



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

Organization Name: Palomar Family Counseling Service, Inc.
Program Title: Grandparents Raising Grandchildren
Person submitting the report: David Drazenovich Director of Development

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)	0	0
Young Adults (13-17)	0	0
Adults (18-60)	44	17
Seniors (60+)	56	22
Unknown	0	0

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	32	32
Male	18	7
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)	5	2
Very Low (50% Income (ceiling of \$53,500)	13	5
Low (80%) Income (ceiling of \$85,600)	2	1

	Percentage Served	Total Number Served
Higher than listed limits	2	1
Unknown	78	30

How many District residents directly benefited (participant/client) from this program in this reporting quarter? 39

GOALS & OBJECTIVES

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

Program Goal #1

Improve the health and wellbeing of grandparents raising their grandchildren in Fallbrook and its neighboring communities of Bonsall, Rainbow, and De Luz by providing a comprehensive service that promotes a strong and stable family.

Objective 1.1: Improve family functioning and decrease family stress by providing customized case management services and parent coaching.

Quarter 3:

28 grandfamilies have received case management services this year to date, exceeding our goal of providing case management services to 22 families. These families were connected a total of 197 times community services and supports. In addition to regular check-ins for personalized support, the program's Case Manager made referrals to 33 different types of community services. The most frequent referrals were made for mental health services followed by connections to the CalFresh program.

Participants identify the connection to resources as highly beneficial to improve family functioning but note that it is the personalized calls / check-ins that make a tremendous amount of difference for reducing stress.

An anonymous satisfaction survey was sent to grandparents –in English and in Spanish. The results are excellent. Clients voluntarily offering comments and suggestions is an indication of high investment in the services they are receiving.

English survey:

100% rate their satisfaction at the highest rate possible.

100% would recommend the service.

Net promoter score of 10.

Comments:

Keep doing a great job!

I believe this service was extremely valuable. Thank you for all your efforts.

I am very grateful for the wonderful service my daughter (granddaughter) and I have received throughout the years. I would love to see outings for grandparents and grandkids, group activities outside the office, such as social gatherings at the coffeehouse or the theater, walks etc. Thank you.

Graciela is the greatest! She has help our family in so many ways, with activities, support and much more

Spanish Survey

100% rate their satisfaction at the highest rate possible.

100% would recommend the service.

Net promoter score = 10.

Comments:

Que nos informen sobre más recursos y ayuda que aya para los abuelos y sus nietos.

(Let us know about more resources and help that there are for grandparents and their grandchildren.)

Ayudar a los abuelitos a aprender a usar una computadora. Por favor

(Can we please have more help in learning how to use a computer

Dar más fondos o tarjetas para hacer más actividades con los nietos

(Can we get funds or gifts cards to do more activities with our Grandkids)

Objective 1.2: Decrease social isolation and increase connection to a community of mutual support by providing monthly support groups.

Quarter 3 Report:

24 grandparents attended two support / educational groups offered this quarter. The most successful of these support / educational groups was a two-hour event focusing on self-care held at the Fallbrook Library. The response to the event and the evaluation of its benefit point to the considerable value of these type of opportunities for grandparents raising grandchildren in our community.

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

n/a

PARTICIPANT SUCCESS STORY

Participant Success Story:

Quarter 3 Success Story Quarter:

A successful support / educational self-care workshop was held on March 28th. Twenty grandparents received instruction by a local expert in yoga and other methods of self-care. The attendees were also treated to complimentary massages. The response to the workshop was entirely positive. For one grandparent in particular, this was the first time she was able to enjoy time specifically devoted to her and benefit from self-care. At least three more are planned, at least one of which will offer an opportunity for grandparents and their grandchildren to join together. Raffle prizes were donated for free or at low cost by local businesses. Costs for speakers and refreshments were made possible through grant funding from the Legacy Endowment.

ACKNOWLEDGEMENT

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

Social Media Posting: February 9, February 11, March 23

Community Collaborative - sharing resources / info / fliers

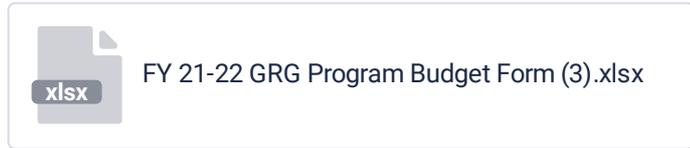
Self-care workshop: Verbal acknowledgement to attendees.

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.

n/a

Please sign your form:

A handwritten signature in black ink, appearing to be 'K. J. [unclear]', written over a horizontal line.