



Evaluation Report

2020-2021

TABLE OF CONTENTS

Executive Summary	1
Changes to Program Activities and Structure of the Report.....	1
Community Hubs Impact on Families Served	2
Findings and Recommendations	4
Introduction	5
FY20-21 Activities and Programming Investments.....	5
Structure and Purpose of this Report	7
Methods	11
Target Population	11
Types of Data Collected	11
Limitations and Considerations	12
Community Hubs As a Mechanism to Support Families.....	13
History of Hubs Implementation in El Dorado County	13
The Vision for Hubs 2.0	14
Hubs 2.0 Implementation	15
Individuals and Families Served Through Community Hubs	16
Number and Type of Individuals Served	16
Number and Type of Contracted Services Provided by Community Hubs	21
Other Services Provided by Community Hubs in Response To COVID-19	22
Impact Of Community Hubs on Families Served	23
Findings and Recommendations	27
Appendices	30
Appendix A: Hub Snapshots	30
Appendix B: Summary of Program Investments.....	46

EXECUTIVE SUMMARY

EL DORADO COMMUNITY



The First 5 El Dorado Children and Families Commission has always taken a regional approach to planning and service delivery, recognizing that different areas in El Dorado County have unique resources and needs. Within this framework, the Commission identified **Community Hubs** as a key strategy within its 2016-2021 strategic plan.

In partnership with county agencies and community-based partners, First 5 El Dorado has leveraged resources to support a variety of services through five Community Hubs, one within each of the County's supervisorial districts.

First 5 El Dorado has established an evaluation framework to measure the extent that Community Hubs are impacting families within the four primary goal areas contained within its strategic plan.

Strategic Result Areas

Improved Family Functioning

Protective factors are present in families.

Improved Child Development

Families establish habits that support their child's development.

Children are cared for in high-quality environments.

Improved Child Health

Children are accessing health and dental care.

Children receive screening and intervention for developmental delays.

Improved Systems of Care

Community Hubs are being implemented in an aligned, coordinated and family-centered fashion.

CHANGES TO PROGRAM ACTIVITIES AND STRUCTURE OF THE REPORT



For each of these goal areas, the Commission developed corresponding indicators designed to measure achievement. Exploration of these indicators has formed the basis of previous evaluation reports. That said, this report represents a shift largely due to the COVID-19 pandemic, in which programmatic and evaluation activities were adjusted in order to best serve the evolving needs of families in El Dorado County during this challenging time.

Additionally, the 2020-21 program year represents the final year of the 2016-2021 strategic plan and a transition to an evolved vision of Community Hubs for the future.

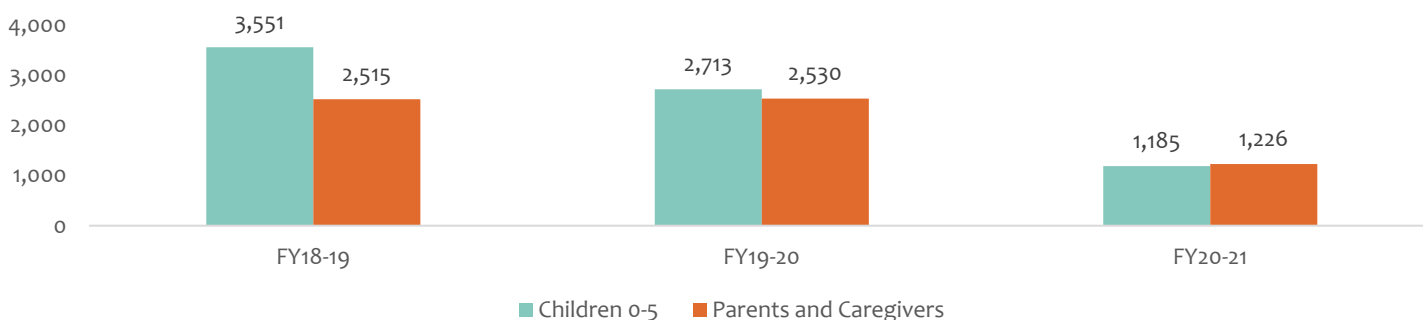
As such, this evaluation report follows previous iterations in describing the number of people served through Community Hubs, but has been redesigned in order to better tell the story of the impact of COVID-19 on El Dorado families and the different ways in which Community Hubs responded. Additionally, it offers a preview of how Community Hubs are evolving into "Hubs 2.0" within El Dorado County as envisioned in the Commission's 2021-23 Strategic Plan in order to support systems of care that effectively support communities through individual and family functioning, health, and development.

COMMUNITY HUBS IMPACT ON FAMILIES SERVED

The following snapshot provides an overview of Hubs activities and impact during FY20-21.

WHO WAS SERVED?

The total number of individuals reported as participating in traditional Hubs programming has reduced substantially since the onset of the pandemic. The figure below demonstrates the reduction in the number of individuals reported served since FY18-19 (a non COVID-impacted year), FY19-20 (a partially COVID-impacted year), and FY20-21 (a completely COVID-impacted year).



HOW WERE SERVICES OFFERED?

First 5 El Dorado funded partners adjusted their scope of services and delivery modalities in response to COVID-19 physical distancing restrictions and other safety protocols. While all programs continued to offer their traditional scope of services, described in more detail in [Appendix B](#), they also worked to be responsive to and consider the unique needs of families in each Hub. As such, all Hubs team members expanded their scope of services to provide families with the individualized supports they needed during FY20-21, including¹:



Managing and Staffing COVID-19 Response Activities: Hub staff, primarily from the Children's Health program, conducted contact tracing and case investigation, and organized and staffed immunization clinics that served thousands monthly throughout the County.



Distributing Food, Educational Materials, and Basic Needs Supplies: Family access to basic supplies and food decreased during the pandemic. Hub staff collaborated on regular distribution events as well as on individualized home drop-offs. Through these efforts, Hub staff provided thousands of families with food, diapers, hygiene supplies, books, themed activity kits and crafts, and educational resources.



Providing Social Supports: Social isolation can have a major impact on the mental health and overall well-being of individuals. Hub staff worked to remain visible in their communities, increase their outreach on social media and other communication platforms, and found innovative ways to fill the social gaps caused by COVID restrictions.

¹ Individuals served through these expanded services are not included in the total numbers of individuals served unless they also participated in traditional programming offered by each funded partner.

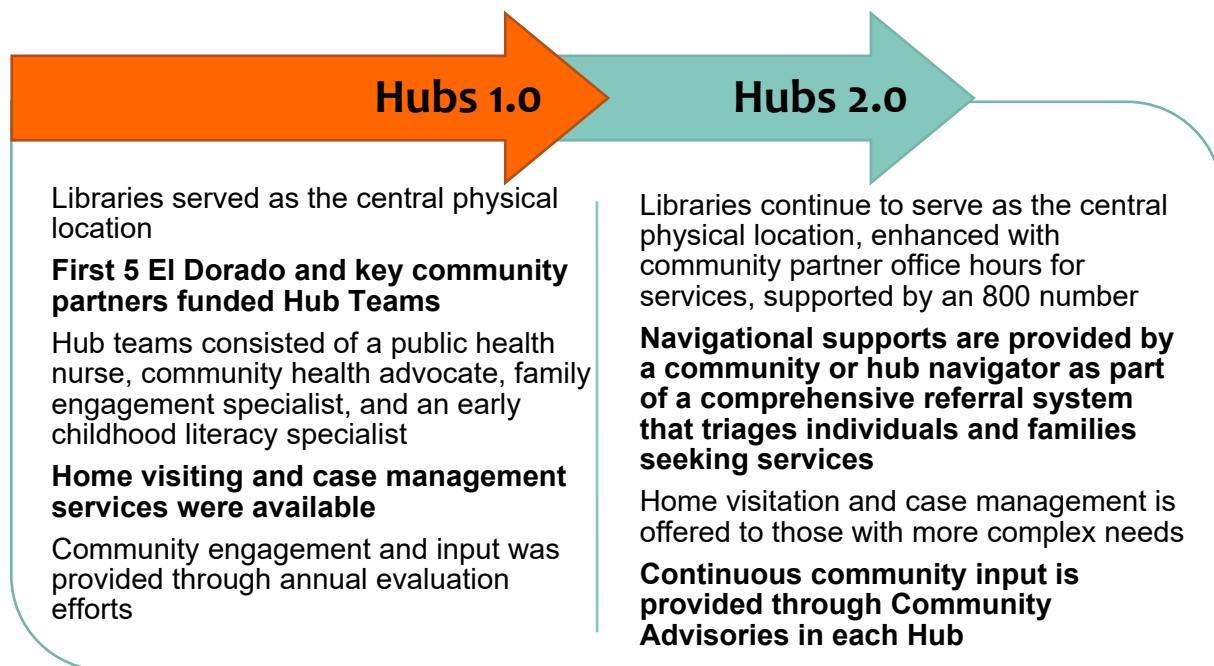
WHAT'S NEXT: HUBS 2.0

Informed by previous evaluation results the First 5 El Dorado reaffirmed its commitment to the Hub model within its 2021-23 Amended Strategic Plan, developing the Hubs 2.0 model² which will build upon the existing Hubs navigation system and expand its reach to all children, families, and individuals in the County.

The Hubs 2.0 model will move the First 5 El Dorado Children and Families Commission toward systems-level changes and away from program-specific investments.

The key assumption is that expectant parents and families with children birth through five years of age will realize greater results from investments in service connection and coordination, rather than siloed, program specific investments.

The graphic below provides a high-level overview of the major anticipated changes between the initial Hubs approach and the in-development Hubs 2.0 model.



Work to implement the Hubs 2.0 model began in fall/winter 2020-21 through the development of the FY2021-23 Amended Strategic Plan and continued in spring 2021 as First 5 El Dorado staff and key partners met to determine how to make the Commission's vision for Hubs 2.0 a reality. During FY20-21 First 5 El Dorado made purposeful gains towards Hubs 2.0 implementation, contracting with five organizations whose support is critical to Hubs' success in the FY21-22 year. Together, these organizations will assist with implementation by filling key Navigator and Coordinator roles, engage families to inform system design, provide an online referral platform to connect families to resources, and conduct a process evaluation of implementation activities.

² More information on Hubs 2.0 can be found in the 2021-23 Amended Strategic Plan, available at <https://www.first5eldorado.com/dashboard>.

FINDINGS AND RECOMMENDATIONS

The COVID-19 pandemic had substantial impacts on the ability of programs to collect data from participating families. As such, it is not appropriate to use the available data to draw conclusions about the entire service population or how they compare to the larger communities in which Hubs operate in. That said, the data can be examined to understand the demographic profile of a sample of families that were served and their impressions about how Hub services helped them.

A Reduced Number of People Were Served through Traditional Programming: All programs reported fewer numbers of individuals served in FY20-21 compared to previous years. In FY20-21 programs reported they served less than 40% of the number of individuals served in FY18-19 year.

Participant Characteristics Varied by Hub: The characteristics of populations served within each Hub varied, with Hubs 4 and 5 participants reporting the highest numbers of personal and social circumstances that could impact positive outcomes for themselves and their families.

Virtual Service Delivery Inconsistently Impacted Numbers Served and Programs Offered: Partners reported that some programming experienced increased numbers of individuals served and/or total services provided while others reported substantial reductions in the numbers of people served or events offered.

Hubs Served as Loci in Their Communities: The increased focus on facilitating connections to basic needs and social supports during COVID-19 illustrated the strength of the relationships that Hub staff have built with both clients and other community organizations.

Recommendations offered for implementation of Hubs 2.0 include:

Establish a comprehensive and efficient data collection and management system. The inability to deduplicate participants across programs or Hubs makes it difficult to truly quantify the impact that First 5 El Dorado's investments are having on communities and families. A comprehensive and integrated data management system will allow First 5 El Dorado and the evaluation team to better describe and understand the true number of individuals and families served. An ideal solution would be one that provides Hubs 2.0 staff the opportunity to utilize the system for case management and tracking navigational supports.

Leverage lessons learned during the pandemic and data from past reports to inform Hubs 2.0 implementation. The pandemic provided Hub staff the opportunity to facilitate navigational supports by connecting families to community resources. This served, in part, as a preview of the Hubs 2.0 navigational supports focus. Staff within each Hub should leverage these experiences to identify areas of strength as well as of improvement that can guide Hubs 2.0 implementation moving forward. This and past evaluation reports demonstrate variation in the demographics and circumstances of program participants within each Hub. Moving forward, each Hub should tailor their approach and programming to the needs of their communities, and identify appropriate outreach strategies to ensure that county residents most able to benefit from the navigational supports offered through Hubs 2.0 are aware of and participate in services.

Clarify Hubs 2.0 roles and responsibilities and focus FY21-22 staff time on implementing the navigational supports that are core to the model. The need to be nimble when responding to family needs during the pandemic also meant that Hub staff often created ad hoc and temporary solutions for facilitating connections. While an appropriate response to the circumstances faced in FY20-21, this approach is unlikely to be successful in the long-term. First 5 El Dorado and Hubs staff should work together to clearly define each team members role within the Hubs 2.0 model and focus their work during on implementing its core elements.

INTRODUCTION

The First 5 El Dorado Children and Families Commission (also referred to throughout the document as First 5 El Dorado) was formed following the passage of California Proposition 10 (herein referred to as Prop 10). The Prop 10 initiative added taxes on cigarettes and other tobacco products to fund programs promoting early childhood development for children birth through five years old and their families. First 5 El Dorado receives slightly less than \$1 million annually through revenues generated by Prop 10.

The Commission is guided by its strategic plan, as well as its vision and mission. First 5 El Dorado works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. The Commission directs resources to build a comprehensive early childhood service system built on research and best practice models that make a difference in the lives of young children.

First 5 El Dorado has always taken a regional approach to planning and service delivery, recognizing that different areas in El Dorado County have unique resources and needs. Within this framework, the Commission identified Community Hubs as the primary strategy within its 2016-2021 strategic plan. During development of their amended 2021-23 Strategic Plan, the Commission continued to focus their investments in strengthening Hubs while simultaneously re-engineering the model to develop “Hubs 2.0”, thereby creating a reimagined system of care that effectively supports communities through individual and family functioning, health, and development. The new model prioritizes access to services, referral, and navigation, and more effectively engages the community in decision-making. Work towards Hubs 2.0 implementation began in spring 2021, and a summary of the updated model and work accomplished prior to June 30, 2021 is included in this report beginning on page 13.

Mission

First 5 El Dorado Children and Families Commission is committed to strengthening children birth through 5 and their families by promoting and enhancing comprehensive early childhood systems.

Vision

All children will live in nurturing families and enter school ready to learn.

FY20-21 ACTIVITIES AND PROGRAMMING INVESTMENTS

The Commission has invested in a variety of programs within the Community Hubs model of service delivery. Each investment is summarized on the following page, but it should be noted that beginning in FY19-20 and continuing through FY20-21 service delivery was impacted greatly by the COVID-19 pandemic. The impacts of the pandemic on programming, individuals served, and data collection activities, as well as the adjustments made by Hub staff in order to meet families’ evolving needs, are outlined throughout this report and specifically for each program within [Appendix B](#).

Ready to Read @ Your Library (RR@YL): RR@YL provides early literacy programs with the goal of establishing positive early learning experiences for families with young children and encouraging home literacy practices among families. The primary audience for this service is expectant parents and families with children birth through 5 living in El Dorado County. The library programs reach providers that care for children out of the home through early care and education (ECE) programs, and with parents through library programs for families. Each early childhood literacy specialist models a best-practice curriculum, which supports, informs, and encourages family and caregiver participation to strengthen their role as their child's first teacher.

Together We Grow (TWG): Together We Grow provides families with structured activities and developmental screenings, information about activities to support optimal development, and referrals for early intervention supports when a need is identified. TWG also helps to inform and train childcare providers on the value and use of developmental screenings. TWG serves families with children birth through 5 that live in El Dorado County. Families and caregivers, as well as providers, are also served as they are empowered to directly provide screenings using the ASQ and ASQ-SE.

Children's Health (CH): Children's Health provides parents with information and resources in order to increase regular well-child exams and oral health exams. Through Community Health Advocates, the program collaborates with community partners to increase access to services and to get families connected to health care resources and community services. CH also assists families with children in obtaining or retaining health insurance, utilizing a medical home, and utilizing a dental home. The priority audience for CH is medically uninsured or underserved expectant parents and families with children birth through 5 that live in El Dorado County.

High 5 for Quality (H5Q): The High 5 for Quality Program facilitates continuous quality improvement of childcare providers in El Dorado County. H5Q is integrated into Community Hubs to support children and families in three ways. First, the program supports high quality early care and education programs that are utilized by families in El Dorado County. Second, it supports families utilizing participating childcare providers by providing developmental screens, family support resources, and navigational supports to connect children, families and staff with community resources. Third, it supports children in participating care facilities by offering LENA technology, which improves interactive communication between caregivers and children.

Hubs 2.0: Additionally, in FY20-21 First 5 El Dorado developed an amended strategic plan covering the years 2021-23. This strategic plan is focused on systems-change efforts through the implementation of Hubs 2.0, a re-envisioning of the current Hubs model that prioritizes access to services, referral and navigation, and more effectively engages the community in decision-making and built-in feedback loops. Work towards Hubs 2.0 implementation began in spring 2021, and a summary of the updated model and work accomplished prior to June 30, 2021 is included in this report.

STRUCTURE AND PURPOSE OF THIS REPORT

Because First 5 El Dorado funds are declining annually, it is important for the Commission to continually evaluate and align its strategic approach to best meet community needs using the limited resources available. Through the strategic planning process, the Commission developed corresponding indicators designed to measure achievement. Exploration of these indicators has formed the basis of previous evaluation reports. However, due to the COVID-19 pandemic, in 2020-21 programmatic and evaluation activities were adjusted in order to best serve the evolving needs of families in El Dorado County during this challenging time. Additionally, the 2020-21 program year represents the final year of the 2016-2021 strategic plan.

As such, this evaluation report follows previous iterations in describing the number of people served through Community Hubs, but has been redesigned in order to better tell the story of the impact of COVID-19 on El Dorado families and the different ways in which Community Hubs responded. Additionally, it offers a preview of how Community Hubs are evolving into “Hubs 2.0” within El Dorado County as envisioned in the Commission’s 2021-23 Strategic Plan in order to support systems of care that effectively support communities through individual and family functioning, health, and development.

