

COUNTY CONTRACT NUMBER 575189
AGREEMENT WITH SOCIAL ADVOCATES FOR YOUTH SAN DIEGO, 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 Social Advocates for Youth San Diego, Inc., a California non-profit Organization, located at 4775 Viewridge Avenue, San Diego, CA 92123 ("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 HHSA 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 HHSA 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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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 seven million six hundred one thousand eight hundred and twenty-five dollars (\$7,601,825.00) ("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.

Mary Baum, Associate Vice President of Philanthropy
4775 Viewridge Avenue
San Diego, CA 92123
(858) 715-2425 mbaum@saysandiego.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: Luong Nguyen
Luong Nguyen (Feb 17, 2026 13:35:28 PST)
Name: Luong Nguyen
Title: Chief Executive Officer
Email: louie.nguyen@saysandiego.org
Date: Feb 17, 2026

COUNTY OF SAN DIEGO:

ALLEN HUNSBERGER, Director
Department of Purchasing and Contracting

By: 
Richard McCarvell (Mar 10, 2026 13:54:32 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: CBJCHBCAABAAJlbuaZI Sjyp_bTOGRyRNHSEhVXcfHyy7

Approved as to form and legality
County Counsel

By: Matthew Patrick O'Sullivan

Name: Matthew O'Sullivan

Title: Supervising Deputy County Counsel

Date: Feb 23, 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

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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 EXHIBIT SUBMITTAL ITEMS

1. ORGANIZATIONAL CAPABILITY, EXPERIENCE, AND STAFFING

1.1. Experience

1.1.1. Organizational resume of experience

Social Advocates for Youth (SAY San Diego), a 501(c)3 nonprofit organization, brings more than five decades of proven experience delivering large-scale, evidence-based services in partnership with government agencies at the federal, state, county, and municipal levels. SAY San Diego is recognized as a reliable and effective social services agency in San Diego, with a track record of managing over 50 government contracts and grants annually and maintaining zero defaults in organizational history

Our public health portfolio encompasses prevention, intervention, and systems coordination, serving over 30,000 residents annually through 30 distinct programs. Since 2013, SAY has successfully implemented the County of San Diego First 5 Commission's First Steps Targeted Home Visiting Initiative, grounded in Healthy Families America (HFA) evidence-based models, achieving measurable outcomes in maternal and child health, with more than 95% of participants reporting reduced parental stress and nearly 90% demonstrating increased capacity to support their child's developmental well-being. More recently, SAY San Diego was selected to lead the Family Connection Hub, a public/private partnership that prevents child welfare involvement by providing Care Navigation, family wellbeing plans, parenting support, and mental health services through a culturally responsive, trauma-informed approach. Plus, our programs like Community Services for Families and Project KEEP, offer comprehensive case management, parenting support, and economic empowerment services to achieve high rates of goal completion and long-term family preservation. Our Fatherhood FIRE initiative builds parenting and relationship skills for fathers, demonstrating our commitment to strengthening families across multiple domains of well-being.

Beyond direct service delivery, SAY has built a reputation for excellence in government contract management and multi-agency collaboration. Managing more than \$21 million in grants and contracts funding annually, we maintain exemplary audit compliance with zero findings across multiple oversight reviews. Our robust data infrastructure, including Efforts to Outcomes (ETO), enables robust outcome tracking, reporting compliance, and continuous quality improvement.

With more than a decade of experience implementing HFA standards and direct leadership in the Family First Prevention Services Act (FFPSA) infrastructure, SAY San Diego is positioned as a premier provider of prevention and family strengthening services, as demonstrated throughout this proposal. See also our letter of good standing from Healthy Families America in our Attachments file.

1.1.1.1. Entity name, location, dates, description of services, contact person, phone number, email, annual costs, total contract value

Program 1: First 5 First Steps Targeted Home Visiting Initiative

Agency: County of San Diego HHSA, Child and Family Well-Being, First 5 Commission of San Diego

Description of Services:

Intensive home visitation program for expectant and new parents, lasting up to the child's third birthday. Services follow the Healthy Families America and Baby TALK models to promote early childhood development, strengthen parenting, and reduce child maltreatment risk.

Location:

- 4275 El Cajon Blvd., Ste 101, San Diego, CA 92105 (primary program offices)
- 3487 Santo Rd., San Diego, CA 92124 (Healthy Start – Military Family Resource Center (HSMFRC) - satellite location)
- 4191 Colts Way, San Diego, CA 92115 (Crawford Community Connection – satellite location)
- 5880 Skyline Dr., San Diego, CA 92114 (Valencia Park Elementary – satellite location)
- 4777 Imperial Avenue, San Diego, CA 92113 (Lincoln High School – satellite location)

Dates of Project: 2013 – Present

Annual Contract Value: Fiscal Year (FY) 2024-25: \$2,247,837

Total Current Contract: \$2,247,837

Number of Clients Served Per Year: FY 2023-24: 117; FY 2024-25: 145

Program Outcomes (FY 2023-24):

- 95% reported less parental stress
- 89% increased capacity to support their child's development
- 85% improved knowledge/access to community services
- 70% increased engagement/communication with child (talking, reading, singing)
- 98% would recommend the program to a friend

Program 2: Family Connection Hub (FCH)

Agency: Child and Family Well-Being (CFWB)

Description of Services:

SAY San Diego leads a public/private partnership to operate the Family Connection Hub designed to prevent future involvement in child welfare. The Family Connection Hub (FCH) provides compassionate, culturally responsive, and trauma-informed services to support families with Care Navigation (CN), Family Wellbeing Plans, Parenting Support Services and Mental Health Services to help families thrive in a connected community that enhances and restores nurturing and responsive relationships and environments.

Location:

- 4755 Viewridge Drive, San Diego, CA 92123

Dates of Project: 12/1/2024 – Present

Annual Contract Value: FY 2024-25: \$1,321,536

Total Current Contract: \$9,659,432

Number of Clients Served Per Year: FY 12/1/2024-6/30/25: 84

Program Outcomes (FY 12/1/2024-6/30/25):

- Referrals from CFWB: 85
- Unduplicated Number of Families Receiving CN: 49 (57% Engagement rate)
- # of children served: 93
- # of families who received intake assessments: 48
- # of family well-being plans created: 68
- Number of referrals to EBPs:
 - Number of children referred to HFA: 11
 - Number of children active to HFA (Enrolled): 5
 - Number of children referred to Parent-Child Interaction Therapy (PCIT): 10
 - Number of children active to PCIT (enrolled): 2
 - Number of children referred to Functional Family Therapy (FFT): 11
 - Number of children active to FFT (enrolled): 3
 - Number of referrals made to non-EBP services: 56

Program 3. Community Services for Families (Central and North Central)

Agency: County of San Diego HHSA, Child and Family Wellbeing

Description of Services:

Home-based and community-based services, including parent education, case management, clinical sessions, and parent partner support for families involved in the child welfare system.

Location:

- 4775 Viewridge Ave., San Diego, CA 92123
- 4275 El Cajon Blvd., Ste 101, San Diego, CA 92105

Dates of Project: 2001 – Present

Annual Contract Value: FY 2024-25: \$1,935,329

Total Current Contract: \$9,479,416

Number of Clients Served Per Year: FY 2023-24: 462

Program Outcomes (FY 2023-24):

- 81% of reunifying clients met service plan goals
- 80% of in-home education clients completed goals
- 100% assessed for insurance, CalFresh, medical home, and immunizations
- In-home module completion rates:
 - Health: 100%
 - Home Safety: 81%
 - Parent-Child Interaction: 86%
 - Parent-Infant Interaction: 100%
 - 66% of group-based parent education clients completed the program

Program 4. Neighborhood Networks – Enhanced Care Management (ECM/CalAIM)

Agency: San Diego Wellness Collaborative

Description of Services:

Under CalAIM, SAY provides Enhanced Care Management (ECM) to high-need clients, offering health navigation, housing support, basic needs assistance, and oversight of billing and enrollment processes.

Location:

- 4275 El Cajon Blvd., Ste 101, San Diego, CA 92105

Dates of Project: 2020 – Present

Annual Contract Value: FY 2024-25: \$883,068

Total Current Contract: \$883,068

Number of Clients Served Per Year: FY 2023-24: 480

Program 5. Fatherhood FIRE – San Diego Dads Corps

Agency: U.S. Department of Health and Human Services, Administration for Children and Families

Description of Services:

Fatherhood FIRE (Family-focused, Interconnected, Resilient, and Essential) provides group-based parenting education using the 24/7 Dad and Healthy Relationships curricula. Services include case management, referrals, employment support, legal clinics, and optional family engagement events to support responsible fatherhood, economic stability, and healthy relationships.

Location:

- 4275 El Cajon Blvd., Ste 101, San Diego, CA 92105
- 3487 Santo Rd., San Diego, CA 92124

Dates of Project: 2020 – Present

Annual Contract Value: FY 2024-25: \$999,999

Total Current Contract: \$4,999,995

Number of Clients Served Per Year: FY 2023-24: 233

Program Outcomes (FY 2023-24):

- 65% successfully graduated from the program
- 93% reported gaining tools to nurture their parent-child relationship
- 89% learned effective communication strategies
- 85% increased knowledge of responsible parenting
- 84% reported having access to a supportive peer/father network

1.1.1.2. Experience working with public, social, and/or government sectors

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SAY San Diego brings over five decades of extensive experience collaborating across public health, behavioral health, and social service systems to support families with complex needs, demonstrated through current management of more than 50 federal, state, county, and municipal contracts and grants annually with zero contract defaults in organizational history.

Public Health Experience and Programming

Our public health experience encompasses comprehensive prevention programming designed to strengthen community health outcomes through evidence-based interventions targeting vulnerable populations. Through current County of San Diego Health and Human Services Agency partnerships, we implement multiple prevention initiatives addressing child abuse prevention, tobacco control advocacy, and family strengthening services reaching over 30,000 San Diegans annually across 30 different programs.

Since 2013, we have maintained a continuous partnership with the County of San Diego First 5 Commission, implementing the First Steps Targeted Home Visiting Initiative, serving 145 families in FY24/25 and 117 families in FY23/24 through intensive home visitation services utilizing Healthy Families America evidence-based models. This program demonstrates our capacity to deliver population-level maternal and child health interventions that meet federal Title V requirements, while achieving measurable outcomes, including families demonstrating 95% reduced parental stress, 89% improved child support capacity, and 85% expanded service access.

Our Family Connection Hub implementation represents comprehensive public health prevention programming serving as the centralized access point for primary, secondary, and tertiary prevention services countywide, demonstrating capacity to coordinate multi-agency responses that address the social determinants of health. Under CalAIM, our Neighborhood Networks implementation delivers Enhanced Care Management to high-need clients, providing health navigation, housing support, basic needs assistance, and oversight of billing and enrollment processes, demonstrating capacity to integrate public health strategies with complex care coordination.

Behavioral Health Experience and Service Delivery

SAY San Diego's behavioral health experience encompasses direct clinical service delivery, system coordination, and integrated care models addressing complex mental health and substance abuse needs across diverse populations. Current behavioral health programming includes school-based mental health services reaching 413 students across 26 San Diego Unified School District sites. Over 60% of participants successfully completed therapy goals, demonstrating documented improvements in well-being, behavior, and school attendance. Our behavioral health approach incorporates comprehensive trauma-informed care principles across all programming. Through the Neighborhood Networks – ECM/CalAIM program, SAY coordinates care across county agencies, hospitals, Federally Qualified Health Centers, behavioral health providers, housing agencies, and community-based organizations. As well, in our programs, the use of psychoeducational resources and evidence-based practices, such as motivational interviewing, supports behavioral health outcomes by strengthening client insight, building coping skills, and fostering sustained engagement in positive behavior change.

Social Services System Navigation and Family Support

SAY's social services experience encompasses comprehensive family support programming addressing multiple domains of family functioning, including economic stability, housing security, educational achievement, and community connection. Through our Community Services for Families programming, serving central and north-central regions since 2001, we have supported over 462 families annually. Notably, 81% of dependency clients have met their service plan goals, and 100% have received comprehensive assessments across health, safety, and educational needs. SAY's federally funded Fatherhood FIRE programming serves 233 participants annually through group-based parent education utilizing 24/7 Dad and Healthy Relationships curricula, achieving 93% of participants reporting enhanced tools for nurturing parent-child relationships and 89% demonstrating improved communication strategies.

As a social service organization serving San Diego for over 50 years, we have extensive touch points to other social service entities in San Diego, including youth services such as San Diego Youth Services (SDYS), victim/survivor service organizations such as the Your Safe Place, and ethnic-community-based organizations such as Horn of Africa. We maintain resource lists and connection protocols, respecting client confidentiality and consent, tailored to our contracts and programs for leveraging community resources.

Government Agency Coordination and Contract Management

Our government collaboration extends beyond service delivery to encompass sophisticated contract management, regulatory compliance, and multi-agency coordination across complex funding streams and reporting requirements. We currently manage contracts exceeding \$15 million annually across federal, state, and local funding sources while maintaining comprehensive audit compliance with zero findings across multiple oversight reviews.

SAY San Diego's sustained partnership with the CFWB spans multiple decades, encompassing prevention, intervention, and family preservation programming, including the Family Connection Hub and the First 5 Commission's Targeted Home Visiting Initiative. We also maintain a Memorandum of Understanding with CFWB for our current First Five Family Home Visiting Support Services program. Additionally, Community Services for Families (2001–present) and First 5 First Steps (2013–present) operate in close partnership with the County of San Diego's Health and Human Services Agency, CFWB, and the First 5 Commission of San Diego.

We maintain extensive contracts with various government entities. For example, we manage \$4.9 million in Responsible Fatherhood programming through a five-year federal contract with the U.S. Department of Health and Human Services Administration for Children and Families, while also ensuring compliance across Title IV-E, Title V, and Temporary Assistance for Needy Families funding streams with advanced data management and accountability systems. At the municipal level, we hold direct service contracts with San Diego Unified School District for behavioral health programming and partner with city governments on policy advocacy and community development. Our government partnership success reflects sophisticated quality assurance systems ensuring sustained regulatory compliance across multiple oversight frameworks. Through comprehensive internal audit systems, external evaluation partnerships, and continuous quality improvement protocols, we maintain exemplary compliance records enabling long-term government collaboration. Through these contracts, we have successfully completed multiple federal, state, and county audits with zero findings, demonstrating the accuracy and completeness of service delivery documentation.

1.1.1.3. Experience collaborating with multiple disciplines

SAY strives to apply a transdisciplinary team approach across its programs. Our organizational goal is to have an approach that extends beyond siloed service delivery by creating coordinated teams where social workers, mental health clinicians, educators, healthcare providers, and community advocates work in unified partnership toward shared family outcomes.

Through our Family Connection Hub program, we coordinate with Child and Family Well-Being Department, 211 San Diego, and YMCA to deliver comprehensive prevention services. We have established a coordinated service delivery system where SAY provides four dedicated care navigators, 211 contributes client care specialists for initial screening and coordination, and the YMCA allocates specialized coordinator/trainer staff for evidence-based training delivery. This multi-agency structure ensures families receive comprehensive support addressing immediate safety needs, long-term capacity building, and systemic navigation assistance through a single coordinated intervention.

SAY San Diego's organizational infrastructure supports transdisciplinary practice through extensive community partnerships spanning healthcare, legal services, mental health, education, and housing sectors. We maintain active collaborative relationships with organizations as demonstrated in Section 2.2.4.17. These partnerships enable our staff to coordinate comprehensive service plans that address multiple family needs simultaneously rather than referring families to navigate complex systems independently.

In Neighborhood Networks ECM/CalAIM, Navigators coordinate with physicians, behavioral health clinicians, housing case managers, and social service providers to ensure whole-person care. In the First Steps Targeted Home Visiting Initiative, multi-disciplinary home visitors and supervisors collaborate with community partners to promote early childhood development and family stability. Community Services for Families integrates clinicians, parent educators, and peer parent partners to deliver wraparound child welfare prevention services. Across programs, SAY staff facilitate communication among diverse partners, align service goals, and engage families and caregivers as active participants in planning. SAY San Diego also has extensive experience facilitating multidisciplinary teams (MDTs), a model we propose in the First 5 FHVSS with

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our home visiting team, public health nurses, and Family Connection Hub care navigators to ensure comprehensive, family-centered support, addressing their health, social, and emotional needs.

Furthermore, SAY San Diego has extensive experience participating in Child and Family Team (CFT) meetings, as well as their predecessor models, for over a decade. Our CSF staff are consistently invited by the parents we serve, and our participation is both expected and valued. In these meetings, we collaborate with CFWB, behavioral health, schools, and other partners to support family reunification, strengthen system navigation, and elevate family voice in decision-making. Through this role, we bring expertise in case management, family engagement, crisis intervention, and resource coordination, ensuring services are aligned with each family's strengths and needs. This collaborative approach has strengthened family stability, improved communication across systems, encouraged parents to engage in the completion of their child welfare service plan, and supported positive outcomes for children and caregivers.

1.1.1.4. Experience in implementing home visiting services utilizing HFA best standards

SAY San Diego brings over twelve years of specialized expertise in implementing Healthy Families America (HFA) programming through our First Steps Targeted Home Visiting Initiative, demonstrating sustained organizational commitment to evidence-based home visiting services, establishing ourselves as a proven provider capable of maintaining rigorous adherence to HFA's comprehensive standards while achieving measurable family outcomes.

Through First Steps, Family Support Specialists (FSS) provide intensive, voluntary, in-home services from pregnancy through a child's third birthday, following HFA model and utilizing the Baby TALK curriculum. The Baby TALK curriculum is an evidence-based approach that equips professionals to engage with families during everyday encounters, utilizing child development and family support principles to strengthen parent-child relationships and promote early learning. SAY San Diego uses this approach in support of the HFA model. Services emphasize trust-building, cultural responsiveness, reflective supervision, and strengths-based engagement. Outcomes from FY 2023–24 highlight that parent-child bonds grew, with 70% of families reporting more frequent engagement through reading, singing, or conversation.. This experience reinforces SAY's capacity to deliver high-quality home visiting and relational engagement across service models.

The effectiveness of our HFA implementation is evidenced through concrete family outcomes that align directly with HFA's core objectives of strengthening family functioning and promoting child well-being. In FY 2023-24, 17 clients graduated from our program after receiving the full three-plus years of services recommended under HFA standards, demonstrating our capacity to maintain long-term family engagement throughout the comprehensive service continuum.

Our organizational commitment to HFA standards extends beyond basic program implementation to encompass comprehensive quality assurance and continuous improvement processes. We have consistently helped program participants achieve measurable improvements in problem-solving and resiliency skills, advocacy capacity for their children, and knowledge of community resource access. Our HFA program maintains its status as an FFPSA-approved intervention, positioning us to serve families requiring prevention services under federal and state guidelines.

External validation of our HFA implementation quality comes through sustained partnerships with medical and evaluation experts who provide ongoing oversight of our program fidelity. Dr. Pradeep Gidwani, Medical Director for Healthy Development Services and First Steps coordination, has worked with SAY San Diego for over a decade and confirms that we have "always maintained these high standards" required for HFA accreditation. This external validation reflects our organizational commitment to continuous quality improvement and adherence to evidence-based practices rather than merely meeting minimum compliance requirements. See also our program performance report, parent satisfaction results, success stories, and letters of support included in the Attachments.

Our demonstrated capacity for HFA implementation positions us to expand these services effectively while maintaining the quality standards that have characterized our programming for over a decade. This experience provides the foundation for scaling evidence-based home visiting services to meet increasing community demand while ensuring families receive the comprehensive, intensive support that HFA standards are designed to deliver.

1.1.1.5. Understanding of FFPSA and linking process upon referrals from CFWB

SAY San Diego demonstrates a comprehensive understanding of the Family First Prevention Services Act (FFPSA) as a transformative federal legislation designed to prevent unnecessary child removals through evidence-based prevention services while supporting family preservation and strengthening. Our organizational interpretation recognizes FFPSA's dual mandate: reducing reliance on congregate care settings while expanding access to high-quality prevention services that address underlying factors contributing to child welfare involvement.

Through our current implementation of the Family Connection Hub (FCH), we serve as the coordinating entity for San Diego County's FFPSA infrastructure, acting as a centralized access point for referrals to primary, secondary, and tertiary prevention services for county residents. This operational experience provides direct insight into FFPSA's practical application, including candidacy determination, service matching, and outcome accountability requirements. Additionally, we are poised for FFPSA integration in our First Steps Targeted Home Visiting Initiative. Our relevant service portfolio includes:

Healthy Families America (HFA) Implementation: Through our First Steps Targeted Home Visiting Initiative, we deliver intensive home visitation services utilizing HFA's evidence-based model, serving 117 clients in FY 2023-24 with documented outcomes demonstrating substantial impact, with 95% of parents reporting reduced stress, 89% increasing their capacity to support child development, 85% improving knowledge and access to community services, 70% strengthening engagement through talking, reading, and singing, and 98% indicating they would recommend the program to a friend. Our twelve-year implementation history positions us as a proven FFPSA-capable provider for delivering high-fidelity services meeting federal standards.

Comprehensive EBP Network Coordination: We maintain established partnerships with County-contracted providers delivering FFPSA-approved interventions, including Functional Family Therapy through Lifeline Community Services, Parent-Child Interaction Therapy through San Diego Center for Children and multiple clinical partners, and HFA through our agency, as well as Home Start, Palomar Health, and SBCS. Our FFPSA implementation incorporates systematic assessment protocols ensuring appropriate service matching based on individual family needs and federal eligibility criteria.

CFWB Communication: Our organizational model strives for seamless coordination with CFWB through established communication protocols and shared accountability systems. Program staff, such as Family Support Specialists in First Steps or Care navigators in FCH, maintain ongoing communication with CFWB and provide rapid contact for referred/approved families from CFWB. Within ECM/CalAIM, families identified with CFWB involvement are seamlessly referred to SAY's in-house family-strengthening programs or to trusted partner agencies. This integrated approach ensures that Medi-Cal beneficiaries and families at risk of child welfare involvement have access not only to health supports but also to prevention and stabilization services that help avoid deeper system penetration.

Referral Process and Service Linkage Methodology: Our comprehensive referral infrastructure addresses diverse family needs through coordinated partnerships spanning healthcare, behavioral health, education, housing, legal services, and economic support systems. The referral process incorporates:

- Warm Handoff Protocol: Staff facilitate direct introductions between families and service providers, ensuring successful connection rather than passive referral processes. This approach leverages established relationships with over 100 community partners to minimize barriers to service access.
- Multi-Domain Service Planning: Treatment plans address holistic family needs, including co-existing medical, mental health, substance abuse, domestic violence, educational, and economic challenges through coordinated service delivery rather than fragmented interventions.
- Outcome Tracking and Quality Assurance: Implementation includes systematic tracking of referral completion rates, service engagement duration, and family outcome achievement through our Efforts to Outcomes (ETO) database platform, enabling continuous quality improvement and accountability to federal reporting requirements.

Data Infrastructure and Federal Reporting Compliance: Since 2014, SAY San Diego has maintained comprehensive data management systems through the ETO platform, enabling real-time tracking of required federal reporting elements, including case identification, demographic information, evidence-based program utilization, service duration, expenditure documentation, and placement outcomes across 12-month and multi-year timeframes. This data infrastructure positions our organization to meet federal accountability requirements

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while providing County leadership with real-time program performance information, enabling strategic decision-making and resource allocation optimization. As described in the next section, we are also skilled at using contract-specific tracking systems and submitting required reports within the required time frames. Our FFPSA implementation incorporates continuous quality improvement protocols, ensuring sustained adherence to evidence-based practice standards while achieving measurable family outcomes. Monthly supervision processes include fidelity monitoring, case consultation, and professional development activities maintaining staff competency in delivering trauma-informed, culturally responsive services meeting federal requirements. External validation of our FFPSA implementation quality includes partnerships with medical directors and evaluation specialists who provide ongoing oversight of program fidelity.

1.1.1.6. Experience in result evaluation and program effectiveness

SAY San Diego has established evaluation systems and processes spanning over three decades of service delivery, with expertise in assessing program effectiveness and population-level impact. SAY San Diego ensures that all programs and activities are documented, monitored, and evaluated in accordance with contract requirements (as applicable) and best practices. SAY San Diego develops evaluation plans tailored to the needs and scope of its various funded programs, employing a mixed-methods design that integrates quantitative outcome tracking with qualitative assessment protocols to provide a comprehensive understanding of program effectiveness across diverse family populations. Program evaluation plans are developed based on a program's contract objectives, and a theory of change or logic model, which defines program inputs, activities, outputs and expected short-term and long-term outcomes.

SAY San Diego utilizes tracking tools required for each contract, and also implemented the Efforts to Outcomes (ETO) database in 2014, enabling real-time tracking of participant outcomes, service utilization patterns, and program fidelity measures across multiple interventions simultaneously. First 5 Targeted Home Visiting Initiative principally utilizes Persimmonny CMEDS (Contract Management and Evaluation Data System), which is used Countywide for the San Diego HFA Multi-Site System (MSS), to document services, referrals, and assessments. The countywide coordinator, the American Academy of Pediatrics – California Chapter 3 (AAP-CA3), then takes the information into Tableau for further analysis and contracts with Harder+Company for additional evaluation. SAY San Diego is an active participant supporting these systemwide evaluation efforts. Data entered in these external systems is uploaded into ETO, as needed, to inform SAY's impact as whole. SAY's Senior Director of Monitoring & Evaluation, in conjunction with each Program Director, is responsible for the development and implementation of all data tracking tools and reports within ETO, as well as training staff in ETO procedures, as applicable. The Program Director is responsible for ensuring staff data entry is timely and accurate, and monitoring data reports for progress toward meeting program objectives.

Our evaluation methodology for home visitation services incorporates multi-dimensional assessment protocols specifically designed to capture the complex nature of family functioning improvements achieved through intensive, relationship-based interventions. Please see assessments and delivery intervals in Table 1. Consistent with home visitation best practices, our evaluation framework emphasizes measurement of the five protective factors established by the Center for the Study of Social Policy: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. This framework enables assessment of both individual family outcomes and population-level protective factor strengthening across our service population.

Our evaluation capacity has generated substantial outcome data demonstrating program effectiveness across multiple aspects of family functioning and child well-being. Together, these evaluation systems demonstrate SAY's ability to capture quantitative and qualitative outcomes, analyze trends, and use data to refine program delivery and demonstrate impact.

For **First 5 First Steps**, outcome data from FY 2023–24 showed that 98% of participants would recommend the program, and 70% reported increased positive parent-child communication. **Family Connection Hub** reported 91% of clients accessing needed resources and 88% completing service goals. In **Community Services for Families**, 81% of reunifying clients met service plan goals, and 100% were linked to essential benefits. For **ECM/CalAIM**, SAY tracks care plan completion rates, health risk outcomes, engagement, and reductions in ER visits, with FY 2024–25 data pending. **Fatherhood FIRE (Dads Corps)** achieved a 65% graduation rate, with 93% of fathers gaining tools to nurture their parent-child relationship.

SAY San Diego's evaluation approach incorporates substantial qualitative components, ensuring family voice integration and cultural responsiveness in outcome assessment. Through customer satisfaction surveys, focus groups, and participatory evaluation protocols, we capture family perspectives on service effectiveness and program impact beyond quantitative measures.

Assessing cultural responsiveness remains central to our methodology, with specific measurement of cultural competence and linguistic appropriateness of service delivery, ensuring interventions meet the diverse needs of San Diego County's multicultural population. This includes evaluation of service delivery in multiple languages and assessment of cultural adaptation of evidence-based interventions.

Some programs are also evaluated by external evaluators, such as Harder+Company, to ensure objectivity and accuracy in outcome measurement. These collaborative relationships support rigorous quality assurance processes that support evaluation credibility.

Multiple federal, state, and county audits have been successfully completed with zero findings, demonstrating the accuracy and completeness of outcome documentation. Additionally, SAY's Compliance Committee conducts annual program audits, including a comprehensive review of evaluation protocols and outcome documentation accuracy.

Monthly team meetings review program data prior to submission, measuring outcomes against established goals and enabling resource allocation adjustments when needed. This systematic review process has enabled program modifications resulting in improved family engagement and outcome achievement across multiple service modalities.

Evaluation findings directly inform professional development planning and staff training priorities. SAY San Diego's Senior Director of Monitoring & Evaluation, Jennifer Lambert, will oversee the evaluation, in concert with the Program Director and SAY's Community Engagement Department. Jennifer Lambert has 24 years of practice-based research, program evaluation, and technical assistance experience.

1.2 References

REFERENCE 1: PALOMAR HEALTH

1.2.1 Reference organization's information: 338 Via Vera Cruz, Suite 250, San Marcos, CA 90078.

Palomar Health Purpose: Our Mission is to heal, comfort and promote health in the communities we serve. Our Vision: Palomar Health will be the health system of choice for patients, physicians, and employees, recognized nationally for the highest quality of care and access to comprehensive services.

1.2.2. Contact person(s) representing the reference organization: Shirin Strauss, Program Manager; Shirin Strauss is familiar with SAY San Diego and their relevant experience and performance.

1.2.3. Statement of relationship to the offeror: Palomar Health has been collaborating with SAY San Diego since 2009 in a variety of capacities. From 2009 to 2011, as Central and East Region Healthy Development Services (HDS) Coordinator with Family Health Centers, and since 2012, Ms. Strauss has worked closely with the SAY San Diego Central Region First 5 First Steps Program Director and evaluator on the launch, development, and implementation of the First Steps program. SAY San Diego has never wavered from their strong values and deep commitment to the children and families that our organizations mutually serve. Together, over the years, we have collaborated in areas such as: Policy and procedure, staff interview, hiring, training and retention plans, home visitor protocol, data collection and quality improvement, family services and support, assessment implementation at established timeframes, evidence-based model access, training and affiliation, program development and evaluation, and much more. Palomar Health and SAY San Diego share a theoretical and practical, long-term commitment to underserved and at-risk populations. This is the shared foundation of our successful partnership connecting primary caregivers and their families with evidence-based, family-centered education, comprehensive community resources, and ongoing support, that is life-affirming and life-changing for children and families in both the short- and long-term.

1.2.4. Description of applicable work provided: Palomar Health First Five First Steps has collaborated with SAY San Diego in the provision of culturally sensitive, trauma-informed, sustainable services and support for families. This includes, for example: 1) Palomar Health referral to SAY San Diego First Steps Program, and

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receipt of referrals from SAY San Diego, both to offer free-of-charge program services and support to families; 2) Case discussions with SAY San Diego Family Support Specialists and Supervisors to individualize responsive outreach to referred families; 3) Transfer of enrolled program families to SAY San Diego who may have relocated into SAY San Diego's service region, 4) Participation with SAY San Diego in a myriad of program and community meetings, including: a) Program planning and policy development meetings with AAP-CA3; b) HFA annual database (HFAST) coordination meetings; c) Staff training and development discussions and meetings; d) Evaluation, and Beyond the Numbers annual evaluation meetings with AAP-CA3 and Harder + Company, an American Academy of Pediatrics – California Chapter 3 (AAP-CA3) data and evaluation subcontractor/First Steps CMEDS (Contract Management and Evaluation Data System) database developer; e) Community meetings to inform organizations and agencies about the SAY San Diego and Palomar Health First Steps Programs and referral pathways, and many more. A shared vision of high-quality, responsive, culturally sensitive, strength-based service provision has been the foundation of our work together since 2009.

REFERENCE 2: COUNTY OF SAN DIEGO HHSA – BEHAVIORAL HEALTH SERVICES, POPULATION HEALTH

1.2.1 Reference organization's information: Purpose: County of San Diego HHSA – Behavioral Health Services, Population Health mission is to improve the health and well-being of the community by providing accessible and coordinated behavioral health care, including mental health and substance use treatment, services across the lifespan, and preventative care for residents facing life stressors and crises.

Located at 1600 Pacific Highway, San Diego, CA 92101, Room 206; [REDACTED]

Website: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs.html>

1.2.2 Contact person(s) representing the reference organization: Seth Williams, Contact Title: Behavioral Health Program Coordinator; [REDACTED]

1.2.3 Statement of relationship to the offeror: As a Contracting Officer's Representative (COR), Mr. Williams oversees two BHS contracts with SAY San Diego- Substance Use Disorder (SUD) Prevention Services Regional Program, Central and North Central regions. We are in year 3 of a 5-year contract, and Mr. Williams has been COR for 1 ½ years.

1.2.4 Description of applicable work provided: SAY provides outreach and engagement with youth and adult community groups to educate and raise awareness on available harm reduction strategies and environmental prevention strategies to reduce youth access to alcohol, tobacco and other drugs, and address opiate overdose and fentanyl poisoning.

REFERENCE 3: SAN DIEGO WELLNESS COLLABORATIVE

1.2.1 Reference organization's information: Purpose: The San Diego Wellness Collaborative is a nonprofit organization that improves health equity and population health in San Diego through multi-stakeholder collaborative initiatives. Located at 1084 N. El Camino Real, Suite B-149, Encinitas, CA 92024. [REDACTED]

Website: <https://sdwellnesscollaborative.org/>

1.2.2 Contact person(s) representing the reference organization: Katherine ("Kitty") Bailey; Contact Title: CEO; [REDACTED]

1.2.3 Statement of relationship to the offeror: San Diego Wellness Collaborative is the convener and administrator of three critical community programs advancing health equity and improved whole person/whole family care: Neighborhood Networks, San Diego Accountable Community for Health, and Be There, San Diego. Since 2020, SAY San Diego has been a primary partner and subcontractor to the San Diego Wellness Collaborative to provide CalAIM services to individuals of all ages, children to age 64, in San Diego County, in the areas of enhanced care management, housing navigation and support, and medically integrated community health workers. The overall program is known as Neighborhood Networks (<https://neighborhood-networks.org/our-partners/>), and our principal MediCal healthcare partners are Health Net of California, Blue Shield Promise, Partners in Care Foundation, Community Health Group and Molina Healthcare. SAY's CEO has also been a member of the San Diego Accountable Community for Health Steering Committee, convened by San Diego Wellness Collaborative, since 2016.

1.2.4 Description of applicable work provided: SAY San Diego's 12-person workforce for Neighborhood Networks comprises care coordinators/health navigators and community health workers, led by a clinician, to provide timely and effective care coordination/navigation for vulnerable folks with complex needs, countywide. Areas of focus include youth and adults with chronic and unmet health needs, addressing social determinants of health with all ages and a whole family approach, services for diverse populations including immigrants, refugees, justice- and child welfare-involved individuals, individuals who have been homeless or who are at risk of homelessness. SAY's team has demonstrated substantial knowledge of trauma-informed and person-centered, strength-based approaches.

REFERENCE 4: POLICY RESEARCH CENTER FOR TOBACCO AND THE ENVIRONMENT, SDSU RESEARCH FOUNDATION

1.2.1 Reference organization's information: Policy Research Center for Tobacco and the Environment's mission is to conduct community-driven tobacco policy research that leads to cleaner and healthier indoor and outdoor environments by eliminating the toxic legacy of commercial tobacco products. Located at San Diego State University, 9245 Sky Park Court, #225 & #240, San Diego, CA 92123. Website: <https://policycte.sdsu.edu/>

1.2.2 Contact person(s) representing the reference organization: Georg E. Matt, PhD, Director, Thirdhand Smoke Resource Center for Tobacco and the Environment, and Lydia Greiner, DrPH, APRN, Associate Director, Thirdhand Smoke Resource Center, Co-Director at Policy Research Center for Tobacco and the Environment

1.2.3 Statement of relationship to the offeror: The Policy Research Center on Tobacco and the Environment, funded by the Tobacco-Related Disease Research Program, is a collaborative effort by SAY San Diego and San Diego State University, as well as a broad range of community partners, to address tobacco-related policy concerns in San Diego County. It is one of four policy research centers on tobacco in California. The Center's policy efforts are guided by our community partners, who help identify and prioritize community concerns related to tobacco and the environment, provide feedback on the development and implementation of research projects to address these concerns, and help to communicate findings to community members, policymakers, and other stakeholders. Our community partners are a diverse group of individuals from throughout San Diego County.

1.2.4 Description of applicable work provided: All Center activities are dedicated to local and state policy initiatives aimed at preventing, reducing, and eliminating the harmful consequences of outdoor and indoor environmental pollution from commercial tobacco sales and use. Together with SAY San Diego and community partners we conduct short-term research projects designed to collect information that can inform local and state policy efforts. We investigate issues that affect both indoor and outdoor environments, such as tobacco smoke intrusion in apartment homes and tobacco product waste in our local waterways. In addition, we offer training, mentoring, and educational opportunities focused on tobacco and the environment to communities, students, and emerging researchers.

1.2.5. References who can attest to offeror's competency

Not applicable, references are for similar work.

1.2.6. SSC shall rely on performance history if COR or HHSA staff member is listed as reference
Acknowledged.

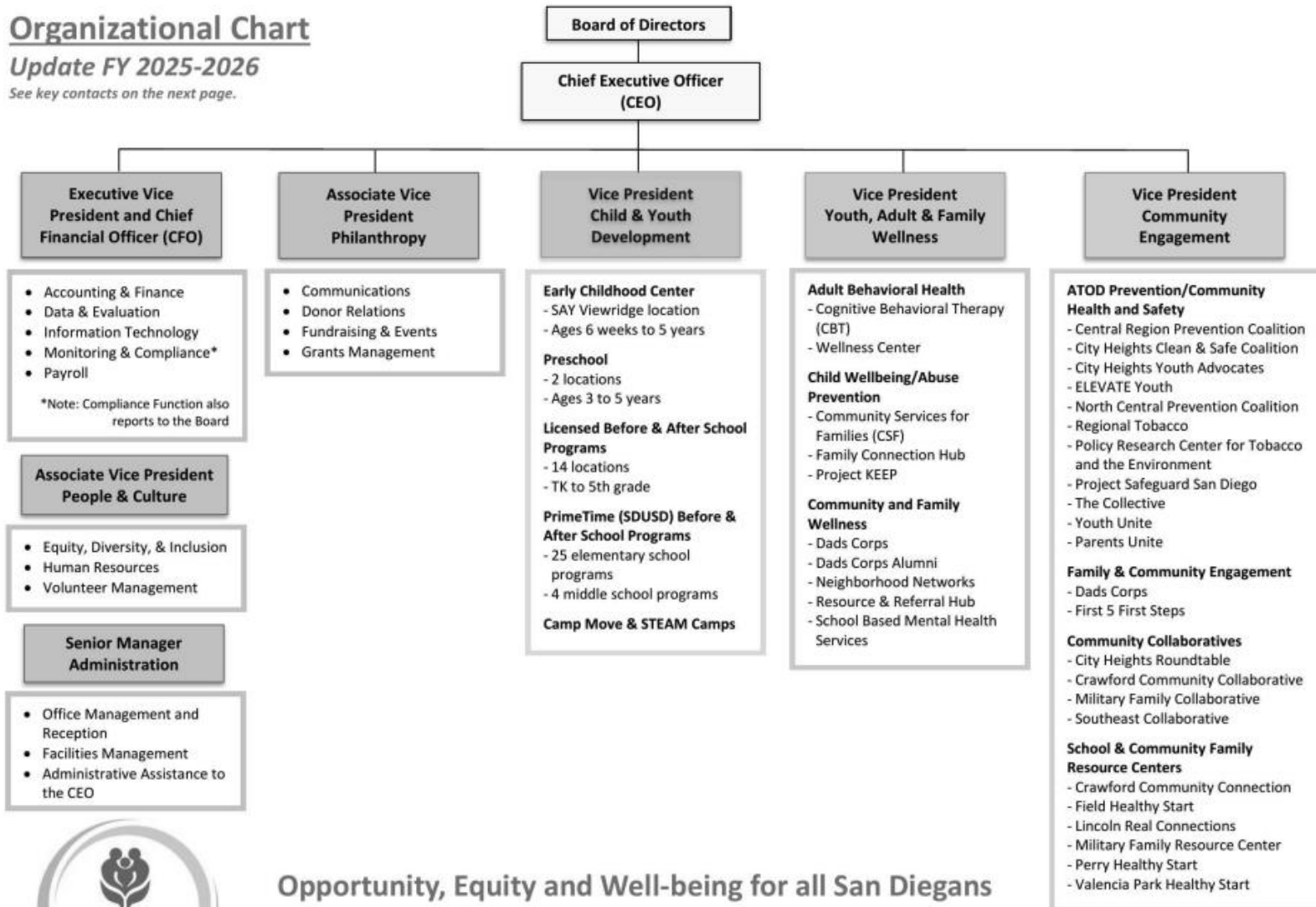
1.3. Organizational Staffing and Charts

1.3.1. Organizational Chart

Organizational Chart

Update FY 2025-2026

See key contacts on the next page.



