographic service area, and 4) the total number of families projected annually to be served based on capacity. Eligibility criteria are determined based on data collected from one or more sources. The site's community advisory board (i.e., North County Home Visiting Collaborative) reviews the description and data utilized at least every four years and supports making adjustments based on changing community demographics or program infrastructure.

BPS 1-1. Policy: Referral Partners

Each site identifies partners and places where families from its target population can be engaged in services. For organizations within the site's geographic boundaries, sites will initiate contact with representatives from those organizations to describe the program, its benefits, and partnering opportunities. Sites should attempt to establish signed Memorandums of Understanding (MOU) with these organizations, though in some cases, less formal agreements will be obtained. The MOU will include whether the referring agency wishes to receive updates on the status of its referrals and will specify that such updates will be contingent on the site obtaining a Release of Information (ROI) from the family at the Family Resilience and Opportunities for Growth (FROG) Scale or Intake visit.

Sites will keep a list of partnering organizations on file, along with any signed MOUs.^[1] If a site identifies an organization that serves families beyond the site's service area (i.e., countywide programs), the site will contact the Countywide Coordinator to assist with outreach to that organization and ensure all sites (in the San Diego HFA MSS) can receive referrals based on the family's geographic location. The Countywide Coordinator may facilitate an MOU process on behalf of sites.

BPS 1-1. Results: Referral Partners

North County F5FS currently has MOUs with the following agencies: One Safe Place; County of San Diego, HHSA, Perinatal Care Network/2-1-1; County of San Diego, Child and Family Well-Being, EQUUS, and Say San Diego Family Connection Hub.

Table 1 shows the number of referrals North County F5FS has received by category of referral source. As of June 30, 2025 we have received 1,946 referrals.

Table 1. Referrals To North County F5FS October 2013 – June 2025 (N= 1,946)		
Referral Category	Number	Percent
2-1-1/Perinatal Care Network	279	14%
Community Agency	325	17%
Community Health Center	304	16%
Child & Family Wellbeing	27	1%
F5FS Partner (Includes F5FS & HDS)	78	4%
Hospital/Birthing Centers	341	18%
Military	38	2%
Public Health Nursing	105	5%
School System	29	1%
Self Referral (includes Outreach)	420	22%

BPS 1-2. The site ensures all referrals in the HFA site are tracked and monitored from receipt of referral to the offer of services.

- 1-2.A. The site has policy and procedures regarding initial engagement processes and mechanisms (from referral to offer of services) to ensure timely determination of eligibility and offer of service. Policy and procedures include each step of the process for all referrals, from receipt of referral to offer of service, the

site's tracking and monitoring requirements, and documentation of reasons why families are not offered services.

- 1-2.B. The site monitors its initial engagement process, tracking the timeliness from receipt of referral to offer of service, whether able to establish initial contact or not, whether services are offered or not, and reasons why if families were not offered services.
- 1-2.C. The site develops strategies, based on its data from 1-2.B, to strengthen its initial engagement process with families, aiming to reduce barriers and provide equitable access to HFA services.

BPS 1-2. Policy: Determining Eligibility

The site accepts referrals for families who are pregnant or have recently given birth (or up to two years of age for CalWORKs recipients). The site serves families who are not eligible for other home visiting programs and meet one of five criteria:

- Low income (below 200% Federal Poverty Level)
- Immigrants/Refugees (parent is foreign-born)
- Teen (13-21 years of age)
- Military (Child is dependent of active duty, guard, reserve, or veteran service member)
- CalWORKs recipient

A two-part screening and assessment process determines family eligibility for the program. Sites use the New Baby Questionnaire (NBQ) as its screening tool and the FROG Scale as its assessment tool. Screening and assessment are provided with the family's culture taken into consideration. Ongoing, the NBQ may be sunsetted for those families entering through the Family Connection Hub as they do the initial screening, and then after receipt of their referral to us, we implement the FROG as the start of relationship and trust building, and then connection to our PHN partners for next steps with the family. County policy development will determine the finalized screening and assessment process, that will be in alignment with the County and HFA Best Practice Standard requirements.

BPS 1-2. Procedures: Determining Eligibility

- Staff receive training on the NBQ.
- Site staff will review the referral form upon receipt for a potential new family.
- Pre-screen referral form to determine if the family meets eligibility guidelines: in target population, lives in San Diego County, is not enrolled in another home visiting program.
- Once referred, family appears to meet basic pre-screening requirements, the site can proceed with assigning staff to conduct the NBQ. Sites make an effort to ensure the individual administering the NBQ and FROG is one who speaks the family's preferred language and understands their culture.
- Call the family to conduct NBQ:
 - Option 1: if the family completes the NBQ, move on to score the NBQ.
 - Option 2: if the family could not complete the NBQ, then the Supervisor or Family Support Specialist (FSS) should make at least three attempts to contact the family. In addition to the three phone calls, at least one of the following alternative means of contact should be attempted, as permitted by the Health Insurance Portability and Accountability Act and agency-specific policies:
 - A letter or postcard sent to the family
 - A text sent to the family's cell phone
 - Another means of contact if the Supervisor and FSS agree it is safe and appropriate (i.e., an unscheduled in-person visit)

- Score the NBQ.
- Summarize phone call and next steps for the family:
 - Option 1 - Positive: Schedule the FROG.
 - Option 2 – Negative: Offer information for another community resource.
 - Option 3 – In some instances, moving a family forward to a FROG may be appropriate even if they score negative on the NBQ. This should be on a case-by-case basis, and the FSS will document reasons in the NBQ notes and update their Supervisor.
- If the family is potentially eligible for another home visiting program, ask permission to make a referral and then process the referral.
- Write up notes from the NBQ.
- Enter NBQ result into CMEDS (acronym for the required database).
- When appropriate, schedule a FROG visit at the end of the NBQ conversation or assign the positive NBQ to a FSS to schedule a FROG.
- Families who do not score positive on the NBQ will be referred to another home visiting program or other community resources or provided parenting materials, whichever the FSS and family deem best based on the family's needs.

BPS 1-3. The first home visit occurs within three months after the birth of the baby for at least 80% of families.

- 1-3.A. The site has policy and procedures describing activities to ensure at least 80% of families receive a first home visit prenatally or within the first three months after the birth of the baby.
- 1-3.B. The site's practices ensure, for families who accept services, the first home visit occurs prenatally or within the first three months of the birth of the baby, for at least 80% of families initiating services in a given year. *This is a threshold standard, meaning to be in adherence a minimum threshold has been established (80% in this case).*

BPS 1-3. Policy: Conducting the First Home Visit

The first visit occurs either prenatally or within three months of the child's birth. The first visit may occur after this timeframe if health reasons (e.g., extended hospital stay) make it impossible to conduct the first visit within three months after the child's birth. Such reasons are to be documented in the family chart. Exceptions include:

- Families referred from CFWB who fall under Family First Prevention Services (FFPSA) will receive the first visit within 24 months of birth.
- Families receiving CalWORKS may also receive their first visit within 24 months of birth, although the enrollment timeframe expectation is still within three months after the child's birth for HFA data benchmarks.

BPS 1-3. Procedures: Conducting the First Home Visit

- FSSs will enter the child's birthday and first visit date into CMEDS.
- At least 80% of first visits will occur prenatally or within the first three months after birth. For families referred by CFWB, 80% of the first visits will occur within 24 months after birth.
- In instances where a visit does not occur prenatally or within the first three months of birth (or within 24 months of birth for families referred by CFWB), FSS will discuss such cases with their Supervisor and document reasons for delaying the first visit.

BPS 1-3. Results: Conducting the First Home Visit

Between October 2013 at the start of the program and June 30, 2025, we have enrolled over 735 families into the long-term (up to 3 - 3.5 years engagement/enrollment in the program), relationship-based, North County F5FS through outreach, screening, and assessment. Of these 735 families, 93% (686) initiated services prenatally or within the first three months after birth (surpassing the HFA threshold standard of 80%):

- 62% (459) initiated services during pregnancy
- 11% (78) initiated services at birth to two weeks postpartum
- 20% (149) initiated services two weeks to two months postpartum
- 7% (49) initiated services three or more months postpartum

BPS 1-4. The site measures the acceptance rate of families offered services on an annual basis and in a consistent manner and, at least once every two years, analyzes its data associated with family acceptance to better understand the underlying issues associated with families choosing to accept services or not.

- 1-4.A. The site measures annually (12 consecutive months of data whether calendar or fiscal year) the acceptance rate of families offered services, using HFA methodology (based on receipt of first home visit and using both numbers and percentages).
- 1-4.B. For sites with 50 or more families offered HFA services over a two-year period, the site analyzes its data, to identify possible reasons for changes in the site's acceptance rate, comparing data for families who accept services to those who decline services (including the reasons why families decline services).

BPS 1-4. Results: Acceptance Rate

The acceptance rate is an indication of a program's ability to engage and enroll families and is based on the number of eligible parents offered services and that complete their first home visit. Using HFA methodology, out of 804 parents *offered* North County F5FS services between October 2013 and June 2025, 735 completed an initial home visit, thus demonstrating a **91% acceptance rate**.

HFA Best Practice Standard 2. Use the validated Family Resilience and Opportunities for Growth (FROG) Scale to identify family strengths and concerns at the start of services.

BPS 2-1. The site is required to use the FROG Scale at the start of services to provide the family an opportunity to tell their story, to identify the presence of protective factors as well as factors that could contribute to increased risk for child maltreatment or other adverse childhood experiences, and to support the development of a service plan to support the unique needs of each family.

- 2-1.A. The site has policy and procedures requiring the FROG Scale be administered to identify risk and protective factors. The policy and procedures also require documentation of these risk and protective factors be completed in narrative format that fully describes the concerns/needs and strengths expressed by the parent(s) during the FROG Scale conversation, and all items are scored in accordance with the guidelines of the tool. The policy and procedures identify who is responsible for administering the tool and the timeframe for completing the narrative, including Supervisor review.
- 2-1.B. The FROG Scale is administered and documented uniformly and in accordance with site policy and procedures.

- 2-1.C. The FROG Scale is administered within the timeframe identified in the site's policy and procedures.
- 2-1.D. Supervisors provide support and skill building to direct service staff such that FROG conversations are done in a manner that is respectful, culturally responsive, and strength-based. Supervisors review and provide feedback to direct service staff who administer the FROG Scale to ensure consistent quality of scoring and documentation.

BPS 2-1. Policy: FROG

In addition to determining eligibility, the FROG allows referred families an opportunity to tell their story. It serves to identify the presence of protective factors and factors that could contribute to increased risk for child maltreatment or other adverse childhood experiences. The FROG is also used to inform the development of a service plan to support the unique needs of each family.

BPS 2-1. Procedures: FROG

- Ensure FSS is trained in Foundations and FROG Core training.
- Schedule FROG with family. Generally, the FROG is completed before enrollment. In cases where families are transferred from another HFA program, a previous FROG can be used, or the Supervisor and FSS can jointly decide whether it is beneficial to administer another FROG to update information and allow the family the opportunity to tell their story to their new FSS.
- FSSs review the FROG Conversation Starters to prepare for the FROG visit:
 - FSSs will adjust the FROG as needed to fit potentially eligible families (e.g., for CalWORKs, adjusting questions in domain 3 (knowledge of child development) to account for child's age by providing age-appropriate development examples and asking about the child's history of missed milestones).
- The FROG is completed with at least one, ideally two, parents/caregivers of the target child.
- The FROG visit is typically one hour. Depending on the number of caregivers or other family members included in the conversation, the visit may extend to two hours.
- Conduct FROG with the family in no more than two visits.
- Write the FROG narrative that fully describes the concerns/needs and strengths expressed by the caregiver(s)/parent(s) during the FROG Scale conversation. Staff can use the HFA Documentation Guidelines for reference. In documentation, it is highly encouraged that the parent is referred to by their first name. Staff may also use "mom" and "dad." Acronyms "Mother of Baby (MOB), MOM, DAD, Father of Baby (FOB)" are no longer used. If other persons are present, they will be referred to using family-friendly language, e.g., grandma instead of the acronym Maternal Grand Mother (MGM). Part of a parent's story might be relevant to multiple domains in the FROG Scale. Staff do not need to document the same information in multiple places. Staff may instead reference the domain using "see domain xx" to reduce documentation. When referencing another domain, staff will document how the information is related to the impact on each domain to tell the full story and support accurate scoring.
- FSSs will use the HFA FROG Scale Scoring Guide to ensure accurate scoring and propose tentative scores (0-4 or Unknown Risk (UR)) in all domains the parent shared information for. The reason is documented when staff do not explore a particular area of the FROG.
- FROG scores are only entered for caregivers/parents present for the visit. If a caregiver/parent is not present, UR is entered. UR is also used when there is not yet enough information and staff are planning to learn more as they partner with the family.

- Email FROG to Supervisor in advance of the FROG supervision session.
- Before FROG supervision: Supervisors provide written feedback on FROG narrative and scores to prepare for the supervision session.
- Feedback will include family strengths and inclusion of any change talk/readiness by family and rationale for proposed changes in scores.
- A good indicator of a complete FROG is if the reader has the sense that they know the family's story and, if not, why there may be gaps in that story. Any domain/area not yet documented is identified for later conversation and inclusion in the Family Service Plan. FSSs do not need to update the FROG for domains discussed with the family at a later time.
- FROG Supervision session: Review FROG, discuss family and finalize scores for each domain. Supervisor will provide FSS with verbal feedback and have reflective conversations as appropriate. Any domains not discussed with the family should be explored in preparation for developing the Family Service Plan.
- Supervisors will also document rationale for final scoring to support staff learning and reflection in using the FROG.
- File FROG in family's chart and enter the data in CMEDS.

BPS 2-1. Results: FROG

In fiscal year July 2021 North County F5FS transitioned to using the FROG Scale as our assessment tool to assess for program eligibility and to identify family strengths and concerns at the start of the services. Since that time, we have administered the FROG Scale to 243 families. Prior to the FROG Scale, we used the HFA approved Parent Survey to assess family attributes and program eligibility. We administered the Parent Survey to 653 families between October 2013 and June 2021. In total, we have administered an HFA approved assessment to 896 families.

HFA Best Practice Standard 3. Offer services voluntarily and use personalized, family-centered outreach efforts to build trust with families.

BPS 3-1. The site's policy, procedures and practices ensure services are offered to families on a voluntary basis.

- 3-1.A. The site has policy and procedure stating services are voluntary and including how this information is shared with families.
- 3-1.B. The site's practices ensure services are offered to families on a voluntary basis.

BPS 3-1. Policy: Voluntary Services

Services are offered to eligible families on a voluntary basis. Although there may be external agencies that attempt to require HFA as part of mandated treatment (e.g., CFWB or court mandated services), FSSs will inform families that regardless of the intent of the referral entity, enrollment is voluntary, and families may refuse to accept services. Once the family has accepted services, they may discontinue services at any time.

BPS 3-1. Procedures: Voluntary Services

- At the time of offering services, FSSs will inform parents that services are voluntary.
- The FSS will explain to the family that they may discontinue services at any time. If a family initially accepts services during the intake visit, the FSS will remind the parents that the services are voluntary and can be ended by the family at any time.

- The FSS will also provide the family with written information regarding the voluntary nature of the program using the site's participation agreement form and the First 5 San Diego Program Evaluation Notification Form.

BPS 3-2. The site utilizes positive pre-enrollment outreach methods to build family trust and engage new families.

- 3-2.A. The site has policy and procedures specifying a variety of positive methods to build family trust when engaging new families in services.
- 3-2.B. The site utilizes positive methods to build family trust when engaging them to enroll in services.

BPS 3-2. Policy: Pre-enrollment Outreach

Pre-enrollment outreach is outreach that happens after a family has verbally accepted services but before their first visit. Sometimes families say they want visits but then experience challenges with officially enrolling. FSSs will utilize positive methods to engage new families, build family trust, and promote family involvement. In order to build trust with families, FSSs will use family centered approaches that include, but are not limited to:

- Warm telephone calls focused on the family's well being
- Offering flexible and convenient times for visits (within limits established by home visiting agency)
- Creative and upbeat notes which encourage parents to want to participate
- Texting brief messages to let a parent know you are thinking about them
- Anchoring conversations based on family's interests
- Inviting the family to community events
- Drop-by visits and leaving a card when families are not home
- Encouraging self-care practices

It is recommended that pre-enrollment outreach end within 30-45 days of the first attempted contact with the family subsequent to their verbal acceptance. Even if families verbally accept services, they have the right to change their mind and not enroll.

BPS 3-2. Procedures: Pre-enrollment Outreach

- Prior to conducting the first visit, FSSs will discuss with their Supervisor the most appropriate and effective means of engaging the family and building trust.
- Techniques will vary from one family to the next and will be based on factors such as cultural considerations and the family's preferences.
- FSSs will observe what engagement techniques are most effective and share their experiences during supervision.
- When a FSS faces challenges with family engagement or trust, they will discuss ideas with their Supervisor and explore new means of engaging the family.

BPS 3-3. For families that have had at least one home visit, the site offers post-enrollment outreach (level CO) for a minimum of three months before discontinuing services (or for a cumulative three-month period over six consecutive months). Families remain at the case weight of the level they were on prior to moving to CO.

- 3-3.A. The site policy and procedure specify when families are placed on a post-enrollment outreach level and the activities to be carried out (and documented) while the family is on outreach. The site maintains

the case weight at the level prior to CO and all post-enrollment outreach levels are continued for three months (or for a cumulative three month period over six consecutive months). CO is only concluded prior to three months when families have engaged in services, declined services, moved from the area, or closed due to other allowable reasons. Families who are assigned a permanent worker from Level TR or returned to the service area from Level TO, but who are unable to be engaged on an active service level, will be moved to Level CO. In these situations, the cumulative time on TR or TO plus CO will be for a minimum of 90 days.

- 3-3.B. Families disengaging from services are placed on post-enrollment outreach (level CO) and outreach activities are continued for at least three months (or for a cumulative three month period over six consecutive months), only concluding outreach prior to three months when families have engaged in services, declined services, moved from the area, or other allowable reasons as stated in the 3-3.A intent.

BPS 3-3. Policy: Creative Outreach

Sites reach out to families who have enrolled in services but then disengage and lose contact or do not consistently participate in their schedule of visits. When a family becomes disengaged, they are placed on CO for at least three months to ensure reasonable steps are taken to re-engage the family before ending services. This communication aims to demonstrate the program's interest in continuing to partner with the specific caregiver and family.

Families who appear to be engaged in services, but routinely miss or have difficulty scheduling every other visit are not placed on CO. In these cases, FSSs should discuss with their Supervisors and reconsider if the family is truly a good fit for the program.

BPS 3-3. Procedures: Creative Outreach

- Sites will transition a family into CO when the family misses at least two consecutive visits. "No Shows" can include:
 - When a rescheduled visit also results in a "no show".
 - When a family "no shows" and communication is lost, such that the FSS cannot reschedule another visit within the due time period (e.g., within the following week for a Level 1 family).
- FSSs will follow and complete the Level CO form by: documenting the date of the first "no-show" visit as the date CO began (Note: the same date will be listed on the HVCC Worksheet) and describing individualized CO activities used to engage the family.
- Agencies, Supervisors and FSSs will determine the frequency and appropriateness of these activities based on the unique populations they are working with and their agency-specific regulations.
- Visits may occur while a family is on CO and may look different than a "typical" visit. For example, discussion can focus on re-engagement or exploring reasons why engagement might be challenging. These visits will not be counted in the HVCC Worksheet.
- CO will be carried out for a minimum of three months (whether three consecutive months or three cumulative months during a 6-month period). Families who are assigned a permanent FSS from TR (Temporary Reassignment) or returned to the service area from TO (Temporary Out of Area) but are unable to be engaged on an active service level will be moved to CO. In these situations, the cumulative time on TR or TO plus CO will be for a minimum of three months.
- Once a family shows signs of re-engagement, including receiving at least 75% of expected visits for at least

30 days, the FSS will discuss with their Supervisor the recommendation to remove the family from Level CO and return them to their previous level. Once the Supervisor agrees, the family can officially return to their previous level at their next scheduled visit.

- The next scheduled visit (the date the family returns to their previous level) will also mark the end of CO date for data entry and the HVCC worksheet.

BPS 3-4. The site measures the retention rate of families on an annual basis and in a consistent manner, and analyzes data associated with family retention at least once every two years to better understand why some families choose to leave services and others choose to stay.

- 3-4.A. The site measures its retention rate using HFA approved methodology—first and last home visit of all who enrolled in a particular calendar or fiscal year.
- 3-4.B. For sites with 50 or more active families at any one time over the last two years, the site analyzes its data, to better understand why some families are choosing to leave and others are choosing to stay in services, comparing data for families no longer receiving services to data of families remaining in services (including reasons why families leave services).

BPS 3-4. Results: Retention Rates

There is no HFA threshold for this standard. North County F5FS's most recent retention rates show that:

- 56% of families remained active in the program for 6 months,
- 42% of families remained active in the program for 1 Year
- 29% of families remained active in the program for 2 Years,
- 13% of families remained active in the program for 3 Years.

HFA Best Practice Standard 4. Offer services intensely and over the long term, with well-defined progress criteria and a process for increasing or decreasing intensity of service.

North County F5FS services are more intensive at enrollment and taper down as the child ages and parents gain greater parenting skills and self-sufficiency. Once a family is enrolled, our services are offered for three years after the child's birth. If not enrolled prenatally, our services are offered for three years after enrollment. In the prenatal period and for at least six months postpartum, home visits are provided weekly. If the family has no additional concerns, visits taper down to twice a month, and then finally monthly.

For families experiencing a crisis or difficulty that has a foreseeable resolution and end, the FSS may need to increase the timing of their visits. Families in crisis for longer periods usually require more intensive services. If the family's needs cannot be met by temporary assignment to more intensive home visits, North County F5FS will identify other more appropriate services to refer the family to.

BPS 4-1. The site offers weekly home visiting services at the onset of services.

- 4-1.A. The site's policy and procedures state families are offered weekly home visits at the start of services until the family meets progress criteria to support moving to every- other-week visits.
- 4-1.B. The site ensures families (with the exception of families who enroll on level 2P) are offered weekly home visits at the onset of services (including with transfer and re-enrolling families) and until progress criteria are met for moving to less frequent visits.

BPS 4-1. Policy: Level 1 Service (Weekly)

Sites offers all families Level 1 weekly service after the baby's birth. These first months after the baby's birth are a critical time in which parents need support with parent-child interactions, newborn care and safety and adjustment to parenthood. There may be situations in which a family may request reduced visits due to time and scheduling conflicts (e.g., returning to work or school). In these cases, the site will respect the family's wishes and may adjust visit frequency according to the parent's schedule.

BPS 4-1. Procedures: Level 1 Services (Weekly)

- Families are placed on Level 1 when any of the following occurs:
 - Family enrolled after birth.
 - Family enrolled prenatally, move to Level 1 on child's birth date,
 - Baby is hospitalized after birth, moved to Level 1 when the baby comes home,
 - Families transferring from another HFA site or re-enrolling with same target child, offer weekly home visits until progress criteria are met to move up to the next level.
- When progressing from Level 1P or 2P to Level 1, the FSS will fill out the Level P Completion Form for families enrolled prenatally.
- If a family is placed on Level TO, CO or TR shortly after birth, the FSS will still complete a Level P Completion Form indicating that the family has delivered and will return to Level 1 after their time spent on TO, CO or TR, if applicable.
- If a Level 1 family requests reduced visits, the FSS will document the request in the home visit record and update their Supervisor. In these cases, the family will be placed on Level 1b and will receive no less than biweekly (every other week) visits. The family will maintain a case weight of 2 points to ensure they can return to weekly visits if desired.
 - Offering reduced visits may begin no earlier than three months after birth or enrollment.
 - As appropriate, FSSs will continue to offer weekly visits until the family meets the progress criteria to move to Level 2, ensuring that families are aware the opportunity to resume weekly visits is available to them.
- Families will remain on level 1 until they progress to level 2 based on the level completion form criteria.

BPS 4-1. Results: Level 1 Services (Weekly)

North County F5FS's most recent results for **the percentage of families on Level 1 for at least six months before transitioning to Level 2 show that 94% of families did so.** The HFA Best Practice Standard top rating for this indicator is 90%.

BPS 4-2. The site utilizes a well-thought-out system for managing the intensity/frequency of home visiting services, which includes use of HFA Level Change forms for all levels requiring progress criteria to be met when moving to less frequent visits.

- 4-2.A. The site has policy and procedures clearly defining the levels of service (i.e., visit frequency for weekly, bi-weekly, monthly, etc. and corresponding case weight at the various levels). The site's policy and procedures also include the process for reviewing progress and achievements made by families, and the involvement of parent, direct service staff, and supervisor in the level change decision.

- 4-2.B. Sites measure whether families at the various levels of service receive the expected number of home visits, based upon the level of service to which they are assigned.
- 4-2.C. Each family's progress (as identified on completed HFA Level Change forms) to a new level of service is reviewed and agreed upon by the direct service staff and Supervisor prior to moving a family from one level of service to another. Note: completed HFA Level Change forms meet all documentation needs for 4-2.C.
- 4-2.D. Once the Supervisor and direct service staff agree a family's progress indicates readiness for movement to a less intensive service level, the direct service staff discusses with the family the change to visit frequency based on progress and celebrates family progress and achievements.

BPS 4-2. Policy: Level Change

Families receive less frequent visits as they gain more skills and self-sufficiency. The Level Completion Forms outline the primary indicators that families are ready to change levels. Before any level changes, family progress and changes to the frequency of visits are reviewed and agreed upon by the family, FSS and Supervisor.

BPS 4-2. Procedure: Level Change

- Staff will follow guidelines in the Level Completion Forms when considering transitioning families to a new level.
- The FSS will review and discuss the factors listed on the corresponding Level Completion Form with the family and their Supervisor before moving the family to another level. FSSs will also consider the following when discussing and determining the family's progress to the next level with the family and Supervisor:
 - Demonstrating responsive, nurturing parenting practices leading to secure attachment
 - Engaging in child development activities with their children
 - Providing a stimulating and safe home environment
 - Screening negative for depression or being linked to appropriate mental health services
 - Working to accomplish individual/family goals
 - Managing stress effectively
 - Using nurturing and respectful discipline methods
 - Developing healthy support systems
- When the FSS and family agree that the family is ready to be promoted to a lower intensity level, the FSS will discuss with their Supervisor. Discussions around a level change will be documented by the Supervisor and FSS:
 - The Supervisor will use the Level Completion Form to document discussions and to review the family's readiness for level promotion based on the established criteria for the level change. Families must attain all the required achievements listed on the Level Completion Form to progress to the next service level (excluding optional criteria). The FSS should add details on the discussion with the family to the home visit record.
- Once the Supervisor agrees that a family can be promoted to a new service level, they will sign off on the Level Completion Form, and the family can begin their new level of service. The completed and signed Level Completion Form will be kept in the family's file. The level change will also be documented on the home visit completion and caseload worksheet (HVCC).

- The FSS will complete the Level Completion "Accomplishments" Certificate, share it with the family and maintain a copy in the family file. The FSS will discuss with the family how they want to celebrate and be celebrated for their progress. Discussions and celebrations will then be documented in the home visit record.
- Subsequent visits with the new service level will be entered in CMEDS.

BPS 4-2. Results: Home Visit Completion Rates

North County F5FS's most recent **Home Visit Completion Rate is 100%**. *This is a threshold standard, meaning to be in adherence a minimum threshold has been established (75% in this case).*

BPS 4-3. The site offers HFA services to families for a minimum of three years (or five years when sites are funded to do so), after enrollment or after the birth of the baby (whichever is later).

- 4-3.A. The site has policy and procedures specifying HFA services are offered for a minimum of three years after enrollment or after the birth of the target child (whichever is later), with the exception of families who transfer from another program. Families who transfer from another program will be offered services until age three.
- 4-3.B. Services are offered to families for a minimum of three years after enrollment or after the birth of the target child (whichever is later).

BPS 4-3. Policy: Length of Services

Families will be offered services for a minimum of three years after the birth of the baby or three years after enrollment (whichever is later), except for families who transfer from another HFA site. For families under CalWORKs or referred by CFWB (FFPSA eligible) who may enroll within 24 months of the target child's birth, the site will attempt to offer three years of service.

BPS 4-3. Procedures: Length of Services

- At the time of enrollment, FSSs will explain to families that services will be for a period of three years after the birth of the child or after enrollment.
- FSSs will explain that toward the end of the three-year service period, efforts will be made to link families to further resources and services they may need when services end.
- If a family chooses to leave the program before three years of service, staff will determine if the family has met HFA's Successful Completion of Program criteria using the HFA Level form. If criteria are met, staff will acknowledge the family has completed the program. Staff will attempt to create a Transition Plan as outlined below and document that the family was "offered" services for three years.

BPS 4-4. Site ensures families planning to discontinue or close from services have a well-thought-out transition plan.

- 4-4.A. The site has policy and procedures specifying the activities related to service closure and transition planning for families who have a planned closure and provide notice of such to the direct service staff at least three months prior to closure (circumstances leading to an unplanned or unexpected closure, or a planned closure with less than three months' notice would not be held to the standard, though the site is encouraged to provide as much support as possible in these situations). The activities include the following:

- Documentation of a transition plan that includes reason for planned closure and date the discussion was initiated with the family (including if family declined need for a transition plan),
- The direct service staff and Supervisor are involved, though not required to be present at the same time,
- Sufficient time is allotted to conduct the plan (typically 3-6 months prior to transition),
- Resources or services needed or desired by the family are identified, and
- Steps are outlined to obtain any identified resources or services prior to closure the site or family (based on family preference) follows up with identified resources to determine availability and assist with successful case closing transition.
- 4-4.B. The site utilizes transition planning, to support families with a planned closure from services.

BPS 4-4. Policy: Service Closure and Transitioning Families

Families may exit services when any of the following planned or unplanned events occur:

Planned Closures

- The target child has reached the age of three years or at least three years of services have been provided after birth or enrollment (whichever is later) or
- The family “graduates” from the program.

Unplanned Closures

- The family requests discontinuation of services,
- The family relocates out of the program’s service area (family will be transferred to another HFA site if possible),
- The family has been on CO or a combination of CO and TR or TO for 90 days or more and has not re-engaged,
- The target child is no longer in the home,
- The FSS’s safety is at risk,
- The primary caregiver is deceased (and the new caregiver does not want to remain in the program), or
- The target child is deceased (the FSS may continue to see the family for three months at either Level 1, SS or the family’s previous service intensity and refer the family to grief counseling).

BPS 4-4. Procedures: Service Closure and Transitioning Families

Planned Service Closure (Graduation)

- Transition and closure planning will ideally begin approximately six months before, but at a minimum of three months before the target child’s third birthday or the completion of three years of services after birth or enrollment (whichever is later).
- If a family declines the transition plan, FSSs will document the date of the initial discussion regarding the closure and the date the family declined the transition plan in the home visit record.
- The Transition Plan will include the reason for planned closure, the date the discussion was initiated with the family, and if the family declined a transition plan.
- The FSS, Supervisor and family will also discuss additional resources or services that the family needs or wants to continue progress after services close.
- The FSS will keep a copy of the Transition Plan in the family's chart.
- For families who are graduating, the FSS will meet with them to discuss their progress and readiness for graduation. Family goals still in process are incorporated into the transition Plan.

- The FSS will notify collaborating services (i.e., other programs or services the family is or will be involved with) of the date the family will be graduating from services when a ROI has been signed. The FSS will also work with the family to outline steps for obtaining those services.
- The FSS will fill out the Completion of Program form, marking all the criteria the family accomplished. If all the criteria are met, the FSS will also share the Completion of Program certificate with the family during the final visit or one of the last visits. Families that do not meet all the criteria on the Completion of Program form will still be celebrated for their accomplishments and invited to participate in graduation ceremonies.
- The FSS will complete the Exit Assessment form.
- The family will officially be exited from the program no sooner than the child's third birthday. CalWORKs recipients or FFPSA eligible families (CFWB referrals) will remain in the program for a period of time in accordance with their enrollment date and the service period allowed by the funder.
- After a family exits, FSS, Supervisors or other staff can continue occasional phone or email communication with the family for the following purposes:
 - Arranging their participation at a family graduation event, and
 - Inviting them to participate in some form of parent alumni volunteer activity, such as serving on an advisory group or speaking to a parent group.

Unplanned Service Closure

1. The FSS will meet with their Supervisor to discuss the reasons for exiting the family from services.
2. Whenever possible, the FSS will take the appropriate follow-up steps to ensure the family has other resources available after ending services. The FSS will attempt to refer the family to another HFA program if available.
3. If the service closure occurs with at least three months of notice, the FSS will complete a Transition Plan. It is recommended that a Transition Plan be attempted regardless of how much advance notice is given. If the family declines a Transition Plan, the FSS will document this in the home visit record.
4. The FSS will complete the Exit Assessment form and close the family's file in CMEDS.

HFA Best Practice Standard 5. Staff (directors, supervisors, and direct service staff) celebrate diversity and honor the dignity of families and colleagues by educating and encouraging self and others, continuously striving to improve relationships. Sites work with others in their organization and community to identify and address existing barriers and increase access to services, especially for underrepresented groups in the community, confronting disparities caused by institutional racism and discrimination.

BPS 5-1. Through policy (or other written guidance) and practice, the site supports staff's ability to continually strengthen the skills required for authentic relationships, including self-awareness, self-regulation, self-reflection, skilled listening, and empathy.

- 5-1.A The site has policy or other written guidance expressing the site's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.
- 5-1.B. The site's practices support a respectful team environment and staff ability to continually strengthen their relational skills.

BPS 5-1. Policy: Strengthening Staff Relational Skills and Self-Reflection to Foster Respectful and Responsive Team Environments and Family Services

The San Diego HFA MSS aims to foster a sense of community, ensuring that all staff members feel secure, valuable and included by prioritizing self-awareness and recognizing and acknowledging individual perspectives and biases. The intent is to strengthen relational skills by encouraging diversity, equity and inclusion through honest conversations and reflective work. By being vulnerable, brave and open, we can identify areas of personal development and create space for growth that positively impacts oneself and reflects upon the team and families.

BPS 5-1. Procedures: Strengthening Staff Relational Skills and Self-Reflection to Foster Respectful and Responsive Team Environments and Family Services

- San Diego HFA MSS under the guidance and leadership of the Countywide Coordinator will develop a timeline to discuss topics to promote DEIB (diversity, equity, inclusion, belonging) in the workplace.
- Supervisors will support FSSs during reflective supervision to discuss strategies for enhancing self-awareness, self-regulation, self-reflection, skilled listening and empathy.
- Supervisors will support FSSs in their personal development by fostering an environment for honest, respectful and brave conversations.
- Site leadership can use The Haywood Burns Institute Equity Assessment Resources prepared for HFA as a foundation for exploration and discussion.
- Sites will create team commitments and ground rules together to demonstrate staffs' commitment to respectful interactions.

BPS 5-2. Through policy (or other written guidance) and practice, the site supports development of a partnership with families that honors diverse family structures and the sources of strength derived from family cultures, values, beliefs, and parenting practices. Practice also recognizes the historic and current relevance of discrimination based on race, ethnicity, gender identity, sexual orientation, age, religion, and abilities and seeks inclusivity in all aspects of its work with families.

- 5-2.A The site has policy or other written guidance expressing the site's commitment to interact with families in a partnership that honors diversity and inclusivity and elevates family voice.
- 5-2.B. The site's practices engage families in partnership, elevating family voice and honoring family diversity.

BPS 5-2. Policy: Partnering with Families and Honoring Their Voices to Improve Services

The San Diego HFA MSS acknowledges that parents are the experts when it comes to their family and children. Incorporating family feedback is a powerful way for sites to understand their strengths and identify areas for improvement. By valuing and prioritizing family voices, sites can provide inclusive and equitable services tailored to honor families' identity, culture and experience. Ultimately, this approach fosters trust and strengthens the relationship between families and staff.

We further recognize that there are cultural differences, and historical or current events related to DEIB that impact family and staff experiences, interactions and relationships. We cultivate open and non-judgmental relationships with the families by focusing on family strengths and priorities and avoiding assumptions. If necessary, staff provide a safe space for repair in relationships when needed.

BPS 5-2. Procedures: Partnering with Families and Honoring Their Voices to Improve Services

San Diego HFA MSS will develop a timeline to:

- Identify methods for elevating family voices (Parent Satisfaction Surveys) including discussing barriers to gathering feedback and potential solutions.
- Discuss strategies to continue promoting family voices and applying what is learned to the work and services.
- Discuss best practices to documenting efforts to promote and listen to family voices.

BPS 5-3. The site works at the community level, through policy and practice, and with guidance from its community advisory board, as a champion for families and children, advocating for just and equitable opportunities within the community, and increasing access to services and supports for those it serves and employs.

- 5-3.A. The site, and/or organization, has policy or other written guidance expressing its commitment to advocating at the community level to address barriers and promote equity for those it serves and employs.
- 5-3.B The site's practices demonstrate its commitment to working at the community level to address barriers and promote equity for those it serves and employs.

BPS 5-3. Policy: Equitable Opportunities

Sites will work within their communities to address the needs of both major and underrepresented ethnic, racial and cultural groups. This includes ensuring that services are accessible and truly reflective of the communities served. San Diego HFA MSS recognizes that racial and ethnic minorities and other marginalized groups face additional challenges in accessing vital resources and services due to systemic inequities. We work to remove those barriers and ensure families have access to the services and resources they need. To support this goal, sites will have a Community Advisory Group (North County F5FS's community advisory group is the North County Home Visiting Collaborative), create marketing and outreach materials that celebrate diversity and review data on family acceptance and retention data annually to address gaps in service. These steps help us improve community engagement and participation, foster a sense of trust and ultimately enhance equity and accessibility of services.

BPS 5-3. Procedures: Equitable Opportunities

Countywide Coordinator will work with site leadership to:

- Update marketing and outreach materials, making them more inclusive of the communities served and identifying necessary languages for translation.
- Discuss best practices to document efforts in collaborating with the community.
- Discuss strategies to include family experiences and community feedback to improve program equity in efforts and elevate family voices.

BPS 5-4. The site gathers information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies. These strategies will vary from year to year and are based on family and staff input received and what the site has learned from implementing standards 5-1, 5-2, and 5-3. Family engagement and retention data, and staff engagement and retention data may also be used.

- 5-4.A. The site starts by gathering information, ensuring parent/caregiver voice and staff input is obtained

and used to improve its ability to provide culturally respectful and responsive services as referenced in standards 5-1 - 5-3.

- 5-4.B The site makes meaning of the information it collects and develops an equity plan based on what the site learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within. The equity plan sets a course for continuous improvement to achieve greater equity in all facets of its work.
- 5-4.C The site's equity plan is reviewed and updated at least once annually to reflect progress associated with the strategies identified in it. Revisions and new strategies are included when appropriate based on lessons learned and new input received annually from staff and families. Regular focus on the equity plan is intended to foster growth and increased capacity to promote equity.

BPS 5-4. Policy: Continuous Quality Improvement Efforts for Respectful and Responsive Services

HFA Standards 5-1 - 5-3 guide each site in collecting important information and perspectives from staff, families and the community. These standards inform the creation of an equity plan that supports efforts in providing respectful and responsive services. The equity plan identifies strengths and areas for improvement based on analysis of feedback received at the site. Feedback and findings will be used to create strategies to help the site improve DEIB in service delivery.

BPS 5-4. Procedures: Continuous Quality Improvement Efforts for Respectful and Responsive Service

Sites will collect feedback from staff and families (e.g., Staff Satisfaction Survey, Parent Satisfaction Survey, Community Advisory Boards, Family Advisory Boards, etc.) and will:

- Analyze trends and discuss strengths and challenges within their site.
- Discuss solution opportunities and plan to grow in areas identified as a challenge.
- Document discussions and efforts in the interim until the Equity Plan template is provided by Countywide Coordinator.

The Countywide Coordinator will tailor the HFA Equity Plan template and discuss timelines to begin updating the Equity Plan and best practices to document continuous quality improvement efforts.

HFA Best Practice Standard 6. Services focus on supporting the parent(s) as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development within a caring community.

BPS 6-1. Risk factors and stressors identified in the FROG Scale, as well as risk factors that emerge later in the course of services (when not disclosed or present initially), are addressed during the course of services utilizing a Service Plan. The Service Plan is developed by the supervisor and direct service staff and includes a focus on building protective factors. Practice demonstrates the Service Plan is being implemented.

- 6-1.A. The site has policy and procedures describing the review of each family's strengths and stressors as identified in the FROG Scale, as well as parent-child interaction/attachment concerns and challenging issues identified subsequent to administration of the FROG Scale (i.e., substance abuse, intimate partner violence, parent's cognitive impairment, and mental health concerns). Policy and procedures include the Supervisor and direct service staff working together to develop an HFA Service Plan with activities to address these

issues over time and to build protective factors. Procedures also include the prioritization of these activities to support them being carried out successfully without overwhelming direct service staff or the family.

- 6-1.B. At the start of services, the Supervisor and direct service staff review each family's stressors and strengths as identified in the FROG Scale, as well as parent-child interaction/attachment concerns (i.e., any item rated a 4 or less on the CCI is documented on the Service Plan to be addressed), and challenging issues (i.e., substance abuse, intimate partner violence, cognitive impairment, or mental health issues) identified subsequent to the administration of the FROG Scale. Together the Supervisor and direct service staff develop a Service Plan and update it over time prioritizing/ pacing activities to address risk and build protective factors.
- 6-1.C. The direct service staff implements with the family over the course of services, the activities identified on the HFA Service Plan in an effort to build protective factors and to address the stressors identified in the FROG Scale, as well as parent(s) challenging issues (i.e., substance abuse, intimate partner violence, cognitive impairment, or mental health issues) identified subsequent to the administration of the FROG Scale.

BPS 6-1. Policy: Use of Family Service Plan to Review and Address Family Risk Factors Identified During the FROG

Protective and risk factors identified during the FROG and those that emerge or are identified later in services are considered during the course of services. Any domains not yet documented in the FROG narrative (e.g., scores of UR) are identified for exploration in the Family Service Plan (FSP). The Supervisor will work with the FSS using the FSP to track and monitor risk and protective factors over the course of services. These factors will be used to plan out specific activities and determine appropriate prioritization and pacing for approaches/interventions to mitigate risks and continue building upon the family's protective factors.

HFA has specific model components or requirements that all families receive (e.g., CHEERs, FGPs, developmental screening). The FSP outlines individualized service delivery beyond required model components. The initial draft is developed within two weeks of a family's first visit and updated at least once monthly for families on Level 1P, 1, 1b, or SS, every other month for families on Level 2, and quarterly for families on Level 3. The FSP Plan will be accessible to both the Supervisor and the FSS.

BPS 6-1. Procedures: Use of FSP to Review and Address Family Risk Factors Identified During the FROG

Initial FSP Development

- The FSS will informally prepare for an initial FSP discussion with the Supervisor during the FROG supervision.
- The FSS uses the FROG and conversation with their Supervisor to outline the risk and protective factors. Optionally, the FSS can document initial plans for discussion during the FROG supervision.
- The Supervisor and FSS meet to discuss the initial FSP. Using the FROG narrative or FSS's initial FSP draft, the Supervisor and FSS walk through each of the 14 domains. They prioritize plans in domains where families demonstrate readiness and/or a need to address concerns based on safety or stabilization. In domains that were not addressed during the FROG (i.e., UR), they develop plans to learn more about the risk and protective factors. In the case of transfer families, the transferred FSP is reviewed and updated based on family status and local resources.

- In developing the FSP, the FSS and Supervisor will keep in mind the scope of the FFS's role and identify appropriate referrals to support families in addressing challenging issues when they are ready. FSSs are not counselors or therapists. Their most important role as it relates to substance use, intimate partner violence, and mental health challenges is to support families to become "treatment ready" (e.g., completing Mothers & Babies to develop readiness for therapy).
- The Supervisor guides the development of the FSP by ensuring it addresses the development of protective factors using program specific tools and approaches:
 - Specific HFA reflective or Baby TALK strategies to address specific issues (e.g., Narrating behavior to promote empathy for the baby's experience)
 - Specific curriculum tools (i.e., Baby TALK components, the Mothers and Babies program, PHN approved curriculum and the use of the PATH framework)
 - Referrals made to other programs and services pertaining to the issues being addressed

Ongoing Family Service Plan Development and Progress Monitoring

- FSPs partner with families to implement the activities outlined in the initial FSP to mitigate family risk factors and promote protective factors.
- The Supervisor ensures the FSS is implementing the FSP as intended through discussion and reviewing home visit records.
- The FSS and Supervisor review the FSP to reflect on family progress based on the timeline outlined in the policy above to:
- Refine or replace plans based on progress and current priorities.
- Updates risk and protective factors with the current date
- Add new concerns and outlined plans in the FSP. New concerns include elevated screening tools (e.g., ASQ, PHQ-9, IPV screen), CCI scores below 4 or other impacts on family stability or functioning outside of the 14 FROG domains.
- The FSP "Plan Implementation" column is updated to reflect the Supervisor's role in supporting plan implementation by the staff. Documentation includes the three-part supervision recipe (action/intervention word + topic + intended outcomes).

BPS 6-2. Setting and achieving family goals builds a family's resiliency and promotes protective factors. The process of setting and accomplishing goals is family driven, and the process is more important than the product.

- 6-2.A. The site has policy and procedures regarding the process of helping parents develop family goals throughout the course of services, with new goals set as previous goals are accomplished or retired.
- 6-2.B. The direct service staff supports the family in setting and achieving goals that are meaningful to the parent. It may take up to three months after the initiation of home visiting services for a family to be ready to set a goal; however, once an initial goal has been set and achieved, families will repeat the process of setting new goals throughout the course of services.
- 6-2.C. The direct service staff and Supervisor review family goal progress on an ongoing basis.

BPS 6-2. Policy: Family Goal Process

To develop self-efficacy and scaffold the development of problem-solving skills, each FSS will work with their families to create family goals. The Family Goal Process (FGP) will consist of:

- The goal and specific steps the family will take to reach the goal.
- Family wants, needs or dreams rather than site needs.
- Goal-setting throughout the course of services, with new goals set as previous ones are accomplished or retired.
- A focus not on how many goals families accomplish but instead on the skills parents build in the process of developing and working on goals.

During supervision:

- FSSs will go over the FGP with their Supervisor.
- Discussion and documentation of each family goal will also include the family's strengths and how these strengths will support goal development and achievement.

BPS 6-2. Procedures: FGP

- The process to develop the initial family goal will be initiated no later than 60 days from the date that services began and has three phases as outlined in the Preparing for the FGP document. This document prepares and supports FSSs in assessing family readiness and facilitating conversations during the FGP. The three phases are:
 - Brainstorming Phase
 - Development Phase
 - Maintenance Phase
- Brainstorming Phase: FSS conducts *Family Values* and *What I Want for my Child* activities early in services to build trust and explore motivation for change.
- Brainstorming Phase: FSS introduces the idea of setting goals to families at least a month prior to identifying the goal.
- Development Phase: The Family Goal Plan does not need to be completed within 60 days. However, staff need to show documentation that the family goal setting process starts within 60 days from when services began. This process includes the use of Problem Talk to facilitate parental thinking around their goals and motivation.
- FSS can also use the Family Goal Plan Conversations Bookmark to assess importance and readiness and guide family goal conversations.
- FSS will use Accentuate the Positive and Strategic Accentuate the Positive to highlight the family's strengths and support the achievement of goals.
- Maintenance Phase: Families will have at least one active goal, which includes the use of the 3MMMs – mini, mission, and measurable – with a target date for accomplishing that goal.
- Maintenance Phase: The FSS will discuss progress on the goal(s) with the family at least once a month for families on Levels 2P, 1P, 1, 1b, and 2. For families on Level 3, FSS will check in with families on their family goal(s) at least every three months.
- Maintenance Phase: The FSS will discuss with their Supervisor how they will support each family with their goal(s) and progress toward goal(s) for each family.
- Maintenance Phase: The FSS and Supervisor will discuss how goal achievement will be celebrated. When families are challenged in identifying and engaging in celebration, the FSS and Supervisor will document strategies to support families with celebrating goal accomplishment.
- Brainstorming Phase: Once a goal has been completed, the FSS and family will create a new goal to work

on. This may include revisiting the Family Values and Hopes for My Child activities. FSSs and their families will continue to develop goals until the family begins initiating a Transition Plan to exit the program.

- It is important to note that families may not go through phases in a linear way and may jump from phase to phase based on their level of readiness. Families may decide to change or no longer pursue a goal. In these circumstances, the FSS will utilize Problem Talk, Strategic Accentuate The Positive and active listening with the family to explore a new goal(s) or adjust timelines and interim steps for an existing goal(s). Some examples include:
 - Situations where the family must focus on more pressing issues
 - The family reframes or shifts priorities
 - The family shares the current goal is no longer a good fit or realistic with current circumstances

BPS 6-3. The site assesses, addresses, and promotes nurturing parent-child interaction, attachment and bonding, and the development of sensitive, responsive parent-child relationships.

- 6-3.A. The site has policy and procedures requiring the use of CHEERS and indicating how the direct service staff will partner with parents to assess, address, and promote nurturing parent-child interaction (PCI), attachment, and bonding. Site policy also includes the role of supervisors to support direct service staff in the use of CHEERS, and that the validated CHEERS Check-In (CCI) tool will be administered at least twice annually.
- 6-3.B. The site assesses PCI, attachment, and bonding with families, utilizing CHEERS on all home visits
- 6-3.C. The site addresses concerning PCI and promotes nurturing PCI, attachment, and bonding with all families based on observations made using CHEERS.
- 6-3.D. The site utilizes the CCI tool at least twice annually during each year of the child's life from birth through 36 months.
- 6-3.E. Supervisors support direct service staff to assess PCI (through use of CHEERS), address concerns, and promote secure attachment and the development of nurturing parent-child relationships.

BPS 6-3. Policy: Use of the CHEERS to Assess, Address, and Promote PCI

FSSs will observe and document CHEERS (cues, holding, expression, empathy, rhythm/reciprocity, and smiles/joy) in each session with the family to assess the quality of interactions between the parent and child. Based on these observations, the FSS will address concerns and promote positive parent-child relationships and interactions. CHEERS will be used during both prenatal and postnatal visits.

At minimum, FSSs will document at least three CHEERS domains on the home visit record. The FSS will attempt to assess the remaining domains on the subsequent visit to ensure that all six domains are regularly addressed throughout the family's time in the program.

- Prenatal Visits: FSSs will attempt to complete at least one domain for visits beginning at 24 weeks gestation (second trimester) and two domains for visits beginning at 31 weeks+ (third trimester). When gestational age is unknown, the Supervisor and FSS may use estimated age to determine how to start recording CHEERS until medical professionals establish gestational age.
- Postnatal Visits: At least three domains of CHEERS will be observed and documented at every visit, except for when the Cheers Check-In (CCI) is administered.
- Parent Reporting: Can replace FSS direct observation in rare circumstances when the child is not present,

awake, or during a virtual visit with a limited frame in the screen. In these cases, FSSs should use reflective strategies to elicit the parent's perception of how the child responded and what the parent did. Direct observation is encouraged as often as possible.

BPS 6-3. Procedures: Use of the CHEERS to Assess, Address, and Promote PCI

- FSSs will use CHEERS to observe PCI at each visit (except for when the CCI is administered).
- After a visit, the FSS will document a minimum of three CHEERS observations in the CHEERS section of the home visit record.
- FSS documentation will include observations of interactions and frequency.
 - Staff will use the 3-part process to document interactions: *"What did the child do? How did the parent respond? How did the child respond?"*.
 - In addition, document the frequency of the observed interaction during the visit using "once," "some," or "most of the time".
- FSSs partner with parents to support PCI by using reflective strategies based on observations of strengths and areas of concern from CHEERS. The strategy used is documented in the home visit record.
 - Accentuate The Positive will be used based on the positive PCI observed during the visits to promote the development of parental awareness of their strengths in interacting with their child to support the attachment relationship.
 - FSSs will use Explore & Wonder, Strategic Accentuate the Positive, Program Talk, and Normalizing (NORM) to address concerning CHEERS observations. When a parent cannot respond to their child in a consistently safe, predictable, comfortable, or pleasurable manner, supporting parent-child interaction by using a reflective strategy helps to build the reflective capacity required to provide sensitive and responsive parenting.