IMPACT OF COVID-19 ON SERVICE DELIVERY AND THE 2020-2021 EVALUATION

COVID-19 had substantial impacts on the ways that First 5 El Dorado’s funded partners provided services, collected data, and adjusted programming to meet the needs of families during this unique time. Some changes include:

- **Virtual Service Delivery:** Most services ceased to be offered in person, and First 5 staff and funded partners adjusted to virtual service delivery whenever possible. Likewise, data collection efforts that previously relied on hard copy form completion were shifted to electronic surveys.
- **Interactions and Service Differentiation:** Data was collected not only on services provided by each of the programs outlined above, but also on interactions and supports program staff provided to each Hub community. These “interactions” differ from services in that they are outside the scope of service delivery outlined in each program’s contract, and/or limited in the demographic data that could be or was collected on participants. Individuals served via interactions are included in numbers of individuals served only if they also received a standard program service.
- **Data Collection Efforts:** Data collected at registration and via family surveys were adjusted to gather information on family needs during the pandemic rather than on levels of resiliency and other protective factors.



Major deviations between this report and prior evaluation reports are indicated with this symbol to call attention to changes that should be considered when reviewing this report, particularly when comparing the findings to reports from previous years.

AREAS OF EXPLORATION

As a component of Prop 10 funding, First 5 El Dorado is required to demonstrate results. The results-based accountability model as adopted by the State First 5 Commission requires the collection and analysis of data, and the reporting of findings to evaluate the effectiveness of programs. This report is intended to help the Commission understand the number of people served through Community Hubs and the impact that those services had on families.



Due to COVID-19, data collected in FY20-21 does not completely align with the impact indicators outlined in the Commission's 2016-2021 strategic plan. Whenever possible data was collected in a manner consistent with past years, however in many cases other information was collected from families to assess their needs and determine how Hubs team members could provide support. As appropriate, information that can serve as proxy data (i.e. data that can inform the area of inquiry but is not the specific indicator specified in the FY2016-21 strategic plan) for the areas of interest outlined by the Commission is included in this report. New or proxy data is indicated in the list below by the mask icon.

The data that will be presented throughout this report are used to explore the following areas of inquiry.

Demographic and Socio-Economic Profile of Community Hub Participants

The Commission is interested in understanding the profile of individuals accessing Hub services to identify how and if the service population mirrors the communities they are meant to serve. The following socio-demographic characteristics are presented:

- Demographic information of service recipients to include age, race/ethnicity, and primary language (pg. 16-17).



Social determinants of health information of service recipients who completed the Hubs registration process comprising medical insurance, educational attainment, housing, support system, and basic needs (pg. 17-20).

Description of Services Provided within Community Hubs

In addition to understanding the profile of individuals served through Hubs, the number and type of services that were funded through First 5 are presented:

- Number of people served/number of literacy services provided (pg. 21).
- Number of people served/number of raising a reader services provided (pg. 21).
- Number of people served/number of play and learn services provided (pg. 21).
- Number of people connected to medical and dental providers, insurance, and community services (pg. 21).
- Number of people served/number of parenting classes provided (pg. 21).




Impact of Services Provided for Families Served by Community Hubs

Impact of services fall within one of three categories: 1) improved family functioning, 2) improved child development, and 3) improved child health and well-being. Indicators for each area of exploration used within the FY20-21 year are described below.

IMPROVED FAMILY FUNCTIONING

The behaviors and beliefs of a child's parents or caregivers influence a child's success. Parental interactions with children, including their stated and unstated expectations for their children's success and the way in which they converse with and teach their children, can improve children's future achievement.


The indicators used to measure impact in the area of improved family functioning comprise:

-  Number/Percent of service recipients who completed the Family Survey reporting that Hub services have helped them feel more confident as a parent/caregiver and knowledgeable about their child(ren)'s growth and development (pg. 23).
-  Number/Percent of service recipients who completed the Family Survey reporting that participation in Hub services have helped them feel more connected to other children, families, and/or the community they live in (pg. 23).
-  Number/Percent of service recipients who completed the Family Survey reporting that participation in Hub services have helped them adapt to and manage stressful situations in their life (pg. 23).

IMPROVED CHILD DEVELOPMENT

Over the last several decades, research in neuroscience, economics, education, and other fields has illustrated the importance of the early years to the whole lifespan. The brain develops rapidly during the first 5 years, with critical pathways established for language, literacy, problem solving, social and emotional learning, physical development, and much more. By the age of 5 years, 85% of a person's brain wiring has already been established. First 5 El Dorado provides a variety of services that support child development.


The indicators used to measure impact in the area of improved child development comprise:

-  Number/Percent of service recipients who completed the Family Survey reporting that Hub services have helped their child(ren) learn skills that will help them when they enter kindergarten (pg. 24).

IMPROVED CHILD HEALTH AND WELL-BEING

Timely medical and dental care is an important component of a child's health and well-being. First 5 El Dorado provides supports which help to protect children against major illnesses and oral health decay by encouraging preventive medical and dental care, connecting children and families to a doctor/dentist, and sharing strategies for health promotion. In addition, First 5 El Dorado promotes developmental screenings in an effort to support parental knowledge of child development and to get kids connected to early intervention when needed.

The indicators used to measure impact in the area of improved child health and well-being comprise:

-  Number/Percent of service recipients who completed the Family Survey reporting that Hub services have helped them get connected to health-related support and community resources (pg. 24).
- Number and results of developmental screenings provided to children in El Dorado County (pg. 24).

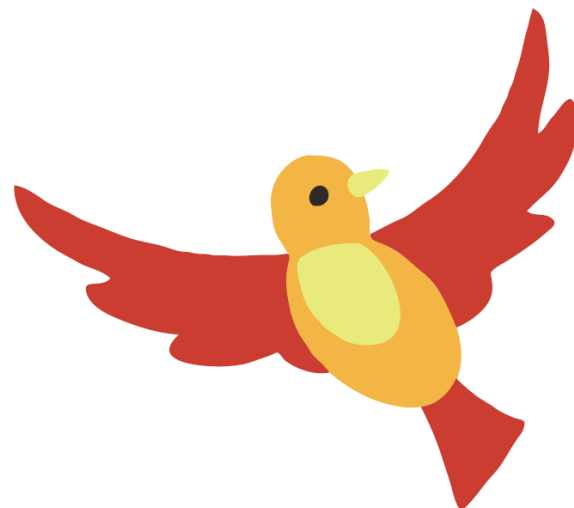
Improved Systems of Care

Many parents and caregivers with young children have difficulty in accessing existing forms of assistance, much less being able to learn about and utilize new services that are introduced. Prop 10, therefore, included a mandate that strategic plans created by County Children and Families Commissions must show how each county will promote integration, linkage, and coordination among programs, service providers, revenue resources, professionals, community organizations, and residents. Further, services must be available in a culturally competent manner, embracing the differences in cultures and languages within the County.

The indicators used to measure impact in the area of improved systems of care comprise:

- Number/Percent of service recipients who completed the Family Survey reporting that staff that are associated with the Hub were kind and treated families with respect (pg. 25).
- Number/Percent of service recipients who completed the Family Survey reporting satisfaction with services (pg. 25).
- Narrative description of progress made in implementing Community Hubs in El Dorado County (pg. 25-26).

It is important to note that many of the areas in which the Commission makes investments benefit from blended funding streams. Because of that, it would not be possible to evaluate programs based on Commission investments alone. Outcomes achieved should be interpreted as joint efforts with other community partners.



METHODS

TARGET POPULATION

This evaluation focuses on First 5 El Dorado program participants who were children aged zero through five years of age, as well as their parents and caregivers who benefited from services rendered between July 1, 2020, and June 30, 2021.

TYPES OF DATA COLLECTED

A combination of qualitative and quantitative data methodologies were used in the evaluation process, each of which is described below.

It should be noted that programs faced challenges in their ability to collect administrative data throughout the FY20-21 year. Evaluation and data collection tools were developed in spring 2020 for intended use beginning July 1, 2021. However, with the continuation of the COVID-19 pandemic it became clear that the tools could not be implemented as intended, due to the physical distancing restrictions that precluded the use of paper forms, service delivery being primarily offered in a virtual format that did not facilitate easy collection of registration data, and the misalignment of the tools' focus with the type of work that programs were engaging in. As such, beginning in fall 2020 the evaluation team and First 5 and program staff met and developed revised registration and family survey tools that included questions specific to determining the needs of families in order to best meet changing needs during the pandemic. Many programs were not able to implement use of these tools until January 2021 and could not retroactively collect data on past participants, which reduced the number of individuals for which socio-economic and basic needs data was available at registration.

Administrative Data

Four types of administrative data were collected for programmatic and evaluation purposes, which were provided to the evaluation team through midyear and yearend progress reports:

1. Data on the number and demographics of children and parents/caregivers receiving services.
2. Information regarding the number and type of services families received.
3. Social determinants of health information collected on families at registration.
4. Information on interactions and supportive activities provided to the community and when possible, the number of families or individuals that participated.

Progress reports were also used to document issues impacting service delivery and were the source for the family stories presented in [Appendix A](#) by Hub.

Family Surveys (FS)

The Family Survey contains questions around demographic information, program participation, and social determinants of health. Family Surveys were distributed by programs electronically and completed by families via SurveyMonkey. Surveys were available in both English and Spanish. Participants were asked to provide information that generated a client ID, which was used to deduplicate responses. If a respondent completed multiple surveys, only the most recent response was retained. A total of 399 family surveys were collected during the 2020-21 fiscal year. Family survey data relevant to the First 5 El Dorado evaluation plan is included in the County roll-up section and begins on page 23.

Developmental Screening Tools

First 5 El Dorado programs utilize the Ages and Stages Questionnaire (ASQ). The ASQ is a general developmental screening tool which is used with and by parents to assess age-specific development in the following domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills. There is also a separate tool that is used to measure the social-emotional development of children called the ASQ: SE. Programs encourage parents to complete these screening tools online, and results are tabulated within the Brookes Database. An export of that database is used to present information contained in this report.

Hub Staff Input

Hub teams gathered to discuss the successes and challenges related to data collection, outreach, and other circumstances that may have influenced the data presented in this report. Discussions were documented for consideration in the report's development.

LIMITATIONS AND CONSIDERATIONS

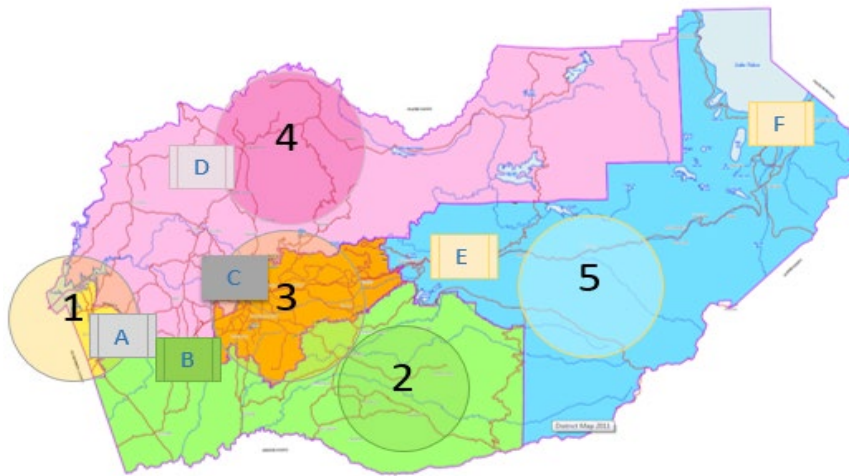
The findings in this report should be considered with the following methodological and data limitations in mind.

1. Voluntary participants within Community Hubs programming may by nature be inclined to value child enrichment activities, hence their decision to volunteer for a program that is consistent with this value. This is also referred to as self-selection bias.
2. This evaluation uses parent self-report surveys. The self-report method is vulnerable to social desirability bias whereby respondents or assessment raters answer questions in ways that they believe are pleasing to the person asking questions or to the persons who provided them with the survey.
3. The evaluation team had access to the administrative data described on the previous page in aggregate by Hub and program but not at the client level. Due to this, the evaluation team could not deduplicate participants across programs or Hubs. Responses to the Family Survey and developmental screening data was deduplicated by First 5 staff and/or the evaluation team.
4. When referenced, the number of families served is based on the number of primary caregivers reported by service providers and may not accurately report the exact number of families served.
5. Semi-structured, key informant interviews of 20 individuals who participated in Hubs services during the 2020-21 program year were planned but could not be conducted due to the Caldor wildfire's impact on staff and client availability. This qualitative data was intended to provide additional context to the quantitative data collected. As such, client voices are represented in this report only through the Family Survey and as reported by program staff.
6. Developmental screening responses were preferentially assigned to a Hub based on the library that was self-reported to be closest to the respondent's home. Responses with zip codes outside El Dorado County were removed from the analysis.
7. As referenced throughout this report, the ability of First 5 El Dorado service providers to collect data on participating families and individuals was limited due to COVID-19 restrictions as well as their focus on helping families meet their basic needs during the pandemic. As such, data throughout this report should be considered minimum counts, and likely underrepresents the true number of people served and service contacts made.
8. Caution should be taken when generalizing results and conclusions within this report given the "n" values and sample sizes.

COMMUNITY HUBS AS A MECHANISM TO SUPPORT FAMILIES

HISTORY OF HUBS IMPLEMENTATION IN EL DORADO COUNTY

The 2016-21 First 5 El Dorado Strategic Plan established Community Hubs in each of the Supervisorial Districts to increase access to services and build family skills in navigating those services. Five Hubs were formed, one within each district, where the local library branch served as the primary service delivery location. This innovative approach was a departure from the traditional grant-making process, identifying the Commission as the backbone for collective impact and partnering to test systems-change approaches.



El Dorado County Supervisorial District
Boundaries shown with Library Locations

Each Hub deployed a multidisciplinary team consisting of a public health nurse, community health advocate, family engagement specialist, and an early childhood literacy specialist. Teams offered activities to promote early literacy, child development, parenting, and preventative health activities for expectant parents and families with children birth through five years of age. Hubs activities were guided by the Strengthening Families™ approach designed to reduce isolation, build awareness of parenting and child development, provide concrete support in times of need, and encourage parental resiliency. Families with more complex needs were offered individualized support and, if needed, referred to a public health nurse for home visiting and case management. Hub team members provided services using a trauma-informed approach and sought to build relationships with families, establish trust, and encourage caregivers to seek support.

Evaluation activities since Hubs implementation have shown that Community Hubs are effective at engaging expectant parents and families with children birth through five years of age. However, many of the families reached had high protective factor scores before engaging with Hubs, indicating an opportunity to focus efforts on those who may have been marginalized by the service delivery system. Previous evaluation recommendations indicated that structural adjustments and supplemental funding were necessary to increase the efficacy of the Hubs in creating meaningful outcomes for all children, individuals, and families. Additionally, the Commission learned through Hubs implementation that active engagement of community partners, diversified sustainable funding, and a consistent and open feedback loop with the community, with providers, and with leadership are essential to ensuring the future success of the Hubs.

THE VISION FOR HUBS 2.0

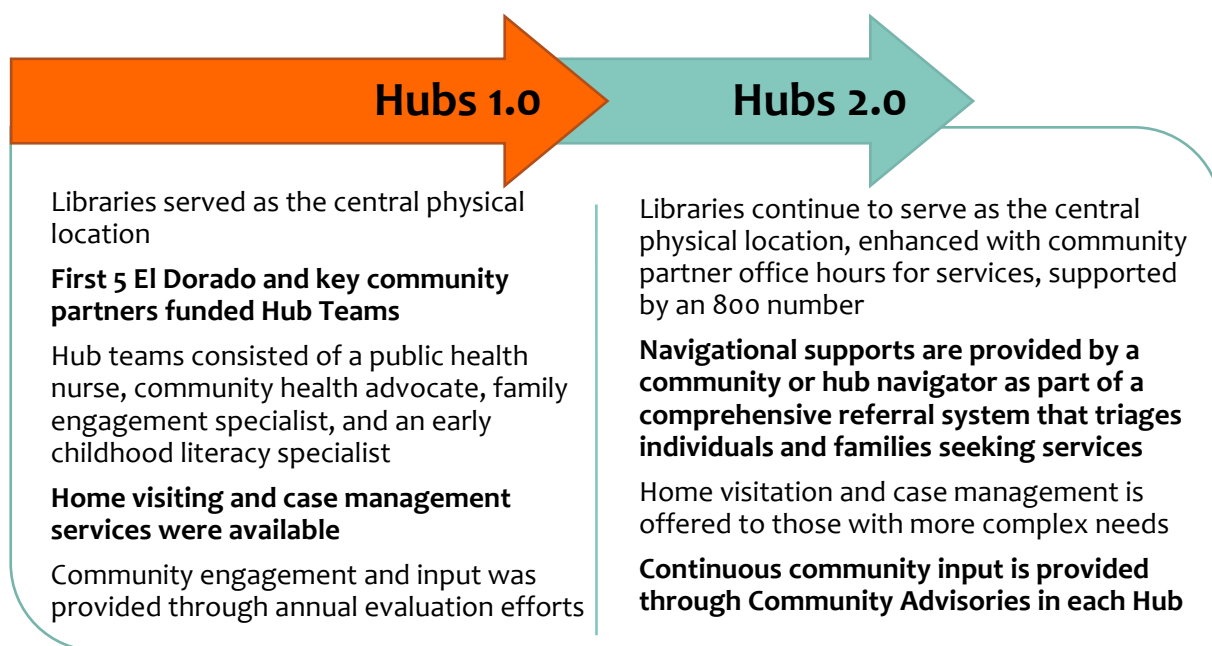
Informed by previous evaluation results, the First 5 El Dorado reaffirmed its commitment to the Hub model within its 2021-23 Amended Strategic Plan. The result is the Hubs 2.0 model³, which will build upon the Hubs navigation system and expanding its reach to all children, families, and individuals in the County.

The Hubs 2.0 model will move the First 5 El Dorado Children and Families Commission toward systems-level changes and away from program-specific investments.

The key assumption is that expectant parents and families with children birth through five years of age will realize greater results from investments in service connection and coordination, rather than siloed, program specific investments.