Opportunity, Equity and Well-being for all San Diegans

Detailed program information can be found on the SAY San Diego website:

www.saysandiego.org

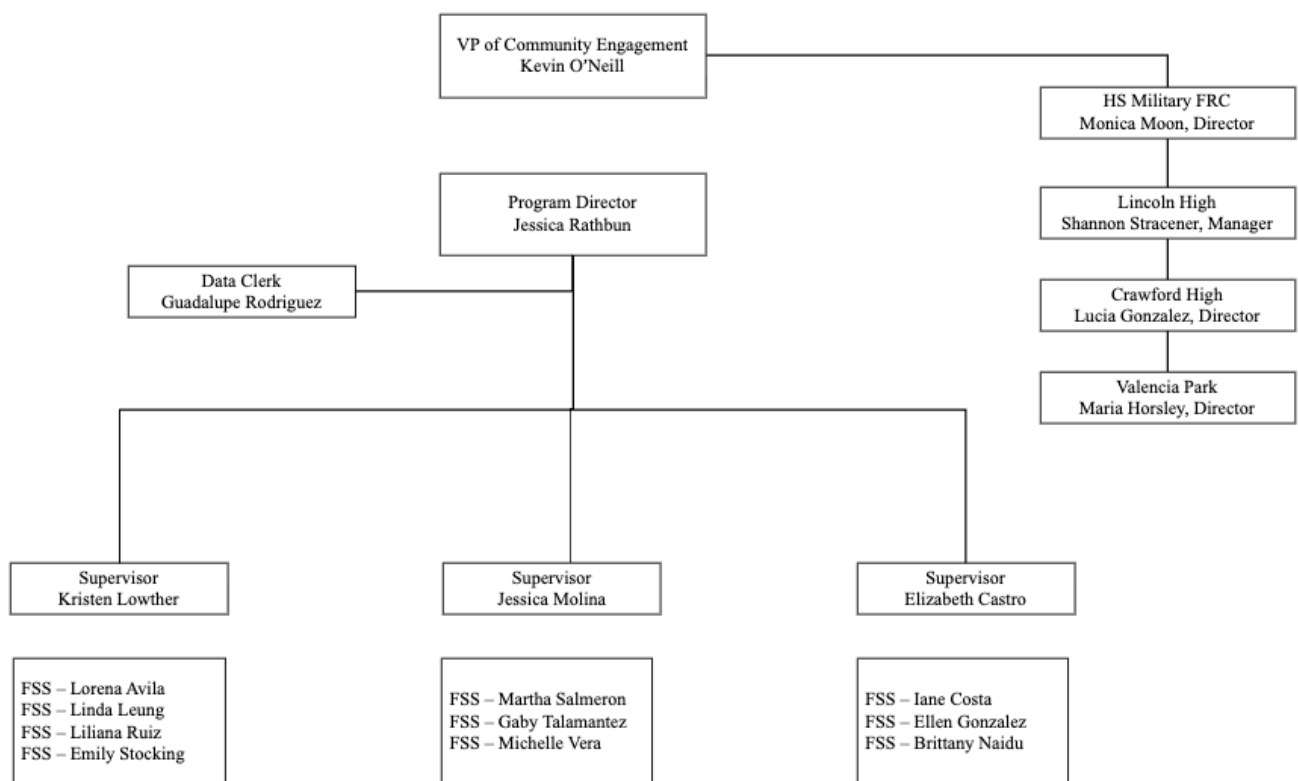
For revisions/updates, please contact Rocio Herrera at rocio.herrera@saysandiego.org | Updated: 8/6/2025

1.3.2. Staffing Chart

The staffing chart provided presents our proposed Family Home Visiting Support Services (FHVSS) staffing pattern based on budgeted allocations. We project a total of **15.1 FTE**, distributed as follows:

- **1.0 FTE Program Director** – oversee day-to-day implementation of the FHVSS program, supervise staff, ensure fidelity to the HFA model, maintain records, and manage referral partnerships.
- **3.0 FTE Supervisors** – provide weekly reflective supervision to Family Support Specialists, ensure adherence to HFA curriculum, conduct quality assurance reviews, and support the referral screening process.
- **10.0 FTE Family Support Specialists (FSS)** – deliver intensive in-home services, conduct assessments, implement Family Service Plans (FSP), support parent-child interaction through CHEERS observations, track progress on FSPs, and maintain case records and data entry.
- **0.5 FTE Data Clerk** – supports data collection and reporting, conducts quality assurance, and trains staff on data entry procedures.
- **0.40 FTE Site Program Directors (Lincoln, Valencia, HSMFRC, Crawford Community Connection)** – provide administrative supervision and site support for Family Support Specialists stationed at their locations.
- **0.20 FTE Vice President, Community Engagement** – provides executive oversight of program operations, supervises the Program Director, and supports ongoing operations across program sites.

SAY San Diego First 5 First Steps Organizational Chart (FY25-26)



Proposed staffing levels align with current budget assumptions and will be adjusted upward or downward once the County finalizes funding allocations. There are no volunteers or other non-paid or in-kind staff allocated to the program.

1.3.3. Job Descriptions¹



SENIOR PROGRAM DIRECTOR

FIRST 5 FIRST STEPS

DEPARTMENT: Community Engagement

OF HOURS: Full-Time, 40 hrs.

REPORTS TO: Vice President, Community Engagement

CLASSIFICATION: Exempt

POSITION PROFILE:

What we do as parents in those first years of life after a child is born can make a lasting impression. It is these rich first experiences and interactions with loving adults that fuel their growth and development. As a Healthy Families America accredited site, the First 5 First Steps program at SAY San Diego provides family support through in-home services for pregnant and parenting families with children 0-3. First Steps works with families who face hardships and stressors in their lives that may increase poor health and developmental outcomes. We promote positive parenting and enhance child health and development through our curriculums and support of the family. The Senior Program Director is responsible of the day-to-day implementation and oversight of the First 5 First Steps Home Visiting Program. Senior Program Director is also responsible for ongoing collaboration with community partners, public relations, and maintaining positive working relationships with early childhood partners and providers.

ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES:

- Directly supervise Family Support Supervisors and Data Clerk.
- Required to provide regular and ongoing supervision and conduct ongoing evaluation of staff performance.
- Maintain budget and other fiscal reports required by multiple contracts and funding sources.
- Manage hiring and maintaining staffing for program. Ensure all staff receive the training they require to fulfill their role.
- Manage contracts, including preparation of monthly reports, statistical compilation, liaison with contract monitors, prepare for service audits and contract negotiations.
- Work closely with the Data Clerk to aggregate statistical data and prepare monthly reports for SAY and funding partners.
- Develop, maintain, and coordinate ongoing outreach and linkage activities between referring partners.
- Build a working knowledge of the needs of families in Central and North Central regions of San Diego and respond programmatically while establishing relationships with key community leaders.
- Plan, organize and facilitate community meetings and events.
- Participate in various meetings and collaborative functions; facilitate meetings for First Steps Advisory Board.
- Other tasks as assigned by Vice President of Community Engagement.

QUALIFICATIONS (Education, Experience and Certifications):

¹ These job descriptions are representative of the roles for this proposal and are subject to change after submission.



SENIOR PROGRAM DIRECTOR

FIRST 5 FIRST STEPS

- MSW or MA in related social service field or BA and commensurate experience in a similar setting.
- Relevant leadership experience. Experience with reflective practice.
- Fully vaccinated against COVID-19 at time of hire.

KNOWLEDGE, SKILLS, AND ABILITIES:

- The ability to take initiative, work independently, and manage multiple competing priorities.
- Possess excellent supervisory skills and experience in staff development.
- Strong organizational and administrative supervisory skills.
- Knowledge of infant, child, and family development.
- Knowledge of child abuse dynamics and family systems.
- Ability to establish and maintain effective working relationships with partners.
- Program management and problem-solving skills.
- A solid understanding of and experience in managing diverse staff with humility.
- Administrative experience in human services or related field, including experience in quality assurance and continuous quality improvement.
- A 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.).
- Knowledge of local resources and services.
- Ability to prepare written and oral reports and communicate in a wide variety of public forums.
- Computer skills including MS Word, Excel, Outlook, and data entry.

WORKING CONDITIONS:

ENVIRONMENT: Office setting. The job could include minimum to high intensity noise level.

PHYSICAL REQUIREMENTS: While performing the duties of this job, the employee is regularly required to sit, reach with hands and arms, and talk or hear. The employee is occasionally required to walk; use hands and arms to perform repetitive motions; and stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, and ability to adjust focus. Typically, an office environment with adequate lighting and ventilation and a normal range of temperature and noise level. Moderate dexterity application of basic skills (calculator, keyboard, hand eye coordination).

MENTAL: Must be able to relate well to all people of the community regardless of color, national origin, religion, sex, pregnancy, age, marital status, veteran status, sexual orientation, disability, or socio-economic level. Must be emotionally mature, stable, tactful and be able to provide professional leadership.

The Job Description describes the general nature and level of work performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities as needed.



PROGRAM SUPERVISOR

First 5 First Steps

DEPARTMENT: CE

OF HOURS: Full-Time

REPORTS TO: Program Director

CLASSIFICATION: Non-Exempt

POSITION PROFILE:

Do you have the capacity to reflect on how your experiences impact your work and love to help others reflect on their experiences? Are you looking for a position that will strengthen the attachment bonds between parent and child? First 5 First Steps is an intensive home visiting program that connects parents and parents-to-be with trained professionals to support them in parenting their child until they turn 3 years old. Families served are low income, immigrants/refugees, military, and or teen parents. The Program Supervisor supervises diverse staff in accordance with the Healthy Families America Model. Program hours are Monday-Friday 8:30-5:00 pm. Working after hours or on the weekend may occasionally occur. This position is eligible for hybrid work schedule not to exceed 40% remote work.

ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES:

- Supervises and directs program staff consisting of up to 5 Family Support Specialists
- Conducts weekly, intensive, reflective supervision meetings with staff; escalates major concerns to manager.
- Responsible for the onboarding and training of new staff; provides staff training and development insights and recommendations to manager.
- Provides budget allocation input; at direction of manager, tracks specific budgetary elements such as office, program, or client expenses to ensure spending aligns with budget.
- Ensure staff is implementing the Healthy Families America evidence-based model to fidelity.
- Coordinates closely with other management staff to ensure appropriate referrals for program clients to other agencies and partner programs.
- Performs data entry and other required program documentation in a timely manner; oversees staff documentation for accuracy and thoroughness.
- Participates in staff training, identifies staff training needs, and coordinates training opportunities for project staff.
- Participates in hiring process with F5FS manager to include prescreening, co-interviewing, and evaluation of potential candidates, and contributes to staff annual performance evaluations.
- Conducts outreach, community engagement, and supports capacity building goals to develop new and maintain existing stakeholders and strategic partners.
- Serves as program point of contact and demonstrates programmatic expertise by providing technical assistance to both staff and clients.
- Participate in all mandatory SAY, funder, and partner meetings.

QUALIFICATIONS (Education, Experience and Certifications):

- Undergraduate degree in human services or related field with 3 years of relevant experience preferred; May substitute degree with commensurate HFA experience.
- Experience in home visiting with a strong background in early childhood prevention services, with reflective practice preferred.

- Experience in home visiting with a strong background in early childhood prevention services, with reflective practice preferred.
- Demonstrated experience with family services with emphasis on family-centered and strength-based service provision; Infant mental health endorsement preferred.
- Bilingual English/Spanish preferred
- Demonstrates solid job knowledge for scope of work assigned.
- Access to reliable transportation and willing to use it for job-related tasks.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Knowledge of parent-infant health and dynamics of child abuse and neglect
- Strong leadership skills: ability to mentor and supervise teams to meet specific goals.
- Solid oral and written communication skills
- Demonstrated ability to work collaboratively with clients/parents, partners, stakeholders, and communities of diverse cultures and backgrounds.
- Highly organized and superior multi-tasking skills
- Ability to accurately capture and record significant and sensitive information in a timely manner.

WORKING CONDITIONS:

ENVIRONMENT: Approximately **80%** office and **20%** off-site functions. A typical office environment has adequate lighting and ventilation and a normal range of temperature and noise level. Lighting and work environment may slightly vary when at locations other than SAY offices, such as partner/funder meetings, client home visits, and community events.

PHYSICAL REQUIREMENTS: While performing the duties of this job, the employee is regularly required to sit, reach with hands and arms, and talk or hear. The employee is occasionally required to walk; use hands and arms to perform repetitive motions; and stoop, kneel, or crouch. Occasional bending, squatting, and lifting (not to exceed 20 pounds unassisted). Mobility is needed to move about office and any occasional off-site locations.

Some office functions may be conducted using Microsoft Speech Services. Specific vision abilities required by this job include close vision, distance vision, color vision, and ability to adjust focus. Typically, an office environment includes adequate lighting and ventilation, and a normal range of temperature and noise level. However, Moderate dexterity application of basic skills (calculator, keyboard, eye/hand coordination). Reasonable ADA accommodations excepted.

MENTAL: Must be able to relate well to all people of the community regardless of color, national origin, religion, sex, pregnancy, age, marital status, veteran status, sexual orientation, disability, or socio-economic level. Must be emotionally mature, stable, tactful and be able to provide professional leadership under pressure.

The Job Description is intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.



Family Support Specialist

DEPARTMENT: Community Engagement
REPORTS TO: Program Supervisor
CLASSIFICATION: Non-Exempt

OF HOURS: Full-Time 40 hrs.

POSITION PROFILE:

Are you looking for a position that equips children and families in need? Do you have strong facilitation skills, knowledgeable in child development and have the capacity to reflect on how your experiences impact your work? The Case Manager I (Family Support Specialist) is responsible for providing regular, long-term, primary in-home coordinated support to San Diego families enrolled in the program according to the Healthy Families America model. First 5 First Steps is a family support program that connects parents and parents-to-be with a trained professional to support them through the joys and uncertainties of parenting until their child turns 3 years old. Families served are low income, immigrants/refugees, in the military, or teen parents. Program hours are Monday-Friday 8:30-5:00pm with occasional work after hours or on the weekend.

ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES:

- Provide intensive case management through family-centered, strength-based interventions to establish trusting relationship with the family and strengthen the parent-child attachment.
- Conduct family assessments to establish goals and develop plans to accomplish set goals.
- Assess the growth and development of children and coordinate supports and referrals as needed.
- Maintain accurate and timely case notes and other required program documentation.
- Plan and conduct parent group meetings on topics relevant to parents' needs and interests.
- Conduct home visits with clients with flexibility and attention to each family's individual needs.

QUALIFICATIONS (Education, Experience and Certifications):

- Minimum of high school diploma or equivalent.
- Experience working with or providing services to children and families.
- Strong working knowledge of infant and child development
- Access to reliable transportation and willingness to use for job-related tasks.

KNOWLEDGE, SKILLS AND ABILITIES:

- Bilingual preferred French-Creole, Spanish, Swahili, Vietnamese or Somali
- Computer skills including MS Word, Excel, Outlook, and data entry.
- Ability to establish rapport, develop and maintain trusting relationships.
- Acceptance of individual differences; experience working with culturally diverse families.
- Willing to engage in building reflective capacity (e.g. capacity for introspection, communicating awareness of self in relation to others, recognizing value of supervision).
- Ability to network and increase program referrals through multiple outreach activities.



Family Support Specialist

WORKING CONDITIONS:

ENVIRONMENT: Office and off-site functions. Office environment has adequate lighting and ventilation and a normal range of temperature and noise level. Offsite functions may include public spaces or client's home to conduct home visits. This position *may be available* for remote work not to exceed 2 days per week.

PHYSICAL REQUIREMENTS: While performing the duties of this job, the employee is regularly required to sit, use hands and arms to perform repetitive motions. Some functions may be conducted using Microsoft Speech Services. Mobility is needed to move about office and off-site locations. Specific vision abilities required by this job include close vision, distance vision, color vision, and ability to adjust focus. Moderate dexterity application of basic skills (calculator, keyboard, hand eye coordination, etc.).

MENTAL: Must be able to consistently perform in a fast-paced and detail-oriented environment, relate well to all people of the community regardless of color, national origin, religion, sex, pregnancy, age, marital status, veteran status, sexual orientation, disability, or socio-economic level. Must be emotionally mature, stable, tactful and be able to demonstrate professionalism under pressure.

The Job Description is intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.



DATA CLERK

DEPARTMENT: Community Engagement

OF HOURS: Part-Time, 32 hrs

REPORTS TO: Program Director

CLASSIFICATION: Non-Exempt

POSITION PROFILE:

Under the supervision of the Program Director, the Data Clerk (Data Manager) provides the administrative support and oversight of data collection for the First 5 First Steps program. The Data Clerk will support with the CMEDS database, evaluation, monitoring, and reporting. The Data Clerk will work with the Program Manager, Program Supervisors and Family Support Specialists to ensure that all data is inputted into the CMEDS database in a timely and accurate manner. Additionally, Data Clerk will support in Quality Assurance of data in CMEDS and support Program Director in reports to funders.

ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES:

- Provides administrative support and oversight of data collection in CMEDS, evaluation, monitoring, and reporting during the contract term
- Provide training, technical assistance, and capacity building to all programmatic staff in the use of database, data collection, and evaluation design
- Communicate to staff on clients who may have missing and/or inaccurate client information as a quality assurance check on the program
- Support staff when preparing for programmatic audits and compliance checks
- Monthly review of CMEDS to ensure all programmatic activities are captured and accurate in client database
- Other tasks as assigned

QUALIFICATIONS (Education, Experience, and Certifications):

- Bachelor's Degree in Social Work and/or related Social Science, Associate's Degree in a related field, or 2 years equivalent work experience
- Experience supporting data entry and/or research/evaluation of programs
- Competency and experience in working with different cultures
- Proficient in survey/data collection required for programmatic outcomes

KNOWLEDGE, SKILLS, AND ABILITIES:

- Computer proficiency of Microsoft Office and other commonly utilized software
- Capability to manage multiple demands and prioritize when needed
- Access to reliable transportation and willingness to use for job-related tasks



DATA CLERK

WORKING CONDITIONS:

ENVIRONMENT: Office and occasional off-site functions. Typically an office environment with adequate lighting and ventilation and a normal range of temperature and noise level. Job could include minimum to high-intensity noise level based on whether conducting groups, one-on-one, or trainings. SAY San Diego is continuing to monitor state and federal guidelines related to COVID. At the time of hire, the position may require temporary telework.

PHYSICAL REQUIREMENTS: While performing the duties of this job, the employee is regularly required to sit, use hands and arms to perform repetitive motions. Specific vision abilities required by this job include close vision, distance vision, color vision, and ability to adjust focus. Moderate dexterity application of basic skills (calculator, keyboard, hand eye coordination, etc.).

MENTAL: Must be able to relate well to all people of the community regardless of color, national origin, religion, sex, pregnancy, age, marital status, veteran status, sexual orientation, disability or socio-economic level. Must be emotionally mature, stable, tactful and be able to provide professional leadership.

The Job Description is intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.



PROGRAM DIRECTOR

DEPARTMENT: Community Engagement
REPORTS TO: VP of Community Engagement

OF HOURS: Full-Time, 40 hours
CLASSIFICATION: Exempt

POSITION PROFILE: SAY San Diego Program Director provides leadership and oversight for community-based programs that strengthen families, schools, and neighborhoods. This role ensures high-quality service delivery, fosters strong community partnerships, manages staff and budgets, and supports the long-term sustainability of programs. The Director represents the agency in collaborative and community initiatives, leads fundraising efforts, and aligns program activities with the agency's mission, vision, and strategic goals. The Program Director is responsible for budgeting, supervising staff, and contract compliance and success.

ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES:

Program Management and Evaluation:

- Provide overall leadership and management of assigned programs and community initiatives.
- Supervise staff, interns, and volunteers; support professional development and performance evaluation.
- Maintain budgets and fiscal reporting for multiple contracts and funding sources.
- Ensure program accountability through data collection, reporting, and evaluation.
- Develop and adapt services in response to emerging community needs and best practices.
- Lead and participate in community meetings, coalitions, and collaborative groups.

Fundraising, Development, and Partner Relations:

- Secure program funding through grants, donations, sponsorships, and events in collaboration with the Development team.
- Build and maintain partnerships with schools, businesses, government agencies, military and veteran services, healthcare providers, and community organizations.
- Represent the agency in public forums, media, and outreach campaigns.
- Promote positive community relations and raise visibility of agency programs.

Quality Compliance and Program Development:

- Participate in trainings to develop skills pertinent to role and responsibilities.
- Innovate and adapt programs in response to changes in needs and factors externally.
- Research current "best practices" and relevant information to ensure program accountability.
- Work in collaboration with the V.P. Community Engagement to ensure program success
- Maintain professional conduct and confidentiality.
- Have and maintain positive and supportive relationships with coworkers.
- Maintain accurate knowledge about the agency, its programs and services.
- Communicate positive and negative feedback from the community through your supervisor to management.
- Other tasks as assigned by the Vice President of Community Engagement.

QUALIFICATIONS (Education, Experience and Certifications):

- MS, MA or MSW or BA in related social service field or BA and commensurate experience in a similar setting.
- Relevant nonprofit leadership experience that included fundraising responsibilities, particularly in grant writing.
- Minimum 2 years' experience working with a PC, MS Office, Zoom/Microsoft Teams, and



PROGRAM DIRECTOR

database/evaluation software.

- Bilingual in Spanish a plus.
- Fully vaccinated against COVID-19 at time of hire.

KNOWLEDGE, SKILLS AND ABILITIES:

- The ability to take initiative, work independently, and manage multiple competing priorities.
- Possess excellent supervisory skills and experience in staff development.
- Possess the ability to take initiative, be self-directed, and work independently.
- Communication skills necessary to establish and maintain effective working relationships with parents, collaborative partners, and the public.
- Experienced in meeting facilitation, coalition building, and public speaking.
- Knowledge/ability to support electronic and social media campaign strategies.
- Demonstrates an entrepreneurial spirit and attitude
- Knowledge and understanding of socio-economic and multicultural issues in the community.
- Well organized and detail oriented.
- Community organizing skills
- Program management and problem-solving skills.
- Effective oral and written communication skills.
- Access to reliable transportation and willing to use it for job-related tasks.



VICE PRESIDENT, COMMUNITY ENGAGEMENT

DEPARTMENT: Community Engagement
REPORTS TO: Chief Executive Officer

OF HOURS: Full-Time, 40 hours
CLASSIFICATION: Exempt

POSITION PROFILE: This is a senior management position accountable to the Chief Executive Officer. In addition to normal tasks associated with management of a particular department (SAY sponsored neighborhood Collaboratives, School-based Family Resource Centers; Alcohol, Tobacco and Other Drug Prevention Programs) this position assists the Chief Executive Officer in the overall management of the agency.

ESSENTIAL JOB FUNCTIONS AND RESPONSIBILITIES:

Program Management and Evaluation:

- Implements appropriate internal administrative policies and procedures
- Maintains administrative requirements of assigned contracts
- Maintains service level reporting and accountability systems for assigned programs
- Follows legal requirements of managing employment
- Selects and maintains competent staff
- Utilizes supervision and evaluation to foster staff growth
- Proactively identifies and implements needed changes in staffing patterns and structure
- Budgets and forecasts effectively
- Monitors expenditures and revenues of assigned programs regularly and effectively
- Assists in grant writing and other development activities of the agency that furthers collaborative capacity to meet the needs of children, families, and community.
- Maintains effective relationships with funding sources (lobbying, communication, etc.)
- Is creative and effective at communicating the needs of children, families and communities to funding sources
- Maintains high program quality expectations in all assigned programs
- Works with coordinators to ensure program quality delivery in all assigned programs
- Effectively monitors and evaluates progress toward goals and program quality.
- Provides for the overall management the INS department and assists in management of assigned programs therein.
- Consults and work effectively with other managers within the agency to promote integration and coordination of service delivery.
- Have and maintain positive and supportive relationships with coworkers
- Maintain accurate knowledge about the agency, its collaborative partners and their programs and services
- Communicate positive and negative feedback from the community to collaborative coordinators and to agency management.
- Utilize appropriate opportunities to pursue positive public relations for neighborhood collaboratives.
- Other tasks as assigned by the Executive Director

QUALIFICATIONS (Education, Experience and Certifications):

- Master's degree in Public Administration, Social Work or related or commensurate experience
- Five years progressive leadership in management position
- Experience in grant writing and fund development
- Excellent oral and written communication skills
- Ability to manage multiple demands, work as part of a interdisciplinary team, work independently
- Experience in multicultural environments and developing neighborhood based collaboration.
- Access to reliable transportation and willing to use it for job-related tasks and a driving record that complies with SAY Driving Policies.

1.3.4. Details about workforce diversity

SAY as an organization: SAY San Diego demonstrates an unwavering commitment to building and maintaining a diverse, culturally competent workforce that authentically reflects and serves our participant communities. Our organization prioritizes intentional hiring practices, comprehensive training programs, and systemic approaches to equity that ensure all participants receive culturally and linguistically appropriate services. This commitment to diversity begins at the highest levels of leadership, with our Chief Executive Officer bringing lived experience as a Vietnamese refugee who immigrated to the United States after experiencing housing, food, and physical insecurities during his formative years. His journey exemplifies our organizational values and deep understanding of the communities we serve.

SAY San Diego maintains a workforce that mirrors the rich diversity of our participant population across all organizational levels, with particular emphasis on leadership positions. Agency-wide race/ethnicity data shows a diverse workforce with 7% African American, 9% Asian/Pacific Islander, 20% White, 50% Hispanic/Latino, 6% Multi-race/Other, and 8% who chose not to report. More than half of the staff in our Youth, Adult, and Family Wellness and Community Engagement Units are bilingual and bicultural, predominantly Spanish speaking, creating authentic connections with families navigating complex systems. SAY San Diego's employment practices are committed to recruiting and hiring diverse candidates that represent the richness of the San Diego region.

SAY San Diego fully adheres to Culturally and Linguistically Appropriate Services (CLAS) National Standards through systematic implementation across all service areas, having adopted standards related to engagement, continuous improvement, and accountability that include culturally and linguistically appropriate goals, policies, and management practices alongside governance and leadership structures focused on health equity. To address linguistic needs beyond English and Spanish, we may utilize a variety of resources, including Hanna, Interpreters Unlimited, and Deaf Community Services, while budgeting appropriately for translation services and multilingual materials. Our Strategic Plan prioritizes inclusive hiring activities that intentionally recruit staff with cultural and lived experience aligned to program participants' cultural and linguistic needs.

As part of our commitment to continuous improvement, SAY San Diego systematically documents the ethnic, cultural, and linguistic composition of clients, along with income level, sexual orientation, and gender identification, enabling us to prepare for future training, hiring, and linguistic needs while ensuring our services remain responsive to evolving community demographics. Our comprehensive approach to workforce diversity extends beyond hiring practices to encompass continuous improvement, accountability measures, and community engagement. SAY San Diego's commitment to cultural competence is demonstrated through our systematic investment in staff development, our dedication to recruiting team members who share lived experiences with our participants, and our ongoing efforts to create an organizational culture where equity and inclusion are not just values but daily practices that enhance service quality and participant outcomes.

FHVSS as a Program: The First 5 FHVSS program is proud to have a diverse workforce that reflects a wide range of professional backgrounds, lived experiences, and cultural identities. This diversity strengthens our ability to connect with families in meaningful ways and provide culturally responsive services.

Our staff bring professional expertise from fields such as early childhood education, probation, doula support, and work with the military as Department of Defense contractors. In addition, many team members share lived experiences with the families we serve, including being teen parents, immigrants, or military spouses. These shared experiences foster empathy, relatability, and trust in our service delivery.

Language capacity is another strength of our team. Two-thirds of our supervisors are bilingual in English and Spanish, and 80% of our Family Support Specialists (FSS) are bilingual—70% Spanish-speaking and 10% Portuguese-speaking. This linguistic diversity ensures families can engage with staff in their preferred language, which enhances accessibility and cultural alignment.

Our team also brings a depth of experience with our agency and the Healthy Families America (HFA) model:

- **1–3 years:** 4 staff (27%)
- **4–7 years:** 7 staff (47%)
- **8–10 years:** 2 staff (13%)
- **Over 10 years:** 2 staff (13%)

- **Total:** 15 staff (100%)

This blend of long-tenured and newer staff creates a strong balance of expertise and fresh perspective, while ensuring continuity of high-quality, evidence-based service delivery.

1.3.5. Measures to promote EDI

SAY San Diego has embedded equity principles throughout our organizational culture through multiple interconnected initiatives. Equity, Diversity, and Inclusion (EDI) Foundations Training serves as the cornerstone of our cultural competence approach, requiring all staff members to complete a comprehensive 3-hour training that teaches practical implementation of EDI principles in both personal and professional contexts. Our cultural humility/competency training encompasses culturally and linguistically appropriate communication, implicit bias recognition, and an examination of how historical and current events have impacted children and families, while creating systemic inequities in care systems. This foundation is strengthened through trauma-informed services training that incorporates understanding of trauma's impact on individuals while promoting safety and ensuring cultural, historical, disability, and gender competence and responsiveness. Our EDI Committee serves as our organizational conscience, bringing together over 20 staff members from various units to systematically review policies and practices, while creating transformative educational activities that advance our equity goals.

SAY San Diego's Affinity Group Spaces provide dedicated forums where staff explore topics, current events, and theoretical models related to specific social identities, fostering dialogue that strengthens our workplace environment and service delivery. Program-Specific EDI Training ensures targeted professional development, with our Director of EDI facilitating customized sessions addressing age-related considerations, LGBTQ+ community needs, inclusive program design, and effective storytelling for underrepresented populations. Community Circle Spaces create opportunities for staff to engage with broader EDI topics affecting our San Diego community, including discussions about election impacts, compassion fatigue, self-care practices, and trauma-informed approaches. These comprehensive training initiatives are supported by organizational policies and procedures that address cultural competency, cultural responsiveness, implicit bias, and diversity, ensuring consistency between annual training requirements and ongoing operations.

Below is a brief description of what SAY offers:

- **EDI Foundations Trainings:** 3-hour required training for all SAY staff members that teaches staff how to implement EDI principles in their personal and professional lives.
- **EDI Committee:** Committee of 20+ staff members from different units that review policy and practices of the organization and create transformative educational activities around EDI.
- **Affinity Group Spaces:** Dedicated spaces that are open to all staff to discuss topics, current events, theories and models around a specific social identity in an effort to share ideas on how to create a healthier workplace environment.
- **Program Specific EDI Trainings:** Director of EDI facilitates specific EDI trainings for different programs based on needs and requests. Examples include training related to age, the LGBTQ community, how to make programs more inclusive, and how to become a better storyteller for underrepresented groups.
- **Community Circle Spaces:** Dedicated spaces that are open to all staff members to discuss EDI topics requested from SAY staff that are related to the San Diego community, world, or impacting their day-to-day. Some examples include: discussing the impact of the election season, compassion fatigue, self-care, and trauma.

1.3.6. Approach to cultural competency

SAY San Diego will provide culturally competent services and meet CLAS standards as described in Section 1.3.5, and in the following ways. SAY will prioritize hiring culturally and linguistically competent individuals who represent the diverse cultural and community backgrounds of participants. SAY will also hire staff with diverse cultural and language backgrounds and prioritize candidates who have experience working with people from a broad range of cultural and socio-economic backgrounds. SAY is committed to hiring staff that mirrors the participant population and has done so through prior hiring. SAY San Diego Proposal for RFP

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12658 Family Home Visiting Support Services will also prioritize recruiting and hiring staff with lived experience navigating child welfare and/or health systems. To address linguistic needs other than English or Spanish for clients, staff will contract with Hanna, Interpreters Unlimited (or other interpretive service under contract with the County), and Deaf Community Services as needed. As with previous contracts, SAY San Diego will budget for the purchase of translation services as needed and provide print and multimedia materials in languages used by participants. Cultural inclusivity training will include culturally and linguistically appropriate communication and implicit bias. Training topics will include how prior history and current events have impacted children and families and created inequities in systems of care. Training will also identify diversity-informed strategies to support children and families. SAY San Diego will continue to maintain policies and procedures to address cultural competency, cultural responsiveness, implicit bias, and diversity, and these are reflected in the annual training and ongoing operations. Further, SAY San Diego's Strategic Plan prioritizes inclusive hiring activities to intentionally recruit staff with cultural and lived experience and alignment to program participants' cultural and linguistic needs. SAY San Diego will continue to document the ethnic, general, cultural, and linguistic composition of clients, along with income level, sexual orientation, and gender identification, to prepare for future training, hiring and linguistic needs. SAY has already adopted other Culturally and Linguistically Appropriate Service (CLAS) National Standards related to engagement, continuous improvement, and accountability, including culturally and linguistically appropriate goals, policies, and management; and Governance, leadership and workforce goals focused on healthy equity, and agency-wide training on culturally and linguistically appropriate policies and practices. SAY will continue to adhere to and meet CLAS standards. Additionally, program directors and organizational leadership monitor program outcomes and satisfaction survey results to confirm services are effective and responsive to participant needs, using these measures as an indicator of cultural competency.

1.3.7. Bilingual capability of organization

SAY will provide bilingual language services in the participants' primary languages. SAY will prioritize hiring Family Support Specialists (FSS) who have bilingual proficiency. SAY uses an oral and written bilingual proficiency assessment to determine the proficiency of staff during hiring interviews. As mentioned previously, 80% of our direct service FSS staff are bilingual. This linguistic diversity ensures that families can engage with staff in their preferred language, thereby enhancing accessibility and cultural alignment.

To address linguistic needs other than English or Spanish for clients and support the delivery of clinical services, the SAY contracts with an interpretation company, such as Hanna and Interpreters Unlimited (or other interpretive service under contract with the County) as needed. As with previous contracts, SAY San Diego will budget for the purchase of translation services as needed.

1.3.8. Staff Turnover

Our agency has strong systems in place to ensure continuity of services in the event of staff turnover or loss of key personnel. First, we create a supportive, trauma-informed work environment that emphasizes staff wellness and professional development to promote staff retention and reduce turnover. These efforts have been successful, and the SAY San Diego FHVSS team demonstrates strong program longevity. Two staff, or 13% of the team, have more than 10 years of service, offering long-term stability and leadership. Another two staff, also 13%, bring 8 to 10 years of experience, adding seasoned perspective and continuity. Seven staff, or 47%, fall within the 4-to-7-year range, representing the largest group and forming a strong core of experience. Four staff, or 27%, have between 1 and 3 years of service, contributing fresh perspective and energy. This structure creates a team that blends long-standing commitment with new ideas, ensuring both stability and growth. This level of longevity is especially impressive given the high rates of turnover that are common in social service fields, showing an exceptional level of commitment to stability within the SAY San Diego team that speaks to our organizational culture.

In the event of FSS turnover, we use a team-based approach to ensure families continue receiving support without interruption. Depending on the circumstances—such as an FSS transitioning to another job, taking extended leave, or other situations that may disrupt services—families are offered the option to transfer to another FSS, be placed on temporary reassignment (TR), or exit the program if they choose. For families who transfer to a new FSS, we implement an internal Case Transfer process that facilitates a warm handoff

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and promotes continuity of care (see the Case Transfer Overview in our Attachments file). Supervisors and staff work together to identify the best match for each family, ensuring a smooth transition. Families placed on TR are supported according to HFA guidelines for that level, which provides adjusted services (e.g., replacing weekly in-person home visits with weekly phone check-ins) until a new FSS is assigned.

Caseload management is also structured to support continuity of services. Under HFA guidelines, each FSS has a caseload with a maximum of 30 points, which accounts for family intensity level (weekly, bi-weekly, or monthly visits), language needs, number of young children, twins, and travel time. For families involved in child welfare, HFA limits caseloads to 16–20 due to the higher level of need. Based on our decade plus of experience implementing HFA, we have found that more than 15 families per caseload often diminishes service quality; therefore, we aim to maintain caseloads at or below 15 families. This allows flexibility within the team to absorb families in the event of staff turnover, while maintaining service quality and fidelity to the HFA model.

If a supervisor position becomes vacant, our supervisory team redistributes staff among the remaining supervisors. HFA recommends a ratio of one supervisor for every six FSS; our program currently exceeds this standard with one supervisor to three or four FSS, which provides additional capacity to absorb staff in the event of turnover. When needed, the Program Director has also stepped in to directly supervise staff to ensure continuity. SAY San Diego will notify the COR (or designee) in writing within seventy-two (72) hours of any change in key personnel funded under this Agreement and will include a plan to ensure services continue with minimal impact. (SOW 6.11.1)

1.3.9. Staff Requirements

SAY San Diego will ensure that staffing meets all required qualifications necessary to fully support the activities described in Exhibit A – Statement of Work (SOW). Our staffing approach emphasizes hiring individuals who are professionally qualified and also representative of the communities served. We prioritize hiring bicultural and bilingual staff, as outlined in Sections 1.3.6 and 1.3.7, to ensure culturally responsive engagement with families, strengthen trust, improve communication, and enhance program effectiveness.

We follow Healthy Families America (HFA) Best Practice Standard 9-1, which outlines hiring expectations for direct service staff, managers, and supervisors. Staff are selected based on a combination of personal characteristics, relevant experiences, and educational qualifications. Our job descriptions reflect HFA's essential standards, ensuring all staff possess the skills and attributes needed to effectively serve families, such as the ability to build trusting relationships, respect for cultural diversity, knowledge of infant and child development, and a willingness to engage in reflective practice.

Our process begins with the recruitment and selection of staff who demonstrate the foundational competencies, education, and lived experience necessary for effective service delivery, as demonstrated in the staffing chart and corresponding job descriptions provided. From this foundation, we employ a comprehensive, multi-tiered training and support process to ensure staff acquire the specialized knowledge and skills required to deliver the Healthy Families America (HFA) model to fidelity. (SOW 6.5)

Our staff development process includes:

- **Internal Onboarding** – New hires participate in an internal onboarding training. (Shown below.) This process orients staff to the program's policies, systems, and tools, as well as family engagement strategies, evidence-based practices, and the organization's mission and values. Through this approach, staff are equipped to begin service delivery quickly, even while awaiting the next round of American Academy of Pediatrics California Chapter 3 (AAP-CA3)-sponsored trainings. This minimizes service gaps and ensures families receive robust and consistent support. To make onboarding both structured and engaging, we utilize innovative tools such as the "Home Shadow Bingo" form, which tracks and reinforces exposure to essential home visiting activities. Sample resources such as the onboarding schedule and home shadow bingo are included in the attachments.
- **External AAP-CA3 Training** – All program staff also receive intensive training delivered by the Countywide Coordinator (American Academy of Pediatrics – CA-3 Chapter). (Also shown below.) AAP-CA3 serves as a central resource for training, evaluation, capacity building, and accreditation support. (SOW 6.5) Staff complete the required HFA core trainings, ensuring they are prepared to meet best practice standards in family assessment, home visitation, documentation, and reflective supervision,

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see also Section 2.2.1. (SOW 6.5, 7.1.4) Staff are also trained in identifying at-risk families, completing standardized risk assessments, offering services and referrals, promoting preventive health care, securing medical homes, emphasizing immunizations, conducting creative outreach, building family trust, developing family support plans, supporting positive parent-child interactions, ensuring home safety, and managing crisis situations. (SOW 6.5, 7.1.4)

- **Ongoing Professional Development** – Staff training does not end with onboarding. Supervisors ensure continuous skill development through reflective supervision, case reviews, and targeted workshops. Staff receive training in cultural competency, substance abuse, child abuse reporting, Community Supporting, FFPSA training series, domestic violence, drug-exposed infants, and local community resources. (SOW 7.1.4.3) These specialized trainings reinforce our commitment to compliance with mandated requirements and ensure staff are equipped to respond effectively to the complex needs of families.

SAY San Diego Internal Onboarding New Staff Training

SAY San Diego provides a structured onboarding training plan to prepare staff to deliver high-quality services from the outset. This plan emphasizes orientation, skill development, reflective supervision, and integration into team culture. The timing of HFA-specific trainings may shift according to when these trainings are scheduled by AAP-CA3.

