

2020-2021 COMMUNITY HEALTH CONTRACT (CHC) Q3 GRANT IMPACT REPORT

Organization Name: Boys & Girls Clubs of North County

Program Title: Triple Play

Person submitting the report: Lisa Ware

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	93	849
Young Adults (13-17)	7	68
Adults (18-60)	0	0
Seniors (60+)	0	0
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	44	402
Male	56	515
Non-binary	0	0
Unknown	0	0

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	22	203
Very Low (50% Income (ceiling of \$53,500)	48	443
Low (80%) Income (ceiling of \$85,600)	18	167

	Percentage Served	Total Number Served
Higher than listed limits	12	104
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter? 1200

GOALS & OBJECTIVES

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Improve overall health of the youth members of the Boys & Girls Clubs of North County. Obj. #1 Hire and train staff members to provide daily Triple Play activities at each of the 8 sites during the school year. Obj. #2 Provide 60 minutes of vigorous physical activity each day at each site for a total of 400 members daily. Obj. #3 Provide 3 family nights per year at each site. Measurement #1. Hiring and training logs are kept to ensure that each site has at least 1 trained and competent staff able to deliver Triple Play activities at each site. Measurement #2. Lesson plans and attendance logs kept for each site will show the activity and the number of members participating for each day at each site. Quarter 3 ADA was 573. Measurement #3. Participation logs will be kept for parent nights. Because of Covid restrictions we are not allowed to have people on campus, although we were allowed to let parents into our gym to watch our basketball season. This was approximately 400 people.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

The Fallbrook Regional Health District will be acknowledged in our social media, website and in printed materials.

The Boys & Girls Clubs of North County mentions FRHD at least quarterly in our social media posts.

PARTICIPANT SUCCESS STORY

Participant Success Story:

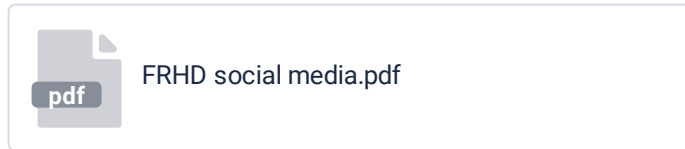
The Boys & Girls Clubs of North County in partnership with Palomar Family Counseling has collaborated to help our members with their social emotional growth. Palomar Family Counseling now serves members at 6 BGC sites in the after school setting. Palomar provides one on one services to members as well as small group. After the members returned to school from being off for so long due to Covid-19, the BGC staff realized some of our kids were having a difficult time transitioning back to school. Palomar has stepped in with small groups to help members identify and deal with strong emotions, make and keep friends, deal with the stress and anxiety of illness and death in their families. The collaboration with Palomar Family Counseling is giving our members the help they need to make a smooth transition.

ACKNOWLEDGEMENT

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

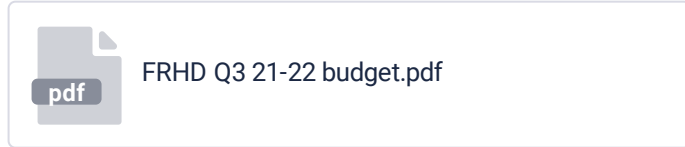
We acknowledged on our Facebook page and in our Club newsletter.

Please upload one example of how the District's support for this program was publicly acknowledged.



BUDGET

Please upload a copy of the program budget you submitted with the application. Fill in the Q3 column demonstrating the current utilization of grant funds.



Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

none

Please sign your form:

disa Ware