Hubs 2.0 prioritizes access to services, referral, and navigation. In this model, all community members access a Hub by walking into a Hub location, by calling an 800 number, or by referral from another parent, caregiver, or community partner. Navigators will be positioned in each Hub to build relationships with people who are marginalized or experiencing barriers to services. Case managers will support families who are struggling to meet their basic needs. Community Advisories will be formed to encourage local input on services, supports, and solutions; to place a focus on identifying populations who are marginalized by the system; and to develop strategies to better engage those populations in their community. This model seeks to increase partnerships and collaboration and provide a more robust and connected service system for families.

The graphic below provides a high-level overview of the major anticipated changes between the initial Hubs approach and the in-development Hubs 2.0 model.

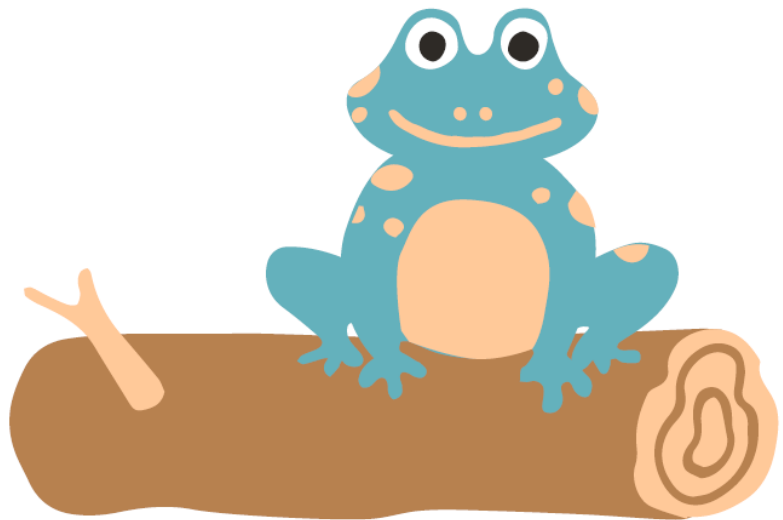


³ More information on Hubs 2.0 can be found in the 2021-23 Amended Strategic Plan, available at <https://www.first5eldorado.com/dashboard>.

HUBS 2.0 IMPLEMENTATION

Work to implement the Hubs 2.0 model began in fall/winter 2020-21 through the development of the FY2021-23 Amended Strategic Plan and continued in spring 2021 as First 5 El Dorado staff and key partners met to determine how to make the Commission's vision for Hubs 2.0 a reality. First 5 El Dorado staff also met and contracted with organizations whose support is critical to Hubs' success in the FY21-22 year, including:

- **Early Learning Lab/Start Early** will engage families during the FY2021-22 year to inform the design of the Community Advisories that will serve as platforms to facilitate community and family feedback and drive continuous quality improvement efforts.
- **Local Partners** from the El Dorado County Library, and the El Dorado County Office of Education were contracted to fill Community Navigator, Hub Navigator, Library Navigator, and Hub Coordinator roles within the Hubs 2.0 system beginning July 1, 2021. Many of these staff members have worked in the initial Hubs iteration and the ways in which they plan to leverage their past experience are described throughout this report.
- **Social Entrepreneurs, Inc** will work with First 5 El Dorado and Hubs 2.0 staff to conduct a process evaluation of Hubs 2.0 for FY21-22 implementation activities. A process evaluation is an iterative evaluation method that explores the extent to which a program or its activities are being implemented as designed through monitoring of activities, services, and procedures anticipated as necessary to meet program outcomes. A process evaluation can serve as an "early warning system" for potential programmatic issues by illustrating when intended activities are not taking place as anticipated.⁴
- **Unite Us** will provide an online referral platform that Hubs 2.0 Navigators can utilize to connect families to resources throughout El Dorado County.



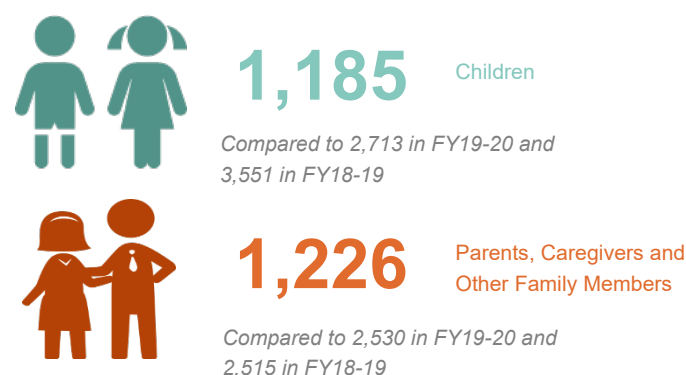
⁴ More information on process evaluation is available on the CDC's "Types of Evaluation" brief. Available at <https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf>.

INDIVIDUALS AND FAMILIES SERVED THROUGH COMMUNITY HUBS⁵

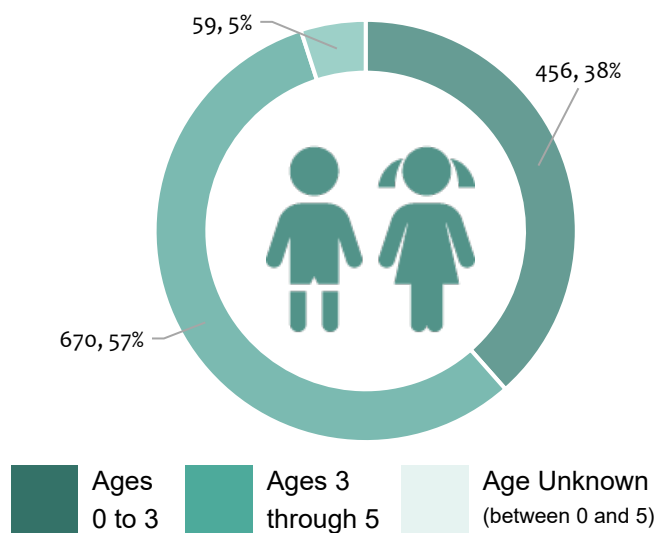
NUMBER AND TYPE OF INDIVIDUALS SERVED

A total of **2,411** individuals (not deduplicated)³ were provided with First 5 funded services through Community Hubs between July 1, 2020 and June 30, 2021. Program participants included expectant parents, children birth through age five, parents and caregivers of children birth through age five, and other family members. As the chart below demonstrates, the majority of service recipients (51%) were parents, caregivers, and other family members of children birth through five. Of those children birth to five, the majority were three through five years old (670, 57%) followed by those zero to three (456, 38%).

HOW MANY PEOPLE WERE SERVED

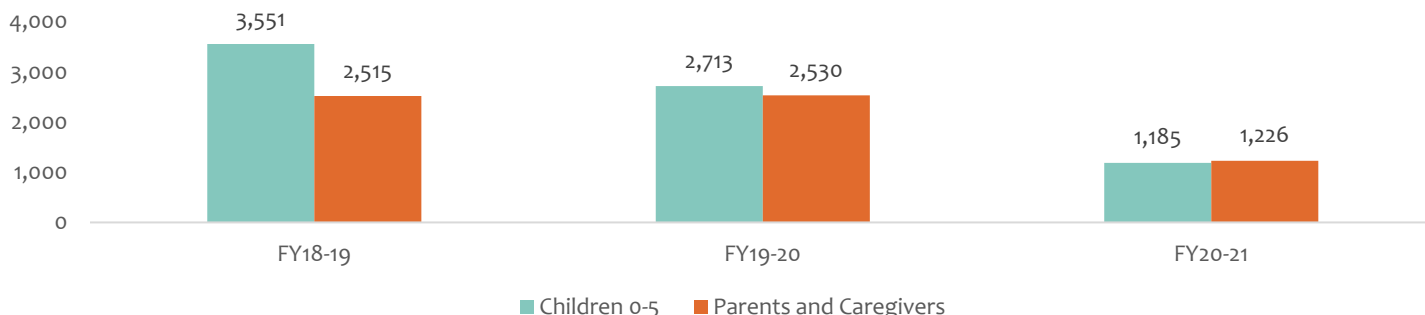


AGES OF CHILDREN SERVED



THREE-YEAR COMPARISON OF INDIVIDUALS SERVED

The figure below demonstrates the reduction in the number of individuals reported served since FY18-19 (a non-COVID year), FY19-20 (a partially COVID-impacted year), and FY20-21 (a completely COVID-impacted year).



⁵ Each of First 5 El Dorado's funded programs offer unique programming and utilize unique data collection and management systems. Additionally, families may utilize one or more of each of the funded programs within a calendar year. Therefore, the totals within this section represent an unknown amount of duplication. Employees of and children attending H5Q-participating childcare providers are not included in these totals.

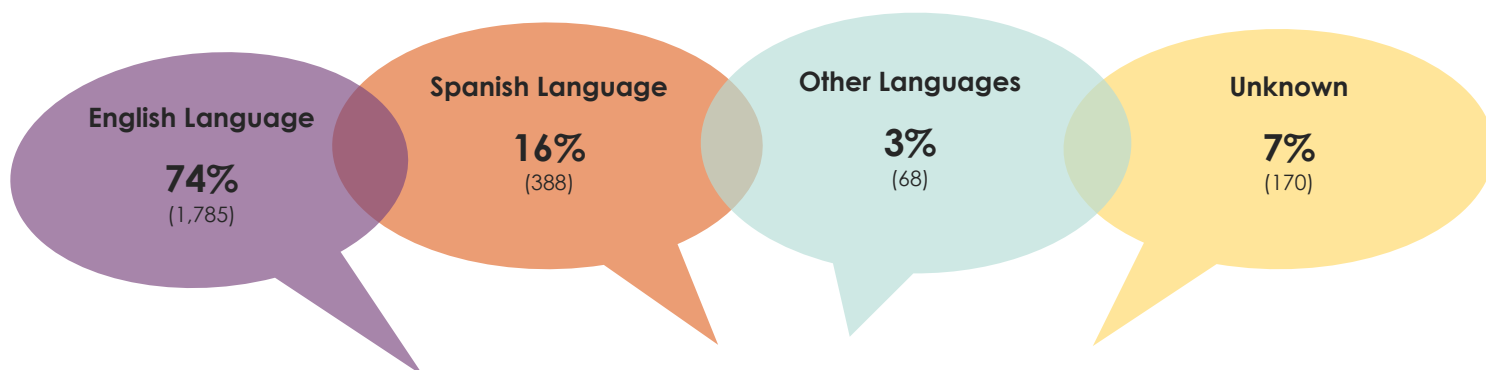
RACE/ETHNICITY OF THOSE SERVED

The majority of the population served was White (1,256 or 52%) followed by Hispanic/Latino (20%) and Unknown (12%). The race and ethnicity of the population served is depicted in the table below.

	American Indian		Asian/ Pacific Islander		Black		Hispanic / Latino		Multi-racial		Other		Unknown		White	
	#		#		#		#		#		#		#		#	
Children (0-5)	6	<1%	68	6%	10	1%	150	20%	137	8%	8	<1%	56	12%	750	52%
Parents, Caregivers, & Other Family Members	6		72		5		332		66		5		226		514	

LANGUAGE OF INDIVIDUALS SERVED

The majority of participants served spoke English (1,785 or 74%), while 388 spoke Spanish (16%).



SOCIO-ECONOMIC CHARACTERISTICS AND SUPPORTS OF FAMILIES SERVED



In FY20-21 First 5 El Dorado, in partnership with Hubs leadership and staff, identified the need to adjust the registration process to include questions specific to determining the needs of families. This change would offer Hubs the opportunity to understand how the pandemic was impacting the families they serve.

Results of this data collection effort are provided below.⁶ Percentages are based on the number of individuals that provided an answer to the indicated question, which varies by question. Individuals that selected “decline to state” are not included in the denominator. This data was collected on approximately 50% of the families served by First 5 El Dorado in FY20-21 (not deduplicated), so caution should be taken when extrapolating this information to the general service population. However, it is provided to give a general sense of the needs experienced by families being served by Hubs during the pandemic as well as how many requested assistance with these needs from Hubs staff.

⁶ The same disclaimer related to unknown duplication noted on the prior page apply to these totals as well.



124 out of 483 respondents to the question indicated they would like help with the needs they specified during the registration process.

The number of families that indicated each type of need or barrier to access are detailed below.



Families indicated items or resources they were having trouble affording at registration (answers are not mutually exclusive)



67 families (24%) indicated **trouble affording rent/mortgage**



22 families (9%) indicated **trouble affording childcare/daycare**



73 families (26%) indicated **trouble affording utilities/bills**



86 families (29%) indicated **trouble affording medical expenses**



60 families (22%) indicated **trouble affording groceries/food**



47 families (18%) indicated **trouble affording basic household or hygiene items**

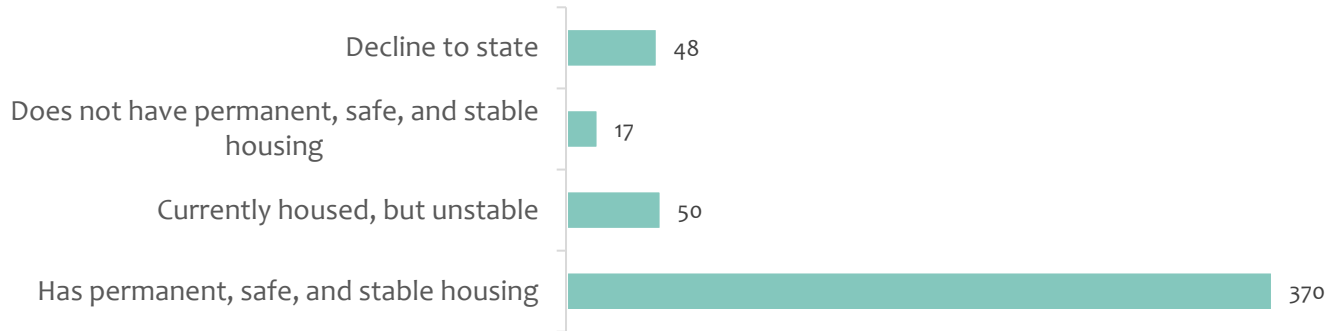


20 families (9%) indicated **trouble affording transportation**



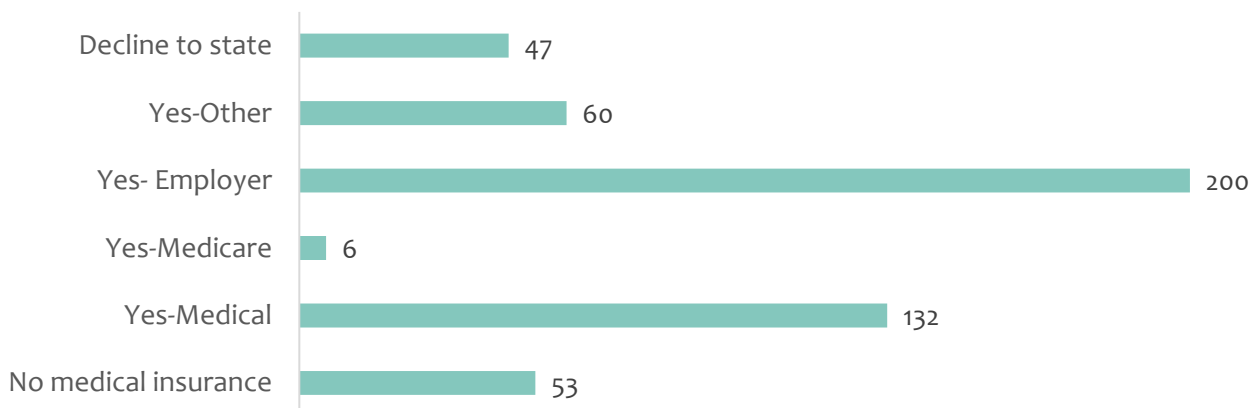
67 families (15%) did not have permanent, safe, and stable housing at registration

While most families that completed the registration form indicated they had permanent, safe, and stable housing, 67 indicated that their current housing was unstable or that they did not have permanent, safe, and stable housing.



53 families (12%) did not have medical insurance at registration

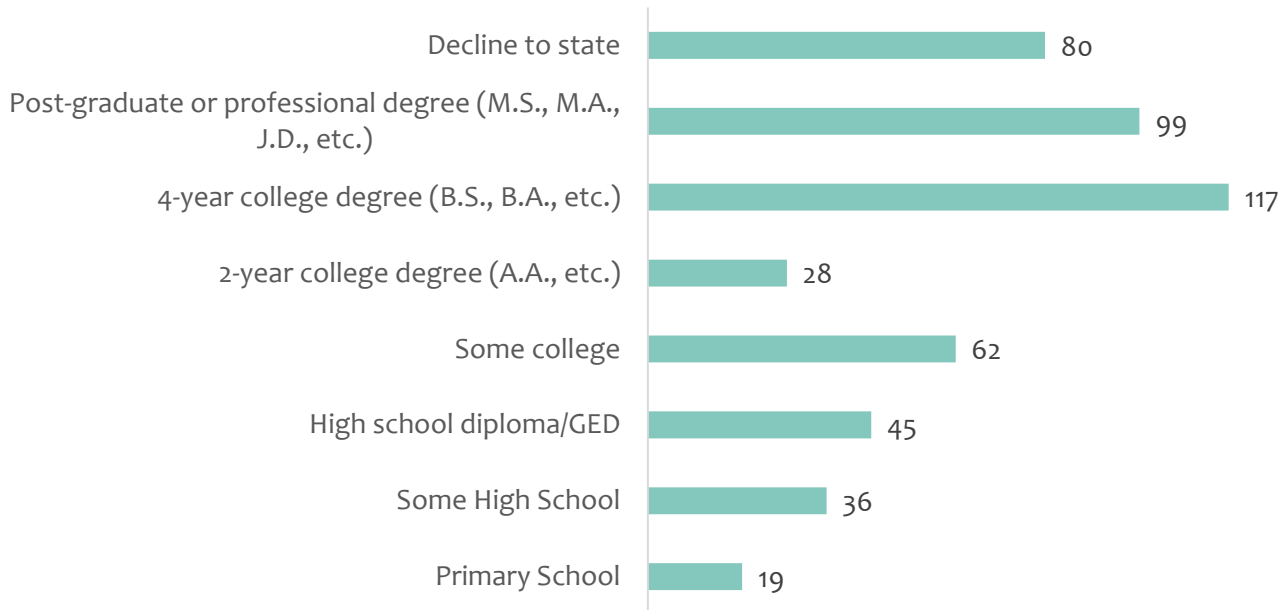
While most families that completed the registration form indicated they had access to medical insurance, 53 did not.