Week 1: Orientation and Technology Setup

- Tour of office and introductions with staff and leadership
- Computer, phone, and technology setup (Outlook, SharePoint, OneDrive, Teams)
- Telework agreement and office supply order completed
- Email signature and voicemail setup
- Introduction to supervision schedule (1.5–2 hours weekly)
- First staff meeting, mini-team meeting, reflective group
- Training:
 - SAY HR Department required trainings
 - Onboarding PowerPoint (2x per week, 2 hours)
 - Policy & Procedures Manual overview
 - Training Log introduction
 - First Steps Orientation (2 hours, First Steps Learning Management System [FS LMS])

Week 2: Program Introduction and Shadowing

- Continued weekly supervision
- Onboarding PowerPoint (2x per week)
- Review of FHVSS Policy & Procedures Manual
- Shadow one to two home visits with debrief
- Training: HFA Advantage (2 hours, FS LMS)

Week 3: Foundations Stop-Gap and Applied Practice

- Foundations Stop-Gap (10 hours, FS LMS; includes CHEERS Check-In [CCI]) across 3 days
- Shadow one home visit with debrief
- Continued weekly supervision
- Wraparound Training (HFA LMS Module 5 – CCI)

Week 4: Peer Shadowing and Records Management

- Full-day peer shadow (2x) with debrief
- Introduction to home visit records and documentation protocols
- Continued weekly supervision

Week 5–6: Tools and Assessments

- Tool trainings (UISPP, HFPI, ASQ-3, ASQ-SE2, PSS, PHQ-9; FS LMS, variable duration-see Table 1 for tool names and descriptions)
- Shadow peers administering tools in the field
- Introduction to resource navigation and training tracker
- Continued weekly supervision

Week 7–8: Curriculum Training

- BabyTALK Stop-Gap (3 hours, FS LMS)
- Mothers & Babies Stop-Gap (3 hours, FS LMS)
- PATH: Reproductive Health & Intentions (2 hours, FS LMS)
- Continued weekly supervision

Week 9–10: Safety and Family Engagement

- Mandated Reporter training
- Home visitor safety protocols and crisis procedures
- Training on client engagement, consent forms, and family goal planning
- All-day shadow and debrief on engagement strategies
- Continued weekly supervision

Week 11–12: Service Planning and Data Systems

- Introduction to FROG and family service planning (supervisor-led)
- Review of client files and creation of electronic templates
- CMEDS data entry training (2–3 sessions with Data Clerk)
- Shadow NBQ assessments and complete first referral assignment
- Continued weekly supervision

Ongoing (6 Months, 12 Months, Annual)

- Six-month completion of AAP Core Trainings (Foundations, FROG, BabyTALK, Mothers & Babies)
- Six-month Wraparound training completion
- Twelve-month Wraparound training completion
- Annual trainings:
 - Cultural humility
 - Mandated Reporter/Child Abuse & Neglect refresher
 - Staff-selected professional development opportunities
- Continued reflective supervision (weekly, 1.5–2 hours)
- Ongoing participation in staff meetings, reflective groups, and community events (graduations, outreach)

This plan ensures new staff integrate quickly into the organization, gain hands-on experience through shadowing and peer learning, and receive ongoing reflective supervision to reinforce skills and maintain high-quality service delivery.

Overview of AAP-CA3 New Staff Training

AAP-CA3, serving as the Countywide Coordinator, provides a structured and sequenced training plan to ensure all new staff are prepared to deliver HFA services with fidelity. Training is delivered through a combination of site-specific orientation, self-paced online modules, hybrid (live and self-paced) instruction, and wraparound development activities. SAY San Diego ensures new staff attend these required trainings as scheduled. Key components include:

- **Week 1+**
 - Site-Specific Orientation (agency policies, safety standards, confidentiality, boundaries, data systems)
 - HFA Quick Start Orientation (LMS introduction to HFA model)
 - Multi-Site Orientation (2 hours, First Steps LMS)
- **Week 2**
 - HFA Advantage Stop-Gap (2 hours, First Steps LMS)
- **Weeks 3–4**
 - Foundations for Family Support Stop-Gap (10 hours, First Steps LMS; includes Core Curriculum Introduction)
- **Prior to Use of Tools**
 - Tool Trainings (ASQ, ASQ-SE, PSS, PHQ-9, CCI, HFPI, UISPP, NBQ, etc., varying hours)
 - Curriculum Stop-Gap (Baby TALK + Mothers & Babies, 3 hours each)
 - PATH: Reproductive Health & Intentions (2 hours)

- **Within 6 Months of Hire**
 - Foundations for Family Support Core (week-long hybrid, 30 hours)
 - FROG Scale Core (week-long hybrid, 30 hours)
 - Curriculum Core (Baby TALK + Mothers & Babies, multi-day hybrid)
 - Supervisors Core: Relationships & Reflections (required for supervisors)
- **Wraparound Training (Self-Paced)**
 - 3-Month: Cultural Self-Awareness
 - 6-Month: Cultural Humility in Home Visiting
 - 12-Month: Inequity & Family Context
- **Within 12 Months of Hire**
 - Child Abuse & Neglect (1 hour)
 - Intimate Partner Violence (3 hours, HFA LMS)
 - Substance Abuse: Risks and Effects in Pregnancy and Early Childhood (.75 hours)
 - Family Engagement (The Dad Effect; Partnering with Parents modules)
- **Ongoing/Annual Requirements**
 - Professional Development (continuous skill building)
 - Child Abuse and Neglect refresher
 - Diversity, Equity, Inclusion, and Belonging training (for staff with 1+ year of service)

Our tiered training approach ensures that staff are compliant with the standards of the Healthy Families America model and also well-equipped to meet the complex needs of families from diverse cultural and linguistic backgrounds. This approach ensures fidelity to the HFA model, alignment with County expectations, and the delivery of impactful outcomes for families across San Diego County. (SOW 7.1.4)

2. PROGRAM DESIGN AND APPROACH

2.1. Exhibit A – Statement of Work (SOW) Acceptance

SAY San Diego has read, understands, and accepts the Exhibit A – Statement of Work (SOW).

2.2. Describe proposed program and services

SAY San Diego is a 501(c)3 nonprofit organization founded in 1971 that works across San Diego County to promote equity, opportunity, and well-being for individuals, families, and communities. SAY San Diego runs more than two dozen programs, serving over 35,000 people in 2024, of whom 78% identified as a race/ethnicity other than white, and spoke more than 30 primary languages. Our mission is to partner with youth, adults, families, and communities to reach their full potential. Our enduring vision is to achieve opportunity, equity, and well-being for all San Diegans. Key areas of service include early childhood education and extended learning, family support, youth advocacy, health navigation and mental health services, community development, and justice-involved or newcomer populations. Among our achievements in 2024, SAY expanded school-based mental health services to 26 school sites, increased childcare program participation by 30% to serve more than 4,000 youth, and supported over 2,300 people through direct therapy, case management, or navigation services. SAY San Diego has been a trusted partner in delivering home visiting services in San Diego County since 2013, when we were first awarded the Targeted At-Risk Home Visiting Initiative contract using the Healthy Families America (HFA) model. (SOW 3.5.) Over the past 12 years, we have grown into a fully accredited HFA site (see Section 2.2.7), demonstrating fidelity to the model while also introducing innovative strategies.

Our Program In Action

As one such example, in FY25/26 we developed and launched a new Family Service Plan (FSP) that secured approval from both AAP-CA3 and HFA National. With the green light to pilot this approach, we began implementation in August 2025. This innovation strengthens fidelity to HFA standards while testing a more streamlined and family-centered method of service planning that can inform future practice across the network. Additionally, our agency's case file review template was requested by the Countywide Coordinator

(AAP-CA3) to serve as an example for other agencies, as it emphasizes the quality of documentation rather than a simple checklist. Also, see an array of program success stories included in our Attachments file.

Our current HFA-based First 5 First Steps program has demonstrated consistent performance in supporting families across the region. In 2023, staff completed **1,444 home visits**, reaching **122 families** and **109 focus children**. In 2024, the program continued to deliver strong services with **1,518 home visits**, engaging **116 families** and **104 focus children**. These results reflect our program's ongoing commitment to building meaningful relationships with families, maintaining high-quality services, and adapting to evolving community needs while sustaining a reliable level of support year after year.

SAY San Diego's First Five Family Home Visiting Support Services (FHVSS) program will provide intensive, evidence-based home visitation services delivered by paraprofessional staff (Family Support Specialists [FSS]), following the HFA's best practice standards. (SOW 1) We have maintained continuous HFA accreditation since July 18, 2013, which is current until December 2026. We are already preparing for our re-accreditation, as shown in Section 2.2.7 and in the Implementation Plan. Our current team is fully trained, and we will ensure throughout the contract that staff will complete rigorous training on family assessment, home visitation, reflective supervision, and trauma-informed care following County SOW requirements and the HFA training plan, as described in Section 1.3.9. Ongoing professional development will ensure the capacity to maintain fidelity to the HFA model, which research has shown to be effective in improving birth outcomes, reducing child maltreatment, and supporting family stability. By promoting nurturing parent-child relationships, family resilience, and developmental supports, the program addresses critical determinants of long-term well-being for children and caregivers. See the template for our Home Visiting Plan in our Attachments file.

Our program design reflects the County's re-engineered transdisciplinary model, which unites paraprofessional home visitors and County Public Health Nurses (PHNs) as equal partners in the service team. (SOW 1, 2) SAY San Diego is already formalizing this partnership, and together, program staff and PHNs will conduct assessments, develop visiting schedules, and coordinate referrals. PHNs will address clinical and health needs, while our FSS paraprofessionals bring their HFA-model expertise, lived experience, and community knowledge to strengthen engagement, improve parent-child bonding, and support continuity of care. This approach fosters shared responsibility, breaks down disciplinary silos, and ensures that families experience seamless, coordinated support tailored to their specific needs. By leveraging the strengths of both professional and paraprofessional roles, the program builds comprehensive safety nets for families who often face fragmented systems of care to achieve the program goals.

Goal	How SAY San Diego will achieve it
SAY San Diego will work in conjunction with HHSA PHN and CFWB staff to ensure families receive timely home visitation services that improve child and maternal health, caregiver mental health, family strengthening, positive parent-child interactions, and healthy early childhood development. (SOW 4.1)	Families will be contacted within three business days of referral. (SOW 7.1.2.2) SAY San Diego will coordinate with PHNs through pre- and post-visit huddles, aligning on case management and visit schedules. (SOW 6.9, 7.1.5.3) Using the HFA model, FSSs will conduct assessments (FROG Scale) and build Family Service Plans (FSP). Services will integrate PHN expertise for clinical needs and leverage our knowledge of HFA and community resources to achieve positive outcomes and reduce barriers, such as transportation and benefit enrollment. See more information in Sections 2.2.2 and 2.2.3.
SAY San Diego will provide culturally competent services by employing staff and using materials that reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the population. (SOW 4.2)	SAY San Diego will recruit and retain a diverse workforce that reflects the linguistic, cultural, and racial composition of the families served. (SOW 4.2, 7.1.5.4.1) All staff will receive onboarding and ongoing training in cultural humility and trust-building. (SOW 7.1.4.1.8) SAY San Diego will partner with Hanna Interpreting Services, LLC, and utilize innovative tools and translated materials to address language gaps and ensure access for immigrant and refugee families. We will also draw on community cultural brokers to sustain connections. Our methods to support this goal are integrated throughout this proposal,

	specifically highlighted in Sections 1.3.4, 1.3.6, 1.3.7., 2.2.4.8, 2.2.4.9, 2.5.1, and 2.5.2.
SAY San Diego will employ strategies to measure program results, effectiveness, and impact on the focus population, including reducing child maltreatment and preventing foster care entry. (SOW 4.3)	SAY San Diego will collect and enter data into county systems within 10 business days. (SOW 8.1) We will track family outcomes through HFA benchmarks, CHEERS observations, and monthly safety monitoring. (SOW 7.2) Reflective supervision will support staff accuracy in risk identification. (SOW 7.1.4.2) SAY San Diego will coordinate with the Countywide Coordinator to produce monthly reports on services, barriers, and client successes. (SOW 8.2) Evaluation will include tracking foster care prevention and maltreatment reduction outcomes, aligned with FFPSA requirements. (SOW 8.3) Our approach is described in Sections 2.2.2, 2.2.4, and 2.2.8.

Through FHVSS, we will engage pregnant and parenting teens, youth in foster care, immigrant and refugee families, military families, CalWORKs beneficiaries, parents or children with medically complex needs, and other families identified by the County of San Diego Child and Family Well-Being (CFWB) Department. (SOW 1) This population-specific focus ensures that the most vulnerable families, those often facing barriers to health, stability, and opportunity, are reached through a no wrong door system of referral and service delivery. In addition to receiving referrals through CFWB's centralized intake, we anticipate continued engagement from families already connected to our other programs that serve similar populations. This integration reinforces accessibility and broadens the reach of prevention services.

Our FHVSS program will operate within the County's Trauma-Informed System framework. (SOW 2.1, SOW 2.1.1) All staff are trained to recognize the impact of trauma and chronic stress on family functioning, to promote safety and trust in every interaction, and to ensure services do not retraumatize. Our program culture emphasizes transparency, empowerment, and cultural humility, recognizing that each family brings their own strengths and resilience. This trauma-informed foundation supports long-term wellness and reinforces equitable access for families from diverse cultural, linguistic, and socioeconomic backgrounds.

The program also supports implementation of the Family First Prevention Services Act (FFPSA), which allows jurisdictions to fund evidence-based prevention services for families at risk of foster care entry. (SOW 2.2., 3.3.) HFA is recognized as an allowable FFPSA service.

We will continue to collaborate closely with the Countywide Coordinator, the American Academy of Pediatrics California Chapter 3 (AAP-CA3), which oversees HFA accreditation, quality assurance (QA), training, and evaluation across all FHVSS providers. (SOW 1) This oversight provides consistency and fidelity, while our direct service experience brings innovation and responsiveness.

Additionally, SAY San Diego is a Live Well San Diego partner, and we align our program with the County's vision of Building Better Health, Living Safely, and Thriving, ensuring that our services strengthen families while advancing community-wide goals for health and well-being. (SOW 2.3) Our organization's longstanding presence as a First 5 provider uniquely positions us to advance the Live Well San Diego goals. See Letters of Support from HFA and the current First 5 First Steps Multi-Site Network included in the Attachments.

By weaving together evidence-based practices, trauma-informed principles, and transdisciplinary collaboration, our program provides a comprehensive framework for strengthening families in San Diego County's Central and North Central region (Lot 2). Each family receives personalized, consistent, and culturally competent support that fosters healthy child development, promotes caregiver well-being, and reduces the risks of abuse and neglect. Through the FHVSS program, we will meet the requirements of the Statement of Work while helping advance the County's broader Live Well vision—creating healthier, safer, and thriving communities for all. (SOW 2)

2.2.1. Approach to utilize evidence-based models of Healthy Family America.

SAY San Diego brings 12 years of practical experience implementing the Healthy Families America (HFA) model within our HFA-accredited First 5 Family Home Visiting and Support Services (FHVSS) program

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(previously named First Steps Targeted Home Visiting Initiative). Throughout this period, the program has operated with fidelity to the HFA model and has consistently maintained HFA accreditation as required under the current contract. (See the letter of good standing provided by HFA in the Attachments.) This history demonstrates not only long-standing expertise but also a commitment to quality assurance and continuous improvement. SAY San Diego is fully familiar with and compliant with all requirements necessary to implement the 12 critical elements of the HFA model, which are briefly described below and further detailed throughout this proposal, aligned with Statement of Work (SOW) requirements.

1. Initiate Services Early: Services begin prenatally or at birth to strengthen parent-child bonding from the start. This is supported by eligibility criteria, referral partnerships, tracking referrals and site capacity, clear engagement policies and practices, conducting the first home visit within three months of birth, and monitoring acceptance rates and analyses. SAY San Diego will provide Home Visiting Service Referrals and Intake in coordination with CFWB to operationalize the No Wrong Door approach and ensure timely contact and initiation of services. (SOW 7.1.1, 7.1.2) SAY San Diego will work with COR to coordinate intake activities. (SOW 7.1.1.1.) Further details on referral processes and early engagement are outlined in Sections 1.1.1.5 and 2.2.2 of this proposal.

2. Use Standardized Assessment Tools: SAY San Diego utilizes validated tools to identify families most in need. This is supported by the Family Resilience and Opportunities for Growth (FROG) scale, policies and practices on uniformity and timeframes, and supervisory oversight of FROG use. SAY San Diego will conduct the FROG scale and other assessment tools as part of the assessment process (see table below), in coordination with PHN staff as required. (SOW 7.1.2.3, 7.1.2.4)

Table 1: Program Assessments and Timeframes¹			
Assessment	Definition/Description	Client Type	Timeframe for Completion
New Baby Questionnaire (NBQ)	To be considered for FHVSS services, each family must be screened with a New Baby Questionnaire. This tool collects demographic information and risk factors to determine eligibility for the program.	Parent or Prenatal	First attempt within 1 business day after receiving referral with additional attempt within 30 days after receiving referral
Family Resiliency and Opportunity for Growth (FROG) (SOW 7.1.2.3.)	To be considered for FHVSS services, the home visitor completes an in-depth assessment of the family and other caregivers (when applicable). The FROG has 14 domains with scores from 0–4. The FROG is a structured assessment tool used by HFA to learn about the family's story and understand their strengths and areas for support. The information learned during the FROG allows FSS to build the initial Family Service Plan (FSP) and promote healthy parent-child relationships.	Parent or Prenatal	First attempt within 3 business days of completing NBQ
Intake	Once FROG is completed the family is offered services. If they accept, intake is considered the first home visit after the FROG.	Parent or Prenatal	Intake is considered the first home visit after the FROG.
CHEERS Check-In (CCI)	Designed to be completed based on observation of a primary caregiver with the child. If there is more than one primary caregiver, focus is on the caregiver doing most parenting duties	Child	First within 3 months of enrollment; then every 3 months at listed age milestones.

	or complete a separate CHEERS for each child.		
Healthy Families Parenting Inventory (HFPI)	Completed for the primary caregiver in each family. The HFPI assesses parent change related to HFA goals.	Parent	At child ages 1, 5, 11, 20, and 30 months; first at 1 month post-enrollment if child >3 months.
Patient Health Questionnaire-9 (PHQ-9)	Completed by the mother. Nine-item instrument to screen for depression.	Parent or Prenatal	Prenatal; 2nd home visit; 2 weeks postpartum; 2, 6, 12 months postpartum; and 2 months after any subsequent birth.
Child Follow-Up	Required for all child clients. Assesses child health and status.	Child	30 days after enrollment; then at 6, 12, 18, 24, 30, 36, 42, 48 months; adjust first timepoint if child is 3–6 months at enrollment.
Parent Follow-Up	Completed for the primary caregiver and measures interactions and family dynamics.	Parent	At intake; 2, 6, 12, 18, 24, 30, 36, 42, 48 months after birth; and at program exit.
Other Caregiver Follow-Up	Completed for the secondary caregiver in each family (e.g., father/partner) and captures health and demographics for the other caregiver.	Parent	At intake; 6 months after intake; at program exit.
Ages and Stages Questionnaire v3 (ASQ-3)	Required for all child clients. Screens development across communication, gross motor, fine motor, problem solving, and personal-social.	Child	Per ASQ-3 interval schedule by age (e.g., 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, 60 months); first 1 month post-enrollment if child >3 months.
Ages and Stages Questionnaire: Social-Emotional v2 (ASQ:SE-2)	Required for all child clients. Screens social-emotional development. Use the ASQ:SE-2 interval schedule by age.	Child	Per ASQ:SE-2 interval schedule by age (2, 6, 12, 18, 24, 30, 36, 48, 60 months); first 1 month post-enrollment if child >3 months.
University of Idaho Survey of Parenting Practices (UISPP)	Adapted version is completed for the primary caregiver. Designed to evaluate knowledge of child development and expanding confidence in parenting. The tool has 4 domains (knowledge, confidence, abilities, actions); only the knowledge domain is used for FHVSS. Complete three times.	Parent	At 1, 14, and 26 months after birth; if child >3 months at enrollment, complete at 3, 14, and 26 months.
Parent Satisfaction Survey	Primary caregiver completes satisfaction survey at various points throughout services.	Parent	At 6, 13, and 30 months after enrollment.

Referrals to Providers Outside FHVSS	To be completed every time a FSS refers a client to another service outside FHVSS.	Parent, Prenatal, or Child (client receiving referral)	At time of referral; enter within 3 business days of the referral action.
Exit Assessment	All parent or prenatal clients who received an intake enrollment must have an exit assessment and should also be exited on the main client screen.	Parent or Prenatal	At program exit; within 5 business days of final home visit.

Reference: 1) Harder + Company Community Research. (2025). *FY 2025–26 First 5 First Steps data dictionary*.

The assessments help determine services needed, inform the Family Services Plan, and determine the level, frequency, and intensity of services needed.

3. Offer Services Voluntarily: Families participate by choice, with trust built through consistent, positive outreach. This is supported by policies and practices for voluntary enrollment, structured pre-enrollment and post-enrollment outreach (including creative outreach), and measurement and analysis of family retention. SAY San Diego ensures families determined eligible by the County are offered voluntary home visiting services promptly and respectfully. (SOW 7.1.2.1, 7.1.2.2) Additional details on voluntary service provision and outreach can be found in Section 2.2.1. See sample outreach tracker in our Attachments file.

4. Provide Long-Term, Intensive Services: Families receive frequent visits with intensity tapering over time, and support continues for at least three years. This is supported by policies and practices for weekly visits, service levels, supervision of level changes, home visit completion, transition planning, and maintaining engagement throughout service duration. SAY San Diego will provide Home Visiting Service Delivery utilizing the Healthy Families America model in collaboration with PHN staff, employing a transdisciplinary approach. (SOW 7.1.5) More information about service intensity and transition planning is presented in Section 2.2.3.

The frequency and intensity of visits align with San Diego HFA Multi-Site System (MSS) policies and procedures, which establish a well-defined level system to guide service delivery. This level system ensures that visit schedules match family needs and progress, promoting trust and stability while avoiding service gaps. At enrollment, the FSS and supervisor jointly determine the family's initial service level. Families receive more frequent visits during enrollment and periods of high need (Levels 1P, 2P, 1, or Special Services, as shown in the table below), and visits are gradually reduced as families demonstrate stability and progress (Levels 2–3). Creative Outreach supports reengagement for families who pause services, while Temporary Out-of-Area and Temporary Reassignment procedures ensure continuity when regular FSS visits are interrupted. This structured approach guarantees families receive consistent, high-quality services tailored to their evolving circumstances.

Table 2: Family Level System		
Family Level	Frequency of Visits	Services Offered
1P (Prenatal), 1, Special Services (SS)	Weekly	More frequent visits during initial enrollment, building trust with FSS, and addressing higher needs and challenges
2, 2P (Prenatal), 1b (Level 1 families requesting fewer visits)	Bi-Weekly	Reduced visits as families progress through services, maintaining support while fostering independence or if enrolled early in pregnancy.
3	Monthly	Further reduced visits as families achieve stability and sustain progress
Creative Outreach (CO)	As needed (follow MSS guidance)	Tailored outreach to reengage families in services
Temporary Out of Area (TO)	As needed (follow MSS guidance)	Efforts to ensure high-quality services with limited pause in care

Temporary Reassignment (TR)	As needed (follow MSS guidance)	Ensures service continuity when a family's assigned FSS is unavailable
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5. Respect Equity, Diversity, and Inclusion: Services are responsive to family culture, identity, and community context. This is supported by policies and practices guiding staff interactions and family partnerships, community-level advocacy, collection of family and staff input, and the creation, review, and monitoring of an equity plan with a community advisory board. SAY San Diego ensures services are culturally competent, with staff and materials reflecting the linguistic, racial, ethnic, and geographic diversity of the population served. (SOW 7.1.5.4) A full discussion of equity practices and cultural responsiveness is available in Sections 1.3.4, 1.3.5, 1.3.6., throughout 2.2.4, and 2.5.

6. Support Parent-Child Interaction and Child Development: The FHVSS services focus on strengthening nurturing parent-child relationships and promoting child growth. This is supported by service planning policies and practices, goal setting with families, validated parent-child interaction tools such as CHEERS and CCI, supervision practices, and policies and practices for child development, parenting, health, safety, and developmental screenings (ASQ, ASQ:SE, and follow-up referrals). SAY San Diego provides parent support and activities that encourage parent-child interaction and child development, including play groups, parent socialization groups, and other activities. (SOW 7.1.5.5, 7.1.5.5.1) Expanded information on developmental supports and parent engagement can be reviewed in Section 1.1.1.2.

Our Program In Action

We were hosting a weekly playgroup at our City Heights office as a way to help families foster relationships amongst each other. At one of our playgroups in August, we had three families in attendance – Jennifer, Martha, and Dave. On this day, Jennifer shared how she wanted to support her baby's crawling; however, every time she set him up in the crawling position, he would immediately cry. Martha immediately jumped in with a swaddle blanket to support the baby's belly, while Jennifer then helped her son move his arms and legs in the crawling motion. It was such a beautiful moment seeing these two moms organically support one another.

Another great part of this day is that Dave usually comes to playgroup with his wife, Veronica. However, today he came on his own with cupcakes for the group. Veronica has been very intentional in wanting to build relationships with other moms and has found playgroup to be just the place. She and Martha have connected outside of the playgroup and began communicating through social media and sharing different community events. (All names are changed)

7. Link Families to Health Care and Community Resources: SAY San Diego's program ensures access to medical care and connects families to community services. This is supported by policies and practices ensuring families have health providers, well-child visits, timely immunizations, and referrals with follow-up for healthcare and community resources. It also includes depression screenings prenatally and postnatally, repeated with subsequent births, and referral and follow-up for caregivers with elevated screens. SAY San Diego links families to medical providers to assure optimal health and development, and, depending on family needs, connects them to a wide range of supportive services, including childcare, housing, employment, mental health, domestic violence, and substance use resources. (SOW 7.1.5.6) Additionally, SAY San Diego's Enhanced Care Management through our Neighborhood Networks (see Section 1.1.1.1), and the expanded PHN partnership will also support this activity. Further explanation of health linkages and resource coordination is found in Section 2.7.

8. Maintain Limited Caseload Sizes: FSSs carry manageable caseloads, not to exceed 20 families, though the number varies based on the points allocated as demonstrated in Section 1.3.8, to allow meaningful engagement with families. This is supported by policies and practices setting caseload size, monitoring and managing caseloads, and ensuring workload balance across staff. SAY San Diego maintains caseloads consistent with HFA accreditation standards to ensure high-quality service delivery. (SOW 7.1)

SAY San Diego's First 5 FHVSS has three supervisor teams with 3-4 FSS per team. We propose assigning a group of Public Health Nurses (PHNs) to work with a single supervisor team. This structure will strengthen connections between PHNs and Family Support Specialists (FSS), fostering collaboration and continuity. In addition, it will provide greater flexibility to balance and manage caseloads across the team. See Table below.

Table 3: Proposed Staffing Plan

TEAM 1	TEAM 2	TEAM 3
Elizabeth Castro, Supervisor	Kristen Lowther, Supervisor	Jessica Molina, Supervisor
Ellen Gonzalez, FSS	Liliana Ruiz, FSS	Martha Salmeron, FSS
Brittany Naidu, FSS	Emily Stocking, FSS	Michelle Vera, FSS
Iane Costa, FSS	Linda Leung, FSS	Gabriella Talamantez, FSS
PHNs	Lorena Michel, FSS	PHNs
	PHNs	

Our program will ensure that home visiting services are staffed in alignment with HFA standards for caseload management. Caseloads will be assigned at levels that allow each home visitor sufficient time to engage meaningfully with families, address their individual needs, and plan future activities. Adjustments will be made as necessary to reflect the characteristics and needs of the target population served, ensuring that services remain flexible, responsive, and family-centered. (SOW 6.11.)

This will be achieved by following the caseload standards described in the San Diego HFA Multi-Site System Policies and Procedures Manual, updated January 2024, which uses a point-based method to assign and monitor family caseloads. Case weights are capped at 30 points per full-time FSS, with part-time staff prorated based on hours worked. Supervisors use the Home Visiting Caseload Calculation Worksheet to monitor caseloads and carefully consider multiple factors when assigning cases, including staff experience, family needs, urgency of challenges, travel requirements, and other assigned duties. This ensures each FSS has adequate time to meet family needs while maintaining service quality.

Supervisors and FSSs may jointly assign additional case points when families require significantly more time, such as those with multiple births, children with special needs, significant travel distances, or language and literacy barriers. These additional points are reflected in case weights but never exceed the 30-point cap. Caseloads are also managed with consideration for staff tenure, gradually increasing for newer staff, and with adjustments for families referred by CFWB, who often require smaller caseloads due to higher service intensity. Referrals are distributed across staff to prevent burnout and preserve quality. To ensure compliance, we abide by the time study requirements by completing one two-week Time Study each quarter using the template, desk guide, and training support provided by CFWB. (SOW 7.5.)

9. Select Service Providers Carefully: Staff are chosen for personal qualities, cultural competence, and relevant skills. This is supported by policies and practices for screening and selecting staff at all levels (direct service, supervisors, and managers), equal opportunity hiring, recruitment and retention practices, background checks, and reporting on staff satisfaction and retention. SAY San Diego employs staff who reflect the cultural and linguistic diversity of the families served and conducts appropriate screening to ensure safety and effectiveness in service delivery. (SOW 7.1.5.4.1) Additional context about hiring and staffing practices is presented in Section 1.3.

10. Provide Intensive, Model-Specific Training: Comprehensive pre-service training prepares staff for family assessment and home visiting. This is supported by a written training plan, orientation policies and safety standards, stop-gap training policies and practices, core HFA trainings (FROG, Foundations, Supervision, and Implementation), and specialized tool trainings (CCI, ASQ, ASQ:SE, and depression screening tools). SAY San Diego provides all staff with model-specific training to ensure fidelity to HFA and compliance with contract standards in collaboration with AAP-CA3. (SOW 7.1) Expanded descriptions of training content and requirements are located in Section 1.3.9.

11. Provide Training to Fulfill Job Functions: Ongoing training ensures staff can meet the needs of families effectively. This is supported by structured wraparound training at 3, 6, and 12 months, ongoing training requirements, and policies and practices that reinforce skill development and role competence over time. SAY San Diego ensures staff essential to service delivery complete all required training and certifications, including mandated reporting and safety training, prior to conducting home visits. (SOW 7.1) Additional details about staff development and ongoing learning can be found in Section 1.3.9. and is demonstrated in the Attachments.

12. Provide Ongoing Reflective Supervision: Supervisors help staff reflect, problem-solve, and sustain high-quality services. This is supported by policies and practices specifying supervision frequency and duration, group reflective consultation, appropriate supervisor-to-staff ratios, reflective supervision and annual shadowing, essential supervision standards, supervision of supervisors, and program manager support and

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accountability. SAY San Diego provides reflective supervision in alignment with HFA accreditation standards and California Department of Social Services (CDSS) continuous quality improvement requirements. (SOW 7.6) More detail regarding supervision structures and continuous quality improvement is throughout Section 2.2.

2.2.2. Approach to collaborate with AAP-CA3, CFWB, and PHN

SAY San Diego will collaborate with the Countywide Coordinator, AAP-CA3, and CFWB in the start-up, implementation, ongoing service delivery, quality improvement, and evaluation of the home visitation services, as we have successfully done over the past twelve years. (SOW 6.2.)

Collaboration with American Academy of Pediatrics CA-3 Chapter (AAP-CA3) (Countywide Coordinator)

1. Start-up: Since our program is currently operational, it will continue uninterrupted. SAY San Diego has collaborated with AAP-CA3 for more than a decade and will continue to build on that foundation during the new contract. At the outset, SAY San Diego will confirm alignment of intake and data processes, coordinate joint orientation for staff, and integrate any updates to HFA protocols into practice. (SOW 6.2)
2. Implementation: SAY San Diego has partnered with AAP-CA3 through bi-weekly Leadership meetings, monthly Supervisor Workgroups, completing required training, and twice-yearly site visits. These structures have provided consistent communication, alignment, and shared accountability. In 2025, SAY San Diego worked closely with AAP-CA3 to propose system efficiencies, including reducing duplicate documentation in CMEDS and piloting a new Family Service Plan (FSP) template. Because the FSP is the cornerstone of services—and over half of HFA sites are rated out of FSP compliance—the new form streamlines planning by clarifying pacing, combining similar domains, and tying updates to level promotion. This is expected to result in more accurate, user-friendly documentation and stronger fidelity to HFA. (SOW 7.1.5.1) SAY San Diego has and will continue to work with AAP-CA3 to ensure all staff essential to service delivery complete the required level of training and certification as determined by the Countywide Coordinator and HHSA. (SOW 6.5) SAY San Diego's FHVSS's Program Director and/or Supervisors will attend required meetings with AAP-CA3, including Supervisor Workgroup, Program Manager Workgroup, technical assistance meetings, and others as requested by the county. (SOW 6.8)
3. Ongoing Service Delivery: SAY San Diego has also developed training modules in collaboration with AAP-CA3 to reinforce practice. These include Home Visit Planning (centering the FSP as the driver of interventions), Home Visit Record Documentation (training staff in CHEERS observations and accurate note-taking), and FSP Training (integrating FROG assessments into the new pilot template). Each training incorporates both HFA intent and hands-on practice, ensuring fidelity and skill development. (SOW 6.5, 7.1.4) SAY San Diego will work with AAP-CA3 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. (SOW 6.12)
4. Quality Improvement: AAP-CA3 site visits provide structured feedback through documentation review, staff/family interviews, and compliance assessments. Supervisors conduct FROG shadows, home visit shadows, and QA calls at engagement and mid-service. The Program Director shadows reflective supervision to ensure supervisors uphold best practices. All findings are integrated into a Continuous Process Improvement Plan, updated Quality Assurance Plan, and annual Equity Plan informed by staff and parent surveys. (SOW 6.2, 7.1.4)
5. Evaluation: These QA and site visit findings are reviewed jointly with AAP-CA3 and incorporated into ongoing evaluation. SAY San Diego also participates in the annual Harder+Company network evaluation. Lessons learned drive updates to training, supervision, and documentation standards, ensuring the program sustains fidelity and continuously improves.

Collaboration with CFWB (SOW 3.1.)

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1. **Start-up:** Because the program is already operational at the outset of the new contract, SAY San Diego will coordinate with CFWB to align intake and data processes, establish joint staff orientation, and address any needs related to the transition to centralized intake, while seamlessly continuing services uninterrupted. (SOW 7.1.1)
2. **Implementation:** SAY San Diego has a history of collaboration with CFWB, including participation in the FFPSA pilot, operation of the Family Connection Hub, and testing of the Community Resource Guide. We have partnered with CFWB to co-deliver annual Community Supporter (formerly mandated reporter) training and maintain regular communication with Policy Analysts to coordinate referrals and share feedback on families' experiences with child welfare staff. We also maintain a signed MOA with CFWB to ensure HFA implementation aligns with Child Welfare Protocols.
3. **Ongoing Service Delivery:** SAY San Diego will continue to coordinate referrals with CFWB and maintain active communication with Policy Analysts. To deepen integration, SAY San Diego aims to include representatives from CFWB Central and North Central Regions on our Advisory Board, organize cross-system teambuilding activities, and strengthen referral pathways through regular engagement with CFWB supervisors. (SOW 6.12)
4. **Quality Improvement:** Moving forward, SAY San Diego will implement quarterly joint reviews of referral data and engagement outcomes with CFWB to identify barriers and refine processes. These reviews will serve as structured QA checkpoints, ensuring that centralized intake functions equitably and efficiently.
5. **Evaluation:** Evaluation will focus on monitoring referral-to-service timelines, engagement rates, and family outcomes. Results will be shared with CFWB to adjust workflows and ensure that collaboration supports improved access and service coordination.

Collaboration with PHNs

1. **Start-up:** SAY San Diego has already begun strengthening our partnership with PHN staff by hosting a Central Region meet-and-greet in July 2025, followed by PHN shadowing of FSSs from August through October 2025. This process will be replicated with North Central PHNs in October 2025 to build familiarity and alignment at the start of the new contract. (SOW 6.3, SOW 6.4)
2. **Implementation:** SAY San Diego and PHNs have collaborated through cross-referrals, case consultations for families with medical needs, and PHN-led trainings on high-risk pregnancies. We have also engaged PHNs in HFA trainings, Supervisor Office Hours, and Triple C meetings, which bring PHNs and FSSs together to foster mutual understanding and strengthen the working relationship. We will explore our collaboration and coordination approaches during implementation, see also the information provided in Section 2.4. In the new contract period, SAY San Diego will continue to ensure services are provided in partnership with PHN staff. (SOW 6.3) SAY San Diego team members and PHN Directors/Supervisors will meet monthly for the first six months, then bi-monthly or quarterly, to review progress and adjust collaboration as needed to coordinate service delivery with the County's PHN, ensuring that their expertise is leveraged for delivering clinical nursing services to families. (SOW 6.4)
3. **Ongoing Service Delivery:** To streamline coordination, SAY San Diego plans to structure team-based pairings where designated PHNs work with groups of FSS and their supervisors, consistent with HFA caseload standards. We propose quarterly MDTs to review families with medically complex needs, ensuring clinical recommendations are documented in the FSP. We will participate in required pre- and post-visit huddles along with PHN staff. (SOW 6.9, 7.1.5.2, 7.1.5.3)
4. **Quality Improvement:** These structured meetings and MDTs will serve as QA mechanisms, identifying strengths, challenges, and opportunities for system improvement. Feedback will be captured in QA tools and incorporated into ongoing supervision and reflective practice.
5. **Evaluation:** SAY San Diego will monitor PHN collaboration through indicators such as visit completion rates, follow-through on referrals, and family satisfaction. Data will be shared with PHNs in line with program requirements (SOW 8.6), and results will be reviewed in QA and Continuous Quality Improvement (CQI) cycles to ensure collaboration improves outcomes.

2.2.3. Process upon receipt of referrals from CFWB

SAY San Diego currently manages intake and referral processes for the First 5 Family Home Visiting Support Services and will collaborate with CFWB to support the transition to the centralized intake system. (SOW 7.1.1–7.1.2) We will adaptively revise our internal procedures, as we have throughout the duration of the current contract, to ensure that families encounter no unnecessary barriers to enrollment and that all qualified participants can access services promptly. We will ensure that all HFA referrals to the home visiting service program are received by CFWB for determination of program eligibility and initiation of program intake and will fully coordinate with CFWB in this process. (SOW 7.1.1.2)

Referrals received through CFWB will be logged by our Data Clerk into our interest list system, which also captures internal referrals received from community partners or families. This approach allows us to maintain a single, coordinated system while ensuring CFWB referrals remain the priority, a strategy that is critical during the transition to the centralized intake system to prevent gaps in service and ensure families are promptly connected. As SAY San Diego is a known provider, referrals may continue to come directly, and our process ensures they are captured and routed without delay. We recognize this may be an interim step until the centralized intake is fully operational, unless CFWB determines this blended process best supports families. (SOW 7.1.1–7.1.2) Upon receipt of a referral, a supervisor contacts each family within three business days to explain the program and complete our internal screening form. (SOW 7.1.2.2.) Families meeting eligibility who are interested in participating in the voluntary program are assigned to an FSS, who conducts the New Baby Questionnaire (NBQ), completes the Family Resiliency and Opportunities for Growth (FROG) assessment, and offers enrollment. (SOW 7.1.2.3.) SAY San Diego will coordinate clinical assessment with PHN staff within three (3) days of the initial visit. (SOW 7.1.2.4.) Families who decline or do not meet eligibility are documented, and outcomes are reported back to CFWB per reporting requirements. (SOW 8) SAY San Diego will not decline services to any family that has accepted services and is determined eligible by CFWB. (SOW 7.1.3.1)

By the time a family reaches an FSS, they are more likely to enroll, which keeps FSS staff focused on service delivery rather than referral coordination. When referrals exceed capacity, we prioritize CFWB referrals, CalWORKs beneficiaries, and families with infants under three months, consistent with focus population requirements.

To reinforce the No Wrong Door approach, we do and will ensure that organizations and individuals referred through any pathway are connected quickly, whether through CFWB or internal channels. We further support engagement by sending digital “virtual cards” with staff photos and bios in English, Spanish, and Portuguese, which create a personal introduction and encourage families to connect. These “virtual cards” personalize the program and team members and encourage successful connections. For example, in May, one FSS shared her virtual business card and bio with a new referral while scheduling the FROG. In response, the mom sent a photo of herself with her baby to introduce her family and extend a welcome. This exchange showed how the bios help families feel more at ease by knowing who is reaching out and who will be visiting their home.

This integrated and adaptive process supports the new centralized intake model while honoring our track record of refining practices to improve efficiency and responsiveness. It ensures families experience a smooth transition and access services without delay.