BPS 6-3. Policy: Use of the CHEERS Check In (CCI)

Sites will use the CCI as its validated PCI tool, and administer the CCI three times before the child's 1st birthday and twice annually by each subsequent birthday. In cases with multiples (twins and triplets), a CCI will be administered for each target child. Staff will not document CHEERS on visits where the CCI is completed. Supervisors support FSSs in conducting the CCI with fidelity and updating the FSP for scores of four or less.

BPS 6-3. Procedures: Use of the CHEERS Check In (CCI)

- FSS and Supervisors will complete the HFA required training for the CCI prior to administering with families or providing supervision of staff.
- FSS will reference the HFA CCI Training Manual and FAQ to ensure fidelity in implementing with families (e.g. how to introduce, score, and build interventions) and address tool-specific questions.
- Supervisors will support FSS in the administration of the CCI, including planning for ways to introduce the tool to the family and debriefing on the experience of administering the tool.
- Supervisors will use reflective strategies to explore the results of the CCI, including how the results align with CHEERS observations, patterns of parent-child interaction overtime, and the current social emotional competence and parental resilience risk factors on the FSP.
- Supervisors will document these conversations on the CCI form.
- Any item rated a 4 or less on the CCI will be documented on the FSP to be addressed. Items rated as 5 are to be strengthened and items rated 6 or 7 are to be promoted.

BPS 6-3. Results: Use of the CHEERS Check In (CCI)

The most recent North County F5FS CCI administration results show that **93% of active target children have received two or more CCIs per year of life- surpassing the HFA standard.** Administering the CCI is a HFA threshold standard; meaning that to be in adherence a minimum threshold has been established (90% in this case).

BPS 6-4. The site shares information (e.g. credible source parenting materials, evidence-informed curriculum) with parents to promote healthy child development, nurturing parent-child relationships, parenting skills, and health and safety practices with families.

- 6-4.A. The site has policy and procedures regarding the promotion of child development, nurturing parent-child relationships, parenting skills, and health and safety practices, and the policy specifies which evidence-informed parenting materials are used with families.
- 6-4.B. Direct service staff build skills and share information with families on appropriate activities designed to promote healthy child development, nurturing parent-child relationships, and parenting skills.
- 6-4.C. Direct service staff share evidence-informed parenting materials designed to promote health and safety practices based on family needs.
- 6-4.D Direct service staff promote safer sleep practices with pregnant parents and families with an infant birth to twelve months of age.

BPS 6-4. Policy: Primary Evidenced-Based Curriculum

Sites use a primary evidence-based curriculum (Baby Teaching Activities for Learning and Knowledge [Baby TALK]) for promoting nurturing parent-child relationships, healthy child development, preventative health and safety, safer sleep practices, and improving parenting skills. FSSs will use this curriculum and supplemental materials with intentionality and a strengths-based approach that builds on parental capacity and in response to parent child interests and observations made by the FSS. At a minimum, at least one of these topics will be discussed monthly for Level 2P through Level 1b (weekly home visits) families and every other month for Level 2-3 (bi-weekly to monthly) families. Each topic is outlined based on the child's age and area of focus.

BPS 6-4. Procedures: Primary Evidenced-Based Curriculum

- All FSSs will receive training in the Baby TALK curriculum before conducting their first regular (post-FROG) visit.
- FSSs and Supervisors will select curriculum materials to use at visits. Selection of these items is guided by the FSP and parent interests and requests (e.g., issues the family is having with baby's sleep, fussiness) as well as by the need to address developmental touch points for the parent and child and ensure health and safety.
- FSSs will integrate the HFA Reflective Strategies (or alternatively Baby TALK strategies) into the delivery of curriculum.
- In addition to the primary curriculum, FSSs may draw on other evidence-based resources to support families, such as the First 5 California-Kit for New Parents, HealthyChildren.org, and the Centers for Disease Control.
- FSSs will choose the content and approach to sharing the information based on what is developmentally and culturally appropriate for the child and their family. Parenting skills will be promoted within the context of the child's development and normal family routines.

- Use of curriculum will include promotion of positive parent-child interaction, health and safety, and safer sleep. For example, use of Baby TALK will include:
Methods to promote positive parent-child interaction:
 - Visit planning with the age-based protocols,
 - Developmental Perspectives,
 - Activities and Come Sign with Me,
 - Baby TALK strategies including parental mastery, pivot, narrating behavior, and meaning making.
 - Discussions or handouts related to attachment and nurturing parenting highlighted in Baby TALK's *Parenting Topics*, *Let's Talk Kids Column* and *Trauma-Informed*
- Baby TALK's Health and Safety curriculum guides staff to use conversations to explore preventative strategies and areas of concern observed. Topics include mental health, nutrition, oral health, physical health and safety practices as outlined in the Baby TALK curriculum. Safety practices topics include issues such as smoking cessation, SIDS, shaken-baby syndrome, baby-proofing, safe sleeping practices, and other safety issues.
- The FSS will promote safer sleep with all pregnant parents and families with an infant from birth to twelve months of age. Safer sleep content can be found in Baby TALK *Health and Safety* and *Parenting Topics*. Any concerns related to safe sleep should be added to the new concerns section of the FSP with outlined plans to address.
- FSSs will document conversations about child development, parenting skills, and health and safety practices in the FSP section of the home visit record. Use of Baby TALK is documented in the curriculum section of the home visit record and includes what curriculum components were used at each visit.
- Supervisors will regularly discuss and help FSSs assess and improve their efforts to support parents in promoting optimal child development, parenting skills, and health and safety practices.

BPS 6-5. The site monitors the development of participating infants and children with the ASQ (Ages and Stages Questionnaire) and ASQ:SE (Social Emotional), using current versions of both.

- 6-5.A. The site has policy and procedures for administration of the ASQ and ASQ:SE, including the frequency these tools are to be administered with all target children, unless developmentally inappropriate, and requires tracking of all children suspected of developmental delay, with appropriate referrals and follow-up, as needed.
- 6-5.B. The site ensures the ASQ is used during home visits to monitor child development at specified intervals, unless developmentally inappropriate, and is administered according to the developers' instructions to ensure valid results (i.e., administered during the specified window of time).
- 6-5.C. The site ensures the ASQ:SE (Ages and Stages Questionnaire: Social Emotional) is used during home visits, unless developmentally inappropriate and is administered according to the developers' instructions to ensure valid results.
- 6-5.D. The site tracks focus children suspected of having a developmental delay and provides appropriate referrals and follow-up as needed.

BPS 6-5. Policy: Developmental Screening

Sites conduct developmental screening at regularly scheduled intervals for the purposes of:

- Promoting parental mastery in screening and advocating for their child's educational needs,
- Facilitating discussions about developmental behaviors and appropriate activities to promote the relationship and healthy development,
- Early detection of developmental and/or social-emotional concerns, and
- Referral for assessment and services as warranted.

Sites use the most current version of the developmental screening and monitoring system, ASQ-3 and ASQ:SE-2, with all target children, unless developmentally inappropriate. The ASQ-3 and ASQ:SE-2 were designed for parents to administer the screenings themselves with support from their FSS if needed (e.g., language). Developmental screens aim to identify risks for developmental concerns and provide timely and appropriate follow-up. As screening tools, the ASQ-3 and ASQ:SE-2 are not evaluation or assessment tools and do not conclude a diagnosis. FSSs track all children suspected of a developmental delay with appropriate referrals and follow-up as needed. If the child is engaged in early intervention services, staff are not required to complete the ASQ-3 during that time.

BPS 6-5. Procedures: Developmental Screening

- All staff complete the ASQ-3 and ASQ:SE-2 trainings prior to administering or supervising screenings.
- At a minimum, the ASQ-3 will be administered at least twice per year of the child's life or more as needed if clinically appropriate and the ASQ:SE-2 will be administered at least once per year of the child's life or more as needed if clinically appropriate.
- To be counted toward HFA screening requirements and be considered valid, all screenings must be age-appropriate.
- If a screening time point is missed, the FSS will complete the screen as soon as possible using the tool calculator to determine if a different version of the tool is needed.
- The tools will be administered to all children enrolled in the program unless developmentally inappropriate or if the child is enrolled in early intervention services.
- When a child is participating in early intervention services, FSSs should follow-up on progress and request a copy of screenings (with signed parental consent). If the parent refuses the screening, FSSs will document that in the home visit record. Participation in early intervention services should be documented as the reason the screenings were not completed in CMEDS.
- The ASQ-3 and ASQ:SE-2 are designed to be completed by parents, recognizing them as the experts on their child(ren). Whenever possible, the FSS will work with families to build their capacity to conduct the screening with their child(ren). The FSS may support with scoring and by ensuring selection of the age-appropriate tool version. If families complete the tool, the FSS should request a copy to add to their file.
- Developmental screens will be entered into CMEDS, and copies will be kept in family charts.
- Any concerns identified during the screening will be used to develop a plan in the new concerns section of the FSP.
- Supervisors will support FSSs by ensuring training is completed, monitoring selection of the appropriate tool version, ensuring time points are met, discussing scoring and referral and adding any concerns to the Family Service Plan.
- Supervisors monitor FSS's progress and practice in completing screening.

BPS 6-5. Policy: Tracking Children with Suspected Developmental Delay and/or Social-Emotional Concerns

Sites track target children suspected of having a developmental and/or social-emotional delay and makes appropriate referrals and follow-up to address those delays.

BPS 6-5. Procedures: Tracking Children with Suspected Developmental Delay and/or Social-Emotional Concerns

- FSSs and Supervisors work together to determine when a child should be referred for developmental and/or social-emotional concerns based upon the ASQ-3, the ASQ:SE-2, parent concern, and/or observations made during visits.
- FSSs will offer the family a referral to HDS, CA-ES or the local school district to assess for developmental and/or social-emotional delay. FSSs will refer to the family's pediatrician to provide a referral for pediatric developmental services funded through private insurance. The FSS should also obtain written permission to follow up with the agency where the child was referred and the pediatrician about the referral.
- FSSs will follow-up on all referrals to help children obtain appropriate early intervention or behavioral health services (e.g., referral to CA-ES, HDS or school district).
- FSSs document referrals made and follow up on the Referral Log.
- The FSS will also document if the family declines a referral in the Referral Log. Discuss declined referrals with Supervisors to develop a plan to support treatment readiness.
- FSSs will track target children suspected of a developmental and/or social-emotional delay by making referrals, following up on referrals and tracking progress. FSSs will also follow up with parents about referrals made and document those conversations on the home visit record.
- FSSs will enter the completed screening (ASQ3 or ASQ:SE-2) and the Referral Log (referral assessment) in CMEDS.
- FSSs will follow up on the outcome of each referral and enter the outcome into the Referral Log (referral assessment) in CMEDS.
- A referral assessment must be entered for families that decline a referral for ASQ-3 or ASQ:SE-2 follow up.
- To the extent possible, FSSs attempt to integrate HFA services with any early intervention or behavioral services the target child receives. Integrated services are outlined as interventions in the FSP and may include collaborating with treatment providers, attending therapy services, integrating the goals from the intervention service and incorporating developmental enrichment strategies into visit activities.

BPS 6-5. Results: Developmental Screenings

North County F5FS's **most recent ASQ3 screening rate (two ASQ3 screenings per year of child's life) is 96%**, surpassing the HFA threshold standard, meaning to be in adherence a minimum threshold has been established (90% in this case).

HFA Best Practice Standard 7. At a minimum, all families are linked to a medical provider to ensure optimal health and development. Depending on the family's needs, they may also be linked to additional services related to: finances, food, housing assistance, school readiness, child care, job training, family support, substance abuse treatment, mental health treatment, and domestic violence resources

BPS 7-1. Participating focus children have a medical/health care provider to ensure optimal health and development.

- 7-1.A. The site has policy and procedures for linking all focus children to medical/health care provider(s).
- 7-1.B. Focus children have a medical/health care provider.
- 7-1.C. The site monitors the utilization of well-child care for focus children, and works to address barriers impacting access and receipt of well-child care.

BPS 7-1. Policy: Linking Children to Medical/Health Care Providers

For families of children without a primary medical/health care home, FSSs will work with the family to link them to a medical/health care provider and support families in utilizing health care appropriately, including receipt of well-child care for their child(ren).

BPS 7-1. Procedures: Linking Children to Medical/Health Care Providers

- FSSs should have a discussion with their families to find out if they are already connected with a medical/health care provider. If they are not, they will talk to the family about their needs regarding a medical provider.
- Concerns related to linkages to a medical home are to be noted on the family's FSP, with planned interventions/activities to address and track progress.
- The FSP should then work with their team and Supervisor to identify medical/health care providers in the area where their family is located. FSSs should consider the family's needs around getting to appointments (e.g., transportation).
- The FSS will communicate with the family to help parents ensure their child receives the appropriate well-child visits, including addressing barriers in access, and document these discussions in the home visit record.

BPS 7-1. Results: Percentage of Active (Still Enrolled) Children Linked to a Medical Home

North County F5FS's results show that 100% of active children in the program over the years have always been linked to a medical home.

BPS 7-2. The direct service staff promotes and educates families regarding the importance of immunizing their children, tracks the receipt of immunizations, and follows up with parents when immunization appointments are missed. Participating focus children are up-to-date on immunizations.

- 7-2.A. The site has policy and procedures to ensure the direct service staff shares information with families designed to promote and educate families on the importance of immunizations, tracks the receipt of immunizations, and follows up with parents when immunization appointments are missed.
- 7-2.B. The site ensures immunizations are up to date for focus children at one year of age. Please Note: the percentage does not include children whose permanent health conditions or family beliefs preclude immunizations; however, explanation of these exceptions must be documented in the family file.
- 7-2.C. The site ensures immunizations are up to date for focus children at two years of age. The percentage does not include children whose permanent health conditions or family beliefs preclude immunizations; however, explanation of these exceptions must be documented in the family file.

BPS 7-2. Policy: Immunization

Sites follow the American Academy of Pediatrics (AAP) Immunization Schedule. FSSs will routinely share information with families about childhood immunizations and follow up with their families when immunizations are due and if a family has missed an appointment.

BPS 7-2. Procedures: Immunization

- FSSs will follow the AAP Immunization Schedule to inform families about childhood immunizations.
- FSSs will track immunizations using the First Steps Immunization Record and include any information regarding why a child did not receive a scheduled vaccination and all attempts to ensure that child receives the vaccination.
- FSSs will document how information shared with families promotes and educates families on the importance of immunizations in the home visit record.
- FSS will document progress on immunizations in the Child Follow-up and CMEDS.
- Supervisors monitor staff progress with the Immunization Tableau Dashboard and offer support for facilitating discussions with families and accurate documentation.

BPS 7-2. Results: Immunizations

North County F5FS's results for immunizations show that all active children enrolled in the program are up to date at two years at 100%.

BPS 7-3. Families are connected to services in the community on an as needed basis.

- 7-3.A. The site has policy and procedures describing how direct service staff will provide information and/or referrals to available health care and other community services for all participating family members. The policy includes follow-up mechanisms to determine whether parents receive the services they were referred to.
- 7-3.B. Direct service staff provide information and referrals to health care and health care resources for all participating family members.
- 7-3.C The site connects families to appropriate community providers for additional services when needed.
- 7-3.D. The site tracks and follows up with the family or service provider (if appropriate) to determine if the family received needed services. Follow-up with these referral sources will require signed informed consent.

BPS 7-3. Policy: Information Referrals and Linkages to Health Care and Community Resources

Participating families may need referrals and resources for other services, including health services. FSSs will provide information, referrals and linkages to available health care and community resources for all participating family members, when appropriate.

BPS 7-3. Procedures: Information Referrals and Linkages to Health Care and Community Resources

- FSSs will discuss health service needs with the families.
- FSSs will gather information about appropriate referrals and resources for their families and check-in with their Supervisors if necessary.

- When providing referrals or resources to the family, the FSS will verify if the family needs assistance with access. If so, the FSS will follow up by making the referral or being present and providing support while the family accesses the service for themselves.
- Prior to making a referral on behalf of the family, the FSS will obtain a signed ROI from the family.
- After making a referral, the FSS will enter the referral into the Referral Log (i.e., referral assessment).
- The FSS will follow up on the outcome of each referral and enter the outcome into the Referral Log (i.e., referral assessment) in CMEDS.
- The FSS will monitor progress in receiving services provided through the referral by discussing the family's experience with that resource or agency at subsequent visits.

BPS 7-3. Results: Referrals to Additional Resources

As of June 30, 2025 North County F5FS has discussed over 3,813 referrals with families. Of the 3,496 referrals with an outcome, 63% (2,198) were initiated, meaning the family accessed the resource. Table 2 shows the 3,496 referrals by category that we have discussed with families in which we have a resolution.

Table 2. Referrals to Additional Resources: n= 3,496 To Date (October 2013 – June 2025)				
Referral Category	Family Connected with Referral Services and Support	Family Declined To Connect	Family Found Ineligible for Referred Services	Service Not Accessible for Family
Adult Continuing Education (n= 49)	63% (31)	37% (18)	-	-
Basic Needs (n= 1,105)	65% (716)	33% (369)	1% (15)	1% (5)
Childcare/Daycare (n= 157)	65% (102)	33% (51)	3% (4)	-
Early Learning Setting (n= 48)	50% (24)	46% (22)	4% (2)	-
First 5 HDS (n= 545)	51% (280)	48% (262)	1% (3)	-
First 5 Oral Health (n= 24)	29% (7)	71% (17)	-	-
Health Care (n= 323)	65% (210)	35% (112)	<1% (1)	-
Health Insurance (n= 87)	81% (70)	16% (14)	1% (1)	2% (2)
Legal Related Needs (n= 131)	62% (81)	38% (50)	-	-
Mental Health Services (n= 208)	51% (105)	48% (99)	2% (4)	-
Other Dental Care Services (n= 41)	63% (26)	37% (15)	-	-
Parent Support Services (n= 644)	71% (454)	29% (187)	1% (3)	-
Public Health Nursing (n= 51)	67% (34)	28% (14)	6% (3)	-
San Diego Regional Center (n= 42)	60% (25)	38% (16)	2% (1)	-
School District (n= 11)	73% (8)	27% (3)	-	-
Urgent Needs (n= 30)	83% (25)	10% (3)	7% (2)	-
TOTAL (n= 3,496)	63% (2,198)	36% (1,252)	1% (39)	<1% (7)

BPS 7-4. The site conducts depression screening with all families using a standardized instrument.

- 7-4.A. The site has policy and procedures for administration of a standardized depression screening tool specifying when (at least once prenatally and at least once within three months after birth, or within three months of enrollment if enrolled postnatally, and at least once within three months of all subsequent births)

the tool is to be used with the primary caregiver of all enrolled families and ensures all staff who administer the tool are fully trained, and staff understand what constitutes a positive screen and steps to take when the screen is positive. As indicated in the glossary, the primary caregiver is the individual the baby lives with and receives primary care from.

- 7-4.B. The site conducts depression screening with the primary caregiver of all enrolled families. If enrolled prenatally, the screening will be completed at least once during the prenatal period. Note the following limited exception criteria: If the primary caregiver declines the screen, they are not counted within the cohort, and the refusal must be noted on the tracking form.
- 7-4.C. The site conducts postnatal depression screening with the primary caregiver of all enrolled families at a minimum of at least once postnatally before the baby is three months of age (when enrolled prenatally) and within three months of enrollment (when enrolled postnatally). Note the following limited exception criteria: If the primary caregiver declines the screen, they are not counted within the cohort, and the refusal must be noted on the tracking form.
- 7-4.D. The site conducts postnatal depression screening with the primary caregiver of all enrolled families with a subsequent birth at a minimum of at least once postnatally within three months of the subsequent birth. Note the following limited exception criteria: If the primary caregiver declines the screen, they are not counted within the cohort, and the refusal must be noted on the tracking form.
- 7-4.E. Direct service staff provide activities to support primary caregivers whose depression screening scores are elevated and considered to be at-risk of depression, including items listed in the intent for standard 7-4, in addition to referral and follow-up on referrals, unless already involved in treatment, or treatment resources do not exist in the community. Note: When caregivers are already involved in treatment or treatment resources do not exist in the community, these situations are noted in the tracking report.

BPS 7-4. Policy: Administration of a Standardized Depression Screen

Sites use the PHQ-9 to screen parents for depression around the birth of the target child and after all subsequent births that occur while the family is enrolled in the program. All FSSs must complete the PHQ-9 training before administering the tool. Supervisors must complete PHQ-9 training prior to providing supervision related to the tool.

BPS 7-4. Procedure: Administration of a Standardized Depression Screen

- Administer the PHQ-9 according to the following time points. It can also be administered as needed if the FSS or parent has concerns about a parent's mood, if the family experiences loss, such as a miscarriage or stillbirth, or if the family experiences a major transition.
 - Prenatal/Postnatal Enrollment: prenatal (if applicable) and 2 weeks, 2 months, 6 months, and 12 months after birth
 - 3 months or more after birth Enrollment: 2 months after enrollment, and 6 months and 12 months after birth
 - Subsequent births: 2 months after birth of non-target child
- The PHQ-9 is administered by the FSS to the parent or other caregiver.
- The total PHQ-9 score for the nine items ranges from 0 to 27. Depression severity is determined using the table below and proposed supportive actions are outlined based on the score.

- FSS will immediately notify their Supervisors if a parent expresses suicidal ideation to determine the appropriate course of action.
- FSS will discuss with their Supervisor and the family an appropriate course of action based on the PHQ-9 score.
- Guidance for each depression severity category is outlined below:

PHQ-9 Score	Depression Severity	Proposed Supportive Actions
0	None	No immediate actions are required. Repeat the PHQ-9 according to time point schedule.
1– 4	Minimal	
5–9	Mild	Offer education and explore strategies for enhanced well-being and coping, Repeat PHQ-9 at a follow-up visit and Discuss with Supervisor
10 – 14	Moderate	Offer education and explore strategies for enhanced well-being and coping, Refer to medical and/or mental health provider, and Discuss with Supervisor to assess risk to safety.
15 – 19	Moderately Severe	Offer education and explore strategies for enhanced well-being and coping, Refer to medical and/or mental health provider, and Discuss with Supervisor as soon as possible to assess risk to safety.
20 – 27	Severe	Expedite or make an immediate referral to a medical and/or a mental health provider (e.g., Access and Crisis Line), and Discuss with Supervisor immediately or as soon as possible to assess risk to safety

- FSS will discuss with their Supervisor when the Mothers and Babies curriculum is an appropriate educational tool to use with parents who score in the 0-14 range. Mothers and Babies alone may not be sufficient to meet the parent's needs in many cases.
- FSSs may also make referrals when parents score low on the PHQ-9 but have ongoing stressors or heightened risk factors.
- Supervisors monitor FSS skill and consistency in administering PHQ-9s in a timely manner using the PHQ-9 Tableau Dashboard.
- FSSs will enter the completed PHQ-9 and the Referral log (i.e., referral assessment) in CMEDS and go back to the referral assessment to update the referral outcome.
- A referral assessment must still be entered for families that declined a referral, following an elevated score (10+).

BPS 7-4. Results: PHQ-9 Completion Rate

North County F5FS rates of depression screening are consistently around as follows:

- Enrolled prenatally and screened prenatally: 91% (surpassing HFA benchmark standard of 80%)
- Enrolled prenatally and screened within three months of birth: 100% (surpassing HFA benchmark standard of 80%)
- Enrolled prenatally and screened within six months of birth: 100% (achieving HFA benchmark standard of 100%)
- Enrolled postnatally and screened within three months of enrollment: 100% (surpassing HFA benchmark standard of 80%)

- Screening after a subsequent (non-target child) birth: 100% (surpassing HFA benchmark standard of 80%)
- Referral and follow up on elevated PHQ-9 scores: 100% (no benchmark percentage for this standard)

HFA Best Practice Standard 8. Services are provided by staff in accordance with principles of ethical practice and with limited caseloads to ensure Family Support Specialists have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.

BPS 8-1. Services are provided by direct service staff with limited caseloads to ensure direct service staff have an adequate amount of time to spend with each family to meet their needs and plan for future activities.

- 8-1.A. The site's policy and procedures regarding caseload size indicate full-time (40 hours/week) direct service staff in their first and second year working in this role to typically carry a caseload of approximately 10-12 families, and full-time direct service staff in the role for three years or more typically carry a caseload of approximately 15-20 families, with supervisors using discretion about the pace which direct service staff build a caseload and size of each direct service staff person's caseload, not exceeding 30 case weight points.
- 8-1.B. Full-time direct service staff do not exceed a case weight of 30 points.

BPS 8-1. Policy: Caseload Size

The San Diego HFA MSS Level System provides guidance to help staff maintain limited caseloads to ensure FSSs have an adequate amount of time to spend with each family to meet their needs. Each service level is assigned a numerical value ("points") that helps FSSs and Supervisors monitor caseloads. Total points for all families served by a FSS determine the FSS's case weight (see Level System for points assigned by level). Caseloads will not exceed a maximum case weight of 30 points per full-time FSS (40hr/week) with the exception of select temporary circumstances which are reviewed on a case-by-case by site management and Countywide Coordinator.

BPS 8-1. Procedures: Caseload Size

- Caseload size is continuously monitored by supervisors using the HVCC Worksheet. Supervisors will review each FSS's current caseload before assigning new families.
- Supervisors will consider staff tenure when assigning caseloads. Supervisors are encouraged to increase FSS caseloads for newly hired staff gradually. Staff employed in their role for less than three years typically have a caseload capacity ranging from 10-12 families. Staff employed for three or more years will typically have a caseload capacity ranging from 15-20 families.
- It is highly recommended that FSSs serving families referred by CFWB maintain smaller caseloads due to the higher needs of families served. HFA recommends 10-12 families maximum with more frequent/more time intensive visits and 16-20 families when at a variety of service levels with an overall maximum case weight of 20-24 points.
- Regardless of time in role, case weight will not exceed 30 points.
- For staff working less than full time (40 hours per week), the caseload size will be pro- rated based on the staff's number of hours worked per week.

BPS 8-2. The site's caseload system ensures Supervisors have procedures to apply when assigning families and when managing caseloads, including principles of ethical practice.

- 8-2.A. The site has policy and procedures for assigning and managing its caseloads.
- 8-2.B. The site uses the criteria identified in 8-2.A. to assign and manage its caseloads.

BPS 8-2. Policy: Managing Caseloads

Thoughtful consideration goes into assigning cases to each FSS. Supervisors take into account multiple factors (listed in the procedures) that may impact the FSS's ability to dedicate sufficient time to each family.

BPS 8-2. Procedures: Managing Caseloads

The Supervisor will use the following criteria when assigning cases:

- Experience, length of time in role, and skill level of the FSS assigned
- Nature and urgency of the challenges observed or shared by families
- Work and time required to serve each family
- Potential conflict/boundary challenges due to an existing personal relationship
- Current staff capacity
- Travel and other non-direct service time required to fulfill responsibilities
- Extent of other resources available in the community to meet family needs
- Other assigned duties
- Referral source (e.g., CFWB)

HFA Best Practice Standard 9. Service providers are selected because of their personal characteristics, lived expertise and knowledge of the community they serve, their ability to work with culturally diverse individuals, and their knowledge and skills to do the job.

BPS 9-1. Direct service providers, directors, and supervisors are selected because of a combination of personal characteristics, experiences, and educational qualifications. The site's hiring system includes processes to ensure this can happen.

- 9-1.A. The site's system for hiring new staff includes the following:
 - Job descriptions which include at least the minimum criteria indicated in standard 9-1.B-D for the positions of Program Director, Supervisor, and direct service staff,
 - Standardized interview questions appropriate to each role, including questions to screen for an applicant's reflective capacity, and
 - Policy requiring at least two reference checks and a criminal background check prior to hire.
- 9-1.B. Screening and selection of Program Directors includes consideration of characteristics including, but not limited to:
 - Solid understanding of and experience in managing diverse staff with humility,
 - Administrative experience in human service or related field including experience in quality assurance and continuous quality improvement,
 - Master's degree in public health or human services administration or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate HFA experience,

- Willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.), and
- Infant mental health endorsement preferred.
- 9-1.C. Screening and selection of Supervisors includes all of the following, but is not limited to:
 - Master's degree in human services or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate HFA experience,
 - Solid understanding of or experience in supervising diverse staff with humility, as well as providing support to staff in stressful work environments,
 - Knowledge of infant and child development and parent-child attachment,
 - Experience with family services that embraces the concepts of family-centered and strength-based service provision,
 - Knowledge of parent-infant health and dynamics of child abuse and neglect,
 - Experience supporting culturally diverse communities/families,
 - Experience in home visiting with a strong background in early childhood prevention services,
 - Willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.),
 - Infant mental health endorsement preferred (if available in the state), and
 - Experience with reflective practice preferred.
- 9-1.D. Screening and selection of direct service staff, volunteers, and interns (performing the same function) include consideration of personal characteristics, including but not limited to:
 - Minimum of a high school diploma or equivalent,
 - Experience in working with or providing services to children and families,
 - Ability to establish trusting relationships,
 - Acceptance of individual differences,
 - Experience and humility to work with the culturally diverse families,
 - Knowledge of infant and child development,
 - Willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.), and
 - Infant mental health endorsement preferred (if available in the state).

BPS 9-2. The site actively recruits, employs, and promotes qualified personnel and administers its personnel practices without discrimination based upon age, sex, gender identity, sexual orientation, race, creed, color, ethnicity, religion, nationality, political affiliation, citizenship status, marital status, veteran status, disability or handicap, genetic information, pregnancy, family medical history, or any other characteristic protected by applicable federal, state, or local laws of the individual under consideration.

BPS 9-1 and 9-2. Policy: Equal Opportunity Employment

San Diego HFA MSS sites comply with the Equal Opportunity Act and communicate their equal opportunity practices in recruitment, employment, and transfer and promotion of employees. Each site informs staff of the equal opportunity practices and uses recruitment materials that specify the non-discriminatory nature of the site's employment practices. A Labor Law/Equal Opportunity poster is hanging in the First Steps office.

The system for hiring new staff takes into account the candidates' personal characteristics, lived expertise and knowledge of the community they serve, ability to work with culturally diverse individuals and knowledge and skills to do the job. By hiring staff from the community, representing the communities we serve, we aim to help our program families feel seen, valued and included.

BPS 9-1. and 9-2. Procedures: Equal Opportunity Employment

The site's hiring system includes the following practices:

- Job descriptions include at least the minimum criteria in HFA 9-1.B-D for the positions of Program Director, Supervisor, and FSSs.
- Two sets of standardized interview questions appropriate to each role, including questions to screen for reflective capacity (Leadership Level I Interview Questions, and Panel: Leadership/FSS Representatives, Level II Interview Questions).
- At least two reference checks, and a criminal background check, and an initial Exclusion and Debarment prior to hire (and then monthly throughout employment).
- Program Directors are responsible for ensuring updates in the process that reflect the most recent HFA Best Practice Standards.

BPS 9-3. The site's recruitment and selection practices ensure its human resource needs are met.

- 9-3.A. The site's recruitment and selection practices are in compliance with applicable law or regulation and include:
 - Utilization of standardized interview questions that comply with employment and labor laws, and interview responses or summaries maintained for currently employed staff, and
 - Verification of two references or letters of recommendation; if hired from within the organization, performance appraisals can suffice.
- 9-3.B. The agency conducts appropriate, legally permissible, and mandated inquiries (as allowed within the state or province) of state or provincial criminal history records on all employees, subcontractors, and volunteers who will have direct contact with children or access to data involving children.

BPS 9-4. The site evaluates and reports on staff satisfaction and retention at least once every two years and addresses how it may increase staff retention, improve staff diversity, inclusion, belonging and promote equity.

BPS 9-1 - 9-4. Results: Hiring Practices

North County F5FS utilizes a hiring process to ensure that FSSs, Supervisors, and Program Directors are selected because of a combination of personal characteristics, experiences, educational qualifications, and fit for the team.

North County F5FS system for hiring new staff includes the following:

- Job descriptions which include at least the minimum criteria indicated for the positions of Program Director, Supervisor, and FSS,
- Standardized interview questions appropriate to each role, including questions to screen for an applicant's reflective capacity, and
- At least two reference checks, a criminal background check, and initial (and then ongoing monthly) Exclusion and Debarment checks are required prior to hiring.

Job Descriptions

Program Director: Screening and selection includes consideration of characteristics including, but not limited to:

- Solid understanding of and experience in managing diverse staff with humility,
- Administrative experience in human service or related field including experience in quality assurance and continuous quality improvement,
- Experience with family services that embraces the concepts of family-centered, trauma-informed, and strength-based service provision,
- Knowledge of parent-infant health and dynamics of child abuse and neglect,
- Experience supporting culturally diverse communities/families,
- Experience leading teams and programs with comprehensive scopes of work and complex financial funding streams,
- Master's degree in public health or human services administration or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate HFA experience,
- Willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.), and
- Infant mental health endorsement preferred.

Supervisor: Screening and selection includes consideration of characteristics including, but not limited to:

- Master's degree in human services or fields related to working with children and families, or bachelor's degree in these fields with three years of relevant experience, or less than a bachelor's degree but with commensurate HFA experience,
- Solid understanding of or experience in supervising diverse staff with humility, as well as providing support to staff in stressful work environments,
- Knowledge of infant and child development and parent-child attachment,
- Experience with family services that embraces the concepts of family-centered, trauma-informed, and strength-based service provision,
- Knowledge of parent-infant health and dynamics of child abuse and neglect,
- Experience supporting culturally diverse communities/families, and teams,
- Experience in home visiting with a strong background in early childhood prevention services,
- Willingness to engage in building reflective practice (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, etc.), and,
- Infant mental health endorsement and experience with reflective practice preferred.

FSSs, volunteers, and interns (performing the same function): Screening and selection include consideration of personal characteristics, including but not limited to:

- Minimum of a high school diploma or equivalent,
- Experience in working with or providing services to children and families,
- Ability to establish trusting relationships,
- Acceptance of individual differences,
- Experience and humility to work with culturally diverse families,

- Knowledge of infant and child development,
- Willing to engage in building reflective capacity (e.g., capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision, modeling a positive, team approach, etc.), and
- Infant mental health endorsement preferred.
- Skills and strengths in team building and resource sharing

In addition, North County F5FS actively recruits, employs, and promotes qualified personnel and administers its personnel practices without discrimination based upon age, sex, gender identity, sexual orientation, race, creed, color, ethnicity, religion, nationality, political affiliation, citizenship status, marital status, veteran status, disability or handicap, genetic information, pregnancy, family medical history, or any other characteristic protected by applicable federal, state, or local laws of the individual under consideration. Our recruitment and selection practices are in compliance with applicable law or regulation and include:

- Utilization of standardized interview questions that comply with employment and labor laws, and interview responses or summaries maintained for currently employed staff, and
- Verification of two references or letters of recommendation; if hired from within the organization, performance appraisals can suffice.

North County F5FS conducts appropriate, legally permissible, and mandated inquiries of state or provincial criminal history records on all employees, subcontractors, and volunteers who will have direct contact with children or access to data involving children.

Finally, North County F5FS evaluates and reports on staff satisfaction and retention at least once every two years and addresses how it may increase staff retention, improve staff diversity, inclusion, belonging and promote equity. North County F5FS has a strong and successful track record of staff retention and satisfaction. Of our current team, seven (7) staff have been with us since 2013, two staff with us since 2019, and 1 staff with us since 2021. Over the years, we have had up to 17 FTE, with many with us since the beginning, with a reduction in workforce mostly due to availability of grant funding.

HFA Best Practice Standard 10. Service providers receive intensive training specific to their role to understand the essential components of family assessment, home visiting and supervision.

BPS 10-1. The site has a comprehensive training policy detailing all required trainings listed below for staff (direct service staff, supervisors, and program directors), including: 1) topics, 2) the method for obtaining training, and 3) the timeframe for each.

- Orientation (10-2.A-G) and 10-2.H for sites in multi-site systems,
- Stop-gap training (10-3.A-C) when HFA Core is received after first direct service,
- Intensive model specific (HFA Core) training (10-4.A-C),
- Implementation training (10-5) (Program Directors or designee only),
- CCI, ASQ and ASQ:SE, and depression screen (10-6.A-D) for staff who administer the tool and their Supervisors,
- Wrap-around training topics within 3 months of hire (11-1.A-D),

- Wrap-around training topics within 6 months of hire (11-2.A-G),
- Wrap-around training topics within 12 months of hire (11-3.A-E),
- Annual ongoing training (11-4.A),
- Annual training on child abuse and neglect update (11-4.B), and
- Annual training on diversity, equity, inclusion and belonging (11-4.C).

Note: All interns and volunteers who perform the same duties as direct service staff and Supervisors receive the same type of training as paid staff.

BPS 10-2. Staff (direct service staff, Supervisors, and Program Directors); receive orientation training after HFA hire date and prior to direct work with families or supervision of staff to familiarize them with site responsibilities. Program Directors hired prior to July 1, 2014, are not required to document receipt of orientation topics.

- 10-2.A Staff (direct service staff, Supervisors, Program Director, and the Director's Supervisor) hired January 1, 2022 or later receive HFA Quick Start orientation training. Orientation training prior to January 1, 2022 included: 1) HFA goals and services, 2) philosophy of home visiting/family support, and 3) principles of ethical practice, subsequent to HFA hire date and prior to direct work with families or supervision of staff.
- 10-2.B Staff (direct service staff, Supervisors, and Program Directors) are oriented to their roles as they relate to: 1) the site's parenting materials, curriculum, and other handouts shared with parents 2) policy and operating procedures, and 3) data collection forms and processes, after HFA hire date and prior to direct work with families or supervision of staff.
- 10-2.C Staff (direct service staff, Supervisors, and Program Directors) are oriented to the site's relationship with other community resources after HFA hire date and prior to direct work with families or supervision of staff.
- 10-2.D Staff (direct service staff, Supervisors, and Program Directors) are oriented to: 1) child abuse and neglect indicators, and 2) reporting requirements after HFA hire date and prior to direct work with families or supervision of staff.
- 10-2.E Staff (direct service staff, Supervisors, and Program Directors) are oriented to issues of confidentiality and issues of ethical practice prior to direct work with families or supervision of staff.
- 10-2.F Staff (direct service staff, Supervisors, and Program Directors) are oriented to issues related to boundaries after HFA hire date and prior to direct work with families or supervision of staff.
- 10-2.G Staff (direct service staff, Supervisors, and Program Directors) are oriented to issues related to staff safety after HFA hire date and prior to direct work with families or supervision of staff.
- 10-2.H Staff (direct service staff, Supervisors, and Program Directors) who work at a site that is part of an HFA Multi-Site System are oriented to the Multi-Site System, including the goals, objectives, policies, and functions of the Multi-Site System and Central Administration.

BPS 10-3. Supervisors and direct service staff who begin home visiting or supervision work prior to receipt of HFA Core training, must receive "stop-gap" training. Stop-gap training does not need to be conducted by a certified trainer; however, it must be conducted by someone who has been intensively trained in the role they are providing stop-gap training for. Stop-gap training does not replace the requirement to attend HFA Core training.

- 10-3.A. The site has policy and procedures for providing stop-gap training to direct service staff and Supervisors of direct service staff when they begin their work prior to the receipt of HFA Core Foundations

or Supervision training, to ensure direct service staff has adequate understanding and knowledge of their role. The training must include the bulleted components described in the intent.

- 10-3.B Direct service staff who begin their work with families prior to completion of Intensive HFA Core Foundations training, and their Supervisor, have received stop-gap training to ensure direct service staff and their supervisor have adequate understanding and knowledge of their role.
- 10-3.C. Supervisors who begin providing supervision prior to completion of intensive HFA Core Supervision training have received supervisor stop-gap training to ensure the Supervisor has adequate understanding and knowledge of their role.

BPS 10-4. Staff (direct service staff, Supervisors, and Program Directors) receive intensive HFA Core trainings within the following timeframes. For those administering the FROG Scale, training is received prior to first use; for Foundations and Supervision training, and FROG training for Supervisors, within six months of hire. HFA Core trainings are provided by an HFA certified trainer.

- 10-4.A All staff administering the FROG Scale receive intensive HFA Core FROG Scale training by an HFA certified trainer prior to first use of the tool and all Supervisors receive this training within six months of hire.
- 10-4.B. All staff (including Program Directors hired January 1, 2022, or later) have received intensive HFA Core Foundations training by an HFA certified trainer, within six months of date of hire, to understand key components of the HFA model. Program Directors hired prior to January 1, 2022, receive the training within 18 months of hire.
- 10-4.C. Supervisors and Program Directors have received intensive HFA Core Supervision training by an HFA certified trainer within six months of date of hire, to understand the key components of supervision. This includes FROG Supervision training for those who supervise staff administering the FROG Scale. Program Directors hired prior to January 1, 2022, receive the training within 18 months of hire.

BPS 10-5. All Program Directors hired to HFA on or after January 1, 2018, receive intensive HFA Core Implementation training from the HFA National Office within 18 months of date of hire, to understand the key components of implementing the HFA model. HFA Implementation training is strongly encouraged and optional for program directors hired prior to January 1, 2018.

- 10-6. Staff who are responsible for the administration of required screening tools receive trainings on these tools prior to first use, and Supervisors receive these trainings within six months of hire.
- 10-6.A. Those who administer the CHEERS Check-In (CCI) tool have been trained in the use of the tool before administering it and Supervisors also receive this training.
- 10-6.B. Those who administer the ASQ have been trained in the use of the current version of the tool before administering it, and Supervisors also receive this training.
- 10-6.C. Those who administer the ASQ:SE have been trained in the use of the current version of the tool before administering it, and Supervisors also receive this training.
- 10-6.D. Those who administer the depression screen/tool have been trained in the use of the tool before administering it, including ways to talk with parents about depression, and Supervisors also receive this training.

All North County F5FS staff members receive intensive training specific to their role to understand the essential components of family assessment, home visiting and supervision. The following policy and procedures are followed to ensure we are compliant with HFA Best Practice Standard 10.

BPS 10. Policy: Training

All staff members, including interns and volunteers, must complete intensive role-specific training to understand the key components of family assessment, home visiting, and supervision. To understand and document previous learning and experience, supervisors discuss topics with the staff member to ensure knowledge and how it is used in the work. When experiential gaps exist at the time of hire, the staff member and Supervisor develop a plan to support staff development and the acquisition of new knowledge and experience.

Note: For any staff re-hired or hired from an HFA site outside of First 5 First Steps, the expectation is for all hires to receive orientation again, regardless of time since previous employment. Staff re-hired after a three-year or more absence are required to complete all new hire training if the staff member has not worked with an HFA program for three or more years, including HFA Core training

To meet training requirements, all pertinent staff will complete the HFA Community Learning Management System (LMS) or the AAP- CA3 First Steps LMS modules. Supervisors are responsible for monitoring staff participation and ensuring the completion of practical application activities.

Trainees attending an HFA or First Steps hosted training should commit to being fully available for live sessions and activities for their training.

- Attendance - Attendance at all sessions is required. Participants can miss one session in the series due to an illness or emergency. Sessions are considered days of training.
- Make-Ups - If a staff member misses one day of a training, they may watch a video recording of the missed session and may be required to complete a self-study assignment to make up for the missed session. Note: Staff must complete the makeup before attending the next session. If staff cannot complete the makeup, they will need to retake the training at a later time.

BPS 10. Procedure: Training

Sites are responsible for keeping track of their role-specific staff training using the First Steps Training Tracker. The following trainings are required for staff unless otherwise noted:

Prior to Direct Contact with Families

- HFA Quick Start

Within 4 Weeks of Hire

- Supervisors only: HFA Core Supervisors Stop-Gap training

Within 3 Months of Hire

- Orientation: North County F5FS
- Orientation: Coming Together as a Family Support System to Prevent Child Abuse and Neglect
- AAP-CA3 Stop-Gap Foundations for Family Support (Foundations) Series
- AAP-CA3 Stop-Gap BABY TALK Curriculum
- AAP-CA3 Stop-Gap Mothers and Babies
- AAP-CA3 PATH Reproductive Health and Intention Framework

Within 6 Months of Hire

- HFA Core Training Foundations
- HFA Core Assessment Family Resiliency and Opportunities for Growth (FROG) Scale Training
- Baby TALK Core Curriculum
- Mothers and Babies Core Curriculum
- Supervisor and Program Director only: HFA Core FROG Supervisory Training
- Supervisor and Program Director only: HFA Core Foundations Supervisory Training

Within 18 Months of Hire

- Program Director only: HFA Implementation Training

Prior to First Use

- Ages and Stages Questionnaire-3
- Ages and Stages Questionnaire: Social-Emotional-2 Developmental Screens
- CHEERS Check-In
- Patient Health Questionnaire-9
- Healthy Families Parenting Inventory
- University of Idaho Survey of Parenting Practice
- Parent Satisfaction Survey
- New Baby Questionnaire
- Contract Management and Evaluation Data System (CMEDS) (required for all system users)

BPS 10. Results: Training

As of September 5, 2025 all staff (Program Director, Supervisor, and FSSs) are up to date with all training requirements.

BPS 10-3. Policy: Stop-Gap Training

All direct service staff and Supervisors must complete the First Steps self-paced stop-gap series to begin working with families or supervising staff who work with families. Staff will be enrolled in the series once they have been in their role for two weeks and prior to working with families or providing supervision. Staff will have a minimum of one week per course in the series to complete these trainings with extensions available on a case-by-case basis.

Stop-gap training is defined as customized role-specific training conducted to meet an individual's urgent need for skills necessary to perform work prior to receiving HFA Foundations Core training. FSSs, Supervisors and Program Directors are still required to attend the full HFA Core training as soon as they are able to enroll and no later than six months after hire.

Supervisors receive supervisor stop-gap training, including all required components, within four weeks of hire to the HFA Supervisor role unless they are able to complete HFA Core Training in that time frame. Each stop-gap training is supplemented by a series of practical application activities that must be completed before staff can receive credit for the training. Practical application activities include shadowing an experienced staff person during assessment and visits, inter-rater reliability of CHEERS observations, reviewing family charts and completing training on forms, form use and expectations for documentation. The First Steps training will prompt staff to complete these

activities, but Supervisors are required to ensure staff have both opportunity and support. Countywide Coordinator will review activities and provide feedback to both staff and supervisors as needed. For activities that require review to proceed in the modules, AAP-CA3 will provide feedback within 24 hours of completion.

HFA Best Practice Standard 11. All direct service staff and their Supervisors receive basic training in areas such as prenatal and infant care, child safety and development, family health, parent-child relationships, diversity, equity, family goal setting, reporting child abuse, managing crisis situations, and responding to mental health, substance use, or intimate partner violence issues. All staff, including Program Directors receive training on topics related to diversity and equity.

BPS 11-1. Staff (direct service staff and Supervisors) receive training on a variety of topics necessary for effectively working with families and children within three months of hire.

- 11-1.A Staff (direct service staff and Supervisors) receive training on Infant Care within three months of the date of hire. HFA's online training includes these subtopics:
 - Infant sleep and safer sleep practices,
 - Feeding/Breastfeeding,
 - Failure to thrive,
 - Physical care of the baby,
 - Infant crying and responses to crying.
- 11-1.B Staff (direct service staff and Supervisors) receive training on Child Health and Safety within three months of the date of hire. HFA's online training includes these subtopics:
 - Home safety (e.g., fire, child supervision, water temperature, pools, falls, etc.),
 - Abusive head trauma prevention,
 - Sudden unexpected infant death,
 - Seeking medical care,
 - Well-child visits, immunizations, and oral health,
 - Parenting children with special health needs, and
 - Community resources for child health.
- 11-1.C Staff (direct service staff and Supervisors) receive training on Family Health within three months of the date of hire. HFA's online training includes these subtopics:
 - Adult primary care,
 - Family planning and reproductive justice,
 - Disability and chronic health issues,
 - Smoking cessation,
 - Health equity and access to care, and
 - Community resources for adult medical care and nutrition.
- 11-1.D Staff (direct service staff, Program Directors and Supervisors) receive training on Cultural Self-Awareness within three months of the date of hire. HFA's online training includes these subtopics:
 - Seeking clarity on personal identity, values, and beliefs,
 - Understanding privilege and its role in systems of oppression and racism,
 - How our own experiences play out in home visiting work,
 - Implicit bias, and
 - Demonstrating compassion for self and others.

BPS 11-2. Staff (direct service staff and Supervisors) receive training on a variety of topics necessary for effectively working with families and children within six months of hire.

- 11-2.A Staff (direct service staff, and Supervisors) receive training on Infant and Child Development within six months of the date of hire. HFA's online training includes these subtopics:
 - Brain development,
 - Social and emotional development,
 - Language development and early literacy,
 - Physical development,
 - Infant behavior (cues, states, reflexes),
 - Responding to developmental delays, and
 - Community resources to support children with delays.
- 11-2.B Staff (direct service staff and Supervisors) receive training on Supporting the Parent-Child Relationship within six months of the date of hire. HFA's online training includes these subtopics:
 - Observing parent-child interactions,
 - Supporting attachment,
 - Nurturing parenting strategies, and
 - Discipline.
- 11-2.C Staff (direct service staff and Supervisors) receive training on Professional Practice within six months of the date of hire. HFA's online training includes these subtopics:
 - Time management,
 - Coping with stress,
 - Recognizing and preventing burnout,
 - Power imbalances in professional relationships, and
 - Reflective practice.
- 11-2.D Staff (direct service staff and Supervisors) receive training on Mental Health within six months of the date of hire. HFA's online training includes these subtopics:
 - Promotion of positive mental health.
 - Behavioral signs of mental health issues,
 - Depression,
 - Perinatal mood disorders,
 - Coping with loss,
 - Strategies for working with families with mental health issues,
 - Mental health emergencies, and
 - Referral resources for mental health.
- 11-2.E Staff (direct service staff and Supervisors) receive Prenatal training within six months of hire. HFA's online training includes these subtopics:
 - Fetal growth and development during each trimester,
 - Warning signs: when to call the doctor,
 - Activities to promote the parenting role, and the parent-child relationship ring pregnancy,
 - Preparing for the baby, and
 - Promoting parental awareness of what the baby is experiencing with a connection to what the parent is doing (reflection).

- 11-2.F Staff (direct service staff and Supervisors) receive training on the Family Goal process within six months of hire. HFA's online training includes these subtopics:
 - Purpose and importance of the family goal process in HFA services,
 - Working with families to identify strengths and needs,
 - Supporting the family's role in setting and achieving meaningful goals to assist families in taking charge of their lives,
 - Development of family goals based upon the direct service staff's knowledge about the family, as well as tools,
 - Completed with the family, and
 - Practice writing family goals in ways that help families create measurable goals.
- 11-2.G Staff (direct service staff, Program Directors and Supervisors) receive Cultural Humility in Home Visiting training within six months of hire. HFA's online training includes these subtopics:
 - HFA's approach to culture,
 - Honoring diverse family structures,
 - LGBTQIA+ parenting,
 - Family culture as a source of family strength, and
 - Acknowledging, respecting, and celebrating cultural differences.

BPS 11-3. Staff (direct service staff, and Supervisors) received training on a variety of topics necessary for effectively working with families and children within 12 months of hire.