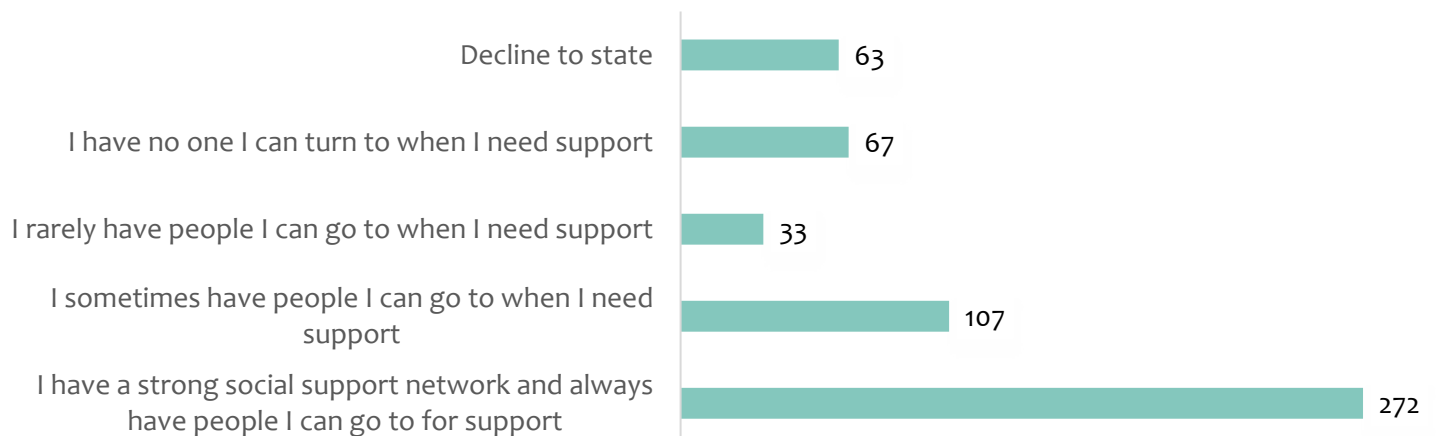
100 families (25%) indicated the highest level of education completed in their household at registration was a high school diploma or less

While most families that completed the registration form indicated that someone in their household had a college degree or more, 100 families stated that no one in their household had higher than a high school diploma.



100 families (21%) at registration rarely or never had people they could go to when they need support







Only a little over half of respondents indicated they had a strong social support network and people they can always go to for support.



NUMBER AND TYPE OF CONTRACTED SERVICES PROVIDED BY COMMUNITY HUBS

First 5 El Dorado provides a variety of services through contracted providers as described in [Appendix B](#) and on page 6. The number of families or individuals served through these programs for which data could be collected between July 1, 2020 and June 30, 2021 are depicted below.

Overall, the majority of programs reported offering substantially lower numbers of services and serving lower numbers of individuals and families in FY20-21 compared to prior years. Due to the impact of COVID-19 restrictions on staff's ability to collect data in a virtual setting, the individual and family counts below should be viewed as minimum counts and likely underrepresent the true numbers of people served. This same caveat does not apply to the total number of services provided.

Type of Service Offered	Number of Families Served	Total Services (events) Provided
 Early Literacy Activities	694 individuals⁷ <i>Compared to 2,842 in FY19-20 (FY18-19 not available)</i>	338 <i>Compared to 730 in FY19-20 and 898 in FY18-19</i>
 Raising a Reader/ Remote Playgroup Activities	25 <i>Compared to 88 in FY19-20 (FY18-19 not available)</i>	29 <i>Compared to 85 in FY19-20 and 71 in FY18-19</i>
 Play and Learn Activities	135 <i>Compared to 250 in FY19-20 (FY18-19 not available)</i>	329 <i>Compared to 119 in FY19-20 and 137 in FY18-19</i>
 Connection to Medical and Dental Providers, Insurance, and Community Services	677 individuals² <i>Compared to 445 in FY19-20 (FY18-19 not available)</i>	1,004⁸ <i>Compared to 2,496 in FY19-20 and 1,622 in FY18-19</i>
 Parenting Classes	139 <i>Compared to 25 in FY19-20 (FY18-19 not available)</i>	224 <i>Compared to 59 in FY19-20 and 898 in FY18-19</i>
 Health Education Classes	29 <i>Comparable data from past years not available</i>	34 <i>Comparable data from past years not available</i>

⁷ Data was collected at the individual level.

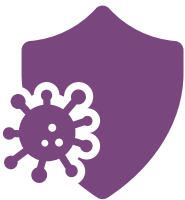
⁸ Note that these totals comprise only those connections facilitated by the Children's Health program as part of their normal scope of activities. Connections facilitated by Together We Grow and Ready to Ready at Your Library team members in order to help families meet basic needs are not included in this total.

OTHER SERVICES PROVIDED BY COMMUNITY HUBS IN RESPONSE TO COVID-19



The totals of individuals and families served on the previous page include only those individuals that participated in First 5-contracted programming provided by the Children's Health (CH), Together We Grow (TWG), and Ready to Ready at Your Library (RR@YL) programs. These programs are described in more detail in [Appendix B](#) and comprise early literacy events and activities, playgroups, parenting education classes, and connecting families to health and community resources. The total number of individuals served and services provided do not represent individuals that were provided non-contracted services that CH, TWG, and RR@YL provided in order to help families meet basic needs during the pandemic.

A key attribute of Community Hubs is that they are responsive to and consider the unique needs of those being served. As such, all Hubs team members expanded their scope of services to provide families with the individualized supports they needed during FY20-21. More detail on how these expanded services were provided by each Hub and each program is available in [Appendix A](#) and [Appendix B](#), respectively, with a high level summary provided below.



COVID-19 Response Activities

Hub staff, primarily from the CH program, conducted contact tracing and case investigation, and organized and staffed immunization clinics that served thousands monthly throughout the County.



Food, Educational Materials, and Basic Needs Supply Distribution

Family access to basic supplies and food decreased during the pandemic. This may have been caused by decreased access to financial resources and/or decreased access to the provisions themselves as stores closed or instituted safety protocols that made access difficult. In response, Hub staff collaborated on regular distribution events as well as on individualized home drop-offs. Through these efforts, Hub staff provided thousands of families with food, diapers, hygiene supplies, books, themed activity kits and crafts, and educational resources.



Social Supports

Social isolation can have a major impact on the mental health and overall well-being of individuals. Hub staff worked to remain visible in their communities, increase their outreach on social media and other communication platforms, and found innovative ways to fill the social gaps caused by COVID-restrictions. These activities helped make families aware that they were supported and not alone during this challenging time.

IMPACT OF COMMUNITY HUBS ON FAMILIES SERVED

Impact indicators are driven by the First 5 El Dorado Strategic Plan, and in past years have included an exploration of:

- **Improved Family Functioning** as measured by protective factors
- **Improved Child Development** as measured by family habits that support children's development
- **Improved Health and Well-Being** as measured by preventive care and developmental screenings



In FY20-21 data could not be collected from families for each of these indicators as programs focused on adjusting service delivery and gathering information to assist them in providing services aligned with family needs. Instead, questions were included in the Family Survey that can serve as proxies for these indicators. This data is provided as informational only and should not be compared to impact indicators within these domains from past reports.⁹

IMPROVED FAMILY FUNCTIONING

Family functioning services are designed to support parent education and literacy, basic family needs, and community resource connections¹⁰, as parental interactions with children can improve future achievement.

The majority of individuals completing the Family Survey reported that Hub services helped them feel more knowledgeable about their children's growth and development, more connected to the community they live in, and better able to adapt to and manage stressful situations.



86% (307/357) of families reported that **Hub services have helped them feel more confident as a parent/caregiver and knowledgeable about their child(ren)'s growth and development.**



88% (320/364) of families reported that participation in **Hub services have helped them feel more connected to other children, families, and/or the community they live in.**



83% (297/360) of families reported that participation in **Hub services have helped them adapt to and manage stressful situations in their life.**

⁹ Note that the "n"s for each of the Family Survey impact questions below do not include individuals that indicated the question did not apply to them.

¹⁰ From the First 5 California 2019-2020 Annual Report, available at

<https://ccfc.ca.gov/pdf/commission/meetings/handouts/Commission-Handouts-2021-01-28/Item-5-Attachment-A-Annual-Report.pdf>

IMPROVED CHILD DEVELOPMENT

Child development services include supporting school readiness.¹¹ The majority of individuals completing the Family Survey reported that Hub services helped their children prepare to be successful in kindergarten.



86% (300/348) of families reported that *Hub services have helped their child(ren) learn skills that will help them when they enter kindergarten.*

IMPROVED HEALTH AND WELL-BEING

Children who are healthy in mind, body, and spirit grow with confidence in their ability to live a fulfilling, productive life.¹²

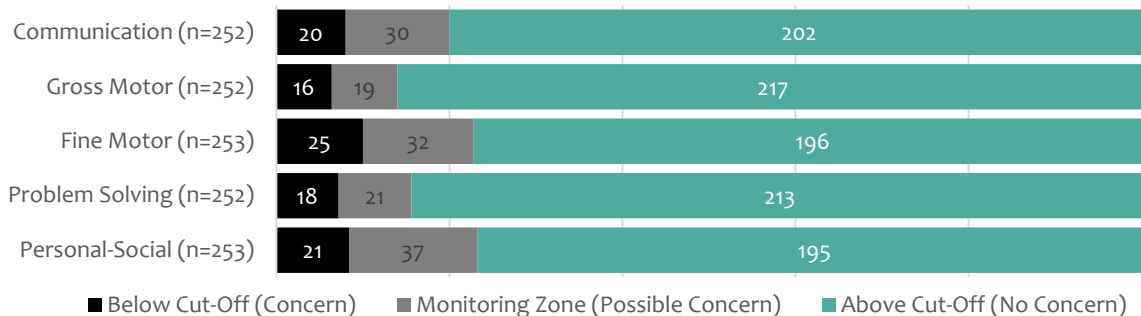
The majority of individuals completing the Family Survey reported that Hub services helped them connect with supports and resources they need.



86% (297/345) of families reported that *Hub services have helped them get connected to the health-related supports and community resources they need for them and their family.*

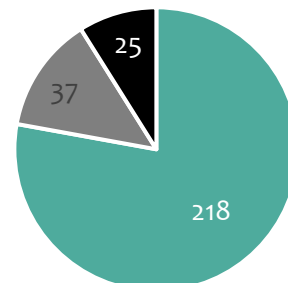
A total of 321 children received ASQ and ASQ:SE developmental screenings, providing their families with the information needed to assess if their development is on schedule.¹³

ASQ



ASQ:SE

The majority of screenings (218, 78%) indicated that there was no concern regarding a child's developmental growth.



¹¹ Ibid.

¹² 2021-23 Amended Strategic Plan, available at <https://www.first5eldorado.com/dashboard>.

¹³ More details are available in [Appendix B](#).

IMPROVED SYSTEMS OF CARE

Many parents and caregivers with young children have difficulty in accessing existing forms of assistance, or learning about and utilizing new services that are introduced. Improved systems of care work to promote integration, linkage, and coordination among programs, service providers, revenue resources, professionals, community organizations, and residents. Services should also be offered in a culturally competent manner that embrace the differences in cultures and languages within the County¹⁴.

The majority of individuals completing the Family Survey reported they were satisfied with Hub services and that Hub staff treated them with respect.



90% (339/375) of families reported that *Hub staff were kind and treated families with respect.*



87% (327/375) of families reported *overall satisfaction with services.*

IMPROVING THE SYSTEMS OF CARE THROUGH HUBS 2.0 IMPLEMENTATION

The Hubs 2.0 model is designed to improve the systems of care available in El Dorado County by promoting integration, linkage, and coordination through a focus on providing navigational supports to residents. **During FY20-21, Hubs team members engaged in activities that, in part, served as a preview of Hubs 2.0. These experiences provided an opportunity to leverage lessons learned during FY20-21 to strengthen the Hubs 2.0 model.**

As such, in September 2021 the evaluation team met with Hub staff to identify any lessons learned during the unprecedented 20-21 fiscal year that can be leveraged during Hubs 2.0 implementation. Hub staff and the evaluation team highlighted the following skills, attitudes, and opportunities that can be applied to the Hubs 2.0 model in order to best serve families and support staff:

- Hubs 2.0 is a novel, wide-scale, systems-level change effort whose design and success is subject to the changing conditions within the County. Hubs 2.0 staff should remain flexible and adaptable, and willing to participate in regular assessment and continuous quality improvement activities.
- Community connections are crucial to providing navigational supports. Communication and collaboration with non-Hubs programs are critical elements of Hubs 2.0.

¹⁴ 2021-23 Amended Strategic Plan, available at <https://www.first5eldorado.com/dashboard>.

- Connections with families that the Hub staff have developed both before and during the pandemic ensure that families know they can go to the Hub for help when they need it. These connections should be leveraged and built upon in the Hubs 2.0 model.
- Navigators and Coordinators working with historically marginalized, vulnerable, and lower-resourced populations are at risk for secondary trauma. Mental health and other trainings should be utilized to ensure that staff utilize a trauma-informed approach in working with families as well as engage in self-care and other activities to reduce secondary trauma.
- While technology and connectivity issues prevented many individuals from participating in Hubs services, virtual offerings also facilitated participation from individuals that previously had not engaged with the Hubs. Because of this, it is suggested that virtual services should remain after COVID becomes less of an issue, and that a hybrid approach of in-person and virtual service delivery would best serve families moving forward.



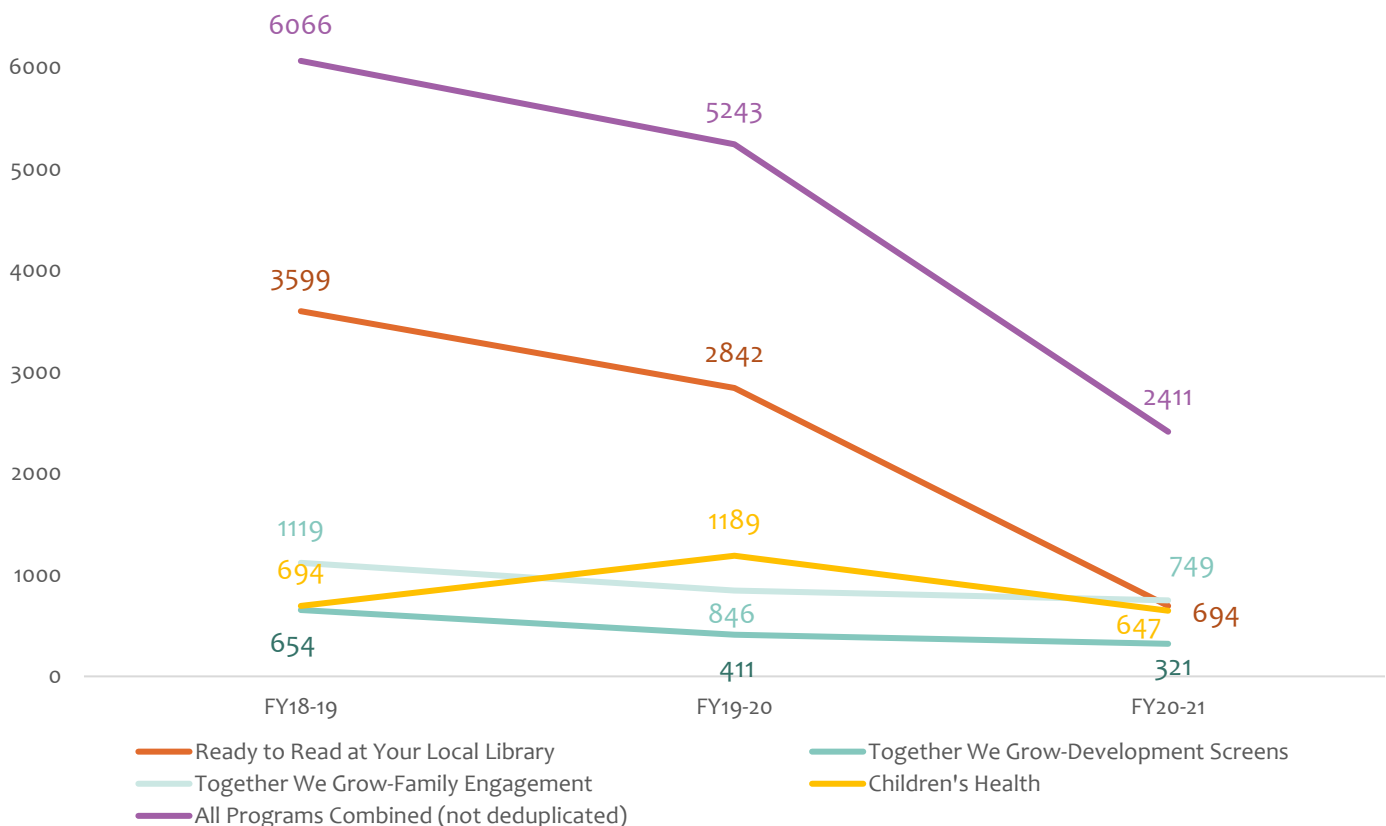
FINDINGS AND RECOMMENDATIONS

First 5 El Dorado has invested in **Community Hubs** as its primary strategy for achieving its mission to **strengthening children birth through 5 and their families by promoting and enhancing comprehensive early childhood systems**. The following findings are provided to document how First 5 El Dorado investments supported this mission in FY20-21, while recommendations are offered for consideration in deepening efforts for the future.











FINDINGS

The COVID-19 pandemic had substantial impacts on the ability of programs to collect data from participating families. As such, it is not appropriate to use the available data to draw conclusions about the entire service population or how they compare to the larger communities in which the Hubs operate. That said, the data can be examined to understand the demographic profile of a sample of families that were served and their impressions about how Hub services helped them. In addition, information was collected to understand the ways in which Hub teams responded to the changing needs of families and worked to ensure connections throughout the County.