2.2.4. Approach to targeting and serving focus population listed in SOW Section 5

SAY San Diego has served focus population families in San Diego Central (SOW 5.2.2.1.) and North Central (SOW 5.2.2.2.) communities since 2013, building strong partnerships and tailoring flexible approaches to meet individual needs. Through years of direct service, we have gained extensive experience with the focus populations and developed community knowledge that shapes every aspect of our work, which enables us to adapt services in ways that reflect the cultural, social, and economic realities of families and to address barriers that may otherwise limit engagement, as described in the 2.2.4 subsections. We will bring this expertise to continue our effective program serving Lot 2: Central region (SOW 5.2.2.), which includes ZIP codes 92101, 92102, 92103, 92104, 92105, 92113, 92114, 92115, 92116, 92134, 92136, 92139, 92182, and 92123, as well as the North Central region, which includes ZIP codes 92037, 92093, 92106, 92107, 92108, 92109, 92110, 92111, 92117, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92130, 92131, 92140, 92145, 92161. (SOW 5.3)

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Through our First 5 FHVSS program, as well as other agency programs, we do and will provide direct support to pregnant and parenting teens (SOW 5.1.1.), pregnant and parenting youth in foster care (SOW 5.1.2.), military families, including active duty, reserve, or veteran (SOW 5.1.3.), immigrant and refugee families (SOW 5.1.4.), income-eligible pregnant or postpartum women and families (SOW 5.1.5.), medically complex mothers or children (SOW 5.1.6.), CalWORKs beneficiaries (SOW 5.1.7.), Family First Prevention Services Act (FFPSA) eligible families as determined by CFWB (SOW 5.1.8.), and families identified by CFWB (SOW 5.1.9.) who are not receiving similar home visiting services through other programs. Our sustained partnership with these populations has helped us identify unique needs and strengths of different groups, families, and individuals, and our flexible approaches are designed to honor those differences while ensuring equity, access, and continuity of care. Our specific strategies for addressing the needs of each population are detailed in the subsections below.

Supervisors assign FSS cases by matching family needs with staff capacity and expertise. They consider the family's preferred language, presenting concerns, and location. Supervisors also weigh the strengths of individual FSSs, such as skill in supporting teens, experience with families impacted by domestic violence, or knowledge of mental health needs. Caseload size is reviewed to ensure equitable distribution among staff, balancing both workload and family support needs. FSSs and supervisors also coordinate scheduling and routing to optimize visit planning and reduce driving time across the Central and North Central regions. Our program also operates from satellite locations at the Healthy Start – Military Family Resource Center (3487 Santo Rd., San Diego, CA 92124), Crawford Community Connection (4191 Colts Way, San Diego, CA 92115), Valencia Park Elementary (5880 Skyline Dr., San Diego, CA 92114), and Lincoln High School (4777 Imperial Avenue, San Diego, CA 92113) to provide accessible services within the communities we serve.

Area and Program Demographics Profile				
	San Diego	Central Region	North Central Region	SAY San Diego First 5
Latinx/a/o/ Hispanic	34.3%	40.7%	17.4%	61%
Non-Hispanic (NH) White	43.2%	31.1%	52.7%	7%
NH Black	4.4%	9.7%	2.9%	11%
NH Asian	11.9%	12.7%	19.7%	4%
NH NHPI	0.4%	0.6%	0.3%	1%
NH American Indian or Alaska Native	0.3%	0.2%	0.1%	0%
NH More than one race	5.0%	4.4%	6.2%	5%
Income < \$35,000	16.0%	20.9%	13.0%	51%
Unemployment	5.9%	6.1%	4.9%	39%
High School graduate or <	28.9%	34.5%	16.0%	52%
Foreign Born	22.5%	24.2%	22.9%	36%
All Ages w/o Health Insurance	6.8%	9.1%	4.5%	4%

Populations living in the **Central and North Central Regions of San Diego** face compounding barriers to quality living in the city that was recently named “impossibly unaffordable as shown by 39% of individuals living within the North Central Regions facing housing costs costing 30% or more of their monthly income, and an annual income which is lower than \$35,000 for 13% of individuals in the same area. A low-income household is defined as one earning less than 200% of the Federal Poverty Level or \$62,400 for a family of four in San Diego, while a single adult in San Diego needs an annual salary of \$127,754 to live comfortably, which rises to \$297,190 for a family of four. These financial barriers can keep families in a continual cycle of struggling to provide for their families and make ends meet, which can limit time for parent-child bonding, weaken families, and delay or prevent the engagement needed to foster early childhood development.

The **Central San Diego Region** is home to a population where 34% of individuals have a high school diploma/GED or less, the highest percentage of the population in this category in San Diego. Level of education can be directly linked to poverty, and the lower the level of education an individual may have, the greater hindrance to economic growth they will likely experience. As well, the Central Region of San Diego is

home to the largest percentage of veterans living below the poverty line (10%), and with veterans being overrepresented in the Country's homeless population, this corresponds with the astonishing veteran median income in this region, \$59,989, the lowest of all veteran populations in San Diego. Additionally, although the Central region has a statistically slightly higher percentage of foreign-born residents, approximately 2%, there are communities within the region that serve as diverse havens, such as City Heights. City Heights is home to many refugees and immigrants, with large Vietnamese, Somali, Cambodian, Laotian, and Latino communities, more than 30 languages spoken, vibrant cultural traditions, and persistent challenges of poverty and higher unemployment, especially among refugees and immigrants of color. The Central Region also has the highest percentage of individuals employed in service occupations (21%), which are often hourly paying jobs, where median income ranges can be slightly above or just at minimum wage. Additionally, many of these jobs do not include benefits for employees or their families. Routinely, service occupations do not require a higher level of education to employ individuals, but this employment comes at a significant pay cost, as demonstrated by the 15% and 9% of individuals living below the poverty level in the Central and North Central Regions, respectively.

The **North Central Region** of San Diego faces distinct challenges that are unique to the local population. This area has the second-highest number of families, within San Diego County, at 149,820 families; 11% of families within this region are currently living below 130% of the Federal Poverty Line (FPL). In contrast, this area has the highest median rent (\$2,710) and home value (\$1,057,057) in the County. Over half of SAY San Diego's FHVSS primary participants in FY23/24, 51%, were low-income households.

The **Central and North Central Regions** accounted for 14.6% and 16.7% of live births in San Diego County. Of the six County regions, Central ranked first in low birth weights, very low birth weights, infant mortality, and pre-term births, and third in fetal mortality, but was highest on average over the last decade. North Central ranked 2nd in low birth weights and very low birth weights, and was 3rd in infant mortality and pre-term births.

San Diego County is home to more than 8% of the **Active-Duty U.S. military population** (17% of all Navy personnel and 30% of all Marine personnel) and the largest concentration of Iraq and Afghanistan war veterans. A 2016 NIH study found that departures and returns from deployment increased stress on military families and the rate of child maltreatment. Another 2016 study found that the rate of substantiated reports of child maltreatment in families of enlisted soldiers was higher during deployment than the 6 months before. Due to the presence of Balboa Naval Medical Center, San Diego is one of the few hubs for stationing special needs families. Based on the location of San Diego military bases and military housing, the **Central and North Central regions** are hubs for military families with Murphy Canyon/Tierrasanta and Serra Mesa holding the largest, contiguous blocks of Navy/DoD family housing in the city, 2,321 units in Murphy Canyon Heights alone, and located next to Marine Corps Air Station Miramar with freeway access to Naval Base Point Loma and Naval Base San Diego. SAY San Diego's Military Family Resource Center, a satellite location for our FHVSS team members, is in the heart of off-base active-duty military housing in Murphy Canyon, offering a continuum of onsite and community-based family strengthening services and serving as an important connection point for working with this focus population. From 2024 to the present fiscal year 2025, SAY has increased our care for military personnel by 600%, recognizing the unique challenges faced by active and veteran military personnel and their families in San Diego.

Although **teen pregnancy** in San Diego County has decreased over the past decade, in 2023 there were still 758 births to girls ages 15-19, with the highest number in the Central Region. What has not changed is the prevalence among Hispanic and African American/Black girls. The Central Region also had the lowest rate of early prenatal care, with those aged 15-19 having the lowest rate among all age groups. African American/Black mothers are least likely to receive early prenatal care, and have the highest percentage of late or no prenatal care. Mothers aged 15-19 also have the highest rate of late or no prenatal care. The Central Region had the highest rate of preterm births and low or very-low-weight babies. These rates were also highest among African American/Black mothers. Mothers aged 15-19 also had the third highest rate of low birth weight babies, lower only than those over age 40. More alarming is the rate of births to single girls/women. In 2022, 29.2% of births to unmarried women were under 20. The International Rescue Committee (IRC) reports that many refugee groups have a high prevalence of teen pregnancies due to their custom of girls marrying young..

In Fiscal Year 2023 to 2024 (FY23/24), **SAY San Diego's current FHVSS program** participation data reflected the focus population as detailed in SOW 5. Many of the families we served consisted of individuals who, due to various overlapping barriers, would not have been able to receive this level of care on their own. For instance, 51% of our primary participants lived in households classified as low-income; 100% of these individuals were eligible for Medicaid. Plus, 36% were immigrants or refugees, and of those, 89% primarily spoke Spanish. In FY23/24, 30% of FHVSS participants had medically complex histories, such as abuse or neglect as children and/or substance use disorder; 3% of participants were FFPSA eligible due to prior involvement in the Child Welfare System as caregivers. Of all the families served in FY23/24, 25% of primary participants were single parents, and 8% were between 18 and 19 years old.

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2.2.4.1. Inclusion of voices of focus population in services

Our program ensures that the family voice is at the center of design, service delivery, and evaluation through multiple mechanisms aligned with the requirements in SOW 7.1.5.5, 7.6, and 8.1–8.2. Families provide direct input through Parent Satisfaction Surveys at least annually, with supervisors also conducting quality assurance calls at enrollment and the midpoint of participation to confirm satisfaction and capture any concerns. Additionally, supervisors shadow Family Support Specialists during home visits twice per year to observe interactions and gather family input in real time. In addition, parents participate in focus groups as needed, and our goal is to have their voices institutionalized through a County-approved county-wide Advisory Board. This board was proposed by SAY San Diego, approved by AAP and HFA, and agreed upon by the network to launch after January 2026 (following contract award). While the advisory board is not limited to parents, we propose creating an incentive seat for current or former FHVSS parents to ensure their perspective is represented. Compensation would be offered to encourage participation and provide feedback on the program model, materials, and processes.

We integrate family input into our continuous quality improvement process. (SOW 7.6) Feedback gathered through surveys, QA calls, and focus groups is reviewed in CQI sessions and used to prepare tools that guide program implementation, such as the HFA Equity Plan. The Program Director uses this information to track trends, set action steps, and report back to supervisors/FSS, who then share updates with families. This process ensures that feedback leads to visible adjustments. For example, parent reports of transportation barriers led us to allocate funding to provide Lyft and Uber gift cards. Feedback about navigating medical care also influenced the development of new practices. We launched a phone consultation pilot with PHNs in which FSSs complete a brief survey on an issue (with no client identifiers), and a nurse calls the FSS back with

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guidance. This equips FSS to better support families. Topics addressed so far include an underweight child and smoking cessation. While requests for interpreters and advocacy support during medical appointments have not yet been implemented, they remain a goal for future collaboration. PHNs have already provided training on high-risk pregnancy, and additional trainings, such as preparing for medical appointments and understanding medical rights, are planned. Parents also expressed a need for more connection with each other, which prompted us to expand peer-based events and explore alumni engagement opportunities. For example, as required by SOW 7.1.5.5-7.5.5.1, we also offer family-centered activities such as play groups, peer events, and socialization opportunities, which not only address parents' identified need for community but also serve as additional feedback loops to inform service improvement, and we assure our satisfaction survey appropriately assesses access to such resources, as shown in our current performance through the result shown in the Attachments file. This can be seen in action in our program in the intentional way FSSs connect parents to various parent groups, such as local library programs or events through groups such as San Diego Moms. When parents express concerns or social anxiety, the FSS often attends alongside them during the first few visits to provide support and encourage engagement. Parents have also voiced interest in playgroups as a way to build connections. While our program previously hosted a weekly playgroup that could not be sustained due to budget cuts, feedback led us to continue linking military families to the weekly playgroup offered at the HSMFRC. These practices ensure parent input directly shapes the types of opportunities and supports we provide.

Our Program in Action

In Fiscal Year 2023/2024, our program achieved a 97% parent satisfaction rate. Through our parent satisfaction surveys, we found that 97% of participants felt motivated to try new parenting styles overall, and 98% reported being thoroughly guided by their FSS in positive alternative parenting methods. Parents also stated that FSSs successfully collaborated with 98% of them to set personalized goals that mattered to each individual. Our FSSs provided culturally specific care, with 95% of parents feeling their beliefs and values were respected. Parenting was often a source of stress for many primary participants; however, as a result of SAY San Diego's FHVSS program, 95% of parents reported feeling less stressed, a benefit that has continued to positively impact most of our parents and their families. See Parent Satisfaction Survey in our Attachments file.

As required under SOW 8.1 and 8.2, we collect and report program accomplishments, client success stories (see attachments), and barriers encountered, which directly reflect family experience. This reporting is supplemented by our participation in the annual Harder+Company network evaluation, as well as by maintaining the Healthy Families America Equity Plan. The Equity Plan emphasizes reducing disparities, addressing access barriers, and building equitable practices into service delivery. By aligning the Plan with our CQI activities, we ensure that family voice shapes both immediate program adjustments and long-term system strategies. Together, these approaches demonstrate a layered system that prioritizes participant needs, ensures responsiveness, and embeds equity as a guiding framework. (SOW 7.1.5.5; 7.6; 8.1–8.2)

2.2.4.2. Reduction strategy to barriers for Pregnant/Parenting (PP) teens

Barriers pregnant and parenting teens in San Diego County encounter in accessing health, education, and social services include:

- **Trauma Exposure:** Many young parents are still very close to their trauma histories. Teen parents, especially those who have experienced foster system involvement, often have higher prevalence of trauma, instability, and adverse childhood experiences. This proximity to trauma affects coping, decision-making, and their ability to trust service providers.
- **Age-Based Eligibility Limits:** Many housing and supportive programs restrict access until age 18. Youth who are 16 or 17 face immediate parenting responsibilities yet do not qualify for key supports, leaving them in unsafe or unstable living conditions, especially if there is family conflict.
- **Developmental Stage:** As adolescents, teen parents are still completing critical stages of social, emotional, and cognitive development. At the same time, they carry the full responsibilities of raising a child. The demands of parenting can conflict with their own developmental needs for guidance, identity formation, and skill-building.

- **School Disruption:** Parenting responsibilities collide with school expectations. Teens must juggle attendance rules, credit recovery, and re-enrollment policies while managing prenatal and pediatric appointments, their own medical needs, and the care of their children. Without accommodations like flexible scheduling, excused absences, or on-site childcare, many fall behind or drop out.
- **Confusing Consent and Confidentiality Rules:** State laws around minor consent, confidentiality, and insurance billing can be confusing and create fear of disclosures and deter teens from seeking medical care.
- **Limited Access to Care:** Transportation barriers, provider shortages in certain regions, and clinic hours that conflict with school schedules reduce opportunities for care.
- **Economic and Housing Instability:** Food insecurity, lack of reliable housing, and ineligibility for some benefits limit stability.
- **Stigma and Provider Bias:** Fear of judgment or punitive system involvement discourages teens from engaging with schools, clinics, or social services.
- **Cultural and Language Barriers:** Immigrant and refugee youth face added challenges when services are not linguistically accessible or culturally appropriate, or they fear deportation if they seek services.

SAY San Diego's FHVSS program using the HFA model addresses these barriers through developmentally appropriate, trauma-informed strategies, the new PHN partnership, and the transdisciplinary approach defined in the SOW. Strategies include:

- **Trauma-Informed Engagement:** Utilizing the HFA model is a trauma-informed approach, as we have been trained to listen to understand, to ask reflective questions vs. tell families what to do, and our supervisors are skilled at picking up and reflecting on potential implicit biases that may come up for the FSS, and they work through that during reflective supervision. SAY San Diego also employs an FSS who was a teen parent, who is often paired with enrolled teen parents. Staff are trained to recognize trauma and its impact, creating safe, supportive relationships with teens who are often only 17 or 18 and still processing instability from foster care or other systems. (SOW 2.1, 7.1.4).
- **No Wrong Door Intake:** Referrals through CFWB's centralized system and our transition plan that will also support direct referrals, as we collaborate on this process with CFWB, will ensure timely enrollment and reduce confusion about eligibility. (SOW 7.1.1)
- **Developmentally Appropriate Services:** Our FSSs adapt strategies to meet adolescents at their stage of growth, understanding this unique stage of development. They provide parenting development, support healthy attachment, and help strengthen decision-making skills while recognizing the developmental transitions youth are navigating.
- **Education Support:** If a participant is not enrolled in school and seeks a high school diploma, we connect them to Learn4Life's HOPE program or Lindsay School, both designed for pregnant and parenting teens. If they have completed high school, we support enrollment in community college. For participants still in high school, we may collaborate with school counseling staff with a signed release of information (ROI). FSSs can help teens balance educational demands with medical appointments and childcare responsibilities.
- **Housing Navigation:** As soon as we find out a youth is in need of housing, we begin connecting them to housing resources such as SDYS's TAY Housing and YMCA's Tommie's Place. In the instance of a waitlist or if they do not meet eligibility criteria, we begin brainstorming with the youth their various options and support networks, connecting them to other interim housing services or more focused housing navigation programs.
- **Benefit Linkages:** FSSs provide support with the enrollment process for CalWORKs, WIC, and other benefits, often sitting with teens on calls to ensure accurate completion and reduce intimidation. (SOW 7.1.5.6)
- **Crisis and Safety Response:** In cases of domestic violence, staff help families make connections to domestic violence resources, such as Your Safe Place or One Safe Place and can accompany families to safe places and work with partners to secure emergency housing and stabilize the environment.
- **Health Care Navigation with PHN Partnership:** The new PHN partnership strengthens medical resources and accessibility by adding nursing expertise to the team. PHNs provide clinical oversight for

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maternal and child health, while FSS staff support attachment and parenting development. Pre- and post-visit huddles between PHNs and FSS staff ensure real-time coordination of medical needs and family goals. (SOW 6.3, 6.9, 7.1.5.1)

- **Culturally Responsive Services:** Staff reflect the diversity of San Diego County and receive training to ensure cultural and linguistic competence. (SOW 4.2, 7.1.5.4)
- **Reflective Supervision and Staff Training:** Staff receive reflective supervision and specialized training in substance use, mental health, and domestic violence, ensuring they can respond effectively to the complex needs of teen parents. (SOW 7.1.4.2, SOW 7.1.4.3)

2.2.4.3. How current services address needs of PP youth in foster care

Pregnant and parenting youth in foster care face heightened risks due to unresolved trauma, frequent system transitions, and limited permanent adult connections. Many lack stable housing or consistent financial resources, which is an even greater barrier in San Diego's high-cost environment. These challenges, compounded by the demands of parenting during adolescence, often leave young parents without the supports necessary to thrive.

HFA is inherently trauma-informed, ensuring that every aspect of service delivery, assessment, goal setting, home visiting, and supervision recognizes the prevalence and impact of trauma. SAY San Diego's FSSs receive specialized training to identify risk factors such as foster system involvement, housing instability, and intimate partner violence, and they are equipped with strategies to provide care that is safe, supportive, and non-judgmental. Reflective supervision reinforces this trauma-informed practice by giving staff structured opportunities to process difficult cases, improve engagement strategies, and sustain their effectiveness while avoiding burnout. (SOW 7.1.4.2)

Services are further strengthened by the close relationship with CFWB. As the central intake and coordination hub, CFWB ensures that foster youth are linked quickly to the most appropriate supports, creating continuity and reducing the fragmentation that youth often experience in the system. (SOW 7.1.1) This partnership extends to ongoing communication and shared decision-making with PHNs, who contribute medical oversight while FSSs address attachment, parenting, and case management needs. (SOW 6.3, 6.9)

Our program design acknowledges the instability foster youth face. Staff meet teens where they are developmentally, providing guidance that balances parenting responsibilities with their continued social and emotional growth. Staff advocacy includes support with school re-engagement, navigating medical appointments, and connecting youth to housing and benefits for which they are eligible. SAY San Diego is aware of and makes meaningful connections to local partners offering programming specific to youth with foster care engagement, primarily San Diego Youth Services, or other resources, as needed, such as Promises2Kids, Just in Time for Foster Youth, and SBCS Foster & Transitioning Youth Support, to coordinate resources, support transitions, and build enduring networks of care to reduce instability. These efforts directly reduce the stressors that contribute to intergenerational trauma and instability.

Overall, SAY San Diego remains committed to robust staff training, reflective supervision, and coordinated partnerships with CFWB, PHNs, and community experts to ensure that services are comprehensive and responsive for pregnant and parenting youth in or exiting foster care.

2.2.4.4. Methods to prevent intergenerational welfare system involvement

SAY San Diego prevents intergenerational involvement in the child welfare system by implementing the Healthy Families America (HFA) model with fidelity to the 12 critical program elements that form the framework of the model. (SOW 7.1) HFA is an evidence-based, nationally recognized home visiting model designed to promote positive parent-child interaction, strengthen family functioning, and prevent child maltreatment. (SOW 1) All program staff receive intensive training and reflective supervision to ensure that the model is delivered consistently and in alignment with best practice standards. (SOW 6.5, 7.1.4)

Research demonstrates that HFA reduces the recurrence of child maltreatment among families already involved with the child welfare system, thereby interrupting intergenerational cycles. A randomized controlled trial (RCT) of Healthy Families New York found that mothers with a substantiated prior child protective services (CPS) report who were offered HFA were about half as likely to be confirmed as CPS subjects by their child's

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seventh birthday compared to controls (DuMont et al., 2011). Similarly, the Healthy Families Massachusetts trial showed a 32% reduction in recurrence of CPS maltreatment reports among program participants, along with longer time to subsequent reports (Jacobs et al., 2019). These findings confirm the program's role in reducing repeat involvement for families with CPS history.

Independent reviews have validated these results. The Title IV-E Prevention Services Clearinghouse rates HFA as "well-supported," the highest evidence tier for Family First Prevention Services Act implementation (U.S. DHHS, 2020). HFA has achieved favorable effects across all eight outcome domains reviewed by the Home Visiting Evidence of Effectiveness (HomVEE), including reductions in child maltreatment. HomVEE, the federal home visiting evidence review, documents positive outcomes for HFA across multiple rigorous studies, with 22 findings demonstrating reductions in child maltreatment (HomVEE, 2023).

By combining fidelity to HFA's critical elements with a trauma-informed and transdisciplinary approach (SOW 2.1), SAY San Diego advances prevention of child maltreatment and breaks intergenerational cycles of system involvement. This approach ensures families at highest risk, including pregnant and parenting teens, CalWORKs beneficiaries, and foster system-involved youth, receive consistent support that builds resilience, strengthens protective factors, and reduces likelihood of future child welfare contact. (SOW 5.1)

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2.2.4.5. Sustainable resource allocation to ensure continuity of care for foster youth aging out.

As a 12-year incumbent provider of the proposed services, we have robust strategies to ensure that youth aging out of foster care who are pregnant or parenting continue to receive stable support. We maintain an existing partnership with San Diego Youth Services, a community-based organization specializing in transitional support, to provide seamless linkages to housing, education, employment, and peer networks. This partnership ensures continuity of care beyond the immediate scope of home visiting, addressing long-term stability.

Families participating in CalWORKs receive an allocation of up to \$1,000, generally distributed as \$500 per year, which we integrate into service planning to meet immediate child-related needs, prioritized for health and safety purchases, including car seats, cribs, and other essential baby supplies. This practice mitigates risks while reinforcing safe parenting practices.

Fiscal responsibility guides our approach. We leverage community donations, volunteer services, and in-kind supports before expending program dollars, thereby maximizing impact and preserving funds for critical needs. These practices align with Healthy Families America standards for sustainability and equity. (SOW 6.1, 6.14) Our trauma-informed framework ensures that young parents transitioning from foster care receive consistent, supportive services that reduce instability and reinforce family well-being. (SOW 2.1, 4.1)

By linking with FFPSA pathways and Family Connection Hub navigation supports, we coordinate services to prevent duplication and extend upstream support. (SOW 3.3, 3.4, 2.2.6) This ensures pregnant and parenting youth from foster care remain connected to a continuum of care even as they age out of the system.

2.2.4.6. Policies that ensure equitable access for military families

SAY San Diego is one of the premier nonprofit organizations in San Diego serving military families, with a division dedicated to meeting their unique needs. Drawing on this experience and more than 12 years of implementing First 5 Family Home Visiting Support Services, we have developed extensive knowledge, policies, and practices to ensure equitable access for military families. (SOW 5.1.3.) Through our Healthy Start Military Family Resource Center (HSMFRC) and the San Diego Military Family Collaborative (SDMFC), we add another layer of coordinated support that extends beyond the scope of this contract. For example, the HSMFRC offers enhanced playgroups with school-readiness activities, family support services that build community for relocating families, and hands-on resource navigation with referrals to ensure military families can access essential services and support. Additionally, SDMFC hosts 10 gatherings each month with 30–60 participants on key topics such as childcare, deployment preparation, and Exceptional Family Member Program, and partners with Canyon Hills High School to connect military teens with providers and build self-advocacy skills. SDMFC also received the County of San Diego Human Services Agency 2025 Live Well San Diego North Central Region Public Health Champion Award, recognizing our contributions among only 13 organizations countywide. Additional certificates of appreciation from County Supervisors acknowledge SAY San Diego's exceptional work supporting military families.

Military families face unique cultural and logistical challenges:

- Military culture places a strong emphasis on discipline, resilience, and chain of command. While these values are sources of pride, they can also create stigma around seeking help. Families, especially young mothers, may hesitate to engage in supportive services for fear of appearing weak or jeopardizing the service member's career advancement.
- Deployment cycles and training demands create repeated periods of family separation. These separations bring stress, added parenting burdens, interrupt parent/baby bonding and attachment, and create emotional strain. During deployment, the at-home parent often functions as a single parent, while reintegration after deployment brings its own challenges as family roles are renegotiated.
- Frequent relocations disrupt continuity of care and social supports. Families may be required to move every two to three years, sometimes across states or countries, leading to loss of established providers, interrupted medical or developmental care, and the need to reestablish eligibility for community services.
- Confidentiality concerns are heightened in military families. Parents may avoid disclosing sensitive information such as mental health struggles, intimate partner violence, or financial stress because they worry it could affect the active-duty service member's record or standing.
- Childcare and housing limitations are common. Families living in base housing often face cramped conditions, limited access to childcare slots, and few extended family supports. These shortages force parents to balance demanding schedules with fewer backup options.
- Irregular schedules tied to shifts, field training, and duty assignments complicate appointment attendance. Services must provide flexibility through virtual visits and adaptable scheduling.
- Community isolation is a frequent reality. Unlike many civilian families, military households often lack nearby relatives or long-term friends for support. While informal military groups, such as the Navy Ombudsman Program and Command Spouses Clubs / Command Family Readiness Groups, and similar networks can offer connections, the strength of these supports varies by unit. Additionally, some families choose not to share personal concerns in these groups due to the potential impact on the service member's career.
- Navigating TRICARE and local medical care is often complex. Families may experience confusion in balancing on-base care with civilian providers, facing delays in approvals, referrals, or coverage questions.

Our program adapts to these realities by:

- Supporting families across the deployment cycle, from pre-deployment preparation to reintegration, tailoring services to whether the mother or father is deployed or if the mother herself is the active-duty member.
- Providing flexible scheduling and virtual home visiting to fit unpredictable military schedules.

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- Offering warm hand-offs and referrals to HFA sites in new states when families relocate, while also accepting referrals from incoming families to maintain continuity of care.
- Leveraging the HSMFRC in Murphy Canyon, the largest off-base military housing community in the world, to connect families to food, housing, counseling, financial aid, parenting classes, support groups, and referrals.
- Utilizing specialized programs such as Dads Corps and Playgroups to build peer connections and reduce isolation.
- Engaging families through the SDMFC, which convenes more than 100 organizations to coordinate resources and collective impact for military families.
- Maintaining fidelity to the HFA model to ensure consistent, evidence-based support that addresses health, parenting, and family strengthening needs.
- Ensure the family understands our confidentiality policy and obtain an ROI for any information sharing to mitigate privacy concerns. (SOW 6.6)
- Our program leverages expertise in both military and civilian health systems, and with our new partnership with County Public Health Nurses, we help families coordinate TRICARE benefits with local medical resources. This navigation support reduces delays in care and ensures mothers and young children have consistent access to needed providers. (SOW 7.1.5.)

These strategies, combined with our long-standing expertise and dedicated military services division, ensure that military families receive comprehensive, culturally responsive, and sustainable support tailored to the demands of military life. (SOW 5.1.3)

2.2.4.7. How programs adapt to unique needs of military families.

Our program adapts to the unique needs of military families by grounding service delivery in both the HFA model and the lived realities of military life. We recognize that deployments, relocations, and irregular duty schedules create disruptions that can leave families isolated and uncertain about where to turn. Our staff are trained to anticipate these cycles and adjust home visiting schedules to align with deployment timelines, offering consistent contact before, during, and after separations to support both the caregiving parent and the returning service member. Using the HFA model, we build trust with military mothers who may be hesitant to disclose concerns due to cultural stigma or career impacts, and we leverage that trust to identify early needs, such as mental health support, childcare, or safety planning. When families lack nearby relatives or long-term friends, we connect them to stable networks such as the Healthy Start Military Family Resource Center (HSMFRC) and the San Diego Military Family Collaborative (SDMFC), creating meaningful and reliable community ties. We also provide practical assistance, such as helping them navigate TRICARE authorizations and ensuring continuity of care when they transfer between bases or states. Our partnership with County Public Health Nurses enhances this navigation by blending our knowledge of military systems with their expertise in local medical resources. In these ways, the program adapts not only by understanding the military context but also by actively bridging gaps, creating connections, and delivering flexible, evidence-based support that sustains families through the unique demands of military life.

2.2.4.8. Barriers to access for immigrant and refugee families

Since 2013, SAY San Diego has delivered home visiting services in San Diego's Central and North Central regions to immigrant and refugee families. Our long tenure and dedication to continuous learning and cultural humility have given us a strong understanding of the unique challenges these communities face in accessing prenatal and parenting support. Drawing on this experience, we have developed targeted procedures to dismantle barriers and foster equitable access.

Barriers immigrant and refugee families often encounter:

- Limited English proficiency hinders communication with medical providers, completion of enrollment paperwork, and understanding prenatal or parenting guidance.
- Reliance on untrained interpreters, such as children or relatives, creates concerns about accuracy, confidentiality, and parent-child role reversal during medical or parenting discussions.
- Lack of familiarity with the purpose and value of preventive and prenatal care, leading some families to

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seek services only in emergencies rather than throughout pregnancy or early parenting.

- Social isolation and the loss of extended family or community networks following relocation, which reduces access to informal parenting support.
- Trauma from migration experiences, including exposure to violence, family separation, or loss, can complicate pregnancy and undermine parenting confidence, as well as impact the mental health and parenting ability of isolated mothers.
- Fear of deportation among undocumented families and, in the current climate, even among documented immigrants, discourages families from accessing medical and social support.
- Distrust of government or medical institutions based on past experiences, limiting willingness to engage in prenatal visits or parenting programs.
- Unfamiliarity with U.S. healthcare systems, including how to secure insurance, schedule appointments, or navigate referrals to specialists.
- Transportation barriers, inflexible work schedules, and childcare needs prevent consistent attendance at prenatal appointments or parenting groups.
- Mental health stigma, particularly around postpartum depression or trauma, deters families from seeking support services essential to child well-being.
- Experiences of structural discrimination and racism that compound stress during pregnancy and discourage use of available programs.

Procedures our program uses to alleviate these barriers:

- Hiring bilingual staff, over 80% of FSS staff fluent in a language spoken by families served, enables families to complete prenatal assessments and parenting visits in their preferred language. (SOW 4.2, 7.1.5.4)
- Utilizing professional interpretation services through Hanna, founded in 2010, California's number one on-site interpretation solution provider. (SOW 7.1.5.4)
- Contracting with Interpreters Unlimited to ensure additional accurate and culturally responsive interpretation support. (SOW 7.1.5.4)
- Using Pocketalk translation devices for immediate communication needs, such as when a Spanish-speaking FSS successfully communicated with an Arabic-speaking family, ensuring clarity of assessment information. (SOW 7.1.5.4)
- Translating agency enrollment paperwork, welcome letters, closing letters, assessments, and other program materials into multiple languages such as Portuguese, Haitian Creole, Mandarin, and Arabic, supporting full understanding of services and continuity of care. (SOW 4.2, 7.1.5.4)
- Providing extensive onboarding and annual cultural humility training, with a specific focus on establishing and maintaining trust with families, so staff can reduce fears and build relationships that support ongoing prenatal and parenting engagement. (SOW 7.1.4.1.8)
- Partnering with ethnic community-based organizations, including International Rescue Committee (IRC), Horn of Africa, UPAC, or members of the San Diego Refugee Communities Coalition, to connect families with trusted community resources, as needed. Each collaboration is undertaken only with family approval and a signed release of information to protect confidentiality. (SOW 5.1.4)
- Facilitating social support and community integration by linking families to peer groups and cultural networks, reducing isolation and promoting shared parenting strategies. (SOW 5.1.4)
- Using a trauma-informed approach that acknowledges past experiences and builds safety and trust, supporting families who may otherwise withdraw from prenatal or parenting services. (SOW 5.1.4)
- Guiding families step-by-step through insurance enrollment, appointment scheduling, and referral navigation, making it easier for them to understand and use prenatal care and parenting support. (SOW 5.1.4)
- Offering flexible support with scheduling and transportation planning, ensuring pregnant women and parents of young children can consistently attend visits despite logistical barriers. (SOW 5.1.4)
- Applying the strengths-based framework embedded in the Healthy Families America model to identify and build on family assets, empowering parents to feel capable and confident in their parenting role. (SOW 7.1.4.1.9)

By addressing barriers through bilingual staffing, professional interpretation, translated materials, cultural humility training, and community partnerships, the program ensures services are culturally competent and family centered. This approach not only reduces fear and confusion but also strengthens engagement in prenatal and parenting care. As a result, immigrant and refugee families are better able to maintain healthy pregnancies, foster strong parent-child interactions, and reduce risks for child maltreatment—outcomes that align with the goals of the program and the requirements of the SOW (SOW 5.1.4; 7.1.5.4; 7.1.4.1.8; 7.1.4.1.9).

Our Program in Action

During a home visit, a mother shared that she felt isolated, with no nearby family and only limited connection to her partner's relatives. The FSS worked with her to explore ways to build her support system and suggested trying culturally specific online mom groups, sharing her own experience to make the idea more approachable. By the next visit, the mother reported she had joined a Korean mom group on Facebook and had already attended her first meetup. Within weeks, she was attending gatherings three times a week and expressed that she finally felt connected and supported. For her baby's first birthday, she invited more than ten moms and their children from the group to celebrate. The group has since grown into a supportive space where members share resources like baby clothes and items, further strengthening community ties and reducing the mother's sense of isolation.

2.2.4.9. Procedures to provide culturally sustainable care for PP immigrants/refugees

Our policies and procedures for providing culturally sustainable care to immigrant and refugee families are rooted in fidelity to the HFA model and reinforced by our site's Equity Plan. As a matter of policy, all services are delivered in a culturally competent manner, consistent with SOW 7.1.5.4, ensuring that staffing, training, and materials reflect the linguistic and cultural diversity of the families served. Procedures begin with hiring practices: 80% of the FSS workforce is bilingual, and staff are selected for their ability to build trust across cultures. To further support language access, we contract with interpretation providers such as Hanna and Interpreters Unlimited, and we supply real-time translation devices like Pocketalk for immediate needs. In addition, all core program materials, including assessments and transition forms, are translated into multiple languages, such as Portuguese, Haitian Creole, Mandarin, and Arabic, in accordance with the Equity Plan's commitment to expanding language capacity.

Our procedures also require extensive onboarding and annual training in cultural humility, with emphasis on the HFA standards related to establishing trust. (SOW 7.1.4.1.8) Staff are trained to use a strengths-based approach (SOW 7.1.4.1.9), reinforcing the HFA model's core principle of recognizing and building upon family assets. Our Equity Plan further institutionalizes equity practices by requiring annual review and revision of strategies to address barriers and reduce disparities. This includes inviting community partners to staff meetings to strengthen knowledge of local resources, plans to integrate family voice through advisory boards, and convening alumni for ongoing input.

To ensure cultural sustainability extends beyond staff practices, our procedures emphasize collaboration with ethnic community-based organizations. These partnerships are always undertaken with family approval and a signed release of information to safeguard confidentiality. We also employ trauma-informed policies to minimize the risk of re-traumatization and foster inclusivity. The Equity Plan commits us to review progress annually, using family and staff surveys to guide adjustments, such as translating additional documents, increasing transportation access, and creating community connection opportunities.

Together, these policies and procedures create a system of culturally sustainable care.

Our Program in Action

When immigration enforcement activities increased in the community, our team responded quickly to support families. We obtained "red cards" with information on constitutional rights, and our FSSs reviewed these materials with families so they felt prepared and informed. We organized several trainings to strengthen staff understanding of the immigration legal system and provided guidance on the types of warrants families might encounter, so staff could share accurate information. We also began introducing Family Preparedness Planning, encouraging families to gather important documents and identify trusted caregivers for their children in case of an unexpected separation. This proactive response helped families feel more stable and supported during a time of uncertainty.

2.2.4.10. Strategies to reduce barriers for low-income mothers and families.

For 12 years, our program has delivered services under the HFA model, continually adapting strategies to reduce financial barriers, promote health equity, and sustain support for low-income mothers and families, i.e., household income is less than 200% of the Federal Poverty Level. (SOW 3.6., 3.6.1.1.) Over time, we have refined our practices to respond directly to the lived realities of families. For example, transportation emerged as a significant barrier for many participants, who struggled to attend medical appointments or access needed community services. In response, SAY San Diego allocated funding for Uber and Lyft passes, a resource not previously offered, to ensure that families could reliably access healthcare, social services, and community resources. This adjustment demonstrates our commitment to removing structural barriers as they become visible and to implementing practical solutions grounded in family voice and experience.

Equity is not only addressed through material support but also through the culture of service delivery. Families are welcomed without stigma or judgment regarding their income level. Staff approach each interaction with a focus on strengths, recognizing the resilience and capacity that parents bring. This strengths-based approach aligns with the HFA model and guides staff in helping families identify and build upon their own abilities. By reframing financial hardship not as a deficit but as a circumstance that can be navigated with the right support, the program builds trust and fosters dignity.

The program also implements an inclusive strategy by offering comprehensive resource connections. The program maintains an updated list of community providers that can address a wide range of needs, from housing assistance to food programs to mental health care. They directly assist with enrollment in Medi-Cal and provide linkage to CalWORKs, SNAP, and other benefit programs, ensuring that families do not have to navigate complex systems alone. For CalWORKs participants, \$1,000 in flexible funding is available to address urgent health and safety needs such as cribs, car seats, medications, or utility support, providing a foundation for long-term health and wellness.

Collaboration with County Public Health Nurses adds another layer of equity by ensuring that health needs are addressed in tandem with social and financial supports. PHNs bring clinical expertise while FSSs provide consistent, strengths-based engagement in the home. Together, they form a transdisciplinary team that can adapt to the evolving needs of each family to support immediate health outcomes and create pathways to long-term care by connecting families with medical providers, benefit systems, and community resources that will remain in place after home visiting ends.

Sustainability is woven into every aspect of service delivery. Families are not left at the end of services without supports in place; instead, transition planning ensures that mothers/families and children exit the program with connections to community partners, ongoing benefits, and internal agency programs that can continue to walk alongside them. By addressing barriers in real time, fostering dignity, leveraging flexible funding, and cultivating strong handoffs to long-term resources, the program ensures that financial hardship does not stand in the way of maternal and child health. These strategies demonstrate how a long-standing program has grown more responsive and more inclusive with time, while remaining rooted in the HFA model and its focus on equitable, sustainable support for families.

2.2.4.11. Strategies to address intersection of medical complexities and co-occurring disorders

We recognize that families facing mental health and/or behavioral health challenges require coordinated, trauma-informed care. (SOW 4.1; 6.3; 7.1.5.1) Staff receive specialized training in recognizing risk factors, trauma, and mental health concerns, enabling them to engage families with compassion while reinforcing family strengths and providing appropriate referrals and care coordination (with an ROI), as appropriate. (SOW 7.1.4.1.8; 7.1.4.1.9) The FSS administers the PHQ-9 (Patient Health Questionnaire-9), a nine-item screening and diagnostic tool that measures depression severity based on DSM criteria. Using the PHQ-9 allows staff to identify symptoms that may require further evaluation and make timely, appropriate referrals to mental health providers or Public Health Nurse partners. The tool provides a standardized method for tracking changes over time and ensuring that families receive responsive support and coordinated care. (SOW 7.1.4.1.2; 7.1.5.2) Reflective supervision further supports staff in managing complex cases and sustaining high-quality practice. (SOW 7.1.4.2)

To address the intersection of medical complexity with substance use and mental health concerns, our program employs a layered strategy grounded in best practices and strengthened by partnerships with specialized providers.