- 11-3.A Staff (direct service staff and supervisors) receive training on Child Abuse and Neglect within twelve months of the date of hire. HFA's online training includes these subtopics:
 - Parent and child risks for abuse and neglect,
 - Prevention and education with families,
 - Racial disparities in the child welfare system, and
 - Role of HFA with child welfare-involved families.
- 11-3.B Staff (direct service staff, and Supervisors) receive training on Intimate Partner Violence within 12 months of the date of hire. HFA's online training includes these subtopics:
 - Indicators of Intimate Partner Violence,
 - Dynamics of Intimate Partner Violence,
 - Strategies for working with families with Intimate Partner Violence issues,
 - Effects on children,
 - Universal education approach to discussing healthy and unhealthy relationships with families,
 - The impact of racially disproportionate policing on family responses to IPV, and
 - Referral resources for family violence.
- 11-3.C Staff (direct service staff, and Supervisors) received training on Substance Use within 12 months of the date of hire. HFA's online training includes these subtopics:
 - Causes of and risks for substance use disorders,
 - Alcohol use and dependence,
 - Substances prevalent in the community,
 - Talking with families about substance and alcohol use,

- Strategies for working with families with substance use challenges and families in recovery,
 - Substance use and racial disparities in the judicial system, and
 - Referral resources for substance use disorders.
- 11-3.D Staff (direct service staff, and Supervisors) receive training on Engaging Families within 12 months of the date of hire. HFA's online training includes these subtopics:
 - Engaging fathers and co-parents,
 - Multi-generational families,
 - Working with adolescent parents,
 - Engaging non-binary parents,
 - Strategies for working with families impacted by personal, historical, or generational trauma.
- 11-3.E Staff (direct service staff, Program Directors and Supervisors) receive training on Inequity and Family Context within 12 months of the date of hire. HFA's online training includes these subtopics:
 - Historically and currently marginalized communities,
 - Racial wealth gap,
 - Systemic barriers to access and accessibility,
 - Systemic racism and social inequities,
 - Intersectionality, and
 - Impacts of inequity on parenting and the home visiting relationship.

BPS 11-4. The site ensures direct service staff, Supervisors, and Program Directors hired longer than 12 months receive annual training (i.e. at some time during each calendar year) that takes into account the individual's knowledge. Staff also receive annual child abuse and neglect training and annual training related to diversity, equity, inclusion, and belonging.

- 11-4.A The site ensures direct service staff, Supervisors, and Program Directors hired more than 12 months ago receive ongoing training on an annual basis that takes into account the individual's knowledge and skill base, and supports ongoing professional development. All staff do not have to attend the same training.
- 11-4.B All staff hired more than 12 months receive training annually related to child abuse and neglect. All staff do not have to attend the same training. During the first year of hire, standard 11-3.A. (Child Abuse and Neglect), may be used to satisfy this standard.
- 11-4.C The site ensures all staff hired more than 12 months ago receive annual training designed to increase awareness and understanding of concepts associated with diversity, equity, inclusion and belonging and how families, communities, home visiting services, and staff are impacted. All staff do not have to attend the same training.

BPS 11. Policy: Training

All staff members, including interns and volunteers who provide direct service, must complete intensive role-specific training to understand the key components of the HFA model. Role-specific training is completed within the first 12 months of hire, with exceptions for Program Directors.

To meet training requirements, all pertinent staff will complete the HFA Community Learning Management System (LMS) and AAP-CA3 First Steps LMS modules. Supervisors are responsible for monitoring staff participation,

supporting the completion of practical application activities in the outlined timeframes, and documenting training completion dates in the Training Tracker. Trainees attending an HFA or AAP-CA3 hosted training should commit to being fully available for live sessions and activities for their training.

- Attendance is mandatory for all sessions, including virtual, in-person, or hybrid sessions. Staff must attend every session in full to receive a certificate. This includes trainings with a morning and afternoon session, which constitute one full training day.
- Any absence from a session will require the staff member to retake the full training later.
- Cancellations must be sent by email to AAP-CA3. Be mindful that training fees are only reimbursed if training is canceled no later than two weeks in advance.
- In case of emergency, contact AAP-CA3 immediately to discuss opportunities to continue training. AAP-CA3 will work with the staff member and their supervisor on a case-by-case basis to determine if flexibility is available.

BPS 11. Procedures: Training

Each site is responsible for keeping track of their wrap-around staff training using the First Steps Training Tracker. The following training is required for North County F5FS FSSs and Supervisors:

Within 3 Months of Hire

Cultural Self-Awareness (required for Program Directors as well):

- Seeking clarity on personal identity, values, and beliefs
- Understanding privilege and its role in systems of oppression and racism
- How our experiences play out in home visiting and work
- Implicit bias
- Demonstrating compassion

Infant Care:

- Infant sleep and safe sleep practices
- Feeding/breastfeeding
- Physical care of the baby
- Crying and responses to crying
- Failure to thrive

Child Health and Safety:

- Home safety
- Abusive head trauma
- Sudden unexpected infant death
- Seeking medical care
- Well-child visits, immunizations, and oral health
- Children with special health care needs
- Community resources for child health

Family Health:

- Adult primary care
- Family planning and reproductive justice
- Disability and chronic health issues

- Smoking cessation
- Health equity and access to care
- Community resources for adult medical care and nutrition

Within 6 Months of Hire

Infant and Child Development:

- Language development and early literacy development
- Physical development
- Social and emotional development
- Responding to developmental delays
- Brain development
- Infant behavior (cues, states, and reflexes)
- Community resources to support children with delays

Supporting the Parent-Child Relationship:

- Supporting attachment
- Nurturing parenting strategies
- Discipline
- Observing parent-child interactions

Professional Practice:

- Time management
- Coping with stress
- Recognizing and preventing burnout
- Power imbalances in professional relationships
- Reflective Practice

Mental Health:

- Promotion of positive mental health
- Behavioral signs of mental health issues
- Depression
- Perinatal mood disorders
- Coping with loss
- Strategies for working with families with mental health issues
- Mental health emergencies
- Referral resources for mental health

Prenatal:

- Fetal growth and development during each trimester
- Warning signs: when to call the doctor
- Activities to promote the parenting role, and the parent-child relationship during pregnancy
- Preparing for the baby
- Promoting parental awareness of what the baby is experiencing with a connection to what the parent is doing (reflection)

Family Goal Process

- Purpose and importance of the family goal process in HFA services
- Working with families to identify strengths and needs
- Supporting the family's role in setting and achieving goals to assist families in taking charge of their lives
- Development of family goals based upon the Family Support Specialist's knowledge about the family and tools completed with the family.
- Practice writing family goals in ways that help families create measurable goals

Cultural Humility in Home Visiting (required for Program Directors as well):

- HFA's Approach to Culture
- Honoring diverse family structures
- LGBTQIA + Parenting
- Family culture as a source of family strength
- Acknowledging, respecting, and celebrating cultural differences

Within 12 months of hire

Inequity and Family Context (required for Program Directors as well):

- Historically and Currently Marginalized Communities
- Racial wealth gap
- Systemic barriers to access and accessibility
- Systemic racism and social inequities
- Intersectionality
- Impacts of inequity on parenting and the home visiting relationship

Child Abuse and Neglect:

- Parent and child risks for abuse and neglect
- Prevention and education with families
- Racial disparities in the child welfare system
- Role of HFA with child welfare involved families

Intimate Partner Violence:

- Indicators of intimate partner violence (IPV)
- Dynamics of IPV
- Strategies for working with families with IPV issues
- Effects on children
- Referral resources for IPV
- Universal education approach to discussing health and unhealthy relationships with families
- The Impact of Racially Disproportionate Policing on Family Responses to IPV

Substance Use:

- Causes and risks of substance use disorders
- Alcohol use and dependence
- Strategies for working with families with substance use challenges and families in recovery
- Talking with families about substance use and alcohol
- Substances Prevalent in the Community
- Substance Use and Racial Disparities in the Judicial System
- Referral resources for substance use disorders

Engaging Families:

- Engaging fathers and co-parents
- Multi-generational families
- Working with adolescent parents
- Engaging non-binary parents
- Strategies for Working with Families Impacted by Personal, Historical, or Generational Trauma

BPS 11. Policy: Annual Training

All San Diego HFA MSS FSSs, Supervisors, and Program Directors hired longer than 12 months must receive annual training that considers the individual's knowledge and skill base and supports ongoing professional development. All pertinent staff must complete annual training in child abuse and neglect and diversity, equity, inclusion (DEI), and belonging. All staff do not have to attend the same training.

BPS 11. Procedures: Annual Training

Sites will keep track of its annual training using the First Steps Training Tracker. The following training is required for staff:

During the First Year of Hire

Annual Child Abuse and Neglect training: to stay updated on current child welfare policies, practices, and trends in their community.

No Later than the Second Year of Hire and Annually After

- Annual Professional Development training: Based on the staff and supervisor's identified individual training needs that would be most beneficial to enhance job performance. Takes into account the individual's knowledge and skill base and professional development.
- Annual Diversity, Equity, and Inclusion (DEI) training: Designed to increase awareness and understanding of concepts associated with diversity, equity, inclusion, and belonging and how families, communities, home visiting services, and staff are impacted
- Annual Forms, Tools, Refresher Trainings

HFA Best Practice Standard 12. Service providers receive ongoing, effective supervision so they are able to develop realistic and effective plans to support families

BPS 12-1. The site ensures direct service staff receive weekly and ongoing supervision.

- 12-1.A The site's policy states individual supervision is provided to all direct service staff, volunteers and interns (performing the same function) at the frequency and duration required within the standards.
- 12-1.B The site ensures weekly individual supervision is received by all direct service staff and any volunteers and interns who provide direct services to families independently. Volunteers or interns who perform supportive functions to assist direct service staff (e.g., assist with parent groups, data entry, accompanying a direct service staff on home visits, etc.) are exempt from the supervision and training requirements of the standards.

- 12-1.C A site may choose to provide once monthly reflective consultation groups in place of one weekly individual supervision session per month (for direct service staff in their role for a minimum of 12 months. Documentation must include who attended and content topics covered, and must be facilitated by a qualified individual.
- 12-1.D The ratio of Supervisors to direct service staff and volunteers and interns (performing the same function) is sufficient to allow regular, ongoing, and effective supervision to occur.

BPS 12-1. Policy: Supervision Frequency and Duration

Supervisors are responsible for providing all direct service staff (including volunteers and interns performing the same role) with weekly professional support and supervision. Supervisors will supervise no more than six full-time direct service staff.

BPS 12-1. Procedures: Supervision Frequency and Duration

- All direct service staff who are at 0.75-1.0 FTE must receive a minimum of 1.5 hours per week of regularly scheduled individual supervision, and part-time staff at less than 0.75 FTE should receive a prorated amount of supervision as follows:
 - 0.25-0.75FTE: 1 hour/week of supervision
 - Less than 0.25 FTE: Supervision is provided according to the occurrence of services.
- Supervision sessions can be divided into no more than two sessions per week. For example, holding two one-hour sessions instead of one 2-hour session.
- Full-time staff serving in more than one role (e.g., 30% Supervisor and 70% FSS will receive a minimum of 1.5 hours of supervision per week to meet the supervision requirements of both roles and functions. Documentation will clearly indicate both roles are being addressed in supervision.
- Full-time staff who provide visits and administer the FROG should receive supervision in both, with supervision documentation clearly indicating how they are supported with both.
- Reflective supervision groups can count as one session per month if conducted by a supervisor or other qualified individual who has been trained in providing reflective supervision. This only applies for FSSs that have been in their role for at least 12 months and who have demonstrated proficiency in their role (as determined by the program and based on Supervisor judgment).
- Direct service staff new to their role or without full caseloads are still expected to receive the required weekly supervision.

BPS 12-1. Results: Supervision Frequency and Duration

North County F5FS's consistent **Supervision Rate is 100%**. *This is a threshold standard, meaning to be in adherence a minimum threshold has been established (75% in this case).*

BPS 12-2. Direct service staff (and volunteers and interns performing the same function) receive reflective supervision pertaining to their work and are provided opportunities for skill development and professional support.

- 12-2.A The site has supervision policy and procedures to ensure all direct service staff (and volunteers and interns performing the same function) are provided with reflective supervision pertaining to their work and opportunities for skill development and professional support, including twice annual shadowed visits and debrief with their supervisors.

- 12-2.B The site ensures all direct service staff (and volunteers and interns when performing the same function) receive reflective supervision pertaining to their work, and are provided opportunities for skill development and professional support to continuously improve the quality of their performance.
- 12-2.C The site ensures all direct service staff (and volunteers and interns performing the same function) are provided with twice annual shadow visits and debrief with their supervisor to continuously improve the quality of their performance. A shadow visit combined with debrief conversation between the Supervisor and direct service staff counts as a weekly supervision session.

BPS 12-2. Policy: Reflective Supervision

Reflective supervision is at the core of Supervisor support in HFA and is integrated with administrative and clinical aspects of the role. Supervisory sessions use reflective conversation to address tasks outlined by the model:

Administrative tasks:

- Tracking and follow-up of referrals
- Screening tool completion
- Family file documentation

Clinical tasks:

- FROG Scale feedback and support
- Level change/family progress
- Service Plans, CHEERS and family goal process

Supervision sessions must include reflective supervision pertaining to the FSS and relationships with individuals across the integrated parallel process. Supervisors partner with staff in both a mentoring and monitoring role. As a monitor, supervisors ensure the completion of activities that meet the HFA BPS and other site requirements and provide strengths-based feedback to nurture the staff's professional development. As the mentor, supervisors support the integration of training into the work, add to the knowledge of direct service staff, discuss how to work with families and generally enhance their abilities.

BPS 12-2. Procedures: Reflective Supervision

Supervisors are encouraged to have reflective conversations for each family:

Family Levels:

- 1P/2P, 1/1b, SS: monthly
- Level 2: every other month
- Level 3: quarterly

Reflective supervision is also used to discuss efforts to promote family voices, challenges and successes. Supervision sessions provide an opportunity to strengthen staff skills in this area.

BPS 12-3. Supervisors receive regular, ongoing supervision, which holds them accountable for the quality of their work and provides them with skill development and professional support.

- 12-3.A The site has policy and procedures to ensure supervisors are held accountable for the quality of their work, receive skill development and professional support through regular and ongoing supervision, and are able to receive reflective supervision, individually or as part of a reflective group for supervisors

(reflective consultation groups for supervisors are encouraged to utilize facilitators with the same qualifications as indicated in standard 12-1.C).

- 12-3.B The site's practice ensures Supervisors receive individual administrative supervision and are held accountable for the quality of their work. Sites may use HFA's shadowing of supervision form.
- 12-3.C The site's practice ensures Supervisors receive regularly scheduled reflective supervision.

BPS 12-3. Policy: Supervision for Supervisors

Supervisors will receive a minimum of once monthly regularly scheduled supervision with their own direct supervisors (in most cases, Program Directors). Supervisors will also receive skill development and professional support from their respective agencies and AAP-CA3. The goal of supervision for Supervisors is to hold them accountable for their work and support professional growth and skill development opportunities.

Supervisors will also receive reflective supervision at a minimum of every other month, individually or as part of a group for supervisors. Reflective supervision aims to facilitate each Supervisor's ability to integrate a reflective lens into their work with direct staff and, ultimately, the work with families. The individual providing supervision to the Supervisor must have received all HFA required training as outlined in the Training section or the Reflective Group Supervision section.

BPS 12-3. Procedures: Supervision for Supervisors

Agencies will hold Supervisors accountable for the quality of their work through:

- Review of Supervisor documentation,
- Annual performance reviews (to be done by their respective agencies),
- Regularly scheduled meetings to discuss progress, address challenges, explore and promote skill development,
- Addressing personnel issues,
- Feedback/reflection to Supervisors regarding team development and agency issues
- Review of site documentation, including monthly or quarterly reports and site statistics (screening and initial engagement, home visit rates, content of visits, quality assurance mechanisms, etc.),
- Review of progress towards meeting site goals and objectives,
- Strategies to promote professional development/growth, and
- Quality oversight that includes shadowing of the Supervisor (see below).

AAP-CA3 will provide oversight through:

- Reflective conversations and feedback to Supervisors regarding team development and agency issues,
- Facilitation of monthly group meetings with Supervisors (Supervisors Workgroup),
- Facilitation of peer collaboration between Supervisors,
- Site-specific technical assistance based on annual QA site visits, including Supervision documentation, and
- Strategies to promote professional development and growth, including providing or referring to trainings for skill development.

BPS 12-4. Program Directors are held accountable for the quality of their work and are provided with skill development and professional support.

- 12-4.A The site has policy and procedures to ensure Program Directors are held accountable for the quality of their work, receive skill development and professional support.
- 12-4.B The site ensures Program Directors are held accountable for the quality of their work and receive skill development and professional support.

BPS 12-4. Policy: Supervision for Program Directors

Program Directors will receive a minimum of monthly regularly scheduled supervision with their own direct supervisor. Program Directors will also receive skill development and professional support from their respective agencies and AAP-CA3. The goal of supervision for Program Directors is to support their professional growth and skill development opportunities and hold them accountable for their work. When Program Directors also serve as Supervisors, the site will determine the respective FTEs performed for each role to ensure adequate support for the individual with the dual role. When possible, sites are encouraged to provide monthly reflective supervision to Program Directors.

BPS 12-4. Procedures: Supervision for Program Directors

Agencies will hold Program Directors accountable for the quality of their work through:

- Review of supervisor documentation,
- Annual performance reviews (done by their respective agencies),
- Regularly scheduled meetings to discuss progress, address challenges, explore and promote skill development, and
- Optional monthly reflective supervision to reflect on the work and the complex challenges they may experience in their role.

AAP-CA3 will provide oversight through:

- Reflective conversations and feedback to Program Directors regarding team development and agency issues,
- Facilitation of monthly meetings with Program Directors (Leadership Workgroup),
- Facilitation of peer collaboration between Program Directors sites in the San Diego HFA MSS,
- Tableau dashboards that monitor the site's quality assurance benchmarks (initial engagement, home visit completion, screenings, referrals, etc.),
- Annual site visit reviews and reports to assess the site's adherence to the HFA Best Practice Standards,
- Site-specific technical assistance based on annual QA site visits, including supervision documentation,
- Review of progress towards meeting site goals and objectives, and
- Strategies to promote professional development and growth, including providing or referring to trainings for skill development.

END OF HFA BEST PRACTICE STANDARDS, highlighting our alignment and implementation of services based on evidence-based practice and fidelity to the model.

1.1.1.5. Describe in detail your organization's understanding of the Family First Prevention Services Act and the process upon linking families to the most appropriate programs based on individual needs and eligibility, including referral from Child and Family Well-Being.

The Family First Prevention Services Act (FFPSA) is Federal 2018 legislation that permits evidence-based services to support families from entering foster care by funding evidence-based services that are well-supported in reducing child maltreatment and entry into foster care. FFPSA provides opportunities for jurisdictions to establish a Community Pathway with a no wrong door approach. HFA is identified as the evidence-based home visiting services for FFPSA eligible families in San Diego. FFPSA was launched in the County of San Diego through a collaboration of Child Welfare Services, Juvenile Probation and Behavioral Health Services.

Child and Family Well-Being (CFWB) is transitioning into the administration of centralized intake for Family Home Visiting Support Services (FHVSS) providers in San Diego County to operationalize the No Wrong Door approach and to determine the appropriate funding source for services to be administered. Families determined as FFPSA eligible by CFWB will be referred to the Family Connection Hub for case management and referral to the regionally appropriate FHVSS provider if the family is interested.

North County F5FS will receive non-FFPSA family referrals from CFWB, and FFPSA-eligible family referrals from the Family Connection Hub. Regardless of which agency we receive a referral from, North County F5FS will contact the family within three business days to assess continued interest in the program and schedule the eligibility assessment (FROG Scale). ALL families that meet the program criteria and are ready to engage in services are offered home visiting services.

If a family needs to delay intake into our program, for example if the child was removed from the home, we will follow up with the family and offer services once a family qualifies for our services, (e.g., family re-unification occurs and the child is once again living with the parent). We will continue to employ a “no right of refusal” perspective when we receive a referral; we will always process the referral to move the family toward enrollment. The family always has the right of refusal if they choose not to engage in the program; however, we will always encourage engagement, and invite the family to contact us if they change their mind along with us following back up with the family after a couple of months (with their permission). We will do everything possible to support family engagement, given the known value of the program for those ready and interested to engage.

FFPSA families will receive the same intensive level of home visiting and data collection efforts as non-FFPSA families, however they require additional federal and state documentation as outlined in Welfare and Institutions Code 16587 (4)(A)(B)(C)(D) and future All County Letters from the California Department of Social Services. We further understand that state and federal requirements for documenting these elements in Family Well Being Plans are pending and will be provided in Fall 2026. Additional child-specific data reporting requirements for FFPSA will be provided by the County prior to October 2026.

FFPSA families that are served through North County F5FS will be documented in CARES (statewide child welfare database – California Automated Response and Engagement System). CARES statewide implementation is expected in October 2026. We understand that we will be provided with training and support from CFWB and CDSS to ensure

documentation is appropriately completed in CARES. We further acknowledge that we are responsible for identifying and providing policies and procedures to ensure accurate and timely documentation occurs, and maintaining an updated list of CARES system users, within 10 business days, following the end of the calendar month to our COR. Lastly, we will notify the COR within two business days if any of the following occur regarding FFPSA clients, which could affect eligibility: a change occurs in the family composition within the household (ex: child removed from home) or at completion of services. FFPSA families' services can be provided for up to 12 months with the potential to extend for additional 12-month periods, including contiguous 12-month periods, on a case-by-case basis. Children, youth, parents and both related and non-related extended family members who have guardianship or custody of the children are all eligible.

1.1.1.6. Describe your organization's experience in evaluating the results and effectiveness of the program and its impact on the focused home visitation population.

North County F5FS strongly believes in evaluating its results and effectiveness and demonstrates this belief through several activities. The first is a subcontracted partnership with Susan Hedges Consulting (SHC). SHC is an evaluation specialist who has worked with the program since 2013. She has also worked with Palomar Health's First 5 San Diego funded sister program, North Inland Healthy Development Services, since its inception in 2009. SHC is responsible for ensuring North County F5FS is adhering to First 5 San Diego's evaluation requirements, along with data quality and program results. On a primary level, SHC reviews the data collected by FSSs during client visits to ensure they are accurate and entered in a timely manner into the program database (CMEDS). Acting as a liaison between the Countywide Coordinator, First 5 San Diego contracted evaluator (Harder and Company) and North County F5FS, SHC ensures that the program is meeting the evaluation and data collection requirements, along with helping to translate evaluation requirements so that staff understand and adhere to prescribed data collection, and helping program management solve any evaluation-related issues that arise. In addition, SHC produces an annual North County F5FS outcomes report; allowing program management to review the year's results and make programmatic adjustments as needed. The report details process numbers (number of services provided and to whom) along with outcomes, which measure the long-term effects, achievements, or impact. The report's results are shared with staff, which allows for deeper discussions on our services' impact on our families and areas for growth, as well as shared with Palomar Health Board members, North County Home Visiting Collaborative members, and other key stakeholders, to discuss best practices and the outstanding family outcomes achieved through implementation of the HFA evidence-based model.

North County F5FS reviews its data on a monthly basis to track new client enrollments by focus population and to review data quality. Quarterly, all assessments entered in CMEDS are reviewed to ensure data accuracy with missing or items needing clarification sent back to the staff for updated data entry. Biannually, SHC produces a Client Assessment Tracking QA report to ensure clients have received the required assessments. In addition, we routinely evaluate our results and effectiveness of the program through the review of the HFA Best Practice Standards worksheets. These worksheets detail the results of our progress with HFA Best Practice Standards and provide an important direction in continuous quality improvement.

The Program Director and SHC attend quarterly countywide First 5 First Steps Evaluation Workgroup Meetings. These meetings bring together the Countywide Coordinator, First 5 San Diego contracted evaluator (Harder and

Company), First 5 San Diego COR, and each of the four region's Program Manager/Director and internal evaluator. Meetings cover topics related to data collection, analyzing data trends, and other evaluation related items.

Additionally, North County F5FS uses a prescribed Parent Satisfaction Survey to learn directly from clients their experiences with the program. Results from the survey show that of 472 respondents, 98.5% (465) *strongly agree* and 1.5% (7) *agree* that they would recommend North County F5FS to a friend. Furthermore, 96.2% (454) *strongly agree* and 3.8% (18) *agree* with the statement "my FSS helps me set goals that are important to me". Lastly, a client comment from the Parent Satisfaction Survey helps to illustrate the impact of the program on its families. "My FSS has been very helpful since the beginning. She will always give me insight on everything I ask about and if she does not have it immediately with her or know the answer, she always follow ups with a text, email, or at the next home visit. I can count on her to always get back to me. The resource fair you had last month was also great, even if you don't think you need anything, going to fairs like that is great because you will connect with things you didn't know you could connect with. For example, recently my FSS connected me to speech therapy and behavioral therapy with HDS (Healthy Development Services, another First 5 San Diego program) because I was having concerns. Even though their pediatrician said they thought they were fine, HDS did agree that they could use some help so I am so glad my FSS listened to me and connected me. My FSS is great, and I am so glad that I am working with her."

1.2 References – Provide a minimum of three and no more than five business references for the Offeror's most relevant projects or program within the past five years. References must be relevant to this population and program services to be provided. Each reference should be summarized in no more than one page.

BUSINESS REFERENCE #1

1.2.1 Reference Organization Information

Organization Name: SAY San Diego

Mailing Address: 4275 El Cajon Blvd., Suite 101, San Diego, CA 92105

Purpose: SAY San Diego partners with youth, adults, families, and communities to reach their full potential. Our vision is opportunity, equity, and well-being for all San Diegans.

1.2.2 Contact Person

Name: Jessica Rathbun, First 5 First Steps Program Director

Relevance: Ms. Rathbun is familiar with Palomar Health's experience and performance related to the implementation of the Healthy Families America model.

1.2.3 Relationship to the Offeror

SAY San Diego has partnered with Palomar Health since 2009 in various capacities, and most directly since 2012 as members of San Diego HFA Multi-Site System. Together, we have collaborated on the development, implementation, and evaluation of the First Steps program. Since joining SAY San Diego as Central Region Program Director in 2023, Ms. Rathbun has worked closely with Palomar Health leadership to share successes, troubleshoot challenges, and enhance service delivery while maintaining fidelity to the HFA model. Over the years, SAY San Diego and Palomar Health have partnered in areas including:

1. Policy and procedure development.
2. Staff recruitment, interviewing, hiring, training, and retention planning.

3. Home visitor protocol and quality assurance.
4. Data collection, analysis, and continuous quality improvement.
5. Service delivery and family support.
6. Implementation of assessments at established timeframes.
7. Training, model affiliation, and evidence-based practice adherence.
8. Program development and evaluation.

This longstanding collaboration reflects a shared commitment to serving underserved and at-risk populations, with the goal of providing evidence-based, family-centered education, community resource connections, and ongoing support to positively impact children and families both in the short and long term.

1.2.4 Summary Narrative of Applicable Work

SAY San Diego's First 5 First Steps program has worked closely with Palomar Health to deliver culturally responsive, trauma-informed, and sustainable services for families. Collaboration has included:

1. Cross-agency referrals for family support services.
2. Case discussions between Family Support Specialists and Supervisors to ensure responsive and individualized outreach.
3. Seamless transfer of enrolled families relocating between service regions.
4. Joint participation in program and community initiatives, such as:
 - Program planning and policy development meetings with AAP-CA3
 - Healthy Families America annual database (HFAST) coordination meetings
 - Staff training and professional development
 - Evaluation and "Beyond the Numbers" annual data meetings with AAP-CA3 and Harder+Company (developer for program database: CMEDS)
 - Community meetings to promote First Steps programs and referral pathways

Through these activities, SAY San Diego and Palomar Health have built a strong, values-driven partnership grounded in shared vision and mutual accountability. Our collaboration ensures high-quality, strength-based, culturally sensitive services that decrease child abuse and neglect and improve family well-being across San Diego County.

BUSINESS REFERENCE #2

1.2.1 Reference Organization Information

Organization Name: EQUUS Workforce Solutions

Mailing Address: 649 W. Mission Road, Suite 2300; Escondido, CA 92025

Purpose: EQUUS Workforce Solutions is a comprehensive provider of workforce development services. Our fifty-plus year legacy of experience encompasses the development, design and delivery of demand-driven workforce solutions.

1.2.2 Contact Person

Name: Lupe Gonzalez, Director of Community Outreach, San Diego CalWORKs

Relevance: Ms. Gonzalez is familiar with Palomar Health’s experience and performance related to the implementation of home visiting and family support services in North County San Diego.

1.2.3 Relationship to the Offeror

EQUUS Workforce Solutions, San Diego County, CalWORKs (CW) has partnered with Palomar Health for over 9 years, in various capacities. Together, we have recruited, engaged, enrolled and supported families in both programs: North County F5FS, and EQUUS Workforce Solutions, CW. Both organizations lead community collaboratives bringing together many agencies and organizations for strategic planning and policy development, establishing effective and efficient referral pathways, and to share service provision best practices for children and families. Both agencies/programs also attend other community meetings together to strengthen our North Region systems network on behalf of those we all serve. Ms. Gonzalez has welcomed regular attendance by the North County F5FS Program Director at CW staff meetings for new and existing case managers to provide program in-services, and sharing program and referral information and updates. Our mutual work and purpose aligns seamlessly to enhance outcomes for the children and families we both serve, and to strengthen knowledge, resources, support and confidence to foster effective, engaged parenting and self-sufficiency.

1.2.4 Summary Narrative of Applicable Work

EQUUS CalWORKs works with low-income families through programs authorized under the County Department of Health and Human Services to provide cash-aid assistance to eligible families, community resources, skills and opportunities for obtaining and retaining employment. The mutual referral pathway (both agencies refer to each other) is effective and long-standing, where staff from both programs support a parent’s effective engagement in both programs. CW will contract North County F5FS to support families to meet their CW obligations, to help keep CW pregnant and parenting teens in school, and to engage families in North County F5FS services that count toward hours needed to maintain their CW active status. CW families who receive North County F5FS services and attend North County F5FS parenting activities, can “count” that time toward their required CW hours. CW provides sustainable services for families, helping with job skills and acquisition, finding equitable, quality childcare, and providing cash aid for basic needs, childcare, job training, and educational/school/certification program tuition and related expenses.

Collaboration has included cross-agency referrals for family support services, case discussions between Family Support Specialists and CW Case Managers, and on-site outreach opportunities for North County F5FS Family Support Specialists to reach CW families. Through our work together, we have modeled a community partnership that respects families, supports their effectiveness in both programs, actively listens and addresses individual family needs, and builds upon, but for resource efficiencies does not duplicate, each other’s services for the benefit of those we serve.

BUSINESS REFERENCE #3

1.2.1 Reference Organization Information

Organization Name: Truecare

Mailing Address: See numerous North County locations below

[REDACTED ADDRESS]

Purpose: Health they need. Care you trust. We make sure your kids grow up healthy, strong, and smiling! We put your health first. Our friendly staff and compassionate physicians specialize in providing quality health care and

wellness services to underserved communities so people can get the care they need. Our goal is to make health care available to everyone in the communities we serve, regardless of income or insurance status. Our mission: To improve the health status of our diverse communities by providing quality health care that is comprehensive, affordable, and culturally sensitive.

1.2.2 Contact Person

Name: Kim Speckhahn, IBCLC, Lactation Consultant, Breastfeeding Coordinator, Regional Breastfeeding

Relevance: Ms. Speckhahn is familiar with Palomar Health's experience and performance related to the implementation of North County F5FS.

1.2.3 Relationship to the Offeror

Truecare has collaborated with Palomar Health's North County F5FS since the program's beginning in 2013. Over the years, Truecare and Palomar Health's strong partnership have benefited the families we mutually serve. We have collaborated as follows:

Together:

1. Partner together on events (planning, implementation and attendance)
2. Mutual referrals
3. Attend community meetings together to strengthen community systems and coordination
4. Partner on the development, implementation, evaluation and quality improvement of policy, protocol and best practices for infant feeding.

North County F5FS

5. Has a table at WIC sites for outreach to expectant and parenting families
6. Provides program in-services for WIC staff
7. Refers families to WIC support groups, at Palomar Health and at other locations

Truecare

8. Provides staff trainings and in-services for First Steps staff
9. Attends North County F5FS facilitated North County Home Visiting Collaborative for many years as an expert presenter and attendee sharing best practices and timely updates
10. Attends F5FS events and provides education and information for our program families,
11. Leads Breastfeeding Support Groups at Palomar Health

1.2.4 Summary Narrative of Applicable Work

Truecare has 21 state-of-the-art health centers and 5 WIC (Women, Infants and Children) offices located throughout Southern California. Truecare has many locations in North County (Encinitas, Carlsbad, Oceanside, San Marcos, Escondido, and Ramona). Services are provided for adults, newborns, infants, children, and families.

BUSINESS REFERENCE #4

1.2.1 Reference Organization Information

Organization Name: Black Infant Health

Mailing Address: 3156 Vista Way, Suite 200, Oceanside, CA 92056

Purpose: To strengthen families through home visiting and supportive services that promote safety and well-being for parents and children and North County San Diego.

1.2.2 Contact Person

Name: Malaysia Allen, Family Health Advocate & Group Facilitator

[REDACTED]

[REDACTED]

Relevance: Ms. Allen is familiar with Palomar Health's experience and performance related to the implementation of North County F5FS.

1.2.3 Relationship to the Offeror

The Black Infant Health program's collaboration with Palomar Health's North County F5FS has been occurring since First 5 First Steps started in 2013. From the start, our relationship has been built on trust, shared values, and a collective commitment to uplifting families and addressing health disparities, particularly within African American communities. Together we have co-hosted community events, exchanged referrals to ensure families receive holistic care, and strengthened systems of support through collaborative meetings and networks. The impact of North County F5FS cannot be overstated. Families consistently benefit from their comprehensive, compassionate and culturally grounded services. They are more than just a program – they are a trusted partner in building healthier, stronger families across North County. With continued funding, Palomar Health's North County F5FS will expand their reach and deepen their impact.

1.2.4 Summary Narrative of Applicable Work

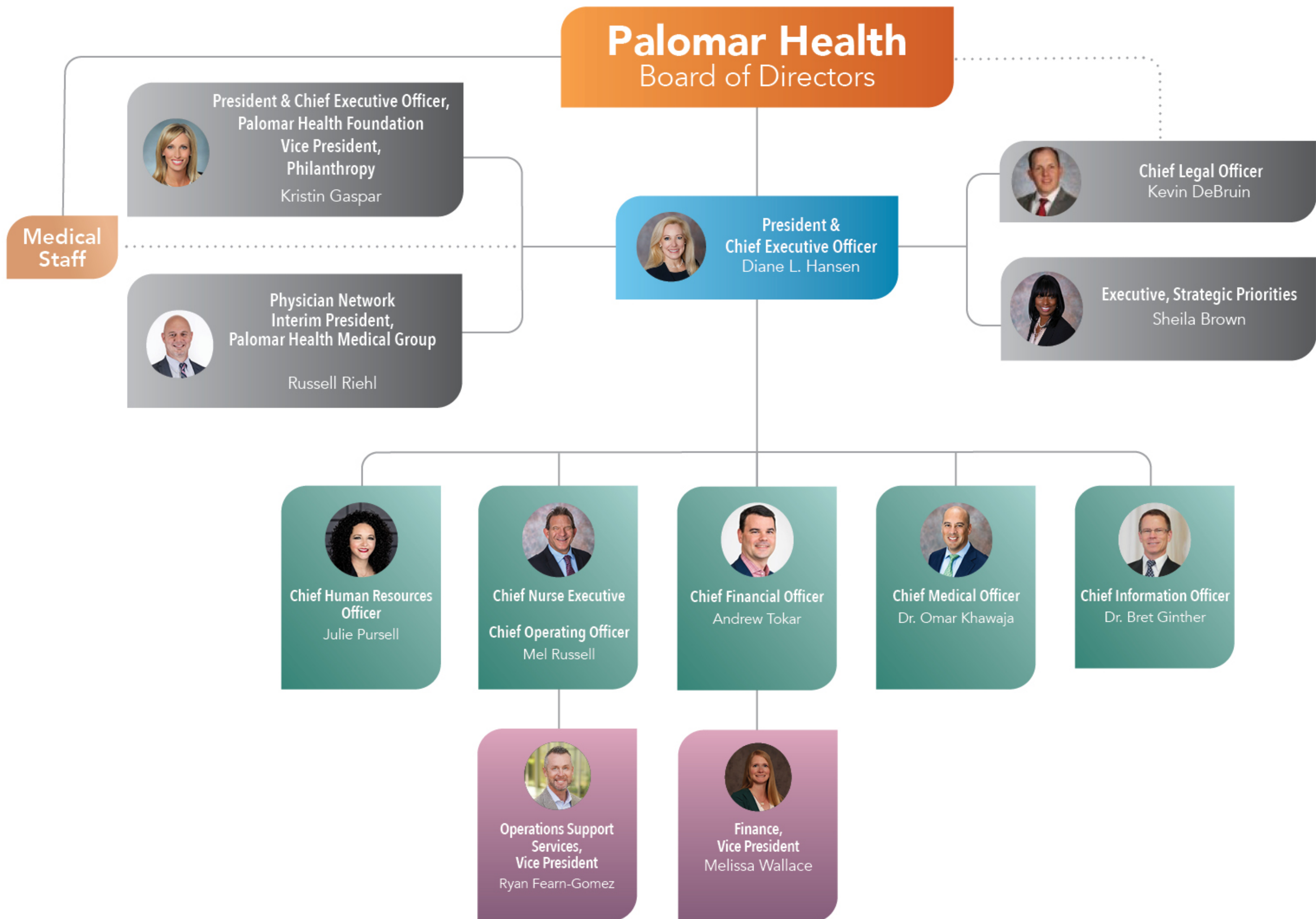
Together, BIH and North County F5FS have:

- Collaborated on community events to engage and support expectant and parenting families.
- Shared mutual referrals to ensure families access wraparound care.
- Partnered on cultural awareness trainings, policy development, and staff development.
- Strengthened systems of care through community meetings, collaborative networks, and expert presentations at the North County Home Visiting Collaborative.

1.3. Organizational Staffing and Charts:

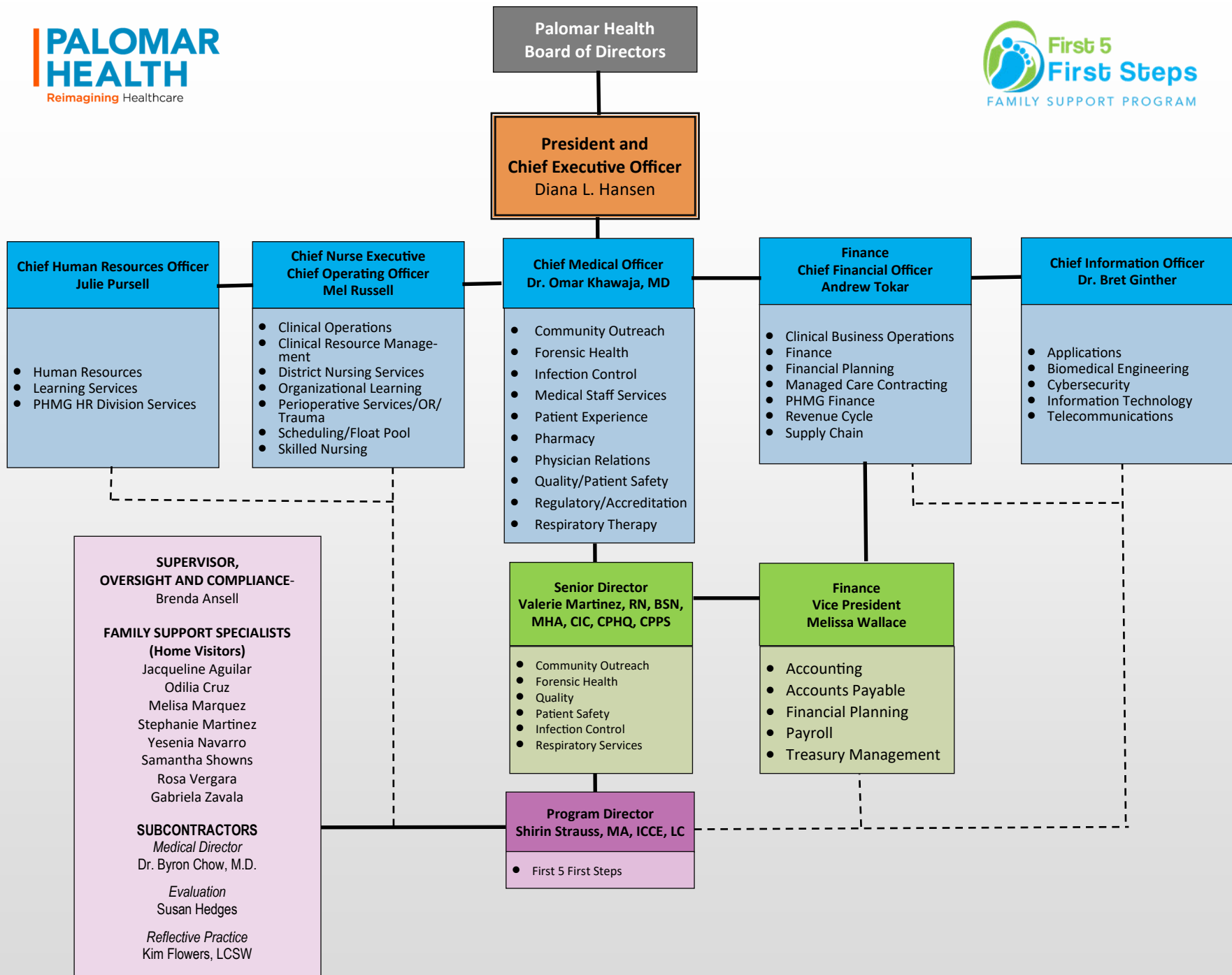
1.3.1. Organizational Chart – that describes the Offeror's overall organization and illustrates the relationship of the proposed program with other organizational divisions, programs, and sections. Indicate the lines of organizational management, authority, and responsibility.

(The rest of this page left blank intentionally.)



1.3.2. Staffing Chart – that identifies program staff positions (by name and title, if known) and reporting responsibility. Identify and include key personnel, volunteer, and other non-paid positions, if applicable. In-kind staffing should be included.

(The rest of this page left blank intentionally.)



1.3.3. Job Descriptions – Provide a job description for all staff positions in the program (including all administrative, support and direct service staff) by (1) position title and requirements which may include linguistic and cultural skills, education, experience, and certifications; (2) position description including range of authorities, reporting responsibilities and title of supervisor and duties; (3) and, if not a full-time position, identify the portion of a full-time position, such as 0.75, 0.50, etc. Include volunteer and other non-paid positions.

North County Family Home Visiting Support Services will include the following (projected) five (5) full-time positions.

1. Program Director (position called Program Director/Program Manager, i.e., HFA refers to the position as Program Manager)
2. Supervisor of Oversight and Compliance
3. Family Support Specialist I
4. Family Support Specialist II
5. Family Support Specialist III

Below are job descriptions for the five positions noted above.

Please also see title of supervisor and staff resumes (projected) for Year 1 for positions 1 – 5, in Confidential / Proprietary Exhibit D, attached separately in BuyNet.

Organization Expectations for EVERY POSITION includes:

A. Customer/Patient Focus

Creates an ideal Customer/Patient/Family experience by assessing and responding to individual safety, quality and service needs.

1. Meets the needs and expectations of all patients/families/customers
2. Acts with others in mind
3. Personally models safety and customer service as a priority
4. Recognizes the diversity and value of each individual

Quality performance is achieved by consistently demonstrating the following:

- Demonstrates organizational greeting when on the telephone or in the hallway
- Observed using SMILE (Share yourself, Make it clear, Inform on timing, Listen with care, End with kindness) skills
- Responds to individual Customer/Patient/Family needs within established time frames
- Provides culturally safe and linguistically appropriate services
- Invites and responds appropriately to Customer/Patient/Family feedback
- Contacts external and internal Customer/Patients/Families to gather information on their needs and level of satisfaction with safety and privacy in mind
- Observed giving way-finding directions to Customer/Patients/Families
- Dresses appropriate to role and function with badge appropriately displayed

B. Learning

Continuously improves knowledge, skills, and performance to achieve excellence in safety, quality and service.

1. Is aware of self and impact on others
2. Seeks performance feedback
3. Seeks opportunity for learning
4. Takes ownership for self-development

Quality performance is achieved by the following:

- Identifies knowledge gaps and finds ways to fill them through formal and informal learning opportunities
- Contributes ideas to his or her own development plan
- Finds learning opportunities in daily work activities to create "teaching moments"
- Seeks outside professional development activities to continually improve skills for self and others
- Models continuous learning through reading, inquiry, benchmarking, best practices
- Embraces new concepts
- Participates in internal and external activities (e.g. seminars, workshops, courses, subscriptions, memberships, etc.) that expand knowledge and learning potential
- Seeks input on ways to improve

C. Results

Achieve a standard of excellence in quality, service, safety, and financial performance.

1. Achieves optimal patient/customer/family safety, quality and service outcomes
2. Pushes self and others for a standard of excellence in patient safety, quality and service
3. Aligns own performance with organizational priorities

Quality performance can be achieved by the following:

- Accepts responsibility to achieve high quality results
- Tenaciously sticks with projects until the goal is reached
- Applies appropriate urgency, priority, and follow up to achieve goals
- Aligns the organization's functional growth and team goals into individual goals
- Takes action to ensure own performance is aligned to organizational goals
- Strives for results while maintaining quality, values, and integrity

D. Teamwork

Promotes team effectiveness by fostering collaboration, communication, and cooperation.

1. Shares information, knowledge, and resources
2. Cooperates with others
3. Collaborates with others
4. Expresses positive attitude

Quality performance is achieved by the following:

- Contributes ideas to the team
- Supports other team members
- Effectively communicates knowledge and experiences with team members by being direct and explicit
- Demonstrates a positive attitude
- Accomplishes team tasks on time

- Takes issues directly to the source when appropriate
- Addresses disagreements directly in a respectful manner away from customers/patients and those not involved
- Demonstrates value and respect for a variety of backgrounds and perspectives

JOB DESCRIPTIONS for the six position classifications.

All Job Descriptions, for EVERY POSITION, includes the following Introduction:

All positions at Palomar Health support the mission of the organization to heal, comfort and promote health in the communities we serve. Every day, we, the employees, volunteers and members of the medical staffs of Palomar Health, are unified by a common mission, vision and values. Our mission is to heal, comfort and promote health in the communities we serve. We want to be the health system of choice for patients, physicians, and employees, recognized nationally for the highest quality of clinical care and access to comprehensive services. We passionately give and support heartfelt care that encourages patient comfort and safety. Each of us takes pride in teamwork, self-discipline, our skills and trustworthiness. We are each accountable for providing the safest, most effective and innovative care. This position is dependent upon the successful acquisition and retention of grant funding; applicants should be aware that any failure to secure adequate grant funding may result in position elimination.

Job Description 1: Family Support Specialist I

Job Summary

Provides intensive, ongoing home visitation to at-risk program participants using the Healthy Families America (HFA), Baby Talk (BT), and Mothers and Babies evidence-based models. Recruits, enrolls, schedules, and supports client participation in all program activities, e.g., home visits, parent workshops and trainings, and special family events. Utilizes reflective practice to build strong, long-term relationships with families to support healthy pregnancy and birth outcomes, age-appropriate child development, and family self-sufficiency. Implements family and child screenings and assessments at established intervals to identify family strengths, increase knowledge and skills to support child development, and connect families to community and state resources. Assists and supports program participants to set and meet short- and long-term individual and family goals. Attends program family activities with participants. Provides measurable, objective documentation which clearly summarizes education provided during home visits, goals set in partnership with families, and resources provided. Responsible for timely and accurate input of client and family data into CMEDS and Palomar Health data systems on a daily and ongoing basis. Engages in outreach activities under the guidance of the Supervisor/Director. Participates as a member of interdisciplinary and interagency teams. Frequent travel required throughout North Inland and North Coastal regions of San Diego. Speak and read English and Spanish at a level that is sufficient to satisfactorily perform the essential functions of the position. Knowledge of standard office equipment (i.e., calculator, fax, photocopier) and personal computer and computer software skills (i.e., MS Windows, Word, PowerPoint, Excel, internet, e-mail). Windows computer skills including proficient use of keyboarding, use of mouse or keys for functions such as selecting items, use of drop down menus, scroll bars, opening folders, copying and similar operations required upon employment or within the 1st two weeks of employment to perform the essential functions of the job. Performs other duties as assigned. Follows Palomar Health rules, policies, procedures, applicable laws and standards. Carries out the mission, vision, and quality commitment of Palomar Health.

Job Requirements

Minimum Education: Bachelor's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field

Preferred Education: Master's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field

Ongoing professional development through classes, workshops, conferences and/or webinars

Minimum Experience: 1 - 2 years in related field in in-home, low income, family-centered services.

Bilingual - Spanish

Preferred Experience: 3 or more years in related field, home visiting experience

Demonstrated expertise providing in-home, low income, family-centered services

Required License: Valid Driver's License

Preferred License: Not Applicable

Required Certification: American Heart Association recognized BLS – Heartsaver within 30 days of hire. (CPR for Adults, Children and Babies)

Preferred Certification: Not Applicable

Evaluation Area: Job Responsibilities

Skills and Knowledge

Consistently serves as a quality specialist within Palomar Health North County F5FS as demonstrated by the provision of consistently high quality education and appropriate use of resources and referrals to meet individual client and family needs using the evidence-based guidelines of HFA and PAT and based on funder requirements. Proactively seeks to improve knowledge through ongoing professional development. Measurement: Consistent application of HFA and BabyTALK evidence-based models. Plan of Care is individualized and adapted periodically as needed to meet client and family needs.

Family Relations

Effectively recruits and retains families. Consistently maintains strong, positive, culturally appropriate relationships with clients and their families. Supports client needs in service coordination process. Consistently identifies appropriate family referrals and resources based on individual client needs and links families with referrals/resources in a timely, effective manner. Assists in coordinating and facilitating parent meetings as part of the BabyTALK curriculum service model. Provides input for modification of forms, assessments, session documentation and patient pathways to ensure ease for family. Measurement: 90% or above on family satisfaction surveys and client retention meets annually set goals.

Productivity, Time Management, and Scheduling

Is able to manage and prioritize schedule. Consistently communicates schedule to supervisor. Works efficiently and documents activities appropriately. Follows through effectively and timely with team members, supervisors and families. Efficiently utilizes time to meet individual productivity standards. Minimizes downtime by seeking and completing other assignments, attending to department needs and offering to help co-workers. Effectively schedules all clients for home visits and attendance at parent meetings and program activities using telephone,

texting, in person contacts, and/or email as appropriate. Measurement: Productivity, Time Management and Scheduling goals met.

Compliance and Safety

Safety and Compliance requires all to maintain certification(s) as applicable, training requirements, attendance and home visiting standards, procedures and protocols. Consistently adheres to all compliance regulations dictated by county, state and federal agencies governing grant and health system services. Immediately notifies supervisor of any questions to permit timely resolution of any issues/concerns. Actively seeks to remain current with changes in state regulations as applied to role by attending meetings, reading meeting minutes/posted communication, and accessing/using e-mail. Adheres to Palomar Health safety and prevention procedures. Practices proper safety techniques while participating in all work duties. Ensures personal, co-worker, client and family safety prior, during and after all contacts. Performs daily departmental work area safety screening and reports safety deficiencies to supervisor. Measurement: Demonstrates 100% compliance with all Palomar Health and project safety procedures.