A Reduced Number of People Were Served Through Traditional Programming: All programs reported fewer numbers of individuals served overall in FY20-21 compared to previous years. Combined, in FY20-21 programs reported they served less than 40% of the number of individuals served in FY18-19, the most recent non-COVID year.



Participant Characteristics Varied by Hub: The characteristics of populations served within each Hub varied, with Hubs 4 and 5 participants reporting the highest total numbers of personal and social circumstances (i.e. social determinant of health indicators) at registration that could impact positive outcomes for themselves and their families.

		Hub 1		Hub 2		Hub 3		Hub 4		Hub 5	
		Percentages are based on the number of individuals that provided an answer to the indicated question, which varies by question. Individuals that selected “decline to state” are not included in the denominator.									
	Don't Have Medical Insurance	0	0%	2	6%	6	10%	22	18%	23	14%
	Don't Have Safe and Stable Housing	1	1%	2	6%	8	14%	34	30%	22	15%
	Rarely or Never Have Social Support	5	7%	4	9%	7	13%	15	13%	69	35%
	Couldn't Afford Rent or Mortgage	2	3%	1	6%	5	19%	24	33%	35	38%
	Couldn't Afford Utilities	1	1%	3	17%	6	21%	35	42%	28	33%
	Couldn't Afford Groceries	1	1%	8	35%	16	42%	23	32%	12	17%
	Couldn't Afford Childcare	3	4%	5	25%	4	15%	10	17%	0	0%
	Couldn't Afford Medical Expenses	2	3%	2	12%	7	24%	48	50%	27	32%
	Couldn't Afford Home or Hygiene Expenses	1	1%	8	35%	5	19%	18	27%	15	21%
	Couldn't Afford Transportation	3	4%	0	0%	1	4%	3	6%	13	19%

Hubs also saw varying increases in the proportion of service participants that spoke Spanish as their primary language during FY20-21 compared to past years. Staff attributed these increases to the hiring of bilingual staff as well as increased connections to Spanish speaking communities.

	Hub 1			Hub 2			Hub 3			Hub 4			Hub 5		
	18-19	19-20	20-21	18-19	19-20	20-21	18-19	19-20	20-21	18-19	19-20	20-21	18-19	19-20	20-21
Percentage of Participants that Speak Spanish as their Primary Language	<1%	1%	2%	2%	4%	19%	6%	7%	24%	<1%	1%	1%	18%	28%	35%

Virtual Service Delivery Inconsistently Impacted Numbers Served and Programs Offered: Both the Together We Grow and Children's Health programs reported increased numbers of individuals served and/or total services provided within some types of programming. Conversely, the RR@YL program reported a pronounced reduction in both numbers of individuals served and services provided. This indicates that certain types of programming may not transition as well to the virtual environment as others.

Hubs Served as Loci in Their Communities: The increased focus on facilitating connections to basic needs and social supports during COVID-19 illustrated the strength of the relationships that Hub staff have built with both clients and other community organizations.

RECOMMENDATIONS

Because this evaluation report used Community Hubs as the mechanism to evaluate how the Commission has achieved its strategic plan goals, the recommendations offered below may take into consideration data from previous evaluation reports.

Establish a comprehensive and efficient data collection and management system.

This recommendation has been provided in prior reports but continues to rise to the top as an area of improvement for First 5 El Dorado to consider. The inability to deduplicate participants across programs or Hubs makes it difficult to truly quantify the impact that First 5 El Dorado's investments are having on communities and families. A comprehensive and integrated data management system will allow First 5 El Dorado and the evaluation team to better describe and understand the true number of individuals and families served. Given the refocus on the Hubs 2.0 model, an ideal solution would be one that provides Navigators and Coordinators the opportunity to utilize the system for case management and tracking navigational supports.

Leverage lessons learned during the pandemic and data from past reports to inform Hubs 2.0 implementation.

The pandemic provided Hub staff the opportunity to facilitate navigational supports by connecting families to community resources. This served, in part, as a preview of the Hubs 2.0 navigational supports focus. Staff within each Hub should leverage these experiences to identify areas of strength as well as of improvement that can guide Hubs 2.0 implementation moving forward.

This and past evaluation reports demonstrate variation in the demographics and circumstances of program participants within each Hub. The Hubs 2.0 model seeks to be reflective of the communities served, people-centered, and responsive to local need. In order to accomplish this, it is crucial that each Hub tailor their approach and programming to the needs of their communities. It is also critical that work is completed to identify appropriate outreach strategies to ensure that county residents most able to benefit from the navigational supports offered through Hubs 2.0 are aware of and participate in services.

Clarify Hubs 2.0 roles and responsibilities and focus FY21-22 staff time on implementing the navigational supports that are core to the model.

The need to be extremely nimble when responding to family needs during the pandemic also meant that Hubs staff often created ad hoc and temporary solutions for facilitating these connections. While an appropriate response to the circumstances team members faced in FY20-21, this approach is unlikely to be successful in the long-term. First 5 El Dorado and Hub staff should work together to clearly define each team member's role within the Hubs 2.0 model and focus their work during FY21-22 on implementing the core elements of the model. This will reduce the risk that team members are expending time and resources on activities that do not support the overall goal of improving comprehensive systems of care.

APPENDICES

APPENDIX A: HUB SNAPSHOTS

These snapshots are being provided as a general overview of Hub activities. To allow for year-to-year comparisons of Hub-level data, the total number of people served and associated demographics includes Together We Grow Playgroup, Ready to Read @ Your Local Library, and Children's Health program participants. Children who received developmental screens by the TWG program are not included in Hub totals unless they also participated in TWG playgroups.

To illustrate the impact of COVID-19 on 2020-21 activities, comparative data on the numbers of individuals served and their demographics is provided, whenever possible, for 2018-19 (a non COVID-impacted year), and 2019-20 (a partially COVID-impacted year).

Please note that when looking at the data in the tables provided for each Hub, percentages may not add up to 100% exactly due to rounding.



HUB 1 DATA SNAPSHOT

Hub 1 Participant Data (families)	180 (not unduplicated)
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People Served			
	FY18-19	FY19-20	FY20-21
Total Individuals Served	1,756	1,288	420
Age			
	FY18-19	FY19-20	FY20-21
Individuals 6+	716 (44%)	579 (45%)	211 (50%)
Children (under 6)	1,040 (59%)	709 (55%)	209 (50%)
Under 3	549 (53%)	377 (53%)	67 (32%)
3 to 6	457 (44%)	319 (45%)	139 (67%)
Age unknown	34 (3%)	13 (2%)	3 (1%)
Education			
	FY18-19	FY19-20	FY20-21
HS Graduates	97%	99%	98%
Bachelor's Degree	76%	84%	83%

In FY18-19 and FY19-20, education data was pulled from the Family Survey. In FY20-21 registration data was used.

Race/Ethnicity			
	FY18-19	FY19-20	FY20-21
American Indian	1%	1%	0%
Asian/Pacific Islander	9%	9%	18%
Black/African American	1%	<1%	<1%
Hispanic	4%	5%	5%
Multiracial	11%	8%	15%
Other	<1%	1%	1%
White	62%	69%	55%
Unknown	13%	6%	6%
Primary Language			
	FY18-19	FY19-20	FY20-21
Primary-English	82%	94%	90%
Primary-Spanish	<1%	1%	2%
Primary-other	<1%	3%	6%
Primary-unknown	17%	2%	2%

In FY20-21 Hub staff collected information on key social determinants of health during the registration process to determine areas of support they could provide to families during the pandemic. The following table utilizes the registration data to provide a snapshot of Hub 1 participant circumstances and needs at registration. Note that these responses could not be deduplicated across programs and responses of individuals participating in multiple programs within Hub 1 may be included up to three times in the graphics below.

Overall, families in Hub 1 that completed the registration questions indicated that they were able to meet most of their basic needs.

 <p>0 individuals indicated they did not have medical insurance</p>	 <p>1 family indicated that they did not have safe and stable housing or are worried they may lose their housing soon</p>	 <p>5 individuals indicated that they rarely or never have people they can turn to when they need support</p>
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Survey respondents also indicated basic needs they were having trouble affording at registration

 <p>2 could not afford rent or mortgage</p>	 <p>1 could not afford utilities or household bills</p>	 <p>1 could not afford groceries or food</p>	 <p>3 could not afford childcare or daycare</p>	 <p>2 could not afford medical expenses</p>	 <p>1 could not afford basic household or hygiene items</p>	 <p>3 could not afford transportation</p>
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Hub Adaptability to Pandemic

The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Access to resources, social supports, childcare, and basic needs like food and housing are increasing issues for families while children are at amplified risk for mental health concerns, unequal access to technology needed for distance learning, and lack of social opportunities. Community Hubs have adapted their services and supports to be responsive to the changing needs of families during this unprecedented time. The sections below provide a high-level summary of the adaptations made by the Hub 1 team during the pandemic in order to better support families, as well as an overview of the lessons learned during FY20-21 that can inform Hubs 2.0 implementation.

Hub 1 Adaptations and Strengthening Family Supports During the Pandemic

During FY20-21, the Hub 1 team leveraged their already strong internal communication to work together to identify family needs and appropriate responses as pandemic circumstances changed and evolved. Staff reported that families in Hub 1 indicated social supports were a large need within the community. In response, staff incorporated a focus on social connections into their contracted programming as described in [Appendix B](#) (e.g. early literacy events and activities, playgroups, parenting education classes, and connecting families to health and community resources) as well as developed events that provided social interactions such as:

Hub 1 Collaborative Events



Dia de los Ninos Children's Day

This event focused on celebrating children and families were provided with books, diapers, and craft kits.



Home Visits

The Hub 1 team provided outdoor, physically-distanced visits at families' homes where they provided materials and supplies and socialized from a safe distance. Staff also engaged in "drive-by" interactions, displaying signs to let families know they had the Hub's support.



Providing Basic Needs and Educational Supplies

Hub staff collaborated on regular supply distribution events, providing families with food, diapers, activity kits and books, as well as educational resources.

These collaborative events served not only to connect families with much needed supplies but served as a connection point between the Hubs team and families, helping, at least in part, to alleviate social isolation experienced by many families. These events also served as outreach opportunities to increase awareness of the wide variety of Hubs programming available to families via virtual and physically distanced modalities.

Lessons Learned and Applicability to Hubs 2.0

Hub 1 staff reported that pandemic circumstances highlighted the importance of reacting to changing circumstances and remaining flexible, as well as a recognition of the potential impact of secondary trauma experienced by staff. The opportunity to collaborate on trauma-informed and mental health trainings, as well as prioritizing self-care, were noted as elements that could be adopted during Hubs 2.0 implementation. These skillsets, attitudes, and opportunities can be applied by Hub staff as they adopt the new Hubs 2.0 model, the implementation of which will require adaptability on the part of staff as they transition to new Navigator positions and engage in deeper relationship building with families.



One Family's Story

Hubs funded partners provide information in their semiannual reporting that helps to demonstrate the impact that Hubs services have on families. This section provides a summary of the experience of one family during the 2020-21 program year as reported by Hubs team members.

A parent of an eight-month-old baby recently moved to the El Dorado Hills area. She was isolated with no family or friends and desperately needed to connect. She was first connected to the breastfeeding coalition for support. Soon after, a Hub 1 team member from the Together We Grow (TWG) program joined the group and shared that they would be starting a New Moms Group in El Dorado Hills. The parent was eager to join this new group and meet other new moms that she could connect with. Soon after she joined the New Moms Group, she shared that she was extremely isolated, afraid to leave her house, and that her husband was not supportive in parenting. The TWG staff member shared an assortment of child development and parenting tips and strategies with the parent and worked on utilizing 123 Wellness strategies to help prevent anxiety around parenting her new baby. The parent was not only engaged in services with TWG but with the Community Health Advocate (CHA) from the Children's Health program as well and received healthy advice from the CHA. Shortly after, the LENA Start Parenting Classes project began at the library, and the parent was eager to join the group and connect with another Hubs team member, the Library Early Literacy Specialist.

Utilizing different community services and connecting with multiple Hub team members, the parent reported significant changes in her life. She implemented new parenting techniques and educated her husband. She took health advice and began eating healthier, exercising, and was able to manage her anxiety. She was also able to connect with other moms and Hub team members to build a strong social network.

HUB 2 DATA SNAPSHOT

Hub 2 Participant Data (families)	100 (not unduplicated)
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People Served	FY18-19	FY19-20	FY20-21
Total Individuals Served	873	707	236
Age	FY18-19	FY19-20	FY20-21
Individuals 6+	341 (39%)	337 (48%)	134 (57%)
Children (under 6)	532 (61%)	370 (52%)	102 (43%)
Under 3	275 (52%)	171 (46%)	42 (41%)
3 to 6	218 (41%)	179 (48%)	53 (52%)
Age unknown	39 (7%)	20 (5%)	7 (7%)
Education	FY18-19	FY19-20	FY20-21
HS Graduates	95%	97%	88%
Bachelor's Degree	65%	66%	64%

In FY18-19 and FY19-20, education data was pulled from the Family Survey. In FY20-21 registration data was used.

Race/Ethnicity	FY18-19	FY19-20	FY20-21
American Indian	1%	1%	0%
Asian/Pacific Islander	<1%	1%	3%
Black/African American	1%	<1%	1%
Hispanic	5%	7%	22%
Multiracial	8%	6%	0%
Other	<1%	<1%	1%
White	74%	74%	44%
Unknown	10%	8%	30%
Primary Language	FY18-19	FY19-20	FY20-21
Primary-English	76%	89%	69%
Primary-Spanish	2%	4%	19%
Primary-other	0%	1%	<1%
Primary-unknown	22%	5%	11%

In FY20-21 Hub staff collected information on key social determinants of health during the registration process to determine areas of support they could provide to families during the pandemic. The following table utilizes the registration data to provide a snapshot of Hub 2 participant circumstances and needs at registration. Note that these responses could not be deduplicated across programs and responses of individuals participating in multiple programs within Hub 2 may be included up to three times in the graphics below.

Overall, families in Hub 2 that completed the registration questions indicated that they were able to meet most of their basic needs, with childcare, food, and hygiene items as the most cited needs.



2 individuals indicated they did not have medical insurance



2 families indicated that they did not have safe and stable housing or are worried they may lose their housing soon



4 individuals indicated that they rarely or never have people they can turn to when they need support

Survey respondents also indicated basic needs they were having trouble affording at registration



1 could not afford rent or mortgage



3 could not afford utilities or household bills



8 could not afford groceries or food



5 could not afford childcare or daycare



2 could not afford medical expenses



8 could not afford basic household or hygiene items



0 could not afford transportation

Hub Adaptability to Pandemic

The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Access to resources, social supports, childcare, and basic needs like food and housing are increasing issues for families while children are at amplified risk for mental health concerns, unequal access to technology needed for distance learning, and lack of social opportunities. Community Hubs have adapted their services and supports to be responsive to the changing needs of families during this unprecedented time. The sections below provide a high-level summary of the adaptations made by the Hub 1 team during the pandemic in order to better support families, as well as an overview of the lessons learned during FY20-21 that can inform Hubs 2.0 implementation.

Hub 2 Adaptations and Strengthening Family Supports During the Pandemic

During FY20-21, the Hub 2 team stayed in close contact via Zoom and over the phone to discuss and refine their approaches to serving families. The lack of in-person events made it difficult for team members to collaborate on their contracted programming as described in [Appendix B](#) (e.g. early literacy events and activities, playgroups, parenting education classes, and connecting families to health and community resources) and as they had done in past years. Instead, the Hub 2 team partnered primarily on monthly and special supply distribution events.

Hub 2 Collaborative Events



Dia de los Ninos Children's Day

This drive-thru event focused on celebrating children and families were provided with backpacks containing books, educational resources on health and environmental topics, and craft kits.



Regular Basic Needs and Supply Distribution

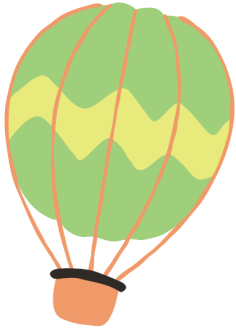
Hub staff collaborated on monthly supply distribution events, providing families with food, diapers, themed activity kits and books, and educational resources.

These collaborative events served not only to connect families with much needed supplies but served as a connection point between the Hubs team and families, helping, at least in part, to alleviate social isolation experienced by many families. These events also served as outreach opportunities to increase awareness of the wide variety of Hubs programming available to families via virtual and physically distanced modalities.

Lessons Learned and Applicability to Hubs 2.0

Hub 2 staff reported that pandemic circumstances provided growth opportunities that can be applied to Hubs 2.0 implementation. These included learning how to identify novel ways to serve families and better ways to communicate, connect, and collaborate with other Hub and community partners. The importance of reacting to changing circumstances and remaining flexible during the process were also noted as skills that were strengthened during the pandemic. These skillsets and attitudes can be applied by Hub staff as they adopt the new Hubs 2.0 model, the implementation of which will require adaptability on the part of staff as they transition to new navigator positions as well as strong connections with all Hub and community partners and agencies.

One Family's Story



Hubs funded partners provide information in their semiannual reporting that helps to demonstrate the impact that Hubs services have on families. This section provides a summary of the experience of one family during the 2020-21 program year as reported by Hubs team members.

In the fall of 2020, the Hub 2 CHA began working with a parent with two young children and many needs to address. The Community Health Advocate (CHA) assisted her with emotional support and connected her to behavioral health services, supported her in completion of a CalFresh application and also connected her with other food and financial resources. All of these steps have enabled the parent to gain confidence, stability, and motivation to move forward in her life. This same client was connected to the Hub 2 Family Engagement Specialist (FES) that represents the Together We Grow program. After making this connection, the client attended one of TWG's Zoom playgroups with her two boys. A few days later, in a follow up call with this client, she told the CHA that it was a wonderful experience for both herself and her two boys. For the first time, the CHA could hear some joy in the client's voice.

To demonstrate her appreciation, upon wrapping up a phone call in which the CHA had information on mindfulness tools to get her through hard times, she said, "Thank you for what you are doing for me and also having time to talk. I don't have the words to say thank you."

