AAP-CA3 San Diego & Imperial Counties INCORPORATED IN CALIFORNIA
American Academy of Pediatrics
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First 5 First Steps
Countywide Coordination and Support

First 5 First Steps, A Year in Retrospect: Accomplishments, Challenges, & Opportunities in FY 25-26

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Background

First 5 San Diego contracts with the American Academy of Pediatrics, California Chapter 3 (AAP-CA3) to provide oversight, coordination, and support for the First 5 First Steps (First Steps) family support program. In FY 25-26, AAP-CA3 continued to provide leadership in implementing the Healthy Families America (HFA) model, focusing on guiding sites through the 2026 HFA re-accreditation process and partnering with them to plan for the upcoming redesign of County home visiting. This report highlights accomplishments, challenges, and opportunities for AAP-CA3 in its leadership of the First Steps program over the past year.

Since services began in July 2013, AAP-CA3 and four Regional Service Network (RSN) sites have partnered to implement, maintain, and improve services for families using the HFA model. AAP-CA3 guided the network through three significant revisions to the HFA Best Practice Standards (2014, 2018 and 2022) and coordinated successful accreditation in 2016 followed by reaccreditation in 2022. The network is currently wrapping up its second reaccreditation process that began in FY 25-26. The program has experienced ups and downs since its launch including navigating a transition to virtual services during the global COVID-19 pandemic and significant funding shifts that have impacted staffing and site capacity.

Sustaining and Improving Quality: The HFA Central Administration

AAP-CA3 serves as the Central Administration for County-funded HFA programs in San Diego. In this role, AAP-CA3 contributes to the success and sustainability of the program through ensuring consistency, quality, and fidelity across all sites. By providing centralized oversight, training, technical assistance, evaluation, and quality assurance, AAP-CA3 has helped maintain the integrity of the HFA model while allowing for local adaptations to meet community needs. The team supports staff

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development, monitors program outcomes, and facilitates continuous improvement (e.g., site visits, data analysis). The centralized structure also strengthens accountability and promotes the sharing of best practices, ultimately enhancing the effectiveness of services provided to families and ensuring that the model's core goals are achieved consistently across diverse settings.

Navigating Funding Changes

In FY 25-26, both sites and AAP-CA3 experienced significant funding reductions, impacting their capacity to provide services and dedicate time to professional development opportunities for staff. These challenges occurred at a time when organizations were beginning to serve an increasing number of higher-risk families, continuing preparation for implementation of Family First Prevention Services (FFPS), and entering an HFA re-accreditation year. Across the network, organizations made difficult decisions on staffing and program activities to ensure critical services for families were maintained.

AAP-CA3 began FY 25-26 with an approximately 60% reduction in funding available to support the First Steps network. This shift led to staffing losses and required the team to reassess capacity and prioritize the activities most essential for maintaining quality implementation of the HFA model. As a result, AAP-CA3 reduced or discontinued some supports, including no-cost HFA Core training for sites and supplemental training opportunities designed to help sites respond to increasingly complex challenges faced by families. Additionally, AAP-CA3 had to scale back its role in outreach support and in maintaining forms used for ongoing evaluation efforts and to assess HFA data benchmarks.

Sites also faced uncertainty as they adjusted to a second consecutive year of reduced CalWORKs funding. AAP-CA3 worked closely with site leads to understand the systemwide implications and how the program would need to adapt. During this period, all four sites successfully completed the County's re-procurement process and were re-awarded their contracts, offering an important moment for the network to recognize progress in meeting family needs through the HFA model. These contract awards provided an important source of stability amid ongoing changes to County home visiting, even as early funding projections required sites to plan for possible staffing and program cuts. Although CalWORKs augmentation funds later in the year helped offset some of the projected reductions, the network still experienced a loss of valuable experience with the departure of staff who had been with the program for over a decade.

Despite these funding challenges, the network received a much-needed boost from CalWORKs augmentation funds and recognizes First 5 San Diego's leadership in continuing to advocate for potential alternative funding in the future through FFPS and the California Home Visiting Program (CHVP). AAP-CA3 also continues to participate in Medi-Cal Administrative Activities (MAA) and monitor for additional opportunities to secure funding.

A Year of Change: Preparing for the Home Visiting Redesign

In addition to funding shifts, planning for the County home visiting redesign was also well underway in FY 25-26. The new joint home visiting model will include a centralized intake through CFWB and a partnership with County Public Health Nurses (PHNs) to provide home visiting services to enrolled families. AAP-CA3 continued supporting preparations for its launch by participating in workgroups with the Office of Nursing Excellence (ONE) to develop model recommendations and acting as a liaison between CFWB, PHN and First Steps sites to ensure HFA requirements were considered and maintained. Because First Steps sites were unable to participate in the early stages of this process due to contract re-

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procurement, AAP-CA3 advocated for their needs related to the HFA model and created opportunities for regional relationship-building with PHNs.