Communication and Documentation

Consistently handles all client, team and internal communications professionally. Provides high quality, comprehensive customer service to internal as well as external customers. Willingly discusses successes, challenges, and opportunities with management team with consistently positive and professional approach to team communication. Enters client information accurately into CMEDS and other applicable databases on a daily basis. Clearly documents client assessments, home visiting content and session notes in manner that ensures clear follow through by any other supportive staff. Stays current with all relevant communication/information for First Steps and Palomar Health by attending meetings and reading meeting minutes/posted communication. Accesses/uses e-mail at least once during each week worked. Measurement: 90% compliance reflected by chart audits and adherence to Palomar Health code of conduct.

Best Practice Standards

Responsible for meeting or exceeding program models, departmental/agency, funder(s), and Countywide Coordinator best practice standards.

Job Description 2: Family Support Specialist II

Job Summary

With leadership oversight, provides training, mentorship, support, evaluation, and training plans for the first two years of newly employed Family Support Specialists, and ongoing training and support for all Family Support Specialists. Conducts peer client chart reviews. Develops and implements a minimum of two parent/family workshops annually. In partnership with leadership, represents Family Support Specialists, biannually and ongoing as applicable, to consult, evaluate and analyze program, and identify areas for program development, expansion and enhancement. Supports model accreditation and annual funder/Countywide Coordinator site monitoring visits with special projects as assigned.

Provides intensive, ongoing home visitation to at-risk program participants using the Healthy Families America (HFA), Baby Talk (BT), and Mothers and Babies evidence-based models. Recruits, enrolls, schedules, and supports

client participation in all program activities, e.g., home visits, parent workshops and trainings, and special family events. Carry's a caseload of program families and utilizes reflective practice to build strong, long-term relationships with families to support healthy pregnancy and birth outcomes, age-appropriate child development, and family self-sufficiency. Implements family and child screenings and assessments at established intervals to identify family strengths, increase knowledge and skills to support child development, and connect families to community and state resources. Assists and supports program participants to set and meet short- and long-term individual and family goals. Attends program family activities with participants. Provides measurable, objective documentation which clearly summarizes education provided during home visits, goals set in partnership with families, and resources provided. Responsible for timely and accurate input of client and family data into CMEDS and Palomar Health data systems on a daily and ongoing basis. Engages in outreach activities under the guidance of the Supervisor/Director. Participates as a member of interdisciplinary and interagency teams. Frequent travel required throughout North Inland and North Coastal regions of San Diego. Speak and read English and Spanish at a level that is sufficient to satisfactorily perform the essential functions of the position. Knowledge of standard office equipment (i.e., calculator, fax, photocopier) and personal computer and computer software skills (i.e., MS Windows, Word, PowerPoint, Excel, internet, e-mail). Windows computer skills including proficient use of keyboarding, use of mouse or keys for functions such as selecting items, use of drop down menus, scroll bars, opening folders, copying and similar operations required upon employment or within the first two weeks of employment to perform the essential functions of the job. Performs other duties as assigned. Follows Palomar Health rules, policies, procedures, applicable laws and standards. Carries out the mission, vision, and quality commitment of Palomar Health.

Job Requirements

Minimum Education: Bachelor's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field. Attended a minimum of 60 hours of specialized training in the past 2 years (separate from required Family Support Specialist trainings), in applicable topics, such as, for example: Specialized Early Childhood Development topics, Advanced Reflective Practice, Strengthening Family Relations, Early Childhood Social-Emotional Behavior and Regulation Intervention Specialist Certification (EC-SEBRIS).

Preferred Education: Master's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field

Ongoing professional development through classes, workshops, conferences and/or webinars

Minimum Experience: 5 years in North County F5FS. Achieved productivity standard at 90% or greater for a minimum of 12 consecutive months in Enrollment/Acceptance rate.

Bilingual - Spanish

Preferred Experience: 6-7 years in North County F5FS

Required License: Not Applicable

Preferred License: Not Applicable

Required Certification: American Heart Association recognized BLS within 90 days of hire. (CPR for Adults, Children and Babies)

Preferred Certification: Lactation Educator Counselor, Infant Massage.

Evaluation Area: Job Responsibilities

Best Practice Standards

Responsible for meeting or exceeding program models, departmental/agency, funder(s), and Countywide Coordinator best practice standards.

Skills and Knowledge

Consistently serves as a quality and training/mentoring specialist within Palomar Health North County F5FS as demonstrated by the provision of consistently high quality Family Support Specialist (FSS) training, education and appropriate use of resources and referrals to meet individual FSS, client and family needs using the evidence-based guidelines of HFA, BabyTalk and Mothers and Babies models, and based on funder requirements. Proactively seeks to improve knowledge through ongoing professional development. Measurement: Consistent application of HFA, BabyTalk and Mothers and Babies evidence-based models. Plan of Care is individualized and adapted periodically as needed to meet client and family needs.

Family Relations

Effectively recruits and retains families. Consistently maintains strong, positive, culturally appropriate relationships with clients and their families. Supports client needs in service coordination process. Consistently identifies appropriate family referrals and resources based on individual client needs and links families with referrals/resources in a timely, effective manner. Assists in coordinating and facilitating parent meetings as part of the curriculum service model. Provides input for modification of forms, assessments, session documentation and patient pathways to ensure ease for family. Measurement: 90% or above on family satisfaction surveys and client retention meets annually set goals.

Productivity, Time Management, and Scheduling

Effectively manage and prioritize schedule. Consistently communicates schedule to supervisor. Works efficiently and documents activities appropriately. Follows through effectively and timely with team members, supervisors and families. Efficiently utilizes time to meet individual productivity standards. Minimizes downtime by seeking and completing other assignments, attending to department needs and offering to help co-workers. Effectively schedules all clients for home visits and attendance at parent meetings and program activities using telephone, texting, in person contacts, and/or email as appropriate. Measurement: Productivity, Time Management and Scheduling goals met.

Compliance and Safety

Safety and Compliance requires all to maintain certification(s) as applicable, training requirements, attendance and home visiting standards, procedures and protocols. Consistently adheres to all compliance regulations dictated by county, state and federal agencies governing grant and health system services. Immediately notifies supervisor of any questions to permit timely resolution of any issues/concerns. Actively seeks to remain current with changes in state regulations as applied to role by attending meetings, reading meeting minutes/posted communication, and accessing/using e-mail. Adheres to Palomar Health safety and prevention procedures. Practices proper safety techniques while participating in all work duties. Ensures personal, co-worker, client and family safety prior, during and after all contacts. Performs daily departmental work area safety screening and reports safety deficiencies to supervisor. Measurement: Demonstrates 100% compliance with all Palomar Health and project safety procedures.

Communication and Documentation

Consistently handles all client, team and internal communications professionally. Provides high quality, comprehensive customer service to internal as well as external customers. Willingly discusses successes, challenges, and opportunities with management team with consistently positive and professional approach to team communication, and representing Family Support Specialists to support enhanced/expanded program administration and client service provision. Enters client information accurately into CMEDS and other applicable databases on a daily basis. Clearly documents client assessments, home visiting content and session notes in manner that ensures clear follow through by any other supportive staff. Stays current with all relevant communication/information for North County F5FS and Palomar Health by attending meetings and reading meeting minutes/posted communication. Accesses/uses e-mail timely. Measurement: 90% compliance reflected by chart audits and adherence to Palomar Health code of conduct.

Job Description 3: Family Support Specialist III

Job Summary

With leadership oversight, the senior level team member FSS III develops, implements, and provides training, mentorship, home visiting support, reflective practice and administrative support meetings, data and evaluation review, program development, enhancement of digital infrastructure efficiencies, and training plans to enhance and develop program and home visiting staff competencies. Coordinates and implements home visiting staff client chart review to support Evidence-Based Model Accreditation and Annual Funder/Countywide Coordinator Site Monitoring Visits to support accreditation and annual compliance site visits. Identifies, coordinates, and provides staff support for a minimum of three annual required or requested trainings/year, for example: Child Abuse and Neglect; Equity and Inclusion; and Professional Development. In partnership with leadership, evaluates, researches and develops program policy, protocol, and quality improvements relevant to the home visiting role. Enhances and expands program, community, and systems connections and coordination.

Provides intensive, ongoing home visitation to high-risk program participants with fidelity to the Healthy Families America (HFA) model, and curriculum, for example, Baby Talk (BT), and Mothers and Babies evidence-based models, in accordance with San Diego County and Countywide Coordinator AAP-CA3 program requirements. Recruits, enrolls, schedules, and supports client participation in all program activities, e.g., home visits, parent workshops, and special family events. Carries a caseload of program families and utilizes reflective practice to build strong, long-term relationships with families to support healthy pregnancy and birth outcomes, age-appropriate child development, and family self-sufficiency, and to reduce child abuse and neglect. Implements family and child screenings and assessments at established intervals to identify family strengths, increase knowledge and skills to support child development, and connect families to community and state resources. Assists and supports program participants to set and meet short- and long-term individual and family goals. Attends program family activities with participants. Utilizes reflective practice and other strategies to build strong relationships with and connections between Family Support Specialists. In partnership with Leadership, and as assigned, conducts case review, reflective and administrative support meetings with Family Support Specialists, including PHNs as applicable. Provides measurable, objective home visiting documentation, which clearly summarizes education provided during home visits, goals set in partnership with families, and resources provided to families. Responsible for timely and

accurate input of client and family data into CMEDS, Palomar Health data systems, and other County or applicable data systems, on a daily and ongoing basis as appropriate. Engages in outreach activities under the guidance of the Supervisor/Director. Participates as a member of interdisciplinary and interagency teams. Consistent, transparent, comprehensive and proactive communication is required with Program Leadership, both verbally and in writing, to ensure timely role accountability; reporting of challenges and concerns, and program, client and staff updates; recommendations for program quality improvements, and enhancement of policies and procedures. Frequent travel required throughout North Inland and North Coastal regions of San Diego, and throughout San Diego as needed. Speak and read English and Spanish at a level that is sufficient to satisfactorily perform the essential functions of the position. Knowledge of standard office equipment (i.e., calculator, fax, photocopier) and personal computer and computer software skills (i.e., MS Windows, Word, PowerPoint, Excel, internet, e-mail). Windows computer skills including proficient use of keyboarding, use of mouse or keys for functions such as selecting items, use of drop down menus, scroll bars, opening folders, copying and similar operations required upon employment or within the first two weeks of employment to perform the essential functions of the job. Performs other duties as assigned. Follows Palomar Health rules, policies, procedures, applicable laws and standards. Carries out the mission, vision, and quality commitment of Palomar Health.

Job Requirements

Minimum Education: Bachelor's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field. Attended a minimum of 60 hours of specialized training (separate from required Family Support Specialist trainings), in applicable topics, such as, for example: Specialized Early Childhood Development topics, Advanced Reflective Practice, Strengthening Family Relations, Early Childhood Social-Emotional Behavior and Regulation Intervention Specialist Certification (EC-SEBRIS).

Preferred Education: Master's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field

Ongoing professional development through classes, workshops, conferences and/or webinars

Minimum Experience: 7-8 years in North County F5FS. Achieved productivity standard at 90% or greater for a minimum of 18 consecutive months in Enrollment/Acceptance rate, or has been a supervisor.

Bilingual - Spanish

Preferred Experience: 8-9 years in North County F5FS

Required License: Not Applicable

Preferred License: Not Applicable

Required Certification: American Heart Association recognized BLS within 90 days of hire. (CPR for Adults, Children and Babies)

Preferred Certification: Lactation Educator Counselor, Infant Massage.

Evaluation Area: Job Responsibilities

Skills and Knowledge/Best Practice Standards

Ensures consistent alignment with all applicable best practice standards, including program models (HFA, Curriculums), departmental protocols, agency goals, SD County Requirements, and Countywide Coordinator directives. Demonstrates advanced knowledge and mastery of HFA evidence-based model and applicable curriculum. Serves as a designated program trainer, mentor, and subject matter expert within the North County

F5FS Program. Provides individualized, high-quality coaching and support to Family Support Specialists (FSS I & II), ensuring accurate implementation of best practices and appropriate use of internal and external resources. Actively engages in ongoing professional development and integrates learning into daily practice while proactively monitoring own performance and supports peers in achieving or exceeding established benchmarks. Collaborates with leadership to identify opportunities for improvement and innovation in program delivery. Measurement: Consistently meeting or exceeding standards as documented through quality assurance reviews, model fidelity, and funder audits.

Staff Mentorship, Support and Leadership

As a senior level team member, the FSS III is expected to maintain proactive, transparent communication with program leadership at all times to ensure accountability in service delivery, staff support, model compliance, and timely resolution of operational or client-related concerns. Leads the identification, implementation and staff support for a minimum of three annual required or requested trainings, for example, Child Abuse and Neglect; Equity and Inclusion, and Professional Development. Trainings are aligned with program model standards, staff development goals, and agency priorities. Utilizes reflective practice, peer coaching, and other relational strategies to strengthen team cohesion and professional growth. Builds strong, trust-based relationships with Family Support Specialists to support a collaborative team culture. In collaboration with leadership, and as assigned, conducts and documents case reviews, reflective supervision and administrative support meetings with FSS staff, including Public Health Nurses (PHNs), where applicable. Ensures these meetings reinforce best practices, address barriers to service delivery, and promote continuous improvement across the team. Measurement: Communication with Leadership is timely and comprehensive, staff are provided a minimum of three annual staff trainings as required or requested, Family Support Specialist/PHN case review and reflective/administrative meetings, held as requested, are documented timely and according to policy and protocol.

Family Relations

Effectively builds and sustains strong, culturally responsive, and trauma informed relationships with program families. Recruits and retains families through trust-building personalized service, and reliable follow through. Coordinates service delivery in partnership with families, identifies appropriate referrals, and ensures timely, effective linkage to community and state resources. Collaborates in the development and facilitation of parent meetings and workshops and provides feedback on tools and forms to improve use with families. Measurement: 90% or higher on family satisfaction surveys; meets or exceeds annual client retention goals.

Productivity, Time Management, and Scheduling

Manages time and caseload with a high level of efficiency, identifies and addresses highest priority tasks while managing daily responsibilities. Maintains and communicates a clear and accurate schedule to supervisor, and with team and program director (as applicable). Demonstrates accountability by completing documentation promptly and following up effectively with multi-disciplinary team members, leadership, and families. During down time, proactively seeks additional tasks or provides team support. Utilizes a range of communication methods (phone call, email, text, emails) to maximize family engagement in visits and program activities. Measurement: Productivity, time management, and scheduling goals are consistently met or exceeded as defined by program standards.

Compliance and Safety

Maintains full compliance with all applicable certifications, agency, county, state, and federal requirements. Ensures adherence to grant guidelines and requirements, service model fidelity, and organizational protocols. Actively participates in ongoing safety and compliance training and remains informed of regulatory county, state and federal agencies governing grant and health system services. Promptly communicates any compliance concerns to leadership for timely resolution. Demonstrates leadership in creating and maintaining a safe work environment for clients, colleagues, and self by conducting regular safety checks and reporting issues immediately. Measurement: Achieves 100% compliance in internal and external audits; consistently follows safety and compliance procedures as observed and documented.

Communication and Documentation

Demonstrates excellence in professional communication with clients, colleagues, leadership, and internal and external partners. Upholds a solution-oriented, family-centered, collaborative approach when discussing successes, challenges, and programmatic improvements. Serves as a positive representative of the Family Support Specialist team in leadership meetings and with external partners. Maintains accurate and timely data entry in CMEDS and all relevant platforms. Documentation reflects a clear, thorough, and actionable summary of services provided to program clients via clearly documented client assessments, home visiting content and session notes, enabling continuity of care by any multi-disciplinary team member. Stays current with all relevant communication/information for the program and agency/Palomar Health by attending meetings and reading meeting minutes/posted communication. Accesses/uses e-mail timely. Measurement: 90%+ compliance in chart audits; consistently adheres to Palomar Health communication protocols and Code of Conduct.

Job Description 3: Supervisor of Compliance and Oversight

Job Summary

This position is dependent upon the successful acquisition and retention of grant funding; applicants should be aware that any failure to secure adequate grant funding may result in position elimination. Key duties of this position include: Interviewing, hiring, training, supporting and supervising home visitors and interviewing, training, mentoring and supporting supervisors. In partnership with the leadership team, develop, coordinate, implement and oversee all program parent activities including ongoing parent classes and workshops, play groups, Children's Museum parent/child sessions and groups, developmental holiday celebrations, and parent graduations. Responsible for: Assisting with development of program policy and procedure; overseeing all home visitor data collection and reporting; produce accreditation worksheets and quarterly and other reports; program representation at American Academy of Pediatrics-CA3 meetings; inputting all online public health nursing referrals, and mandated reporting. Oversight includes program and staff compliance in all aspects of the implementation of the HFA and PAT evidence-based models, including screenings and assessments, and assessment implementation inter-rater reliability. Assigns cases and ensures caseload balance in accordance with HFA Guidelines. Provide weekly supervision to Family Support Specialists, which includes the use of reflective practice. With input from the program manager: Trains, supports, and shadows home visitors and supervisors. Trains and provides oversight of subcontractor supervisors and home visitors. Responsible for the support of administrative staff related to the use of internal data collection and tracking systems and the First 5 database CMEDS. Collaborate with the management team to ensure quality of all services and project activities. Participate in outreach and marketing activities including the provision of community presentations. Presentations at board meetings. Frequent travel required throughout

North Inland and North Coastal regions of San Diego. Speak and read English at a level that is sufficient to satisfactorily perform the essential functions of the position. Knowledge of standard office equipment (i.e., calculator, fax, photocopier) and personal computer and computer software skills (i.e., MS Windows, Excel, Access, Word, PowerPoint, internet, e-mail). Windows computer skills including proficient use of keyboarding, use of mouse or keys for functions such as selecting items, use of drop down menus, scroll bars, opening folders, copying and similar operations required upon employment or within the 1st two weeks of employment to perform the essential functions of the job. Performs other duties as assigned. Follows Palomar Health rules, policies, procedures, applicable laws and standards. Carries out the mission, vision, and quality commitment of Palomar Health.

Job Requirements

Minimum Education: Master's Degree in Child Development; Social Work; Psychology; Public Health; Maternal/Child Health, Education or a human services/sciences field completed within one year of hire. Bachelor's Degree in Child Development; Social Work; Psychology; Public Health; Maternal/Child Health, Education or a human services/sciences field.

Preferred Education: Ongoing professional development through classes, workshops, conferences and webinars

Minimum Experience: 7 - 8 years experience working with at-risk children and families, and 2 - 3 years management experience including supervising staff. Experience working with multi-challenged at-risk families. Bilingual - Spanish.

Preferred Experience: 3 - 4 years management experience with emphasis on community/outpatient services, maternal-child health services, and/or in-home visitation services; and, 3 - 4 years experience with reflective supervision, trauma-informed service provision. Experience working with multi-challenged at risk families

Required License: Valid Driver's License

Required Certification: American Heart Association recognized BLS – Heartsaver (CPR for Adults, Children and Babies)

Preferred Certification: Lactation Educator Counselor, Infant Massage.

Evaluation Area: Job Responsibilities

Supervision and Staff Support

Participates in interviewing and hiring family support specialists (FSSs/home visitors). In collaboration with the leadership team develops and implements training plans for new FSSs and provides oversight and compliance monitoring of supervisors who are training FSSs. Consistently mentors, supports and develops staff. Employee engagement and retention standards meet annually established goals. In accordance with HFA guidelines, assigns cases and ensures caseload balance and provides weekly supervision to Family Support Specialists, which includes the use of reflective practice, and administrative and clinical practice (in the context of our program). Oversees all staff/client scheduling to ensure optimal productivity. Identifies innovative opportunities for staff development and training and assists in coordination of trainings as applicable. Shadows home visitors for competence; assists in developing and implements annual staff competencies. Attends parent support meetings to support providers. Supports and shadows subcontractor staff as needed. Monitors all documentation and data collection for thoroughness, timeliness and accuracy. Reviews and monitors case files for accuracy and contract compliance. Annually evaluates staff and makes recommendations for development opportunities. Measurement: Staff retention, satisfaction and productivity at 90% or above.

Program Implementation

Consistently implements and oversees culturally sensitive, comprehensive in-home and group services for at risk families based on HFA and PAT models, and requirements of First 5 San Diego, The American Academy of Pediatrics California Chapter 3 San Diego, and Palomar Health. Reviews and monitors case files for accuracy, comprehensive documentation, and contract compliance. Monitors and positively impacts: family needs, engagement, and retention; case management including resource identification and appropriate client referrals; and family and program outcomes. Makes recommendations for program and administrative policy and procedures, and program improvements and enhancements based on data and staff and family feedback/surveys. Measurement: Service targets and client satisfaction at 95% and above.

Compliance and Safety

Ensures that all staff/providers are following policies and procedures established by First 5 San Diego and Palomar Health. Consistently prioritizes safety of home visitors through implementation of comprehensive safety program. Identifies opportunities for new trainings based on assessment of staff needs. Identified issues are resolved promptly. Measurement: 100% staff participation in safety program and staff demonstrates consistent application of all applicable Palomar Health and project procedures.

Relations and Communication

Consistently demonstrates strong and effective personal and programmatic relations with staff, leadership, subcontractors, and community agencies and partners including the American Academy of Pediatrics and the San Diego North County Public Health Nurses. Attends program and community meetings and events as appropriate. Openly maintains communication channels, including but not limited to: telephone and email. Consistently responsive to requests, including for data and other reports.

Monitoring Program Supervisors

In partnership with program leadership, develops and implements supervisor training protocols, curriculum and program development, and monitoring of required supervision tool documentation and implementation. Consistently mentors, supports and develops program supervisors. Ensures all program supervisors are in compliance with HFA guidelines in how they document and maintain supervision binders and provide supervision to their Family Support Specialists. Reviews and monitors supervision files for accuracy and contract compliance. Identifies innovative opportunities for supervisor's development and training and assists in coordination of trainings as applicable. A minimum of 4 times a year, conducts reflective supervision with supervisors in order to ensure accuracy of implementation. Measurement: Staff retention, satisfaction and productivity at 90% or above.

Job Description 4: Program Director/Program Manager

Job Summary

Responsible for all aspects of North County F5FS. Responsibilities include but are not limited to: strategic planning; budget development and oversight; contract compliance, program development, program implementation and evaluation; subcontractor relations; outreach and marketing. Work closely with First 5 San Diego Commission, personnel, and stakeholders. Oversee and engage in recruitment, hiring, training, supporting, and evaluating staff, subcontractors and volunteers/interns. Oversee data collection, evaluation, quality assurance/improvement.

Oversee all necessary reporting for First 5 San Diego, Palomar Health, and other internal and external stakeholders. Other responsibilities include fiscal leveraging and ensuring community, county, state and national referrals and linkages with other First 5 San Diego and First 5 California Initiatives. Speak and read English at a level that is sufficient to satisfactorily perform the essential functions of the position. Knowledge of standard office equipment (i.e., calculator, fax, photocopier) and personal computer and computer software skills (i.e., MS Windows, Excel, Access, Word, PowerPoint, internet, e-mail). Windows computer skills including proficient use of keyboarding, use of mouse or keys for functions such as selecting items, use of drop down menus, scroll bars, opening folders, copying and similar operations required upon employment or within the 1st two weeks of employment to perform the essential functions of the job. Performs other duties as assigned. Follows Palomar Health rules, policies, procedures, applicable laws and standards. Carries out the mission, vision, and quality commitment of Palomar Health.

Job Requirements

Minimum Education: Master's Degree in Management; Child Development; Social Work; Psychology; Public Health; Maternal/Child Health, Education or a human services/sciences field

Preferred Education: Ongoing professional development through classes, workshops, conferences and webinars

Minimum Experience: 7 – 8 years minimum experience in healthcare related field; and, 4 - 5 years minimum experience managing programs, staff and contracts.

Preferred Experience: 8 – 9 years in healthcare related field and management experience with emphasis on outpatient services, maternal-child health services, and home visitation services

Required License: Valid Driver's License

Required Certification: American Heart Association recognized BLS – Heartsaver (CPR for Adults, Children and Babies)

Preferred Certification: Relevant to Program Implementation and Oversight, e.g., Specialized Management certifications, Grant-writing/Non-profit Program Management; Certified Childbirth Educator; Lactation Consultant.

Evaluation Area: Organizational Expectations

Tactical Implementation

Creates and aligns (analytical and operational) processes to achieve the organization's strategic priorities.

1. Implements tactics to achieve expected outcomes
2. Uses awareness of how staff gets work done to build appropriate tactics
3. Maintains a broad understanding of organizational dynamics
4. Navigates self and others through the organizational climate

Quality performance can be achieved by the following:

- Incorporates organizational strategy into daily activities
- Communicates rationale behind key procedures and practices
- Manage corporate results by achieving Balance Scorecard targets
- Knows the components and interrelationships of the business systems to analyze problems and create actionable solutions
- Instrumental in establishing formal policies and structures to govern operations
- Builds relationships cross-functionally to break down organizational barriers

- Systematic thinking; considers the impact of all functional areas of business when making decisions and taking action
- Takes responsibility for ensuring that the organization's structures, both formal and informal, are operating efficiently
- Balances multiple priorities effectively
- Has a firm understanding of the formal structures within area of responsibility
- Moderate planning before acting on and implementing tactics
- Able to shift between ongoing and changing tasks and priorities
- Implements tactics with little to moderate direction
- Completes tasks on time

Customer/Patient Focus

Creates an ideal customer experience by assessing and responding to patient safety, quality and service needs

1. Aligns patient safety and quality goals in support of Customer/Patient-focused strategies
2. Communicates and reinforces customer service standards
3. Establishes and maintains respectful and trusting relationships with Customers/Patients
4. Fosters a Patient and Customer-centric environment

Quality performance is achieved by consistently demonstrating the following:

- Reinforces and role models PPH telephone and hallway greetings
- Demonstrates and reinforces respect for diversity
- Rounds on customer/patients to validate that SMILE (Share yourself, Make it clear, Inform on timing, Listen with care, End with kindness) skills and behavior standards are being followed
- Communicates best practices to appropriate venues
- Monitors through direct observation Customer/Patient service competency of staff
- Establishes and maintains systems to measure, monitor & improve Customer/Patient service
- Communicates & reinforces Customer/Patient service standards
- Coaches staff to make decisions in favor of the Customer/Patient
- Continually monitors Customer/Patient needs by looking for new ways to add value to internal and external Customer/Patients
- Elicits commitment from staff to strengthen Customer/Patient service skills
- Personally models Customer/Patient service as a priority
- Focuses on constant communication and relations with the Customer/Patient to deliver service beyond immediate needs
- Approaches Customer/Patients to win their business anew each day
- Ensures that staff understand their impact on Customer/Patient satisfaction by making Customer/Patient data visible
- Advocates for internal and external Customer/Patients by anticipating Customer/Patient needs and takes steps to meet them

Learning

Continuously improves knowledge, skills, and performance to achieve excellence in patient safety, quality and service.

1. Develops self and staff
2. Models learning while performing
3. Coaches to improve performance
4. Creates and fosters a culture of interest, curiosity and learning

Quality performance can be achieved by the following:

- Identifies knowledge gaps within a team and finds ways to fill them through development activities
- Uses questions to encourage reflective learning
- Operates as an appreciative and curious listener
- Provides instruction/education
- Seeks and provides feedback and opportunity for learning
- Coach, counsel and discipline staff to better performance and in compliance with HR policies
- Looks for learning opportunities in daily work activities
- Seeks outside professional development activities to continually improve skills for self and others
- Models continuous learning through reading, inquiry, benchmarking, best practices research, etc.
- Rapidly grasps new concepts

Results

Achieves a standard of excellence in patient safety, quality, and financial performance.

1. Aligns performance expectations with organizational goals
2. Manages and coordinates internal resources
3. Develops relationships with partners
4. Delivers expected business results

Quality performance can be achieved by the following:

- Performs and leads others to achieve results with allocated resources
- Achieves results while maintaining positive relationships
- Applies appropriate sense of urgency and priority to goal achievement
- Maintains involvement until the goal is reached
- Communicates the organization's functional growth goals into team goals
- Impresses a high standard of work and the need to achieve on schedule, high quality, and within budget results
- Accepts responsibility to support the organization growth initiatives to meet business and Customer/Patient needs
- Equally holds self and others accountable
- Readily takes responsibility for results and outcomes
- Routinely analyzes results to improve processes and customer/patient safety

Teamwork

Promotes team effectiveness by fostering collaboration and communication and cooperation.

1. Encourages others and builds team commitment
2. Shares information, knowledge and resources
3. Builds and maintains safe, high quality processes
4. Leads and facilitates team decision-making and partners with other leaders

Quality performance can be achieved by the following:

- Clearly communicates performance expectations
- Shares information, knowledge and resources
- Monitors team engagement & takes action to improve employee satisfaction & engagement
- Facilitates clear conversations for partnerships
- Elicits commitment to Code of Conduct by setting department behavior expectations
- Solicits input from team members
- Consistently keeps team apprised of information needed to perform
- Clearly aligns team goals with the organization's goals
- Consistently recognizes and supports team goals over individual goals
- Routinely identifies and leverages strengths of team members
- Seeks and promotes idea-sharing or idea-blending within and outside of team to produce innovative ideas
- Effectively builds teams through inspiration, direction, training and recognition
- Establishes clear roles and operating procedures to monitor team effectiveness
- Recognizes and praises the contributions of fellow team members; gives credit where credit is due
- Models team player behaviors
- Visibly supports team activities by providing enthusiastic, creative energy and ideas to the team

Evaluation Area: Job Responsibilities

Regional Leadership

Collaborates closely with other First 5 San Diego Initiatives, particularly Healthy Development Services (HDS), to facilitate linkages, reduce duplication of services, and maximize service provision to eligible families. Works closely with community partners, public and private agencies, coalitions and associations, and County of San Diego divisions to ensure regional services are coordinated and integrated. Establish and facilitate Project Advisory Board and regional provider meetings. Attend meetings convened by the Countywide Coordinator American Academy of Pediatrics and their subcontractors. Provide monthly and quarterly reports in a timely/accurate manner to department director and First 5 San Diego. Measurement: Service targets at 90% and above.

Program Implementation

Develops, maintains, grows and leads North County F5FS. Provides training and technical assistance to network providers. Identifies and documents unmet family needs; facilitates and implements program changes to meet family needs. Performs ongoing reviews and site visits of all subcontractors and addresses and resolves concerns. Ensures subcontractors meet performance standards dictated by Palomar Health and funder. Develops and achieves all quality improvement measures established for program. Measurement: Program participant and provider satisfaction/program surveys at 90% or greater.

Evaluation

Monitors and analyzes contract performance financially and programmatically. Oversees data collection and evaluation for the project network including collection of operational statistics, aggregate service data and client data on select samples of clients. Utilizes data and qualitative feedback/surveys for program improvements and enhancements. Supports our evaluation team in partnership with the Commission's Evaluation subcontractor. Attends First 5 San Diego evaluation meetings held for the project and coordinates funder site visits as needed. Measurement: All reports submitted in a timely manner reflecting 90% or greater accuracy.

Compliance

Ensures that all providers are following policies and procedures established by First 5 San Diego and Palomar Health. Actively seeks to remain current with changes in industry compliance regulations by attending First 5 San Diego quarterly meetings, reading minutes/posted communications, accessing/using email/internet, and reviewing industry literature. Measurement: Subcontractor audits reflect 90% (or above) contract and program compliance; identified issues are resolved promptly. Annual Palomar Health fiscal and programmatic First 5 San Diego audits are reflective of 90% (or above) contract and program compliance (any identified issues are resolved promptly).

Relations

Consistently mentors, supports and develops staff. Establishes and maintains strong, effective relations with First 5 San Diego, American Academy of Pediatrics, Palomar Health Leadership, all staff, and all stakeholders. Openly maintains communication channels, including but not limited to: telephone and email. Consistently responsive to requests. Measurement: Employee engagement and retention standards meets annually established goals. Consistently seen as active leader professionally and programmatically by Palomar Health leadership, First 5 San Diego/AAP, and the community-at-large.

1.3.4. Describe/provide details about the diversity of your workforce, particularly in leadership positions. [1] [SEP]

The North County F5FS team is comprised of a Program Director, Supervisor, and eight FSSs. The team is entirely female and all are Hispanic and bilingual with the exception of the Program Director who is Caucasian and non-bilingual. The majority of our team identifies as Latina, with roots spanning various regions of Mexico and other Latin American countries, including the Dominican Republic. Some of our team members were raised in Mexico and immigrated to the U.S., while most are Southern California natives, raised in communities like San Diego and Los Angeles. This blend of international and local perspectives gives us a deep, nuanced understanding of the communities we serve. This diversity within our cultural "sameness" is one of our greatest strengths. While we may share language and heritage, each team member brings a distinct lens informed by her upbringing, traditions, and lived experience. These varied backgrounds foster a vibrant, inclusive, and collaborative environment. Our bilingual and bicultural capabilities combined with firsthand knowledge of the region allow us to engage authentically and effectively with our community. We are proud that our long-term, dedicated team reflects this multifaceted identity. It ensures that programmatic decisions are shaped by a broad range of voices and reinforces our commitment to equity, representation, and community centered leadership.

1.3.5. Describe the specific measures, including training, that your organization has implemented to promote diversity and inclusion within your organization.

North County F5FS promotes diversity and inclusion through many activities. Respecting culture, diversity, staff voice and feedback, active listening, and inclusion are core values of our program. We evaluate and report on staff satisfaction and retention at least every two years and address how we might increase staff retention and improve diversity, equity, inclusion, and belonging. We require staff to participate in the following two annual trainings provided by the Countywide Coordinator: 1) Diversity, Equity, Inclusion, and Belonging, and 2) Professional Development. We also learn from required annual Palomar Health trainings, such as: 1) Managing Unconscious Bias, and 2) Patient-Centered Care. Palomar Health and North County F5FS believe all individuals and families should feel comfortable providing the information necessary for their care and should be treated with dignity and respect. North County F5FS's team and all other Palomar Health employees are trained and responsible for providing high-quality care to and communication with all patient populations, especially those who often experience inequalities in health care. Our organization promotes employee diversity by hosting multi-cultural events and activities, bringing multi-cultural dietary options to the medical center café and events, celebrating multi-cultural holidays, and recognizing and sharing culture when honoring and acknowledging staff achievement.

We also conduct the following activities to promote diversity, equity, and inclusion in North County F5FS:

- Strengthen staff relational skills and support a respectful team environment,
- Partner with families, elevating family voice, and honoring family diversity,
- Address community and family barriers and promote equity in access to services,
- Develop, update, and implement our annual HFA Equity Plan with input from staff and families,
- Host multi-cultural parent activities including related guest presenters, refreshments/food options and décor,
- Establish policy that promotes respect, active listening, and honoring cultural tradition, and
- Bring expert presenters to team meetings for training and in-services on cultural awareness and understanding.

1.3.6. Describe the organization's approach to achieve cultural competency for the Focus Population in to ensure staff is culturally competent to service clients with diverse backgrounds.

North County F5FS believes that cultural competence is the ability of individuals and organizations to recognize, understand, and respect cultural differences, and to apply this knowledge effectively in cross-cultural situations to improve communication, understanding, and collaboration. Providing services in a culturally-competent manner will ultimately lead to a positive impact on health, wellness, child-development, increased family bonding and self-sufficiency, decreased child abuse and neglect, use of the foster care system, and emergency rooms for medical care, and increase overall, positive culturally-acceptable change as appropriate for individuals and families. FSSs, Supervisor, and Program Director have all received the following cultural competency education in adherence of required HFA trainings:

- Cultural Self-Awareness
- Cultural Humility in Home Visiting
- Inequity and Family Context

In Spring 2025, North County F5FS focused on deepening staff capacity in preparation for serving clients with a higher level of need. For example, staff successfully completed an advanced Motivational Interviewing Training, a recognized, evidence-based method that promotes active listening, respectful communication, and inspires change in clients. It incorporates principles of trauma-informed communication styles. Motivational Interviewing techniques are used by our FSSs to build trust with families with diverse backgrounds, and to encourage short-term and long-term language and behavioral changes in our clients and their families. It also supports short- and long-term family goal setting, and parents helping their children and themselves to reach milestones that families never previously thought possible. We frequently hear feedback from families, such as, *“This program has helped me a lot with everything. I have never told anyone some of the things I feel I can tell my home visitor [FSS]. She listens and I feel respected. I am more sure of myself now as a parent and how I can help my baby grow. Thank you, First Steps!”*

Staff also recently completed a wellness course on Mindful Self-Compassion via the UCSD Center for Mindfulness, which offered valuable, practical tools for professional and personal resilience. Staff also completed the FAN (Facilitating Attuned Interactions) training offered by AAP-CS3, our F5FS Countywide Coordinator, to enhance their reflective practice and ability to build responsive relationships with families, especially higher-risk families addressing higher levels of past and current trauma. These trainings provide strong, effective strategies, tools, techniques, and resources for FSSs to use in serving clients with diverse backgrounds.

These enhanced educational opportunities have provided North County F5FS with comprehensive, culturally-adaptable, evidence-based techniques and skills that support our work with families. In addition, the strategies and skills our team has acquired are directly applicable for parents to learn and to use to increase resilience and capacity to manage stress and increase family wellness. We have also seen our parents share many of the techniques they are learning, with their children. One mom stated: *“My child has never been so calm and able to regulate his own emotions as he has been in the past 6 months after learning stress reduction techniques right along with me. We do them together, and we both feel better. We are so excited to see his improvement, and now we have so much more hope for his future.”*

1.3.7. Describe the bilingual capability your organization has implemented for individuals who prefer to communicate in languages other than English.

All North County F5FS FSSs and the Supervisor are bilingual in English/Spanish. Three FSSs have also become proficient in a Guatemalan dialect, in order to serve the Guatemalan communities in our region. North County F5FS has access to the AT&T On Demand Interpreter service, which offers access to trained interpreters for over 170 languages through a two-handset phone that connects the client and the FSSs to an interpreter who can relay communications to the client in their preferred language. We also have access to sign language experts from select Palomar Health vendors. We never engage the child in the home to translate for us, we use options we have available to professionally, confidentially, and appropriately make sure that we have full capacity to work with all families. Our North Inland and North Coastal PHN partners also have English/Spanish bilingual capacity, so our multi-disciplinary service provision can meet the needs of the families that we mutually serve.

1.3.8. Staff Turnover – Briefly describe Offeror’s plan for continuing program services in the event of loss of key staff.

North County F5FS has a high rate of staff retention. Five FSSs, Supervisor, and the Program Director have been with the program since the beginning (2013). Of the remaining three FSSs, two came on board in 2019 and one in 2021. North County F5FS utilizes Succession Training so we are prepared to continue services without interruption in the event of loss of key staff. Succession Training is the process of preparing employees to step into key leadership or critical roles by developing their skills and knowledge through ongoing internal training, thereby ensuring a consistent pipeline of qualified talent to maintain program continuity. The Program Director works closely with the Supervisor providing targeted training, mentoring, and enhanced skill development so, if needed, the Supervisor could assume the Program Director’s responsibilities until a replacement was found or the Supervisor was promoted. Similarly, the Supervisor provides the same opportunities for a select number of FSSs that have demonstrated an aptitude for professional development and leadership. In the event of a departing FSS, the Palomar Health Human Resources Department provides opportunities for wide-reaching recruitment and the initial screening of applicants. Allowing program management to more quickly interview and vet potential candidates.

1.3.9. Staff Requirements – Describe how Offeror will ensure staffing meets the required qualifications necessary to support the activities as described in Exhibit A – SOW.

North County F5FS is currently fully staffed with trained, qualified, long-term, and experienced FSSs, Supervisor, and Program Director. In year two, a part time Administrative Partner is expected to be included on the team. We have the following requirements in place to ensure staffing meets the required qualifications necessary to support the activities as described in Exhibit A – SOW. Continuous professional development is also offered and required, through community nursing updates/trends, partner in-services and agency updates to make sure we know about and are kept current about available services in our community to refer to our families, Palomar Health tuition-reimbursement opportunities and annual required trainings, AAP-CA3 trainings, and trusted webinars and classes available through the internet. We do a lot to ensure a strong, prepared, effective team, through a strong vetting, interviewing, hiring and training program, that has proven effective with our long-term staff (mostly with us since 2013).

To start, we have a three tier interview process before we invite an applicant to join our team. HR implements an initial screening to ensure applicants meet minimal requirements. Then we have a two-step departmental interview process. First leadership interviews the applicants (interview I), that have moved past the initial HR screening (Program Director/Supervisor). Then we have a panel interview with those applicants that move to Interview 2. The panel consists of Leadership and several FSS joining to vet the applicant based on their lived home visiting experience working with our North County children and families. This is a professional development opportunity for FSS to participant in applicant interviews, and their feedback is valued and taken into close consideration when selecting new team members. We have an established set of interview questions for both Interview I and Interview II.

All applicants and current staff are expected and supported to embody the following values, which are a foundation for our long-term success in service provision.

Values

- Compassion - Demonstrate respect, dignity, and worth to every person with positive words, tone of voice and body language.
- Excellence - Research best practices in your area of expertise and proactively seek opportunities for continued growth and improvement.
- Integrity - Demonstrate positive values, ethical behavior and moral conduct. You choose acts that show respect.
- Service - Treat everyone as the most important person you will see today and strive to exceed their expectations.
- Teamwork - Team player and work collaboratively toward solutions to help others, including those outside of your department.
- Trust - Earn respect by keeping promises, fulfilling expectations and holding yourself accountable.

North County F5FS FSS I are required to have at minimum:

- Education: Bachelor's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field;
 - Preferred Education: Master's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field
- Experience: One to two years experience in a related field (in-home, low income, family-centered services);
 - Preferred Experience: three or more years in related field, home visiting experience with demonstrated expertise providing in-home, low income, family-centered services
- Language: Bilingual – Spanish;
- Required License: Valid Driver's License; and American Heart Association recognized Basic Life Support.

Evaluation Area: Job Responsibilities

Skills and Knowledge

Consistently serves as a quality specialist within Palomar Health North County F5FS as demonstrated by the provision of consistently high quality education and appropriate use of resources and referrals to meet individual client and family needs using the evidence-based guidelines of HFA and BabyTALK and based on funder requirements. Proactively seeks to improve knowledge through ongoing professional development. Measurement: Consistent application of HFA and BabyTALK evidence-based models. Plan of Care is individualized and adapted periodically as needed to meet client and family needs.

Family Relations

Effectively recruits and retains families. Consistently maintains strong, positive, culturally appropriate relationships with clients and their families. Supports client needs in service coordination process. Consistently identifies appropriate family referrals and resources based on individual client needs and links families with referrals/resources in a timely, effective manner. Assists in coordinating and facilitating parent meetings as part of the BabyTALK curriculum service model. Provides input for modification of forms, assessments, session documentation and patient pathways to ensure ease for family. Measurement: 90% or above on family satisfaction surveys and client retention meets annually set goals.

Productivity, Time Management, and Scheduling

Is able to manage and prioritize schedule. Consistently communicates schedule to supervisor. Works efficiently and documents activities appropriately. Follows through effectively and timely with team members, supervisors and families. Efficiently utilizes time to meet individual productivity standards. Minimizes downtime by seeking and completing other assignments, attending to department needs and offering to help co-workers. Effectively schedules all clients for home visits and attendance at parent meetings and program activities using telephone, texting, in person contacts, and/or email as appropriate. Measurement: Productivity, Time Management and Scheduling goals met.

North County F5FS FSS II are required to have at minimum:

- Education: Bachelor's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field. Attended a minimum of 60 hours of specialized training in the past 2 years (separate from required FSS trainings), in applicable topics, such as: Specialized Early Childhood Development topics, Advanced Reflective Practice, Strengthening Family Relations, Early Childhood Social-Emotional Behavior and Regulation Intervention Specialist Certification (EC-SEBRIS).
 - Preferred Education: Master's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field. Ongoing professional development through classes, workshops, conferences and/or webinars.
- Experience: 5 years in North County F5FS. Achieved productivity standard at 90% or greater for a minimum of 12 consecutive months in Enrollment/Acceptance rate.
 - Preferred Experience: 6-7 years in North County F5FS
- Language: Bilingual – Spanish
- Required Certification: American Heart Association recognized BLS within 90 days of hire
 - Preferred Certification: Certified Lactation Educator, Infant Massage

Evaluation Area: Job Responsibilities

Best Practice Standards

Responsible for meeting or exceeding program models, departmental/agency, funder(s), and Countywide Coordinator best practice standards.

Skills and Knowledge

Consistently serves as a quality and training/mentoring specialist within North County F5FS as demonstrated by the provision of consistently high quality Family Support Specialist (FSS) training, education and appropriate use of resources and referrals to meet individual FSS, client and family needs using the evidence-based guidelines of HFA, BabyTALK and Mothers and Babies models, and based on funder requirements. Proactively seeks to improve knowledge through ongoing professional development. Measurement: Consistent application of HFA, BabyTALK, and Mothers and Babies evidence-based models. Plan of Care is individualized and adapted periodically as needed to meet client and family needs.

Family Relations

Effectively recruits and retains families. Consistently maintains strong, positive, culturally appropriate relationships with clients and their families. Supports client needs in service coordination process. Consistently identifies appropriate family referrals and resources based on individual client needs and links families with

referrals/resources in a timely, effective manner. Assists in coordinating and facilitating parent meetings as part of the curriculum service model. Provides input for modification of forms, assessments, session documentation and patient pathways to ensure ease for family. Measurement: 90% or above on family satisfaction surveys and client retention meets annually set goals.

Productivity, Time Management, and Scheduling

Effectively manage and prioritize schedule. Consistently communicates schedule to supervisor. Works efficiently and documents activities appropriately. Follows through effectively and timely with team members, supervisors and families. Efficiently utilizes time to meet individual productivity standards. Minimizes downtime by seeking and completing other assignments, attending to department needs and offering to help co-workers. Effectively schedules all clients for home visits and attendance at parent meetings and program activities using telephone, texting, in person contacts, and/or email as appropriate. Measurement: Productivity, Time Management and Scheduling goals met.

Compliance and Safety

Safety and Compliance requires all to maintain certification(s) as applicable, training requirements, attendance and home visiting standards, procedures and protocols. Consistently adheres to all compliance regulations dictated by county, state and federal agencies governing grant and health system services. Immediately notifies supervisor of any questions to permit timely resolution of any issues/concerns. Actively seeks to remain current with changes in state regulations as applied to role by attending meetings, reading meeting minutes/posted communication, and accessing/using e-mail. Adheres to Palomar Health safety and prevention procedures. Practices proper safety techniques while participating in all work duties. Ensures personal, co-worker, client and family safety prior, during and after all contacts. Performs daily departmental work area safety screening and reports safety deficiencies to supervisor. Measurement: Demonstrates 100% compliance with all Palomar Health and project safety procedures.

Communication and Documentation

Consistently handles all client, team and internal communications professionally. Provides high quality, comprehensive customer service to internal as well as external customers. Willingly discusses successes, challenges, and opportunities with management team with consistently positive and professional approach to team communication, and representing FSSs to support enhanced/expanded program administration and client service provision. Enters client information accurately into CMEDS and other applicable databases on a daily basis. Clearly documents client assessments, home visiting content and session notes in manner that ensures clear follow through by any other supportive staff. Stays current with all relevant communication/information for North County F5FS and Palomar Health by attending meetings and reading meeting minutes/posted communication. Accesses/uses e-mail timely. Measurement: 90% compliance re: chart audits and adherence to Palomar Health code of conduct.

North County F5FS FSS III are required to have at minimum:

- Education: Bachelor's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field. Attended a minimum of 60 hours of specialized training (separate from required FSS trainings), in applicable topics, such as: Specialized Early Childhood Development topics, Advanced Reflective Practice, Strengthening Family Relations, Early Childhood Social-Emotional Behavior and Regulation Intervention Specialist Certification (EC-SEBRIS).
 - Preferred Education: Master's Degree in Maternal/Child Health, Child Development, Social Work, Psychology, Public Health, Education or a human services/sciences field. Ongoing professional development through classes, workshops, conferences and/or webinars.

- Experience: 7-8 years in North County F5FS. Achieved productivity standard at 90% or greater for a minimum of 18 consecutive months in Enrollment/Acceptance rate or has been a Supervisor.
 - Preferred Experience: 8-9 years in North County F5FS
- Language: Bilingual – Spanish
- Required Certification: American Heart Association recognized BLS within 90 days of hire
 - Preferred Certification: Certified Lactation Educator, Infant Massage

Evaluation Area: Job Responsibilities

Skills and Knowledge/Best Practice Standards

Ensures consistent alignment with all applicable best practice standards, including program models (HFA, Curriculums), departmental protocols, agency goals, SD County Requirements, and Countywide Coordinator directives. Demonstrates advanced knowledge and mastery of HFA evidence-based model and applicable curriculum. Serves as a designated program trainer, mentor, and subject matter expert within North County F5FS. Provides individualized, high-quality coaching and support to Family Support Specialists (FSS I & II), ensuring accurate implementation of best practices and appropriate use of internal and external resources. Actively engages in ongoing professional development and integrates learning into daily practice while proactively monitoring own performance and supports peers in achieving or exceeding established benchmarks. Collaborates with leadership to identify opportunities for improvement and innovation in program delivery. Measurement: Consistently meeting or exceeding standards as documented through quality assurance reviews, model fidelity, and funder audits.

Staff Mentorship, Support and Leadership

As a senior level team member, the FSS III is expected to maintain proactive, transparent communication with program leadership at all times to ensure accountability in service delivery, staff support, model compliance, and timely resolution of operational or client-related concerns. Leads the identification, implementation and staff support for a minimum of three annual required or requested trainings, for example, Child Abuse and Neglect; Equity and Inclusion, and Professional Development. Trainings are aligned with program model standards, staff development goals, and agency priorities. Utilizes reflective practice, peer coaching, and other relational strategies to strengthen team cohesion and professional growth. Builds strong, trust-based relationships with FSSs to support a collaborative team culture. In collaboration with leadership, and as assigned, conducts and documents case reviews, reflective supervision and administrative support meetings with FSS staff, including Public Health Nurses (PHNs), where applicable. Ensures these meetings reinforce best practices, address barriers to service delivery, and promote continuous improvement across the team. Measurement: Communication with Leadership is timely and comprehensive, staff are provided a minimum of three annual staff trainings as required or requested, FSS/PHN case review and reflective/administrative meetings, held as requested, are documented timely and according to policy and protocol.

Family Relations

Effectively builds and sustains strong, culturally responsive, and trauma informed relationships with program families. Recruits and retains families through trust-building personalized service, and reliable follow through. Coordinates service delivery in partnership with families, identifies appropriate referrals, and ensures timely, effective linkage to community and state resources. Collaborates in the development and facilitation of parent meetings and workshops and provides feedback on tools and forms to improve use with families. Measurement: 90% or higher on family satisfaction surveys; meets or exceeds annual client retention goals.

Productivity, Time Management, and Scheduling

Manages time and caseload with a high level of efficiency, identifies and addresses highest priority tasks while managing daily responsibilities. Maintains and communicates a clear and accurate schedule to supervisor, and with team and program director (as applicable). Demonstrates accountability by completing documentation promptly and following up effectively with multi-disciplinary team members, leadership, and families. During down time, proactively seeks additional tasks or provides team support. Utilizes a range of communication methods (phone call, email, text, emails) to maximize family engagement in visits and program activities. Measurement: Productivity, time management, and scheduling goals are consistently met or exceeded as defined by program standards.

Compliance and Safety

Maintains full compliance with all applicable certifications, agency, county, state, and federal requirements. Ensures adherence to grant guidelines and requirements, service model fidelity, and organizational protocols. Actively participates in ongoing safety and compliance training and remains informed of regulatory county, state and federal agencies governing grant and health system services. Promptly communicates any compliance concerns to leadership for timely resolution. Demonstrates leadership in creating and maintaining a safe work environment for clients, colleagues, and self by conducting regular safety checks and reporting issues immediately. Measurement: Achieves 100% compliance in internal and external audits; consistently follows safety and compliance procedures as observed and documented.