HUB 3 DATA SNAPSHOT

Hub 3 Participant Data (families)	150 (not unduplicated)
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People Served	FY18-19	FY19-20	FY20-21
Total Individuals Served	1,662	1,168	337
Age	FY18-19	FY19-20	FY20-21
Individuals 6+	625 (38%)	563 (48%)	196 (58%)
Children (under 6)	1,037 (62%)	605 (52%)	141 (42%)
Under 3	528 (51%)	267 (44%)	53 (38%)
3 to 6	460 (44%)	255 (42%)	86 (61%)
Age unknown	49 (5%)	83 (14%)	2 (1%)
Education	FY18-19	FY19-20	FY20-21
HS Graduates	93%	85%	89%
Bachelor's Degree	54%	43%	38%

In FY18-19 and FY19-20, education data was pulled from the Family Survey. In FY20-21 registration data was used.

Race/Ethnicity	FY18-19	FY19-20	FY20-21
American Indian	<1%	6%	1%
Asian/Pacific Islander	1%	<1%	1%
Black/African American	<1%	<1%	0%
Hispanic	10%	13%	30%
Multiracial	10%	3%	7%
Other	<1%	1%	0%
White	69%	59%	49%
Unknown	9%	17%	13%
Primary Language	FY18-19	FY19-20	FY20-21
Primary-English	78%	83%	69%
Primary-Spanish	6%	7%	24%
Primary-other	0%	5%	1%
Primary-unknown	16%	5%	6%

In FY20-21 Hub staff collected information on key social determinants of health during the registration process to determine areas of support they could provide to families during the pandemic. The following table utilizes the registration data to provide a snapshot of Hub 3 participant circumstances and needs at registration. Note that these responses could not be deduplicated across programs and responses of individuals participating in multiple programs within Hub 3 may be included up to three times in the graphics below.

Overall, families in Hub 3 that completed the registration questions indicated that they were able to meet most of their basic needs, with housing, social supports, food, and medical items as the most cited needs.

	6 individuals indicated they did not have medical insurance		8 families indicated that they did not have safe and stable housing or are worried they may lose their housing soon		7 individuals indicated that they rarely or never have people they can turn to when they need support								
Survey respondents also indicated basic needs they were having trouble affording at registration													
	5 could not afford rent or mortgage		6 could not afford utilities or household bills		16 could not afford groceries or food		4 could not afford childcare or daycare		7 could not afford medical expenses		5 could not afford basic household or hygiene items		1 could not afford transportation

Hub Adaptability to Pandemic

The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Access to resources, social supports, childcare, and basic needs like food and housing are increasing issues for families while children are at amplified risk for mental health concerns, unequal access to technology needed for distance learning, and lack of social opportunities. Community Hubs have adapted their services and supports to be responsive to the changing needs of families during this unprecedented time. The sections below provide a high-level summary of the adaptations made by the Hub 1 team during the pandemic in order to better support families, as well as an overview of the lessons learned during FY20-21 that can inform Hubs 2.0 implementation.

Hub 3 Adaptations and Strengthening Family Supports During the Pandemic

During FY20-21, the Hub 3 team met weekly via Zoom to discuss and refine their approaches to service delivery as pandemic circumstances changed and evolved over the year. Unfortunately, Hub 3 team operations were mildly impacted by staff changes and the need to build relationships virtually with new team members. In spite of this challenge, the Hub 3 team worked throughout the year to not only offer their contracted programming as described in [Appendix B](#) (e.g. early literacy events and activities, playgroups, parenting education classes, and connecting families to health and community resources) in new ways, but to also serve as a resource for both social and practical supports through intra- and inter-Hub collaborations.

Hub 3 Collaborative Events



Dia de los Ninos Children's Day

This event focused on celebrating children, and families were provided with backpacks containing books, educational resources, and activity kits.



Beach Party Super Hub Event

Families were given the opportunity to collect a themed activity kit and then join a Zoom "Beach Party" where participants completed activities such as playing with moon sand, learning about sunscreen, and making healthy, beach-themed snacks.



Providing Basic Needs and Educational Supplies

Hub staff collaborated on regular supply distribution events, providing families with food, diapers, themed activity kits and books, as well as educational resources. Families also had the opportunity to check out Chromebooks to facilitate online learning and connections to resources.

These collaborative events served not only to connect families with much needed supplies but served as a connection point between the Hubs team and families, helping, at least in part, to alleviate social isolation experienced by many families. These events also served as outreach opportunities to increase awareness of the wide variety of Hubs programming available to families via virtual and physically distanced modalities.

Lessons Learned and Applicability to Hubs 2.0

During FY20-21, all Hub 3 staff worked outside their traditional approach to programming in order to support Hub 3 families' access to resources. The team accomplished this not only through direct supply distribution but also by working collaboratively to connect families to local community service organizations. Connecting families with resources through navigational supports is the primary focus of the Hubs 2.0 model and having the opportunity to engage in this type of work in FY20-21 has positioned Hub staff to transfer to Navigator positions in FY21-22.



One Family's Story

Hubs funded partners provide information in their semiannual reporting that help to demonstrate the impact that Hubs services have on families. This section provides a summary of the experience of one family during the 2020-21 program year as reported by Hubs team members.

The Hub 3 Community Health Advocate (CHA) received a call from the Early Childhood Literacy Specialist (ECLS) requesting assistance for a parent in tears in the library. The client had Medi-Cal but was having a hard time finding a provider to get connected to support and counseling. In addition, her child was behind on vaccinations and unable to enroll in school. The CHA helped the client connect to the Community Health Center for both herself and her son. In addition, the CHA assisted the client in getting an appointment at the Public Health clinic to get her son vaccinated and back into school right away. During the appointment, the client also revealed that her family did not have much food. The Hub 3 ECLS provided the CHA with boxes of food to the family to tide them over until she was able to pick up food from the Food Bank and have her CalFresh renewed. The CHA was also able to connect the parent with other community resources such as the Home Energy Assistance Program (HEAP) and Christmas basket program.

Working together, the CHA and ECLS were able to provide the client with a variety of supports. The client remarked on how grateful she was that the Hubs were there to help her right in the moment she needed the extra support.

HUB 4 DATA SNAPSHOT

Hub 4 Participant Data (families)	198 (not unduplicated)
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People Served			
	FY18-19	FY19-20	FY20-21
Total Individuals Served	809	574	475
Age	FY18-19	FY19-20	FY20-21
Individuals 6+	377 (47%)	356 (62%)	261 (55%)
Children (under 6)	432 (53%)	218 (38%)	214 (45%)
Under 3	114 (26%)	73 (33%)	60 (28%)
3 to 6	245 (57%)	111 (51%)	107 (50%)
Age unknown	73 (17%)	34 (16%)	47 (22%)
Education			
	FY18-19	FY19-20	FY20-21
HS Graduates	84%	80%	89%
Bachelor's Degree	24%	33%	34%

In FY18-19 and FY19-20, education data was pulled from the Family Survey. In FY20-21 registration data was used.

Race/Ethnicity			
	FY18-19	FY19-20	FY20-21
American Indian	<1%	1%	2%
Asian/Pacific Islander	1%	<1%	5%
Black/African American	<1%	2%	1%
Hispanic	3%	2%	3%
Multiracial	2%	1%	6%
Other	0%	0%	0%
White	90%	74%	73%
Unknown	2%	20%	11%
Primary Language			
	FY18-19	FY19-20	FY20-21
Primary-English	80%	78%	89%
Primary-Spanish	<1%	1%	1%
Primary-other	0%	1%	1%
Primary-unknown	20%	20%	9%

In FY20-21 Hub staff collected information on key social determinants of health during the registration process to determine areas of support they could provide to families during the pandemic. The following table utilizes the registration data to provide a snapshot of Hub 4 participant circumstances and needs at registration. Note that these responses could not be deduplicated across programs and responses of individuals participating in multiple programs within Hub 4 may be included up to three times in the graphics below.

Although most families in Hub 4 that completed the registration questions indicated that they were able to meet most of their basic needs, a large number of respondents indicated needs that they were having trouble addressing.

 <p>22 individuals indicated they did not have medical insurance</p>	 <p>34 families indicated that they did not have safe and stable housing or are worried they may lose their housing soon</p>	 <p>15 individuals indicated that they rarely or never have people they can turn to when they need support</p>
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Survey respondents also indicated basic needs they were having trouble affording at registration

 <p>24 could not afford rent or mortgage</p>	 <p>35 could not afford utilities or household bills</p>	 <p>23 could not afford groceries or food</p>	 <p>10 could not afford childcare or daycare</p>	 <p>48 could not afford medical expenses</p>	 <p>18 could not afford basic household or hygiene items</p>	 <p>3 could not afford transportation</p>
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Hub Adaptability to Pandemic

The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Access to resources, social supports, childcare, and basic needs like food and housing are increasing issues for families while children are at amplified risk for mental health concerns, unequal access to technology needed for distance learning, and lack of social opportunities. Community Hubs have adapted their services and supports to be responsive to the changing needs of families during this unprecedented time. The sections below provide a high-level summary of the adaptations made by the Hub 1 team during the pandemic in order to better support families, as well as an overview of the lessons learned during FY20-21 that can inform Hubs 2.0 implementation.

Hub 4 Adaptations and Strengthening Family Supports During the Pandemic

During FY20-21 the Hub 4 team met regularly, developing their own “staff meetings” during which to collaborate on activities and events and mitigate the natural inclination to silo programs. Staff noted that while they worked together long before COVID, this past year brought the team closer together as they worked to address Hub 4 family needs. A significant barrier to engaging with and offering programming to families was related to technology as Hub 4 is very rural and internet connectivity limited online participation.

The Hub 4 team worked throughout the year to not only offer their contracted programming as described in [Appendix B](#) (e.g. early literacy events and activities, playgroups, parenting education classes, and connecting families to health and community resources) in new ways, but also collaborated on Hub events.

Hub 4 Collaborative Events



Spring Super Hub Pajama Party

Families were provided a goodie bag with popcorn, a book, bug-themed crafts, and writing and gardening supplies. Each Hub partner hosted a separate activity aligned with their programming: RR@YL provided a storytime, TWG gave a lesson on early writing skills, and CH offered a tutorial on how to plant herbs.



Providing Basic Needs and Food Supplies

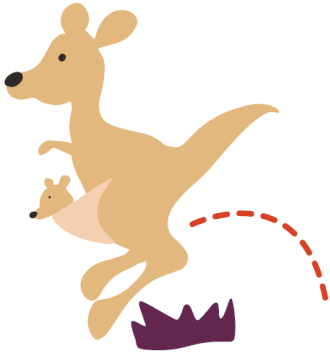
Hub staff collaborated on supply distribution events, providing families with food and diapers throughout the year.

Staff noted that they responded to changing circumstances by offering help to families in impromptu ways, such as doing outreach and providing on-demand assistance to individuals participating in the supply and food distribution events described above.

Lessons Learned and Applicability to Hubs 2.0

Hub 4 staff noted during the COVID pandemic they have learned to be flexible and try new things. This attitude and approach can be applied by Hub staff as they adapt to the new Hubs 2.0 model, the implementation of which will require adaptability on the part of staff as they transition to new Navigator positions.

Staff also noted that the connections with families that the Hub have developed both before and during the pandemic ensure that families know they can go to the Hub for help when they need it, which may support the navigation-centered approach to service delivery that is the core component of Hubs 2.0.



One Family's Story

Hubs funded partners provide information in their semiannual reporting that help to demonstrate the impact that Hubs services have on families. This section provides a summary of the experience of one family during the 2020-21 program year as reported by Hubs team members.

Hub team members worked together to support a caregiver that had recently obtained custody of children from the foster care system in another state. The original reason this caregiver contacted the Hub was for resources to help pay for childcare for the children. Through Hub team member interactions with the caregiver, the TWG team member also learned that one of the children was being evaluated for potential developmental and educational issues. Overall, this caregiver was very overwhelmed and discouraged by the lack of success and support they had received in locating services to support them. Supporting this family quickly became a group effort. The Hub team was able to connect the caregiver to the school and swiftly get an assessment scheduled for the child. The assessment results led to the child being placed in a county preschool program where services would be offered. The family was also put in touch with the Community Health Advocate (CHA) to provide assistance in accessing local resources that were available to foster youth and their families. Finally, the county-wide Foster Youth Liaison supported the family in communication with the Social Worker and out-of-state courts to get them connected to financial resources.

The caregiver could not thank everyone enough for the support they provided and said that the Hubs team members were the only people she has dealt with during this whole process that listened to her and believed her. It was such a great experience for the Hubs team to watch her go from a feeling of hopelessness and doubt to a feeling of hopefulness for the future.

HUB 5 DATA SNAPSHOT

Hub 5 Participant Data (families)	334 (not unduplicated)
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People Served			
	FY18-19	FY19-20	FY20-21
Total Individuals Served	1,360	1,140	622
Age	FY18-19	FY19-20	FY20-21
Individuals 6+	467 (34%)	695 (61%)	424 (68%)
Children (under 6)	893 (66%)	445 (39%)	198 (32%)
Under 3	463 (52%)	264 (59%)	109 (55%)
3 to 6	396 (44%)	181 (41%)	89 (45%)
Age unknown	34 (4%)	0 (0%)	0 (0%)
Education			
	FY18-19	FY19-20	FY20-21
HS Graduates	76%	87%	78%
Bachelor's Degree	56%	55%	52%

In FY18-19 and FY19-20, education data was pulled from the Family Survey. In FY20-21 registration data was used.








Race/Ethnicity			
	FY18-19	FY19-20	FY20-21
American Indian	<1%	<1%	<1%
Asian/Pacific Islander	3%	3%	4%
Black/African American	<1%	<1%	<1%
Hispanic	32%	31%	39%
Multiracial	6%	6%	8%
Other	1%	<1%	0%
White	50%	47%	36%
Unknown	7%	13%	14%
Primary Language			
	FY18-19	FY19-20	FY20-21
Primary-English	48%	58%	50%
Primary-Spanish	18%	28%	35%
Primary-other	<1%	2%	3%
Primary-unknown	33%	11%	12%

In FY20-21 Hub staff collected information on key social determinants of health during the registration process to determine areas of support they could provide to families during the pandemic. The following table utilizes the registration data to provide a snapshot of Hub 5 participant circumstances and needs at registration. Note that these responses could not be deduplicated across programs and responses of individuals participating in multiple programs within Hub 5 may be included up to three times in the graphics below.

Although most families in Hub 5 that completed the registration questions indicated that they were able to meet most of their basic needs, a large number of respondents indicated needs that they were having trouble addressing.

	23 individuals indicated they did not have medical insurance		22 families indicated that they did not have safe and stable housing or are worried they may lose their housing soon		69 individuals indicated that they rarely or never have people they can turn to when they need support
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Survey respondents also indicated basic needs they were having trouble affording at registration

						
35 could not afford rent or mortgage	28 could not afford utilities or household bills	12 could not afford groceries or food	0 could not afford childcare or daycare	27 could not afford medical expenses	15 could not afford basic household or hygiene items	13 could not afford transportation

Hub Adaptability to Pandemic

The COVID-19 pandemic has intensified existing challenges facing children and families. While all families are facing adversity, the impacts of the pandemic have not been evenly distributed and may have long-lasting consequences for the most vulnerable. Access to resources, social supports, childcare, and basic needs like food and housing are increasing issues for families while children are at amplified risk for mental health concerns, unequal access to technology needed for distance learning, and lack of social opportunities. Community Hubs have adapted their services and supports to be responsive to the changing needs of families during this unprecedented time. The sections below provide a high level summary of the adaptations made by the Hub 1 team during the pandemic in order to better support families, as well as an overview of the lessons learned during FY20-21 that can inform Hubs 2.0 implementation.

Hub 5 Adaptations and Strengthening Family Supports During the Pandemic

During FY20-21, the TWG and RR@YL Hub 5 team members communicated weekly via email, had regular meetings, and worked to maintain constant contact and collaborate on projects. The CH team member was less available to collaborate due to their required focus on COVID-19 contact tracing, testing, and staffing immunization clinics, but participated in Hub-wide events as these other responsibilities allowed. In addition to offering their contracted programming as described in [Appendix B](#) (e.g. early literacy events and activities, playgroups, parenting education classes, and connecting families to health and community resources) Hub 5 staff also worked to serve as a resource for both social and practical supports through intra- and inter-Hub collaborations.

Hub 5 Collaborative Events



Dia de los Ninos Children's Day

This event focused on celebrating children, and families were provided with diapers and wipes, a bilingual book and craft kit, book bags, and informational resources.



Providing Basic Needs and Educational Supplies

Hub staff collaborated on supply distribution events via drive-thru and home visits, providing families with food, diapers, activity kits and books, and educational resources.

Lessons Learned and Applicability to Hubs 2.0

Hub 5 staff noted that working during the pandemic required flexibility and team collaboration to determine the best ways to reach families, an approach that can be of use in the implementation of the Hubs 2.0 model. Staff also determined that the use of Navigators in the new model provides an opportunity to engage everyone in the Hub. Hub 5 staff worked outside their traditional scopes of organizing and facilitating programming in order to support family access to resources.

Staff found that while technology and connectivity issues prevented many individuals from participating in Hubs services, virtual offerings also facilitated participation from individuals that previously had not engaged with the Hubs. Because of this, it was suggested that virtual services should remain after COVID becomes less of an issue, and that a hybrid approach of in-person and virtual service delivery would best serve families within Hub 5 moving forward.



One Family's Story

Hubs funded partners provide information in their semiannual reporting that help to demonstrate the impact that Hubs services have on families. This section provides a summary of the experience of one family during the 2020-21 program year as reported by Hubs team members.

The Hubs 5 CHA connected with a single parent of three children that needed assistance. The CHA first worked with the family to assess their essential needs, with the parent indicating that their most immediate needs were securing food and shelter for his children. He also mentioned that one of his children needed a referral for behavioral health, physical health, and vision needs. Moreover, the parent disclosed that his working hours were reduced and his car broke down, which was making it harder to find a second job. In addition, the parent mentioned that he needed assistance accessing EDC Child Support Services (CSS). The Hubs 5 health team referred the family to a variety of providers and organizations to address these needs, including a medical clinic/provider, the EDC Fondo Milagroso (Miracle Fund) and Tahoe Magic for financial assistance, food pantries, and EDC CSS.