We will leverage our partnership with Public Health Nurses (PHN) to guide clinical decision-making and navigate complex health systems. PHNs will co-develop care plans with our staff, ensuring that families receive integrated medical oversight while home visitors provide relational support and linkages to services. (SOW 6.4; 7.1.5.1) This transdisciplinary approach allows us to identify health risks early, coordinate with primary care, and sustain continuity of care for mothers and children with complex needs.

While it has not happened yet, in cases that seem to require substance use treatment, we would refer families to complete the American Society of Addiction Medicine (ASAM) criteria to ensure they are connected to the appropriate level of treatment (outpatient, intensive outpatient, or residential treatment). We have also made a connection with La Maestra's Wellness Clinic to support families with a substance use disorder. Our FSSs will receive training relevant to substance abuse, drug-exposed infants, and crisis protocols to be able to respond appropriately and support family stability during treatment transitions. (SOW 7.1.4.3; 7.1.4.1.13) We are also working with our ATOD team for training and presentations on Narcan use so our FSS are comfortable administering or distributing Narcan while they are out in the community.

For mental health needs, we collaborate with the SDSU Healthy Early Years (HEY) Clinic for adult counseling and child-caregiver counseling through the Child-Caregiver Psychotherapy (CCP) program, which strengthens attachment and bonding. We also connect families to Vista Hill ADAPT (Accessible Depression and Anxiety Peripartum Treatment), which specializes in pregnant and postpartum women up to 18 months postpartum or to Family Health Centers or other trusted mental health providers as needed. We secure Releases of Information (ROI) to coordinate care seamlessly across providers. (SOW 7.1.5.2; 7.1.5.6)

Additionally, SAY San Diego's Enhanced Care Management (ECM) through the Neighborhood Networks program, which serves Medi-Cal recipients whose chronic health conditions or circumstances require additional coordination and support, is another resource and support. Each participant is paired with a Lead Care Manager who helps individuals navigate community resources, referrals, and services that address both health and social needs. The program delivers intensive care management, connections to community health resources, and housing navigation and placement to improve health outcomes and strengthen overall well-being.

This comprehensive strategy ensures that families with medical complexity receive a full range of support, connecting physical health, substance use treatment, and mental health services, while home visitors and PHNs work together to stabilize families, promote safety, and build resilience. (SOW 5.1.6; 7.2)

2.2.4.12. Ways of support for families with medically complex needs

Families with medically complex needs often face overlapping systems that operate in silos, leaving them at risk of gaps in care. Our program responds to this challenge by grounding services in the HFA model, which requires comprehensive family assessments, individualized service planning, and multi-disciplinary collaboration. Through this approach, the FSS walks alongside the family, serving as a trusted guide while coordinating directly with the PHN or identifying other resources. This partnership allows the PHN's clinical expertise to integrate with the FSS's role in addressing social and logistical needs, ensuring families do not face fragmented care alone. (SOW 4.1)

At enrollment, HFA standards guide our practice of conducting detailed assessments that include insurance status and whether a medical home is in place. Section 7 of the 8th Edition of the HFA Best Practice Standards requires programs to ensure every family is connected to a medical home and has access to preventive and specialty healthcare. By identifying these elements early, we can bridge gaps in coverage, secure timely connections to providers, and address systemic barriers before they escalate. (SOW 7.1)

Consistent with HFA Best Practices, our program actively links families to community-based resources that address complex needs. (See also information in Section 2.2.4.17.) Our program maintains a resource guide, and the FSSs are encouraged to connect with resources personally to ensure they understand the processes and available services to help provide useful connections and support. For example, for substance use disorders, FSS staff can connect families to appropriate substance use treatment programs or to

prenatal/postpartum programs such as La Maestra that specialize in addiction-related care, though we have yet to have had anyone who struggled with substance use other than tobacco and marijuana. For mental health needs, families are linked to behavioral health providers, such as SDSU's HEY Clinic, who deliver evidence-based treatment, including maternal depression care. By coordinating these referrals, documenting follow-through, and updating family service plans, we reduce fragmentation and create a network of supports that sustain long-term outcomes.

To ensure equity across the system, our organization participates in the annual Harder+Company network assessment, which goes beyond data reporting to examine family experiences, quality, and systemic disparities. This aligns with HFA's Best Practice Standards on continuous quality improvement and reinforces our commitment to equitable access to specialized and long-term support by identifying measures to document equitable access.

Finally, our staff employ creative strategies when barriers persist, such as flexible scheduling, accompaniment to specialty care, and coordination with community partners for transportation and medical equipment. These practices embody HFA's emphasis on family-driven, practical problem-solving and ensure that families with complex medical needs receive sustained, equitable access to healthcare and community resources over the long term.

2.2.4.13. CalWORKs participation impact on PP individuals

Participation in CalWORKs expands pregnant and parenting individuals' access to health and social services by combining financial stability with comprehensive supports. CalWORKs beneficiaries may include a pregnant individual, or a parent or caretaker relative of a child less than 24 months of age at enrollment (SOW 3.2.1.1.); a member of the CalWORKs Assistance Unit (SOW 3.2.1.2.); the parent or caretaker relative of a child-only case (SOW 3.2.1.3.); or a pregnant individual who has applied for CalWORKs aid within 60 days before the second trimester and would otherwise be eligible. (SOW 3.2.1.4.) Beneficiaries also include those "apparently eligible," such as families with a child deprived of parental support due to the absence, disability, or death of a parent (SOW 3.2.1.5.1.); families with a child when both parents are present, but the principal earner is unemployed (SOW 3.2.1.5.2.); and relative caregivers of foster children. (SOW 3.2.1.5.3.)

Through CalWORKs participation, families receive cash aid and guaranteed access to Medi-Cal, ensuring continuity of prenatal, pediatric, and preventive care. Parents benefit from childcare subsidies and workforce readiness services that promote long-term stability, while children gain consistent, high-quality care environments that support early development. Each CalWORKs family also receives up to \$1,000 in flexible incentive funds that can be used to resolve barriers such as transportation, housing deposits, or emergency supplies, which creates an immediate bridge to services when instability might otherwise block access. The program further connects families to nutrition, behavioral health, domestic violence supports, and housing resources, simplifying navigation of multiple systems. Our FSSs interface with CalWORKs by guiding participants through eligibility, reporting, and use of flexible funds while also connecting with CalWORKs staff, as needed, to address needs, such as housing, resolve benefit issues, and secure timely services that maximize supports and build long-term stability.

The integration of home visiting services within the CalWORKs framework strengthens these benefits. Families engage in evidence-based parent-child activities that foster secure attachment, healthy development, and school readiness, while also receiving guidance on accessing services and building internal capacity to advocate for their needs. The new transdisciplinary model advances these outcomes by aligning Family Support Specialists with Public Health Nurses in a shared service framework that bridges clinical care and social service supports. Through joint planning, families receive a single, coordinated entry point rather than navigating multiple disconnected systems. This model allows health needs such as prenatal care, pediatric visits, and mental health referrals to be addressed alongside practical needs like housing stability, childcare, and employment readiness. Families benefit from reduced duplication, faster referrals, and seamless case management that integrates CalWORKs benefits with home visiting supports. By weaving together financial aid, health services, and developmental guidance, the team approach ensures CalWORKs participants gain timely access to comprehensive resources that strengthen both parent well-being and child development, while laying the groundwork for long-term stability.

2.2.4.14. How feedback from CalWORKs beneficiaries are used to improve program

Feedback and lived experiences from CalWORKs beneficiaries are gathered through the same structured and informal methods used with all program participants to ensure fairness and consistency. Families complete satisfaction surveys that measure access, service quality, and impact on family well-being. Supervisors also obtain informal feedback during shadowed home visits, which creates opportunities for real-time observations and candid input from families about barriers or successes. These combined strategies ensure that beneficiary voices inform continuous quality improvement and guide adjustments that strengthen sustainability and fairness across the program. We also encourage participants to engage in broader feedback processes, including satisfaction surveys and advisory boards, so their experiences inform ongoing broader improvements and resource allocation.

Feedback from CalWORKs participants is used to identify barriers, highlight service gaps, and guide adjustments that make programs more responsive. Input gathered through surveys and supervisor observations helps refine policies and practices, so resources are allocated equitably. By incorporating lived experiences into decision-making, the program strengthens fairness, improves trust, and ensures changes support long-term sustainability. Examples of past and ongoing improvements based on participant feedback include adding transportation assistance funding to reduce barriers to service access and translating program materials into additional languages to ensure equitable communication with diverse families. These changes demonstrate how lived experiences shape program design, making supports more accessible, sustainable, and fair.

2.2.4.15. How at-risk families are identified and engaged equitably

SAY San Diego will ensure at-risk families are identified and engaged equitably by following San Diego's systemwide HFA site policies and procedures manual, with a planned transition to CFWB serving as the centralized intake. (SOW 7.1.1) (See also our response in Section 2.2.3.) This marks a shift from our current approach, where the Supervisor conducts a pre-screen to manage the high referral volume and filter for eligibility and interest. As referrals have grown to more than 300 per year, this step has been critical in reducing strain on FSS staff and ensuring that eligible families enrolled receive timely attention.

The move to a centralized intake is expected to increase equity by standardizing access across all entry points and reducing the chance that referrals stall due to uneven processes. Because our organization is well known as a First 5 provider, we anticipate we will continue to receive direct referrals from community partners and families, as well as internal referrals from programs serving similar populations. We will blend these pathways with the new CFWB intake procedure to fully support the "no wrong door" approach. This means that whether a family comes through the county hub, another program, or a direct referral, they will be met with the same equitable process for eligibility, interest, and connection to services. (SOW 7.1.2.1)

Equity will be strengthened as this approach minimizes possible bias, ensures uniform screening, and prioritizes families with the highest prevention value, such as CFWB referrals, CalWORKs participants, pregnant individuals, and those with infants under three months. By embracing this evolution in intake procedures, we are building a more accessible system where every family, regardless of referral source, is connected to the right support without delay. (SOW 7.1.2.2)

2.2.4.16. Evidence-based interventions to prevent foster care entry

SAY San Diego delivers a suite of evidence-based, sustainable interventions to reduce the risk of child maltreatment and foster care entry. Core components include:

1. **Healthy Families America (HFA)** – Delivered with fidelity to all 12 critical program elements. HFA has solid national evidence demonstrating a one-third reduction in recurrence of substantiated maltreatment among families already involved with child welfare, as well as recognition as "well-supported" by federal clearinghouses such as Title IV-E Prevention Services and HomVEE. (See more information in Section 2.2.1.)
2. **Baby TALK Curriculum** – A home-visiting and center-based parenting curriculum structured around children's developmental goals across domains such as social-emotional, language, literacy,

mathematics, and social studies. It uses strength-based assessments (e.g., Teaching Strategies GOLD, HELP), flexible delivery protocols, and fosters positive parent-child interaction (e.g., Conscious Discipline), which improves parent-child bonding, reducing the risk of child maltreatment. It is in alignment with the HFA model as it promotes reflective practice.

3. **Mothers and Babies (MB)** – An evidence-based intervention aimed at preventing postpartum depression in pregnant and new parents. It has been rated a “promising practice” by SAMHSA, supports personal resilience and self-concept, and is adaptable for individual and group delivery in home-visiting, WIC, and community health settings.
4. **Facilitating Attuned Interactions (FAN)**– A trauma-informed, relationship-based approach that helps home visitors, supervisors, and other providers tune into parents’ cues and respond with empathy. FAN builds reflective capacity, reduces stress during visits, and fosters strong, supportive connections between providers and families. It strengthens engagement, promotes emotional regulation, and enhances parent-child relationships across diverse service settings. Both Chapin Hall at the University of Chicago and Loyola University have evaluated the FAN approach.
5. **Connected Parents Connected Kids (CPCK)** – A safety-card tool complemented by the CUES framework (Confidentiality, Universal Education, Empowerment, Support) used to facilitate non-judgmental dialogue about healthy relationships, intimate partner violence (IPV), and adverse childhood experiences (ACEs). It promotes access to resources, supportive messaging, and calm-down techniques, integrated into home visitation and maternal/child health settings
6. **Motivational Interviewing (MI)**- A collaborative, evidence-based counseling method that strengthens a parent’s motivation and commitment to positive behavior change. MI uses open-ended questions, reflective listening, and affirmations to help families explore goals and resolve ambivalence. It supports improved engagement, reduces resistance, and enhances outcomes across parenting, health, and behavioral domains, making it a strong complement to home visiting and HFA practice.

Our Program In Action

On an early visit the FSS realized Mom, Victoria, pregnant and a breast cancer survivor, had delayed seeing her oncologist out of fear. Through Motivational Interviewing, she helped Victoria set a goal to schedule her appointment. Two weeks later she greeted the FSS smiling, saying, “I don’t have cancer! And I’m making ceviche to celebrate.” Today, she is breastfeeding her baby and continues to set new goals. (See the full story in the Attachments.)

Modeling our program on HFA and supplementing it with these evidence-based curricula equips families with consistent, research-grounded supports that strengthen protective factors, promote healthy parent-child relationships, and directly reduce the risk of child maltreatment and foster care entry.

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2.2.4.17. Strategies to coordinate community resources for long-term support

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SAY San Diego leverages our extensive leadership within San Diego's social service landscape to coordinate community resources that sustain support for FFPSA-eligible families. With over 50 years of service history and over a decade of experience operating First 5 FHVSS, SAY San Diego has cultivated robust partnerships across the County. SAY San Diego's credibility as a convener, fiscal agent, and collaborative partner has enabled the agency to expand our reach, creating an integrated network that maximizes the benefits of community resources for FFPSA-eligible families.

As an organization, SAY San Diego applies a holistic, family-centered approach that treats root causes of poverty, trauma, and instability while mobilizing multi-sector partners to address the complex needs of families. Services are neighborhood-based through six Family Resource Centers and several community hubs, ensuring families can access local support systems. Through these partnerships, SAY San Diego connects families to essential services, including healthcare, childcare, housing, legal aid, mental health counseling, substance use treatment, and employment resources, thereby creating a comprehensive continuum of care that extends beyond the duration of home visiting services. (SOW 7.1.5.6., SOW 6.12)

To maintain a seamless connection to community resources, SAY San Diego consistently updates our community resource list. This list includes extensive local resources across various service domains, ensuring that families are referred to the most appropriate services. See the Table below. FSSs are trained to familiarize themselves with the eligibility criteria, access protocols, and service offerings of these resources. They take an active role in helping families navigate the systems, ensuring each family's unique needs are met.

FSS staff facilitate connections by performing warm handoffs to the community-based programs, which may include accompanying parents as they make initial calls or providing support in navigating application processes. In situations where families face complex barriers to accessing resources, FSS staff offer in-person accompaniment, ensuring the family feels supported throughout the process. By providing this level of engagement, SAY San Diego not only fosters access to services but also empowers families to become self-sufficient, reducing risks of child maltreatment and promoting long-term stability.

SAY San Diego's reputation for collaboration and our active leadership in bringing diverse groups together to improve community health outcomes ensures the sustainability of these support systems. The following table summarizes critical service domains and the corresponding resource partners for FFPSA-eligible families.

Table 4: Coordinated Community Resources for FFPSA-Eligible Families (SOW 7.1.5.6.)		
Service Domain	Key Partners / Programs	Description of Support
General Resources	2-11 San Diego; HHSA Family Resource Centers; Southeastern Live Well Center; CARE Community Center; Access & Crisis 24HR; Child Abuse Hotline; Adult Abuse Hotline; California Poison Control; San Diego Domestic Violence Hotline	24/7 information, crisis intervention, child and adult abuse support, poison control, and emergency resource connection
Parenting & Family Support	Black Infant Health Program; Early Head Start; Jewish Family Service Adolescent Family Life Program; Tribal Families; Internally (SAY) through San Diego Dads Corps, Community Services for Families, Project KEEP, Military Family Resource Center, Family Connection Hub	Parenting education, peer groups, case management, father engagement, food and transportation support
Child Development & Early Education	Healthy Development Services (Central); Rady Children's Developmental Services; Neighborhood House Head Start; YMCA Child Care Referrals; Internally (SAY) through 40+ Extended Day Programs + Healthy Starts at sites such as Lincoln High School, Crawford High School, Field Elementary, Perry Elementary, Valencia Park Elementary, Sylvan Learning Center	Screenings, developmental therapy, subsidized childcare, early learning
Health & Maternal Care	La Maestra; Family Health Centers of San Diego; UC San Diego Health; Bridge Prenatal; California Advancing and	OB/GYN, pediatric, behavioral health, prenatal and

	Innovating Medi-Cal; Internally (SAY) through Neighborhood Networks (Enhanced Care Management).	postpartum care, dental and pharmacy services
Domestic Violence Resources	YWCA, Center for Community Solutions (CCS), One Safe Place, Your Safe Place	Crisis intervention, safe housing, legal advocacy, and counseling
Housing & Stability	Father Joe's Villages; San Diego Housing Commission; Home Start; YMCA Tommie's Place; Safe Parking Program (JFS & Dreams for Change); Internally (SAY) through Neighborhood Networks	Emergency shelter, transitional housing, supportive housing, rapid rehousing, safe parking for families
Mental Health & Trauma Services	HEY Clinic (SDSU); ADAPT (Vista Hill); Postpartum Health Alliance; NAMI San Diego	Individual, family, and group counseling; maternal mental health; grief and trauma recovery
Substance Use Services	Casa de Milagros (MAAC); McAlister Institute; Vista Hill ParentCare; La Maestra Behavioral Health Clinic	Residential and outpatient treatment for women, youth, and parenting adolescents
Legal & Immigration	Legal Aid Society of San Diego; Casa Cornelia Law Center; San Diego Volunteer Lawyers Program; IRC San Diego	Legal aid, immigration services, family law, advocacy
Employment & Economic Self-Sufficiency	San Diego Workforce Partnership; CalWORKs; San Diego Futures Foundation; Internally (SAY) through the Dads Corps and Alumni programs.	Job readiness, resume building, subsidized childcare, access to technology
Basic Needs & Emergency Support	San Diego Food Bank/Diaper Bank; Birthline of San Diego; Sharia's Closet; Love Does Boutique	Food, diapers, clothing, baby supplies, emergency assistance
Foster Involved Services	San Diego Youth Services, Promises2Kids, Just in Time for Foster Youth, SBCS Foster & Transitioning Youth Support	Transition support, life skills training, housing
Population Specific	International Rescue Committee (IRC), Horn of Africa, UPAC, members of the San Diego Refugee Communities Coalition, The LGBT Community Center	Case management, advocacy, support services, population-specific resources and systems navigation

2.2.4.18. Strategy to work with CFWB to ensure equitable access

SAY San Diego will partner with CFWB to operationalize the No Wrong Door approach, ensuring all families, regardless of background, gain entry to preventive and supportive services. CFWB will serve as the centralized intake for home visiting; we will align with this process while maintaining flexibility to respond to families who may come to us directly or through internal referrals from related programs. This blended approach strengthens access and prevents eligible families from being turned away. (SOW 7.1.1–7.1.2) Activities that will support this will include our staff participating in intake huddles and joint planning sessions with CFWB and PHN. We will attempt contact with families within three business days of each referral, consistent with program requirements, and track outcomes to confirm prompt engagement. (SOW 7.1.2.2) These coordinated efforts ensure that families are quickly and equitably connected to services that meet their needs. As an HFA site rooted in a relationship-based model, we individualize all supports based on each family's unique needs, strengths, and readiness. We believe in meeting families where they are and building trust over time, without pressure.

We will employ staff who reflect the cultural, linguistic, racial, and geographic diversity of the region. Bilingual capacity and culturally relevant materials will reduce language barriers for immigrant and refugee families. (SOW 7.1.5.4) All staff will receive training in cultural inclusivity, trauma-informed care, and community resources, paired with reflective supervision to support effective strategies while avoiding re-

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traumatization. (SOW 7.1.4.2, 7.1.4.3) This training ensures home visitors meet families where they are, respect cultural differences, and connect them to services in a way that builds trust. Additionally, we collaborate with ethnic-community-based organizations to support our community knowledge, and translate materials to common languages for the Central and North Central region, such as Spanish, Haitian Creole, Portuguese, Chinese (Mandarin), Somali, and Korean, to support accessibility. These are skills, resources, and knowledge we can bring to our work in the community and with CFWB to support equitable access.

In coordination with CFWB and PHN staff, our FSS will link each family to medical homes, behavioral health providers, school readiness programs, childcare, food, housing, financial assistance programs, and other needed resources, as demonstrated in Table 4. These connections create a seamless web of services that addresses both immediate needs and long-term stability. (SOW 7.1.5.6) We will further strengthen equity by adopting flexible scheduling to include virtual visit options and transportation support when needed. These measures allow working parents and families with complex schedules to participate fully.

Our engagement strategies will specifically target focus populations identified in the SOW. For example, we will partner with schools to reach pregnant and parenting teens, coordinate with foster care liaisons for youth in care, engage military readiness centers for military families, and work with trusted community navigators to support immigrant and refugee families. We will also ensure smooth integration with CalWORKs and FFPSA pathways to serve families at risk of child maltreatment or foster care entry. (SOW 5.1)

Finally, we will uphold our rigorous, continuous quality improvement and evaluation commitment to determine our effectiveness in achieving equitable access by sharing data, monitoring enrollment trends, and analyzing family outcomes by race, ethnicity, language, and geography in conjunction with CFWB and AAP-CA3. Disaggregated data will help identify disparities early and enable the adaptation of outreach and service strategies to close these gaps. (SOW 6.7, SOW 8.1–8.2) These efforts align with the County's Live Well San Diego vision of Building Better Health, Living Safely, and Thriving, and ensure that all families, regardless of their circumstances or background, receive an equitable opportunity to benefit from preventive and supportive services. (SOW 2.3)

2.2.4.19. Mechanisms to address disparities in outcomes among families

SAY San Diego has multiple mechanisms in place to monitor and address disparities in outcomes among families served by CFWB as part of the sitewide system implementing FHVSS. Guided by HFA Best Practice Standards and the County's SOW, SAY San Diego integrates equity into data systems, quality assurance, continuous improvement, and family engagement.

We utilize data tracking systems that are configured to capture required HFA data and are developing data elements specific to the Family First Prevention Services Act (FFPSA). These systems enable staff and leadership to filter and analyze information to identify disparities in access, engagement, and outcomes across subgroups. These findings will be reviewed regularly with the evaluation team at AAP-CA3 to ensure methodological rigor and alignment with the County's reporting expectations. (SOW 8.1) To ensure equity across the system, SAY San Diego also participates in the annual Harder+Company MSS network assessment, which goes beyond data reporting to examine family experiences, quality, and systemic disparities. Their analysis will highlight gaps related to race, ethnicity, language, income, geography, and service utilization. This aligns with HFA's Best Practice Standards on continuous quality improvement and reinforces SAY San Diego's commitment to equitable access to specialized and long-term support by identifying measures to document equitable access.

In addition to quantitative data, SAY San Diego incorporates qualitative information to uncover barriers that families may face. Transportation and language barriers are monitored through intake assessments, case documentation, and satisfaction surveys. Staff use this information to connect families with transportation assistance, interpreter services, and translated materials, and to identify and address systemic challenges at the program level. These barriers are also raised and addressed in reflective supervision, staff case reviews, and Program Manager Workgroups. (SOW 6.7, 7.1.4.3)

SAY San Diego's monitoring framework is grounded in HFA's Quality Assurance (QA) plan, which includes regular file reviews, observation of home visits, and accreditation-driven fidelity checks. These QA processes are paired with the Quality Improvement Plan and SAY San Diego's internal Equity Plan, ensuring that disparities are identified, solutions are tested, and progress is tracked over time. Site visit outcomes and

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accreditation reviews provide external validation of equity practices, highlighting areas for further improvement. (SOW 7.1.5) See the Case Review Template in our Attachments file.

Family and staff voices are integral to identifying disparities and informing solutions. SAY San Diego collects family input through satisfaction surveys, open feedback channels, home visit shadows, and QA calls. Staff input is gathered through reflective supervision and team meetings, creating a feedback loop that ensures frontline experience informs program adjustments. By blending family and staff perspectives with formal evaluation data, SAY San Diego ensures that equity strategies are both responsive and grounded in lived experience.

Together, these mechanisms, create a comprehensive framework to identify and address disparities in outcomes to ensure that every family served by CFWB has equitable access to high-quality, effective home visiting services. (SOW 4.3, 8.1)

2.2.4.20. How sustainability is built into program to ensure continued support

SAY San Diego sustains client outcomes by embedding transition planning into services. As three years is the recommended enrollment term per HFA standard, six months prior to program exit or as soon as we know families might be ending services, such as due to an impending move, families work with their FSS to set family goals and identify resources that extend beyond the program. Staff are trained to connect participants with community providers, such as 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 throughout their enrollment as well, which can create connection points prior to exit and provide ongoing support after program completion, building a network of care that sustains family stability. The HFA model reinforces client gains through a reflective approach that builds parents' own problem-solving capacity and resilience. This method helps families sustain progress and reduce reliance on systems of care over time. Please see the Transition Plan in the attachments for additional detail. (SOW 4.3; SOW 7.1.5.6)

We maintain programmatic sustainability by ensuring fidelity to HFA standards. Accreditation processes, ongoing staff training, reflective supervision, and shadowing ensure the program adheres to critical elements while adapting to local needs. This fidelity protects long-term sustainability by creating a consistent and skilled workforce, reducing turnover through reflective practice, and reinforcing program credibility with funders and partners. Continuous quality improvement and participation in evaluation activities with the Countywide Coordinator further strengthen sustainability by ensuring that services remain effective and responsive. (SOW 6.1; 7.1.4.1.8–7.1.4.1.9)

Financial sustainability is supported by SAY San Diego's robust infrastructure and proven track record of managing complex contracts. With an operating budget averaging \$28M annually, the agency uses braided funding from public and private sources to maintain stable operations. We leverage partnerships with County agencies and community organizations, secure private foundation grants, and draw on in-kind contributions, such as donated space, training, and volunteer time. Our robust fiscal systems enable us to manage multiple funding streams, ensure compliance, and adapt to shifting funding allocations. (See Section 4.2.7.) This layered strategy reduces reliance on any single stream and positions the program to sustain core elements while expanding resources to meet the complex needs of participants. (SOW 6.14)

2.2.5. Plan for Safe Monitoring following HFA risk protocol.

In alignment with SOW Section 7.2, the assigned FSS will conduct in-person monthly Safety Monitoring at each home visit with each family as part of the HFA implementation. (SOW 7.2.) Home visit frequency occurs based on the family level as shown in Table 2, and can vary from weekly to monthly. At every home visit, the FSS observes the physical environment, assesses the infant's well-being, and observes parent-child interactions using the CHEERS framework, documenting at least two of these CHEERS at each postnatal home visit, unless the CHEERS Check-In (CCI) is completed. Observations include both strengths and areas of concern, allowing staff to track changes in home safety and family dynamics over time.

FSS are trained on safety measures, mandated child abuse reporting, and any other relevant items as part of orientation before conducting home visits, and they understand their obligation to act immediately if child abuse or neglect is suspected or confirmed. (SOW 6.6) Consistent with SOW 7.2, FSS notify their

supervisor at once, initiate interventions to ensure child safety, and complete mandated reporting requirements within the 36-hour window. These steps provide a structured and accountable process for safeguarding children.

The FSS also completes risk assessments using the Healthy Families America (HFA) protocol. (SOW 7.3.) This tool provides a standardized framework to identify and monitor risk factors and ensure that interventions are matched to the level of need. Supervisors and FSS review these assessments during weekly reflective supervision sessions (1.5–2 hours), where staff raise pink or red flags for discussion. Together they determine how to adjust the Family Service Plan (FSP), prioritize interventions, address safety concerns, and monitor outcomes to ensure ongoing family safety. See our program assessments in Table 1.

SAY San Diego understands that additional documentation will be required when serving FFPSA candidates. FSSs will be responsible for entering safety monitoring, assessment, and intervention data into the statewide California Automated Response and Engagement System (CARES). Although CARES is not scheduled to launch until October 2025, SAY staff will participate in training and support from both the CFWB and the California Department of Social Services to ensure proper implementation.

This multi-level process—home visit observation, mandated reporting, documented CHEERS, structured risk assessment, and reflective supervision—creates a consistent and comprehensive safety monitoring system. It ensures families receive both immediate support when risks arise and long-term guidance for building safe, nurturing environments.

2.2.6. Approach to coordinate with the Family Connection Hub

SAY San Diego serves as the lead agency of the Family Connection Hub (FCH), in partnership with YMCA and 211, which operates as San Diego's Community Pathway to provide evidence-based practices and prevention-focused infrastructure for families in need. (SOW 3.4) As the lead agency, SAY San Diego is the central coordinator of this initiative, established as part of FFPSA to pilot new strategies and connect FFPSA-eligible families into community-based supports. Through partnership with 211 and YMCA, the FCH provides a crucial pathway for referrals, and SAY ensures that these referrals translate into coordinated services. FCH Care Navigators, who are SAY employees, directly engage families and bring referrals into the system, which positions our organization to ensure smooth navigation and continuity of care. Care Navigators are training in Motivational Interviewing and provide referrals for Parent-Child Interaction Therapy, Functional Family Therapy, and Healthy Families America. Through the Family Connection Hub's subcontract with 211 San Diego, families also gain direct access to the county's most comprehensive referral network, ensuring care is both research-driven and locally responsive. We recognize the FCH's expertise in family-centered coordination and make full use of our local knowledge and evidence-based practices to ensure families receive comprehensive and effective support. Several FCH Care Navigators are co-located within our office, creating day-to-day opportunities for warm handoffs, shared case discussions, and coordinated service delivery. This structure fosters a no-wrong-door approach where families are connected to the most appropriate supports without redundancy to help families strengthen protective factors and keep children safely with their caregivers through coordinated service navigation.

Our team has collaborated with FCH through joint home visits when Care Navigator participation was deemed beneficial to a family's care plan. As referrals and enrollments expand, SAY San Diego plans to formalize coordination through Multi-Disciplinary Team (MDT) meetings. The schedule and frequency of MDTs will be identified as part of the implementation of the new project under the oversight of the Program Director, ensuring a structured and sustainable process. These MDTs will integrate perspectives from Care Navigators, Family Support Specialists, and program staff to ensure alignment of services, consistent messaging to families, and targeted interventions that reinforce family stability and self-sufficiency. In the past year, there have been 11 families referred from Family Connection Hub to receive HFA services, and we anticipate this number to increase over time.

We collaborate to avoid duplication of services through clear role definition, structured referral systems, and active collaboration. The Family Connection Hub, housed within our organization, does not provide home visitation services; instead, it connects families to the FHVSS program. This built-in connection ensures smooth referral pathways and prevents overlap, which we will build on in the coming contract by involving FCH staff in the quarterly MDTs, which will also help our teams confirm families are linked to the most appropriate

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service without duplication and support the Care Navigator providing referrals and case management while the FSS focuses on parent education and curriculum implementation. Plus, as the program transitions to CFWB serving as the central intake point under the new contract term, our organization will actively participate in that process. This centralized intake structure further ensures that families are directed to the right services at the right time, streamlining access and minimizing the risk of duplicative service delivery. This approach directly supports the requirements under the Statement of Work to coordinate with the Family Connection Hub to ensure a Whole Family Approach and avoid duplication of services. (SOW 7.4)

By operating the Hub, housing the Care Navigators, and convening the partners, SAY ensures the system does not operate in silos. This role is not only about service delivery but also about maintaining the structure and integrity of the prevention infrastructure in San Diego County.

2.2.7. Plan to maintain HFA accreditation as stated in SOW Section 7.1.4.

SAY San Diego has maintained continuous HFA accreditation since July 2013. We successfully completed accreditation renewals in 2016 and 2021 and are fully prepared for the upcoming 2026 accreditation process. Throughout our contract term accreditation has always occurred within required time frames with no lapse. (SOW 7.1.4.) Our status as a currently accredited program with long-term experience providing the proposed services and compliance with HFA standards is a benefit to the county for sustaining high-quality, effective services without interruption. SAY San Diego will maintain accreditation following the processes described in this section. (SOW 6.1.)

Accreditation Timeline and Process

The 2026 accreditation process is already underway, led by the Program Director with the support of agency leadership. Following the guidance from the AAP–CA3, our team will meet each milestone:

- **Draft Self-Study due to AAP-CA3: November 1, 2025** – Internal review and documentation compiled across all Best Practice Standards, using the HFA Standard Review and Accreditation Checklist and Accreditation Preparation Guide.
- **Final Self-Study due to AAP-CA3: January 26, 2026** – Submission of comprehensive documentation, including staff training logs, reflective supervision records, family service plans, and family file samples.
- **Notification of selected sites: February 2026** – Three San Diego sites will be chosen for site visits.
- **Site Visits: April 13–15, April 20–23, and May 4–6, 2026** – Review includes staff, supervisor, and family interviews, and file reviews (approximately 1–2 family files per FSS).

This process ensures adherence to HFA Best Practice Standards and readiness for both the self-study and external review. Our leadership team has established a tracking system for evidence collection, using the folder structure and documentation tables provided by HFA.

Training and Support Plan (SOW 6.5, SOW 7.1.4.1 – 7.1.4.3)

Our agency implements a comprehensive training approach that combines internal expertise with external resources to build staff capacity. Internal trainings are led by subject matter experts, including the Program Director. Staff also participate in all Countywide Coordinator required trainings, as well as other County-sponsored learning opportunities. In addition, we integrate training from CalTrin (California Training Institute), a statewide organization dedicated to strengthening the prevention and early intervention workforce through evidence-based, trauma-informed training, peer learning, and resource sharing. Staff benefit from specialized community-based offerings as well, such as the 40-hour domestic violence course provided by SBCS and professional development programs through Non-Profit Management Solutions. SAY San Diego leadership continually researches and cultivates new training opportunities to stay current, responsive, and aligned with the evolving needs of families. We maintain a structured, role-specific training program that fulfills every training and certification requirement outlined in SOW 7.1.4, as further described in Section 1.3.9:

- **Identifying at-risk families:** FSS are trained on identifying risk and protective factors through use of the Family Resilience and Opportunities for Growth (FROG) tool, as required by HFA standards.
- **Completing a standardized risk assessment:** The FROG tool is completed on or before the 4th home visit and no later than 30 days from enrollment. Supervisors review FROG documentation with staff to ensure accuracy and fidelity.
- **Offering services and making referrals:** Staff are trained in referral pathways to medical, behavioral

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health, and social services. This includes quarterly refreshers on community resource updates.

- **Promoting the use of preventive health care:** Staff educate families on well-child visits and provide reminders during home visits.
- **Securing medical homes:** All families are supported in establishing a primary care provider, consistent with HFA Standard 7.1 requirements.
- **Emphasizing the importance of immunizations:** Staff share immunization guidelines, track immunization status, and follow up on gaps.
- **Utilizing creative outreach efforts:** Staff receive training on outreach methods to re-engage families who are hesitant, including positive messaging and trust-building strategies. For example, if a family stops responding, the FSS might try alternative methods of engagement, such as utilizing social media to send a supportive message with a simple check-in question, or dropping a handwritten note at the door. SAY San Diego will obtain pre-approval for outreach and marketing materials. (SOW 6.10) See our Outreach Tracker included in the Attachments file.
- **Establishing and maintaining trust with families:** Ongoing training reinforces relational skills and cultural responsiveness.
- **Building upon family strengths:** Training includes strengths-based goal setting, using HFA Family Service Plan templates.
- **Developing an individual Family Service Plan (FSP):** All FSS are trained in developing and updating FSPs that address needs, goals, and protective factors.
- **Observing and supporting positive parent-child interactions:** FSSs use CHEERS observations at every visit, with documentation reviewed by supervisors.
- **Determining the safety of the home:** Staff conduct ongoing home safety checks, document risks, and escalate concerns per mandated reporting protocols.
- **Managing crisis situations:** Staff complete crisis intervention and de-escalation training and receive supervisor support during emergencies.

Reflective Supervision

We meet HFA's requirements for reflective practice by ensuring:

- **Weekly individual reflective supervision** for every FSS with their direct supervisor (1.5-2 hours per week)
- **Monthly reflective group supervision** provided by Hope and Healing for FSS (2-hour group). See Section 2.9.

This structure allows staff to process challenges, strengthen their skills, and avoid burnout, aligning with SOW 7.1.4 requirements for reflective strategies.

Additional Required Training (SOW 7.1.4.3)

SAY San Diego ensures alignment with HFA standards by requiring all staff to complete at least one professional development training each year based on their own interest, one cultural humility training each year, and one child abuse prevention training each year. (SOW 6.5) Staff pursue trainings that reflect both personal goals and program needs. For example, two staff are certified to install car seats, two staff hold Positive Parenting certifications, and one staff member is currently renewing her lactation certification. All staff have also completed Connected Parents, Connected Kids (CPCK) training. Staff will also complete the following trainings, per SOW 7.1.4.3:

- Cultural competency – at least annual in alignment with HFA BPS
- Substance abuse and effects on families – as interested / requested by FSS
- Child abuse reporting and mandated reporter law – at least annually in alignment with HFA BPS
- Community Supports navigation
- FFPSA training series (provided by CFWB)
- Domestic violence prevention and intervention – our team has been trained in CPCK, additional training is ongoing as needed
- Supporting drug-exposed infants
- Community resources and referral pathways

All training is tracked in staff files, with sign-in sheets, certificates, and annual training logs available for review.

2.2.8. Approach to complete required data collection listed in SOW Section 8

SAY San Diego brings 12 years of experience in promptly and thoroughly reporting on First 5 Family Home Visiting program services. We have consistently met the required timeframes and adapted our reporting processes to evolving requirements. We remain committed to continuing this practice, ensuring our reporting aligns with all standards. All reporting occurs within our agency's larger framework of continuous quality improvement and evaluation described in Section 2.2.2. SAY San Diego will follow continuous quality improvement processes as determined by CDSS guidelines issued via All County Letters and All County Information Notices. (SOW 7.6) See the attachments for our Quality Improvement Plan and current Program Performance Report, which illustrate both our data collection capacity and our ability to deliver strong overall program performance.

Our Program Director and Data Clerk jointly manage all data collection and reporting activities meeting required timeframes. They maintain strict systems for timeliness, accuracy, and quality assurance. Each required reporting element outlined in SOW Section 8 is addressed as follows:

- We work with the Countywide Coordinator (AAP-CA3) to ensure all data is entered within 10 business days. FSS staff enter all data directly into CMEDS, the Data Clerk conducts monthly checks, and peer and supervisor file reviews occur quarterly. To maintain accuracy, internal timelines require home visits to be entered within 72 hours and assessment data within 7 days. We also participate in annual Data Quality Assurance reviews and address any benchmark gaps by updating staff training and internal workflows. (SOW 8.1)
- On a monthly basis, we will submit a comprehensive report that includes the number of children and families served and a written narrative. The Program Director develops the executive summary and identifies accomplishments, barriers, and success stories. The Data Clerk verifies data outputs from CMEDS (Persimmony), ensuring that quantitative counts align with narrative content. (SOW 8.2) We currently submit monthly CalWORKs reports and quarterly Performance Measures reports.
- For FFPSA-eligible families, we will document all federal and state data elements required under Welfare and Institutions Code 16587 and future All County Letters (ACLs). Our team is preparing to incorporate state and federal reporting standards into Family Well-Being Plans once released in Fall 2026. The Program Director will ensure that FSS staff are trained to capture these elements in real-time, thereby reducing errors at the point of service. (SOW 8.3)
- We will complete all documentation for FFPSA service claims in the CARES system once statewide implementation begins in October 2026. (SOW 8.4)
 - Our staff will receive CARES training and technical support from CFWB and CDSS. We will integrate this training into our orientation and refresher schedule. (SOW 8.4.1)
 - We will adopt written policies and procedures for accurate CARES documentation. The Program Director will maintain a current list of all authorized CARES users, updated within 10 business days after each calendar month. This list will be submitted to the COR. (SOW 8.4.2)
 - If providing services to an FFPSA-eligible family, we notify the COR within two business days of any change that could affect eligibility. This includes circumstances where the family may qualify for an additional twelve months of services upon candidacy redetermination. (SOW 8.4.3)
 - ♣ If a change occurs in household composition that may affect eligibility, such as removal of a child, the Program Director will notify the COR within two business days. (SOW 8.4.3.1)
 - ♣ Upon completion of services for an FFPSA-eligible family, the COR will be notified within two business days to support redetermination or closure. (SOW 8.4.3.2)
- For CalWORKs families, we submit the CalWORKs Monthly Progress Reports (MPRs) and Home Visiting Logs to HHSA Self-Sufficiency through the COR. The Data Clerk compiles entries, while the Program Director ensures that case notes and logs reflect service delivery accurately. (SOW 8.5)
- We will provide required client-level data to PHN staff in support of shared service delivery and case coordination. The Program Director meets regularly with PHN counterparts to define data elements and timelines, and both parties document the arrangement in a Memorandum of Agreement. (SOW 8.6)

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- We comply with all County data system security requirements by utilizing multi-factor authentication (MFA). (SOW 8.7)
 - All staff, subcontractors, consultants, interns, and volunteers using the County data system complete MFA verification before access is granted. (SOW 8.7.1)
 - Each user receives either an Authenticator Token or registers a smartphone with an authenticator application. (SOW 8.7.2)
 - ♣ Our IT staff purchase, install, and maintain the tokens and applications to ensure compatibility with County systems. (SOW 8.7.2.1)

SAY San Diego will work with the Countywide Coordinator and HHSA to ensure all required data collection and evaluation reporting is completed in a timely and efficient manner, within five business days upon request by the COR. We understand data collection requirements will be provided upon receipt of contract. (SOW 6.7) Through this structured system, our Program Director and Data Clerk ensure all data collection and reporting requirements are met with precision and accountability. Each report is reviewed for accuracy before submission, ensuring compliance with County, State, and Federal standards while supporting program evaluation and quality improvement. (SOW 8.1–8.7) See a sample continuous quality improvement plan in our Attachments file.