Communication and Documentation

Demonstrates excellence in professional communication with clients, colleagues, leadership, and internal and external partners. Upholds a solution-oriented, family-centered, collaborative approach when discussing successes, challenges, and programmatic improvements. Serves as a positive representative of the FSS team in leadership meetings and with external partners. Maintains accurate and timely data entry in CMEDS and all relevant platforms. Documentation reflects a clear, thorough, and actionable summary of services provided to program clients via clearly documented client assessments, home visiting content and session notes, enabling continuity of care by any multi-disciplinary team member. Stays current with all relevant communication/information for the program and agency/Palomar Health by attending meetings and reading meeting minutes/posted communication. Accesses/uses e-mail timely. Measurement: 90%+ compliance in chart audits; consistently adheres to Palomar Health communication protocols and Code of Conduct.

North County F5FS Supervisor of Oversight and Compliance is required to have at minimum:

- Education: Master's Degree in Child Development; Social Work; Psychology; Public Health; Maternal/Child Health, Education or a human services/sciences field completed within one year of hire. Bachelor's Degree in Child Development; Social Work; Psychology; Public Health; Maternal/Child Health, Education or a human services/sciences field.
 - Preferred Education: Ongoing professional development.
- Experience: 7 – 8 years experience working with at-risk children and families, 2 – 3 years management experience including supervising staff and reflective practice and trauma-informed service provision. Experience working with multi-challenged at-risk families.
 - Preferred Experience: 3 - 4 years management experience with emphasis on community/outpatient services, maternal-child health services, and/or in-home visitation services, and 3 – 4 years experience with reflective supervision and trauma - informed service provision. Experience working with multi-challenged at risk families

- Language: Bilingual - Spanish.
- Required License: Valid Driver's License
- Required Certification: American Heart Association recognized BLS - Heartsaver within 30 days of hire
 - Preferred Certification: Certified Lactation Educator, Infant Massage

Evaluation Area: Job Responsibilities

Supervision and Staff Support

Participates in interviewing and hiring Family Support Specialists (FSSs). In collaboration with the leadership team develops and implements training plans for new FSSs and provides oversight and compliance monitoring of supervisors who are training FSSs. Consistently mentors, supports and develops staff. Employee engagement and retention standards meet annually established goals. In accordance with HFA guidelines, assigns cases and ensures caseload balance and provides weekly supervision to FSSs, which includes the use of reflective practice, and administrative and clinical practice (in the context of our program). Oversees all staff/client scheduling to ensure optimal productivity. Identifies innovative opportunities for staff development and training and assists in coordination of trainings as applicable. Shadows home visitors for competence; assists in developing and implements annual staff competencies. Attends parent support meetings to support providers. Supports and shadows subcontractor staff as needed. Monitors all documentation and data collection for thoroughness, timeliness and accuracy. Reviews and monitors case files for accuracy and contract compliance. Annually evaluates staff and makes recommendations for development opportunities. Measurement: Staff retention, satisfaction and productivity at 90% or above.

Program Implementation

Consistently implements and oversees culturally sensitive, comprehensive in-home and group services for at risk families based on HFA and BabyTALK models, and requirements of First 5 San Diego, The American Academy of Pediatrics California Chapter 3 San Diego, and Palomar Health. Reviews and monitors case files for accuracy, comprehensive documentation, and contract compliance. Monitors and positively impacts: family needs, engagement, and retention; case management including resource identification and appropriate client referrals; and family and program outcomes. Makes recommendations for program and administrative policy and procedures, and program improvements and enhancements based on data and staff and family feedback/surveys. Measurement: Service targets and client satisfaction at 95% and above.

Compliance and Safety

Ensures that all staff/providers are following policies and procedures established by First 5 San Diego and Palomar Health. Consistently prioritizes safety of FSSs through implementation of comprehensive safety program. Identifies opportunities for new trainings based on assessment of staff needs. Identified issues are resolved promptly. Measurement: 100% staff participation in safety program and staff demonstrates consistent application of all applicable Palomar Health and project procedures.

Relations and Communication

Consistently demonstrates strong and effective personal and programmatic relations with staff, leadership, subcontractors, and community agencies and partners including the American Academy of Pediatrics and the San Diego North County Public Health Nurses. Attends program and community meetings and events as appropriate. Openly maintains communication channels, including but not limited to: telephone and email. Consistently responsive to requests, including for data and other reports.

Monitoring Program Supervisors

In partnership with program leadership, develops and implements supervisor training protocols, curriculum and program development, and monitoring of required supervision tool documentation and implementation. Consistently mentors, supports and develops program Supervisors. Ensures all program Supervisors are in compliance with HFA guidelines in how they document and maintain supervision binders and provide supervision to their FSSs. Reviews and monitors supervision files for accuracy and contract compliance. Identifies innovative opportunities for supervisor's development and training and assists in coordination of trainings as applicable. A minimum of 4 times a year, conducts reflective supervision with supervisors in order to ensure accuracy of implementation. Measurement: Staff retention, satisfaction and productivity at 90% or above.

North County F5FS Program Director is required to have at minimum:

- Education: Master's Degree in Management; Child Development; Social Work; Psychology; Public Health; Maternal/Child Health, Education or a human services/sciences field
 - Preferred Education: Ongoing professional development through classes, workshops, conferences and webinars
- Experience: 7 – 8 years minimum experience in healthcare related field, 4-5 years minimum experience managing programs, staff and contracts
 - Preferred Experience: 8 – 9 years in healthcare related field and management experience with emphasis on outpatient services, maternal-child health services, and home visitation services
- Required License: Valid Driver's License
- Required Certification: American Heart Association recognized BLS - Heartsaver

Evaluation Area: Job Responsibilities

Regional Leadership

Collaborates closely with other First 5 San Diego Initiatives, particularly Healthy Development Services (HDS), to facilitate linkages, reduce duplication of services, and maximize service provision to eligible families. Works closely with community partners, public and private agencies, coalitions and associations, and County of San Diego divisions to ensure regional services are coordinated and integrated. Establish and facilitate Project Advisory Board and regional provider meetings. Attend meetings convened by the Countywide Coordinator American Academy of Pediatrics and their subcontractors. Provide monthly and quarterly reports in a timely/accurate manner to department director and First 5 San Diego. Measurement: Service targets at 90% and above.

Program Implementation

Develops, maintains, grows and leads North County F5FS. Provides training and technical assistance to network providers. Identifies and documents unmet family needs; facilitates and implements program changes to meet family needs. Performs ongoing reviews and site visits of all subcontractors and addresses and resolves concerns. Ensures subcontractors meet performance standards dictated by Palomar Health and funder. Develops and achieves all quality improvement measures established for program. Measurement: Program participant and provider satisfaction/program surveys at 90% or greater.

Evaluation

Monitors and analyzes contract performance financially and programmatically. Oversees data collection and evaluation for the project network including collection of operational statistics, aggregate service data and client

data on select samples of clients. Utilizes data and qualitative feedback/surveys for program improvements and enhancements. Supports our evaluation team in partnership with the Commission's Evaluation subcontractor. Attends First 5 San Diego evaluation meetings held for the project and coordinates funder site visits as needed. Measurement: All reports submitted in a timely manner reflecting 90% or greater accuracy.

Compliance

Ensures that all providers are following policies and procedures established by First 5 San Diego and Palomar Health. Actively seeks to remain current with changes in industry compliance regulations by attending First 5 San Diego quarterly meetings, reading minutes/posted communications, accessing/using email/internet, and reviewing industry literature. Measurement: Subcontractor audits reflect 90% (or above) contract and program compliance; identified issues are resolved promptly. Annual Palomar Health fiscal and programmatic First 5 San Diego audits are reflective of 90% (or above) contract and program compliance (any identified issues are resolved promptly).

Relations

Consistently mentors, supports and develops staff. Establishes and maintains strong, effective relations with First 5 San Diego, American Academy of Pediatrics, Palomar Health Leadership, all staff, and all stakeholders. Openly maintains communication channels, including but not limited to: telephone and email. Consistently responsive to requests. Measurement: Employee engagement and retention standards meets annually established goals. Consistently seen as active leader professionally and programmatically by Palomar Health leadership, First 5 San Diego/AAP, and the community-at-large.

Selecting and Training Team Members

Through a rigorous interview process, North County F5FS candidates are selected who embody the following attributes:

Customer/Client Focus

Creates an ideal client experience by assessing and responding to client safety, quality and service needs.

- Meets the needs and expectations of clients
- Acts with clients in mind
- Personally models client safety and customer service as a priority
- Recognizes the diversity and value of each individual

Quality performance is achieved by consistently demonstrating the following:

- SMILE skills (Share yourself, Make it clear, Inform on timing, Listen with care, End with kindness)
- Responds to client's needs within established time frames
- Provides culturally safe and linguistically appropriate services
- Invites and responds appropriately to client feedback
- Contacts clients to gather information on their needs and level of satisfaction with safety and privacy in mind

Learning

Continuously improves knowledge, skills, and performance to achieve excellence in client safety, quality and service.

- Is aware of self and impact on others
- Seeks performance feedback
- Seeks opportunity for learning
- Takes ownership for self-development

Quality performance is achieved by consistently demonstrating the following:

- Identifies knowledge gaps and finds ways to fill them through formal and informal learning opportunities
- Contributes ideas to his or her own development plan
- Finds learning opportunities in daily work activities to create "teaching moments"
- Seeks outside professional development activities to continually improve skills for self and others
- Models continuous learning through reading, inquiry, benchmarking, best practices
- Embraces new concepts
- Participates in internal and external activities (e.g. seminars, workshops, courses, subscriptions, memberships, etc.) that expand knowledge and learning potential
- Seeks input on ways to improve

Results

Achieve a standard of excellence in quality, service, safety, and financial performance.

- Achieves optimal client safety, quality and service outcomes
- Pushes self and others for a standard of excellence in client safety, quality and service
- Aligns own performance with organizational priorities

Quality performance is achieved by the following:

- Accepts responsibility to achieve high quality results
- Tenaciously sticks with projects until the goal is reached
- Applies appropriate urgency, priority, and follow up to achieve goals
- Aligns the organization's functional growth and team goals into individual goals
- Takes action to ensure own performance is aligned to organizational goals
- Strives for results while maintaining quality, values, and integrity

Teamwork

Promotes team effectiveness by fostering collaboration, communication, and cooperation.

- Shares information, knowledge, and resources
- Cooperates with others
- Collaborates with others
- Expresses positive attitude

Quality performance is achieved by the following:

- Contributes ideas to the team
- Supports other team members
- Effectively communicates knowledge and experiences with team members by being direct and explicit
- Demonstrates a positive attitude
- Accomplishes team tasks on time
- Takes issues directly to the source when appropriate
- Addresses disagreements directly in a respectful manner away from client and those not involved
- Demonstrates value and respect for a variety of backgrounds and perspectives by providing enthusiastic, creative energy and ideas to the team

EXTENSIVE TRAINING To Ensure Staffing Meets the Required Qualifications Necessary to Support the Activities as Described in Exhibit A – SOW

In addition to the basic requirements, values and attributes that we look for in candidates, and our assessment of “fit with the team” and a “going above-and-beyond service perspective” in working with families that our FSSs and Supervisor(s) bring to their positions, they also receive extensive training prior to working with families. The following trainings are provided in accordance with HFA requirements.

Within three months of hire, FSSs and Supervisor(s) have been trained in:

- Infant Care,
- Child Health and Safety,
- Family Health, and
- Cultural Self-Awareness (also required for Program Director).

Within six months of hire FSS and Supervisor(s) have been trained in:

- Infant and Child Development,
- Supporting the Parent-Child Relationship,
- Professional Practice,
- Mental Health,
- Prenatal Period,
- Family Goal Process, and
- Cultural Humility in Home Visiting (also required for Program Director).

Within 12 months of hire FSS and Supervisor(s) have been trained in

- Child Abuse and Neglect,
- Intimate Partner Violence,
- Substance Use,
- Engaging Families, and
- Inequity and Family Context (also required for Program Director).

FSSs also receive training from SHC on how to enter data into CMEDS. In addition, FSSs receive weekly individual supervision that includes case discussion and documentation, administrative support, and reflective supervision pertaining to their work, and are provided opportunities for skill development and professional support.

All North County F5FS team members receive in-person and webinar training on trauma-informed care. In addition, program leadership provides research-based articles and additional materials accessible online for team review and discussion to deepen the education. These include, for example:

From Trauma to HOPE (Healthy Outcomes from Positive Experiences): Core Principles of Trauma Informed Care

National Child Traumatic Stress Network. (2016).

What is a trauma-informed child and family service system? [Fact sheet]. National Child Traumatic Stress Network. Retrieved from NCTSN website.

Substance Abuse and Mental Health Services Administration. (2014).

SAMHSA's concept of trauma and guidance for a trauma-informed approach [Infographic]. U.S. Department of Health and Human Services, Office of Behavioral Health Equity. Retrieved from <https://stacks.cdc.gov/view/cdc/56843>

Trauma Informed Care in Home Visiting Programs

Morrison, C., Sparr, M., & Ramscook, S. (2020, May).

Implementing trauma-informed approaches in home visiting (Research Snapshot Brief). Arlington, VA: James Bell Associates for the National Home Visiting Resource Center. Retrieved from National Home Visiting Resource Center website.

Trauma Experienced in Children & Families

Center on the Developing Child at Harvard University. (2024, October).

Facts About Health That Are Often Misunderstood [PDF]. Harvard University. Retrieved from

<https://developingchild.harvard.edu/wp-content/uploads/2024/10/5-Misunderstood-Facts-About-Health-1.pdf>

Charbonneau, M., Crooker, R., Slider, P., Law, C., Pineda, R., Conley, E. (Ed.), Moore, M. (Ed.), & Papich, K. Ed.). (2015, October 22).

1-2-3 Care Toolkit: A trauma-sensitive toolkit for caregivers of children (178-page toolkit). Spokane Regional Health District. Retrieved from Spokane Regional Health District website. NOTE: For reference, quick review pages 1-29, and 89-92. National Child Traumatic Stress Network. (2011).

Trauma and Families: Fact Sheet for Providers [Fact sheet]. Retrieved from National Child Traumatic Stress Network website.

Healthy Outcomes from Positive Experiences (HOPE)

Sege R, Browne CH. Responding to ACEs With HOPE:

Health Outcomes From Positive Experiences. *Acad Pediatr*. 2017 Sep. 17(7S):S79-S85. DOI:

10.1016/j.acap.2017.03.00

Per HFA policy and protocol: The Supervisor ensures she biannually shadows all staff at home visits, followed by debriefs to continuously improve the quality of their performance. The Supervisor also conducts regular, ongoing quality assurance phone calls to families to hear family feedback on FSS performance. The Supervisor receives individual administrative and reflective supervision and is held accountable for their work.

For employee vetting to meet staff requirements to meet with families and children, Palomar Health conducts exclusion and debarment monitoring (as allowed within California) of state criminal history records on all employees, subcontractors, and volunteers who will have direct contact with children or access to data involving children. The Palomar Health Compliance Department partners with industry leader Streamline Verify to ensure job applicants, employees, members of the medical staff, contractors, volunteers, vendors, interns, and others business related associates are initially, and monthly, screened against the sanctions list maintained by the Department of Health and Human Services Office of Inspector General, Lists of Excluded Individuals and Entities, General Service Administrator, System for Award Management, and Medi-Cal Suspended and Ineligible Provider Lists.

The Palomar Health Compliance Department attests to a three stage due diligence process for exclusion verification:

1. Initial Contact Screening – The responsible/hiring department is required to screen the party's name against the data provided by our vendor before a business relationship is formed.
2. Debarment Monthly Review – Reports are generated by Streamline Verify and sent to the Compliance Department via a confidential portal for review. The Compliance Department completes a comprehensive review on all current employees, physicians, vendors, students, interns and volunteers. Additionally, the reports are sent to compliance liaisons in Human Resources, Finance, Medical Staff and Volunteer Director for review.
3. Determining A Course of Action – All apparent matches, if any, are referred to the Compliance Department for a resolution.

The following is a sample comprehensive initial 3-month training plan that all new FSS receive. In addition to training from leadership, AAP-CA3, the agency, and the community, current, experienced FSSs, including FSS II and FSS III, also provide newly hired FSSs with mentorship, support and shadow experiences (where new FSSs observe home visits, assessment implementation, and more, with experienced FSSs).

New FSS: 3 month Training Outline

Palomar Health North County F5FS

Guideline written for staff training. NEW-FSS-NAME, with support from your Program Director, Supervisor, and the North County F5FS Team you will be responsible for engaging in the high-quality, immersive new-hire Training education experience.

1. **Wrap Around Training for New Staff:** Please complete these trainings within the next 3 months; adhering to their individual due dates and instructions on potential pre-assignments or trainings due prior to main training. Please log them in your calendar as follows so your supervisor can see your plan to attend to the trainings that are self-guided:
 - a. Outlook Calendar & Training Completion
 - i. Please list the webinars by name and moderator on your outlook calendar in order to track your time.
 - ii. Most webinars will generate a certificate of completion, please print those for your files. Turn in a copy to your supervisor.
 - iii. For webinars that do not generate a certificate of completion, please list on your calendar as "no certificate available" so your supervisor can then generate a certificate of completion for your files.
 - iv. All training will be discussed with your supervisor (and colleagues as applicable).
2. **Initial Training: Initiative, Countywide Coordinator, Program and Agency Overview provided by Program Director.** Includes, but is not limited to: First 5 San Diego partnership and other Initiatives; evidence-based models including Healthy Families America Best Practice Standards, Baby Talk and Mothers & Babies curriculums; Key stakeholders including agency Executive Leadership, Board members and community partners; department, office and program implementation policies and procedure including parking, badge

use and dress code, clocking in/out, security and safety, field work and safety and educational resources car supplies, team and service culture, telephone “SMILE”, HIPAA and confidentiality, mandated reporter requirements and procedure, illness and leave of absence, and more as relates to Palomar Health and North County F5FS.

3. **“Orientation: Coming Together as a Family Support System to Prevent Child Abuse and Neglect”**

Training on First Steps LMS: <https://firststepsd.talentlms.com/>

Due by: X/XX/XXXX

4. **Mandated Reporter Training:** <https://mandatedreporterca.com/training/general-training>

Due by: X/XX/XXXX

5. **HFA Foundations Training:** (Next available training: XX/XX/XXXX)

Workbook (Fillable Template): Complete Foundational training activities. Connect with supervisor for support on sections to complete. Due prior to shadows and assigning clients.

6. **Baby Talk Training:** (XX/XX/XXXX)

7. **Mothers and Babies Core Training:** (XX/XX and XX/XX/XXXX)

8. **FROG Core Training:** (XX/XX/XXXX)

9. **First Steps General Trainings:** Offered by Supervisors and FSS’s

- i. English Spanish HFA CCI Tutorial Date: XX/XX/XXXX

(Contact supervisor to complete Reliability tool)

- ii. Parent Satisfaction Survey Date: XX/XX/XXXX

- iii. Family Goal Plan Date XX/XX/XXXX

(Review Family Goal Plan Handouts)

- iv. [CHEEERS A Deeper Dive](#) Date: XX/XX/XXXX

(Review [CHEEERS Helpful Prompts](#) / [How to develop interventions using CHEEERS](#))

- v. What to Expect in Supervision Date: XX/XX/XXXX

- vi. UISPP Webinar (First Steps LMS) Date: XX/XX/XXXX

10. **PATH Part 1 and 2 Training.** Located on the First Steps LMS site. XX/XX/XXXX

11. **Practicing Cultural Humility to Support Equity & Inclusion in Family Support Programs w/ Dr. Rosemarie Allen.** <https://youtu.be/7VuytIxIA1s> XX/XX/XXXX

12. **HFA BPS 8th Edition Wraparound Training for New Staff.**

Follow completion guidelines noted within the training guide. Completed within 1 year.

13. **Supplemental Online Trainings for First Steps Staff.**

Follow completion guidelines noted within the training guide. Completed within 1 year.

a. Outlook Calendar & Training Completion

- i. Please list the webinars by name and moderator on your outlook calendar in order to track your time.
- ii. Most webinars will generate a certificate of completion, please print those for your files. Turn in a copy to your supervisor.
- iii. For webinars that do not generate a certificate of completion, please list one your calendar as *no certificate available so that your supervisor can then generate a certificate of completion for your files.

Supervisor and Family Support Specialist Guided Training/Mentoring: Supervisor will complete tasks at their discretion and not necessarily in the order listed. Please be available to prioritize their availability to provide the training over multiple days and periods. ALL trainings listed under this category must be complete prior to shadowing Family Support Specialists and shadowing of FROG Scale Visit and CORE Trainings.

Supervisor (NAME HERE): Site Specific and Program Forms: Due by: XX/XX/XXXX

- Consent forms
- Confidentiality agreements
- Liability agreements
- Safety requirements (inside home, outside home, while traveling)
- Use of electronic materials (phone, laptop)
- HIPPA requirements
- COVID Screener
- COVID HV protocol for in person home visits and other documents
- All other program forms
- How to establish a client file, location of documents within client file

New Staff Task: Peer file audit, complete a file checklist and submit to your supervisor for review and feedback.

Supervisor (NAME HERE): Program enrollment process: Due by: XX/XX/XXXX

- Where do referrals come from?
- New Baby Questionnaire (as needed)
- FROG
- Intake
- Looking at more than just the FROG score to determine eligibility.

FSS Mentor Trainer (NAME HERE): Foundation for Family Support Strategies Overview:

Due by: XX/XX/XXXX or prior to the Core Foundations Training, whatever date comes first.

- Explore and Wonder
- Feel, Name, Tame
- Accentuate the Positive (ATP)
- Strategic Accentuate the Positive (SATP)
- Problem Talk
- Normalize
- BT Reflective Strategies
- Reflective conversations
- Practice Prompts/worksheets

Supervisor (NAME HERE): Use of Reflective within the program: Due by: XX/XX/XXXX

FSS (NAME HERE): PATH conversational model: To be completed prior to PATH 1 and 2 training.

Due by: XX/XX/XXXX or prior to core training, whatever dates comes first.

FSS Mentor Trainer (NAME HERE): CHEERS Documentation Due by: XX/XX/XXXX or prior to core Foundations Training, whatever date comes first.

- Review meaning of each part of the CHEERS (CUES, HOLDING, EXPRESSION, EMPATHY, Rhythmicity and Reciprocity, SMILES)
- Review how to document each item prenatally (1st, 2nd, and 3rd Trimesters)
- Review how to document each item post birth
- Review how to explore goal planning with client
- Review how to create goal plans based on clients words now FSS's words

FSS Mentor Trainer (NAME HERE): Overview on Mothers and Babies Curriculum (M&B):

Due by: XX/XX/XXXX or prior to core training, whatever date comes first.

- How to use and adjust M&B activities to meet program family's needs.
- How to adjust for illiterate clients
- How to adjust for clients whose first language is not Spanish or English.
- Overview of how to introduce the curriculum materials to low literacy, no literacy families
- Practice conducting an entire session within the Curriculum (role play)
- New FSS will practice implementing sessions to a mock parent (role play)

FSS Mentor Trainer (NAME HERE): Overview of the Baby Talk (BT) Curriculum

Due by: XX/XX/XXXX or prior to Baby Talk (BT) Core Training, whatever date comes first.

- How to use and adjust BT activities to meet program family's needs.
- How to adjust for illiterate clients
- How to adjust for clients whose first language is not Spanish or English.
- Overview of how to introduce curriculum materials to low literacy, no literacy families
- New FSS will practice introducing activities to mentoring FSS
- Words to use/avoid with non-literate clients
- Talking points for how to encourage use of visuals with their children
- Incorporating, importance of, role playing the BT activities

FSS (NAME HERE): Partnerships with community and referral processes: Due by: XX/XX/XXXX

- Partnership with Healthy Development Services
- Partnership with Easter Seals
- Partnership with Lifeline
- Partnership with Casa de Amparo
- Provide information on most frequently use resources
- One Safe Place

Supervisor (NAME HERE): CalWorks Partnership and First Steps Enrollment Criteria. Due by: XX/XX/XXXX

Data Entry Training (NAME HERE): CMED's database. Due by: XX/XX/XXXX

- How to login to database
(access will be pre-established by Program Director Shirin Strauss)
- Supervisor to provide brief overview on data dictionary use and document.
- What goes into database:
 1. Assessments
 2. Home visits
 3. Notes
 4. Referrals
- How to enter a family into the database

Supervisor (NAME HERE): Program assessments and timelines for Implementation. Due by: XX/XX/XXXX

- Assessment timeline
- UISPP
- PHQ-9
- Parent Satisfaction Survey
- CCI
- HFPI
- ASQ-3
- ASQ-SE
- NEW Parent Follow-up
- NEW Child Follow-up
- NEW Exit Assessment
- NEW intake enrollment assessment form

Supervisor will provide pre-training on FROG "Family Resiliency and Opportunities for Growth Scale: Must occur prior to official training. More information on pre training requirements to come. Supervisor will invite you to shadow a live FROG session prior to official training. Due by: XX/XX/XXXX

Foundations for Family Support Home Visit Shadow and Role Play with Family Support Specialists: Requires review and guidance by supervisor and family support specialist. *Pre training requirements in core workbook completed before training date.*

Training Dates: XX/XX/XXXX – XX/XX/XXXX

1. Shadow 6 Home Visits and complete the following tasks. (FSS NAMES HERE)
 - a. Write up home visit record.
 - b. Write up reflective thoughts on the IS Shadowing Journal
 - c. Submit to supervisor for review
 - d. Review write up with supervisor during reflective

2. Conduct 6 mock home visits (2 virtual and 4 in person at the office) with colleagues. (FSS/SUPERVISOR NAME HERE).

Mock Home Visits parameters:

- Intake Visit
- Prenatal Baby Talk, PHQ-9 conducted
- Prenatal, Mothers and Babies introduced
- 6 month old Baby Talk, PATH conducted
- 1 year old Baby Talk, Family Goal Plan discussion
- 2 year old Baby Talk, ASQ conducted, provide results

For all Home Visits ensure that you:

- A. Set up home visit with FSS using learned protocol
- B. Plan out home visit using BT or M&B curriculum
- C. Get materials ready
- D. Write up a complete home visit record
- E. Set up meeting with FSS HV was conducted to review each completed Home Visit
- F. Be prepared to discuss HV with Supervisor during Reflective immediately following Mock Home Visit completed that week

Frequently used Websites:

1. Healthy Families America Training website: <https://community.healthyfamiliesamerica.org/login.aspx>
(Initial log in will be created by your supervisor. Each login is individualized; login can be changed after your first log in.)
2. First Steps Learning Management System: <https://firststepsd.talentlms.com/>
3. CMEDS Database: <https://www.persimmony.com/>
4. First Steps San Diego Program Website: <https://firststepssd.org/>

Staff login: XXXXXX (universal password for all F5FS Staff)

- a. Program Documents for Home Visiting
- b. Regional contact information

2. PROGRAM DESIGN AND APPROACH

2.1. Provide a statement that Offeror has read, understands, and accepts the Exhibit A – SOW.

Palomar Health and the North County F5FS Program Director have read, understand, and accept the Scope of Work (Exhibit A). It would be an honor to partner with the County/CFWB and Public Health Nursing, The Family Connection Hub, First 5 San Diego, AAP-CA3 Countywide Coordinator, and others, in the provision of the critically needed, life-changing Family Home Visiting Support Services for vulnerable North County (North Inland, North Coastal) children and families.

2.2. Describe Offeror's proposed program and services, detailing the strategies, methods, and procedures Offeror will use to achieve the goals, objectives, and requirements specified in the SOW.

North County F5FS proposes to continue providing a comprehensive Family Support Program within the Scope of Work (Exhibit A), including home visits (in homes and other locations based on the convenience of the family), parenting classes (such as childbirth preparation and recovery classes, breastfeeding/formula-feeding/infant-feeding classes, positive discipline, nutrition, first aid and safety in the home, and more), parenting activities/family workshops (such as infant massage, play groups and building social supports for parents and children, postpartum and breastfeeding support groups, program graduations, and more). Home visiting services will reflect fidelity to the HFA model and Best Practice Standards to provide services to low-income, at-risk and high-risk families in the North Coastal and North Inland regions of San Diego County, as we have done since October 2013. Together, these two regions make up the North County. North Coastal has a population of 537,000 residents and includes six cities: Del Mar, Encinitas, Carlsbad, Oceanside, Solana Beach and Vista along with Camp Pendleton, the US Marine Corps' largest installation, for which we have authorization to be on base to provide home visiting services for military families. The North Coastal region covers 388 square miles and stretches south to north from Del Mar to Orange County and to the east to Vista and Rancho Santa Fe. North Inland has a population of 579,151 residents and is the largest geographical region in San Diego County. It covers 2,373 square miles of urban, suburban, rural, and remote areas and includes the communities of Anza-Borrego Springs, Escondido, Fallbrook, Palomar, Julian, Pauma, Poway, Ramona, San Marcos, and Valley Center. It stretches north to Riverside and east to Imperial County.

North County F5FS is an intensive home visiting program that adheres strictly to the HFA model. Families enroll prenatally (ideally) or generally no later than two weeks postpartum, but may be eligible up to three months of age with services provided until the child is three years of age. Families enrolled in CalWORKs can enroll with a child up to age 23 months at the time of enrollment. If not enrolled prenatally, services are offered for 3 years after enrollment. To date, 62% of our families received their first home visit prenatally, 11% received their first home visit at birth up to two weeks postpartum, 20% at two weeks to three months postpartum, and 7% over three months postpartum. Enrollment is restricted to families who identify in one of the following focus populations and who are not receiving similar services through other programs:

- Pregnant and parenting teens,
- Pregnant and parenting youth in foster care,
- Military families (including active duty, reserve or veteran),
- Immigrant and refugee families,
- Income-eligible pregnant or postpartum women/families,
- Medically complex mother or child (including but not limited to: history of or current substance abuse, history of or current domestic violence, history of or current mental health concerns,
- CalWORKs beneficiaries,
- FFPSA eligible families as determined by CFWB, and
- Families identified by CFWB.

We do extensive outreach to brand our program in the communities we serve and to reach families in all communities throughout North County, especially hard to reach families who might “fall through the gaps” and cannot or do not access or engage in services during pregnancy, postpartum and their parenting years. North County F5FS will partner with CFWB and the Family Connection Hub to receive screened referrals that are ready for the next step of assessment through the FROG Scale. Once we receive a referral from either CFWB or the Family

Connection Hub (or other source), we reach out to the family the same day or next working day, attempting to connect with the family within a maximum of three working days based on family availability. At this point, we will discuss with the parent/caregiver (hereon parent) about our program and ask if they are interested in meeting to talk further about the services we provide, and so we can hear about their strengths and how we can support them and their family. We will then schedule the assessment visit to conduct the FROG Scale. If the referral comes from the Family Connection Hub, then the initial eligibility screening (New Baby Questionnaire or something similar) will have already been completed. Once the FROG Scale is completed, then we will offer services to the family, and if the family accepts, we will connect our PHN partners with the family within 3 days of enrollment.

At the scheduled FROG assessment, we have an important first opportunity to begin building trust. This first visit begins the development of a strong, effective, potentially long-lasting partnership with a family. We begin to build trust with families by employing active listening skills, cultural competence, reflective and responsive non-judgmental strength-based conversations all through a trauma-informed lens. Our experienced team of caring Family Support Specialists has a strong track record of engaging families, even hard to engage families who may typically not want to get involved with programs and services, and are considered at risk and high risk for poor child and family outcomes. The acceptance rate is an indication of a program's ability to engage and enroll families and is based on the number of eligible parents who are offered services and complete their first home visit. North County F5FS has a **91% acceptance rate**. Because we are a relationship-based, long-term evidence-based HFA accredited program, where on average a family shows the strongest outcomes when staying enrolled for the entire 3 - 3.5 years of service, we see less families than those programs who use models and provide services with a "lighter touch/shorter approach" to service provision. We most commonly enroll families during pregnancy and they stay with us until their child turns 3 years old, enabling our program to impact long-lasting, life-trajectory-changing positive outcomes for children and families.

North County F5FS has provided over 24,320 home visits using the HFA model. The program's strength lies in its staff of bilingual/bicultural, Family Support Specialists (FSSs) (paraprofessional home visitors) that are dedicated and effective in establishing connection, trust, and respect with the families they serve. Helping parents to build upon their strengths and supporting them in areas of need in order to maximize family resiliency and build on the parent-child interaction to ensure optimal child development. All FSSs are bilingual (English/Spanish), culturally sensitive, Certified Lactation Educators, and certified in infant massage. In addition, all FSSs in accordance with the HFA model receive over 480 hours of training before they are assigned a caseload and begin seeing families. Our goal is to promote nurturing parent-child interaction, support healthy childhood growth and development, enhance family functioning, and to reduce child abuse, neglect and maltreatment, and the number of children entering foster care. Typically, a home visit occurs in the family's home and lasts a minimum of an hour. Circumstances may occur where visits take place outside the home (e.g., at a school for an expectant or parenting teen, or at a library, park, homeless shelter, or One Safe Place), or via a virtual home visit (computer, ipad or telephone). The focus areas during home visits are parent-child centric and family-centered, and include (but are not limited to):

Promotion of nurturing parent-child interaction/attachment:

- Development of healthy relationships with parent(s)
- Support of parental attachment to child(ren), and parental understanding of and responsiveness to children's "cues and communication"

- Support of parent-child attachment
- Social-emotional relationship
- Support for parent role in promoting and guiding child development
- Parent-child play activities
- Support for parent-child goals, etc.
- Parent-child interacting screening and assessment

Promotion of healthy childhood growth and development:

- Child development milestones
- Child health and safety
- Nutrition
- Parenting skills (discipline, weaning, etc.)
- Access to health care (well-child check-ups, immunizations)
- School readiness
- Linkage to appropriate early intervention services
- Health and development screening

Enhancement of family functioning:

- Trust-building and relationship development
- Strength-based strategies to support family well-being and improved self-sufficiency
- Identifying parental capacity and building on it
- Family goals
- Building protective factors
- Family functioning screening and assessment
- Coping and problem-solving skills
- Stress management and self-care
- Home management and life skills
- Linkage to appropriate community resources (e.g., food stamps, employment, education)
- Access to health care
- Reduction of challenging issues (e.g., substance abuse, domestic violence)
- Reduction of social isolation
- Crisis management
- Advocacy

In addition, as per the scope of work, North County F5FS will work to ensure families are linked to a medical provider for optimal child health and development (e.g. timely immunizations, well child visits, first aid, emergency healthcare, etc.), and they are not using Urgent Care or Emergency Rooms for healthcare (except as appropriate). As part of the intake process, the FSS asks the family where they go for their medical care to ensure that they are receiving regular prenatal care (if enrolled prenatally). Prior to the birth of the child the FSS ensures that the infant has a medical home established. Families that enroll postnatal are asked about where they go for their medical care. If they do not have a medical home, the FSS will work with the family to identify and secure an accessible medical home (location, hours of service, language, cost). This includes talking to the family about their needs in

regards to a health care provider and identifying health care providers in the family's area while taking into consideration any needs in getting to appointments (e.g. transportation). In addition to securing a medical home for those families without one, the FSS will talk with the family to help parents ensure their child receives appropriate well-baby visits and immunizations. Depending on the family's needs, they may also be linked to additional services which include but are not limited to financial, food, and housing assistance programs, mental health providers and resources, school readiness programs, childcare, job training programs, family support centers, substance abuse treatment programs, domestic violence shelters, and primary prevention services. **North County F5FS has provided families with 3,813 referrals to additional community resources. Of the 3,496 referrals for which we have an outcome, 63% (2,198) were fully initiated, meaning the family accessed the resource.**

In order to inform the development of home visit activities, the FSS works with the family to create a Family Goal Plan. **Within the first 3 days after program enrollment, the family will be connected with our PHN partners. Together with the PHN, we will begin to develop and support family goal plans and service plans.** The Family Goal Plan consists of the goals and specific steps the family and the FSS, in partnership with PHNs, will take to reach the goal(s), and includes the family's strengths and how these strengths will support goal development and achievement. The focus is not about how many goals families accomplish, rather it is entirely related to the skills parents build in the process of developing and working on goals. The goal setting process is therefore based upon what families want, need, or dream about for themselves and their children. Family Goal Plans are to be created no later than 60 days from the date that services began. Once goals have been completed, the FSS and family, in collaboration and coordination with our PHN partners, will create new goals to work on. FSS and their families, with PHN support and collaboration, will continue to create goals while the family is receiving multidisciplinary and transdisciplinary services and support. A second document, the Family Service Plan also guides service delivery and is developed within 60 days of enrollment. Goals listed in the Service Plan are those that the FSS and Supervisor and PHN would like to see accomplished with the family, based on strengths and family needs, as identified from the FROG, from initial family conversations and relationship building, and from family identified requests for education and support.

North County F5FS uses the CHEEERS framework (cues, holding, expression, empathy, environment, rhythmicity/reciprocity, and smiles) in each home visit in order to formally assess, address, and promote positive parent-child relationships and interaction. The program also uses Baby TALK as a primary evidence-based curriculum to promote the following topics: knowledge about positive parenting skills and parent-child interactions, child development, parenting skills, self-care, and health and safety practices. Each topic is selected based on age of the child and area of focus, and family strengths and needs and interests.

North County F5FS also focuses on helping families build protective factors (parental resilience, social connections, concrete supports in times of need, knowledge of parenting and child development, and social and emotional competency) and address challenging issues such as intimate partner violence, developmental delay in parents, substance abuse, and mental health. The goal is not just to address current challenging issues, but also to strengthen families by building their protective factors and reducing their risk factors, so that they are better equipped to handle difficult situations in the future and to improve quality of life for the entire family.

North County F5FS uses a trauma-informed approach with all clients, which means FSSs are aware of the impact that trauma has had on the lives of families, an awareness of behaviors and responses that might trigger re-traumatization, and an openness to understanding how current behaviors are often adaptations to past abuses. Trauma-informed support includes ensuring safety, emphasizing autonomy and a collaborative strength-based approach.

In 2018 North County F5FS initiated training for FSSs on the Mothers and Babies Course developed by Ricardo Muñoz and colleagues. The Mothers and Babies Course promotes healthy mood management and maternal self-efficacy by teaching participants how to effectively respond to stress in their lives through increasing the frequency of thoughts and behaviors that lead to positive mood states. Based on principles of cognitive-behavioral therapy, attachment theory, and psychoeducation, it can be delivered by professionals or paraprofessionals, in a group or as a one-on-one intervention. FSSs weave this curriculum into home visits over the course of 12 visits. Each Mothers and Babies Course session (curriculum) is brief, about 15-20 minutes and includes key points and interactive activities. Between visits, mothers work on personal projects to practice new skills and reinforce the concepts in the context of their everyday lives. Families have responded very positively, and learned a lot of skills for life that they use and teach their children as well, through the implementation of the evidence-based Mothers and Babies Course.

In addition to home visits, North County F5FS also provides additional enrichment, learning, and connecting experiences through parent support activities such as parent socialization groups, play groups, parent and family classes and workshops, support groups, wellness groups, and special events. For example, North F5FS has conducted workshops on art as a stress reduction technique, nutrition and food preparation, health and wellness, positive discipline, music in the park, childbirth preparation classes, infant feeding support groups, infant massage classes, family graduations, and much more. Parent Support activities support child development, literacy and reading, fine and gross motor skills, and social-emotional development, as well as increased parent skills, knowledge and efficacy, enhanced parental relationships and social supports, quality family time, and much more.

With ongoing parenting challenges, the program noted a rising need for mental health services for clients. To that end, North County F5FS launched support groups, Wellness Workshops, and a bimonthly Family “Coffee/Cafecito Hour/Hora”, for children’s playtime and parent networking, education and stress reduction activities. Wellness Workshops topics include childhood stress, better sleep for improved mental health, and mindful movement strategies for health and wellness. Referrals to enhanced service activities have increased with clients who are ready to engage in this level of work.

During the winter holidays, North County F5FS always provides resources and referrals to agencies offering support for the holidays (e.g., food, gifts, and emergency needs). Palomar Health has also supported North County F5FS families with book and toy drives, food distributions in partnership with Feeding America San Diego, and gift donations from health system employees.

Lastly, North County F5FS continues to hold its annual Family Holiday or Summer Event, which provides educational and holiday activities to support family bonding and attachment, child development, parent-child socialization and community building with other program families, and more. Collaborating with many of our community partners, our holiday or summer event brings our families: food distribution bags by Feeding America San Diego, animal

encounters from the San Diego Zoo, Police Meet and Greet with the local police department, book and clothing giveaways, information about community services and programs for Dads, family recreation and outdoor activities, children's game and socialization opportunities, face painting and take-home science crafts, and more.

Home visiting frequency is more intensive at enrollment and tapers down as the child ages and parents gain stronger parenting skills and self-sufficiency. In the prenatal period and for at least six months postpartum, home visits are provided weekly. If the family has no additional concerns, visits taper down to twice a month, and then finally monthly. The following factors are reviewed between FSS and Supervisor when considering a reduction of service intensity. The family should be:

- Demonstrating responsive, nurturing parenting practices leading to secure attachment
- Engaging in child development activities with children, providing a stimulating and safe home environment
- Screening negative for depression or being linked to appropriate mental health services
- Working to accomplish individual/family goals
- Managing stress more effectively
- Using nurturing and respectful discipline methods
- Developing healthy support systems

The inclusion of the transdisciplinary model of PHN and FSS working jointly to ensure families are best supported is an exciting opportunity for the program. The FSS will ensure home visiting services are provided in a coordinated partnership with PHN staff to leverage their expertise in clinical nursing services. FSSs will coordinate with their PHN counterpart to schedule the initial dual PHN and FSS visit within three days of the initial home visit. Additionally, the FSS will provide relevant client information with PHN staff to ensure effective case management. Utilizing a pre-visit meeting to discuss the client and develop a cohesive approach along with a post - visit meeting to debrief and develop further case management and service plans. Ongoing, timely communication and collaboration with our PHN partners will enhance service provision for the families we serve.

Our FSSs have received extensive training as per requirement from HFA and outside of HFA requirements. Our staff routinely receive training and professional development from the project's Countywide Coordinator, Palomar Health annual and ongoing required staff trainings, community-based agencies, and webinars. Palomar Health also offers a tuition reimbursement program for staff-initiated education and certification programs that support their role in the health system. Several North County F5FS staff members have earned an Infant Mental Health education specialty through our agency tuition reimbursement opportunity. All of these trainings have developed our ability to approach our families with cultural sensitivity, a trauma-informed lens, and enhanced skills and knowledge. Results from our Parent Satisfaction Survey show that 98.5% of our families "*strongly agree*" and the remaining 1.5% "*agree*" with the statement "I feel my FSS respects my beliefs and values". We receive consistent, ongoing, positive feedback from our families about the program and their engagement with their FSSs.

2.2.1. Offeror's approach to model the program by utilizing the evidence-based models of Healthy Families America.

As a 12-year veteran provider in the San Diego HFA Accredited Multi-Site System (MSS) of home visiting providers, North County F5FS is and will continue to ensure the caring, comprehensive, culturally-attentive delivery of our services using the HFA model to fidelity. We have policies and procedures in place to adhere to the 12 HFA Best Practice Standards. We conduct ongoing self-assessment on our services using the HFA prescribed evaluation methods. All staff members have received all required initial and ongoing trainings. We are trained on and utilize the HFA required assessment tools (e.g., FROG Scale, PHQ-9, etc.) to screen our families for risks, protective factors, parent-child interaction, child development, and much more.

We are preparing now for our expected March/April 2026, San Diego HFA MSS Re-Accreditation Site Visit. We have been affiliated with HFA since 2013, and proudly HFA accredited since 2017. We are currently engaged in and documenting an extensive "Self-Study", due January 2026, which will enable HFA to assess our program fidelity in all aspects of the model and the Best Practice Standards and critical elements. The re-accreditation process consists of submission of the self-study, a 4-5 day site visit which includes case file reviews; staff, family and board member interviews; and home visit shadows with our Family Support Specialists. Please see letter below from HFA which shows our current good standing, and accreditation through December 2026.

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August 25, 2025

Shirin Strauss, M.A., ICCE, LC
Program Director
First 5 First Steps North Region
Palomar Health
338 Via Vera Cruz, Suite 250
San Marcos, CA 92078

Re: Letter of Good Standing

Dear Shirin,

[REDACTED]
[REDACTED] a program of Prevent Child Abuse America, I am writing
[REDACTED] 23), as an affiliated
Healthy Families America site since **July 18, 2013**. The site is considered in good standing.

The site completed the HFA Fidelity Assessment process in 2022 and is considered a provider of
[REDACTED] services consistent with the standards of best practice established
[REDACTED] accreditation is effective through **December 2026**. The
[REDACTED] County (First 5 First
Steps American Academy of Pediatrics, California Chapter 3). The multi-site system is scheduled
to complete the next reaccreditation cycle in 2026.

[REDACTED] is proud to acknowledge this site, **First 5 First Steps North Region**,
[REDACTED] families America home visiting services.
[REDACTED]

Best regards,

Shayna Cooper

[REDACTED]
[REDACTED] st
[REDACTED]
33 N. Dearborn Street, Suite 2300
Chicago, IL 60602

[REDACTED]
[REDACTED]
[REDACTED]

North County F5FS utilizes the HFA prescribed Baby TALK curriculum to promote nurturing parent-child relationships, healthy child development, preventative health and safety, safer sleep practices, and improving parenting skills. FSSs use this curriculum and supplemental materials with intentionality and a strengths-based approach that builds on parental capacity and in response to parent child interests and observations made by the FSS. At a minimum, at least one of these topics will be discussed monthly for Level 2P through Level 1b families and every other month for Level 2-3 families.

Because perinatal depression is a risk for many families, the evidence-based Mothers and Babies (M&B) Course has been adopted for sites to use as a secondary curriculum. M&B is a nine-session stress management program designed to be implemented weekly in sequential order, with each session expected to last 20-25 minutes. M&B can support parents in strengthening their protective factors of social-emotional competence, parental resilience, and social supports.

Lastly, North County F5FS remains nimble and flexible in our services. Throughout the 12 years of providing home visiting services using the HFA model, assessments have changed, Best Practice Standards have been revised to be more current with emerging needs, and we have adapted seamlessly to retain fidelity to the model. Our approach has been and will continue to be adherence to the evidence-based HFA Best Practice Standards. We demonstrate this commitment through our HFA accreditation status and current re-accreditation process.

2.2.2. Offeror's approach to collaborating with the Countywide Coordinator, CFWB, and County PHN in the start-up, implementation and on-going service delivery, quality improvement and evaluation of the home visitation services.

North County F5FS has enjoyed a strong, collaborative and extensive relationship with the Countywide Coordinator (AAP-CA3) since the implementation of the home visiting network in 2013. For 12 years, we have consistently participated in on-going, standing and ad hoc meetings, developed and reviewed quality improvement efforts (including all data requests for HFA Best Practice Standards), attended training events, and participated in special events and meetings, e.g., the Annual Beyond the Numbers First Steps Evaluation Meetings. We work closely with AAP-CA3 on HFA data worksheets, and collecting and analyzing program data to inform program enhancements and quality improvement. We view the Countywide Coordinator as a partner and resource for our provision of exemplary service to the families we serve. We are committed to attending Countywide Coordinator meetings and addressing issues or projects that the Countywide Coordinator facilitates, including trainings, providing or analyzing data, and undertaking quality improvement and evaluation efforts. We will attend required meetings with the Countywide Coordinator, including Supervisor Workgroup, Program Director Leadership Workgroup, ongoing Evaluation Meetings, Annual "Beyond the Numbers" Network Data and Evaluation Meeting, HFAST Database Meeting (annual network preparation for completing the HFA staffing and program analysis database), technical assistance meetings, and others as requested by the county.

Throughout our 12 years of providing home visiting services to North County families, we have also collaborated closely with the County Public Health Nursing System and our North Region Public Health Nurse Managers, Supervisors and Nurses (PHNs). As of June 2025, 5% of referrals to our program have come from PHNs. Since 2014, we have appreciated and been honored to partner with PHNs in the coordination of, and their attendance at, our

quarterly North County Home Visiting Collaborative meetings. North County F5FS looks forward to expanding our collaboration with the Public Health Nursing System and North County PHNs through the new transdisciplinary model of PHN partnership, in which North County F5FS FSSs and PHN staff collectively define and develop systems, policy and protocol for understanding and addressing our family's needs. According to the scope of work, transdisciplinary service is defined as sharing roles across disciplinary boundaries to maximize communication, interaction and cooperation and a transdisciplinary team is committed to teaching, learning, and working collectively to implement coordinated services. North County F5FS is excited to expand its ability to better serve families by bringing a transdisciplinary approach, with PHN partners focused on child and family health needs and FSSs focused on family strengthening and support, nurturing parent-child interactions, early childhood development, and caregiver mental health. We envision that the start up phase of the new transdisciplinary service model will include North County F5FS and our regional PHN partners convening ongoing meetings and developing and piloting policy and protocol to schedule, meet with, and provide services for our families so our joint service provision will be seamless for the family. This will include ensuring that relevant client-level data are shared with PHN and that we conduct pre- and post-visit huddles with our family's assigned PHN staff member and FSS. We plan to initiate standing meetings in which North County F5FS staff and PHN staff come together to have "Meet and Greets" to strengthen our collaboration and to share updates, best practices, case management, partnership quality improvement based on lessons learned, and other relevant issues.

North County F5FS looks forward to continued collaboration with the County and CFWB. The Program Director currently attends ongoing meetings with CFWB. We have been a pilot program for serving FFPSA eligible families through the new CFWB centralized referral system, and through this work have strengthened our CFWB partnership. Our mission is to provide exceptional home visiting services to all eligible families in North Coastal and North Inland San Diego County and we are excited and honored to expand our partnership with CFWB to achieve this goal.

In addition, throughout the years since our inception, North County F5FS has attended the public First 5 Commission of San Diego Meetings. It has been an ongoing opportunity to meet with our network colleagues (agency leadership, program managers/directors, evaluation experts, and others), and to hear updates, evaluation reports, and strategic planning efforts from First 5 San Diego Commission and Board Commissioners. We have provided public comment at the First 5 Commission of San Diego Meetings regarding F5FS data analysis and plans, and brought program families with us who have provided moving testimonial and support about their program experience and resultant life-changing outcomes.

2.2.3. The process upon receipt of referrals from CFWB including the steps from receiving the referral to providing home visiting services.

Upon receiving a North County F5FS referral from CFWB, a Family Support Specialist (FSS), or if the referral is very complex a Supervisor, will immediately reach out to the referred parent, usually same day or next working day, but always within three working days, and seek to talk with the family based on their availability. We will use the preferred method of contacting the family, based on the referral form, and if leaving a message, it will be sensitively and confidentially worded in case others may hear it. The selection of the FSS assigned to reach out to the family is determined by current caseload capacity and any specialized expertise with the referred focus population. The FSS

will further explain the home visiting program and assess if the parent is interested in continuing to move toward enrollment. Through our years of experience, active listening skills, trust-building communication styles, and individualized sensitivity to family situations, we have developed seasoned and piloted talking points that maximize the potential for a family's engagement in the program. If the parent expresses continued interest, the assessment visit will be scheduled to conduct the FROG in person at the family's home, other private area, or virtually.