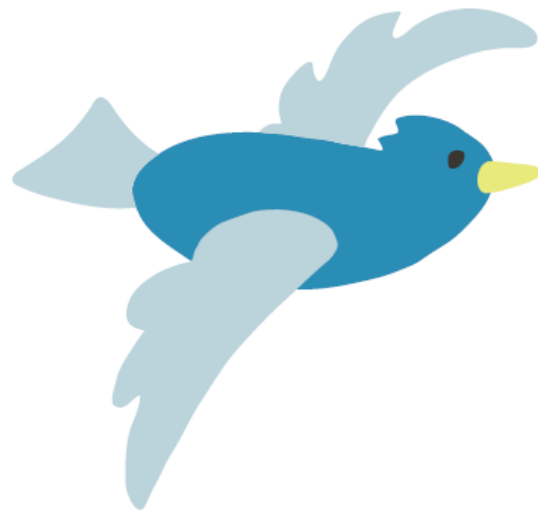
With the CHA's support navigating these resources, the family was able to secure food and shelter for two months and consequently save enough money to fix their car. The parent was able to connect with Barton Health Clinic and obtain assistance for his child's physical and behavioral concerns, obtain new glasses, and schedule an appointment with a specialist at UC Davis.

APPENDIX B: SUMMARY OF PROGRAM INVESTMENTS

Appendix B provides an overview of the programs supported by First 5 El Dorado in FY20-21, including a summary of programmatic activities and individuals served, as well as a description of the impact of COVID-19 on service delivery.

Programs funded by First 5 El Dorado include:

- Ready to Read at Your Library (RR@YL)
- Together We Grow (TWG)
- Children's Health (CH)
- High 5 for Quality (H5Q)—note that H5Q data is not included in the county-wide roll-up of programmatic data provided in the body of this report.



READY TO READ @ YOUR LIBRARY (RR@YL)

RR@YL provides early literacy programs with the goal of establishing positive early learning experiences for families with young children and encouraging home literacy practices among families. The library programs reach providers that care for children out of the home through early care and education (ECE) programs, and with parents through library programs for families. Each early childhood literacy specialist models a best-practice curriculum, which supports, informs, and encourages family and caregiver participation to strengthen their role as their child's first teacher.

This section provides an overview of the programmatic adaptations made as well as a summary of the families served by the RR@YL literacy activities during the 2020-21 program year. To help provide context for the impact of COVID-19 on service delivery the following page also includes comparable data for 2018-19 (a non-COVID-impacted year), and 2019-20 (a partially COVID-impacted year).

PROGRAM ADAPTATIONS AND IMPACT ON SERVICE DELIVERY DUE TO COVID-19

In prior, non-COVID years, the RR@YL program provided a variety of literacy programs primarily through in-person, themed storytimes and other events offered in both English and Spanish. During FY20-21, these activities were moved almost exclusively to a virtual setting in order to accommodate physical distancing requirements mandated during the pandemic. While RR@YL staff in two of the five Hubs were able to reintroduce in-person programming towards the end of the year, the RR@YL program primarily offered literacy and language programming and supports in the following ways:

- Via live Zoom, Instagram, or Facebook Live events hosted by RR@YL staff. These were offered during the day, as well as during evenings to allow families to participate outside of work and school hours.
- Via recorded events hosted by RR@YL staff that were made available for families to watch at their convenience.
- Via drive-thru and other book, literacy activity, and craft distribution events.
- Via the 10-week LENA Start program, which is designed to accelerate language development in children birth to three and to improve their cognitive, social, and emotional health.

The RR@YL staff also provided non-literacy supports in each of the Hubs, helping families meet their basic needs by organizing and participating in Hub-wide supply distribution events. These events not only served to distribute needed supplies such as diapers, food, and hygiene products to families, but also served as a connection point with families. Through these events, the RR@YL program was able to promote the literacy programming offered and provide social supports for families struggling with isolation during the pandemic.



NUMBER/TYPE OF FAMILIES SERVED BY RR@YL THROUGH EARLY LITERACY SERVICES

These totals include only those individuals that participated in literacy services during the 20-21 program year and do not include demographic information for families served through other RR@YL activities such as supply distribution.

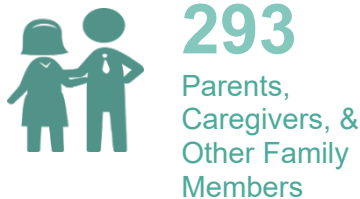
Due to the impact of COVID-19 restrictions on RR@YL staff's ability to collect data in a virtual setting, the totals below should be viewed as minimum counts and likely underrepresent the true numbers of families that participated in literacy services in FY20-21. However, the reductions seen in the number of individuals served through literacy programming between FY18-19 and FY20-21, while possibly exaggerated, are likely a true representation of a reduced number of individuals participating in programming. RR@YL staff reported that both lack of technology access as well as a resistance to increasing screen time for children contributed to these lower numbers in FY20-21.

HOW MANY PEOPLE WERE SERVED?



Compared to

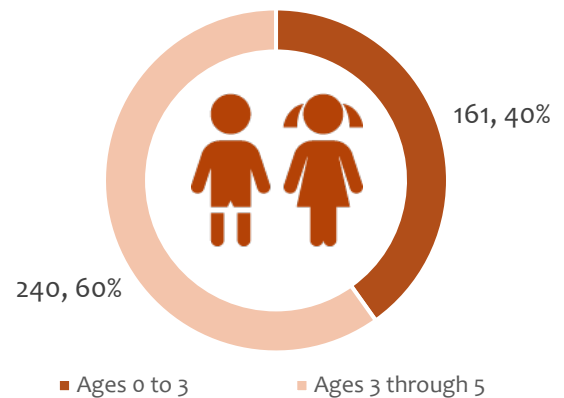
- 1,629 in FY19-20
- 2,093 in FY18-19



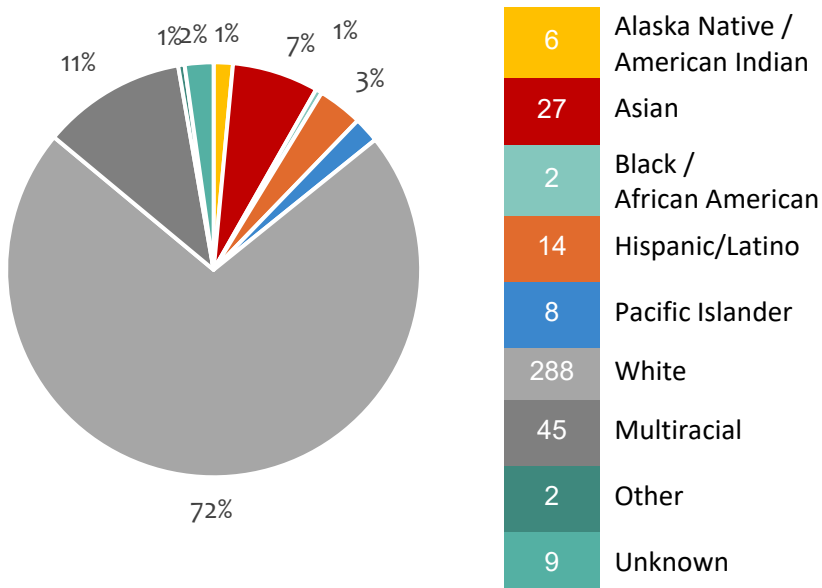
Compared to

- 1,213 in FY19-20
- 1,506 in FY18-19

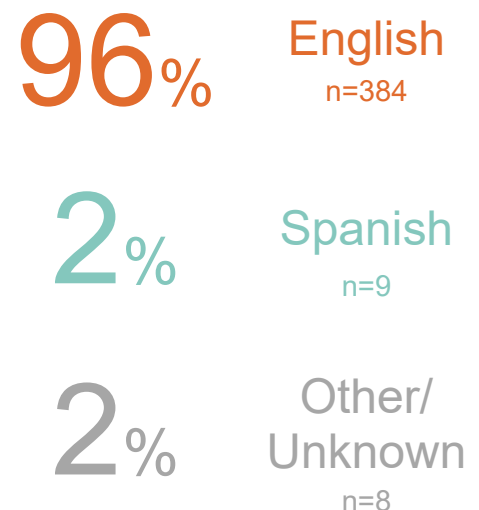
AGES OF CHILDREN SERVED



RACE/ETHNICITY OF CHILDREN SERVED



LANGUAGE OF CHILDREN SERVED



TOGETHER WE GROW (TWG) – PLAYGROUPS AND OTHER FAMILY ENGAGEMENT SERVICES

Together We Grow provides Playgroups to families with structured activities and developmental screenings, information about activities to support optimal development, and referrals for early intervention supports when a need is identified. TWG serves families with children birth through age five that live in El Dorado County. Family support specialists are available to coach, guide, and support families as their child's first teacher.

This section provides an overview of the programmatic adaptations made as well as a summary of the families served by the TWG program during the 2020-21 program year, and to help provide context for the impact of COVID-19 on service delivery includes comparable data for 2018-19 (a non COVID-impacted year), and 2019-20 (a partially COVID-impacted year).

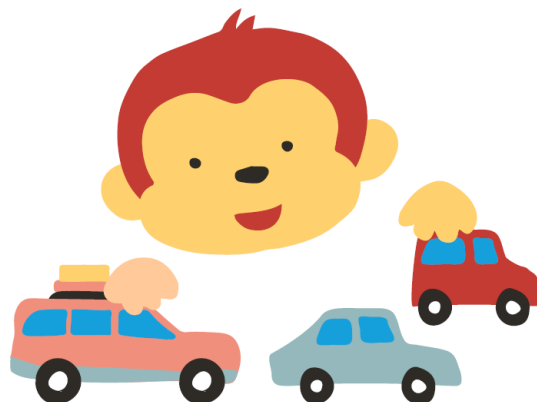
PROGRAM ADAPTATIONS AND IMPACT ON SERVICE DELIVERY DUE TO COVID-19

In prior, non-COVID years, the Together We Grow program provided a variety of family engagement activities primarily through in-person playgroups and parent education classes in both English and Spanish. During FY20-21, these activities were moved almost exclusively to a virtual setting in order to accommodate physical distancing requirements mandated during the pandemic. Some TWG team members noted that the virtual setting seemed to increase participation in some activities, particularly parent education classes and groups, as they were able to connect with individuals that previously would not have participated due to issues of childcare or transportation. Other Hubs reported different outcomes, with technology and connectivity issues reducing the number of people who were able to participate in programming.

While staff were able to reintroduce in-person programming sporadically throughout the year, the TWG program primarily offered playgroups, family engagement services, developmental screening information, and childcare provider supports in the following ways:

- Via virtual programming provided live to families by TWG staff, as well as through joining virtual programming organized and hosted by other Hubs programs.
- Via home visits at which they connected with families/childcare providers and provided supplies and developmental screening information.
- Via phone calls and Zoom meetings during which they built relationships with families, provided developmental screening information, and general supports.

The TWG also provided non-family engagement supports over the FY20-21 year, helping families meet their basic needs by organizing and participating in food distribution events.



NUMBER/TYPE OF FAMILIES SERVED BY TWG FAMILY ENGAGEMENT ACTIVITIES

These totals include only those individuals that participated in family engagement services during the FY20-21 program year and do not include demographic information for families served through other TWG activities such as supply distribution.

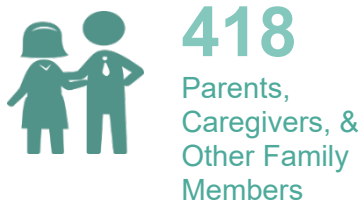
Due to the impact of COVID-19 restrictions on TWG staff's ability to collect data in a virtual setting, the totals below should be viewed as minimum counts and likely underrepresent the true numbers of families that participated in literacy services in FY20-21. However, the reductions seen in the number of individuals served through family engagement programming between FY18-19 and FY20-21, while possibly exaggerated, are likely a true representation of a reduced number of individuals participating in programming. TWG staff reported that lack of technology access contributed to these lower numbers in FY20-21.

HOW MANY PEOPLE WERE SERVED?



Compared to

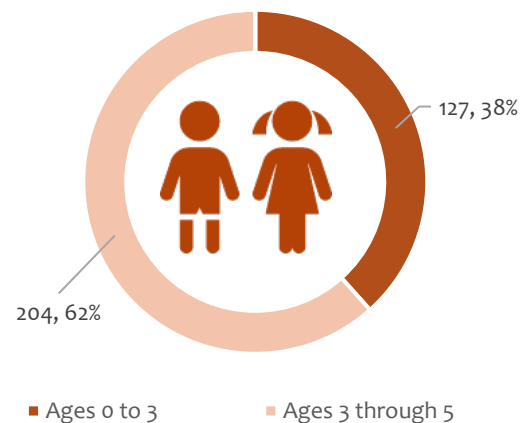
- 428 in FY19-20
- 592 in FY18-19



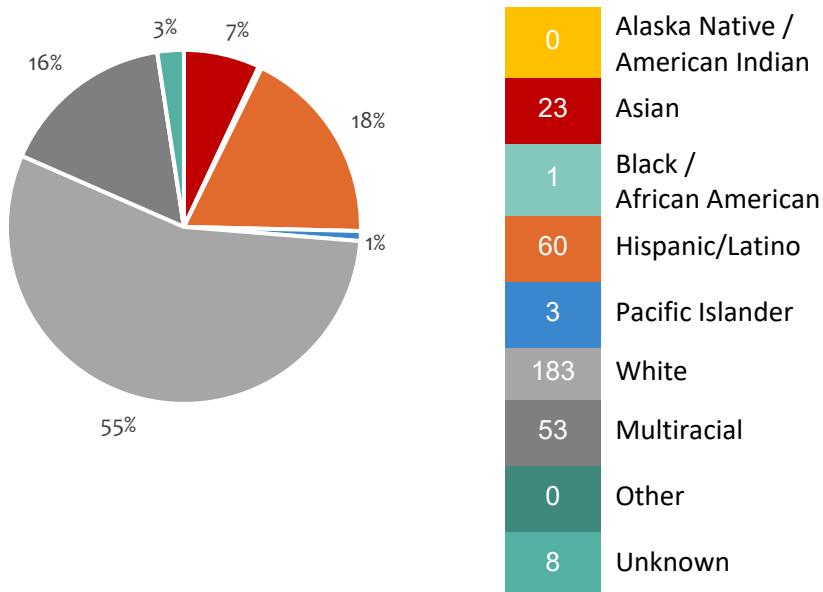
Compared to

- 418 in FY19-20
- 527 in FY18-19

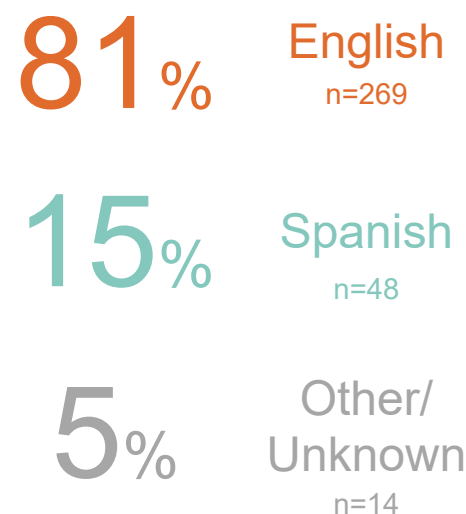
AGES OF CHILDREN SERVED



RACE/ETHNICITY OF CHILDREN SERVED



LANGUAGE OF CHILDREN SERVED



TOGETHER WE GROW (TWG) – DEVELOPMENTAL SCREENINGS

Together We Grow provides families with developmental screenings, and referrals for early intervention supports when a need is identified. Developmental screening occurs in Community Hub settings as well as thorough childcare providers. Through playgroups, TWG works with parents to complete the ASQ and ASQ:SE developmental screening tool and offers support and guidance on how to support their child's optimal development. TWG also helps to inform and train childcare providers on the value and use of developmental screenings. As such, childcare providers are empowered to directly provide screenings. The results in this section of the report combines the result of screening conducted in both settings.

This section provides an overview of the programmatic adaptations made as well as a summary of TWG developmental screenings facilitated during the 2020-21 program year, and to help provide context for the impact of COVID-19 on service delivery includes comparable data for 2018-19 (a non COVID-impacted year), and 2019-20 (a partially COVID-impacted year).

PROGRAM ADAPTATIONS AND IMPACT ON SERVICE DELIVERY DUE TO COVID-19

TWG staff continued to provide developmental screening information, facilitate completion of developmental screens, and review the results of screens during FY20-21. Staff utilized a variety of approaches to support the completion of developmental screens, including:

- Direct phone calls and Zoom meetings, as well as home visits, with families
- At Kindergarten round-up registration events
- By joining events organized by other Hubs providers, such as RR@YL-hosted Storytimes

TWG staff reported fewer developmental screenings completed in FY20-21 compared to prior years (as detailed on the following page). The reduced numbers are likely related to the overall lower number of individuals and families served by Community Hubs in FY20-21, as other Hubs programs and programming, specifically TWG playgroups and childcare providers, serve as key entry points for families to learn about the availability of developmental screenings.



NUMBER/TYPE OF CHILDREN SERVED THROUGH TWG DEVELOPMENTAL SCREENINGS

Because demographic information is collected as part of the developmental screening process, the numbers below accurately represent the number of children served through ASQ and ASQ:SEs. This differs from other programs described in this appendix that experienced data collection challenges throughout the year.

HOW MANY PEOPLE WERE SERVED?

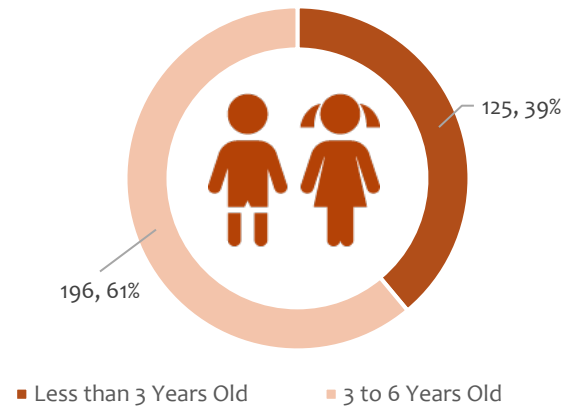
TWG provided developmental screenings for 321 unduplicated children birth through age five. Note that some children received both ASQs and ASQ:SEs, and this total will not match the total number of children screened for each on the following page.