2.3. Implementation Plan

SAY San Diego's First 5 FHVSS program is fully operational and prepared to continue services without interruption, beginning seamlessly at the moment of contract initiation.

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 Central and North Central Regions.	At notification of grant award and successful contract negotiations. January 2026	SAY San Diego, Subcontractors, SAY San Diego Board of Directors	Program Team ready to implement services
Secure fully executed contracts with subcontractor: Hope and Healing for Reflective Supervision	By February 1, 2026 (effective January 1, 2026)	Program Director	Executed subcontracts
HFA-Specific and Service Delivery Activities <i>Dependencies: Program start depends on a fully executed County contract; availability of AAP-CA3 resources; length of staff training and any staff turnover</i>			
Continue to work on Healthy Families America Multi-Site Accreditation Process with AAP-CA3 and other Regional Leads.	1. Initial draft of Comprehensive Self-Study due to AAP-CA3. 11/1/25 2. Final Comprehensive Site Self-Study due to AAP-CA3. 1/26/26 3. Notification by	Program Director	Appropriate accreditation worksheets and self-study completed

	HFA/AAP of the 3 sites selected for site visits. Early February 2026 4. Site Visits: Self-Study 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 5. Site Visit Reports and Any Requested Follow Up to HFA/AAP-CA3 6. HFA Confirmation of Accreditation 7. Celebration of Multi-Site HFA Re-Accreditation June-July 2026 8. Complete and submit annual HFA affiliation fee and related documentation (HFAST database).		
Delivery of home visiting services utilizing evidence-based practice and experienced, trained culturally sensitive home visitors in partnership with San Diego County Public Health Nurses, CFWB, Family Connection Hub, and others. This includes the use of Baby TALK and Mothers & Babies curriculum as well as Connected Parents Connected Kids (CPCK) and Facilitating Attuned Interactions (FAN),	January 2026 and ongoing Plan is for a multi-disciplinary team approach to the delivery of contracted Scope of Work services to maximize outcomes for children and families.	Program Director, Supervisors, Family Support Specialists in partnership with a Multi-Disciplinary Team including PHNs and FCH Care Navigators	Families are receiving supportive home visiting services.

which our teams have been trained in. This includes completion of assessments (ex: FROG, PHQ-9, ASQ, CCI, etc.) and activities (ex: safety monitoring, developmental activities, FSP interventions, etc.) in accordance with deadlines set forth by HFA or AAP-CA3.			
Connect families to critical support services, including for example: 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 Multi-Disciplinary Team Members, i.e., PHNs	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, Supervisors	All staff are supported in effective, successful program implementation to reduce attrition, enhance program service delivery, and maximize positive outcomes for children and families.
Conduct monthly internal staff meetings.	January 1, 2026 and ongoing	Program Director, Supervisors, FSS	Comprehensive, productive, safe and innovative discussions are occurring for effective Program implementation, data analysis, and continuous quality improvement.
Implement Continuous Quality Improvement (CQI) efforts all to gain a deeper understanding of family lived experiences in the program to inform quality improvement efforts, systems coordination between Family Support Specialists and PHNs, and more. Efforts include: Shadow Family Support Specialists and PHNs	Quarterly and as needed	Program Director, Supervisors	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.

- on home visits • Make quality calls to families • Implement the <i>Parent Satisfaction Survey for Families</i> (survey administered to all project clients) • Director to shadow supervisors facilitating reflective supervision • Case File Reviews			
Celebrate team and family accomplishments, successes and milestone achievements to include program graduations.	Ongoing throughout the year	Program Director, Supervisors, Family Supports Specialists, Subcontractors, PHNs, FCH, and Advisory Board	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, dedication to and engagement in the program, and hard work with families every day.
Coordinate and implement Parent Engagement Activities	April 1, 2026 and Ongoing throughout the year	Program Director, Supervisors, Family Support Specialists	Activities identified and planned; Meeting sites confirmed, agendas and guest speakers confirmed as applicable; handouts, refreshments, and incentives planned and acquired. 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 meetings drive policy and procedure updates; those updates set referral pathways that feed provider outreach.</i>			
Convene cross agency (ex: FHVSS, PHN, CFWB, FCH) meetings to develop systems, policy, and procedures (e.g., scheduling, data sharing), and to review client cases and troubleshoot referral and other implementation protocol.	January 2026 and ongoing Start monthly and titrate to quarterly or as needed	Program Director, PHNs, CFWB, FCH	Meeting agenda, minutes, and/or presentations
Review and update policies and procedures based on contract changes such as: • CFWB as centralized intake	February 1, 2026 and ongoing	Program Director, AAP-CA3, PHNs, CFWB	Updated policies and procedures are disseminated and posted.

• Collaboration with Family Connection Hub / FFPSA populations • Collaboration with PHNs • New reporting requirements and frequency			
Collaborate with CFWB and FCH to identify and develop specific trainings for working with FFPSA families, use of County CARES database when available, and agreed upon policies for collaboration. Plan for this training to be with CFWB and SAY staff for consistent messaging and team building.	January 1, 2026 and Ongoing	Program Director, Supervisors, FSS, CFWB, FCH	Training schedule published, training developed, training sign-in sheets.
Collaborate with PHNs to identify and develop specific trainings for working with medically complex families and agreed upon policies for collaboration. Plan for this training to be with PHN and SAY staff for consistent messaging and team building.	January 1, 2026 and Ongoing	Program Director, Supervisors, FSS, CFWB, PHNs	Training schedule published, training developed, training sign-in sheets.
Maintain annual trainings and identify new trainings for staff	January 1, 2026 and Ongoing	Program Director, Supervisors, FSS, AAP-CA3	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 Regions.	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.

Referral Pathways and Outreach Activities

Dependencies: Program start depends on a fully executed County contract; Number of staff predicate number of outreach events/activities

Update staff on referral pathways: - Incoming Referrals: CFWB as centralized intake - Community Referrals: Review updated Community Resource Guide to connect families to local resources	January 1, 2026 and Ongoing	Program Director, Supervisors, AAP-CA3, County PHNs.	Accurate documentation of referral logs in CMEDS
Conduct outreach and in-services to Central and North Central Region providers. (See program flyers in Attachments.)	February 1, 2026 and Ongoing as needed	Program Director, Supervisors, Family Support Specialists	Effective referrals and cross communication between and amongst agencies
Administrative and Data Activities <i>Dependencies: Access to required systems; Meetings and availability of AAP-CA3 and CFWB</i>			
Collaborate with AAP-CA3 and CFWB to update home visiting forms.	January 1, 2026 and Ongoing	Program Director, Supervisors, AAP-CA3, CFWB	Updated/revised and new forms are ready for use
Conduct group and 1:1 data collection, data entry, and evaluation refresher trainings and updates for all program staff, as needed.	January 1, 2026 and Ongoing	Program Director, Data Clerk	All staff are able to enter data effectively and efficiently, including new data sets as required by the county
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.	January 1, 2026 and ongoing	Program Director, Supervisors, Family Support Specialists, Data Clerk	Data is entered accurately and in database systems and in electronic case files as applicable.
Subcontractor Collaboration and Monitoring <i>Dependencies: Completion of executed contract with subcontractor; Scheduling</i>			
Conduct monthly subcontractor monitoring, including reviewing invoices and performance.	February 1, 2026 and monthly	Program Director, Finance Dept, Subcontractors	All invoices submitted accurately and timely per subcontractor, and performance standards met based on subcontractor agreements
Scheduled and ad hoc meetings with subcontractor.	February 2026 and ongoing	Program Director, Supervisors, Family Support Specialists	Regular, ongoing and ad hoc meetings occur.
Conduct site visit with subcontractor.	Ongoing throughout the year, and a minimum of 1 official annual	Program Director and Subcontractor	Ongoing site visits implemented to subcontractor as needed and annually

	audit/monitoring site visit		
Financial-Related and Programmatic Reporting Activities <i>Dependencies: Access to required systems; Final budget allocation from the County; Fiscal staff turnover</i>			
Review expenditures and invoices for accuracy on a monthly basis.	January 2026 and ongoing	Program Director, Finance Dept.	Accurate accounting and invoices
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 and timely, and reflecting efficient, effective and attentive stewardship of grant funds to maximize outcomes for children and families.
Submit monthly reports, as well as quarterly and annual reports as requested and required by the County and other key stakeholders.	February 1, 2026 and ongoing	Program Director, Supervisors, Evaluator	Data is analyzed and timely, comprehensive reports are developed including qualitative and 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., Advisory and Agency Board Members.
Respond in a timely manner to requests for contractual, programmatic, and fiscal site reviews requested by AAP-CA3, CFWB, and First 5 San Diego.	Determined by Countywide Coordinator AAP-CA3, CFWB and First 5 San Diego.	Program Director	Post financial review and contractual and programmatic monitoring activity reports are received.
Share Program Successes with Key Stakeholders	Throughout the year and at the end of the year	Program Director, SAY San Diego Executive Leadership	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 Staff dependent on meeting type	Meeting Attendance

Prepare for submission of end year reports to First 5, Countywide Coordinator and Evaluation Contractor, e.g., clean and analyze CMEDS and auxiliary SAY San Diego data, prepare reports with process data and outcome results.	November-December 2026	Project Evaluator, Data Coordinator, Program Director	Data and data analysis complete and reports prepared per F5 requirements
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2.4. Plan to collaborate with PHN staff to ensure effective case management

As a currently operational program serving the Central and North Central region, we have an established practice of collaborating with PHN staff to strengthen case management and align visiting schedules. Current efforts include cross-referrals, phone consultations for families with medical needs, and PHN participation in staff meetings to provide training on high-risk pregnancies. In July 2025, we held a meet-and-greet with Central PHN staff and began scheduling shadow opportunities for PHNs with FSS from August through October 2025. We will replicate this with North Central PHN staff in October 2025.

To strengthen mutual understanding, FSS and PHNs are currently paired to get to know each other. PHNs shadow FSS during home visits, and PHNs have also offered to have FSSs to shadow their visits to observe from a medical perspective. These exchanges build familiarity, clarify roles, and support integrated case management.

Joint training opportunities such as HFA sessions, Supervisor Office Hours, and Triple C meetings further support shared learning and consistent communication. In addition, SAY San Diego proposes quarterly joint staff meetings for all PHN and FHVSS staff to foster team building, information sharing, and alignment of practices.

Implementation Plan for New Contract: During new contract implementation, SAY San Diego and PHN Directors/Supervisors will meet monthly for the first six months to review strengths and identify areas for adjustment, then transition to bi-monthly or quarterly meetings when deemed appropriate.

We also propose structured collaboration models at the team level: SAY San Diego has three supervisor teams, each with 3–4 FSSs. A group of PHNs will be assigned to work with one supervisor team, allowing for consistent connections between PHNs and FSSs while retaining flexibility to manage caseloads.

When a FROG assessment is completed, it will be submitted to the FHVSS Supervisor for review and feedback (aligned with HFA BPS) while cc'ing the PHN Supervisor for additional input on best assigning PHNs to families.

Following acceptance of services and the first home visit, the assigned FSS will connect with the assigned PHN within three days to schedule the initial medical assessment. Based on the outcome of the medical assessment, the assigned FSS and PHN will directly coordinate joint home visits according to the family's medical needs.

Multi-Disciplinary Team (MDT) Process: We propose quarterly MDTs that will also integrate Care Navigators (CNs) from the Family Connection Hub to review families with medically complex needs, ensuring interventions are well-documented in the FSP and service coordination remains consistent. Additionally, each FHVSS Supervisor Team will meet monthly with their designated PHN Team in a “clustered” format to review one FSS caseload at a time, ensuring thorough review and clarity of interventions. We also propose inviting Family Connection Hub Care Navigators to attend the quarterly MDTs for the best care coordination and collaborative approach.

Example:

- January: Supervisor A, FSS A, PHN A, PHN B, PHN C, CN review ~15 families from FSS A's caseload
- February: Supervisor A, FSS B, PHN A, PHN B, PHN C, CN review FSS B's caseload
- March: Supervisor A, FSS C, PHN A, PHN B, PHN C, CN review FSS C's caseload

In addition to MDTs, FSSs are proactive in initiating communication with collaborators by reaching out directly to schedule meetings. These are arranged at mutually convenient times and conducted either in

person or virtually via Microsoft Teams. This flexible approach supports timely, consistent, and accessible communication with all partners.

Team-Based Model: In line with HFA guidelines limiting the number of FSS each supervisor oversees, this team-based model fosters stronger relationships, improves communication, and simplifies schedule coordination. For example, if a pregnant client with gestational diabetes is referred, the assigned FSS and supervisor would partner with the PHN aligned to their team. The PHN would provide clinical guidance on diet, glucose monitoring, and warning signs, while the FSS would reinforce these practices during regular home visits and help the family access food support or transportation to prenatal appointments. Because PHNs are aligned with designated FSS teams, joint planning occurs quickly, schedules synchronize smoothly, and families receive coordinated care without duplication while case management and working relationships strengthen.

At the same time, SAY San Diego and PHN partners will remain adaptable and adjust coordination structures and processes as implementation unfolds. These strategies meet program requirements to coordinate service delivery and develop visiting schedules in partnership with PHN staff. (SOW 6.3, 6.4, 6.9, 7.1.5.1, 7.1.5.2, 7.1.5.3)

2.5. How the program will meet the needs of underserved populations

Having served the Central and North Central regions with the proposed services for 12 years, we are very familiar with the communities and focus populations. (See Section 2.2.4.) SAY San Diego meets the needs of underserved and unserved populations by embedding cultural and linguistic responsiveness, employing a diverse workforce, and collaborating with community entities, especially ethnic-community-based organizations, to ensure equitable access across all focus populations. Services will be delivered with fidelity to the HFA model and grounded in trauma-informed principles that emphasize safety, empowerment, and resilience. (SOW 2.1, 4.2)

SAY San Diego fosters a culture of equity internally through inclusive hiring, required staff training, reflective supervision, and EDI policies, and externally by incorporating parent voice in program planning and evaluation and meaningful community partnerships. Our program employs a linguistically diverse workforce, with 80% of direct service FSS staff being bilingual—70% are bilingual in Spanish, and 10% in Portuguese. SAY San Diego prioritizes hiring bilingual and multilingual staff and supplements capacity through professional providers such as Hanna Interpreting Services and Interpreters Unlimited, ensuring access in over 200 languages. Program materials have been translated into Spanish, Haitian Creole, Portuguese, Vietnamese, Chinese (Mandarin), Tagalog, Arabic, Somali, and Korean.

SAY San Diego's strategy extends beyond language to collaboration with trusted ethnic community-based organizations, based on the communities we serve, which can include Union of Pan Asian Communities (UPAC), Horn of Africa, Partnership for the Advancement of New Americans (PANA), Somali Family Service, Karen Organization of San Diego, and others, depending on individual family needs. These organizations can provide training in culturally responsive approaches for populations they work with or serve as a resource for additional services or supports, helping families overcome stigma, navigate systems, and access supports in ways that reflect their lived experience. SAY San Diego will work with AAP-CA3 and HHSA to ensure effective linkages and coordination with other key initiatives, systems and programs to strengthen engagement through processes, such as formal referral pathways, shared outreach, and co-hosted community events. (SOW 6.12)

Snapshot of approaches for each target population:

- **SOW 5.1.1. Pregnant and parenting teens** (Sections 2.2.4.2 and 2.2.4.3): Adapt services with an understanding of their developmental stage of life, support school and health system navigation, assist with the unique barriers to accessing services when under age 18.
- **SOW 5.1.2. Pregnant and parenting youth in foster care** (Section 2.2.4.3): Collaborate with CFWB and PHN staff, apply trauma-informed practice, and build stability through continuity of services as youth age out of care.
- **SOW 5.1.3. Military families** (Sections 2.2.4.6 and 2.2.4.7): Adapt services for deployment and relocation, connect to military-specific supports, and coordinate with veteran and active-duty resource networks.

- **SOW 5.1.4. Immigrant and refugee families** (Sections 2.2.4.8 and 2.2.4.9): Deliver services in the family's preferred language, provide culturally relevant parenting supports, and partner with ethnic CBOs to address resettlement stressors.
- **SOW 5.1.5. Income-eligible families** (Section 2.2.4.10): Reduce financial barriers through flexible funds, transportation assistance, and linkage to Medi-Cal, CalFresh, and housing supports.
- **SOW 5.1.6. Families with medical complexity** (Sections 2.2.4.11 and 2.2.4.12): Coordinate with PHNs, behavioral health, and substance use treatment providers; develop care plans that integrate specialized services.
- **SOW 5.1.7. CalWORKs beneficiaries** (Sections 2.2.4.13 and 2.2.4.14): Support navigation of benefits, provide required documentation, and integrate family voice into program improvement through surveys, QA calls, home visit shadows, and invitation to participate on Advisory Board.
- **SOW 5.1.8. Families eligible under FFPSA** (Section 2.2.6): Prevent child maltreatment and foster care entry through evidence-based interventions, principally HFA, whole-family approaches, and long-term coordination with community resources.
- **SOW 5.1.9. Families identified by centralized intake** (Section 2.2.4.15): Embrace the no-wrong-door approach, blending referrals from CFWB with SAY San Diego's existing pathways to maximize access.
- **Populations specified under Section 2.5.1:** Provide accommodations for persons with disabilities (including cognitive impairments), ensure interpreter and translation access for LEP families, and partner with justice agencies to serve parents and caregivers who are justice-involved.

Additional details describing tailored strategies for each focus population can be found in the proposal sections identified above.

Supervisors will review implementation during QA and reflective supervision, and findings will be shared in Program Manager Workgroups with the Countywide Coordinator. SAY San Diego will participate in efforts to monitor disparities and ensure equitable access to preventive services, as described in Sections 2.2.4.18–2.2.4.20. This supports continuous improvement and equity in outcomes. (SOW 8.1) Through this layered strategy—combining HFA fidelity, cultural and linguistic competence, and community-rooted partnerships—SAY San Diego ensures that no family is left behind.

Our Program in Action

A recent example shows how FSSs increase accessibility for families. When a mother expressed concern about meeting at home due to a lack of privacy with the large number of cohabitants, and also shared her lack of transportation and fear of riding public transportation with her infant, her FSS offered support. The FSS met her at home, walked with her to the trolley, and they rode together to the library, where the mother had expressed a preference to meet. This first trip addressed a barrier to service while building the mother's confidence in navigating public transit and introducing her to the many community resources available at the library.

2.5.1. How specific underserved populations will be served

SAY San Diego will ensure that persons with disabilities, inclusive of cognitive impairments, persons with limited English proficiency (LEP), and persons who are justice-involved receive equitable access to home visiting services utilizing strategies and approaches described in this section. All adaptations will be delivered with fidelity to the HFA model and aligned with the County's SOW. Services will be trauma-informed, culturally responsive, and grounded in principles of safety, empowerment, and family strengths. (SOW 2.1, 2.1.1)

Persons with disabilities, inclusive of cognitive impairments: SAY San Diego adapts assessments, service planning, and visit delivery to meet a wide range of physical, sensory, and cognitive needs. Developmental screening is a core part of the program. When a child scores low on the ASQ-3 (physical development) or ASQ-SE2 (social-emotional development), families receive referrals to Healthy Development Services for additional assessment and support. Staff also integrate Baby TALK curriculum and activities during home visits to promote developmental progress. For children with significant delays or diagnosed conditions such as Down syndrome or autism, SAY San Diego connects families to the San Diego Regional Center for ongoing specialized services. When it appears that a parent or caregiver may have a disability or

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cognitive delay, staff encourage further assessment through their medical or mental health provider and, where appropriate, make referrals to the Regional Center or other supports.

Staff tailor service delivery by using plain-language materials, visuals, modeling, repetition, and teach-back to confirm comprehension. Visits emphasize concrete, achievable goals, with information broken down into actionable steps and repeated across multiple visits. Families may invite a trusted support person when appropriate. Referral or coordination (with ROI) with disability service providers such as Healthy Development Services (HDS) and the San Diego Regional Center (SDRC), behavioral health specialists including the HEY Clinic and ADAPT, and legal advocates through Your Safe Place for domestic violence support or Casa Cornelia Law Center and the Legal Aid Society of San Diego for immigration related needs help support family success. Staff training includes disability-informed practice and neurodiversity, reinforced through reflective supervision, ongoing shadowing, and QA reviews. Our program strives to make connections to community resources to assist those who are deaf or hard of hearing or visually impaired, such as utilizing Deaf Community Services or San Diego Center for the Blind. These measures advance HFA standards requiring cultural responsiveness and equity in family engagement. (SOW 7.1.5)

Our Program In Action

We recently worked with a teen mom referred by CFWB. When we connected with the county social worker, we learned that she had an intellectual disability, which changed how we approached her care. We found that she engaged best with visual learning, so we began using pictures and videos to share parenting information. By adjusting the way we delivered support, we were able to meet her needs in a manner that felt both respectful and empowering, ensuring she could fully participate in her child's care and her own growth as a parent.

Persons with limited English proficiency (LEP): SAY San Diego provides services in each family's preferred language. Language preference is documented at intake and reviewed regularly. The majority of families served are Spanish-speaking, and 80% of Family Support Specialists (FSS) are bilingual, with only two FSS who are English-only speakers. Recently, the program has seen an increase in Haitian Creole-speaking families; in response, key program documents have been translated into Haitian Creole, and staff use Pocketalk translation devices for real-time written and audio communication. Anecdotally, many Haitian Creole families are also conversational in Spanish, which has supported communication during visits. To ensure accuracy and consistency, professional providers such as Hanna Interpreting Services deliver interpretation for initial assessments (e.g., NBQ and FROG) and ongoing services in over 200 languages. In some cases, a partner or family member fluent in English or Spanish assists with communication. SAY also recently purchased children's books that are in Haitian Creole and have other children's books in Spanish to support childhood literacy.

Primary program documents are translated into regionally appropriate languages, including Spanish, Haitian Creole, Portuguese, Vietnamese, Chinese (Mandarin), Tagalog, Arabic, Somali, and Korean. Interpreters are used for real-time visits when the family speaks a language not supported by program staff, ensuring accuracy and confidentiality. Staff are trained to work effectively with interpreters and reduce literacy barriers through plain language and visual supports. Reflective supervision reinforces best practices in serving LEP families. These measures are consistent with HFA Best Practice Standards on equity, diversity, and inclusion, ensuring families with LEP have equal access to parenting support, child development information, and community resources. (SOW 7.1.4)

Our Program In Action

While we are not legal or medical providers, FSSs help families navigate barriers and advocate for themselves. For example, one FSS supported a parent with limited English proficiency who had been leaving medical visits without understanding the doctor's instructions. The FSS guided the parent in requesting interpreter services, ensuring she could actively participate in her own and her child's care. In other cases, FSSs accompany families to appointments, not to serve as translators or advocates in a formal sense, but to provide encouragement, reduce anxiety, and reinforce that the family's voice matters in these systems.

Persons who are justice-involved: SAY San Diego may engage parents and caregivers who are incarcerated, on probation, or re-entering the community. The program collaborates with the Juvenile Probation Youth Transition Campus (YTC) to serve justice-involved youth who are also parents. Referral

pathways established through YTC's Re-entry Team support continuity of services beginning while youth are detained and continuing after release. When permissible, in-facility or virtual visits maintain parent-child connections, and staff extend support to re-entry and reunification planning. Services also address families experiencing or with histories of domestic violence. Staff connect families to community resources such as Your Safe Place and One Safe Place, and enhance safety planning by using the San Diego Sheriff's "Who's in Jail" database to check custody status or active restraining orders. When needed, SAY San Diego connects families to legal support and advocacy services.

Staff training includes confidentiality, mandated reporting, trauma-informed engagement, and safety protocols for correctional environments. SAY San Diego coordinates with probation officers, re-entry programs, housing providers, and legal service partners to ensure wraparound support for justice-involved families. Each plan addresses continuity of care, including linkages to medical providers, behavioral health services, employment supports, and childcare resources. (SOW 6.12) Progress is tracked in data systems and reviewed through continuous quality improvement. By applying a trauma-informed lens and HFA's emphasis on nurturing parent-child relationships, SAY San Diego supports justice-involved families in building stability and reducing the risk of intergenerational involvement in the justice system.

SAY San Diego will integrate accommodations and supports, such as disability accommodations provided, language services used, and justice-involved referrals completed, into data collection and reporting processes as determined by AAP-CA3. (SOW 8.1) SAY San Diego will support agency and county-level efforts to close gaps in access and improve equity in outcomes. (SOW 7.1.5)

2.5.2. Specialized populations to be served

Beyond the populations already identified, SAY San Diego strives to be inclusive and adaptable to serve other unique populations or those with intersecting identities with trauma-informed, strengths-based care to meet the needs of families who often face systemic barriers, stigma, and inequities. (SOW 2.1)

Individuals with criminal histories, including arson convictions or tier offenders: SAY San Diego recognizes the barriers faced by families with criminal histories, including restricted access to housing, limited employment opportunities, transportation barriers, and stigma in the community. Parents re-entering after incarceration often face the stress of probation requirements while trying to rebuild family relationships. While historically our FHVSS program has not served this population, in recent years our families have presented with higher-risk needs. For example, we have supported youth on probation through YTC, with 1–2 youth on probation in our program, and have served many individuals formerly involved in the criminal justice system. Although we have not typically had adults in the program who were actively on probation or parole, there have been instances of domestic violence in which a spouse (often the father) was arrested. In such cases, we prioritize assessing staff safety before providing in-home services. SAY San Diego can engage these families through trauma-informed, strengths-based approaches that emphasize dignity, confidentiality, and protective factors. (SOW 2.1) Staff are trained in risk assessment, safety protocols, and confidentiality. (SOW 7.1.4) As needed, SAY San Diego may coordinate with probation departments, re-entry programs, and legal aid providers to connect families to housing resources that use fair-chance practices, employment supports, and childcare services. These approaches strengthen protective factors, reduce recidivism risks, and improve outcomes for children and caregivers. (SOW 7.1.5)

Primarily Spanish-speaking families: SAY San Diego recognizes that many Spanish-speaking families value close-knit, multi-generational caregiving structures, often with mothers as primary caregivers and male relatives in guiding roles. Families may also face immigration-related stressors, including concerns about legal status, employment insecurity, and limited access to services. To address these realities, SAY San Diego employs a linguistically diverse workforce, with 70% of FSS staff bilingual in English and Spanish. Spanish-speaking FSS is assigned to Spanish-speaking families, and staff are trained to respect the cultural values of each family and their family structure. These strategies ensure Spanish-speaking families can engage fully and equitably in services. (SOW 4.2)

LGBTQ+ families: SAY San Diego understands the stigma, discrimination, and stress many LGBTQ+ families continue to experience, which can create barriers to accessing services. The organization affirms and supports LGBTQ+ identities by consistently honoring pronouns, respecting family structures, and asking families how they wish to be addressed. Staff receive training in LGBTQ+ cultural humility, confidentiality, and bias

reduction, reinforced through reflective supervision and continuous quality improvement. (SOW 7.1.4) SAY San Diego also partners with the San Diego LGBT Community Center and other affirming organizations to provide warm referrals and safe spaces for support. These practices create a safe and affirming environment, reduce isolation, and uphold HFA's emphasis on nurturing parent-child relationships in stable, supportive families. (SOW 4.2)

Other specialized populations: SAY San Diego's culturally responsive design adapts services for families with diverse needs, including those experiencing homelessness or housing instability and those impacted by intimate partner violence. We have supported fathers as primary caregivers and actively engage dads in home visits when their partner is the enrolled caregiver. While our experience with kinship caregivers, grandparents raising grandchildren, or families with limited literacy or digital access has been limited, our model is designed to work with any family that meets eligibility, understands the program commitment, and is willing to participate. For certain populations, such as individuals with a history of arson, services would be considered on a case-by-case basis, with staff safety as a priority when entering homes. Across all populations, our program centers on strengthening parent-child attachment and bonding, ensuring services remain safe, equitable, and effective in alignment with HFA standards and the County's SOW requirements.

2.6. Measures towards energy efficiency and sustainability

SAY San Diego has been actively pursuing energy efficiency and sustainability measures, including partnering with the B Quest Foundation to explore the installation of solar panels and other efficiency upgrades at our 4775 Viewridge location. Additionally, SAY works with the San Diego State University Foundation, which owns the building where SAY San Diego's Family Resource Center is located at 4275 El Cajon Blvd, to incorporate energy efficiency and sustainability features throughout the facility.

1. SAY San Diego partners with SDG&E to provide monthly messages for all staff and clients encouraging them to be more energy efficient including information on the Power Saver Rewards program, information on how to save on energy costs (installing a smart thermostat, scheduling an SDG&E gas appliance check, installing efficient showerheads, and improving ventilation), energy saving tips in the winter and holidays (choose energy-efficient lighting, setting thermostat, setting timers for decorations, etc.) and how to stay safe during natural disasters.
2. SAY San Diego promotes energy efficiency in part by offering flexible hybrid work schedules for staff. This approach significantly reduces the number of employees commuting to the office each day, thereby lowering overall fuel consumption and greenhouse gas emissions. By minimizing daily travel, the organization not only supports environmental sustainability but also decreases energy usage associated with on-site operations, such as lighting, heating, and cooling. This hybrid model aligns with SAY San Diego's broader commitment to reducing our carbon footprint while maintaining productivity and staff well-being.
3. Our program also supports sustainability through flexible service delivery. By offering virtual home visits when appropriate, we reduce staff and family travel needs, thereby lowering fuel use and emissions. This approach also saves time and resources while still ensuring families receive consistent, high-quality support. When in-person visits are necessary, we plan schedules thoughtfully to minimize travel, thereby further supporting energy efficiency in our daily operations.

2.6.1. How location and facility demonstrate sustainability

The SAY San Diego Viewridge office remodel incorporated sustainability features throughout the facility in 2018. All electrical outlets were upgraded with energy-efficient designs, and the lighting system was fully converted to high-efficiency bulbs and motion sensors to reduce energy use. The agency installed low-flow fixtures and upgraded to water-efficient landscaping in 2024. As well, we've implemented a comprehensive recycling and composting program, reduced the use of single-use plastics, and promoted digital workflows in place of paper. Future plans include integrating solar energy, which will further reduce the organization's carbon footprint while providing a renewable energy source to power daily operations.

San Diego State University Foundation owns SAY San Diego's Family Resource Center at 4275 El Cajon Blvd, and the Foundation has taken steps to improve energy efficiency at this location. These steps

reflect SAY San Diego's and our partners' long-term commitment to environmental stewardship and cost savings that directly support programs and community services.

2.6.2. How sustainable travel metrics will be reported

SAY San Diego will consider actions to support or achieve sustainable travel. (SOW 6.13) The program will provide reporting that addresses sustainability, including but not limited to energy used, number of EV vehicles utilized, and carbon emissions savings. (SOW 6.13.1) See also the relevant information related to travel provided in Section 2.6. above.

2.6.3. How accessibility requirements will be met for travelers

Accessibility for all travelers will be ensured by:

- SAY San Diego's Family Resource Center in City Heights is located along public transit routes to support those who do not drive.
- SAY San Diego has taken steps to ensure all entrances, restrooms and pathways at both office sites are ADA-compliant.
- SAY San Diego provides all materials, including travel information, in accessible formats (digital, large print, or multilingual as needed).
- SAY San Diego employs home visiting staff to ensure services are offered where clients are. SAY San Diego also offers accommodation, such as travel assistance or parking accessibility, for staff and visitors with disabilities.
- All travel planning, booking, and reporting processes will adhere to accessibility standards and guidelines, including the Americans with Disabilities Act (ADA) and other applicable regulations.
- Accessible transportation options and physically accessible travel facilities will be ensured for travelers.

2.6.4. How inclusivity safety concerns for travelers will be addressed

We will ensure the duty of care includes inclusivity and safety concerns. (SOW 6.13.2) Traveler inclusiveness and safety will be prioritized by:

- Encouraging safe and equitable carpool practices (e.g., gender balance, safety protocols, and clear policies).
- Maintaining well-lit and secure parking lots at both facilities, as well as security.
- Providing safe waiting areas for public transit users who travel to the SAY San Diego Family Resource Center.
- Incorporating Equity, Diversity, and Inclusion principles into transportation planning so that all staff, volunteers, and community members feel welcome and supported.

2.7. Plan to provide culturally competent services and link all families to additional services

SAY San Diego's plan to provide culturally competent services, strengthen parent-child interactions, and ensure linkages to medical and community resources is grounded in HFA Best Practice Standards and the agency's and County's commitment to services that reflect the cultural, linguistic, geographic, racial, and ethnic diversity of the populations served. (SOW 4.2)

- **Linking families to medical providers and preventive care:** To ensure every family is connected to a medical home and preventive health services, SAY San Diego conducts the Parent Follow-Up and Child Follow-Up assessments approximately twice per year. (SOW 7.1.5.) These tools capture information on medical provider access, insurance coverage, well-child visits, and immunizations. Data are monitored to confirm children remain on track with health milestones, and home visitors reinforce the importance of preventive care during visits. Families needing assistance are provided warm handoffs to medical providers, public health nurses, and community clinics. PHNs may collaborate in this process by conducting clinical assessments, co-developing visit schedules, and sharing expertise on maternal and child health needs. This transdisciplinary process ensures timely connections to health systems and reduces the risk of missed preventive care.

- **Culturally inclusive engagement:** Cultural responsiveness begins at enrollment through activities such as the Family Values Activity, which allows staff to learn what is most important to each family and to understand cultural norms related to ethnicity, country of origin, spirituality, family dynamics, or military service. With this insight, SAY San Diego staff adapt approaches to align with each family's values and traditions. The organization employs a linguistically diverse workforce and utilizes services from Hanna Interpreting Services, Interpreters Unlimited, Pocketalk, and translated materials.
- **Staff training and reflective practice:** SAY San Diego builds cultural competency through ongoing professional development. In addition to HFA's requirement for annual cultural humility training, all staff complete a half-day EDI training. These trainings emphasize self-reflection and awareness of personal experiences, improving staff ability to deliver services free from bias. Weekly reflective supervision and monthly group reflective sessions provide opportunities to examine family engagement through multiple perspectives, refine culturally responsive practice, and address any challenges encountered in the field.
- **Supporting parent-child interaction and child development:** Home visitors use HFA curriculum strategies, modeling, and coaching to strengthen nurturing parent-child interactions. Staff observe developmental milestones and support parents in fostering early learning, secure attachment, and social-emotional growth. Families are provided information on child development that is culturally and linguistically appropriate, and referrals are made to early intervention services if concerns arise. SAY San Diego reinforces protective factors by recognizing parents' strengths and supporting their role as their child's first teacher.
- **Community and cultural linkages:** Beyond language and training, SAY San Diego actively connects families to cultural and community-based organizations that align with their values and traditions. Connections with groups such as UPAC, Horn of Africa, or the San Diego LGBT Community Center can help families strengthen their support networks and overcome barriers related to stigma, isolation, or lack of culturally relevant services. By linking families to trusted community partners, SAY San Diego expands access to resources while promoting belonging and resilience.

2.8. Linguistic and Cultural Diversity Plan

Please see the Linguistic and Cultural Diversity Plan included in the Attachments.

2.9. Resume of Subcontractors and Key Partners

2.9.1. Identification of subcontractor(s) or other organizational partner(s)

Hope and Healing Child and Family Therapy / 8080 La Mesa Blvd., Suite 205, La Mesa, California 91942

2.9.2. Specific program requirements met by subcontractor(s)

Hope and Healing Child and Family Therapy provides reflective supervision for FSSs, Supervisors, and Program Directors in accordance with Healthy Families America.

Reflective Supervision: Group reflective supervision shall include clinical and reflective support, sharing of expertise on parenting, mental health, reflective practice, and other pertinent topics in support of the First 5 FHVSS program.

FSS Reflective Supervision: To be provided in a group format at **two** groups month with each group expected to last about two hours. Reflective Supervision groups are capped at **24** groups for the contract period (yearly). The groups must accommodate an average of six (6) home visitors.

2.9.3. Performance and fiscal monitoring process

2.9.3.1. Sufficient frequency of monitoring

All invoices and reports are generated based on the due dates and terms outlined in each contract. For this specific contract, SAY San Diego conducts monthly subcontractor monitoring and receives invoices on a monthly basis. The Program Director and project staff maintain regular communication through weekly check-ins, such as phone calls, emails, and/or meetings.

2.9.3.2. Depth and quality of monitoring

All performance-based claims and supporting documentation are reviewed by the Program Director prior to submission. The Fiscal Department conducts a separate review of each invoice, including all backup documentation and alignment with the approved budget, prior to authorizing payment. These reviews ensure that services were delivered as outlined, participant counts and deliverables are accurate, timelines were met, and all activities are in compliance with contract terms. Program quality is evaluated through a combination of deliverable assessment, outcome tracking, and periodic record sampling, all of which are directly tied to the Statement of Work.

2.9.3.3. Documentation of the monitoring activities

SAY San Diego maintains a monitoring file that includes: executed subcontract; proof of eligibility to do business; insurance; Business Associate Agreement (when applicable); background check clearances; privacy and security training logs; False Claims Act training logs (when applicable); exclusion/debarment screening logs; monthly invoices with required certification statement; claim backup; performance reports; notes from weekly check-ins; quarterly review memos; the annual program review summary with strengths, risks, and any corrective action; and follow-up reviews. The CFO maintains electronic files for screening results.

2.9.3.4. Follow-up process for resolution of non-compliance

SAY San Diego initially contacts the subcontractor by email or phone to discuss concerns, followed by written notice when appropriate. All issues are documented, and a corrective action plan is developed, including a defined timeline and scheduled follow-up reviews. In cases of significant risk, SAY may withhold payment on affected claims or suspend related work. If an exclusion or debarment issue arises, the staff involved are immediately removed from grant-funded work during the investigation. Depending on the findings, outcomes may include reinstatement or termination in accordance with the contract terms. To date, SAY has not needed to take these steps with Hope and Healing.

2.9.3.5. Exclusion and Debarment checks process in place

SAY San Diego ensures exclusion screenings for all applicable staff, including subcontractor personnel, within 30 days of hire and on a monthly basis by the 15th. Screenings are performed against the following three exclusion databases: SAM Exclusions (GSA), OIG LEIE (HHS), and DHCS Medi-Cal Suspended and Ineligible Providers. In the event of a potential name match, SAY verifies the individual's identity using their Social Security Number (SSN). Any staff member with a confirmed match is immediately suspended from participating in government-funded activities pending further investigation. Appropriate disciplinary action, up to and including termination, is taken as warranted by the findings. The Chief Financial Officer (CFO) is responsible for maintaining all electronic records related to the screening process.

2.9.3.6. How services will continue if agreements no longer provide services

If the reflective supervision subcontractor is unable to serve, SAY San Diego assigns trained internal staff to provide group reflective supervision on a reduced schedule. This interim arrangement remains in place while recruitment efforts for a new facilitator are underway. During this period, SAY continues to manage all aspects of reflective supervision, including maintaining the supervision roster, agendas, and sign-in sheets, updating the supervision calendar, and notifying staff and the funder as required. Once a new facilitator is hired, SAY resumes the full reflective supervision schedule.

2.9.4. Statement of non-use of subcontractors or other organizational partners

Not Applicable.



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1. Letters of Support
(Section 1.1)



August 25, 2025

Jessica Rathbun, MSW
Senior Program Director
First 5 First Steps Central Region
SAY San Diego
4275 El Cajon Blvd. Suite 101
San Diego, CA 92105

Re: Letter of Good Standing

Dear Jessica,

On behalf of Healthy Families America, a program of Prevent Child Abuse America, I am writing to confirm the status of your program, **First 5 First Steps Central Region (CA024)**, as an affiliated Healthy Families America site since **July 18, 2013**. The site is considered in good standing.