The FROG assessment is a relational conversation that helps us get to know the family's strengths and needs, starts to establish a partnership, and informs us about how we can best support them. This includes assessment of basic needs, including if food insecurity is an immediate need. Once the FROG assessment has been completed, the FSS will score the FROG and discuss the family with the Supervisor to offer services. Then, the FSS will contact the parent and formally offer services. ALL eligible families will be invited to enroll in North County F5FS. If the parent agrees to services, the FSS will schedule the Intake Enrollment Visit (the first official home visit and entry into the program). If the parent changes their mind about enrolling into the program, or receives pressure from family members or others not to enroll, the FSS will gently offer immediate community resources including food sources as needed. The family will be informed that they are welcome to contact us if they change their mind or would like further information about the program. We also ask if we can follow up with them in a couple of months to see if any questions have come up or if they would like to consider enrollment at that time.

Once a family has agreed to services they will receive a welcome packet and sign required consent forms, (explained and provided in English and/or Spanish and copies left with the family), the FSS will coordinate with their PHN counterpart to conduct the clinical assessment home visit within three days of the initial Intake Enrollment Home Visit, depending upon PHN and family availability. Then coordination of ongoing PHN and FSS services will occur and the family will receive home visits following the HFA model.

As of June 2025, North County F5FS has conducted 896 FROG (or previous HFA versions) assessment visits with 95% (848) of those families *qualifying* for services. Of those 848 families qualifying for services, 95% (804) were formally *offered* services. Of those 804 families offered services, 95% (766) *accepted* to services and of those 766 families 96% (735) officially enrolled in services with an initial Intake Enrollment Home Visit. As of June 2025, **North County F5FS's acceptance rate is 91%**. The acceptance rate is an indication of a program's ability to engage and enroll families and is based on the number of eligible parents offered services and that complete their Intake Enrollment Visit.

2.2.4. Offeror's approach to targeting and providing services to the Focus Population listed in SOW.

North County F5FS program has successfully worked with the proposal's focus populations. For example, of the 741 families that we have served as of June 2025, 87% (641) have been low income, 32% (239) were immigrant and refugee families, 19% (143) were pregnant and parenting teens, and 5% (37) were military families (including active duty, reserve or veteran). [Please note: Totals do not add up to 100% as families may be identified with more than one focus population]. Since Spring 2019, we have been providing home visiting services to CalWORKs recipients and we have served 74 CalWORKs families or 10% of our entire caseload as of June 2025. Additionally, we have served over 15 pregnant and parenting teens in foster care. In addition, we have also served medically complex families, and families that would now be defined as FFPSA-eligible, for example those with open CWS cases, active domestic violence cases at risk for child maltreatment and removal from the home.

We have built an extensive network of North County partners through which we receive referrals. As of June 2025, North County F5FS has received over 1,946 referrals. While not all referrals to our program result in enrollment, this speaks to our presence in the communities we serve. In fact, 22% (420) of referrals have come from our outreach activities (for example: attending physician meetings and direct marketing to offices of OB/GYNs, pediatricians, and primary care providers; attendance at community fairs and public events; tables at prenatal clinics, markets and WIC lobbies; partnerships with high school teen parenting programs and other school and community parent programs and clinics; hospital meetings with social workers and women's health/maternity unit personnel; and in-service program orientations to EQUUS and other agency new and existing staff) or self-referral to our program. The fact that almost a quarter of referrals have come from word of mouth or learning about our program from family, friends, or through outreach speaks to our ability to connect with the focus population and offer services that are targeted to their needs.

North County F5FS has already begun work to prepare for the increased enrollment of some of the focus populations that we will serve through this proposal, including medically complex families and FFPsA families. These populations, along with all of the families we serve, are vulnerable, often facing multiple barriers of trauma, isolation, language, transportation, income, and distrust of social support systems of care. Program management contracted with Kim Flowers, LCSW, in the past fiscal year to provide a multi-session training for staff professional development in serving higher risk families. Topics covered included: 1) Professional Best Practices: Law and Ethics; 2) Boundaries; 3) Confidentiality; 4) Mandated Reporting; 5) Trauma-Informed Care: Crisis Prevention and Intervention; 6) Assessing Risk and De-escalating Crises; 7) Mental Health; 8) Domestic Violence; 9) Substance Use Disorders; and 10) Trauma Stewardship.

North County F5FS FSSs have received extensive trauma-informed care training. We approach all of our clients with a strengths-based focus and the understanding that many of our clients have experienced trauma, which can negatively impact their physical health, mental health, and parenting behaviors. Utilizing trauma-informed care helps FSSs build trusting relationships with families to promote healing and strengthen families. More specifically, our FSSs trauma-informed care works to ensure:

- Safety: we want our families to feel physically and emotionally safe during our home visits. This involves respectful interactions and a non-judgmental environment.
- Trustworthiness and Transparency: we build trust with our families through clear and honest communication about our services and the limits of confidentiality, such as mandated reporting laws. This includes in-depth discussions about the intentions of the screenings we provide (e.g., child development, child social-emotional development, and parental depression).
- Collaboration: we emphasize an equal partnership with the family. Such as working with the family to support them in setting goals and making decisions. This includes active listening where we listen respectfully to the family's story and use open-ended questions.
- Empowerment: we help our families recognize their own strengths and build resilience. This ensures families meaningful choices and a strong voice in their care.
- Stability: we create a predictable environment for our families through consistent routines during our home visits. This can be especially grounding for families who have experienced instability
- Cultural Sensitivity: we offer services that are responsive to a family's cultural and historical background.

- **Social Support Networks:** we work to build or strengthen a family's social support network, such as connecting parents with other program families or other communities that they gravitate to.

The benefits of trauma-informed care are many:

- **Improved Engagement:** a family that has a trusting relationship with their FSS is more likely to be engaged and stay engaged in the program.
- **Improved Child and Family Outcomes:** helps parents build healthy attachments with their children, mitigating the intergenerational effects of trauma, and children from being removed from the home.
- **Reduced Re-traumatization:** by recognizing the signs and symptoms of trauma and creating a safe space, we seek to avoid practices and communication that could trigger a family's past traumatic experiences.

2.2.4.1. How does Offeror ensure the voices of the Focus Population are included in the design and evaluation of services?

Throughout our 12 years of providing HFA home visiting services we have used the eligibility screening and assessment (FROG) process as the beginning step to ensure our focus populations' voices are included in the design of services. This process allows us to learn from clients how they would like us to tailor our services to their strengths and needs, cultural factors that are important to them, and other factors that inform our service provision and quality improvement efforts. What basic needs do they need assistance with today (food, clothing, housing, healthcare, childcare, work opportunities, etc.)? What areas of child development or goal setting are most important to them? What challenges are they finding in their day-to-day parenting experience? What needs do they need met first in order to thrive as a parent? These client insights that are skillfully teased out by our FSSs allow us to enhance and improve program components.

Client feedback is obtained through home visits. FSSs work to empower families and focus on their strengths to build resilience. This ensures families meaningful choices and a strong voice in their care. Client feedback is also heard through our Parent Satisfaction Survey. This survey is administered at least three times during a family's tenure in our program and it is completed by the parent without the FSS present or directly seeing the results. It asks about a family's experiences with their FSS and the services they have received along with opportunities to provide comments. We regularly review and aggregate our Parent Satisfaction Survey results; discussing them quarterly at our Team Meetings to acknowledge and celebrate positive FSS comments, and consider program strengths and enhancements to meet the needs of our clients. Also, as families enroll into the program they are provided leadership contact information and can reach out directly at any time through written or verbal means. The Program Director and/or Supervisor also conduct "quality assurance calls" with families. These calls are an opportunity for leadership to learn about a family's experiences with the program and their FSS; and if there is anything they need or anything we can do to increase a positive and meaningful program experience. Client feedback is also obtained through our family events, such as graduation ceremonies (held about three times per year) and parent group meetings where program staff interact with families and learn more about their experiences with the program. Additional feedback occurs through Supervisor and Program Director shadow home visits in which management will shadow an FSS as a quality assurance measure, providing feedback and an opportunity for discussion with FSSs regarding strengths and areas for support.

One example of how we have tailored services based on clients' needs and feedback includes the development of enhanced infant feeding (breast and formula feeding) support. Clients wanted more support with infant feeding and we responded by providing home visits where our FSS brought with them (with parent permission) one of our Board Certified Lactation Consultants (North County F5FS has two Board Certified Lactation Consultants on staff). We created an internal referral form for the Lactation Consultants to be requested and scheduled to attend the home visit with the FSS. This strategy over the past several years has proven to increase parent satisfaction and efficacy with all aspects of infant feeding, including the integration of cultural integrity for individual family preferences and traditional practices. Clients also were interested in learning more about proper nutrition, such as how to introduce their babies to solid foods, how to make healthier meals for the entire family, and how to access healthy food resources in the community. We responded by providing group educational opportunities for our families. In addition, we heard that many families felt isolated and unable to connect with others to build their support network. This sense of isolation also negatively affects children, in particular their social-emotional development. So FSSs created small parent/child groups (families in their case load who live near each other, and have children of similar age), and they met together with their FSS at different places such as parks or the San Diego Children's Museum in Escondido. Families really enjoyed and benefited from the opportunity to meet each other, for their children to have educational playtime together, and for parents to make new friends.

2.2.4.2. What barriers do pregnant and parenting teens face in accessing health, education, and social services? Describe in detail Offeror's strategies to reduce these barriers.

As of June 2025, 19% (143) of North County F5FS clients have been pregnant and parenting teens. Our youngest client to date was 13.3 years of age (at the time of enrollment). This experience has deepened our knowledge of the many barriers our pregnant and parenting teens face in accessing health, education, and social services.

First, teens are often transitioning from having most decisions made for them to beginning to make their own decisions, for themselves and their child. Quite simply they are learning how to "adult". The transition into adulthood can be very challenging for some of our teen clients. Our FSSs understand this barrier and work hard to establish trust and rapport with the teen. By focusing on the teen's needs first, FSSs optimize teen engagement and interest in our services.

In addition, teens are vulnerable to unsolicited outdated or incorrect advice from their parents, other family members, friends, and social media. FSSs work hard to navigate that tension between recognizing incorrect health, education, and social beliefs that may be coming from a well-meaning person to helping the client determine his or her own beliefs through up-to-date parenting and self-development information. This provides the teen with an opportunity to feel empowered and engaged in their own outcomes and those for their baby.

Teen clients often struggle with self-esteem and basic life skills. For example, our experience has shown that teen clients may need the FSS to model for them how to make a doctor's visit, how to access a community resource, and how to manage their time. Teens often need support in breaking down barriers such as social stigma of being a teen parent, transportation to appointments, how to set and work towards their goals, and managing school, child care, and self care, among other topics. We will often meet with our expectant and parenting teens at their home before school, or at school during lunch or after school, or at parks or other locations near where they live. They often live

in busy households where finding privacy to meet is challenging. As applicable, we also support relationship building between the teen and their family members, and the father of their baby to the degree he is involved and per mom's interest for his engagement. Supporting a teen's healthy communication, conflict resolution, and finding one's voice are important skill sets our program supports to help reduce barriers for successful teen parenting. North County F5FS FSSs are experts at identifying the barriers to navigating health, education, and social services from their clients' perspectives and partnering with clients to find solutions.

2.2.4.3. How do current services address the unique needs of pregnant and parenting youth in foster care, particularly in relation to trauma and instability?

North County F5FS recognizes that pregnant and parenting youth in foster care are most likely to have trauma and instability. FSSs approach this population with trauma-informed services, which is client-centered care that shifts the focus from what they typically hear, "What's wrong with you?" to "What happened to you?" recognizing that trauma, chronic stress, and instability can impact behavior and development. Further, individuals who have experienced trauma are at higher risk for re-traumatization and poor health outcomes. We provide services that minimize the risk of re-traumatizing our families while promoting safety, self-care, access to healthcare and other needed services, and resiliency.

North County F5FS trauma-informed services are built on the belief that early, nurturing parent-child relationships are foundational for a healthy life. The focus is on promoting positive parent-child attachments and empowering families by recognizing their strengths. Our FSSs have received extensive training on how to identify trauma risk, exposure, and symptoms in parents and children. We emphasize culturally sensitive, reliable, family-centered services and support tailored to each family's unique circumstances. North County F5FS believes that wellness is possible for everyone and that our families deserve services that are respectful, safe, and build positive experiences.

For youth in foster care, FSSs approach these young parents and expectant parents through a trauma-informed lens and focus on the benefits of the program for them. We have found that our services for this focus population are most effective when we:

Prioritize their needs and interests first. The focus is on them versus the infant in the beginning as a way to gain rapport, trust, and encourage interest in participating in the program. This tactic includes techniques such as:

- Moving at their pace and meeting them where they are emotionally;
- Asking them what they want to learn about, empowering them to move conversations, activities and learning in areas of interest and need;
- Partnering with them versus "teaching them"; and
- Tailoring our ways of communication to best fit their needs (e.g., what words and technology they prefer).

Stabilize their environment. This approach believes that youth in foster care will be able to devote time and energy to becoming a parent or learning to be a better parent once they have logistical and crisis situations under control or resolved. This tactic includes techniques such as:

- Providing crisis intervention first as needed, along with active listening and support until they are ready to learn skills and knowledge;

- Providing care coordination and case management in order to increase the supports and resources the teens have access to and to increase their trust in systems of care;
- Acknowledging, allowing, and honoring expressions of emotion (sadness, anger, irritability, frustration, short attention span); and
- Leading visits with patience and understanding, and focusing on their experiences;

Tailored approach to services. This approach believes that youth in foster care will be more invested in learning about their baby and themselves when we approach education as a partnership. This tactic includes techniques like:

- Flexibility with scheduling visits;
- Supporting them to develop interest in and learn skills related to time management, which is applicable to every facet of their life and a skill that one has to learn;
- Strength-based focus, acknowledging and building on their strengths;
- Hands on activities;
- Short content when providing education, small “nuggets” of information at a time; and
- Incentives based on their interests and needs.

FSSs prioritize managing/stabilizing crisis situations before they offer education. North County F5FS services bring stability to these families. We provide home visits wherever they are, in the foster home or temporary housing, and if they move to a new location we will follow them. We are flexible with our scheduling; we will meet them before or after school, or early evening hours. The same FSS provides repeatedly supportive, sensitive services to establish a secure and stable relationship with the youth; thereby providing a stable influence in their lives. As youth progress through the program we work further to stabilize their environment. For example, typical issues include more stable housing, childcare so that the youth can attend school or find employment, access to food and clothing, and transportation vouchers as needed to access resources. The more stable the family’s environment, the more they can build positive parent-child attachment and best support the child’s development along with their own development.

Since 2014, North County F5FS has partnered with Casa de Amparo, a Northern San Diego County community-based agency recognized as a leader in treating and preventing child abuse and neglect, including youth in foster care. To engage their teens in our program, we have provided targeted educational outreach activities at Casa de Amparo, including for example, play/reading groups for teens and their infants, meet and greets with expectant parents, parenting classes on positive discipline, and more. In addition, we provide childbirth preparation, parenting and infant care classes, nutrition, and other classes at Casa de Amparo for our enrolled North County F5FS foster care youth, as well as other resident expectant and parenting teens.

2.2.4.4. Describe Offeror’s current methods to prevent intergenerational involvement in the child welfare system.

To prevent intergenerational involvement in the child welfare system, North County F5FS focuses on providing trauma-informed services, which is client-centered care that shifts the focus from asking "What's wrong with you?" to "What happened to you?" by recognizing that trauma can impact behavior and development and individuals who have experienced trauma are at higher risk for re-traumatization and poorer health outcomes.

North County F5FS trauma-informed services are built on the belief that early, nurturing parent-child relationships are foundational. The focus is on promoting positive parent-child attachments and empowering families by recognizing their strengths. Our FSSs have received extensive training on how to identify trauma risk, exposure, and symptoms in parents and children. We emphasize culturally sensitive services and support tailored to each family's unique circumstances. North County F5FS believes that wellness is possible for everyone and that our families deserve services that are respectful, safe, and build positive experiences for the family.

FSSs prioritize managing/stabilizing crisis situations as they begin to weave in parenting education. As low-income families are more at risk of child welfare system involvement, our program ensures that families are accessing all relevant community resources such as affordable housing, employment assistance, food assistance (SNAP, Cal-FRESH), and utility assistance to bolster economic stability. Other key strategies include support and education to understand and manage typical stages of development and child behavior, positive discipline, ensuring access to consistent health care and prenatal care (as applicable), parenting education and skill-building, counseling and mental health care, wellness techniques and self-care, anger management, and increasing family efficacy and resilience. For those clients that are socially isolated, we work to connect them with other clients through parent meeting and support groups that focus on educational topics and/or fun parent-child developmental activities such as art projects. North County F5FS further supports clients with a deep understanding of systemic barriers and biases and our home visiting services are always provided in a culturally sensitive manner with tailored support to meet the unique needs of our diverse families.

2.2.4.5. Describe strategies and procedures to sustainably allocate resources to ensure continuity of care as youth age out of foster care.

Before a client transitions out of foster care, we work with them to reinforce their learning from the program about how to navigate systems, and connect them with community-based resources that will help support their transition. FSSs will work to help families establish stable employment and housing, and educate them on how to look for and access other community resources that they may need. If they are interested in pursuing higher education or getting their GED, the FSS will work with them to achieve this goal. Our program will follow them to their new location, provided it is within North Inland or North Coastal. If the family moves out of our service area, we will work to connect them with another home visiting program or other applicable program(s) and provide a warm hand off where we introduce the client to the new provider. The warm hand off involves collaboration and an active, human connection to facilitate engagement and a successful transition to needed support. It further creates trust and rapport, reduces barriers like stigma and no-shows, and ensures clients feel supported and included in their transition to new services.

For clients that are struggling to establish stable housing or meeting other basic needs, we provide hotel vouchers and procure them for our clients from other community resources that provide hotel vouchers. The program is able to provide other emergency basic needs like diapers, food, and gas cards. Again, we will work with other community resources to provide these and similar items to our transitioning clients. We have strong, long-lasting relationships with community agencies to help with basic needs, such as Gently Hugged to provide clothing, the San Diego chapter of Feeding America and other food banks for food, and community housing systems to help our transitioning families access low-cost housing. We also support our transitioning youth in building and maintaining their peer,

family and other social support systems to help them in accessing resources, maintaining mental health and wellness, and social-emotional growth and development of their children.

2.2.4.6. How do policies ensure that military families, especially those who are pregnant or parenting, have equitable access to services regardless of deployment or relocation?

North County F5FS clients that are deployed or relocated by their command outside of North Inland, North Coastal San Diego County will be supported through this transition. If the family is moving to another location in the United States, we will work to connect them with another HFA home visiting program or other applicable program(s) and provide a warm hand off where we introduce the client to the new provider. The warm hand off involves collaboration and an active, human connection to facilitate engagement and a successful transition to needed support. It further creates trust and rapport, reduces barriers like stigma and no-shows, and ensures clients feel supported and included in their transition to new services. As HIPAA-trained professionals, we work confidentially; respecting the families needs and wishes regarding their chain of command.

FSSs will help our relocating military families with identifying barriers to accessing services and developing strategies to overcome barriers in their new location. We can support the family's relocation through research into other community-based resources that are available in the new location. Typical areas of need may be childcare, employment, and ways to overcome social isolation to name a few.

For our military families in which the spouse/partner is deployed, leaving the other caregiver behind as a "single parent", our FSS will work to ensure that the parent is provided the support and resources they need to maintain their ability to access services. For example, we are flexible with scheduling and we adjust our schedule to the family's availability. We work with the parent to ensure they have a support system at home that they can access. We link them to and provide resources such as transportation vouchers for those who do not have transportation, and we help our families identify, make goals, and work toward, if possible, securing reliable transportation. Finally, we support the emotional aspect of having a spouse/partner deployed. The FSS will support the client in developing positive mental health activities (e.g., exercise, reading, journaling, arts and crafts) that they can employ to better cope with the stress of being a single parent.

North County F5FS is authorized to enter Camp Pendleton military base where many of our military families reside along with a large military community in Fallbrook. In both of these communities we have established partnerships with community based organizations and resources that are experienced in assisting and support military family relocation efforts, from planning to the actual move. We link our program families with these supports to provide assistance throughout their transition.

2.2.4.7. How are programs adapting to the unique cultural and logistical needs of military families?

Military families experience unique cultural and logistical needs. According to the San Diego Military Advisory Council there are over 115,000 active-duty service members and 230,000 veterans in San Diego³. As the homeport for approximately 24% of all Navy vessels and 17% of the Navy's active-duty personnel, San Diego has one of the

³ <https://sdmac.org/military-in-san-diego/> accessed 8/21/2025.

largest naval personnel concentrations in the country. In addition to that, San Diego is home to approximately one-third of the U.S. Marine Corps active-duty force. Finally, Camp Pendleton is a large military base located in North Coastal San Diego County. Military families face distinct issues such as frequent relocations and deployments, strict rules and regulations, strict adherence to a code of conduct, isolation from family members and home communities, low-income and lack of access to resources, and the need for self-reliance and resilience. Research suggests that home visiting services are uniquely positioned to help military families address these challenges by supporting caregivers and young children and connecting them with needed services; however, due to stigma and a lack of accessibility, home visiting services are underutilized by military families even when they are available⁴.

Often, military families must adapt to new communities, schools, and social environments every few years. This constant disruption can hinder career development for spouses and create instability for children. Service members' absences for extended periods, especially during conflict, create significant stress, forcing spouses and children to assume new roles and manage the emotional strain of separation. Military families are subject to a culture with strong rules and regulations, with clear guidelines for behavior and etiquette that can impact personal lives. Families may be isolated from their civilian support networks during moves or deployments, exacerbating feelings of loneliness and reducing access to social support. Confidentiality concerns, combined with fears of being perceived as "weak," often prevent service members and their families from accessing available social services. Service members may also be afraid that engaging with these services will affect their careers, since commanding officers are routinely notified when families access these supports on base. Often, military families turn inwards to their own community of military families finding comfort in the solidarity. In addition, military families are getting younger. Slightly more than half of all active-duty service members are under the age of 25 when they have their first child, with most of these service members at the lowest pay grades. These factors increase the risk of child maltreatment and intimate partner violence.

Just as our FSSs consider the unique culture of any racial or ethnic group we serve, they also consider military culture when working with military families. Engaging military families in home visiting services is a multistep process that begins with learning about military culture and providing culturally competent and trauma-informed services. North County F5FS takes steps to ensure that military families feel safe, understood, respected, and welcomed through:

- Knowledge and respect of military family life;
- Providing trauma-informed services;
- Reassuring families that we do not report to commanding officers their enrollment in the program;
- Supporting the family through a caregiver's deployment;
- Providing connections to community resources to help augment low income level; and
- Providing connections to social support groups to alleviate social isolation.

⁴ <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/edc-engaging-military-families.pdf> accessed 8/21/2025

2.2.4.8. How do language and cultural barriers impact immigrant and refugee families' access to prenatal and parenting support? Describe procedure to alleviate these barriers.

Language and cultural barriers can impact immigrant and refugee families' access to prenatal and parenting support by inhibiting understanding about how to navigate systems, identifying and accessing resources, scheduling appointments, and effective communication with providers, leading to misunderstandings and feelings of isolation and mistrust; all of which can exacerbate or lead to conditions like stress, depression and anxiety. Disparities in cultural norms and beliefs about parenting can further worsen misunderstandings between providers and families; making immigrant and refugee families less likely to seek or benefit from available support. Further, this focus population may also be traumatized, fleeing from a violent home country.

North County F5FS is aware of the challenges that immigrant and refugee families face. As of June 2025, we have served 239 immigrant/refugee families (32% of our caseload). Our Supervisor and all of our FSSs are bilingual (Spanish-speaking), and our FSSs provide services that are responsive to diverse cultural backgrounds. We are sensitive to the feelings of social isolation and vulnerability this population faces. We approach our services with a trauma-informed lens and work to build trust and establish a connection. We honor our families' cultural backgrounds and beliefs while helping them to acculturate to their new community. Typically these families will need extra support in accessing other needed community resources (e.g., mental health, legal assistance, basic needs, housing, food, health care). FSSs thoroughly assess the families' needs and provide tailored, individualized support. All of our forms and handouts and books that we provide to families are in their preferred language. If a family speaks a language that we are not proficient in, we have access to the AT&T On Demand Interpreter service, which offers access to trained interpreters for over 170 languages.

Our FSSs will assist and model making healthcare and other appointments; along with supporting our families to understand the guidance and instructions they may have received from healthcare or other providers. We also support our families to understand the importance and value of navigating systems and receiving prenatal care, well-baby check-ups, immunizations, dental care for themselves and their infants and children, and more. With understanding comes motivation to learn how to navigate and access systems, such as healthcare, school systems, and more.

In addition to language and cultural barriers, FSSs recognize the social isolation that immigrant and refugee families face. We work to connect families with other similar families to create a social support network beyond our program. We are also very cognizant of moving at the pace that families are ready for, often slowly with this focus population, and providing parenting support and education that recognizes and values their cultural beliefs and norms. For example, we know that some families' beliefs include co-sleeping with their child. FSSs will not attempt to change this ideology but instead provide education and guidance on how to do so safely.

2.2.4.9. Describe policies and procedures that are in place to provide culturally sustainable care for pregnant and parenting immigrants and refugees.

North County F5FS emphasizes the development of a partnership with the families we serve. We recognize that our immigrant and refugee clients have diverse family structures and that these families' cultures, values, beliefs, and

parenting practices are important to them and provide a sense of identify and strength. FSSs are trained in cultural sensitivity, which includes asking the family to share about their culture, behaviors, attitudes, and beliefs. By expressing curiosity, and respectfully and actively listening, we open the door to deeper discussions with our families and avoid misunderstandings or assumption-based judgments.

As part of the San Diego HFA Multi-Site System of home visiting providers, we have the following policy in place:

Policy

The San Diego HFA MSS acknowledges that parents are the experts when it comes to their family and children. Incorporating family feedback is a powerful way for sites to understand their strengths and identify areas for improvement. By valuing and prioritizing family voices, sites can provide inclusive and equitable services tailored to honor families' identity, culture and experience. Ultimately, this approach fosters trust and strengthens the relationship between families and staff.

The San Diego HFA MSS recognizes that there are cultural differences, and historical or current events related to diversity, equity, inclusion, and belonging that impact family and staff experiences, interactions and relationships. Sites cultivate open and non-judgmental relationships with the families by focusing on family strengths and priorities and avoiding assumptions. If necessary, staff provide a safe space for repair in relationships when needed.

Procedures

North County F5FS policies and procedures aim to provide culturally sustainable care for pregnant and parenting immigrants and refugees by focusing on improving access to care, ensuring culturally and linguistically appropriate services, and addressing the social factors that affect health. North County F5FS utilizes the following:

- **Spanish-speaking FSSs:** All North County F5FS FSSs are bilingual Spanish-speaking and bicultural Latinas, often sharing the cultural and linguistic backgrounds of the families we serve. This helps bridge communication gaps and provides culturally responsive support. If we enroll a family that speaks a language other than Spanish, we have access to professional interpreter services in 170 languages through the AT&T Interpreter Phone Line. We never use family members or children as interpreters.
- **Trauma-informed care:** North County F5FS recognizes the potential trauma that immigrants and refugees have experienced. Our team responds to this need through trauma-informed care. Trauma-informed care shifts the perspective from “What’s wrong with you?” to “What happened to you?” by actively listening and validating families’ feelings. The principles of our trauma-informed care consist of:
 - Safety: we want our families to feel physically and emotionally safe during our home visits. This involves respectful interactions and a non-judgmental environment.
 - Trustworthiness and Transparency: we build trust with our families through clear and honest communication about our services and the limits of confidentiality, such as mandated reporting laws. This includes in-depth discussions about the intentions of the screenings we provide (e.g., child development, child social-emotional development, and parental depression).
 - Collaboration: we emphasize an equal partnership with the family. Such as working with the family to support them in setting goals and making decisions. This includes active listening where we listen respectfully to the family's story and use open-ended questions.

- Empowerment: we help our families recognize their own strengths and build resilience. This ensures families meaningful choices and a strong voice in their care.
- Stability: we create a predictable environment for our families through consistent routines during our home visits. This can be especially grounding for families who have experienced instability
- Cultural Sensitivity: we offer services that are responsive to a family's cultural and historical background.
- Social Support Networks: we work to build or strengthen a family's social support network, such as connecting parents with other program families or other communities that they gravitate to.
- **Staff training and cultural humility:** Training for North County F5FS is crucial for fostering cultural humility—an awareness of one's own biases and a respectful approach to understanding a family's background. As part of the San Diego HFA MSS we receive ongoing trainings provided by the Countywide Coordinator in cultural sensitivity and DEIB (diversity, equity, inclusion, and belonging). Our team acknowledges our immigrant and refugee families' resilience and resourcefulness and we communicate this respect through our services with them.
- **Continuity of care:** Offering continuity of care through long-term services with the same FSS helps build trust, reduces the need for families to repeat their stories, and provides stability. This allows families the ability to engage in our services in a deeper level.
- **Partnerships with community-based organizations:** North County F5FS assists immigrant and refugee families with integration-related supports and resources and helps them navigate health and social services such as housing assistance, food banks, and legal aid. All of these supports and resources are designed to stabilize the family and integrate them into their new community.

2.2.4.10. Strategies being implemented to reduce financial barriers, promote health equity and ensure ongoing, sustainable support for low-income mothers and families?

As of June 2025, 87% (641) of North County F5FS families are low-income (less than 200% of the federal poverty level). Through this experience, we use multiple strategies to address financial barriers, promote health equity, and ensure sustainable support for our low-income families. We bring our services to the family, alleviating the transportation barrier. At our first contact, and ongoing, we screen families for food insecurity and other basic needs. We link families to essential and accessible resources like food assistance and SNAP, housing assistance and low-income housing, local and affordable childcare, job training programs, and donated and free items such as diapers, car seats, age-appropriate developmental books, and toys. FSSs also help families navigate the complex process of applying for social services, health insurance and Medi-Cal, utility-reduction programs, and other services and benefits.

Our program encourages and supports families towards self-sufficiency. We help families set and achieve personal goals related to education (some clients have enrolled in and graduated from school and certification programs), transportation (some clients have achieved driver's licenses) and employment (some clients have participated in job training and interview assistance, and secured new jobs in fields of interest). Our FSSs help parents create no-cost child development activities to do at home to support a nurturing parent-child attachment and age-appropriate child development. We support the family in learning how to budget and be resourceful with money.

We work to ensure the family has health insurance and is linked to a medical home for ongoing, sustainable health

care with providers who know the family. This reduces the family's reliance on emergency departments for care that is better provided by a medical home. This also increases the likelihood of the child receiving timely immunizations and well-child visits and the parent receiving health care and related parenting education. Thereby ensuring low-income families have equitable access to health care. Our program provides long-term services, up to three years. This allows for a lasting impact that supports families far beyond a one-off service.

2.2.4.11. Offeror's strategies to address the intersection of medical complexity with other challenges, such as substance use or mental health concerns.

North County F5FS integrates care through a collaborative, multidisciplinary approach to address the complex needs of expectant and parenting families with medical complexity and other challenges. Simultaneous treatment, comprehensive care coordination, and a focus on social determinants of health are all critical components for improving health and well-being outcomes.

FSSs will confer with our PHN partners and our Medical Director to ensure that any needed health care or other services are thoroughly reviewed and discussed. Through this collaborative effort a unified message and plan of action is developed; reducing confusion for the family and duplication of effort between us and our PHN partners, and helping to stabilize the family's immediate needs. This strategy also involves including the family in developing their care plan. This approach aligns treatment goals with the client's preferences and personal goals, improving engagement and adherence. We are however, attentive to staying within our role, legal boundaries, and scope of work.

For these families, services may first be as basic as helping the parent to make health care or other relevant appointments. Often a FSS will model this skill set by calling and making the appointment on behalf of the client, with the goal of the client being able to schedule the next appointment with the FSS in attendance, and finally, the client is able to make appointments without assistance. Medically complex families typically need support in understanding medications, following through with provider recommendations, and dealing with emotions. FSSs may need to help the family understand the doctor's recommendations, work with the family to address and find solutions to any barriers, and help with follow up paperwork as they navigate the health care system.

The FSS also works as the family's dedicated care coordinator; helping the family to prioritize and manage referrals and education from both the FSS and PHN (our case review meetings and coordinated transdisciplinary approach will minimize confusion and avoid overwhelming the family), and to navigate the health care system, and any other resources or services the family will be participating in. Through ongoing assessment of the family's needs, the FSS in partnership with the PHN and parent helps identify and find solutions to barriers such as housing or transportation that will prevent access to care.

For families also dealing with mental health conditions there is often a fluctuating severity, requiring a flexible and responsive approach. FSSs help the family to create crisis prevention plans and coordinate with PHNs and other appropriate providers for rapid responses during acute episodes. FSSs focus on building a supportive, non-judgmental relationship with the client.

FSSs also encourage families to participate in program and other support groups that offer a community of individuals with similar experiences. Peer support provides a sense of belonging and helps members develop coping skills and possible support systems to help with childcare during a potential medical crisis.

These strategies are in tandem with the overall approach of establishing rapport and trust with the family, ensuring that needed community resources are made available, that the family has a stable and safe living situation, and that parenting education is provided in a way that honors the unique family needs and builds upon strengths will helping to troubleshoot and weaknesses. FSSs work to ensure that medically complex families are able to or are working towards:

- . Demonstrating responsive, nurturing parenting practices leading to secure child attachment;
- . Engaging with their child in child development activities, providing a stimulating and safe home environment;
- . Accomplishing individual/family goals;
- . Managing stress effectively;
- . Using nurturing and respectful discipline methods; and
- . Developing healthy support systems.

2.2.4.12. In what ways are families with medically complex needs supported to navigate fragmented systems of care sustainably and what measures are in place to ensure equitable access to specialized care and long-term support?

Families with medically complex needs receive extensive support from our FSSs in navigating systems of care and learning how to find resources. The main strategy is to ensure that the family has the skills, experience, and confidence to navigate and secure specialized care. FSSs may begin with showing the client how to call a specialized care office and make an appointment. The next time an appointment is needed, the FSS will be present while the client makes the call; the end goal is that the client feels capable of securing appointments on their own. FSSs are available to help clients fill out medical forms, help translate if the client is mono-lingual Spanish, help a parent list their questions to bring to appointments, and provide transportation resources such as Uber vouchers, gas cards, or bus tokens. The end goal is for families to be self-sufficient enough to access these types of community resources in the future.

Our program also helps families build social support systems with extended family and friends to help sustain the ability to attend specialized care appointments and provide other support such as childcare. We provide printed resource materials that families can reference for future needs. For those families that identify wanting to get a driver's license and a vehicle to be more self-sufficient, FSSs will and have supported clients with those goals. All of these efforts are designed to ensure equitable access to specialized care and long-term support.

2.2.4.13. How does participation in CalWORKs impact pregnant and parenting individuals' access to health and social services?

For our North County F5FS families that are also enrolled in CalWORKS, we understand that having limited financial resources is often a barrier to accessing health and social services. While participation in CalWORKs directly connects pregnant and parenting individuals to health and social services through automatic Medi-Cal (health

insurance) enrollment, targeted cash assistance programs, and direct referrals to supplemental resources, our program recognizes that families frequently need additional support to access these and other resources. We partner with the family to understand their strengths and weaknesses and what resources, skills, and plans of action they will need in order to better their family's health outcomes and well-being.

Through targeted education on prenatal and postnatal care, child developmental screenings, parent depression screenings, safety screenings, parent skills development, and family goal setting (to name a few), we are able to conveniently bring a wealth of resources directly to the family in their home. The inclusion of PHN in the home visits will expand the breadth of services for the family. Low-income families typically have more instability in their lives and their focus is often ensuring that they have their basic needs of housing, utilities, food, childcare, medications, gas money, etc., met first before they focus on nurturing parent-child interactions or providing enriching child development activities. Our FSSs are equipped to mitigate this situation and work with parents to better their living situation and also strengthen their child's development. Families receive help with basic needs such as diapers, children's books and toys, food, and car seats. Families are connected to health care, wellness and mental health services, employment skill development, and educational resources. Our FSSs provide a consistent and beneficial layer of support for our CalWORKs families, gently providing parents with positive parent-child interactions and enriching age-appropriate child development.

Through a strong collaborative partnership with EQUUS (North Region CalWORKs provider), we are able to support our families further by partnering with their CalWORKs case managers to ensure our mutual clients complete necessary paperwork accurately and timely to maintain CW cash aid and employment services support. We maintain a strong connection with EQUUS through frequent in-services for new and existing EQUUS staff, North County F5FS outreach to expectant and parenting families at their office sites (Oceanside and Escondido), and their participating in our North County Home Visiting Collaborative, special holiday/summer events, and more.

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649 W. Mission Rd., Suite 2300
Escondido, CA, 92025

September 16th, 2025

County of San Diego Health and Human Services Agency
Department of Child and Family Well-Being
5560 Overland Avenue, Suite 270
San Diego, California 92123

Dear Review Committee,

On behalf of Equus Workforce Solutions – San Diego CalWORKs Employment Services, I am pleased to provide this letter of reference in strong support of the Palomar Health First 5 First Steps Family Support Program and their application for grant funding.

Our organization delivers employment services across San Diego County under the CalWORKs Employment Services contract, with the purpose of supporting families in achieving economic self-sufficiency through education, employment readiness, and comprehensive case management. We have had the privilege of partnering with the Palomar Health First 5 First Steps Program for more than 9 years, collaborating to strengthen the network of support available to vulnerable, low-income families in our shared community.

Through this partnership, we have seen firsthand the impact of the Palomar Health First Steps program's evidence-based, culturally responsive, family-centered services. Their work aligns seamlessly with our mission by providing critical parenting education, home visiting services, referrals, and comprehensive family support. This coordination has enhanced outcomes for many of the children and families we mutually serve, ensuring that parents are equipped with the knowledge, resources, and confidence to foster healthy development for their children.

The Palomar Health First 5 First Steps Program has consistently demonstrated professionalism, innovation, and dedication to improving family well-being. Their collaboration has been instrumental in expanding the reach and effectiveness of community services, and we consider them a vital and valued partner in our work. We strongly support their continued funding and are confident that their program will remain a cornerstone resource for families in San Diego County.

Sincerely,

DocuSigned by:
A handwritten signature in black ink that reads 'Priscilla Zuniga'.
7DC75ECD65C9440...

Priscilla Zuniga

Regional Director

Equus Workforce Solutions

2.2.4.14. How are feedback and lived experiences from CalWORKs beneficiaries used to improve program sustainability and fairness?

North County F5FS has several activities in place to use feedback and lived experiences from our CalWORKs families to improve program sustainability and fairness. Through our partnership with EQUUS (CalWORKs referral source for North County), we have been invited to bring our interested North County F5FS CalWORKs clients to EQUUS outreach events. These events provide opportunities for our clients to speak to other CalWORKs clients and describe their experiences with North County F5FS and the benefits that the program offers. This tactic has been well received and has led to CalWORKs families enrolling into our program. A number of our CalWORKs clients have also been available at our Summer Family Fun Day and Resource Fair, and other events we have held where EQUUS had a resource table, to specifically speak at the EQUUS table to any interested persons about the home visiting program's benefits.

The Program Director attends EQUUS new employee orientation meetings to share about North County F5FS and how to refer to the program. The Program Director also attends EQUUS team meetings to provide program updates and share client feedback and trends. Our FSSs are adept at asking our CalWORKs clients (and all clients) about their lived experiences with the program and learning about the activities that families enjoy and the ones that may need to be better tailored to their needs. We also receive feedback through our Program Director and/or Supervisor Quality Assurance Calls and Parent Satisfaction Survey, both which are administered multiple times throughout a client's time in the program. Feedback through these efforts are discussed and quality improvement ideas are strategized at internal team meetings, leadership meetings, and strategic planning meetings.

2.2.4.15. How are at-risk families identified and engaged in prevention services equitably?

North County F5FS believes that equitable identification and engagement of at-risk families requires a targeted outreach and engagement strategy. We do not assume that the families who most need our support will know that our services exist. Instead, we are intentional about identifying at risk families and proactively providing them with information about the benefits of our program. We do this through a coordinated, robust network of community-based partners from whom we receive referrals and through targeted outreach at places like WIC, community health centers, prenatal clinics like Neighborhood Healthcare, and birthing hospitals. Our North County Home Visiting Collaborative is a great resource for learning about the at risk families in our community and how to best identify them. In addition, we also conduct periodic visits to North County OB/GYN and Pediatric offices, physician meetings, community clinic front desk receptionists (they often provide flyers and referrals to at-risk patients), social worker meetings at local hospitals, and community outreach events hosted by the Justice System, libraries, military groups, schools, and others. These visits help to ensure that North County F5FS maintains a consistent and visible presence in the community; helping to ensure that we are identifying at risk families.

Engaging at risk families involves building trust. Our FSSs begin building trust by showing the family that we understand they may have unpredictable or inflexible work schedules that make it difficult for them to schedule or keep appointments; unstable living situations, making it difficult to keep in touch; those experiencing domestic violence or substance use, will likely face multiple barriers to consistent engagement and require patience and dedicated support. Successful engagement requires us to understand and meet these specific needs. We are flexible with our scheduling to accommodate unpredictable schedules, we follow a family if they move throughout North

County (and link them to other services and support if they move out of our region), and we are consistently patient and supportive of parents as they work through the program at their own pace and capacity.

In addition, families facing adversity may be hesitant to engage due to prior negative experiences with punitive or stigmatizing parts of publicly-funded services and out of fear or mistrust. Our program overcomes these barriers through, again building trust, and also focusing on family strengths and protective factors. Shifting from identifying risk factors to recognizing a family's strengths and resilience promotes a sense of ownership and buy-in when families feel their positive attributes are being acknowledged. FSSs recognize and support the cultural traditions, practices, and values of families. This helps to build trust and rapport with the family, making them more likely to engage in and stay engaged in program activities.

A common barrier to engagement for at risk families is transportation. Home visiting brings the services directly to the family in a place where they are often the most comfortable, their home. For families that are unhoused or uncomfortable receiving visitors in their home, we can meet them in a safe, private community location or at One Safe Place (local community partner in which we have a dedicated space).

Lastly, providing our services through a trauma-informed lens helps tremendously in engaging families. The trauma-informed lens shifts the perspective of care from “What’s wrong with you?” to “What happened to you?”. Empowering the family voice, and being actively listened to and validated as important, is crucial in securing equitable engagement.

2.2.4.16. What evidence-based, sustainable interventions are provided to prevent child maltreatment and foster care entry?

North County F5FS uses the HFA model, which is a nationally recognized, evidence-based home visiting program developed by Prevent Child Abuse America. HFA research demonstrates positive outcomes and a reduction in child abuse and neglect. In addition to the HFA model we use the following evidence-based, sustainable interventions provided to prevent child maltreatment and foster care entry. All of these activities together create a holistic approach to supporting families, encouraging strengths, reducing risk factors, providing parenting skills and education, promoting parent-child relationship, and teaching about self-care and stress reduction techniques.

- **FROG Scale:** We use the FROG Scale (Family Resilience and Opportunities for Growth) to begin building a relationship with each family while determining the presence of various risk and protective factors related to family health and well-being. In addition to determining eligibility, the FROG allows referred families an opportunity to tell their story. It serves to identify the presence of protective factors and factors that could contribute to increased risk for child maltreatment or other adverse childhood experiences. The FROG is used to inform the development of a service plan, in collaboration with our PHN partners, to support the unique needs of each family.
- **CHEERS:** FSSs use CHEERS (cues, holding, expression, empathy, rhythm/reciprocity, and smiles/joy) to observe and document in each session with the family the quality of interactions between the parent and child. Based on these observations, the FSS will address concerns and promote positive parent-child relationships and interactions. CHEERS is used during both prenatal and postnatal visits. It provides an opportunity to observe, identify and address acute or longer-term, developing changes in parent-child relationships that could slowly or quickly devolve into high risk behaviors for child safety.

- **Baby TALK:** We use Baby TALK (Baby Teaching Activities for Learning and Knowledge) as our primary evidence-based curriculum for promoting nurturing parent-child relationships, healthy child development, preventative health and safety, safer sleep practices, and improving parenting skills. FSSs use this curriculum and supplemental materials with intentionality and a strengths-based approach that builds on parental capacity and in response to parent child interests and observations made by the FSS. At a minimum, at least one of these topics will be discussed monthly for Level 2P through Level 1b families and every other month for Level 2-3 families. Each topic is outlined based on the child's age and area of focus.
- **Mothers and Babies:** Because perinatal depression is a risk for many families, the evidence-based Mothers and Babies (M&B) Course has been adopted as a secondary curriculum. M&B is a nine-session stress management program implemented weekly in sequential order, with each session lasting 20-25 minutes. M&B can support parents in strengthening their protective factors of social-emotional competence, parental resilience, and social supports. Parents may demonstrate concerns in the FROG's social-emotional competence, parental resilience, and social connections domains. M&B can help strengthen these domains because it supports the development of FSS and parent awareness of:
 - The quality of a parent's current social relationships and parental readiness to engage in developing new social relationships, and,
 - The impact of a parent's mood on their thoughts and interactions with their child.
- **Trauma-informed Care:** We approach all of our clients with a strengths-based focus and the understanding that many of our clients have experienced trauma, which can negatively impact their physical health, mental health, and parenting behaviors. Utilizing trauma-informed care helps FSSs build trusting relationships with families to promote healing and strengthen families.
- **PATH Framework:** North County F5FS works to prevent unintended pregnancies through family-centered discussions on reproductive health and intention. PATH is used with all parents, regardless of gender or pregnancy status, to facilitate a discussion on pregnancy attitude, timing, and the importance of pregnancy prevention. Prevention of unintended pregnancies and family planning (based on family culture and preference) is an important factor in helping to mitigate stress and economic factors.
- **Motivational Interviewing (MI):** MI is a collaborative, goal-oriented style of communication with particular attention to the language of change to guide and empower families to make healthy changes based on their own values, priorities and readiness. The spirit and skills of MI are useful in a wide range of conversations, but MI is designed to help people examine their situation and options when they are facing decisions regarding a change. MI ensures these conversations are respectful, compassionate, and supportive instead of directive, which research demonstrates increases behavior change.
- **Developmental Screenings:** These help parents understand about their child's developmental behaviors and appropriate activities to promote the relationship and healthy development. The intent is to change a parent's response from negative (e.g., my child isn't listening) to one of understanding (e.g., my child isn't understanding or is unable to do this behavior). For those children in whom a developmental concern is suspected, we discuss the results with the parent and provide referrals for further developmental assessment/support. We typically refer families to their pediatrician or to First 5 San Diego Healthy Development Services programs in North Inland (Palomar Health) and North Coastal (Rady Children's Hospital), or to the San Diego Regional Center.

- Resources: We connect families with needed community resources to ensure that they have their basic needs met (e.g., housing, food, car seat, etc). When a family is in crisis mode, all of their attention is focused on survival. Families generally can only begin to work on parent-child relationships, child development, and personal well-being goals once their immediate needs are met.

2.2.4.17. Describe Offeror's strategies to coordinate community resources to support FFPSA-eligible families long-term?

Over the last 12 years, North County F5FS has built an extensive collaborative network of community resources and partners in North Coastal and North Inland. This network is designed to support and enhance our home visiting services for families while enrolled and after the family has exited our program. (We have even provided immediate food and other resources for families who were found to be ineligible to enroll; however, needed immediate support, so we linked them to available and immediate resources while we connected them to other programs services that better fit their needs.) One way we coordinate community resources to support FFPSA-eligible families long-term is through our North County Home Visiting Collaborative, established in 2014 and coordinated and facilitated in partnership with North County PHN. These meetings bring together a variety of agencies that provide vital community resources for FFPSA-eligible families. Referral processes and pathways, joint training opportunities, community agency updates, and other relevant issues to ensure services are coordinated and integrated in North Coastal and North Inland are all discussed. Membership includes representatives from the following agencies: PHN, TrueCare (community health center), Volunteers of American Health Start program, Easter Seals, EQUUS, Vista Community Clinic, Regional Center of San Diego, Escondido Union High School District Cal-SAFE program, Palomar Health's Healthy Development Services program (First 5 San Diego funded program), UCSD Outpatient Women's Health, Black Infant Health, Countywide Coordinator, Blue Shield CA Promise Health Insurance, San Diego State University WIC, Leah's Pantry, Foundation for Women Warriors, and more.

We also partner closely with Lifeline Community Services (Lifeline). Lifeline is a community-based organization that serves low-income and underserved populations in San Diego County through programs that focus on positive youth development, child abuse prevention, housing and self-sufficiency, behavioral health, and anti-human trafficking and survivor services. North County F5FS and other community-based agencies attend Lifeline's standing case management meetings. This partnership provides opportunities for our staff to learn about best practices in behavioral health and we cross-collaborate through mutual referral pathways to expand services to our families.

One Safe Place is another network resource. It is a North Inland community-based organization that provides no cost support services under one roof to anyone who has experienced child abuse, sexual assault, domestic violence, hate crime, elder abuse, human trafficking, violent loss, family violence, or other abuse or victimization. North County F5FS and One Safe Place have a MOU in place that provides us with a dedicated office space to provide home visiting services to our clients as needed and to meet with referred potential clients. We refer our clients to One Safe Place for services related to: homelessness, legal/judicial, job support services, and classes/trainings on a variety of relevant topics.

Additional disciplines we collaborate with include Interfaith Community Services, North County community based organization that provides an array of support services for vulnerable populations. Interfaith is an essential partner we refer our unhoused families to help with securing housing and other basic needs.

We will also attend transdisciplinary meetings with the County, CFWB, and the Family Connection Hub to ensure strong and open systems of communication, referral management, and seamless service provision for long term engagement and support of FFPSA families. We look forward to working with these entities along with other regional home visiting providers and as applicable the Countywide Coordinator, to develop policy and protocol for FFPSA families enrolled in our services to support their success both during and after exiting from our program.

All of our network partners meet with our program management regularly to receive program updates, in-services for new and existing staff members, and for referral management and case discussion. By continuing to meet with and visit our community partners we build strong partnerships and gain awareness of any new services or updated referral processes. All of these activities are designed to ensure that FFPSA-eligible families have a current, caring and accessible network of community resources available to address their immediate and long-term needs.

2.2.4.18. Describe Offeror's strategy to work with CFWB to ensure that all families, regardless of background, have equitable access to preventive and supportive services?

North County F5FS is already laying the groundwork with CFWB to ensure that all families, regardless of background, have equitable access to preventive and supportive services. The Program Director is attending planning and multi-disciplinary meetings being held by CFWB. These meetings are focused on relationship building and developing the policies, procedures, and best practices for ensuring that the new CFWB centralized intake system is a seamless and effective referral pathway for home visiting services for the focus populations. CFWB's "No Wrong Door" approach to their centralized intake along with their identification of the appropriate funding/referral source for services means that we will be able to more rapidly offer services to all families referred to North County F5FS.

In addition, North County F5FS has over the years, and particularly in these last few years since the pandemic, been serving a broad population, including the expanded focus populations that this proposal represents: higher risk families, medically complex families, and what we now define as FFPSA families. These populations are especially vulnerable, often facing multiple barriers of trauma, isolation, language, transportation, and distrust of social support systems of care. We have always worked hard to ensure that all families, regardless of background, physical ability, and more, have equitable access to preventive and supportive services. Recently, program leadership has contracted with Kim Flowers, LCSW, a long-term, recognized expert in her field as a mental health clinician who knows well the focus populations that CFWB serves and refers, to provide a multi-session training for staff professional development in serving higher risk families. Topics covered included, for example, updated and new information on: 1) Professional Best Practices: Law and Ethics; 2) Boundaries; 3) Confidentiality; 4) Mandated Reporting; 5) Trauma-Informed Care: Crisis Prevention and Intervention; 6) Assessing Risk and De-escalating Crises; 7) Mental Health; 8) Domestic Violence; 9) Substance Use Disorders; and 10) Trauma Stewardship. The training has a focus on equipping home visitors with practical skills for responding to crisis, serving diverse populations with high need, and providing equitable, preventive and supportive services within our role and scope of work.