With the multiple parties that will be involved in the home visiting redesign (i.e., F5SD, CFWB, ONE, CBOs, AAP-CA3), AAP-CA3 recognized the need to create space early for building shared understanding and relationships. To support this, the team focused on creating formal and informal opportunities for discussion and connection.

1. **Triple C: Creating Connections for Collaboration**. In FY 25-26, AAP-CA3 replaced the former Ongoing Learning Series with Triple C sessions hosted every other month. Triple C brought together PHN and First Steps home visiting staff and supervisors to focus on a specific practice with opportunities to discuss challenges and improve support for families. These sessions were also intentional in creating space for the two programs and staff to get to know each other and better understand differences and similarities in their approaches. Topics in FY 25-26 included Disability Pride Month, CHEERS during crisis, Baby TALK, centralized intake, and compassion fatigue.
2. **FSS Shadows.** AAP-CA3 helped facilitate connections between First Steps sites and regional Public Health Centers (PHCs) for PHNs to shadow FSSs during home visits. These shadows provided space for PHNs to better understand the knowledge, skills, and expertise that FSSs bring to the work while also creating opportunities for building regional relationships. Most regions were able to complete this process with the exception of PHCs experiencing temporary gaps in leadership staffing.
3. **Working with CFWB.** AAP-CA3 continued monthly meetings with CFWB to discuss plans for centralized intake and the joint model and sought feedback from First Steps sites and staff to help inform planning. Some staff shared concerns about how the shift to centralized intake might impact existing referral pathways, particularly “word of mouth” and self-referrals. Others expressed worries about how the program would be presented to the community, emphasizing that CFWB’s name might deter families from responding due to existing fears or experience with County child welfare. AAP-CA3 hosted a Triple C on this topic at the end of FY 25-26 to get a better understanding of Supervisor and staff perspectives on this shift and what can be done to ease concerns and ensure comfort and safety for families. The AAP team also created an outline and detailed overview of what conversations and data are needed from centralized intake to meet HFA’s initial engagement requirements. CFWB has been very receptive to feedback and joined First Steps leadership meetings on multiple occasions to address questions and incorporate their feedback into the planning process.
4. **Facilitating Conversations on BPR Recommendations.** Once County contracts were completed with the four First Steps sites, AAP-CA3 shared the final home visiting redesign recommendations completed by the PHN/ONE team with leads. To support understanding, AAP-CA3 compiled summaries of how recommendations aligned with current practices and hosted discussions to address initial questions and concerns. AAP-CA3 also helped summarize feedback highlights from First Steps leads and supervisors to prepare for an initial planning discussion with PHN leadership hosted in June of 2026. AAP-CA3 will continue working with First Steps and PHN leadership to support moving this process forward in FY 26-27.

Growing Through Learning

Due to funding cuts for sites, most of the network experienced a hiring freeze in FY 25-26, which limited the need for HFA Core training. AAP-CA3 continued to host supplemental and required training where possible through live sessions and flexible, self-paced opportunities in the AAP-CA3 Learning

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Management System (LMS). The team also monitored and responded to network needs for training based on site feedback, system changes, and QA findings.

FY 25-26 Trainings

The below table outlines trainings provided during the year.

FY 25-26 AAP-CA3 First Steps Trainings		
Training	**# Provided**	**Total First Steps Attendees**
With Live Sessions		
Baby TALK Core	1	1
Triple C: Creating Connections for Collaboration	4	80*
Connected Parents, Connected Kids (CPCK) Curriculum Core	1	5
FAN: Facilitating Attuned Interactions	1	12
Self-Paced LMS		
Patient Health Questionnaire (PHQ-9)	N/A	1
Multi-Site Orientation	N/A	3
HFA Advantage	N/A	3
Foundations for Family Support Stop Gap	N/A	3
Baby TALK Stop Gap	N/A	3
New Baby Questionnaire (NBQ)	N/A	1
Screening for Challenging Issues	N/A	3
Ages & Stages Questionnaire (ASQ3)	N/A	3
Ages & Stages Questionnaire: Social Emotional (ASQ:SE2)	N/A	3
*Includes repeat attendees		

Taking Time to Review and Improve

As HFA Core training slowed due to hiring freezes, the AAP-CA3 training team took the opportunity to make significant updates to several required trainings to improve engagement and respond to feedback from site staff. This included implementing new tools and LMS functions to develop more interactive courses. The team also shifted their approach to offering extended learning or optional content to ensure it was less disruptive to the flow of required content. In areas where there were specific questions or feedback from sites, the team spent time refining the visuals, reviewing the talking points, and adjusting the overall delivery to improve the experience for participants.