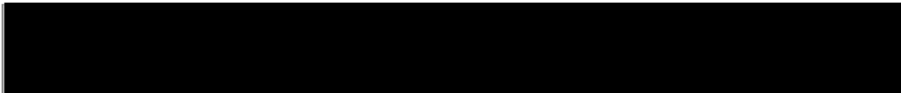
The site completed the HFA Fidelity Assessment process in 2022 and is considered a provider of high quality HFA home visiting services consistent with the standards of best practice established by Healthy Families America (HFA). This accreditation is effective through **December 2026**. The site is part of the Healthy Families America Multi-Site System in San Diego 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.

Prevent Child Abuse America is proud to acknowledge this site, **First 5 First Steps Central Region**, as an outstanding provider of Healthy Families America home visiting services.

Best regards,

A handwritten signature in blue ink that reads "Shayna Cooper".

Shayna Cooper
Training & Technical Assistance Specialist
Healthy Families America
33 N. Dearborn Street, Suite 2300
Chicago, IL 60602





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



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2. Success Stories
(Section 1.1)

Family Success Stories FY23-24

October 2023

CW FSS Debbie: FSS began working with a CalWORKs family shortly after Dad got a new job in June and while Mom was pregnant. Mom had a complicated pregnancy with numerous doctor appointments (often three times per week) and she still prioritized meeting with FSS. Mom is very resourceful and motivated, connecting with the Mothers and Babies curriculum, especially the Mood Check activity. Mom and Dad knew a place of their own would be better for their family and they prioritized saving and Mom was able to get additional resources through CalWORKs, and they were able to move into their own place three weeks for their baby was born in early October. This family is thriving, and Mom has shared how she is looking forward to learning more about child development and giving her child a better childhood than she had.

CW FSS Emily: FSS received a transfer family from another FSS who was leaving. This Mom had a lot of high needs, including being a single mom, conflict with baby's father, and an open CWS case. A couple of weeks after starting with her she became homeless. During her homelessness period, which lasted multiple months, FSS attempted to build a relationship with Mom and connect her to services while only seeing her sporadically and going through periods of no contact. FSS also worked together with the HEY Clinic to strategize on how best to support this family. In the last month, Mom has gained stable housing, started attending therapy regularly, and has been to 5 home visits in a row! Mom has also shown more positive affect, and baby is starting to show more improvements in delays after a period of stalled growth.

November 2023

First 5 Family FROG ASSESSMENT: As if meeting someone for the first time is not difficult enough, imagine having them in your home while asking and conversing about private topics. Things that could be taboo or frowned upon to be shared with a stranger. Difficult stories and memories from your upbringing.

Well, this is what happens on our first in person visit with families. With only a phone call prior to the visit, we are hoping that our reflective and calm demeanor has set the foundation for a trusting and safe conversation. And this is just what was witnessed during my shadow with a new mommy. Mom, a teen parent with little adult support here locally, opened and shared freely about her childhood traumas and wishes for raising a healthy and happy baby girl. Also present, was maternal grandmother visiting from Mexico to support mom through her “cuarentena.” (The first 40 days of mom’s recovery so that she can heal and bond with baby at home.)

Throughout the visit mom remained engaged and open to share on how she wanted baby’s life to be. Maternal grandmother would sparingly chime in on the customs and values that were important for her to be followed. The Family Support Specialist often reflected and normalized what was said due to her shared beliefs and understanding of the culture. There were smiles and laughter shared as mom spoke of being raised in a loving home with parents who showed affection to one another. There was also empathy as she spoke of being in the United States alone with no family close by.

Towards the end of the visit as we began to leave, out comes an older gentleman from the backroom. It was the paternal grandfather who with tears in his eyes was so happy his daughter-in-law would be working with such professionals as ourselves to learn and be supported by. He apologized for listening in on the conversation while sharing a sense of relief because he would be leaving back to Mexico soon, knowing his son and family would have support locally, support who “understood and respected the cultural values they wished to raise baby with.”

F5 FSS Lorena’s Family:

Letter FSS received: I want to thank you for all this time you have supported us in [my daughters] development. Thank you for resolving my doubts and your advice. Thank you for always listening to me and making me feel better. I once told you that I didn't know how you always had the right words to say but your visits always made me feel better. Thank you for always cheering me on. I learned a lot from you, and you taught me how to take time for me and to take care of myself and things that make me happy, and now I am and it's going well. You are incredible, keep supporting other families. God bless you and your family. We will miss you.

Family Success Story:

At the start of our time in the program mom was shy, timid and had one priority: taking care of her children. During our time together we worked a lot on her child's development and tackled some concerns she had of the other children in the home. We spent a lot of time talking about taking care of herself, because she would always be caring for her children, husband and family members that occasionally stayed in their home. Mom was not too sure how to do things for herself because she was working and transporting kids to and from school on top of her duties in the household. After months of conversation, motivation and exploration, FSS arrived to the visit with news from mom that she would be going to a concert for a childhood band with 2 of her closest friends. At the next visit mom was smiling from ear to ear as she shared how much fun she had at the concert and how she didn't know why she hadn't done something like this sooner. At our closing visit mom shared that she had convinced dad to go with her on a date to the movies, which they had never done before without the kids and dad loved the experience as well.

February 2023

CW FSS Martha: FSS began working prenatally with a mommy who had only been in the country for 2 months. Mom had migrated from Venezuela on her own and had no family in the country. Just one month before the baby was born, mom signed up for English classes at a community college. Mom began to attend classes online as it was her only option since she does not have a car and only relies on public transportation. Two months and a half after the baby was born, mom was forced to find a new place to live as her situation with her current roommate was very uncomfortable. Mom was feeling very anxious and became a little depressed. One month after, mom found a new place (an apartment for herself and her baby) and moved in where she is very happy now. Just a few weeks after, mom decided she wanted to learn how to drive and began to study for her driver's test. Mom was able to take the written part of the exam and passed it. She then scheduled the behind-the-wheel portion of the exam but did not pass. Mom said she felt a little disappointed but is not giving up as she will continue to practice and knows she will pass it the next time around. Mom is always willing to learn, not only for herself, but also for her baby and is very excited when it comes to her baby reaching a new milestone. Just two weeks ago, mom asked her FSS if they could switch the home visits from Spanish to English as she wants to practice but has no one to talk to. Mom continues to thrive and plans to hopefully by the end of the year speak English and also have a job so she can keep providing for her baby.

First 5 FSS Gaby: FSS started working with mom during her fifth month of pregnancy. Mom had a troubling history marked by child abuse, domestic violence, and her husband being incarcerated. Additionally, she had a 9-year-old daughter who had primarily been raised by her grandmother. Due to this, the mother experienced attachment issues with her daughter, fearing a repetition of the same with her new baby.

After three months in the program, FSS referred the mother to the HEY Clinic. Together, the FSS, Marisol, and mom have been working together as a team. The baby is now 14 months old. Mom filed for divorce a month ago. Mom has been actively improving her relationship with her daughter and has developed a strong bond with her baby. Additionally, mom is working on establishing boundaries with her own mother.

Mom often reflects on her journey and recognizes that she is breaking the cycle of generational trauma within her family. She realizes that many aspects of her life that she previously considered normal were in fact not. Below are her words from the Parent Satisfaction Survey when she was asked: What about this program has been most helpful to you and your family?

“That I have access to a wonderful family support specialist that I feel goes above and beyond to make sure I feel welcomed, heard, and is there for me. She finds resources that meet my needs, especially having the therapist. I would be lost right now without the whole team. I am truly appreciative of this program and for Gaby being in my life, I can't thank her enough.”

May 2024 – First 5 – FSS Gaby

I first met my client in the spring of 2023. At the time, she was apprehensive about going out with her baby. One of the goals in the Family Service Plan (FSP) we created during a session was to help her socialize and to ensure the baby had opportunities to interact with other infants.

When our program playgroup started up again, I invited her to join. She felt so welcomed by our Family Support Specialists, Amairany and Linda, that she hasn't missed a session since. Both mom and baby have become beloved members of our program, and their smiling faces frequently appear on our social media pages.

Family Success Stories FY24/25

***Note: Client Names have been changed**

August – Play Group

We have been hosting a weekly playgroup at our City Heights office as a way to help families foster relationships amongst each other. At one of our playgroups in August we had three families in attendance – Jennifer, Martha, and Dave. On this day, Jennifer shared how she wanted to support her baby crawling; however, every time she set him up in the crawling position, he would immediately cry. Martha immediately jumped in with a swaddle blanket to support the baby's belly, while Jennifer then helped her son move his arms and legs in the crawling motion. It was such a beautiful moment seeing these two moms organically support one another.

Another great part of this day is that Dave normally comes to playgroup with his wife, Veronica. However, today he came on his own with cupcakes for the group. Veronica has been very intentional in wanting to build relationships with other moms and has found playgroup to be just the place. She and Martha have connected outside of the playgroup and began communicating through social media and sharing different community events.

September – FSS Linda CW

Magdalene and I both assessed Baby Sophia by completing the ASQ-3, in which she scored low in two sections: communication and problem solving. I gave Magdalene a referral to Healthy Development Services (HDS) and I noticed a shift in her body language and could tell that she was hesitant about the referral. I let her know that due to the scores on the ASQ-3, I was required to provide a referral; however, it was up to her to accept it. She said thank you and grabbed the flyer then changed the subject.

The next visit, Magdalene mentioned that she called HDS and Baby Sophia was scheduled for an evaluation. The following visit, she shared with me that two staff with the San Diego Regional Center came to her home to assess and evaluate Baby Sophia and she was later diagnosed on the autism spectrum. Magdalene shared that she felt overwhelmed with so many appointments and finding out that he has autism, yet, she shared how she and Baby Sophia's grandmother were so thankful for this referral because she is getting the support she needs. Magdalene wished someone would have told her about this resource for her oldest when he was younger, because he was not evaluated until he was 10 years old and could have used the support earlier.

Since then, Magdalene has also changed the arrangement of her apartment to give Baby Sophia more space to roam around instead of only being in the playpen like she normally was. It was amazing to be able to clarify for

Magdalene that she has the power to accept or decline referrals and for her to still follow-through and get the services in place for Baby Sophia despite her own nervousness and feelings of overwhelm.

September – FSS Linda F5

Jazmine asked to have our visit at a local park and at the beginning of the visit she was anxious about letting Baby James explore the full play structure, go down the slide, and generally do things on his own for fear he may hurt himself; saying “No” to Baby James several times. I spent some time exploring her concerns about letting Baby James explore on his own and part of it was the fact that she was by herself, without her partner present. After this conversation and a few suggestions of how to support Baby James as he goes down the slide or crawls up the ladder, she became more relaxed. She shared how much she enjoyed this visit as they were outdoors, and she would like to do more visits at the park to increase her confidence. Jazmine was able to learn more about child development through the need of exploration as well as allowing herself to give Baby James space to do so was well as increasing her self-confidence that she can do things on her own without her partner present.

October – FSS Gaby (F5 Graduation)

"Gaby, queremos agradecer al programa de los primeros 5 SAY y a ti por todo lo que han significado para nosotros. Gracias por existir y traernos tantas bendiciones a nuestra casa. No hay palabras que expresen lo afortunados que hemos sido y lo agradecidos que estamos. Han sido más que un rayo de sol 🌞. Gracias por todas las enseñanzas que nos proveen y por los beneficios que obtuvimos por medio de este programa. Han sido de mucha bendición 🙏 mil gracias. También queremos agradecer por la comida que trajiste hoy que hasta postre nos sorprendió. Por cada detalle; la mochila de Joe y sorpresas que venía ... hasta detalles hermosos para que vaya a un picnic con mis hijos. Lo agradecemos de todo corazón. Bendiciones para este programa y para ti. Gracias por impactar a familias como la mía. Con cariño y respeto la Familia {Martinez} " 🌹

"Gaby, we want to thank the First 5 SAY program and you for everything you have meant to us. Thank you for existing and bringing us so many blessings to our home. There are no words to express how lucky we have been and how grateful we are. They have been more than a ray of sunshine 🌞. Thank you for all the teachings you provide us and for the benefits we obtained through this program. They have been a great blessing 🙏 thank you very much. We also want to thank you for the food you brought today, which even surprised us with dessert. For every detail, Joe's backpack and surprises that came... even beautiful details for me to go on a picnic with my children. We appreciate it with all our hearts. Blessings to this program and to you. Thank you for impacting families like mine. With love and respect from the {Martinez} Family" 🌹

September – FSS Iane CW

Baby Mila had recently come home from NICU. When I arrived at the family house, Julia was finishing her appointment with the nurse. Julia called me to her room to see the baby and I noticed that Baby Mila was sleeping in a pack-and-play that had a lot of winter blankets in it. I explored with Julia the reason for the blankets, and she shared that since the pack-and-play was so low, she folded some blankets and put them on the bottom, so it was easier for her to pick up Mila. However, she noticed that Mila had not been sleeping well and felt hot and was likely uncomfortable. She also shared that she has been sleeping on the floor so she can see the baby better at night. I gently talked with Julia about safe sleep and shared the possibility of the program getting a crib for Baby Mila. Julia shared her excitement at this possibility as she just wanted her baby to be safe and comfortable. Since this seemed to be a pretty urgent need, I spoke with my supervisor and got the approval to purchase the crib. My Program Director and I went to the store that same day to purchase the crib, mattress, and sheets for Baby Mila and I was able to drop them off at Julia's house that afternoon. She was so happy and thanked me and the program, sharing how much this meant to her as she and Baby Mila were finally going to have a good night sleep.

November – FSS Gaby

Isolation and a lack of friends are significant challenges faced by our families and our weekly playgroup is an opportunity for families to connect. Two moms I am working with, Michelle and Linda, were experiencing similar struggles with their toddlers so I arranged a "blind date" between the two of them at playgroup. They both attended playgroup for a while and seemed to connect and enjoy each other's company and exchanged phone numbers. However, due to various circumstances, they both had to stop attending playgroup.

A few weeks later, Michelle mentioned that she had given Linda a swing and some baby items. Just two weeks ago, Linda shared that they had breakfast together. While the progress wasn't immediate, my plan for them to connect ultimately worked! Thanks to the playgroup, a new friendship and support system have formed.

*I made sure to speak to both families about confidentiality while in the program and they understood the importance of these guidelines.

March – FSS Linda F5

I have been working with Marisol and Baby Lina for several months with the focus on the importance and benefits of tummy time as Baby Lina is 4 months old. Marisol shared with me that Baby Lina really doesn't like tummy time and cries shortly after being placed on her tummy, so she didn't spend much time on her tummy. I shared with her the Baby Talk Developmental Perspectives and what Marisol could expect Baby Lina to do in the next month, with rolling over being the big developmental milestone; however, Baby Lina would need more tummy time to help her to learn to roll over. We talked about how tummy time would be more enjoyable for Baby Lina if there were various toys she could try to reach, touch, or play with. At one of our visits, Marisol noticed Baby Lina was getting tired of tummy time, so she held her to give her a break and once she soothed, she placed her back on her tummy. I then showed her ways she could support Baby Lina to practice rolling over, and Marisol said she would continue to practice with Baby Lina throughout the week. Two weeks later Marisol was so excited to share with me that Baby Lina was now rolling over and showed me a video of Baby Lina rolling over. In the video I could hear Marisol encouraging Baby Lina to roll over and when she did, Marisol cheering and celebrating Baby Lina. This shows Marisol's commitment to creating a safe and stimulating environment for Baby Lina as well as a beautiful glimpse into the connection and bond they have.

March – FSS Gaby CW

It was one of my first home visits with Victoria who was pregnant. She had a history of breast cancer and had undergone a mastectomy on one of her breasts. At almost seven months pregnant, she had been putting off making an appointment with her oncologist. Fear held her back—just the thought of cancer returning while carrying her baby was overwhelming.

Using Motivational Interviewing, I guided her through the conversation, and she decided to set a goal: to schedule the appointment and follow through with the visit. For many, making a doctor's appointment might seem like a simple task, but for this mom, it meant confronting her deepest fears. Together, we worked step by step through the Family Goal Plan. At the end she wrote: "When I reach my goal I will celebrate by making a ceviche"

Two weeks later, she opened the door with a big smile. “I’m making ceviche!” and she said: “I don’t have cancer! And my doctor told me he will reconstruct my breast after my baby is born.” She looked at me and said, “I’m ready for my next goal.” Victoria is now successfully breastfeeding her baby and setting new goals.

May – FSS Linda

Last week Linda sent her virtual business card/bio to a referral while she was reaching out to schedule NBQ/FROG and the mom sent a picture of her and baby back to Linda. I thought that was such a nice gesture for mom to introduce herself to Linda and help her feel welcome 😊. I really do think the bios are such a success and help the families feel more comfortable knowing who is calling them and who will be coming to their home.

May – FSS Iane CW

When Matt and Patricia enrolled in First 5 First Steps, they were new to the country, and their family was living in one room – struggling to find a place to live. Matt shared that they were asked to leave because the person needed the room for another family and he had begged the person to let them stay a few more days so he could find another place. Matt didn’t want to be on the street again, especially with his four-year-old son, his wife, and their newborn baby.

I shared housing referrals and called CalWORKs Housing Assistance with Patricia to apply for a hotel voucher. Unfortunately, Patricia was told that because she had a place to stay for the day she couldn’t apply at the moment and needed to call again the next day. I provided them with additional information and reviewed how to call back again. The next day, I received a text from Matt saying they were asked to leave the room the previous night and thankfully when I called him back, he shared they found a place to temporarily stay. I encouraged them to again apply for the hotel voucher anyway to see if they could get other help, and they did.

After several attempts with various case managers at different locations, Matt and Patricia were able to obtain stable housing. They were approved for housing and only have to pay 40% of the rent for one year. They are now living in a two-bedroom apartment with their children and are very happy and feel settled.

May – FSS Ellen F5

When Veronica’s FSS went on maternity leave, as the supervisor, I began regular check-ins. During this time, an opportunity to request a free kitchen play set came up and the I immediately thought of Veronica and arrangements were made for her to pick it up. Once Veronica got the play kitchen set up, she sent me a picture showing Ariel (baby) and Mark (dad) playing in the kitchen. She shared how they were cleaning their backyard to make space for Ariel to enjoy her new kitchen play set - this play set was the catalyst for them to clean their yard and to make a safe space for their daughter to play outside. Veronica shared that she had a very hard childhood and that she is happy to be able to provide her daughter with the opportunity to grow up feeling the joy and the love that she deserves and comfort and support that she never had as a child.



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3. Case Transfer Overview
(Section 1.3.8)

SAY San Diego First 5 First Steps Transfer Overview

Previous FSS		New FSS	
Primary Caregiver		Child Name	
Current Level			

Summary of Parent-Child Interaction (concerns or strengths from CHEERS observations / CCI):

Click or tap here to enter text.

Summary of Current Family Situation / Dynamics:

Click or tap here to enter text.

Top FSP Plan Priorities:

Click or tap here to enter text.

Progress towards FGP:

Click or tap here to enter text.

Upcoming Assessments in Next 3 Months:

Click or tap here to enter text.

Checklist

- ☐ Full Case Review Completed On:
- ☐ FSP Updated On:
- ☐ FGP Uploaded On:
- ☐ Assessment Tracker Updated On:
- ☐ FSS to FSS Transition Meeting On:
- ☐ Warm Handoff w/ Family On:



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4. Onboarding Materials
(Section 1.3.9)



First 5 First Steps Onboarding Schedule



Key: [First Steps Learning Management System \(FS LMS\)](#) [Wrap Around Trainings](#) [Healthy Families America Learning Management System \(HFA LMS\)](#)

Week 1: Intro to SAY San Diego & Expectations	Administrative: ☐ Tour of office & meet staff (Supervisor) ☐ Computer, laptop, printer, work phone set up (Ben Mortensen - IT) ☐ Intro to Outlook, SharePoint, One Drive & Teams (Supervisor) ☐ Set up voicemails & contacts ☐ Create email signature ☐ Login HFA LMS & FS LMS ☐ Create Telework Agreement (Supervisor) ☐ Order planner & needed office supplies (Supervisor & Fernanda) ☐ Weekly supervision (1.5-2 hr weekly) ☐ Meet & greet with Director Training: ☐ Complete forms in Learn Your Professional Style folder (Learn your professional style) ☐ Onboarding PowerPoint with Sups (2x per week, 2 hr) ☐ SAY Policy & Procedures Manual (Policy and Procedure Manuals) ☐ Use of Training Log (Supervisor) ☐ First Steps Orientation (FS LMS – 2 hr) ☐ Wrap Around Trainings: 11-1.A (1 hr) & 11-1.B (2hr 30m)	This Month: ☐ Complete Trainings required by SAY HR Department ☐ Attend first staff meeting ☐ Attend first mini team meeting ☐ Attend first reflective group with Denise ☐ Attend first OLS with AAP & F5FS network ☐ Attend playgroups (1-2x) ☐ Tracking trainings accurately ☐ Familiar with SharePoint, One Drive, Teams & Outlook	As available attend: ☐ Graduation event ☐ Outreach event ☐ AAP Core Trainings (Foundations, FROG, BabyTALK, M&B) ☐ Perinatal Mental Health Training (2 part) ☐ From Conception to Connection Training
Week 2: Intro to First 5 First Steps	☐ Onboarding PowerPoint with Sups (2x per week, 2 hr) ☐ Weekly supervision (1.5-2 hr weekly) ☐ F5FS Policy & Procedures Manual (Policy and Procedure Manuals) ☐ Shadow a home visit & debrief (1-2x) ☐ Wrap Around Trainings: 11-1.C (2hr 15m) & 11-1.D (1hr) ☐ HFA Advantage (FS LMS – 2 hr)		



First 5 First Steps Onboarding Schedule continued



Week 3: Foundations Stop-Gap	☐ Weekly supervision (1.5-2 hr weekly) ☐ Onboarding PowerPoint with Sups (2x per week, 2 hr) ☐ Shadow a home visit & debrief (1x) ☐ Foundations Stop-Gap includes CCI-HFA LMS (FS LMS – 10 hr) • Recommend doing this across 3-days • Requires Home Visit Shadow ☐ Wrap Around Trainings: 10-6.A / HFA LMS Module 5	This Month: ☐ Complete Trainings required by SAY HR Department	As available attend: ☐ Graduation event
Week 4: Full Day Peer Shadow	☐ Weekly supervision (1.5-2 hours weekly) ☐ Shadow an FSS for a full day & debrief with supervisor (2x) ☐ Wrap Around Trainings: 11-2.A (2hr 45m), 11-2.B (45m), 11-2.C (3hr 30m) ☐ Intro to Home Visit Records (Supervisor)	☐ Attend first staff meeting ☐ Attend first mini team meeting ☐ Attend first reflective group with Denise ☐ Attend first OLS with AAP & F5FS network ☐ Attend playgroups (1-2x) ☐ Tracking trainings accurately ☐ Familiar with SharePoint, One Drive, Teams & Outlook	☐ Outreach event ☐ AAP Core Trainings (Foundations, FROG, BabyTALK, M&B) ☐ Perinatal Mental Health Training (2 part) ☐ From Conception to Connection Training



First 5 First Steps Onboarding Schedule continued



Week 5: Use of Tools	☐ Weekly supervision (1.5-2 hours weekly) ☐ Tool Trainings UISPP, HFPI, ASQ-v3, ASQ-SE2, PSS, PHQ-9 (FS LMS, time varies) ☐ Intro to Resources (Supervisor) ☐ Wrap Around Trainings: 10-6.B (ASQ-3)	This Month: ☐ Attend collaborative meeting (1-2x)	As available attend: ☐ Graduation event
Week 6: Use of Tools cont'd	☐ Weekly supervision (1.5-2 hours weekly) ☐ Shadow peer in home visit (shadow use of tool if possible) ☐ Intro to Training Tracker (Supervisor) ☐ Wrap Around Trainings: 10-6.C (ASQ SE2, 60-90m) & 10-6.D (PHQ-9, 6m)	☐ Attend staff meeting ☐ Attend mini team meeting	☐ Outreach event ☐ AAP Core Trainings (Foundations, FROG, BabyTALK, M&B)
Week 7: Curriculum	☐ Weekly supervision (1.5-2 hours weekly) ☐ BabyTALK Stop-Gap (FS LMS 3 hours) ☐ Mothers & Babies Stop-Gap (FS LMS 3 hours) ☐ Wrap Around Trainings: 11-2.D (1hr 30m) & 11-2.E (1hr)	☐ Attend Ongoing Learning Series (OLS) ☐ Meet with peer to review assessment tools & forms	☐ Perinatal Mental Health Training (2 part)
Week 8: Curriculum cont'd	☐ Weekly supervision (1.5-2 hours weekly) ☐ PATH: Reproductive Health & Intentions (FS LMS 2 hours) ☐ Wrap Around Trainings: 11-2.F (30m) & 11-2.G (1hr 45m)		☐ From Conception to Connection Training



First 5 First Steps Onboarding Schedule continued



Week 9: Safety	☐ Weekly supervision (1.5-2 hours weekly) ☐ Mandated Reporter Training ☐ Home Visitor Safety (Supervisor) ☐ Crisis Protocol (Supervisor) ☐ Wrap Around Trainings: 11-3.A (1hr), 11-3.B (3 hr)/ HFA LMS, 11-3.C (45m)	This Month: ☐ 3 Month Wrap Around Trainings complete ☐ Revisit Telework Agreement as building caseload ☐ Meet with peer to review assessment tools & forms	As available attend: ☐ Graduation event ☐ Outreach event ☐ AAP Core Trainings (Foundations, FROG, BabyTALK, M&B) ☐ Perinatal Mental Health Training (2 part) ☐ From Conception to Connection Training
Week 10: Client Engagement, Consents & Family Goal Planning	☐ Weekly supervision (1.5-2 hours weekly) ☐ Consent Forms, Client Engagement & Family Goal Plans (Supervisor & recorded trainings) ☐ All day shadow and debrief (1x) ☐ Wrap Around Trainings: 11-3.D (1hr 45m) & 11-3.E (2hr 30 m)		
Week 11: Family Service Plans	☐ Weekly supervision (1.5-2 hours weekly) ☐ Intro to FROG & Family Service Plans (Supervisor) ☐ Client File Checklist & Transition Plan (Supervisor) ☐ Review a client file & make your own electronic file template for your future clients (Supervisor)		
Week 12: CMEDS & Data Entries	☐ Weekly supervision (1.5-2 hours weekly) ☐ CMEDS Training (Data Clerk; 2-3x) ☐ Shadow NBQ (1-2x) ☐ First referral assignment & NBQ		



First 5 First Steps Onboarding Schedule continued



6 months and ongoing	☐ 6 month Wrap Around Trainings Complete ☐ Core Trainings (AAP, Hybrid: Live + Self-Paced) Complete • Foundations for Family Support Core (1 week) • FROG Scale Core (1 week) • Curriculum Core Trainings ○ Baby TALK Curriculum Core ○ Mothers & Babies Core	As available attend: ☐ Graduation event ☐ Outreach event ☐ AAP Core Trainings (Foundations, FROG, BabyTALK, M&B) ☐ Perinatal Mental Health Training (2 part) ☐ From Conception to Connection Training
12 months and ongoing	☐ 12 month Wrap Around Trainings Complete	
Annual Required Trainings (All Staff)	☐ Cultural Humility ☐ Mandated Reporter/Child Abuse & Neglect ☐ Professional Development (FSS choice)	



Home Shadow Bingo

Please use this form to try and experience different family backgrounds while shadowing a visit. You can continue to shadow a Family Support Specialist (FSS) if you have already checked off a box for additional practice.

Prenatal visit Date of home visit: _____ FSS shadowed: _____	0-3 months Date of home visit: _____ FSS shadowed: _____	4-6 months Date of home visit: _____ FSS shadowed: _____
6-9 months Date of home visit: _____ FSS shadowed: _____	9-12 months Date of home visit: _____ FSS shadowed: _____	1 year Date of home visit: _____ FSS shadowed: _____
2 years Date of home visit: _____ FSS shadowed: _____	3 years Date of home visit: _____ FSS shadowed: _____	Visit with older/younger children in home Date of home visit: _____ FSS shadowed: _____



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5. Home Visiting Plan Template
(Section 2.2)



Home Visit Record - SAMPLE
(Completed by Family Support Specialist after each visit)



Family Support Specialist's Name: Jane Doe		Date of Home Visit: 8/1/2024
Child's Name: Sweet Boy (Multiple target children- provide name of child observed at this visit)	Client ID: 12345	Child DOB: 1/1/2024
Parent/Caregiver Name(s): Lisa Smith	Client ID: 98745	Service Level: 1
Type of Visit: ☒ In-Person: Family's Home ☐ In-Person: Other _____ ☐ Group ☐ Phone ☐ Video (e.g. Facetime, Zoom)		
Who was present at the home visit? ☒ Target child ☒ Primary Caregiver ☒ Other Caregiver ☐ Other: _____		
If the family has multiple target children, were all target children present? (Skip this question if there is only one target child) ☐ Yes ☐ No If no, which target child (or children) was not present: _____		
Observation of Environment: (check all that apply) ☐ Safe for child ☐ Space for HV activities ☐ Light ☐ TV off ☐ Other: _____ ☐ Room well-kept ☐ Age-appropriate toys ☐ Fresh air – well ventilated ☒ Unchanged from last visit		
Observation of Child: (check all that apply) ☐ Prenatal ☐ Absent ☐ Awake ☐ Asleep ☒ Engaged ☐ Healthy ☐ Sick		
Observation of Primary Caregiver: (check all that apply) ☒ Engaged ☐ Disengaged ☐ Pre-occupied ☐ Sick ☐ Healthy ☐ Other: _____		
CHEERS		
Document at least 3 domains using the 3-part framework : 1) What does the baby do? 2) Parent's response? 3) Baby's response? Document the frequency of the interaction (once, some, or most).		
Include at least one Reflective Strategy or BT Strategy used to address concerning PCI or promote strengths.		
Promote Reflection & Awareness	Build Strengths	Guide Conversations
EW: Explore & Wonder NB: Narrating Behavior MM: Meaning Making FNT: Feel, Name, Tame	ATP: Accentuate the Positive SPM: Supporting Parental Mastery SATP: Strategic Accentuate the Positive	PIVOT NM: Normalizing PT: Problem Talk
☐ CCI Completed	If yes, were CCI scores like typical CHEERS observations? ☐ Yes ☐ No	
Cues ☐ Once ☐ Some ☐ Most		
Holding ☒ Once ☐ Some ☐ Most	Baby grabbed the remote control and turned the TV off. Mom said "No" and held him gently. Baby fussed. Used Narrating Behavior to open conversation with Mom about baby's behavior.	
Expression ☐ Once ☐ Some ☐ Most		
Empathy ☐ Once ☐ Some ☐ Most		
Rhythmicity/Reciprocity ☐ Once ☒ Some ☐ Most	Baby held Dad's face. Dad turned away. Baby screeched and tried to grab Dad's face again. Used E&W and asked Dad what he thinks Baby is doing. Dad said "he wants so much attention."	
Smiles ☒ Once ☐ Some ☐ Most	Baby squealed when Dad came through the door. Dad picked up baby and hugged him. Baby smiled and hugged him back. Used ATP and shared with Dad how happy baby was to see him come home	
Promote Reflection & Awareness	Build Strengths	Guide Conversations



Home Visit Record - SAMPLE

(Completed by Family Support Specialist after each visit)



EW: Explore & Wonder MM: Meaning Making	NB: Narrating Behavior FNT: Feel Name Tame	ATP: Accentuate the Positive Mastery SATP: Strategic Accentuate the Positive	SPM: Supporting Parental NM: Normalizing	PIVOT: NM: Normalizing	PT: Problem Talk
Family Service Plan (FSP) Implementation					
Domains Addressed (check all that apply based on family's current FSP)					
Social Emotional Competence ☐ Family Environment ☐ Perception of the Child	Parenting & Child Dev ☒ Infant & Child Development ☐ Plans for Discipline ☐ CPS	Parental Resilience ☐ Behavioral Health ☐ Mental Health ☐ General Stress Level ☐ Childhood Experiences	Social Connections ☐ Social Connections ☐ Intimate Partner Support/Conflict	Concrete Supports ☐ Concrete Resources	
FSP Progress					☐ New Concern: explain below
(What FSS did to support the family?; e.g., Reflective Strategies; "Used PT to understand mom's challenges with tummy time," etc.)					
Mom shared that baby would not sleep in his bassinet without a pillow and often sleeps in bed with parents. Mom is worried about rolling over him. FSS used PT to learn more about mom and baby's sleeping patterns. Shared BT handouts and prompts on safe sleep along with visual supports that show what a safe sleep space looks like.					
Curriculum Implementation & Discussions that Support FSP					
Baby TALK ☐ Activities ☐ Sign w/Me ☐ Dev Perspectives ☒ Health & Safety	☐ Homemade Toys ☐ Newborn Encounter ☐ Prenatal ☐ Parenting Topics	☐ Protocols ☐ Trauma-Informed ☐ Group Encounters ☐ Other	Title/Age: Baby TALK – Sleeping & prompts		
M&B	☐ Activity/Session #:				
Safer Sleep	☒ Safer sleep materials (share with all caregivers from birth – 12 months)			Describe: Used BT prompts	
Immunizations	☐ Promotion of required immunization for children (education, strategies)			Describe:	
Other	Describe:				
Screenings & Assessments Completed					
☐ ASQ-3	☐ ASQ: SE-2	☐ CCI	☐ Child Follow-up	☐ HFPI	☐ Parent Follow-up ☐ PHQ-9 ☐ UISPP ☐ Intake Enrollment
Tools/Assessment Scores that require follow-up: (e.g., rescreening, referrals, addition to FSP) N/A					
FSS Support of Family Goal Process: (e.g., use of Problem Talk, vision boards; "FSS SATP'd Mom for her attempts to practice breathing")					
Monthly Update ☐ New Family Goal ☐ Progress ☒ Revised ☐ Goal met ☐ Transition Plan ☐ Not discussed					
Mom shared she hadn't made progress with her workout goal. Used PT to discuss challenges and learned Mom had not been sleeping because their 2-year-old has not been sleeping lately. Discussed current goal and Mom's interest. Mom decided to change her goal and focus on establishing a sleep routine first with 2-year-old so they both could get better sleep. Mom wants to discuss steps with Dad then create a Family Goal at next visit.					
Level Changes (if applicable) Level Change discussed at this visit (e.g., change in visit frequency): ☒ Yes ☐ No					



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6. Parent Satisfaction Survey
(Section 2.2.4.1)

I feel comfortable talking with my home visitor		
Strongly Agree	31	79%
Agree	6	15%
Neither Agree or Disagree	1	3%
Blank	1	3%
Total	39	
My home visitor helps me find useful resources in my community		
Strongly Agree	31	79%
Agree	6	15%
Neither Agree or Disagree	1	3%
Blank	1	3%
Total	39	
This program motivates me to try new parenting strategies		
Strongly Agree	27	69%
Agree	11	28%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	
I feel that the materials we receive are easy to understand		
Strongly Agree	29	74%
Agree	8	21%
Neither Agree or Disagree	1	3%
Blank	1	3%
Total	39	
I am very satisfied with this program		
Strongly Agree	27	69%
Agree	11	28%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	

My home visitor is genuinely interested in me and my child		
Strongly Agree	30	77%
Agree	8	21%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	

I feel that my home visitor respects my beliefs and values		
Strongly Agree	32	82%
Agree	5	13%
Neither Agree or Disagree	0	0%
Blank	2	5%
Total	39	

Activities in the visits strengthen my relationship with my child		
Strongly Agree	28	72%
Agree	10	26%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	

This program helps me build relationships with other families		
Strongly Agree	16	41%
Agree	10	26%
Neither Agree or Disagree	12	31%
Blank	1	3%
Total	39	

I would recommend this program to a friend		
Strongly Agree	33	85%
Agree	5	13%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	

My home visitor helps me set goals that are important to me		
Strongly Agree	26	67%
Agree	12	31%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	
My home visitor helps me learn new parenting strategies		
Strongly Agree	28	72%
Agree	10	26%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	
This program increases my understanding of my child's development		
Strongly Agree	28	72%
Agree	10	26%
Neither Agree or Disagree	0	0%
Blank	1	3%
Total	39	
I feel less stressed because of this program		
Strongly Agree	26	67%
Agree	11	28%
Neither Agree or Disagree	1	3%
Blank	1	3%
Total	39	



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7. Case Review Template
(Section 2.2.4.19)

First 5 First Steps File Review Form

Updated August 2025

Family Name:

Assigned FSS:

Reviewer Name:

Date Reviewed:

Section 1: Enrollment and Assessments	File	CMEDS	Reviewer Comments	Date Corrected by Staff	Action Taken by Staff
Referral / Transfer Form					
Intake Form (Prenatal or Postpartum)					
Consent Forms					
SAY Terms and Agreement					
NPP Acknowledgement					
F5 Notice of Program Evaluation					
Photo / Media Release (should be obtained within first 1-2 visits)					
ROI:					
ROI:					
ROI:					
Other:					
Assessments					
Assessment Tracker					
NBQ					
FROG (Final Version that is scored and Sups Comments removed from file)					
Immunization Record					
Cheers Check In (CCI)					
Child Follow Up					
Parent Follow Up					
Other Caregiver Info					
HFPI (Healthy Families Parenting Inventory)					
PHQ-9					
Was there a score of 10+ with referral made?					
UISPP (University of Illinois Survey of Parenting Practices)					
ASQ v3 (Not needed if child is receiving EIS)					
Was there a grey or black and referral made?					
ASQ-SE2 (Not needed if child is receiving EIS)					
Was score in concerning range with a referral offered?					
Exit Assessment					

Section 2: Home Visit Record and CMEDS Contact Log	File	CMEDS	Reviewer Comments Provide Feedback to HVR Components	Date Corrected by Staff	Action Taken by Staff
Home Visit Records					
CHEERS / CCI (3-Step Process, Reflective Strategy, Which CHEERS documented)					
FSP (Domain Checked and Note describes what FSS did to support family and Curriculum/Intervention selected makes sense)					
Curriculum Used (include session/topic as appropriate)					
Family Goal Plan (did HVR reflect that FGP was reviewed at least 1x/month?)					
Plan for Next Visit (is it clear what next visit is and did FSS follow-up?)					
Home Visit Records					
CHEERS / CCI (3-Step Process, Reflective Strategy, Which CHEERS documented)					

FSP (Domain Checked and Note describes what FSS did to support family and Curriculum/Intervention selected makes sense)					
Curriculum Used (include session/topic as appropriate)					
Family Goal Plan (did HVR reflect that FGP was reviewed at least 1x/month?)					
Plan for Next Visit (is it clear what next visit is and did FSS follow-up?)					
Home Visit Records					
CHEERS / CCI (3-Step Process, Reflective Strategy, Which CHEERS documented)					
FSP (Domain Checked and Note describes what FSS did to support family and Curriculum/Intervention selected makes sense)					
Curriculum Used (include session/topic as appropriate)					
Family Goal Plan (did HVR reflect that FGP was reviewed at least 1x/month?)					
Plan for Next Visit (is it clear what next visit is and did FSS follow-up?)					
Home Visit Records					
CHEERS / CCI (3-Step Process, Reflective Strategy, Which CHEERS documented)					
FSP (Domain Checked and Note describes what FSS did to support family and Curriculum/Intervention selected makes sense)					
Curriculum Used (include session/topic as appropriate)					
Family Goal Plan (did HVR reflect that FGP was reviewed at least 1x/month?)					
Plan for Next Visit (is it clear what next visit is and did FSS follow-up?)					
Contact / HV Completion Report					
Are Contacts properly documented in CMEDS (One contact note per day?)					

Section 3: Level Completion Forms	File	CMEDS	Reviewer Comments	Date Corrected by Staff	Action Taken by Staff
Levels properly documented within CMEDS? (Special Focus on CO)					
Creative Outreach (CO) (REMINDER: CO activities recorded in CMEDS and are they in alignment with BPS and reflecting relationship focus? Refer to Contact/HV Completion Report)					
Temporary out of Area (TO) only if needed					
Temporary Re-Assignment (TR) only if needed					
Level Completion Forms (L1P and L2P are optional)					
Level Completion Certificates (L1P and L2P are optional)					
SS Change Form only if needed					
Program Completion Form					

Section 4: Goals, Referrals, Transition	File	CMEDS	Reviewer Comments	Date Corrected by Staff	Action Taken by Staff
Family Goal Plan Last Updated (FGP should be w/n 3-6 months and SMART)					
Referral Log					
Transition Plan					

Section 5: File Review Feedback	
Strengths	
Areas to Address	



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8. Transition Plan
(Section 2.2.4.20)

Start Date: _____



_____’s Family Transition Plan

I am moving on from the First Steps program because...

- ☐ My family and I graduated from the program!
- ☐ We are moving out of the area
- ☐ We are transitioning to another home visiting program
- ☐ Other:



Our last day with the First Steps program will be: ____/____/____



I have hopes and dreams for my child.
My greatest hope for **my child** over the next year is...