To further ensure that our FSSs are prepared to serve all families, regardless of background, they have received extensive trauma-informed care training. We approach all of our clients with a strengths-based focus and the understanding that many of our clients have experienced trauma, which can negatively impact their physical health,

mental health, and parenting behaviors. Utilizing trauma-informed care helps FSSs build trusting relationships with hard-to-reach families to promote healing, reduce child maltreatment, and strengthen families. More specifically, our trauma-informed care works to ensure:

- Safety: we want our families to feel physically and emotionally safe during our home visits. This involves respectful interactions and a non-judgmental environment.
- Trustworthiness and Transparency: we build trust with our families through clear and honest communication about our services and the limits of confidentiality, such as mandated reporting laws. This includes in-depth discussions about the intentions of the screenings we provide (e.g., child development, child social-emotional development, and parental depression).
- Collaboration: we emphasize an equal partnership with the family. Such as working with the family to support them in setting goals and making decisions. This includes active listening where we listen respectfully to the family's story and use open-ended questions.
- Empowerment: we help our families recognize their own strengths and build resilience. This ensures families meaningful choices and a strong voice in their care.
- Stability: we create a predictable environment for our families through consistent routines during our home visits. This can be especially grounding for families who have experienced instability
- Cultural Sensitivity: we offer services that are responsive to a family's cultural and historical background.
- Social Support Networks: we work to build or strengthen a family's social support network, such as connecting parents with other program families or other communities that they gravitate toward.

The benefits of trauma-informed care are many:

- Improved Engagement: a family that has a trusting relationship with their FSSs is more likely to be engaged in the program.
- Improved Child and Family Outcomes: helps parents build healthy attachments with their children, mitigating the intergenerational effects of trauma.
- Reduced Re-traumatization: by recognizing the signs and symptoms of trauma and creating a safe space, we avoid practices that could trigger a family's past traumatic experiences

North County F5FS is a responsive and fluid program. If families that are high risk with active CWS or justice involved would like to access our program, we can serve them at a variety of locations (such as shelters or varied/alternating locations), at flexible times (our team will work early evenings and occasional weekends as needed), through a hybrid model of in-person and/or virtual home visits (if identified for staff or family safety). If a family requires our services be delivered in a language other than English, Spanish, or other Spanish dialects, we can provide services through our AT&T On Demand Interpreter connection.

We meet all families “where they are”, to not only provide education, linkages to resources, and improved child and family development, but also to provide preventative and supportive services within our scope of work that enhance their emotional, psychological, and social well-being. Our data and our many family stories of appreciation showcase extensive and comprehensive positive outcomes for all families. Through time and trust, active listening, and a caring heart, we gently walk with, support, guide and provide resources for our families to move from fear to hope, from hopelessness to empowerment, and from anxious isolation to meaningful and life-changing connection, with self and with their children, family, and community.

2.2.4.19. What mechanisms are in place to monitor and address disparities in outcomes among families served by CFWB?

North County F5FS has mechanisms in place to monitor and address disparities in outcomes among families served by CFWB. We routinely self-assess our program using the HFA Best Practice Standards and their accompanying worksheets. These self-assessments provide valuable opportunities for staff to come together to discuss data trends and ways to improve services for all of our different focus populations.

North County F5FS subcontracts with Susan Hedges Consulting (SCH). SCH has been with the program since 2013 and is our data and evaluation expert. SCH monitors our data and analyzes results throughout the year and at the end of year with an annual outcomes report. These reports provide opportunities for continuous quality improvement. Program management is also equipped to run reports from our database “CMEDS” and uses the results to have in-depth discussions regarding our outcomes.

We also track our service provision geographically; to ensure we are serving all communities in our service area. In particular, we want to reach the pockets of outlying communities where families are isolated by location and those families isolated by choice (even in busy communities). These families who are unable or uninterested in accessing services are often families who most need our services and support. We will continue to employ creative outreach and engagement strategies, finding families where they are, and helping interested families to mitigate barriers to enrollment.

North County F5FS utilizes the Parent Satisfaction Survey to hear directly from clients about their experiences in the program. This 11-item tool asks about different aspects of the program and how well it meets clients’ needs. There are four opportunities at the end of the survey for prompted open-ended comments. Lastly, the Program Director and Supervisor will conduct shadow home visits with the FSSs. This oversight also brings the opportunity to highlight any differences in services/outcomes among our families.

2.2.4.20. How is sustainability built into the programs and services offered to ensure continued support for family well-being?

North County F5FS strongly believes that the foundation of sustainability for continued support for family well-being occurs through family empowerment and self-sufficiency. It is through building a family’s strengths, parenting skills, parent-child interactions, coping skills and resilience, and goal setting, problem solving, and social support network, that a family can achieve continued well-being once they have left our program. FSSs teach clients how to self-reflect, engage in self-care, identify their own and their family’s needs, and to navigate health care and social support systems. We help them identify, plan, and achieve short and long-term goals and break them down into small, measurable steps to effect change. We work with them to build up their knowledge of community resources and how to access those resources. We help them find their voice, and know the value of expressing it on behalf of their children and their family. We work with the family to support their education and/or employment goals, so they can move toward financial stability. We support and educate the parent on how to support their child’s development, so they are able to be their child’s first and best teacher.

When families complete/graduate or exit our program for another reason, we provide printed materials and resources that will help support their continued well-being. For example, resource materials on child development up to age five are provided. This includes age appropriate expectations, strategies to enhance child development as the child transitions towards kindergarten, childcare resources, preschool resources, and other items. We also provide a summary outline and timeline of their achievements in our program, from enrollment through graduation/exit. We are just as proud of our families, as they are of themselves, for their hard work and positive outcomes. From their baby steps to big achievements, our parents have impacted the trajectory of their lives in a positive way; learning skills and knowledge that will support them through their life and hopefully continue with their children.

In order to ensure continued support for family well-being that is beyond teaching parents self-sufficiency, we need to have a comprehensive framework for developing high-quality, sustainable, and adaptive family services. This approach moves beyond simply providing services. North County F5FS is dedicated to empowering families and communities to meet their own evolving needs and build long-term well-being. Key components of this framework include:

Resource Efficiency

Resource efficiency means using resources like funding, staff, resources and supplies, and time in a streamlined, cost-effective way to achieve the best possible outcomes for families.

- **Best practices:** Implementing evidence-based practices that have been shown to work well with similar populations, reducing wasted time and effort on unproven methods.
 - North County F5FS achieves this by being accredited with and using the HFA model, an evidenced-based home visiting program designed to reduce child abuse and neglect and improve parenting skills, child development, parent-child relationships, and more. We use a primary evidence-based curriculum (i.e., Baby Teaching Activities for Learning and Knowledge (Baby TALK) for promoting nurturing parent-child relationships, healthy child development, preventative health and safety, safer sleep practices, and improving parenting skills. FSSs use this curriculum and supplemental materials with intentionality and a strengths-based approach that builds on parental capacity and in response to parent child interests and observations made by the FSS. Each topic is outlined based on the child's age and area of focus. North County F5FS also recognizes the importance of perinatal mental health for all families. Because perinatal depression is a risk for many families, the evidence-based Mothers and Babies Course has been adopted as a secondary curriculum. It is a nine-session stress management program designed to be implemented weekly in sequential order, with each session expected to last 20-25 minutes. It supports parents in strengthening their protective factors of social-emotional competence, parental resilience, and social supports. The Mothers & Babies curriculum has been extremely well received by our families, helping them to identify stress, understand how it affects their health and impacts their parenting, and to find strategies that work in their lives to mitigate and manage stress.
- **System integration:** Eliminating duplicated processes and duplicative effort, and coordinating with other services to provide a seamless, holistic experience for families.
 - System integration is achieved through two activities. North County F5FS is part of the San Diego HFA Multi-Site System, a countywide network of coordinated home visiting providers. The second

is the new Family Connection Hub and CFWB centralized intake process, a community pathway for a variety of support services that will eliminate duplicated processes and strengthen coordination of family services. Families will have an easier experience accessing needed help. Both of these activities help align and focus resources to provide a seamless, holistic experience for families.

- **Leveraging community assets:** Building on the existing strengths and resources within a community, such as local organizations and social networks, to supplement professional services.
 - North County F5FS will employ an expanded PHN partnership to provide a *transdisciplinary model of care* for families. Families will be receiving PHN visits along with North County F5FS services to provide advanced family support and care. We will link all families with a North County PHN within 3 days of enrollment, and hold case review meetings to coordinate home visits, family service plans, and all service provision to prevent duplication of effort; creating a coordinated, enhanced opportunity for families and enhancing positive family outcomes.
 - Multidisciplinary involves experts from different fields working together, but each expert maintains their own disciplinary perspective and boundaries. Multidisciplinary teams have their place and value.
 - Transdisciplinary aims to transcend disciplinary boundaries and integrate knowledge from multiple disciplines addressing complex problems, often applying a holistic approach.

Community Engagement

This involves creating respectful, strengths-based relationships between service providers, families, and community members. This collaboration fosters trust, increases access to resources, streamlines referral pathways, and builds community resilience.

- **Collaborative partnerships:** Working with the County, schools, community leaders, and local organizations to create a comprehensive support network.
 - The North County Home Visiting Collaborative provides a comprehensive support network for families by bringing a myriad of different types of agencies and individuals together to identify goals, align resources, share data and best practices, and establish referral pathways with “No Wrong Door”. This network of front line providers allows organizations to be up to date on agency activities and trending community needs.
 - Palomar Health is a Live Well partner. Palomar Health and North County F5FS attend related County meetings, promote Live Well activities, and work to advance the vision to help all residents be healthy, safe, and thriving. North County F5FS does this through our focus on supporting families to “Build Better Health”, “Live Safely” and “Thrive”.
- **Inclusive decision-making:** Involving families in the planning, delivery, and evaluation of services to ensure they are relevant and culturally responsive to their specific needs.
 - North County F5FS views our families as partners in their well-being journey. We are active listeners; tailoring our services to their needs, interests, and abilities. By involving the family to actively participate in shaping their care plan, we encourage a deeper level of client engagement. These long-term services are provided through a culturally sensitive and trauma-informed lens. This approach stresses the importance of respecting clients’ voices, feedback, and diverse family backgrounds. For our Ten Year Anniversary Celebration, we had numerous families volunteer to attend and share their pre-made video testimonials that we showed at the event, expressing how their voice shaped our program, and how our voice shaped their lives.

- **Tailored communication:** Using multilingual communication and preferred and accessible strategies, such as text messaging, to engage families with diverse needs and backgrounds.
 - North County F5FS has implemented this tactic. For example, we use text messages to connect with our families to confirm home visiting appointments, to follow up on questions they might have, or as a simple check in to see how they are doing. We use virtual home visiting (phone or computer) to engage families who feel more comfortable with this method. Our FSSs are bilingual Spanish speakers, which represents the language of the majority of the communities we serve. For those families that require interpretation help, we have access to the AT&T Interpretative Services that our FSSs can use to communicate with families in 170 languages.

Capacity Building

Capacity building is the process of equipping individuals, families, and organizations with the knowledge, skills, confidence, and infrastructure to achieve their goals.

- **For families:** Empowering parents with new skills and knowledge to enhance their confidence in providing learning and developmental opportunities for their children.
 - North County F5FS partners with the parent to provide targeted and tailored parenting education along with play-based developmental screenings to ensure optimal child development. We use Baby TALK; an evidence-based parenting and child development curriculum organized by child age that provides education on a wide range of topics. We use the Ages and Stages (ASQ and ASQ-Social Emotional), evidence based developmental screening tools to provide ongoing, biannual play-based developmental screenings that assess a child's skills, abilities and development and use the findings to provide education and no-cost activities that parents can do on their own with their children to strengthen age-based skills in all developmental domains. Reinforcing the ideology that the parent is the child's first and best teacher. As appropriate, based on the screening results, we might also support increased, focused service provision for our families by connecting them to another First 5 San Diego initiative, Healthy Development Services (HDS). HDS will provide their child with developmental, speech and language, and/or other treatment services as needed. This will build the child's capacity for age-appropriate growth and development.
- **For staff and professionals:** Providing training and ongoing supervision to ensure staff is equipped with the skills needed to effectively engage with families, especially regarding trauma-informed practices.
 - North County F5FS adheres to strict and rigorous training required by HFA and Palomar Health. Our staff is fully trained in trauma-informed care, cultural sensitivity, parenting support, parenting skills, parent child interaction development, goal planning and achievement, child health, safety and development, and social support, and more. FSSs receive ongoing, committed reflective supervision to ensure they are supported and their caseload is monitored.
- **For organizations:** Implementing effective organizational structures and collaborative networks to improve service delivery.
 - North County F5FS as part of the San Diego HFA Multi-Site System is already established in a collaborative network of long-term partners and providers, all working together to strengthen internal and community-based resources for continued family well-being. In addition, as part of Palomar Health, we are aligned closely with Healthy Development Services (HDS) another First 5 San Diego funded program that provides developmental, speech and language, and behavioral health screenings, assessments, and services for families with children 0-5. Palomar Health's HDS

program is specific to North Inland and we cross-collaborate with the program through referrals, resource alignment, and sharing of best practices. Lastly, our North Inland Home Visiting Collaborative has brought together a wealth of agencies to strengthen resources for families with young children.

Continuous Evaluation

Continuous evaluation involves ongoing monitoring and assessment to ensure services are effective and responsive to family needs.

- **Data-driven improvement:** Using data from regular assessments, progress reports, and feedback from families to objectively measure program outcomes and identify areas for improvement.
 - North County F5FS has a robust cadre of assessments, implemented on a prescribed timeframe for each family, that regularly provide feedback on families' progress and on child development. We assess parent-child interaction through the CHEERS Check-In; parental depression through the PHQ-9; developmental and social-emotional developmental through the ASQ3 and ASQ-SE2; parenting resources/self-sufficiency through the HFPI; and parenting knowledge and confidence through the UISPP.
- **Feedback loops:** Establishing channels for families and community members to provide continuous feedback, helping programs adapt and meet changing needs.
 - North County F5FS does this through ongoing Parent Satisfaction Surveys that asks parents about their experiences with the program and their FSS, through leadership interactions with families at FSS home visit shadows and through quality assurance calls to families, at special family events such as our annual holiday event, and at parenting classes and activities such as our family graduation. Our North County Home Visiting Collaborative is also a venue for feedback from the community. We hear from other agencies about their and clients' experiences with our program along with emerging or other needs that families in our communities are experiencing.
- **Systemic reviews:** Conducting periodic, comprehensive reviews of the entire service system, to hold agencies accountable for outcomes.
 - North County F5FS as part of the San Diego HFA Multi-Site System is held accountable to HFA standards through its Best Practice Standards of service delivery and the Multi-Site's Policy and Procedure Manual. As an accredited HFA multi-site system, we go through ongoing, rigorous self-assessment and HFA-assessment of our services. We conduct numerous, standardized self-assessments that review all aspects of our service delivery. From ensuring we are reaching our focus populations, ensuring staff is fully trained with a balanced case load, to ensuring we are administering all required screenings and assessments; we are continually conducting quality improvement efforts. In addition, as a funded First 5 of San Diego program, we also receive comprehensive annual monitoring site visits/reviews from our funder as well as from the Countywide Coordinator. We are reviewed to ensure we are meeting our contracted number of families served, that we are in compliance with all County of San Diego (and Palomar Health) regulations, and that we are actively participating in First 5 of San Diego evaluation activities.

Through the above efforts, North County F5FS has built a collaborative system in North County and is a recognized leader and participant in countywide systems of services that are designed to ensure the ongoing availability, effectiveness, and adaptability of services capable of meeting evolving family needs and contributing to long-term positive family and systems outcomes. We look forward to many more years of serving our community.

2.2.5. Plan to conduct monthly Safety Monitoring with the family and risk assessments following HFA risk protocol.

North County F5FS safety monitoring begins with the in-person FROG Scale (assessment), for all families. As the client is entering services we gather extensive information about the family's strengths and challenges; identifying areas for support to prevent child maltreatment and reduce the number of children entering foster care. The FROG Scale also helps inform the Family Service Plan with the family, outlining activities to build protective factors and assess and address risks.

Every time an FSS enters a client's home, they are safety monitoring. Staff have been trained to notice risk factors like frayed electrical cords, unsecured window blind cords, furniture with sharp edges or that should be secured to the wall, medicine or other harmful substances left out where children can reach, and more. As the child develops into new phases, such as walking, we plan with the family about what safety hazards to be aware of and how to safety proof (e.g., gates for stairs, safety locks on cabinets, covers for stove burners, plugs for wall sockets). We provide no cost stove covers for burners and latches to secure cabinet knobs. FSSs also provide education and plans for disaster planning with the family, and provide emergency service phone numbers and what to pack if they have to evacuate. Choking hazards, fire hazards, burn incidents, unintended toxic ingestions, and other topics are discussed. Families receive information on personal safety in the community, how to be aware of their surroundings, and not leaving their child unattended in the car. We make sure every family has access to a free car seat and car seat safety classes. We show them how to properly install car seats and provide community resources to check car seat installation and related safety practices, including if they have a used car seat if it is still safe to use, when and how to use "head bumpers" in car seats, and where the seat belt should cross the child for maximum effectiveness. Families are also counseled on when and how to use sunscreen on babies and children, and sun visors on side windows in cars.

The newly added PHN component will bring a nursing perspective to the monthly safety monitoring. PHN visits will help identify and respond to red flags, support resource referrals for additional service provision as needed, and partner with the FSS to develop and document a plan to address safety concerns. Transdisciplinary meetings and case review discussions will support development of needed policy and procedures for ongoing risk assessment and follow up to support family engagement in the resolution of the safety concern.

Lastly, all North County F5FS staff members are mandated reporters. As such, we are required to report any "reasonable suspicion" of child abuse or neglect, including physical injury, sexual abuse, neglect (failure to provide food, clothing, shelter, medical care, or supervision), and mental or emotional endangerment. Reports are made to law enforcement or child protective services within 36 hours and require specific information about the victim, parents, and the suspected abuse, even though no actual proof is needed to make a report. North County F5FS has a policy and procedures in place regarding suspected abuse. Staff are required to immediately notify the Program

Director and Supervisor and training has been provided to staff on how to make the report and the next steps after a report is filed.

2.2.6. Offeror's approach to coordinate with the Family Connection Hub program to ensure a whole family approach and avoid duplication of services.

North County F5FS understands that the Family Connection Hub operates as San Diego's community pathway to provide an array of local and evidence-based practices for families in need. Families that are determined to be FFPSA eligible will be provided case management (for up to a year), and referrals to resources, along with referring those interested in home visiting to the appropriate provider. The Family Connection Hub is responsible for ensuring a prevention-focused infrastructure to keep children safely at home and using service navigation to support upstream efforts with families. The Family Connection Hub will work with San Diego County families to determine their needs and find the best referral sources for them. North County F5FS will work with the Family Connection Hub to establish and strengthen referral systems, coordinate service provision without duplication of effort, and to support families to have a seamless and meaningful experience with both providers.

Based on the development of policy and procedure at the start of the program, if North County F5FS receives a referral from a source other than the Family Connection Hub or CFWB, we will connect with the Family Connection Hub to: 1) ensure that the family is not already receiving services through them, 2) see if the family is FFPSA eligible, and 3) see if family members may qualify for any of the services that they manage. If the referred family is FFPSA eligible, we will work with the Family Connection Hub to coordinate our services and we will contact the family to begin work to assess their eligibility for our services using the FROG Scale assessment. All families that are eligible for our program will be offered our services. We anticipate and look forward to multi-disciplinary team planning and implementation meetings with the Family Connection Hub, CFWB and PHN to develop policies and procedures to best coordinate services for the whole family. We will also work with the Family Connection Hub in monitoring trends, strengthening referral pathways, coordinating services without duplication of effort, and addressing barriers to engagement.

2.2.7. Describe Offeror's plan to maintain HFA accreditation and meet the training and certification requirements as stated in SOW Section 7.1.4.

North County F5FS will continue to ensure FSSs, Supervisor(s), and the Program Director receive training specific to their role per HFA Best Practice Standards and as directed by the Countywide Coordinator. Trainings include but are not limited to: Identifying at-risk families, Completing a standardized risk assessment (FROG), Offering services and making referrals, Promoting the use of preventive health care, Securing medical homes, Emphasizing the importance of immunizations, Utilizing creative outreach efforts, Establishing and maintaining trust with families, Building upon family strengths, Developing an individual family support plan, Observing and supporting positive parent-child interactions, and Determining the safety of the home, and Managing crisis situations. The Countywide Coordinator provides on-going trainings required for new staff and annual required trainings for existing staff. North County F5FS is up to date and in compliance with all trainings for all staff members. We track and document each staff member's training status via the San Diego HFA Multi-Site System Training Tracker.

To maintain HFA accreditation, North County F5FS will continue strict adherence to all of the HFA Best Practice Standards 1-12 (as noted earlier in this proposal). We are currently in the re-accreditation process now, writing our North Region “Self-Study”, reviewing our policies and procedures and analyzing all aspects of our program implementation reflecting Best Practice Standards and demonstrating fidelity to the model. We are expecting to submit our self-study to AAP-CA3 in January 2026, after which HFA will plan their site visits to our San Diego County Multi-Site Network. We hope to complete the process in Spring 2026, achieving re-accreditation for the next five years. In partnership with AAP-CA3, and the other lead agencies, North County F5FS is committed to continued data collection (process and outcomes data), data analysis and evaluation, ongoing quality assurance and continuous program improvement, based on HFA and County requirements to acknowledge the strengths and meet the needs of our North Coastal and North Inland children and families, using the evidence-based, proven effective, HFA model.

2.2.8. Offeror’s approach to complete the required data collection and reporting documents listed in SOW Section 8.

North County F5FS firmly believes in accurate and timely data collection and using our data to evaluate our services. We understand the importance of utilizing data to ensure our program is providing the best quality service possible. North County F5FS subcontracts with Susan Hedges Consulting (SCH), an evaluation specialists, to 1) oversee data quality; 2) produce the Monthly Progress Report for CalWORKs clients in our program; 3) produce an annual outcomes report to support continued quality improvement efforts; 4) liaison with the Countywide Coordinator to ensure our program is supporting HFA Best Practice Standards; and 5) track new client enrollment on a monthly basis. SCH has been the evaluator for the program since the program’s inception in 2013 and is intimately knowledgeable about the data being collected and the data repository (CMEDS) into which FSSs enter client level data.

FSSs are responsible for entering their service and assessment data within five days of data collection. Program management routinely monitors staff data collection through reports and chart reviews. Each new North County F5FS staff member receives extensive training from the Countywide Coordinator, SCH, and program management on appropriate data collection and data entry policies and procedures.

Regarding the specific required data collection and reporting documents listed in SOW Section 8, North County F5FS will:

- 8.1. Both SCH and program management currently and will continue to participate in working with the Countywide Coordinator to ensure timely data entry within 10 business days and quality assurance efforts to assess HFA data benchmarks in accordance with the annual Data Quality Assurance and Reporting requirements as guided by the Countywide Coordinator.
- 8.2. Both SCH and program management currently and will continue to participate on a monthly basis, in reporting number of children served, families served, and narratives related to the following: executive summary, program accomplishments, difficulties and barriers encountered, and client success stories for evaluation and reporting of activities.
- 8.3. Program management will document the federal and state data elements required for FFPSA as outlined in Welfare and Institutions Code 16587 (4)(A)(B)(C)(D) and future ACLs from CDSS. State and federal requirements for documenting these elements in Family Well Being Plans are pending and will be

provided in Fall 2026. Additional child-specific data reporting requirements for FFPSA will be provided by the County prior to October 2026.

- 8.4. FSSs will conduct the documentation for claiming of service delivery to FFPSA eligible families receiving services in CARES (statewide child welfare database – California Automated Response and Engagement System). CARES statewide implementation is expected in October 2026.
 - 8.4.1. Program management and FSSs will participate in the training from CFWB and CDSS to ensure documentation is completed in CARES.
 - 8.4.2. Program management will identify and provide policies and procedures to ensure accurate documentation occurs, and maintain an updated list of CARES system users, within 10 business days, following the end of the calendar month to COR.
 - 8.4.3. Program management will notify COR within two business if any of the following occur with an FFPSA eligible family: 1) a new change in the family composition within the household (ex: child removed from home), or 2) upon completion of North County F5FS services.
- 8.5. Both SHC and program management currently and will continue to participate in submitting CalWORKs Monthly Progress Reports and Home Visiting Logs to HHSA Self-Sufficiency via the COR.
- 8.6. FSSs will provide required client-level data to PHN staff to support the shared service delivery model and case coordination. Specific data sharing will be determined as agreed upon and documented in a separate MOU between the Medical Care Services/Public Health Department and North County F5FS.
- 8.7. Program management, FSS, and SCH currently and will continue to utilize multi-factor authentication (MFA) to provide an additional layer of security for the County's data system.

2.3. Provide an implementation plan with start dates and completion dates for all actions leading up to a fully functioning program. The chart should show actions required, strategies employed, responsibilities (persons, organizations, agencies), dependencies, (actions which must be completed before subsequent actions must be initiated or completed), and milestones (significant actions and dates in the implementation). Describe how quickly program will start up and begin providing services.

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
Negotiate contract with the County	Prior to January 1, 2026	Agency Representative, County	Contract for 2026 with four (4) Option Years
Celebrate the opportunity to continue to implement the critically needed Family Home Visiting Support Services for families in North County.	At notification of grant award and successful contract negotiations. January 2026	All Staff, Subcontractors, Executive Leadership, Board of Directors	Program Team ready to implement services.
Secure fully executed contracts with subcontractors: Dr. Byron Chow, Medical Director; Susan Hedges Consulting, Evaluation, and Kim Flowers Reflective Supervision	By February 1, 2026 (effective January 1, 2026)	Program Director, Palomar Health Legal Department	Executed subcontracts

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
HFA-Specific and Service Delivery Activities			
<i>Dependencies: Program start and ongoing HFA-specific service delivery depends on a fully executed County contract and availability of AAP-CA3 resources and collaboration with regional lead agencies, in addition to the continued commitment, hard work, teamwork and professional development of our strong regional team.</i>			
Continue to work on Healthy Families America Multi-Site Re-Accreditation Process with AAP-CA3 and other Regional Leads.	-Initial draft of Comprehensive Self-Study due to AAP-CA3. 11/1/25 -Final Comprehensive Site Self-Study due to AAP-CA3. 1/26/26 -Notification by HFA/AAP of the 3 sites selected for site visits. Early February 2026 -HFA Site Visits: Self-Study, case files and documentation review, and Staff/Family/ Board Member Interviews - Site One: 4/13 - 4/15/26 - Site Two: 4/20 - 4/23/26 - Site Three: 5/4 - 5/6/26 -Site Visit Reports and any requested Follow Up to HFA, AAP-CA3 -HFA Confirmation of Accreditation -Celebration of Multi-Site HFA Re-Accreditation June-July 2026 -Complete and submit annual HFA affiliation fee and related documentation (HFAST database).	Program Director, Supervisor	Accreditation self-study, worksheets, and site visit preparation and implementation (as applicable) completed
Delivery of home visiting services utilizing evidence-based practice and experienced, trained culturally sensitive, trauma-informed home visitors in co-partnership with San Diego County Public Health Nurses, and with CFWB/Social Workers,	January 2026 & ongoing. Transdisciplinary and multidisciplinary team approach to the delivery of contracted Scope of Work services to maximize outcomes for children and families.	Program Director, Supervisor, Family Support Specialists in partnership with Multi-Disciplinary Team including co-partnering PHNs, and the	Families are receiving supportive home visiting services, data collection and analysis shows positive family outcomes.

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
Family Connection Hub (FCH)/Care Navigators, in collaboration with Countywide Coordinator AAP-CA3, and others. Includes use of all evidence-based models: HFA, and Baby TALK and Mothers & Babies curriculums, as well as Connected Parents Connected Kids (CPCK) and Facilitating Attuned Interactions (FAN). Our team is trained and experienced with all model implementation. This includes completion of assessments (e.g., FROG, PHQ-9, ASQ, CCI, etc.) and activities (e.g., safety monitoring, developmental activities, Family Service Plans, Family Goal Plans, etc.) in accordance with timelines set forth by HFA and AAP-CA3.		County/CFWB/ Social Workers, FCH Care Navigators, AAP-CA3, Palomar Health Executive Leadership, and others	
Connect families to critical support services, including for example: primary and specialty healthcare, substance abuse treatment centers, smoking cessation and reduction programs, domestic violence shelters, anger management programs and mental health services, as appropriate while they are receiving Home Visiting services.	January 1, 2026 and ongoing	Program Director, Family Support Specialists, and PHN partners, and other Multi-Disciplinary Team Members and Community Partners	Families are appropriately referred to, and supported to encourage participation in needed support services and programs. Documentation is included regarding referrals and engagement, as applicable, for example on Family Home Visitor Records, Goal Plans and other forms and data collection system.
Provide Family Support Specialists with ongoing supervision, case review and Reflective Practice as required by HFA Best Practice Standards (maintaining fidelity to the model).	January 1, 2026 and ongoing	Program Director, Supervisor, Subcontractor	All staff are supported in effective, successful program implementation to enhance program service delivery and maximize positive outcomes for children

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
			and families.
Conduct weekly, monthly and ad hoc Staff Meetings, Family Support Specialist meetings, Director/Supervisor meetings, and more.	January 1, 2026 and ongoing	Program Director, Supervisor, Family Support Specialists	Comprehensive, productive, safe and innovative discussions are occurring for effective Program implementation, policy development, data analysis, and continuous quality improvement.
Implement Continuous Quality Improvement (CQI) efforts to gain a deeper understanding of family lived experience in the program, to inform quality improvement efforts, policy development, systems coordination between Family Support Specialists and PHNs, and more. Efforts include: -Shadow Family Support Specialists and PHNs on home visits -Quality calls to families -Implement the <i>Parent Satisfaction Survey for Families</i> (survey administered to all program clients at various established time points during program enrollment) -Director shadow supervisor facilitating reflective supervision -Meetings	Daily, quarterly, annually, and as needed	Program Director, Supervisor, Executive Leadership	Shadows, quality calls and Parent Satisfaction Surveys are implemented, and results are reviewed. Continuous quality improvements are discussed and implemented as applicable and documented in HFA Quality Improvement Plan and Equity Plans.
Celebrate program, team, and family accomplishments, successes and milestone achievements to include program graduations, acknowledge partners and collaborations, and share program, team and family outcomes with key stakeholders.	Ongoing throughout the year	Program Director, Supervisor, Family Supports Specialists, Subcontractors, PHNs, County/CFWB, FCH, Executive Leadership, Advisory Board and Community Partner	Families are acknowledged for their engagement in the program, working toward and reaching their goals, and their overall family and child achievements and outcomes. Multi-disciplinary Team members are recognized for their collaboration,

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
			dedication to and engagement in the program, and hard work with families every day. Community partners are acknowledged for their collaboration, commitment to children and families, and dedication to the mutual work of the partnership. Key outcomes are shared with key stakeholders.
Coordinate and implement Parent Engagement Activities, such as Parent Support Groups (e.g., Breastfeeding Support Groups, Wellness Groups), Classes and Workshops (e.g., Infant Massage, Childbirth Preparation, Positive Discipline, Nutrition, and Safety Classes), Special Events (e.g., Graduations, Resource Fairs, Rummage Events, Food Distributions, Summer Events, Holiday Events, Play Groups)	January 1, 2026 and ongoing throughout the year	Program Director, Supervisor, Family Support Specialists, and community partners as applicable	Activities identified and planned; Meeting sites confirmed, agendas and guest speakers confirmed as applicable; handouts, refreshments, and incentives planned and acquired, parent evaluation forms developed, implemented and analyzed. Parent Activities implemented, data documented and analyzed.
Cross-Agency Collaboration, Planning, and Policy Development			
<i>Dependencies: Program start depends on a fully executed County contract; Cross-agency startup, especially co-partnership with PHNs, and CFWB centralized referral system depend on ongoing meetings and relationship building that drive strong, collaborative and effective policy and procedure development, implementation, and updates.</i>			
Convene cross agency (e.g., F5FS, PHN, County/CFWB, FCH, AAP-CA3) meetings to develop systems, policy, and procedures (e.g., scheduling, data sharing). Meetings also include case review, enhancing referral pathways, and other implementation protocol.	January 2026 and ongoing. Monthly, quarterly, and ad hoc	Program Director, Supervisor, PHNs, County/CFWB, FCH, AAP-CA3	Meeting agendas, minutes.

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
Develop, review and update policies and procedures: • CFWB centralized intake • Collaboration with Family Connection Hub / FFPSA populations • Collaboration with PHNs • New reporting requirements and frequency	February 1, 2026 and ongoing	Program Director, Supervisor, AAP-CA3, PHNs, County/CFWB	Updated policies and procedures are disseminated and implemented.
Collaborate with County/CFWB, FCH, and others to identify and develop specific trainings for working with FFPSA families, use of County/CARES database when available, and agreed upon policies for collaboration.	January 1, 2026 and ongoing	Program Director, Supervisor, Family Support Specialists, County/CFWB, FCH, AAP-CA3	Trainings developed and implemented, sign-in sheets.
Collaborate with PHNs to identify and develop meetings, in-services and trainings for working with medically complex families and agreed upon policies for collaboration.	January 1, 2026 and ongoing	Program Director, Supervisor, Family Support Specialist, County/CFWB, PHNs	Trainings developed and implemented, sign-in sheets
Continue required annual trainings and identify new trainings for staff	January 1, 2026 and ongoing	Program Director, Supervisor, Family Support Specialists, AAP-CA3 Subcontractors	All staff trained, training trackers current and up-to-date
Collaborate with AAP-CA3 and Multi-Site Network to convene San Diego County Family Home Visiting Support Services (FHVSS) Advisory Board meetings to ensure continuity of care and service delivery across San Diego County.	March 2026 and ongoing	Program Director, AAP-CA3, Multi-Site Countywide FHVSS Network	Meeting agendas and minutes reflecting frequency and content requirements based on HFA Best Practices Standards.

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
Referral Pathways and Outreach Activities			
<i>Dependencies: Program start depends on a fully executed County contract; Cross-agency collaboration, planning and policy development for effective implementation of the CFWB Centralized Intake (of referrals); Outreach activities depend on availability of community events/activities/meetings and access to outreach locations, e.g., clinic lobbies, agency team meetings for new and existing staff, and more.</i>			
Update staff on referral pathways, including: Incoming referrals (from CFWB Centralized Intake, First 5 Warmline, Family Connection Hub, Community Partners, program outreach, and more). Community referrals for families (e.g., staff in-services at Team Meetings from partner agencies on local resources, updates from other First 5 Initiatives such as Oral Health and more, continue sharing referral resources amongst team members and between regions.	January 1, 2026 and ongoing	Program Director, Supervisor, Family Support Specialists, AAP-CA3, County PHNs.	Accurate documentation of referral logs in client charts and CMEDS. Meeting minutes.
Conduct outreach at and in-services for North Inland and North Coastal agencies (e.g., CalWORKs EQUUS, birth hospitals, WIC sites, community clinics, Palomar Health HDS, school districts, Black Infant Health, Lifeline, North County Community Leadership Team, The San Diego Workforce Partnership, and many other partners and agencies) to discuss, for example: program services and enrollment, referral pathways and processes, and to intake new program participants.	February 1, 2026 and ongoing	Program Director, Supervisor, Family Support Specialists	Effective referrals and cross communication between and amongst agencies. Branding of program in the community.

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
Administrative and Data Activities			
<i>Dependencies: Access to required systems, such as CARES; Evaluation and data meetings and data-related policy development from AAP-CA3 and CFWB, Update from HFA on new and enhanced administrative and data requirements.</i>			
Collaborate with AAP-CA3 and County/CFWB to update home visiting forms.	January 1, 2026 and ongoing	Program Director, Supervisor, AAP-CA3, County/CFWB, Subcontractor	Updated/revised and new forms are implemented.
Conduct group and 1:1 data collection, data entry, and evaluation trainings and updates for all program staff, in particular as related to the new CARES database for FFPSA families.	January 1, 2026 and ongoing, and when CARES database is available.	Program Director, Supervisor, Subcontractor	All staff are able to enter data effectively and efficiently, including new data sets and in new data systems (e.g., CARES) as required by the County/CFWB, AAP-CA3, and HFA
Comprehensive data collection and ongoing analysis of data into the specifically developed, home visiting services CMEDS database, and additional database(s) as required by the County, i.e., CARES database. FFPSA Time Study activities to standardize implementation as required by the County.	January 1, 2026 and ongoing	Program Director, Supervisor, Family Support Specialists Subcontractor	Data is entered accurately and in database systems and in electronic case files as applicable. Meetings occur to address policy and procedure related to FFPSA Time Studies, implemented based on established County timeframes, i.e., 2 weeks/quarter.
Purchase office supplies, assessment materials, educational materials, emergency needs, and incentives.	February 2026 and ongoing	Program Director, Supervisor	Home visitors have what they need for provision of home visiting services. Families receive support for basic needs, age-appropriate child development, and are incentivized to increase program participation.

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
Subcontractor Collaboration and Monitoring			
<i>Dependencies: Fully executed County contract, and executed contract with subcontractor (with same and added content as County contract); Scheduling of scope of work activities and oversight.</i>			
Conduct monthly and ad hoc subcontractor meetings, including reviewing invoices and performance.	January 1, 2026 and monthly	Program Director, Subcontractors	All invoices submitted accurately and timely per subcontractor, and performance standards met based on subcontractor agreements.
Scheduled and ad hoc meetings and trainings with subcontractors.	February 2026 and ongoing	Program Director, Supervisor, Family Support Specialists	Regular, ongoing and ad hoc meetings occur.
Conduct monitoring visits with subcontractors.	Ongoing throughout the year.	Program Director, Subcontractors	Ongoing monitoring and evaluation implemented with subcontractors as needed and annually
Financial and Programmatic Reporting Activities			
<i>Dependencies: Fully executed contract, monthly invoicing and ongoing fiscal accountability and monitoring; HFA-specific and service delivery and ongoing programmatic quality assurance and monitoring.</i>			
Daily, monthly, quarterly and annual reviews of expenditures and invoices for accuracy, responsible use of resources, and contract compliance.	January 2026 and ongoing	Program Director, Finance Dept, Executive Leadership	Comprehensive, accurate, and accountable accounting and invoicing based on contract requirements.
Develop and submit timely, accurate and complete monthly invoices to the County.	February 1, 2026 and monthly	Finance Dept, Program Director,	All invoices submitted accurately, timely, and based on contract requirements, and reflecting efficient, effective and accountable stewardship of grant funds to maximize outcomes for children and families.
Submit monthly reports, as well as quarterly and annual reports as requested/required by the County and key stakeholders.	February 1, 2026 and ongoing	Program Director, Supervisor, Subcontractor, Leadership	Data is analyzed and timely, comprehensive reports are developed including qualitative and

Key Milestone/Activity	Timeframe/Target Date	Responsible Party	Verification that Milestone/Activity was Achieved
			quantitative data as required and requested. Reports and data worksheets (aggregated data and data-analysis) are submitted to the County and other key stakeholders, i.e., Program Advisory Board and Agency Board Members.
Respond in a timely manner to requests for contractual, programmatic, and fiscal site reviews requested by AAP-CA3, the County/CFWB, and First 5 San Diego.	Determined by AAP-CA3, the County, CFWB and First 5 San Diego	Program Director, Supervisor	Financial review and contractual and programmatic monitoring activities and site visit reports are received.
Share Program Successes with Key Stakeholders	Throughout the year and at end year	Program Director, Supervisor, Executive Leadership, Board Members	Distributed reports, presentations at Advisory and Agency Board Meetings, Community Meetings, Executive Leadership Meetings, and more, showcasing program successes, and family testimonials and achievements (with authorization to share).
Attend meetings with CFWB, AAP-CA3, PHN, and Harder and Company for program implementation and evaluation.	As needed throughout the year	Program Director, Supervisor, Family Support Specialists, Subcontractor	Meeting minutes and analysis of meeting outcomes
Prepare for submission of end year reports to First 5, the County/CFWB, AAP-CA3, and Agency Key Stakeholders, e.g., clean and analyze CMEDS/CARES and all data, prepare reports with process data (quantitative and qualitative), and outcome results.	Monthly, ongoing, and October - December 2026	Program Director, Supervisor, Family Support Specialists, Subcontractor	Data and data analysis complete and reports prepared per County, AAP-CA3, HFA and agency requirements.

2.4. Describe Offeror's plan to collaborate with PHN staff to ensure effective case management and develop visiting schedules.

We have a strong, collaborative relationship with our PHN counterparts in North San Diego County. They are key partners in our ongoing work. Since 2014, Public Health managers, supervisors, and nurses have regularly participated in our quarterly North County Home Visiting Collaborative meetings. As of June 2025, 105 families have been referred to our program by PHNs, underscoring the trust and mutual respect we've built. In the 2024-2025 fiscal year, we proactively included PHNs to shadow our home visits, fostering deeper insights into family support services and strengthening our understanding of family needs. This initiative laid the groundwork for enhanced collaboration and deeper alignment. Our clients also engaged with PHNs at their 2025 Summer Splash Day, receiving critical resources such as diapers, food bags, and other emergency supplies, further reinforcing the seamless integration of our services.

Building on our long-term successful collaboration, we anticipate a smooth transition into a formalized collaboration. Currently, countywide planning meetings are being held with other home visiting providers at CFWB and PHN staff to better align our work with the evolving system of care. To ensure effective case management and coordinated home visiting schedules, our program management will lead dedicated planning meetings with the North County PHN team, so our Family Support Specialists and PHNs can strengthen their partnership even further and look forward to working more closely together. These sessions will focus on crafting mutual policies and procedures that streamline logistics, such as visit scheduling, and provide a unified family experience, ensuring families receive coordinated care. Additionally, we will prioritize clear communication of client level data for effective mutual case management and will establish ongoing meeting schedules to maintain best practices, foster collaboration, and ensure the highest quality of care for our families.

2.5. Describe how the program will meet the needs of underserved and unserved populations. Include how Offeror engages and supports the communities served by the program.

Through 12 years of providing home visiting services in North Coastal and North Inland San Diego County, North County F5FS has built a strong network of partnerships with community-based agencies that serve the focus population of underserved and unserved populations. In 2014, we established, and we continue to facilitate, a quarterly North County Home Visiting Collaborative. This meeting provides opportunities for community partners to discuss referral processes and pathways, joint training opportunities, community agency updates, timely issues and community trends affecting the underserved and unserved populations, and other relevant issues to ensure services are coordinated and integrated and targeted to this focus population in North Coastal and North Inland San Diego County. Our North Coastal and North Inland PHN partners present a Community Nursing Update about and for families, at every meeting. Membership includes representatives from the following agencies, for example: County Public Health Nursing, TrueCare (community health centers), Volunteers of American Health Start program, Easter Seals, EQUUS, Vista Community Clinic, North County Health Services, Neighborhood Healthcare, MAAC Head Start, Vista Hill, Regional Center of San Diego, Escondido Union High School District Cal-SAFE Teen Pregnancy and Parenting Program, Healthy Development Services, UCSD Outpatient Women's Health, Black Infant Health, Camp Pendleton New Parent Support Program, Balboa Naval Medical Center, Countywide Coordinator/AAP-CA3, Blue Shield CA Promise Health Insurance, Women Warriors Foundation, San Diego State University WIC, San Marcos Student Services, Casa de Amparo, Escondido COMPACT, and many more.

North County F5FS will continue to build upon the current community outreach strategies for the project. Outreach will continue to focus on 1) key North Inland and North Coastal community health centers (e.g., TruCare, Neighborhood HealthCare, and Vista Community Clinic) that serve our focus families; 2) local birth hospitals (Palomar Medical Center, Pomerado Hospital, Tri-City Medical Center, Fallbrook Hospital, Scripps Encinitas, and UCSD); 3) WIC sites; and 4) community partners (HDS, County PHN, other First 5 projects, 2-1-1 San Diego). The Project Director and key staff will continue to conduct in-services and provide updated program marketing materials and forms for agency staff to use for referrals to the new Family Connection Hub and CFWB. In addition, FSSs will continue outreach efforts at local community sites and refer potential families to the Family Connection Hub and/or CFWB. If referrals directly to our program from sources other than the Family Connection Hub and CFWB are allowed through this new funding, North County F5FS will continue to receive and respond to such referrals. If direct referrals from outside sources are not allowed, any such referrals will be coordinated with the Family Connection Hub and/or CFWB as appropriate.

As a way to engage the communities we serve and support, North County F5FS hosted a "Summer Family Fun Day and Resource Fair" in August 2024 at Walnut Grove Park in San Marcos (North Inland). Over 250 participants received resources from more than 25 North Region community partners, including free lunch provided by several Food Trucks, animal encounters, bouncy houses, arts and crafts activities, summer fun games, and food from Feeding San Diego. Attendees also received free books and other gifts, opportunities to meet other families, and had a fun and memorable day that supported physical and social-emotional bonding and development.

North County F5FS has also partnered with Balboa Park to secure free annual tickets for our families to enjoy the park's museums. Thus providing enrichment and cultural activities that might otherwise be out of reach for our low-income population. North County F5FS also introduced a wellness initiative for our families, with the piloting of a Wellness Coffee Hour. This 1½ hour, twice a month (in English and in Spanish) networking/activity time for our clients creates opportunities for community building, networking, stress reduction activities, and connection and informal support. It includes the program's Board Certified Lactation Consultant to answer questions regarding infant feeding (breast and formula feeding) along with a wellness activity to support wellness, stress reduction, and self-care.

Program management make it a priority to enhance FSSs' awareness of the various community support systems available to clients by bringing community partners to monthly internal Team Meetings to update agency and referral information. For example, we invited a new North Region program "Empowered Fathers" to share information about their services for fathers, which includes case management, and financial literacy workshops among other services.

2.5.1. How the following populations will be served: persons with disabilities, inclusive of cognitive impairments; persons with limited English proficiency; persons who are justice-involved.

North County F5FS is well versed in serving a variety of populations. Persons with disabilities will be served through the same methods we use to serve all of our clients: trauma-informed lens, active listening, respect, transparency, cultural-sensitivity, strength's based approach, and tailored communication. For persons with disabilities, including cognitive impairments, we will meet the client where they are emotionally and cognitively. Our FSSs excel at

building a client's strengths and walking hand-in-hand with them as they develop goals and engage in the program. Referrals to community resources to further support this population will also be an important component of our services.

For our clients with limited English proficiency, all of our FSSs are bilingual (Spanish) with several staff members able to speak a variety of Spanish dialects (e.g., Guatemalan). If the family speaks another language we are able to use the AT&T On Demand Interpretation service, which can connect us to trained interpreters in over 170 languages. We also have access to sign language experts from select Palomar Health vendors. Spanish-speaking families are provided resources, materials, and children's books in Spanish. We have helped limited English proficient and those clients that are unable to read create picture books comprised of family photos so that they can tell stories to their children about family members.

For a client who is justice-involved as a victim/survivor of crime, we can connect them to One Safe Place. One Safe Place provides no cost support services all under one roof to anyone who has experienced child abuse, sexual assault, domestic violence, hate crime, elder abuse, human trafficking, violent loss, family violence, or other abuse or victimization. Services include case management, trauma therapy, forensic medical exams, legal assistance, child services, and connections to a multitude of community partners all under one roof. One Safe Place is uniquely prepared to serve children and adults who have experienced trauma and abuse and was designated a Trauma Recovery Center by California's Victim Compensation Board in addition to being a nationally accredited Child Advocacy Center. These clients will receive North County F5FS services along with the compendium of services that One Safe Place offers.

For a client who is justice-involved as a defendant, the severity of the crime will determine if we provide our home visiting services in person or virtually. In either scenario, our FSSs will treat these clients with respect and sensitivity. Trauma-informed care will be key along with resources to help support the family as they work to stabilize and better their lives.

2.5.2. Any specialized population(s) Offeror is able to provide services to such as individuals with arson convictions or tier offenders, primarily Spanish speaking, LGBTQ+, or others as identified by the respondent.

Several of our FSSs are able to speak in numerous Spanish dialects. We have served families from Guatemala, Central Mexico, Oaxaca, and Salvador. These families are all mono-lingual Spanish. We have also served unhoused families, families that are geographically isolated and therefore are unable to access many community resources, and immigrant/refugee families fleeing from violence, including war crimes. Our trauma-informed care and sensitivity to this focus population has helped such families in the past and will continue to do so.

2.6. Describe any measures your organization has taken toward energy efficiency and sustainability in your operations.

North County F5FS has a variety of measures in place toward energy efficiency and sustainability. In 2022, we transitioned from paper case files to electronic case files, thereby reducing our reliance on paper. When we do use paper, we are mindful to only print what is needed. Staff members are observant to turn off lights when a room is not in use and to not leave the faucet running. Our office has transitioned over from fluorescent light bulbs to

energy efficient ones. Each FSS organizes her home visiting schedule based on geographic areas- they group a day of home visits to occur in the same area. This is especially impactful since the North Coastal and North Inland regions we serve are vast.

Since the end of the pandemic, staff have transitioned to a hybrid office and home work schedule. Staff comes into the office three days and works from home two days a week; saving on gas. In addition, many of our meetings and trainings are held virtually to save mileage and for time efficiency. In some instances, home visits are held virtually based on family preference.

2.6.1. Describe how your location and facility demonstrate sustainability efforts.

North County F5FS capitalizes on an assortment of leveraged, in-kind resources from Palomar Health to promote sustainability efforts. We are able to access Palomar Health's Facilities Department to receive office space repairs and enhancements. Palomar Health's Information Technology (IT) Department provides no cost upgraded, new desktop and lap top computers for staff and is available to provide IT support at no cost to our program. The Palomar Health Legal Department provides no cost legal support for contract and subcontract reviews and MOUs. Palomar Health provides free access to traveling office space (at our various sites when we are in the community), as well as large conference rooms and other meeting rooms to support program activities like outreach events, parent group activities, large meetings, trainings, workshops, and conferences. We also receive in-kind support from Palomar Health Environmental Services to help keep our offices clean. North County F5FS receives significant in kind time and leveraged support valued at approximately \$340,000 annually. This includes Palomar Health Executive Leadership, department leadership, accounting, facilities, legal, IT, and other in-kind departmental staff support for the program. It also includes staff paid time off, benefits, and some mileage and office supplies. In addition, our subcontracted evaluation and reflective practice subcontractors provide leveraged funds in their contracts.

Lastly, in order to retain valued and experienced FSSs and accommodate well-deserved annual staff performance/cost of living increases impacting personnel, benefits and overhead expenses, we will discontinue the use of grant funds to rent an office space for the program beginning in year two. This sustainability effort will have the North County F5FS team continuing to work with a hybrid office model, which includes: 1) Field work (most of an FSS's time is in the field providing direct service, outreach, and parent activities, and attending trainings and meetings); 2) Use of our dedicated MOU'd office space at One Safe Place; 3) Use of traveler offices at North County Palomar Health locations; 4) Use of our sister program, Palomar Health's Healthy Development Services' office and conference room space; 5) Use of community office space such as with our Live Well partners and others, and, 6) Home office spaces, which have been in use in our hybrid work model for the past 5+ years.

2.6.2. Describe how sustainable travel metrics will be reported.

North County F5FS is attentive to sustainability, resourcefulness, accountability, and continuous improvement in every aspect of the program. In relation to sustainable travel, we implement, and as applicable we review daily, monthly, quarterly and annually, the following metrics related to environmental impact, resource efficiency, traveler health and safety, and cost effectiveness.