The following trainings were included with these updates:

- Multi-site Orientation
- Stop Gap Foundations for Family Support (pre-requisite for the full Live HFA Foundations for Family Support training)
- Patient Health Questionnaire-9

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The training team also replaced existing checklists and workbooks with a new Self-Paced Training and Supervision Guide that supplements the required training plan for newly hired Family Support Specialists (FSS). This workbook is meant to guide the new FSS to reflect on their learning while also building a bridge to supervision and practical application in the field.

Revisiting Mothers and Babies: Strengthening Perinatal Mental Health Support

In FY 25-26, AAP-CA3 revisited the role of the Mothers and Babies as a secondary curriculum within First Steps due to challenges experienced with the curriculum's developer and as part of a broader effort to review and improve how staff support perinatal mental health. Although the curriculum offers an evidence-based framework for supporting families experiencing high stress and depression symptoms, implementation across the network has remained inconsistent. Site visit documentation and feedback from staff and supervisors indicates the curriculum is often used in a fragmented way rather than completed as intended with all sessions in sequence. Staff also reported challenges fitting the full curriculum into existing service requirements, especially when families were navigating multiple urgent needs.

Additionally, AAP-CA3 encountered practical barriers to sustaining local capacity to provide Mothers and Babies training for the network. Communication with the curriculum developer team has been challenging over the past year with response times often taking six months or longer. This goes along with the developer's future plans to increase training requirements and costs inclusive of extended follow-up coaching, curriculum access fees, and additional cost booster training, which raised concerns about long-term affordability and feasibility for the network. These challenges were especially important to consider given future funding uncertainty for the program and the significant operational shifts already underway through the home visiting redesign.

Rather than continuing to invest in a curriculum that has been difficult to implement with fidelity, AAP-CA3 plans to move toward a more integrated and flexible approach to training staff in perinatal mental health support. This direction aligns with emerging recommendations in home visiting that emphasize a broader view of maternal mental health, including depression, anxiety, stress, trauma, and partnerships with mental health providers when families need more intensive care. In FY 26-27, sites will maintain current practices while the network prioritizes the transition to the joint model with PHNs and new processes. During this period, AAP-CA3 will stop offering Mothers and Babies training and begin developing a new staff training approach that reduces duplication, reflects site experience, and focuses on practical skills that can be used within home visiting relationships. Early work will include reviewing current practices, identifying gaps and barriers, exploring evidence-informed resources and coaching strategies, and gathering input from sites and partners. The goal is to create a sustainable, practice-based training pathway that increases staff confidence in discussing perinatal mental health, strengthens connection to appropriate referrals, and gives home visitors concrete tools for supporting families within the scope of their existing work.

Collaborating on Continuous Quality Improvement

AAP-CA3 continued to enhance and expand upon previous fiscal year efforts to support the network in monitoring and strengthening adherence to the HFA model, through:

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1. **Data-Driven Decision Making.** Sites receive an annual calendar with export and analysis dates for all HFA data benchmarks. This enables AAP-CA3 to conduct monitoring of these standards (e.g., acceptance rates, developmental screening, depression screening, connection to a medical home) and support sites with identifying trends and using data to inform quality improvement efforts. Data analysis is completed using Tableau to transform complex data into interactive, user-friendly visualizations that allow sites to make clear connections to services and areas to work on. Sites are also given a report or update on progress toward HFA's threshold percentages (e.g., 80% of focus children being up-to-date with immunizations by six months of age) to inform quality improvement steps.
2. **Preparing for HFA Accreditation.** Typical site visit and desk review efforts for AAP-CA3 were replaced with a focused approach to prepare for HFA accreditation in FY 25-26. Accreditation is a multi-step process for both sites and the HFA Central Administration (AAP-CA3) that begins with submission of a self-study including narratives and supplemental documentation demonstrating how HFA standards are being met. Central Administration and 60% of the network's sites (i.e., three sites for San Diego County including PHN) then receive an in-person site visit from HFA National.