I have hopes and dreams for myself.
My greatest hope for **myself** over the next year is...



Something I have accomplished from my time in First Steps is...





_____’s Family Resources

The resources below will be helpful as
my family and I continue to work towards our hopes and dreams for...

My child’s education:

Resource or Service	Provider Organization/Agency and Phone #	Who will follow up and when?	Status (In progress or Completed)
☐ Preschool enrollment		☐ Myself ☐ FSS by: ____/____/____	
☐ School District Individualized Education Plan (IEP)		☐ Myself ☐ FSS by: ____/____/____	
☐ Immunization		☐ Myself ☐ FSS by: ____/____/____	
☐ Potty training support		☐ Myself ☐ FSS by: ____/____/____	
☐ _____		☐ Myself ☐ FSS by: ____/____/____	

My child’s physical health and development:

Resource or Service	Provider Organization/Agency and Phone #	Who will follow up and when?	Status (In progress or Completed)
☐ Pediatric Care		☐ Myself ☐ FSS by: ____/____/____	
☐ Dental Care		☐ Myself ☐ FSS by: ____/____/____	
☐ Vision/hearing Screening		☐ Myself ☐ FSS by: ____/____/____	
☐ HDS/SDRC – Developmental Services		☐ Myself ☐ FSS by: ____/____/____	
☐ Speech, Physical or Occupational Therapy (Pediatrician’s insurance referral)		☐ Myself ☐ FSS by: ____/____/____	
☐ _____		☐ Myself ☐ FSS by: ____/____/____	





_____’s Family Resources

The resources below will be helpful as
my family and I continue to work towards our hopes and dreams for...

My family’s social support system:

Resource or Service	Provider Organization/Agency and Phone #	Who will follow up and when?	Status (In progress or Completed)
☐ Childcare		☐ Myself ☐ FSS by: ____/____/____	
☐ Parenting workshops/support groups		☐ Myself ☐ FSS by: ____/____/____	
☐ Playgroups		☐ Myself ☐ FSS by: ____/____/____	
☐ Recreation and family fun		☐ Myself ☐ FSS by: ____/____/____	
☐ Home Visiting/Family Support Services (if the family is moving)		☐ Myself ☐ FSS by: ____/____/____	
☐ _____		☐ Myself ☐ FSS by: ____/____/____	

My family’s well-being and basic needs:

Resource or Service	Provider Organization/Agency and Phone #	Who will follow up and when?	Status (In progress or Completed)
☐ WIC/CalFresh		☐ Myself ☐ FSS by: ____/____/____	
☐ CalWORKs		☐ Myself ☐ FSS by: ____/____/____	
☐ MediCal/Insurance		☐ Myself ☐ FSS by: ____/____/____	
☐ Mental health services		☐ Myself ☐ FSS by: ____/____/____	
☐ Housing		☐ Myself ☐ FSS by: ____/____/____	
☐ Employment/Education		☐ Myself ☐ FSS by: ____/____/____	
☐ _____		☐ Myself ☐ FSS by: ____/____/____	



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9. Outreach Trackers
(Section 2.2.7)

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Targeted F5FS Outreach Tracker						
Date	Agency	Agency Contact	Type of Contact	F5FS Contact	# Target Audience Present	Comments (to include purpose / outcome)
12/14/2023	CHW - SAY/Harmonium	Mackenzie	Email	Kristen	1	Sent email to schedule meeting to discuss partnership
1/8/2024	City College – Believe Program	Mariam Mena	Email	Elizabeth	1	Sent e-mail to re-connect with program and introduce our new program director. Confirming that we have their most up-to-date information/brochure. Looking forward to continued partnership and student workshop presentations.
1/10/2024	CHW - SAY/Harmonium	Mackenzie and Ramarah	Face to Face	Kristen / Jessica R	~10	Formally presented F5FS to Community Health Worker Program staff with SAY and Harmonium as staff are stationed at pediatric offices. Kristen/Jessica to have quarterly meetings with Mackenzie and Ramarah (Program Managers).
2/8/2024	Learn 4 Life - HOPE	Priscilla Cortez	Face to Face	Jessica R	2	Met with Priscilla and Carlos and discussed partnership with their HOPE program. They will send HOPE Facilitator contact information.
3/4/2024	CHW - SAY/Harmonium	Mackenzie and Ramarah	Face to Face	Jessica R, Kristen, Lupita	1	Ramarah had last minute emergency. Discussed referrals received and appropriateness (4 total). Learned more about their program and Jessica to email other F5FS Directors and introduce them to both Mackenzie and Ramarah.
3/4/2024	PACCT	Janesse Ardilla	Email	Jessica R.	1	Sent email to schedule meeting to discuss partnership
3/4/2024	CAPS	Reception	Phone	Jessica R.	1	Called and explained program and receptionist took down information and stated there are a few people that may be interested in partnering.
3/7/2024	CAPS	Stephanie	Phone	Jessica R.	1	Spoke with Stephanie and she stated they do have brochures. I explained program further and asked if there were opportunities to present program at a staff training to explain the program to bring it alive and/or possibly table at their clinic. She will pass along and stated probably won't be able to table, but they do have quarterly in-service and next one will be in June. Follow-up in 2-weeks to schedule in-service.
3/11/2024	Balboa Hospital	Jonathan	Phone	Jessica R.	1	Received referral from Jonathan and called to explain the program. Discussed possible partnership opportunities and presenting to his colleagues. E-introduced him to Debbie and sent him promo video and flyers.
3/18/2024	La Maestra Wellness Clinic	Cassandra	Email	Jessica R	1	E-introduced Kristen and Brittany and inquired about scheduling a presentation to further discuss partnership.
3/18/2024	Learn 4 Life - HOPE	Melissa Bravo	Email	Jessica R.	1	E-introduced Liz and Michelle.
3/18/2024	PACCT	Janesse Ardilla	Phone	Jessica R.	1	Left VM
3/18/2024	Mesa College CDC	Carlee Gosser	Email	Brittany & Michelle	1	Reached out via e-mail on 3/18/24. As of 3/21/24 no response has been received. Will reach out again on Monday 3/25/24.
3/21/2024	HOPE	Melissa Bravo	Face to Face	Elizabeth & Michelle	1	Met with Melissa and discussed referral methods as well as warm handoffs for families. Discussed a presentation for Learn 4 Life staff to provide additional information about our program and to provide an opportunity for questions. Planned on a joint Summer Event (early June) for HOPE students at the Learn 4 Life at the Central site and talked about the possibility of a workshop for HOPE students so that they can see what a HV looks like.
3/22/2024	HOPE	Melissa Bravo	Email	Elizabeth	1	Sent a follow-up email to review partnership plan and points of discussion.
3/26/2024	CAPS	Stephanie	Phone	Jessica R.	1	Were invited to present an in-service on 6/11 in the evening. Sent a calendar invite to Martha/Ramla and requested the follow-up with Stephanie in mid-late April to confirm the time.
3/28/2024	HOPE	Melissa Bravo	Email	Elizabeth	1	Melissa replied with a request to follow-up next month (April).
4/9/2024	SDYS TAY Housing	Jose Ayala and Karina	Face to Face	Jessica R. & Emily	2	Shared about F5FS and learned about TAY Housing / other SDYS programs and left outreach material. Discussed possibility of presenting to Case Managers as well as periodically facilitating a play group for residents (about half have young children) as well as attend a monthly "dinner" (sometimes held 1-3pm, 3-5pm, or 5-7pm). Jose to send other contacts within agency and will follow-up as he shared a resident that is exiting their program is pregnant.
4/9/2024	La Maestra Wellness Clinic	Cassandra Arnold	Face to Face	Kristen / Brittany / Jessica R.	1	Shared about F5FS and learned about variety of services at La Maestra Clinic. Cassandra to follow-up with Kristen/Brittany on their Community Health Access Department as they provide pregnancy related services. Learned about services Cassandra's program offers regarding substance use intervention supports. Kristen/Brittany to present on 5/1.
4/16/2024	Naval Medical Center, NeoNatal Intensive Care Unit	Jonathan Ducharme	Phone	Debbie	1	Thanked him for a perfect fit client. He said he would like to introduce our team to his team on June 4 at 9, tentatively.
4/16/2024	Steven A. Cohen Military Family Clinic at VVSD	Arturo	Face to Face	Debbie	1	Met with him to do a playgroup presentation. No one showed up, but I left our information with him and invited him to playgroup so he could talk to military families
4/16/2024	Mother's Nutritional Center	Rosalia & Lourdes	Face to Face	Ellen & Emily	2	Met with staff and discussed creating a flyer with QR code that could possibly be put in the grocery bag. Rosalia to follow-up with manager. Also discussed the possibility of tabling outside, but that does not seem to be an option at the moment. Gave 100 flyers on 6/10/24
4/22/2024	City College – Believe Program	Yanira/ CC'ing Mariam	Email	Liz/ Jessica	2	Liz reached out to via email to Yanira reintroducing herself and E-introducing myself (Jessica). No reply to either of our emails to my awareness.

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4/24/2024	Garfield	Erika Wright	Face to Face	Gaby & Linda	1	Tour 4/24/24 @9:00 am Linda and Gaby met with Erika Wright and gave her an overview about the program and referral process.
4/30/2024	CAPS	Stephanie	Email	Jessica R.	3	Spoke with Stephanie and confirmed the evening of 6/11 for presentation. She stated they are requesting presentation from 7:15-8pm; however, the staff meeting starts at 6:30pm. Director e-introduced her to Ramla/Martha and requested the three of them coordinate details.
5/1/2024	La Maestra Wellness Clinic	Cassandra Arnold	Face to Face	Kristen/Brittany	~20	Provided group presentation for a variety of staff including drug and alcohol counselors, mental health providers, medical staff and administration. Made connections with Toni and Roxanne who both would like to continue conversations about partnership. Kristen gave business cards and will connect with them via Cassandra
5/8/2024	Mesa College CDC	Carlee Gosser	Email	Brittany & Michelle	1	Have reached out on 3 separate occasions via e-mail and phone. (3/18, 3/25, 4/29) No response has been given
5/10/2024	City College – Believe Program	Yanira Ramirez	Email	Liz/Jessica	2	Sent e-mail to connect with Yanira (Mariam connected us to Yanira as our contact for partnerships and collaborations) to schedule Workshop attendance, Regional 10 meeting attendance and presentations for staff. No response
5/10/2024	HOPE	Melissa Bravo	Email	Elizabeth	1	Sent e-mail to follow-up with Melissa about July event planning.
5/28/2024	HOPE	Melissa Bravo	Email	Elizabeth	1	Melissa replied and stated that she will be meeting with Priscilla in June and that she will be in touch to share plans.
5/30/2024	Neighborhood House Association	Staci Shultz, Kim Flowers, and Alexandra Henley	Face to Face	Jessica Rathbun	3	Met with Staci/Kim with NHA Head Start Center-based/Home Visiting Program as well as Alex from Black Infant Health to better learn about their programs and how our programs can work together to support families.
6/10/2024	PCG	Carol Crisp	Face to Face	Jessica Rathbun	1	Met with Carol from PCG and discussed CalWORKs referrals and services. Will follow-up in July to schedule a presentation with CW Case Managers as well as other F5FS Directors to discuss how to better automate referrals to F5FS from CW.
6/11/2024	CAPS Pregnancy Clinis	Stephanie	Face to Face	Martha & Ramla	70	Provided a group presentation to about 70 people about our program as they provide services and other options to pregnant women, Had some of the people attend interested as they also provide resources.
6/25/2024	HOPE	Melissa Bravo	Email	Elizabeth	1	Sent a follow up e-mail to coordinate summer resource fair, Learn 4 Life staff presentation, tabling, and a possible workshop for HOPE students.
6/25/2024	City College – Believe Program	Yanira Ramirez and Mariam Mena	Email	Elizabeth	1	Sent a follow up email to Mariam asking if Yanira is still the coordinator for outreach with the Believe program and offered a presentation to staff on our program.
6/26/2024	City College – Believe Program	Mariam Mena	Email	Elizabeth	1	Mariam responded and offered for us to present to their CW students at their three "Get Ready with Me" events. Dates are: 7/31, 8/08, and 8/16 all from 11:30am-1:00pm.
6/26/2024	HOPE	Melissa Bravo	Email	Elizabeth	1	Melissa responded saying that she is planning a bak to school event and that there will also be a resource event in October. No mention of a summer event.

F5FS Community Outreach Event Tracker					
Date	Event Name	F5FS Contact(s)	# People at Event	# Interest Cards / PPL Stopped By	Notes
7/12/23	City Heights Library - Product Distribution	Jessica & Liliana	75+	5	It's hard for two reasons, one I the language barrier. While there were some mommies who you could understand their Spanish, there were also plenty that were frustrated about not being to communicate. There are a lot of families, or woman, however, some came for the "hygiene distribution" only or, the kids were past our cutoff. (CalWORKs & FS cut off) Lily realized it is better to get there at 1:15 because the families must be in line to make sure they secured some items. If we got there and were able to talk to them before the chaos of distribution, we would have better luck of catching them without being rushed to get in line for the items.
7/19/23	City Heights Library - Product Distribution	Liliana & Martha	50+	5 to 7	There were fewer people than last week. I noticed there was older people than mommies or pregnant women. Some moms did not spoke English or Spanish.
8/5/23	SD unified Military Family Resource fair	Debbie	80		Only spoke to one pregnant Mom, but she did take our QR code. I also talked to some people with good resources I can share.
8/7/23	Crawford high- Colts Camp Community Fair	Liliana	40+		In the event there were 90% freshman students. There were a few parents, and I was able to provide 2 information flyers about our program.
8/19/23	Child Development Associate Resource fair	Liliana	50		There were families with older children (older than 3 years old) and just 1 pregnant mom. She didn't speak English or Spanish and her husband said they were not interested in the program.
8/19/23	Black Breastfeeding Week Drive thru event	Jessica	64		It was a drive thru where every car stopped at the table to collect a brochure and giveaways. Spoke to 64 people per BIH's count. (Every car they provided their bag too stopped and chatted with me as they drove through and chatted with each table.
8/17/23	Back to school bbq at Farb Middle School	Debbie	200		Spoke to a lot of families both from Murphy Canyon and City Heights
8/20/23	Meet and Greet at Hancock Elementary	Debbie and Jessica	150		We spoke to almost every family there
8/30/23	City Heights library Police Storytime	Linda & Lorena			It was a toddler Storytime so kids are out of our range of service. Sitarea program into with 2 families but none were eligible at the moment. Neighborhood House association was also present and sharing info about their home visiting program. Time of outreach was scheduled for the same time as the Storytime (1-2pm) so we had to stay after to catch families. If doing a story time maybe Fridays from 10-11 makes most sense since it's the baby group.
8/31/23	Navy Ombudsman Resource Fair	Debbie and Caroline	100+		100+ ombudsmen took 100 flyers and actually listened to my explanation of first 5. I connected with Operation Doula, and she is back on our radar.
9/07/23	City Heights Library series	Michelle	8		2 moms were enrolled in the program already. 1 mom did qualify but lives in the south region. 1 mom did qualify with CW but speaks Creole and limited Spanish. 2 military moms didn't qualify because of baby's age.
10/27/23	New Parent Support/ Family Fun Day	Martha & Jessica	68	5	5 people visited the table. Most of the families present were already enrolled with NPS.
2023-12-09	Peace in the Park	Linda L., Kristen L., Jessica R.	Numerous	5	
01/17/2024	Playgroup w/ PACCT Residents	Debbie			3 described program and issued flyers
01/24/24	Playgroup w/ PACCT Residents	Debbie			3 described program and issued flyers
02/21/2024	Playgroup w/ PACCT Residents	Debbie			3 described program and issued flyers
02/29/2024	USO Baby Shower	Debbie and Martha	30+		We spoke to between 30-36 military families. We also got to speak to the group as a whole, which I think is really helpful.
2024-04-12	Military Community Outreach	Debbie and Dads C	200	40-50 adults	We spoke to all families, as they all want their passports stamped, but there was a lot of interest. One pregnant Mom took F5Fs information.
2024-04-16	Military Community Outreach	Debbie and Max (DC)	200	40-50 adults	Same as the last event, but 4 mom's scanned the QR code. Families attended our display to look at resources, ask questions and toget their opportunity drawing cards punched.

2024-04-17	New Dawn and Marcy Resource Fair	Amairany and Ramla	200		Event was held at Marcy High School. School principal and P.E. teacher spoke with staff about 2 students who are currently pregnant who could connect with the program. One student grabbed flyer for older sister. Students stopped by table to learn about the program accompanied by a school staff member. SAY Staff connected with YMCA partner for another event opportunity.
2024-04-20	YMCA Jackie Robinson - Healthy Kids Day	Linda and Amairany	~100	~50 Stopped by	We only had 1 family intrested in the program but baby was 5 months old and mom does not receive CalWORKS. We connected and gave our program flyer to YMCA CRS, Black Infant Health, and San Diego City College. Most families that stopped by our table were getting out of their children's sport games but we shared the program with everyone that stopped by.
2024-04-24	Field Elementary Spring Open House	Linda and Martha	~100	20-25	We had a couple of families stop by and asked what the program was about. There was one pregnant mommy that said she would look into it and scanned the QR code. Other families said they did not plan on having babies anymore.
2024-04-24	FAY's Spring Open House	Iane	~150	25-30	I had one family that seamed intereted. They didn't scan the QR code but took my business card.
2024-04-25	Perry Open House	Ellen and Martha	~150	20-25	We had no one interested, but multiple people (around 5) scanned the QR code because they knew somebody that was expecting.
2024-05-30	Early Learners Resource Fair	Brittany/Ramla	75	~50	Connected with other community partners as well. Event hosted 0-5 years
2024-06-22	World Refugee Day	Ramla and Liz	~500	~25	We had families that stopped by and asked about the program, but none were interested. Coonected with Brenda Bello Vazquez from San Diego Regional Center and talked about a possible presentation at one of our Team meetings. Also met with Laura from Legal Aid Society of San Diego and talked about a possible presentation for staff or parents on their housing and tenants rights. Spoke with Rotana Elias from La Maestra Community Health Centers with the Community Health Access department. They can also come out and present on what they have to offer clients. Contacts: Joyce Rincon (211 resource Specialist), Masha Zhuravleva (Alliance for African Assistance Attorney), Jamat Suryan (HomeStart), Sandra Yaldo (Molina Health Care), Afrah Abdulkader (IRC). <i>TSing (Thuseet)</i>
2024-08-01					
2024-08-01	Colt Camp Communiyy Fair	Iane and Liliana	100	10 people	The majority of attendees were high school students. About 10 students asked about the program, and we gave out 3 flyers, another student was interested in the program since her cousin is pregnant and she scanned the code to give it to her. The rest was just sharing information about our program.

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Collaborative	Purpose	Time / Location	F5FS Staff	Collaborative Contact
Southeast Collaborative		Malcolm X Library 8:30am	Ellen	Maria Horsley
San Diego Refugee Forum				
City Heights Roundtable				Kevin O'Neill
Military Collaborative				Monica Moon
Crawford Community Connections	Made up of representatives from organizations and schools to provide an opportunity for ideas, communication, coordination, advocacy, and networking that support the students and families living and attending schools within the Crawford Cluster and greater City Heights.	3rd Wednesday from 10:00-11:00am Crawford High School	Iane	Lucia Acevedo
Healthy Development Services - North Central MDT	HDS presents a case from their program and different organizations on the call provided support with resources for the family. Networking, resource sharing, AAP team members attend, sometimes First 5 from county staff too.			Julia Yang, Program Coordinator JYang3@rchsd.org
Healthy Development Services - Central	HDS presents a case from their program and different organizations on the call provided support with resources for the family. Networking, resource sharing, AAP team members attend, sometimes First 5 from county staff too.			Karina Iribe (karinai@fhcsd.org)
Linda Vista Collaborative		3rd Wednesday from 3:00-4:00pm Bayside Community Center		Kim Heinle kheinle@baysidecc.org
Family Support Connection		3rd Friday 9:00-10:30am		
Partners in Prevention Network Meeting - YMCA	Our vision is to cultivate a connected community that nurtures caring, strong, safe and healthy families. If we increase family protective factors we can decrease the likelihood of child abuse and neglect and increase child and family well-being.	3rd Thursday 2:00-3:00pm Zoom		
SDMilitary Family Collaborative	Monthly meeting for providers to military family to share resources and learn from a panel of experts on various topics. This month's topic was about Military Children.	In person	Debbie	Monica Moon

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FY24/25

Targeted F5FS Outreach Tracker						
Date	Agency	Agency Contact	Type of Contact	F5FS Contact	# Target Audience Present	Comments (to include purpose / outcome)
7/3/2024	Somali Family Services	Ilhan Omar	Face to Face	Ramla Ahmed	2	Spoke with two youth coordinators about our program. Handed out copies of the QR codes and showed them how to scan and help families.
7/3/2024	Horn of Africa	Amal Sufi	Face to Face	Ramla Ahmed	1	Handed out copies of the QR codes and showed community health worker to scan and help families.
7/9/2024	IRC Newcomer Network	Ahmed Abdulrahman	Face to Face	Ramla Ahmed	1	Connection with Neighborhood Healthcare.
7/2/2024	NMC Neonatal SWs	Jonathan Charne	Face to Face	Debbie, Lorena	8	Connection with Social Workers in the neonatal clinic at Naval Medical Center
7/15/2024	Operation Doula	Bobbi	Phone	Debbie	1	Talked to Bobbi, they are re-structuring, but is going to recommend to the member that organizes meetings to get a hold of me so F5 can have a rep come and talk to them about the program. Their intent is to start discussing the program with moms before they have their babies.
	NASNI - Baby 360	Sara Eshleman and Paisley Zandi	Face to Face	Jessica R. and Emily	5	Presented to pregnant/expectant sailors. 2 expectant sailors and one who inquired more about another colleague.
7/23/2024	PCG	Carol Crisp	Face to Face	Jessica R.	1	Had a meeting with PCG and F5FS SBCS (Home Start wasn't able to make it) to discuss referrals and partnership. Will need to follow up so F5FS can present to PCG and recommended perhaps even focusing on CalWORKs Child Care Team as a place to really partner for support of parents.
7/31/2024	Believe Program-City College	Mariam Mena	Face to Face	Elizabeth Castro & Ramla Hmed	15	Conducted a presentation and workshop for CalWORKs Believe Students. One family was interested in signing up through our QR code.
8/8/2024	Believe Program-City College	Mariam Mena	Face to Face	Elizabeth Castro & Ramla Hmed	20	Conducted a presentation and workshop for CalWORKs Believe Students. Six families were interested in signing up through our QR code.
8/9/2024	FHC - Sherman Heights		Face to Face	Martha	1	
8/9/2024	HOPE program	Melissa Bravo	Email	Elizabeth Castro & Michelle Vera	10	03/28/24 Had a meeting with Melissa Bravo to explain our program and partnership opportunities. 10/22/24 Martha and Michelle tabled at their National City locations for their Fall Festival. Had the opportunity to speak with a few students and talk about our program.
8/15/2024	MCRD	Michelle Paulus	Face to Face	Jessica R.	1	Michelle works at MCRD and with military families who benefit from the Exceptional Family benefits program. She was looking for support of assessments for children. Will follow up to coordinate a presentation with her colleagues and then some families that talks about F5FS and HDS.
8/23/2024	TAY Housing	Jose Ayala	Face to Face	Emily & Lily	2	
9/5/2024	FHC-Logan	Karina Ibarra	Face to Face	Lorena	25	Conducted virtual presentation with team of nutritionists, social workers and case workers at Logan FHC through teams. I identified Social workers are the ones that make the referrals. I will follow up with QR code, promo videos and referral forms for contact to share with the team.
10/22/2024	Innovation High School - National City	Melissa Bravo	Face to Face	Michelle & Martha	10	A table was set for us during Innovation High School's Fall Festival. Students would approach the table and get information about the program. Not many students were interested as they do not have small children or babies.
11/5/2024	La Maestra - Wellness Clinic	Cristina	Face to Face	Rathbun & Lupita	1	Provided high-level overview of program and
11/12/2024	Hoover High School	Andrea Munoz	Email	Rathbun & Lupita	1	Stopped by Hoover on 11/5 and given Andrea's contact information. Follow up email sent on 11/12.
11/14/2024	Family Health Centers		Face to Face	Lupita & Fernanda	4	Went to the following locations: 1. North Park 2. Logan Heights 3. Admin Building off Market 4. Diamond Health Center Need to be vetted as a service provider was main takeaway and will need to follow up.
11/18/2024	Probation - YTC	Nicole Hernandez	Face to Face	Rathbun, Linda, Lorena	2	Met with the re-entry team at YTC and talked about F5FS for pregnant/expectant youth who are detained. Sent follow-up email to all re-entry team and ADPS team. Will need to follow-up with clinical team once they are onboarded.
12/2/2024	Planned Parenthood		Email	Rathbun	0	Submitted online application to be an approved service provider.
12/6/2024	Health Sciences High		Face to Face	Lupita		
11/27/2024	PACCT	Dr. Braden UCSD Resident	Face to Face	Debbie	1	Introduction to Healthy Start and all Programs it supports
12/4/2024	PACCT	Dr. Raja	Face to Face	Debbie	1	Introduction to Healthy Start and all Programs it supports
1/22/2025	PACCT	Dr. Katelyn Mcann	Face to Face	Debbie	1	Introduction to Healthy Start and all Programs it supports
1/22/2025	PACCT	Dr. Kiera Blawn	Face to Face	Debbie	1	Introduction to Healthy Start and all Programs it supports
1/29/2025	Planned Parenthood	Diana Gomez	Email	Rathbun	1	Sent a follow-up email to a phone conversation with Diana Gomez (dgomez@planned.org) to be able to have F5FS promoted within Planned Parenthood Clinics (follow up from the application submitted). Discussed possibility of making referrals at time of referring to OBGYN, but tabling would not be an option, however maybe presenting to staff.
2/7/2025	Planned Parenthood	Diana Gomez	Email	Rathbun	1	Received following email: I did meet with our manager and as you stated, we are unable to have external organizations table at health centers. We are also unable to hand out physical flyers. However, we will add your information to our prenatal resources that are given to patients who are seeking to continue with prenatal care.
2/12/2025	Vista Hill-ADAPT	Meghan Fitzgerald	Face to Face	Kristen	8	Presented to ADAPT team of clinicians during their staff meeting on Zoom. Shared about First Steps and eligibility. Emailed linktree and referral form to Meghan after presentation.
3/3/2025	SDCOE Newcomer Network	Rima Haroun	Face to Face	Rathbun	15	Presented to SDCOE administrators who work with immigrants/refugees and presented our program along with Daisha representing the FSC YMCA Warmline.

F5FS Community Outreach Event Tracker					
Date	Event Name	F5FS Contact(s)	# People at Event	# Interest Cards / PPL Stopped By	Notes
9/3/2024	Liberty housing Outreach	Debbie	75	all participants stopped by	
10/22/2024	HOPE program- Fall Festival	Michelle and Martha	10	3 students intrested	
2/26/2025	Volunteers of America Healthy Start	Lorena and Kristen	15	10	
3/8/2025	North Island Baby Shower	Brittany and Debbie	120	all of them	This event was crated for pregnant moms and moms wwwho have had babies in the past year. We were the first table as they came in and all of them stopped or talke to one of us.
4/26/2025	Operation Homefront Baby shower	Debbie	35	all	
6/8/2025	Talk, Read and Sing Day (First 5 & Dr. Seuss)	Jessica M, Jessica R and Elizabeth	55	2 scanned and filled out QR	A community event promoting early literacy.



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**RFP 12658 HHSA First 5 Family Home Visiting Support
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Attachments

**10. Sample Continuous Quality
Improvement Plan
(Section 2.2.8)**

SAY San Diego - Continuous Quality Improvement (CQI) Plan Overview

SAY San Diego uses Continuous Quality Improvement (CQI) to ensure that the organization conducts high quality business practices and provides high quality services to participants, constituents and communities. The goal of CQI is to identify deficiencies or challenges found in service delivery or other areas of SAY's operations, implement solutions, and continue to monitor, measure, and improve outcomes.

SAY generally uses the PDCA model as its methodology for measuring programmatic and organizational improvement activities. This model's name is an acronym that defines the basic components of the improvement process that occur in cyclical fashion – 1) Plan, 2) Do, 3) Check, and 4) Act - and repeat as needed.



Step 1. Plan

To effectively improve or resolve a challenge, sufficient planning must occur as the first step.

1. Describe the challenge or situation (*"What are we trying to accomplish?"*): Document what the challenge is, including its extent, who it's impacting, why/when/where it is happening, and the root cause(s).
2. Determine the improvement goal(s) (*"How will we know that a change is an improvement?"*): Identify what the outcome(s) should be and how improvement or success will be defined.
3. Brainstorm ideas and strategies for improvement (*"What changes can we make that will result in an improvement?"*): Create a list of strategies to address the root cause(s) and how those strategies may lead to the improvement goal(s). Include stakeholders in these discussions, such as staff, clients and any others impacted by the challenge or situation.

Step 2. Do

This step includes implementing the strategies for improvement.

1. Determine the strategies that will be tested and the implementation plan(s): Specify the strategies and their implementation, including details such as duration, frequency, staff responsibilities, and any technology or training needs.
2. Develop learning questions: Create a data collection plan as part of the implementation, including questions to ask that will determine if and how the strategy works, what that data collection method is, and how that data will be analyzed.

Step 3. Check

After strategies for improvement are implemented, reflect on the data and findings.

1. Review the findings: Reflect on the implementation and whether all steps were followed as planned, analyze the data and determine what was learned.

2. Determine next steps based on the findings: Based on the findings and what was learned, decide if the strategy should be maintained, scaled up, adapted and tested again, or abandoned.

Step 4. Act

The last step of the cycle includes implementing the action as decided in Step 3.

1. Communicate findings and next steps: If the strategy was or was not successful, these findings should be shared with those impacted, along with the implications and plans for action. If the strategy needs adaptations or will be abandoned, Step 1 should begin again.
2. Monitoring progress towards goal: If the strategy was successful, determine how sustained improvement will be monitored and measured.



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RFP 12658 HHSA First 5 Family Home Visiting Support
Services
Attachments

11. Flyers
(Section 2.4)



First 5 First Steps

A NO-COST FAMILY SUPPORT PROGRAM

Becoming a parent changes your life. Our dedicated and friendly staff can support you through the joys and uncertainties of parenting.

WHAT WE OFFER

We connect you and your family with a Family Support Specialist through in-person or virtual home visits. Together, you will talk about your child's growth and hopes for their future.

We partner to help you:

- Lower stress
- Make learning fun
- Use positive parenting strategies
- Connect to community resources
- Deal with the hard parts of parenting



CONTACT:
CENTRAL/ NORTH CENTRAL

SAY San Diego
(619) 283-9624

firststeps@saysandiego.org

MORE INFORMATION AT:

firststepssd.org



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



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San Diego**

Also funded by
CalWORKs Home Visiting Program



First 5 First Steps

A NO-COST FAMILY SUPPORT PROGRAM

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WHAT WE OFFER

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We partner to help you:

- Lower stress
- Make learning fun
- Use positive parenting strategies
- Connect to community resources
- Deal with the hard parts of parenting



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MORE INFORMATION AT:

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Also funded by
CalWORKs Home Visiting Program



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Attachments

12. Cultural and Linguistic Plan
(Section 2.8)

HHSA Linguistic and Cultural Diversity Plan Template
RFP 12658 - FAMILY HOME VISITING SUPPORT SERVICES

Social Advocates for Youth San Diego, Inc.
**CONTRACTOR SUBMITTED LINGUISTIC AND CULTURAL
DIVERSITY PLAN**

RFP 12658 - FAMILY HOME VISITING SUPPORT SERVICES

9.15.2025

(i) Linguistic and Cultural Diversity

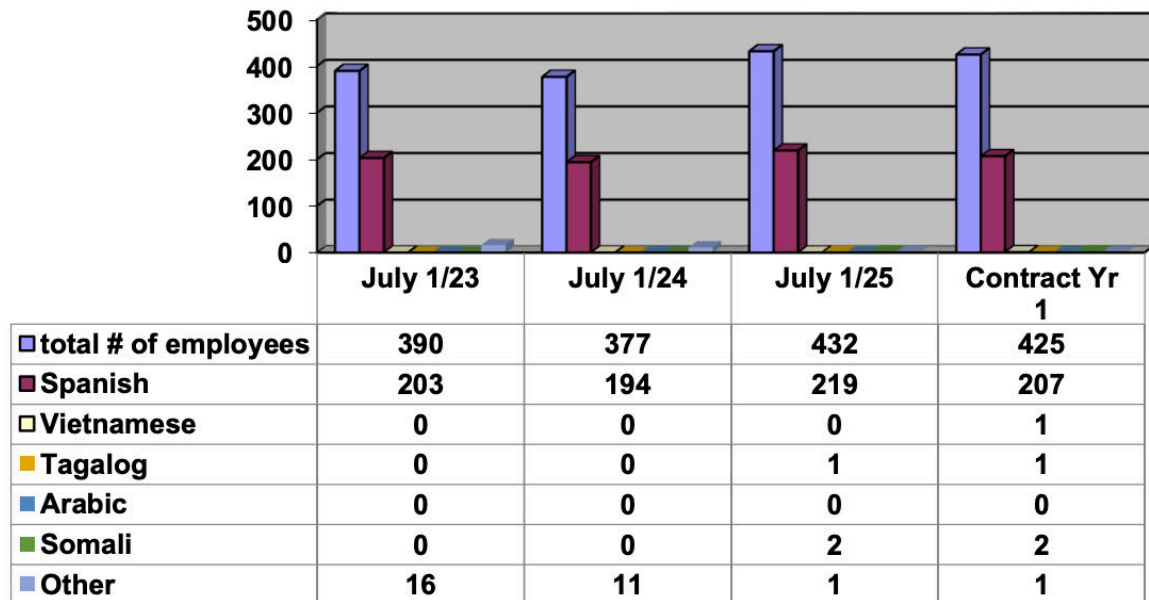
Bar Chart 1 In the bar chart, make the vertical axis the number of employees. Make the horizontal axis four discreet points, one for each July 1 of the previous three years and one for the estimated numbers for year one of the contract:

- Show a bar on the chart with the number of total employees at each of the four discreet data points.
- Include a bar on the chart with the number of employees that speak the following languages at each of the five discreet data points (update languages as appropriate, depending on service requirements necessary for this contract):
 - Spanish
 - Arabic
 - Somali
 - Korean
 - Vietnamese
 - Chinese (Mandarin)
 - Tagalog (including Filipino)
 - Persian (including Farsi, Dari)
- Note, if an employee speaks a language other than English that is not identified as an option, include them in the “Other” category. *If employees speak more than one language, they may be included in more than one category.*

To use the sample plan chart: Double click in the bar chart box below, and it will open a spreadsheet window to input the bar chart data. **Enter the data for your company**, then double click again outside the bar chart box, and the spreadsheet window will hide. **Note:** You may also delete the sample chart and insert or attach your own. Even a hand drawn chart that meets the specifications will be acceptable.

HHSA Linguistic and Cultural Diversity Plan Template
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**Linguistic Diversity Efforts
Last 3 years & Year 1 Contract Estimate**



Past Workforce Cultural Diversity Strategies

SAY San Diego stands for equity, opportunity, inclusion and well-being, every day. SAY San Diego and its people value diversity in our workforce and all our relationships as a vital, creative, and moral strength and key to our success. We recruit, hire, train, support and promote a diverse and inclusive board and workforce, in all ways that people identify themselves, including race, ethnicity, origin language, religion, national origin, ancestry, citizenship, military or veteran status, disability, medical condition, pregnancy, marital or domestic partner status, sexual orientation, gender identity or expression, and age. Going forward, SAY will incorporate any and all protected characteristics. SAY San Diego's full EDI commitment statement may be found here: <https://www.saysandiego.org/about/>

Examples of strategies include:

- Commitment to develop an active Equity Diversity and Inclusion (EDI) framework both externally through SAY's mission and scope of work and internally with all levels of our workforce.
- Conducted a listening campaign with the workforce to gain insights how to better engage clients and community and internally with our employees to actively advance EDI practices.
- Developed an EDI mission and commitment to an EDI framework within SAY strategic plan.
- Hired an EDI Manager to begin the implementation of developing strong EDI knowledge within the workforce, synergy, and EDI strategies to support the EDI framework and mission.

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- Launched an employee-based EDI advisory committee to identify key areas of focus and amplify employee voice.
- Conducted comprehensive wage equity review and implemented agency-wide salary adjustments to ensure equitable compensation practices across all organizational levels and demographics.
- Redesigned all-employee performance review system to incorporate actionable assessment of EDI framework competencies and measurable outcomes from EDI-related professional development training.

Planned Workforce Cultural Diversity Strategies

SAY San Diego recognizes that work on diversity and inclusion and racial equity evolves over time and will be continuously improved. SAY San Diego is open to learning and developing this work together.

Examples of active/future strategies include:

- The EDI mission and strategies actively support and participate in continuous workplace improvement processes with Human Resources for new and existing policies, employee practices, and employee training and development.
- Job descriptions revised to include EDI-focused essential job functions, position requirements and inclusive language.
- Ongoing HR recruitment strategies utilizing job boards to target specific populations, including BIPOC, LGBTQIA+, Veterans, and individuals with disabilities.
- Internal HRIS database enhancement for employees to self-select EEO identifiers to include race gender, gender expression, preferred name, pronouns, and race.
- Language Pay Rate Differential Policy Implementation: Establishing equitable compensation differentials for employees demonstrating oral language proficiency that directly supports organizational programming and client service delivery.

(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

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Standard Industrial Classification code assigned to a contracting opportunity.

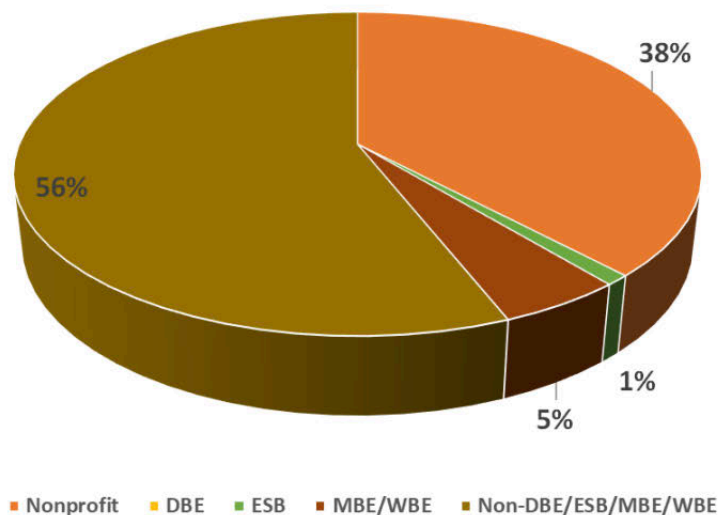
- Minority Business Enterprise/Women's Business Enterprise (MBE/WBE) –
 - MBE - a business concern that is at least 51% owned by one or more individuals who are African American, Hispanic American, Native American, Asian-Pacific American or Asian-Indian American; and whose management and daily business 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.

(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.

**Planned Subcontract/Supplier Usage
Contract Year 1**



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The preceding organizational partnerships, as illustrated in the chart, reflect SAY San Diego's broader commitment to collaborative initiatives with nonprofit organizations and designated business enterprises beyond this specific contract. In alignment with our equity framework, SAY San Diego consistently prioritizes engagement with local, emerging, and smaller-scale enterprises featuring diverse leadership when external partnerships are appropriate. Under the strategic guidance of our Equity, Diversity and Inclusion Senior Manager, we have developed a comprehensive internal capacity to deliver all required program elements without external subcontractors while maintaining our commitment to culturally responsive service delivery.

EXHIBIT A-1 END OF CONTRACTOR'S TECHNICAL RESPONSE

COUNTY CONTRACT NUMBER 575189
AGREEMENT WITH SOCIAL ADVOCATES FOR YOUTH SAN DIEGO, 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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AGREEMENT WITH SOCIAL ADVOCATES FOR YOUTH SAN DIEGO, INC.
FOR FAMILY HOME VISITING SUPPORT SERVICES
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.

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EXHIBIT C – PAYMENT SCHEDULE

Term	Annual Contract Maximum (Not to Exceed)
Initial Term: March 1, 2026 – June 30, 2027	\$1,781,281
County Option Year 1: July 1, 2027 – June 30, 2028	\$1,455,136
County Option Year 2: July 1, 2028 – June 30, 2029	\$1,455,136
County Option Year 3: July 1, 2029 – June 30, 2030	\$1,455,136
County Option Year 4: July 1, 2030 – June 30, 2031	\$1,455,136
Total Contract Maximum	\$7,601,825

*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.