	Sustainable Travel Metrics and How We Report It	Environmental Impact	Resource Efficiency	Traveler Health and Safety	Cost-Effectiveness
1	Supervision of and support, as needed, in developing monthly mileage reports . All staff use the same acronyms on their report (i.e., RT = Round Trip, FSO = First Steps office, etc.).	Reports are submitted and signed electronically (use of paper was eliminated).	Development and review of reports is streamlined as all staff understand and utilize acronyms and content style based on standards in narrative content and format.	Time spent documenting mileage is streamlined and standardized to reduce screen and desk time (continuous sitting without stretching/taking breaks).	Supervisors review and approve monthly mileage reports for accuracy before submission for payment.
2	Staff use the same route platform for planning driving routes : MapQuest. In the beginning, staff used a variety of different platforms, such as Google Maps. We found MapQuest used the shortest routes.	Reduces gasoline use and fuel emissions	Minimizes use of gasoline.	All HVs are listed on staff calendars (using case #'s and other confidential nomenclature). Supervisors know where staff are at all times of the day, and could check their route if ever needed to find where FSS is (i.e., if an FSS didn't show up at a scheduled HV).	Minimizes use of mileage funds.
3	Scheduling home visits. We plan schedules and group family visits based on geographical locations, including standing home visit schedules and rescheduled and ad hoc visits as possible. FSSs plan their weekly and monthly calendars to schedule families in similar areas on same days.	Reduces gasoline use and fuel emissions	Decreases time spent traversing our large service area (North Inland and North Coastal), to reduce drive time and mileage expense.	Less time on the road when visits are grouped together as possible.	Reduces drive time and mileage expense.
4	We have the capacity to provide Virtual visits as preferred by clients or for FSS safety.	Decreases fuel emissions.	Decreased travel time driving to and from home visits in our	Families in our program may have open DV/CWS cases; a history of or current anger	Decreased mileage expense.

			large service area.	management concerns; restraining orders, and other risk factors that could impact home visitor safety.	
5	Our health system has “matched funds” to leverage a contribution toward mileage expenses.				Decreased use of grant funds.
6	Vehicle Supplies			Our staff have KITS in their cars that include safety items (see 2.6.4 below)	
7	Carpool for trainings, meetings, and outreach events.	Reduces gasoline use and car emissions.	Less time for individuals to “get stuck in traffic”/time spent on the road.	Less driving by individual team members.	Reduces parking costs.
8	No travel out of the county or state (i.e., for trainings, etc.).			Decreases travel-related health and safety concerns.	Maximizes use of grant funds for direct service.

2.6.3. Include how you will meet accessibility requirements for travelers and travel coordinators.

For HFA Site Visitors who travel to San Diego from other parts of the state or county for our Accreditation Site Visit, we are compliant in planning and booking all travel and accommodations in adherence to relevant legal and organizational accessibility standards and guidelines, such as the Americans with Disabilities Act (ADA) or other applicable regulations. A tool used for travel planning includes use of standardized “filters” to ensure ADA compliance, for example, when booking accommodations. We will also plan, as needed, accessible transportation options, ensuring physical accessibility of travel facilities, offering alternative formats for travel information, and accommodating diverse needs related to mobility, communication, and health.

2.6.4. Include how your organization will address inclusivity safety concerns for all travelers during travel and at the destination.

North County F5FS places a strong emphasis on ensuring FSS and other staff members’ safety while traveling to and working in a client’s home or other work-related site. The following policy is in place to ensure the Supervisor and/or Program Director know where each FSS is at all times during work hours while out in the field.

Policy

The FSS must text their Supervisor when: 1) arriving at a client’s home, and 2) when leaving a client’s home. This involves a quick text to say “I’m here” and “I’ve left and I’m heading (back to the office or to another home visit or to lunch)”.

Purpose

1. So the Supervisor knows they have arrived safely to their home visit.
2. So the Supervisor knows they have safely left that location and are heading to their next location.
3. For accountability where they are when in the field (at an assigned home visit or in transit or at another approved location or meeting).
4. Sets a standard that field staff need to contact their supervisor if there are scheduling changes from their weekly calendar or in the moment (i.e., a no show).

Staff members also attend a mandatory, annual safety training. The training includes safety discussions around: the physical set up of a client's home (e.g., can you safely navigate the space, are there unsanitary conditions), pets in the home, rodent/bug infestations, natural disasters, unstable behavior from parent/caregiver or others in the house, violence/threats toward staff member, illnesses, medical emergencies and non-emergencies (includes staff member and client/family), car accidents while traveling for work, personal safety while in the field and in clients' homes, and more. In addition, a CPR mask and First Aid Kit is included as part of a FSS's required kit of supplies and resources while out in the field.

Home Visitor/Traveler Field Safety Supplies Policy

Policy

North County F5FS requires all FSSs carry essential materials with them when in the field. In the event that the FSS needs materials for hand washing, education supplies, toy cleaning, and safety/emergency needs, the FSS will have the essential materials necessary to do their work and stay safe.

Procedure

1. Director/Supervisor at least annually, reviews, updates and approves the essential items required by all FSSs to carry in their car when working in the field.
2. The list of essential materials includes the following:

	Items	Main Category (Items have multiple uses)
1	CPR Mask	Safety
2	First Aid Kit	Safety
3	Baby Wipes	Safety/Toy Cleaning
4	Latex Gloves	Safety/Toy Cleaning
5	1 Gallon Ziploc Bag	Safety/Toy Cleaning
6	1 Small Ziploc Bag	Safety/Handwashing
7	Hand Soap in plastic refillable bottles	Safety/Handwashing
8	Anti-Bacterial Hand Sanitizer	Safety/Handwashing
9	Shoe covers	Safety/Home Health
10	Paper Towels	Handwashing
11	Zipper Bag for crafting supplies	Education Supplies
12	Scissors	Education Supplies

13	Elmer's Glue (liquid or solid stick)	Education Supplies
14	Glue Gun + Glue Sticks	Education Supplies
15	Scotch Tape	Education Supplies
16	Double Sided Tape	Education Supplies
17	Sticky Notes	Education Supplies
18	Note Pad	Education Supplies
19	Pens	Education Supplies
20	Highlighters	Education Supplies
21	Clipboard	Education Supplies
22	Single Hole Punch	Education Supplies
23	Flyers of Upcoming Events	Educational/Resources
24	Nutrition/Safety Handouts	Educational/Resources
25	Small Object Choking Tester	Educational/Resources
26	Electronic Device and Work Phone	Safety/Education
27	Badge and Appropriate Clothing	Safety

Staff members are instructed to do the following if injured while at work: if it is a life or limb threatening injury do one of the following to get immediate care; then notify workers compensation office.

- Outside of Hospital: Call 911.
- Inside Hospital: Call appropriate CODE.
- Report your injury to your department leader (lead, charge, supervisor, manager, or director) immediately after the injury, but no later than the end of shift.

Emergency/Critical Incident Response Policy and Procedure

The Critical Incident policy and procedures, and annual related training and ongoing education provided to staff, inform employees how to handle critical incidents involving: external or internal instances of violence or threats of violence directed toward staff or clients; loss, theft, or unlawful accessing of confidential client, patient, or facility resident Personal Information (PI). The safety of our staff, and how to manage emergency or critical incidents in the field, is one important pillar of the foundation of our supervision and oversight work.

Policy

In the event of external or internal instances of violence or threats of violence directed toward staff or clients; or loss, theft, or unlawful accessing of confidential client, patient, or facility Personal Information, or a natural disaster, unusual event, critical incident and/or other emergencies, North County F5FS staff will follow the established Emergency Response Policy and Procedure (which integrates key processes from Palomar Health Lucidoc Policy #10549), as well as Palomar Health Emergency Operations Plan (Disaster Plan) and Emergency Management Program (refer to Lucidoc Policy #10549), to maintain safety and respond to critical incidents and emergency situations. First and foremost is the safety of staff and their families and program families and the confidentiality of staff and client/program personal information.

Procedure

In the event of a critical incident or an emergency, e.g., threats of violence directed toward staff or clients; loss, theft or unlawful accessing of confidential personal information; or earthquakes, wildfires, active shooter, or a community hazmat incident, as applicable staff will be contacted via email, text message, and/or automated phone call from their Program Director/Supervisor and/or the Palomar Health Emergency Notification system.

- I. In the event of external instances of an emergency or critical incidents:
 - A. North County F5FS FSSs, Supervisors and Program Director will first assess for their own personal safety and immediate family safety.
 - B. Once it is established that staff members' personal situation (family, home) is okay, then FSSs will contact their families in the program to provide them with information regarding emergency evacuation centers, available clinics, and other resources as needed until the emergency/threat has been lifted by authorities and Palomar Health.
 - C. North County F5FS staff will respond to the Palomar Health emergency response notification system and/or the North County F5FS Leadership Team.
 - D. North County F5FS staff will communicate with North County F5FS Leadership Team for updates and instructions, as needed.
 - E. For those staff who have indicated a willingness to assist Palomar Health with disaster duties (after assessing family and home), they will inform North County F5FS Lead Supervisor and/or Program Director that they will report to the emergency work pool and then they will report to the Palomar Health Command Center as notified.
 - F. In the event of an emergency **during working hours**, the Program Director and/or Lead Supervisor will assess the situation to determine if staff is in immediate danger, and then contact the North County F5FS staff to immediately report to the North County F5FS office, or a designated safe location if the office becomes an unsafe environment.
 1. The Lead Supervisor/Program Director will keep count of each staff that is present and continue to update staff, and request that non-present staff send updates on their current status as possible.
 2. If a staff member does not report in, North County F5FS leadership may address alternate options to contact the employee (e.g., alternate phone numbers/contact person provided by employee and/or last client where staff was in the field prior to the emergency), and/or dispatch health system security and/or local first responders to check on employee at last known field address where staff was working.
 3. The Lead Supervisor/Program Director will provide instructions to the North County F5FS staff as needed until the emergency/threat has been lifted by authorities and Palomar Health.
- II. If the North County F5FS FSS is near or in the home of a client during the event of an emergency or critical incident, she will immediately end the home visit session, assess if any support is needed and can be provided to the client, and call the Lead Supervisor immediately or as soon as possible.
 - A. If the North County F5FS FSS is unable to leave the home of a client due to an emergency; e.g. police chase, armed robbery in the neighborhood, active shooting, she will report to her supervisor and remain inside the home until law enforcement grants them approval to exit.

- B. If the North County F5FS FSS is in route to a home visit or community event during the onset of an emergency, she will immediately report back to the Lead Supervisor for further instructions.
- C. If North County F5FS staff are in the home and the incident occurs there (a fall, uncontrollable/violent person in the home, incident with a baby or child), they will assess the situation for immediate response and:
 - a. Call emergency services
 - b. Call their supervisor (or the Lead Supervisor or the Program Director)
 - c. They will leave the home or
 - d. Wait for leadership to arrive to assist
- III. In the event that personal information is at risk, staff will address confidentiality of client information and/or immediately report (verbal and in writing) a breach. Program Director will inform First 5 San Diego within 24 hours if a breach has occurred.
- IV. All staff receive required annual and ongoing safety training related to addressing critical incidents and following policy and procedure, including who to call and the filing of written reports.

2.7. Describe Offeror's plan to provide culturally competent services, support the parent in parent-child interaction and child development, and link all families to medical providers and additional services that the family may need.

North County F5FS delivers culturally responsive services and assesses family strengths and challenges using tools like the FROG Scale; promotes bonding through activities and education; and connects families to medical providers and other needed services to enhance overall family well-being. Our FSSs receive extensive training in cultural competency and sensitivity. As part of the San Diego HFA Multi-Site System, we conduct a cultural sensitivity review every other year, to critically assess and improve our ability to provide culturally informed services.

Through regular, intensive, and long-term support to parents, FSSs help parents build nurturing parent-child relationships and foster healthy child development. North County F5FS utilizes routine screenings and assessments of parent-child interactions and child development to identify areas for support, provide education, and to inform the need for referrals for more intensive developmental support if needed. The list of tools we regularly use during program enrollment includes:

- 1) Ages and Stages Questionnaire Third Edition: an age-specific, parent-completed child development screening tool that looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children. Children receive two screenings per year while in the program and if there is a suspected delay the family is referred to the appropriate provider for continued follow up.
- 2) Ages and Stages Questionnaire Social-Emotional Second Edition: a parent-completed screening tool that assesses the social and emotional competence of young children. Children receive one screening per year while in the program and if there is a suspected delay the family is referred to the appropriate provider for continued follow up.
- 3) Patient Health Questionnaire: a nine-item depression scale used to screen for depression. Clients that score at 10 or higher are referred to the appropriate provider for mental health follow up. Parents/caregivers receive the screen prenatally (if enrolled prenatally), two-weeks postpartum, two months postpartum, six months postpartum, and 12 months postpartum.

- 4) Healthy Families Parenting Inventory: measure changes in the family's problem-solving skills and the ability to mobilize resources. This tool is administered five times during program enrollment.
- 5) CHEEERS (cues, holding, expression, empathy, environment, rhythmicity/reciprocity, and smiles) Check In: is used during home visits in order to formally assess, address, support, and promote positive parent-child relationships and interaction. FSSs record observations of parent-child interactions and use these observations to help develop and implement home visit activities and strength-based interventions to promote positive parent-child interaction.
- 6) University of Idaho Survey of Parenting Practice: consists of three questions regarding a parent/caregiver's knowledge about child development. The survey is completed three times during program enrollment.

Our parenting materials, education, and support, address and strengthen the parent-child relationship and promote healthy, age-appropriate child development. Parents are also supported with reflective strategies to help them build positive beliefs about their parenting role and strengthen the parent-child connection.

FSSs work to link all families to a health care provider/medical home to assure optimal health and development. Our families are routinely asked if they have a medical home, health insurance, are able to attend well child visits, and if the child is current with immunizations based on age. Families that need assistance in any of these areas are supported to identify how to acquire or accomplish these crucial steps for family and child well-being. Depending on the family's needs, they may also be linked to additional services which include but are not limited to financial, food, and housing assistance programs, mental health providers and resources, school readiness programs, childcare, job training programs, family support centers, substance abuse treatment programs, domestic violence shelters, and primary prevention services including dentistry. By connecting families with health care and other community services, we help to enhance parent-child interaction, family well-being, reduce risks, and build protective factors.

2.8. Linguistic and Cultural Diversity Plan. Submit a plan in accordance with HHSA Linguistic and Cultural Diversity

Palomar Health Development, Inc.

CONTRACTOR SUBMITTED LINGUISTIC AND CULTURAL DIVERSITY PLAN

Contract #545639

Targeted Home Visiting Initiative: First 5 First Steps – North Region
(North Inland/North Coastal)

RFP 12658 - Family Home Visiting Support Services

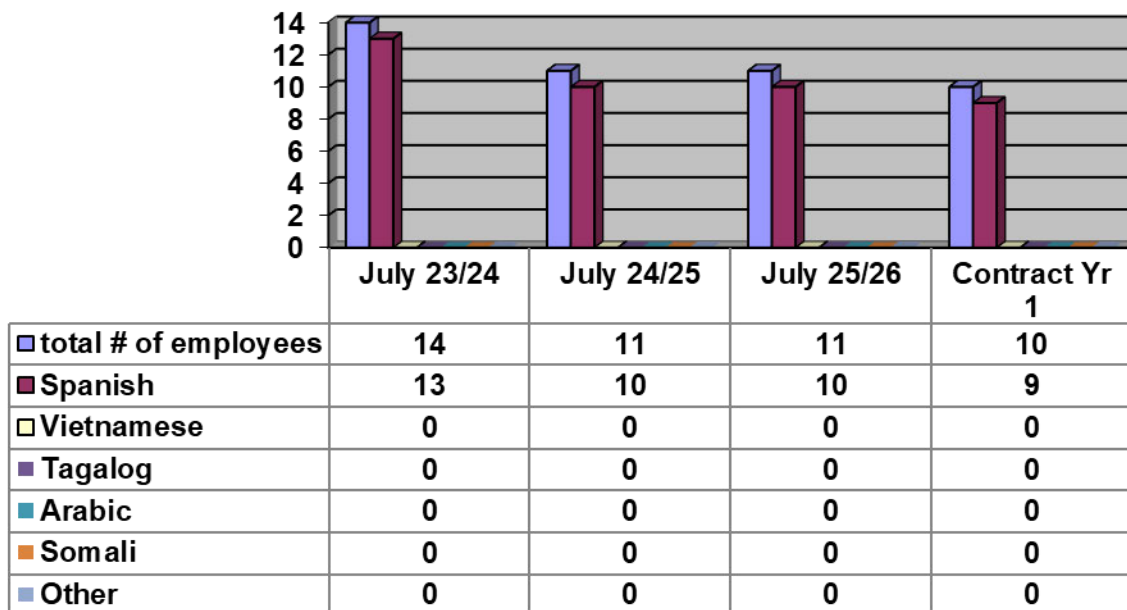
9/26/2025

(i) Linguistic and Cultural Diversity

North County F5FS has a total of 10 staff members who will be working with the program on January 1, 2026. Of those 10 staff members, 9 (90%) are bilingual Spanish speakers.

Past Workforce Cultural Diversity Strategies

Linguistic Diversity Efforts
Last 3 years & Year 1 Contract Estimate



In this narrative section, be specific to describe past strategies to promote cultural diversity in the workforce. Describe past recruiting opportunities contractor provided to increase the cultural diversity of its workforce.

- Palomar Health is an equal opportunity employer and does not discriminate against applicants or employees based on race, color, gender, religion, creed, national origin, ancestry, age, disability, sexual orientation, marital status or any other characteristic protected by law. Palomar Health has posted North County F5FS job openings in a variety of community based newspapers that target specific cultures and ethnicities such as the Asian and Pacific Islander community, in addition to online venues like Facebook, X, YouTube and LinkedIn. The Program Director has announced job openings at community partner meetings (e.g., Black Infant Health, Equus Collaborative of the Finest – over 50+ local agencies/organizations attend) and has posted job opportunities at Laundromats throughout North County in order to reach a more diverse population.

Describe how On-the-Job-Training (OJT) and apprentices have been utilized by the Contractor.

- North County F5FS has partnered with Healthy Development Services (another First 5 of San Diego funded program housed at Palomar Health) and invited several of their team members with expertise in cultural sensitivity to provide trainings with a focus on a child rearing practices, food, customs, and family dynamics in the different cultures we have in North Inland and North Coastal San Diego. She has done a myriad of services and trainings. In addition, both Palomar Health and the Countywide Coordinator provide annual cultural sensitivity and diversity trainings. We also utilize community trainings, webinars, and meetings to receive education, trainings and updates around cultural diversity, culturally sensitive service provision, and cultural competence. Being unbiased, serving all populations, is an important foundation of our work. North

County F5FS does not utilize apprentices. We have over the years had Palomar Health vetted volunteers (Pathmakers) that helped at our outreach events and large parent activities. Volunteer staff have all attended Palomar Health cultural sensitivity training.

Describe past strategies to promote diversity and inclusion within the organization.

- North County F5FS and Palomar Health management promote diversity and inclusion in the workplace by valuing differences, and treating all staff members with respect, inclusion, and equal opportunities to succeed. Key strategies include implementing:
 - Inclusive hiring and promotion practices,
 - Fostering unbiased communication and policies,
 - Providing diversity training,
 - Actively soliciting and acting on employee feedback, and
 - Making leadership commitment to diversity a core value.

Palomar Health and North County F5FS celebrate cultural days and holidays. Staff are invited to share their culture's foods, and Palomar Health's cafeteria serves food from a myriad of different cultures. Special activities and events occur ongoing, coordinated and implemented by staff for all staff, and by Palomar Health and F5FS leadership, to foster understanding and respect, and to celebrate cultures from around the world that represent our work force and the communities that we serve.

Planned Workforce Cultural Diversity Strategies

In this narrative section, be specific to describe future plans to promote cultural diversity in the workforce. Describe any planned recruiting activities to increase cultural diversity within the workforce.

- North County F5FS is currently fully staffed. When we need to hire, we will continue to look to our community and recruit locally when possible. Palomar Health is an equal opportunity employer and does not discriminate against applicants or employees based on race, color, gender, religion, creed, national origin, ancestry, age, disability, sexual orientation, marital status or any other characteristic protected by law. We will utilize local community based newspapers to place recruitment ads along with online and "typical" recruitment efforts through Indeed, Facebook, X, YouTube, LinkedIn, and others. The Program Director will continue to announce job openings at community partner meetings (e.g., Black Infant Health, Lifeline, Equus Collaboration At Its Finest Community Organization meetings, North County Home Visiting Collaborative with members from over 100 local agencies, and more), in order to reach a diverse population of potential candidates.

Describe any planned utilization of OJT and apprentices.

- We will continue our OJT program with annual Palomar Health requirements as well as HDS population expert training, community and webinar cultural diversity/sensitivity trainings, along with the Countywide Coordinator's annual HFA cultural diversity/sensitivity trainings. We do not plan to utilize apprentices. We provide ongoing and continuous professional development opportunities for our team, bringing in guest presenters and providing in-service trainings, such as the recent training with Kim Flowers that addressed cultural diversity/sensitivity on a myriad of levels. This is one foundation of our work that we believe is fundamental to our success in trust building with our families, they know we respect, and listen, and have expertise in being culturally aware and sensitive. We will continue our focus in this area for OJT.

Describe any planned strategies to promote diversity and inclusion within the organization.

- Palomar Health and North County F5FS will continue to promote diversity and inclusion in the workplace by valuing differences, and treating all staff members with respect, inclusion, and equal opportunities to succeed. Key strategies include implementing:
 - Inclusive hiring and promotion practices,
 - Fostering unbiased communication and policies,
 - Providing diversity training,
 - Actively soliciting and acting on employee feedback, and
 - Making leadership commitment to diversity a core value.

(ii) SUBCONTRACTOR, CONSULTANT, AND SUPPLIER UTILIZATION

Outreach Program/Plan for Using Subcontractor and Supplier Firms

In this narrative section, be specific: Use names, dates, events, etc. from the last 3 years.

- Describe the outreach program or plan for collaborating with the following types of businesses as subcontractors, consultants and/or suppliers used in the last three years.
 - Disadvantaged Business Enterprise (DBE) - for-profit small businesses where socially and economically disadvantaged individuals own at least a 51% interest and also control management and daily business operations.
 - Emerging Small Businesses (ESB) - A small business whose size is no greater than 50 percent of the numerical size standard applicable to the Standard Industrial Classification code assigned to a contracting opportunity.
 - Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) –
 - MBE - a business concern that is at least 51% owned by one or more individuals who are African American, Hispanic American, Native American, Asian-Pacific American or Asian-Indian American; and whose management and daily business operations are controlled by one or more of these owners.
 - WBE - a business concern that is at least 51% owned by one or more women and whose management and daily business operations are controlled by one or more of these owners.
- List of DBE, MBE, WBE, and ESB firms used in the last three years.

North County F5FS has subcontracted with Susan Hedges Consulting (SHC) and Dr. Chow since 2013. SHC is a WBE and Dr. Chow is an MBE. In July 2025, we also began subcontracting with Kim Flowers to provide trainings for our staff and reflective practice policy and staff consultation for our program, and Ms. Flowers is a WBE.

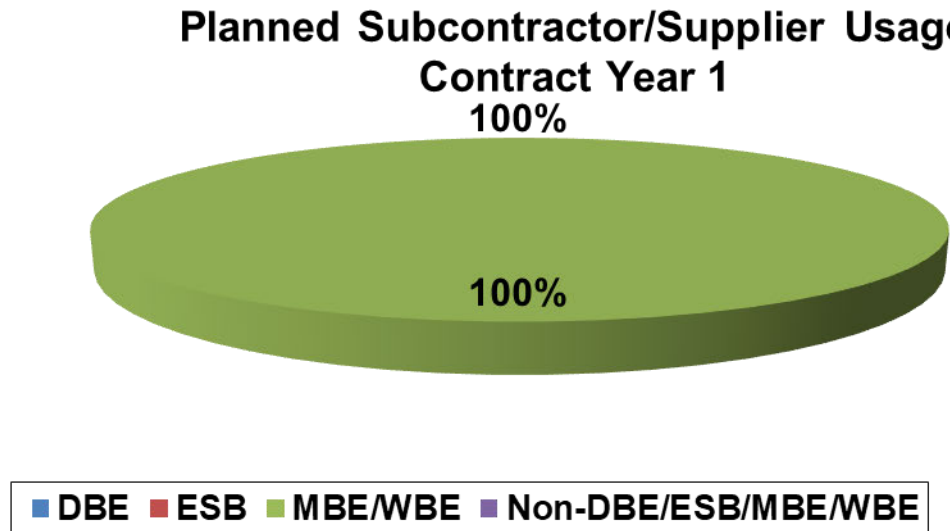
We have not, and do not at this time plan to outreach or collaborate with DBE or ESB, although we would welcome collaboration with either as available to meet an identified need. North County F5FS is a small program, we have 11 staff members and three subcontractors: Susan Hedges, Consulting (SHC), Kim Flowers, and Dr. Chow. We utilize long-term, established agency-vetted and community vendors for purchasing incentives, emergency needs, etc. We do not anticipate a need at this time for additional subcontractors or suppliers; however, if we do, we will also consider and support DBEs, ESB, and MBE and WBE firms.

(iii) PROJECT SUBCONTRACTING, CONSULTANT, AND SUPPLIER PLAN

Pie Chart 1 Update the pie chart with data related to any planned use of subcontractor, consultants, and/or suppliers for this contract in year 1 within the following categories:

- DBE

- ESB
- MBE
- WBE
- Non DBD/ESB/MBE/WBE subcontractors, consultants and/or suppliers.



In this narrative section, be specific: Include a detailed schedule of events and specific steps that shall be taken to maximize broad based participation for this Project. Describe any plans to provide mentoring, technical development, or business development services to subcontractors and suppliers needing or requesting such services. Elements the Project specific plan should include, but are not limited to: Special Outreach Efforts – Describe efforts or planned efforts to announce subcontracting or supply opportunities to a diverse community of broad-based potential partner organizations for this project. List the names of trade papers, industry organizations, or other channels used to reach out to subcontractors and suppliers for this project.

- North County F5FS has no plans at this time for special outreach efforts as described.

Commitment to Provide Support Services – Describe any administrative, financial, technical, or other support you plan to provide to subcontractors or suppliers on this project.

- North County F5FS will continue to offer support to our three subcontractors as needed or requested, including, for example, on submitting monthly invoices, program updates, and updates on HFA. We will continue to provide administrative support to Dr. Chow through one-page case review summaries in preparation for case review meetings. We will provide technical support for Kim Flowers as she provides ongoing trainings and presentations. Support includes setting up computer equipment, providing and preparing the conference room for trainings, and light refreshments for staff members. We will also support Ms. Flowers through staff feedback and evaluations of her trainings along with trending/emerging topics that we identify among our families that are relevant training topics. We will continue to provide support to SHC with timely follow up on her data requests/edits and other data entry needs that she has asked of our staff to complete.

Mentorship Opportunities – Identify any opportunities on this Project where one or more subcontractor or supplier may develop small prime contracting skills under mentorship of the Contractor.

Not applicable.

Equipment Sharing Programs – Identify any equipment sharing programs to reduce costs for non-DBE subcontractors or non-DBE suppliers.

Not applicable.

2.9. Resume of Subcontractors and Key Partners – If subcontractors or other organizational partners are proposed to be used to meet specific program requirements through subcontract or other formal or informal agreement (including volunteer services), provide the following information for each subcontractor/partner:

2.9.1. Identify the subcontractor(s) or other organizational partners (s) by name and address.

1. Byron Chow, M.D., San Diego, CA 92104.
2. Susan Hedges, MPH Spring Valley, CA 91977
3. Kim Flowers, LCSW, IF-ECMH-RPF-M, Licensed Clinical Social Worker, Fallbrook, CA 92028.

Specific addresses available upon request, and in fully executed subcontracts.

Please see EXHIBIT D, Resumes of Subcontractors (separately attached in BuyNet).

2.9.2. Describe the specific program requirements to be met by the subcontractor(s).

Subcontractor 1: Byron Chow, M.D.

Byron Chow, M.D., is a local pediatrician at Neighborhood Healthcare, and has been our program's Medical Director since 2013. He is also the Medical Director for Palomar Health's sister First 5 San Diego funded program, Healthy Development Services since 2001. Dr. Chow provides F5FS with case consultation, staff education and staff training, and has been an honored guest presenter at agency events/meetings, such as at our F5FS 10-Year Anniversary Celebration event. He partners with program leadership and Family Support Specialists (FSSs) to review cases for medical red flags/concerns and developmental milestones and delays, and to address medical and health related challenges that FSS and/or families bring forward. Dr. Chow provides specialty health care referrals that FSSs can bring to the family for discussion with their pediatric and health care providers. Dr. Chow also collaborates on program development and best practice as relates to addressing equity and public health disparities, and community trends/concerns such as current and upcoming infectious diseases, and more. He attends the North County Home Visiting Collaborative, and other meetings as requested. Dr. Chow brings significant expertise and experience with the focus population that augments FSS and PHN expertise. In his tenure with Palomar Health, he has contributed significantly toward the success of our programs and the health and wellness of our North County children and families.

Subcontractor 2: Susan Hedges, MPH (Susan Hedges Consulting)

Susan Hedges, MPH is an evaluation specialist who has worked with Palomar Health since 2001 to evaluate its First 5 San Diego grant-funded programs: North Inland Healthy Development Services and North County F5FS. Ms. Hedges collaborates with the Program Director to provide evaluation oversight and technical assistance for North County F5FS to support and ensure a meaningful connection to First 5 San Diego's Strategic Plan and the Evaluation Framework. Ms. Hedges' activities include working with staff as applicable to ensure their data collection and reporting is consistent with First 5 San Diego and HFA requirements and they are able to accurately and appropriately utilize CMEDS for direct data entry.

Since 2013, Ms. Hedges has provided evaluation services consisting of: 1) Program development, training, and implementation of data collection systems, 2) Monthly and ongoing consultation and attendance at quarterly Evaluation Workgroup Meetings with the Countywide Coordinator and First 5 San Diego for broad, comprehensive discussions about data, evaluation, and continuous quality improvement, 3) Monthly, quarterly and annual review of data, and evaluation quality assurance, 4) Monthly and quarterly review of HFA reports and worksheets, 5) Development of monthly reports on meeting contractual requirements, for example, number of families served and aggregation of number of partner referrals that reflects services across the region, 6) Monthly, quarterly and annual CMEDS reports and reports to the County, 7) Staff training on CMEDS updates, and the upcoming, new County CARES database for FFPSA families, and 8) Grant writing for program sustainability.

Subcontractor 3: Kim Flowers LCSW, IF-ECMH-RPF-M

Ms. Flowers specializes in and will be providing reflective practice to our staff. Reflective practice plays a critical role in supporting staff and leadership by integrating a parallel process (Kim Flowers/leadership/FSS/family) where self-reflection, emotional regulation, and mindfulness are encouraged. Receiving reflective practice allows the team to examine their thoughts, behaviors, and emotions; improving their ability to manage stress, communicate effectively, and support healthy family dynamics. This approach recognizes that the well-being and professional growth of our staff directly influences the quality of care and support that we provide to the families we serve. By fostering a reflective and supportive environment for our team, we create a cycle of care and empathy that benefits both parents and staff, while simultaneously enhancing program effectiveness. Reflective practice provides a foundation for staff to know they are supported and heard in the challenges of providing service to high risk families. Parallel process is used where the tools and techniques learned by staff during reflective practice to regulate and reflect while serving high-risk families, are then provided by FSS to families. This supports families to manage stress in their lives; understand, regulate and de-escalate their emotions; and increases parent-child attachment and the development of nurturing parent-child relationships, and family wellness. Reflective practice supports staff retention, contributing to reduced burn-out and increased confidence and resilience, and skills, knowledge and tools related to working with high-risk families.

2.9.3. Describe the performance and fiscal monitoring process the Offeror will use to ensure that performance standards and outcomes are achieved by each subcontractor. The Offeror's monitoring process shall have the following minimum criteria:

2.9.3.1. Sufficient frequency of monitoring.

All subcontractors are monitored monthly, quarterly and annually. Oversight also occurs in "real time" with

subcontractor consultation and collaboration with leadership during implementation of assigned scope of work. All monitoring activities ensure subcontractor compliance with contractual performance and outcomes standards and expectations, and fiscal compliance and solvency.

2.9.3.2. Depth and quality of monitoring for invoice, program, and fiscal solvency reviews. All three subcontractors have long-standing partnerships with Palomar Health in various capacities, and were selected and continue to be contracted due to consistent and long-term meeting of all contractual performance and outcomes standards, and for fiscal solvency. Contract activities are monitored prior, during and after implementation, both fiscally and programmatically. Subcontractors work closely with program leadership in the identification, implementation and evaluation of all activities, and fiscal monitoring and oversight is provided by our finance department, senior accountant, senior staff, and the Vice President of Finance and Chief Financial Officer. For accuracy, timeliness, contract scope of work, and fiscal regulatory and contract requirement compliance, monitoring occurs in: 1) Subcontractor preparation and submission of invoices, and finance department payment of invoices; 2) All invoices are reviewed by both program leadership and our long-term financial grants Senior Accountant (with us since the beginning of the program in 2013), and finance department leadership; 3) Collaboration with program leadership in developing, implementing, evaluating, and ongoing quality improvement of contracted programmatic scope of work, and, 4) Our Senior Accountant's daily, monthly, quarterly and annual review, in addition to other senior finance staff reviews, as well as the Vice President of Finance and Chief Financial Officer monthly review off all subcontractor-related budgets, invoices, expenditures, and fiscal solvency. Palomar Health employs its extensive, structured fiscal management system to monitor and ensure appropriate use of funds per County, contract, and regulatory requirements. See section 4.2.1, section II (Internal Fiscal Management Process), for more details regarding subcontractor monitoring processes and systems.

2.9.3.3. Documentation of the monitoring activities.

Abila MIP Fund Accounting is employed for all financial transactions, reporting, and grant tracking. Grant-specific balance sheets, income statements, and monitoring reports are prepared and reviewed by senior finance staff and leadership. Entries are prepared and documented by the senior accountant, reviewed by Director of Finance and securely archived.

Monitoring of programmatic performance standards and outcomes as contracted in subcontractor's scope of work, includes documentation of, for example: monthly, quarterly and annual subcontractor monitoring reviews (formal and informal); staff competencies as outcomes of subcontractor scope of work (as evidenced by post-consultation and/or post-training surveys, competencies, and case files; meeting minutes or attendance at required and requested program meetings; email communications related to monitoring, evaluation and quality improvement; and, monitoring results and outcome reports for key Palomar Health leadership and Advisory Board stakeholders.

Palomar Health North County F5FS Subcontractor Monitoring Policy

Policy

Department Program Director will hold a minimum of regularly scheduled monthly meetings regarding service provision, productivity, oversight and accountability, contractual compliance, fiscal accountability, and more. Ad hoc meetings scheduled throughout the month as needed. The goal of regularly scheduled and ad hoc meetings is to ensure subcontractor contractual compliance including, but not limited to: fiscal and programmatic compliance

according to policy, and service provision implementation according to best practice standards and models and policies by Healthy Families America, AAP-CA3, First 5 San Diego, Palomar Health, and state, county and federal legal regulations as applicable.

Program Director will collaborate with and receive approvals and support as needed from health system leadership and other Palomar Health departments, as applicable, including for example: finance department, legal department, human resources, IT, purchasing, document storage, etc. Palomar Health North County F5FS Program Director will inform First 5 San Diego when/if there are subcontractor changes, or non-compliance.

Subcontractors will be in compliance with contractual agreements, including but not limited to: Fiscally, e.g. monthly invoicing practices of approved expenditures; Administratively, e.g., ongoing collaboration with Program Director and other program staff related to program/role implementation; and Reflectively/Strategically, e.g., maintain an open, timely communication feedback loop with Program Director related to the project.

Procedure

1. Department Program Director is accountable for contract negotiations, contract compliance, quality of work, and evaluation process and outcomes, through:
 - Monthly meetings that include: Review of contractual agreements, productivity and service provision; program and fiscal administration of the program, and as appropriate, reflective supervision to reflect on the work and strategies for effectiveness in their role,
 - Regularly scheduled, as well as ad hoc meetings to discuss program implementation and progress on projects and goals, address emergent challenges, explore and promote skill development, discuss strategic direction and effectiveness in role, provide support for success, and much more,
 - Ongoing review of documentation (as applicable),
 - Annual performance review relative to contractual scope of work and expected and actual outcomes, and
 - Subcontractor invoices are reviewed monthly by Program Director, submitted for payment via Palomar Health Accounts Payable system, and paid after Program Director approval is submitted, and all fiscal senior staff reviews and approvals are complete. Charges are compared against the terms of their contract. For physician subcontractor, a timesheet is submitted with the invoice that is signed off by both Program Director and Department Director/Executive Leadership. In addition, all subcontractor invoices are subject to review as part of Palomar Health Development's annual fiscal audit.
2. AAP-CA3 will provide support for agency oversight of subcontractor(s):
 - Reflective conversations and feedback to Program Director regarding collaboration with subcontracted partners,
 - Facilitation of monthly meetings with program leaders (directors at the Leadership Workgroup, where the agenda includes working with subcontractors),
 - Facilitation of peer collaboration between regional, county-wide program directors from the four First Steps lead agency sites to support sharing of ideas, best practices, and implementation support,
 - Preparation of Tableau dashboards that monitor the site's quality assurance benchmarks that may be impacted by subcontractor involvement,

- Annual site visit reviews and reports to assess the site's adherence to the HFA Best Practice Standards and role of subcontractor(s),
 - Site-specific technical assistance based on annual QA site visits, including supervision documentation,
 - Review of progress towards setting and meeting subcontractor goals and objectives, and
 - Strategies to promote professional development and growth, including providing or referring to staff/subcontractor trainings for skill development.
3. Notification of Subcontractor(s) Changes
- North County F5FS Program Director shall notify the First 5 Commission COR immediately in writing if/when a sub-agreement is revoked or revised, or if there will be a change in subcontractor(s) under the Agreement.
4. Other procedures developed as needed to ensure subcontractor compliance with all contractual agreements and required service provision based on role in partnership with Palomar Health to support the children and families enrolled in the North County F5FS.

Updated Annually. Last Update: July 2025

2.9.3.4. Follow-up process for resolution of non-compliance.

North County F5FS has never had any incidents of non-compliance. If we did, we would move in stages from research to resolution, which would be individualized and specific based on the incident, and Palomar Health policy and our F5Fs contract requirements. We would start with research of the incident and an interview/conversation with the subcontractor (and others as applicable), to understand what occurred and the reason why from their perspective; to written reporting of the research outcomes and communication with our Palomar Health executive leadership and legal department; to consultation with and written notification to the subcontractor with either timelines and activities for improvement/to get into compliance, and/or termination of the contract with a designation not to enter into contract or partnership with the subcontractor in the future. We would report non-compliance (fiscal and/or programmatic) to: Our agency Executive Leadership and legal department, First 5 San Diego contract officer, the County, and any other county, state or federal legal or regulatory agencies as applicable.

2.9.3.5. Exclusion and Debarment checks process in place.

Palomar Health Exclusion and Debarment Verification Process

Policy

The Palomar Health Compliance Department partners with industry leader Streamline Verify to ensure job applicants, employees, members of the medical staff, vendors, contractors, subcontractors, volunteers, interns, and others business related associates are screened against the sanctions list maintained by the Department of Health and Human Services Office of Inspector General (OIG), Lists of Excluded Individuals and Entities (LEIE), General Service Administrator (GSA), System for Award Management (SAM), and lists of Medi-Cal Suspended and Ineligible.

Procedure

The Compliance Department attests to a three stage due diligence process for exclusion/debarment verification:

1. Initial Contact Screening – The responsible/hiring, subcontracting department is required to screen the party's name against the data provided by our vendor before a business relationship is formed.
2. Debarment/Exclusion Monthly Review – Reports are generated by Streamline Verify and sent to the Compliance Department via a confidential portal for review. The Compliance Department completes a comprehensive review on all current employees, physicians, vendors, contractors and subcontractors,

volunteers, interns, students, or other business related associates. Additionally, the reports are sent to compliance liaisons in Human Resources, Finance, and Medical Staff for review.

3. Determining A Course of Action – All apparent matches are referred to the Compliance and other appropriate departments for a resolution. All information is kept confidential and shared only with appropriate department senior-level leaders as needed.

Updated Annually. Last updated: February 2025

2.9.3.6. Explain how Offeror would ensure continuity of services if proposed entities or agreements no longer provided services.

Continuity of services would be maintained if proposed subcontractors no longer provided services, because we would recruit, hire and train alternate experts to provide the contracted scopes of work. Subcontracted services are necessary for the success of the program and to meet some of the HFA Best Practice Standards that maintain our accreditation. Two out of three of our subcontractors (Medical Director and Evaluator) have worked with us since the beginning of the program in 2013, and the third subcontractor (Mental Health/Reflective Practice expert) has worked with us for over a decade in various capacities. We do not expect discontinuation of any of the current subcontractors. To date, they have all met or exceeded required and monitored contractual scopes of work, and fiscal accountability and compliance, and indicated commitment and availability to continue our contracted partnership on this program in the years ahead based on availability of grant funds and contract compliance.

2.9.4. If Offeror does not propose the use of subcontractors or other organizational partners to meet specific program requirements, state as such.

We are utilizing three (3) subcontractors to address our scope of work and to provide optimum services and support for the families in North Region. Direct home visiting services will be provided by Palomar Health's trained, culturally-competent, trauma-informed team of North County F5FS Family Support Specialists. We have high agency standards for service provision in the communities we serve. Therefore, we are not, at this time, proposing the use of subcontractors or other organizational partners for direct home visiting services, other than the North Inland and North Coastal Public Health Nurses with whom we are looking forward to an expanded and enhanced partnership for direct service provision. We are grateful and honored to partner with our exceptional, dedicated, experienced and caring long-term subcontractors for evaluation and reflective practice scopes of work, and our Medical Director who provides a strong foundation for responsible home visiting practice within our scope of work.

EXHIBIT A-1 END OF CONTRACTOR'S TECHNICAL RESPONSE

COUNTY CONTRACT NUMBER 575187
AGREEMENT WITH PALOMAR HEALTH DEVELOPMENT, INC.
FOR FAMILY HOME VISITING SUPPORT SERVICES
EXHIBIT B – INSURANCE REQUIREMENTS

INSURANCE REQUIREMENTS FOR CONTRACTORS

Without limiting Contractor's indemnification obligations to County, Contractor shall provide at its sole expense and maintain for the duration of this contract, or as may be further required herein, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of the work by the Contractor, his agents, representatives, employees or subcontractors.

1. Minimum Scope and Limit of Insurance

Coverage shall be at least as broad as:

- A. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit (\$4,000,000).
- B. **Automobile Liability** covering all owned, non owned, hired auto Insurance Services Office form CA0001, with limit no less than \$1,000,000 each accident for bodily injury and property damage.
- C. **Workers' Compensation**, as required by State of California and Employer's Liability Insurance, with limits no less than \$1,000,000 each accident for bodily injury or disease. Coverage shall include waiver of subrogation endorsement in favor of County of San Diego.
- D. **Professional Liability (Errors & Omissions)** appropriate to the professional services provided by Contractor under this contract, with limit no less than \$2,000,000 per occurrence or claim, \$2,000,000 aggregate.
- E. **Cyber/Information Security Liability** \$2,000,000 per claim with an aggregate limit of not less than \$2,000,000. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Contractor in this agreement and shall include, but not be limited to, claims involving security breach, system failure, data recovery, business interruption, cyber extortion, social engineering, infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, and alteration of electronic information. or provide unauthorized access of either electronic or non-electronic data, including publicizing confidential electronic or non-electronic data; transfer of computer virus, Trojan horse, worms or any other type of malicious or damaging code; and for Third-Party Liability encompassing judgments or settlement and defense costs arising out of litigation due to a data breach and data breach response costs for customer notification and credit monitoring service fees.
- F. **Sexual Abuse or Molestation (SAM) Liability:** If the CGL policy referenced above is not endorsed to include affirmative coverage for sexual abuse or molestation, Contractor shall obtain and maintain a policy covering Sexual Abuse and Molestation with a limit no less than \$1,000,000 per occurrence or claim with an aggregate limit of not less than \$2,000,000. Coverage to include actual or threatened abuse or molestation by anyone of any person while in the care, custody or control of the insured or as a result of the negligent employment, investigation, hiring & supervision or the reporting or failure to report to proper authorities of a person for whom any insured is or ever was legally responsible.
- G. **Fidelity** \$200,000 coverage providing Employee Dishonesty, Forgery or Alteration, Theft, Disappearance, Destruction and Computer Fraud coverage covering Contractor's employees, officials and agents.

If the contractor maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits and coverage stated above, shall also be available to the County of San Diego.

2. Self-Insured Retentions

Self-insured retentions must be declared to and approved County Risk Management. County may require the Contractor to purchase coverage with a lower retention or provide proof of ability to pay losses and related investigations, claim administration, and defense

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EXHIBIT B – INSURANCE REQUIREMENTS

expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or County. Any and all deductibles and SIRs shall be the sole responsibility of Contractor or subcontractor who procured such insurance and shall not apply to the Indemnified Additional Insured Parties. County may deduct from any amounts otherwise due Contractor to fund the SIR/deductible. Policies shall NOT contain any self-insured retention (SIR) provision that limits the satisfaction of the SIR to the Named. The policy must also provide that Defense costs, including the Allocated Loss Adjustment Expenses, will satisfy the SIR or deductible. County reserves the right to obtain a copy of any policies and endorsements for verification.

3. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

A. Additional Insured Endorsement

The County of San Diego, the members of the Board of Supervisors of the County and the officers, agents, employees and volunteers of the County, individually and collectively are to be covered as additional insureds on the General Liability and SAM policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General Liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO from CG 2010 11 85 or **both** CG 2010, CG 2026, CG 2033, or CG 2038; and CG 2037 forms if later revisions used).

B. Primary Insurance Endorsement

For any claims related to this Contract, Contractor's insurance coverage, including any excess liability policies, shall be primary and non-contributory at least as broad as ISO CG 20 01 04 13 as respects the County, the members of the Board of Supervisors of the County and the officers, agents, employees and volunteers of the County, individually and collectively. Any insurance or self-insurance maintained by the County, its officers, employees, or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

C. Notice of Cancellation

Each insurance policy required above shall state that coverage shall not be canceled, except with notice to the County.

General Provisions

4. Qualifying Insurers

All required policies of insurance shall be issued by companies which have been approved to do business in the State of California by the State Department of Insurance, and which hold a current policy holder's alphabetic and financial size category rating of not less than A, VII according to the current Best's Key Rating guide, or a company of equal financial stability that is approved in writing by County Risk Management.

5. Umbrella or Excess Policy

Contractor may use Umbrella or Excess Policies to provide the liability limits as required in this agreement. This form of insurance will be acceptable provided that all of the Primary and Umbrella or Excess Policies shall provide all of the insurance coverages herein required, including, but not limited to, primary and non-contributory, additional insured, Self-Insured Retentions (SIRs), indemnity, and defense requirements. The Umbrella or Excess policies shall be provided on a true "following form" or broader coverage basis, with coverage at least as broad as provided on the underlying Commercial General Liability insurance. No insurance policies maintained by the Additional Insureds, whether primary or excess, and which also apply to a loss covered hereunder, shall be called upon to contribute to a loss until the Contractor's primary and excess liability policies are exhausted.

6. Evidence of Insurance

Prior to commencement of this Contract, but in no event later than the effective date of the Contract, Contractor shall furnish the County with a copy of the policy declaration and endorsement pages along with the certificates of insurance and amendatory endorsements effecting coverage required by this clause. Policy declaration and endorsement pages shall be included with renewal certificates and amendatory endorsements submissions and shall be furnished to County within thirty days of the expiration of the term of any required policy. Contractor shall permit County at all reasonable times to inspect any required policies of insurance. The Contract/Project Number should be noted in the "Description of Operations" box located near the bottom of the form. Additionally, the "Certificate Holder" box should designate the address of the responsible department or department representative to ensure the documents are received by the appropriate party.

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EXHIBIT B – INSURANCE REQUIREMENTS

7. Failure to Obtain or Maintain Insurance; County's Remedies

Contractor's failure to provide insurance specified or failure to furnish certificates of insurance and amendatory endorsements or failure to make premium payments required by such insurance shall constitute a material breach of the Contract, and County may, at its option, terminate the Contract for any such default by Contractor.

8. No Limitation of Obligations

The foregoing insurance requirements as to the types and limits of insurance coverage to be maintained by Contractor, and any approval of said insurance by the County are not intended to and shall not in any manner limit or qualify the liabilities and obligations otherwise assumed by Contractor pursuant to the Contract, including, but not limited to, the provisions concerning indemnification.

9. Review of Coverage

County retains the right at any time to review the coverage, form and amount of insurance required herein and may require Contractor to obtain insurance reasonably sufficient in coverage, form and amount to provide adequate protection against the kind and extent of risk which exists at the time a change in insurance is required.

10. Self-Insurance

Contractor may, with the prior written consent of County Risk Management, fulfill some or all of the insurance requirements contained in this Contract under a plan of self-insurance. Contractor shall only be permitted to utilize such self-insurance if in the opinion of County Risk Management, Contractor's (i) net worth, and (ii) reserves for payment of claims of liability against Contractor, are sufficient to adequately compensate for the lack of other insurance coverage required by this Contract. Contractor's utilization of self-insurance shall not in any way limit liabilities assumed by Contractor under the Contract.

11. Claims Made Coverage

If coverage is written on a "claims made" basis, the Certificate of Insurance shall clearly so state. In addition to the coverage requirements specified above, such policy shall provide that:

- A. The policy retroactive date coincides with or precedes Contractor's commencement of work under the Contract (including subsequent policies purchased as renewals or replacements).
- B. Insurance must be maintained, and evidence of insurance must be provided for at least five (5) years after completion of the contract of work.
- C. If insurance is terminated for any reason, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase "extended reporting" coverage for a minimum of five (5) years after completion of work.
- D. The policy allows for reporting of circumstances or incidents that might give rise to future claims.

12. Subcontractors' Insurance

Contractor shall require and verify that all subcontractors maintain insurance meeting all requirements stated herein, and Contractor shall ensure that Entity is an additional insured on insurance required from subcontractors. For CGL coverage, subcontractors shall provide coverage with a form at least as broad as CG 20 38 04 13. If any sub contractor's coverage does not comply with the foregoing provisions, Contractor shall defend and indemnify the County from any damage, loss, cost, or expense, including attorneys' fees, incurred by County as a result of subcontractor's failure to maintain required coverage.

13. Waiver of Subrogation

Contractor hereby grants to County a waiver of their rights of subrogation which any insurer of Contractor may acquire against County by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the County has received a waiver of subrogation endorsement from the insurer.

COUNTY CONTRACT NUMBER 575187
AGREEMENT WITH PALOMAR HEALTH DEVELOPMENT, INC.
FOR FAMILY HOME VISITING SUPPORT SERVICES
EXHIBIT C – PAYMENT SCHEDULE

Term	Annual Contract Maximum (Not to Exceed)
Initial Term: March 1, 2026 – June 30, 2027	\$1,274,992
County Option Year 1: July 1, 2027 – June 30, 2028	\$1,136,551
County Option Year 2: July 1, 2028 – June 30, 2029	\$1,136,551
County Option Year 3: July 1, 2029 – June 30, 2030	\$1,136,551
County Option Year 4: July 1, 2030 – June 30, 2031	\$1,136,551
Total Contract Maximum	\$5,821,196

*Detailed line item budget is subject to County COR approval. In accordance with Section 5.2.2, County COR may make Administrative Adjustments (“AA”) to line item budget changes only; all other changes to Exhibit C are subject to Section 6.1 Contracting Officer. No budget change may exceed the annual contract maximum.