   AAP-CA3 and sites spent the first half of FY 25-26 compiling documentation for self-studies, after which AAP-CA3 reviewed site drafts and shared reports with ratings and feedback on how to improve. Additionally, AAP-CA3 shared brief progress overviews outlining how sites compared to HFA expectations for accreditation (i.e., meeting at least 85% of HFA's ~155 best practice standards). In February, April, and May, AAP-CA3 along with North and East regions completed site visits. Initial feedback indicated very positive results from HFA National, and the network anticipates official re-accreditation certificates once the full process is completed in FY 26-27.
3. **A Comprehensive Assessment of AAP-CA3 Support.** AAP-CA3 conducts a comprehensive review of its support for sites every two years inclusive of surveying site staff and reviewing existing practices in the areas of quality assurance, technical assistance, and training. In June through October of 2025, the AAP-CA3 team surveyed network staff, analyzed results, and hosted team discussions to identify strengths and areas to improve. Results were very positive overall while also offering insight into how AAP-CA3 can improve upon existing efforts to support sites.

   Overall, 37 staff responded to the survey, and Program Directors and supervisors (n=12) were asked additional questions related to program oversight. Highlights are outlined in the table below.

Table: Highlights from AAP-CA3 Comprehensive Analysis of Support

Survey Result	Question/Statement
97% agreed or strongly agreed	• AAP-CA3's support is integral to the success of the First Steps network. • AAP-CA3's support increases the quality of services provided to families.

100% of Program Directors and Supervisors agreed or strongly agreed	• AAP-CA3 has provided sufficient support and technical assistance in implementing:
	  ○ evaluation,
	  ○ training, and

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	○ quality assurance activities. • AAP-CA3's site visit reports support understanding of progress and areas for growth.
92% agreed or strongly agreed	AAP-CA3's training materials and resources (e.g., workbooks, videos, handouts, fliers, brochures) are accessible to various learning styles and cultural backgrounds of my site's staff.
89% of respondents agreed or strongly agreed	AAP-CA3 trainings prepared them for the work with families or supervision of staff

Notable Quotes & Feedback

How does AAP-CA3 Support impact families you serve?

- *"That kind of infrastructure support may not be visible to family's day to day, but it creates a more stable and well-equipped team that does impact families, even if indirectly, thus, AAP-CA3 supports US so we can better support families and THAT is their impact on the families we serve."*
- *"They provide space for us, both individually and in groups, to ask questions and get clarification."*
- *"Over the years they have helped us grow in so many ways and helped us understand the HFA model on a deeper level. I often think about programs that are doing HFA that might not have Central Administration and wonder how they do it. It is so beneficial to have people we can turn to with questions and concerns."*

When asked about areas to improve, respondents shared:

- Feedback related to training:
  - *"Provide trainings that can help us support high risk clients."*
  - *"Longer breaks would be nice, and it would help to have AAP staff pop into breakout groups when possible. I was on the recent CCC, and unless I encouraged it, no one was really engaging during the breakout session."*
  - *"I recommend incorporating more interactive and practical components, such as real-life case scenarios, role-playing, and small group discussions, to enhance engagement and understanding.*
- Some supervisors also expressed interest in receiving individual feedback during AAP-CA3 site visits or direct feedback on specific files reviewed

Solution Opportunities

Based on feedback from the survey, AAP-CA3 identified and made progress on several goals during the year:

1. Create a timeline to review and update self-paced trainings to maintain relevance and improve features to support engagement.
   a. AAP-CA3 outlined a schedule for updates and began making improvements to several trainings in FY 25-26 (see *"Taking Time to Review and Improve"*)

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2. Determine need for training supplemental materials and identify audience (e.g., staff or parent-facing).
    a. Review planned for FY 26-27
3. Increase engagement during group technical assistance and training opportunities through increased AAP-CA3 team presence and modified experiences for new and veteran staff.
    a. AAP-CA3 increased the number of staff participating in Triple C sessions and has requested Supervisor volunteers to ensure all small groups have active facilitation
    b. Adjustments have been made to questions and group make-up to increase relevance of workgroups and live training sessions for both new and long-term staff
4. Review site visit report process and identify opportunities to create clear connections to individuals or practices
    a. Will be implemented during FY 26-27 site visits

Looking Forward to FY 26-27

FY 25-26 reflected a period of resilience and recognition as the First Steps network navigated significant system changes while also celebrating important milestones, including re-awarded contracts and positive initial findings from the HFA accreditation process. Although the anticipation of upcoming transitions brought a level of uncertainty, it also provided an opportunity to take a closer look at existing practices, clarify priorities, and strengthen relationships. Through this process, AAP-CA3 identified opportunities to reduce the burden on staff while still continuing to uphold quality expectations for the families and fidelity to the HFA model. At the same time, joint workgroups and planning for the home visiting redesign with PHNs have opened new pathways for collaboration, shared learning, and innovation in how San Diego families are supported. As the network enters FY 26-27, AAP-CA3 remains committed to preserving the strengths of the model while coming together with County partners to better meet the needs of the larger community.

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