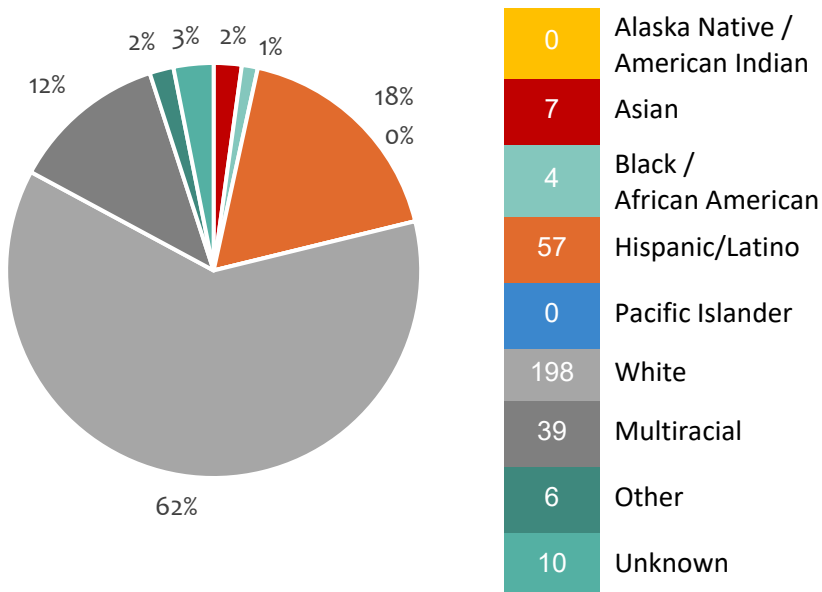
Compared to

- 411 in FY19-20
- 654 in FY18-19

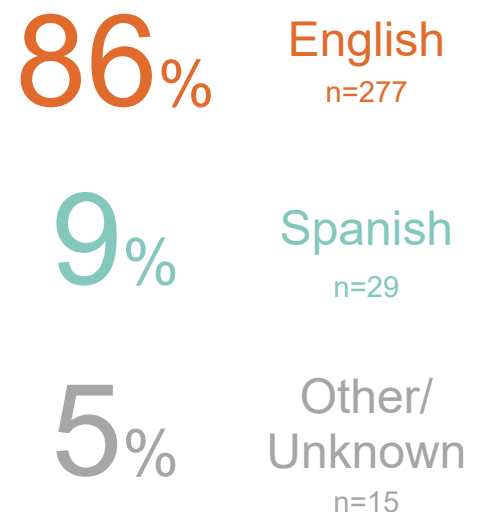
AGES OF CHILDREN SERVED



RACE/ETHNICITY OF CHILDREN SERVED



LANGUAGE OF CHILDREN SERVED



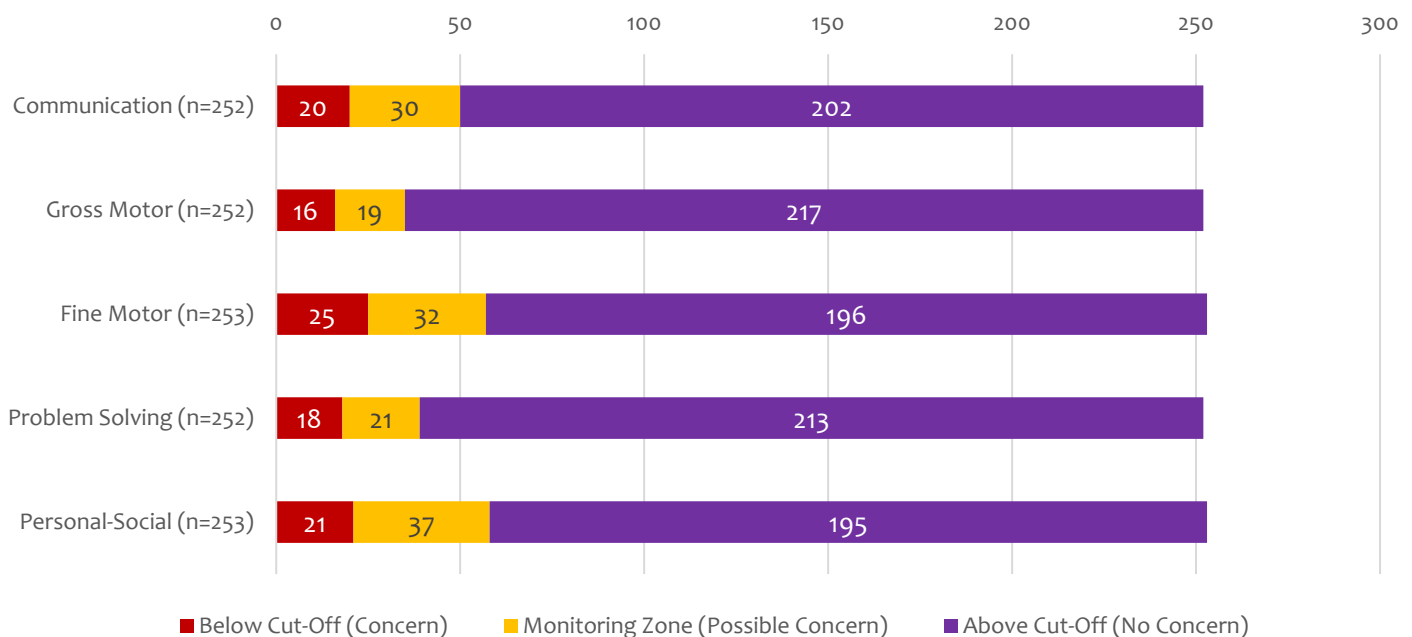
NUMBER/TYPE OF SERVICES PROVIDED

In FY20-21, TWG provided the following components of service delivery:

- 258 ASQ screenings were completed
- 280 ASQ:SE screenings were completed
- 26 referrals were provided to children based on developmental screening results

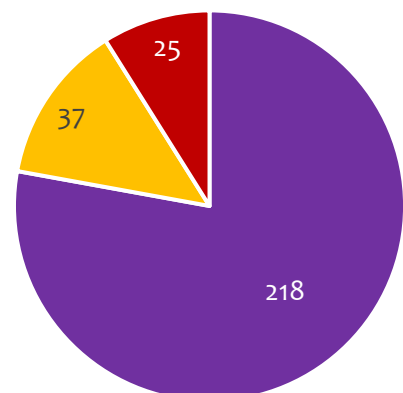
IMPACT ON FAMILIES SERVED

In FY20-21, a total of **253** unduplicated children received a total of 258 ASQ developmental screenings (as some children received more than one screening). Only the most recent assessment for each child is provided in the chart below; not all children were assessed on all domains, accounting for differences in “n”s. The majority of children screened had development that was on schedule. The area where children need the most monitoring and support was in personal-social and fine motor skills.



In FY20-21, a total of **280** unduplicated children received a total of 284 ASQ:SE social emotional developmental screenings (as some children received more than one screening). Only the most recent assessment for each child is provided in the figure below (n=280).

The majority of screenings (218, 78%) were identified as no concern. Nine percent of children screened demonstrated a score that indicated a possible concern at their most recent screening, while thirteen percent were also identified as needing ongoing monitoring.



CHILDREN'S HEALTH (CH)

Children's Health provides parents with information and resources to increase regular well-child exams and oral health exams. Through Community Health Advocates (CHAs), the program collaborates with community partners to increase access to services and to get families connected to health care resources and community services. CH also assists families with children in obtaining or retaining health insurance, utilizing a medical home, and utilizing a dental home. The priority audience for CH is medically uninsured or underserved expectant parents and families with children birth through age five that live in El Dorado County.

This section provides an overview of the programmatic adaptations made as well as a summary of the families served by the CH program during the 2020-21 program year, and to help provide context for the impact of COVID-19 on service delivery includes comparable data for 2018-19 (a non COVID-impacted year), and 2019-20 (a partially COVID-impacted year).

PROGRAM ADAPTATIONS AND IMPACT ON SERVICE DELIVERY DUE TO COVID-19

In prior, non-COVID years, the CH program used both in-person and virtual (e.g. phone calls) methods to connect families with health and community resources. CH staff were able to leverage this prior experience in order to serve families during the pandemic, utilizing a variety of approaches to expand the types of connections they facilitated beyond the health and wellness connections that have been part of their traditional scope of work. During FY20-21, CHAs supported families by:

- Connecting families to services they had not previously assisted with, such as facilitating disability, unemployment, and stimulus fund applications.
- Creating an outdoor workspace that complied with physical distancing requirements and provided individuals with the opportunity to connect in person. This space also helped address technology gaps experienced by families without internet access at their homes when libraries and other internet access points were closed.
- Filling the social supports gap caused by COVID by serving as points of contact and connection for isolated individuals and families.
- Offering virtual Health Education series in several of the Hubs for a variety of audiences, including increasing resiliency skills for young children, a teen-focused "Take a Deep Breath" support group, and a new moms group.
- Participating in food and supply distribution events.
- Utilizing these food and supply distribution events, as well as their participation in the COVID-response activities detailed below, to promote Hub activities and services and provide ad hoc, on-demand connections to resources for families in need.

The CHAs also played a key role in the COVID-response activities, taking on contact tracing and case investigation, and organizing and staffing immunization clinics that served thousands monthly throughout the County.



NUMBER/TYPE OF FAMILIES CONNECTED TO RESOURCES

These totals include only those individuals that were connected to resources during the 20-21 program year and do not include demographic information for families served through other CH activities such as supply distribution.

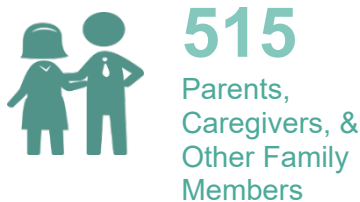
Due to the impact of COVID-19 restrictions on CH staff's ability to collect data in a virtual setting, as well as the nature of the connections they facilitated during supply distribution and COVID-response events, totals below should be viewed as minimum counts and likely underrepresent the true numbers of families that were served in FY20-21.

HOW MANY PEOPLE WERE SERVED?



Compared to

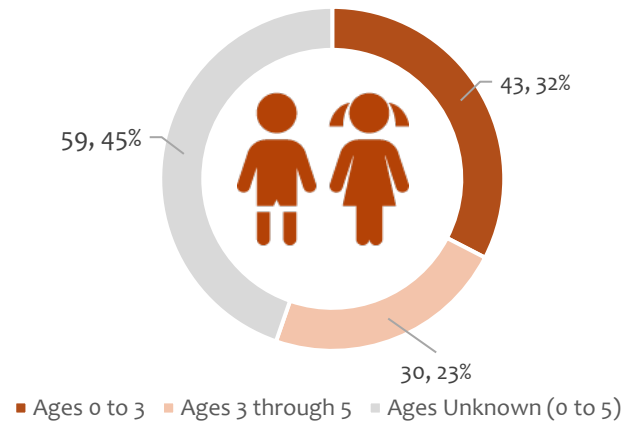
- 290 in FY19-20
- 212 in FY18-19



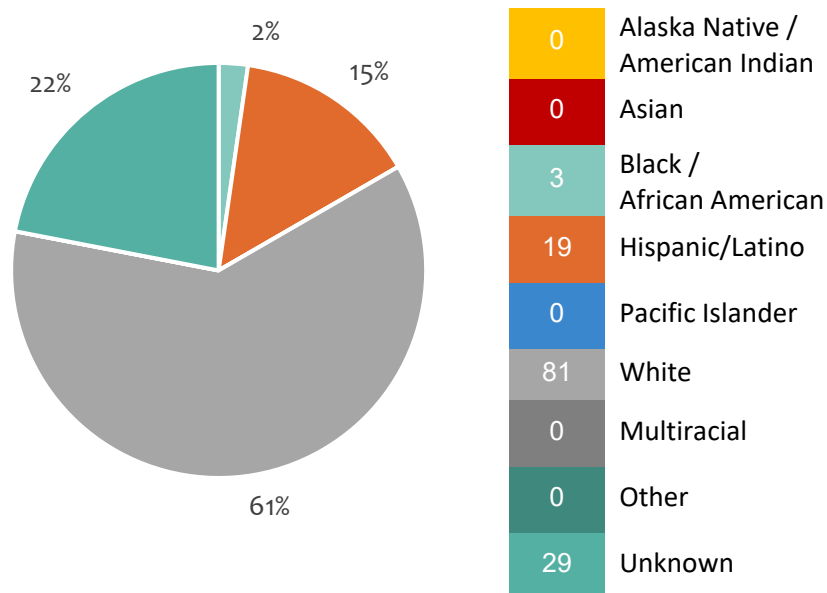
Compared to

- 899 in FY19-20
- 482 in FY18-19

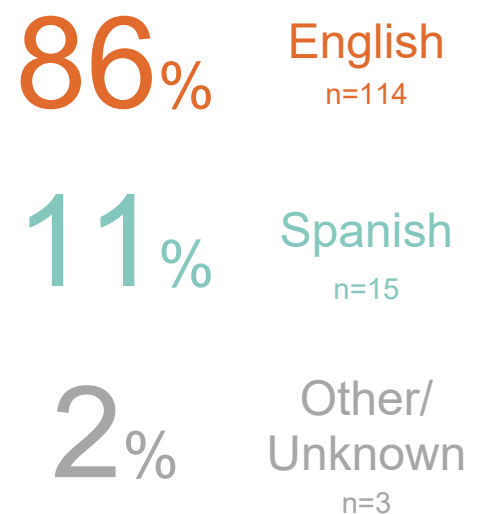
AGES OF CHILDREN SERVED



RACE/ETHNICITY OF CHILDREN SERVED



LANGUAGE OF CHILDREN SERVED



HIGH 5 FOR QUALITY (H5Q)

High 5 for Quality (H5Q): Building on more than a decade of successful quality investments, First 5 El Dorado has implemented a quality rating and improvement system, “High 5 for Quality” based upon the California Quality Rating Improvement Scale (QRIS) Matrix. All licensed, legally licensed exempt, and alternative setting early care and education providers serving children birth through five in the County are eligible to apply for program services focused on continuous quality improvement activities. This process includes the use of reliable assessments (environmental rating scales (ERS), CLASS, and training in child developmental screenings (ASQ and ASQ-SE). Coaches and mentors work with program participants to review self-assessments and develop a Site Improvement Plan (SIP). The SIP assesses where a provider might fall on the QRIS Matrix and is used to prioritize quality improvement activities for the year. The program then provides guidance on implementation efforts. Alternative and family, friend and neighbor (FFN) sites are supported utilizing best practices in parenting and family engagement curriculum.

PROGRAM ADAPTATIONS AND IMPACT ON SERVICE DELIVERY DUE TO COVID-19

Coaching and quality improvement activities faced several challenges during the FY20-21 year. Childcare sites experienced staffing issues related to COVID-19 including staff illness, staff quarantine, and staff availability due to loss of school age care, with some sites closing completely. Sites also experienced significant financial stress due to lower staff-child ratios, and higher staff and cleaning costs. The QRIS coaching team itself additionally experienced staff challenges with differing issues due to personal health and home challenges. Restrictions due to COVID-19 additionally precluded on-site assessments and observations.

To address these structural issues, the California Department of Education (CDE) provided guidance to promote safety and keep the doors open for childcare providers. This guidance impacts quality improvement indicators such as environmental ratings, which is critical to assigning a quality rating. For that reason, the CDE held participating programs harmless for quality rating and improvement system (QRIS) ratings for FY20-21. The QRIS system is voluntary and many other programs followed suit resulting in inconsistent participation and data.

In spring 2021 some sites were allowed to return to on-site coaching, while others requested no coaching visits for protective measures. QCED adapted by making remote and virtual coaching available to sites. Many programs began Virtual Coach meetings and even began classroom team coaching supported by the site lead who stepped in to take over the class while small groups participated in reflective coaching. This was facilitated by making technology available to sites and through the QCC Coaching Companion. The focus during FY20-21 was to be a support to all sites, to work towards QI goals slowly, and to continue to build relationships with site leads and teachers as pandemic and physical distancing protocols allowed.



NUMBER/TYPE OF PROVIDERS SERVED

Because of the conditions brought on by the pandemic, data collection efforts were limited to include the profile of childcare providers served in FY20-21. As mentioned earlier, site monitoring and QRIS ranking was not completed and therefore is not being presented for consideration as it has been in previous reports.

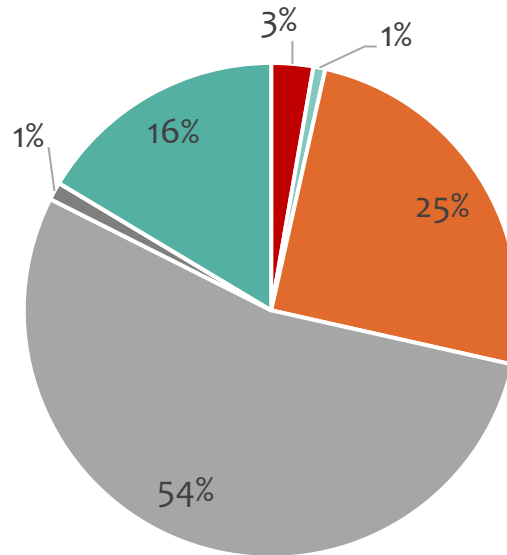
HOW MANY INDIVIDUALS WERE SERVED?



256 Early Childhood Educators
Compared to

- 294 in FY19-20
- 368 in FY18-19

RACE/ETHNICITY OF INDIVIDUALS SERVED



0	Alaska Native / American Indian
7	Asian/Pacific Islander
2	Black / African American
64	Hispanic/Latino
138	White
3	Multiracial
0	Other
42	Unknown

TYPE OF PROVIDER SITES SERVED

In FY20-21, the H5Q program served a total of 89 licensed early childcare and education sites. This includes small and large family childcare homes, childcare centers, and programs that are both privately and publicly funded (a total of 66). The program also served 23 alternative sites that were parent-provider groups provided in the community and facilitated by Family Engagement staff.

