FY 2017/18 DISPARITY FUNDING APPLICATION

Note: Please complete this form for **each** proposed project. Please refer to the application instructions for clarification for any of the following questions.

Please check the box that describes your organization		
☐ Regional Center	☒ CBO, 501(c)(3)	☐ CBO, non-501(c)(3)

A. Grantee Information

1. Name of Organization/Group	2. Date
Institute for Maximum Human Potential	11/03/2017
3. Primary Contact (Name)	
Delores Brown CEO	
4. Mailing Address	
PO BOX 72059 Los Angeles CA 90002	
5. E-mail Address	**6. Phone Number**
deloresbrown3676@sbcglobal.net	323-567-9883

7. Brief Description of the Organization/Group (organization type, group mission, etc.). Please include details about the organization/group's vision and how it ties to the targeted population.

Institute for Maximum Human Potential As the Lead organization, along with its community Partner, Mindwalk, LLC, will implement and manage a comprehensive and focused strategy with key elements that are designed to have optimum outcome and will work through a collaboration of community Based Family Groups called INTEGRATED COMMUNITY COLLABORATIVE NESTDAN, Latino Strong Voice Family, Community Parent Outreach, Able CAFÉ, MAMA, Exceptional People Connections, Live Your Life Consultants, a collaborative community based and family support groups is proud to present it proposal for delivery of services under the Disparity Funds Program / Community Based Organization for the fiscal year 2018/2019. Our goal and objective is to identify and reduce disparities, improve access to needed services and to enhance outreach to Latino and African American populations and communities who are underserved in regional centers caseloads. Institute for Maximum Human Potential (IMHP), a 501 c (3) a community based organization was incorporated in South Central Los Angeles in 1995. IMHP is a human service agency that focuses on families, children in foster care, families with minors involved in the juvenile system, the learning disabled, and families with social, emotional and economical issues. IMHP has operated as a Family Preservation Community Network and a Day Treatment/Mental Health provider since incorporation. Over the past ten years, IMHP has taken a leadership role in delivering comprehensive services to at-risk families of South Los Angeles with a focus on children 0-5 with intellectual disabilities . Experience Working With Culturally, Linguistically, and Socioeconomically Diverse Groups: IMHP programs are located in and serve the SPA 6, particularly the Inglewood, Lawndale, Hawthorne, Gardena and Watts/Compton communities, inclusive of the targeted zip codes. Our services were designed specifically around the cultural, linguistic and socioeconomic diversity of the communities we serve. Currently, over 98% of the families we serve are persons of color, approximately 45% have Spanish as their primary language, and 95% have incomes below the federal poverty level.

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B. Project Information

1. Project title

Community Integrator Project

2. Describe how the target population is an underserved population.

The specific areas within Los Angeles County will include Westside, Lanterman, East Los Angeles, Harbor, San Gabriel/ Pomona North Los Angeles, INRC, Valley Mountain. According to the data from each Based upon the data for the Consumers who are not receiving RC POS funds and are approved to do so. The combined total is 29,317 which is ELARC, 1873, INRC:7,443,SGPRC: 2,965 , WRC:1363,Harbor:3,423, LNTRMN: 2,033, NLA:4,713 and VMRC: 2,335.
Based upon overlapping service area, the collaborative has identified two sub-geographies within Los Angeles County where we would like to bring our efforts. . South LA has the largest percentage of Black and Latino residents of any Service Planning Area within LA County. In both geographies, the population is almost entirely African American (=30%) and Latino (=70%), and 2/3 of residents live below 200% of the Federal Poverty Line, with 40% or more dependent on public assistance. The total racial/cultural composition according to the US Census demonstrates that the population is 80.8% Latino and 20.2 % African American. The collaborative has identified one of the major barriers to POS as language and cultural sensitivity with families who have Spanish as their primary language.

3. Describe the project and its goals/objectives. **Complete the Schedule of Development/Activities Worksheet (Attachment C) and include with your submission.*

The work focuses on seven core objectives which collaborating partners believe will strengthen and increase the scale of their collective impact. These five objectives focus on:
Our Community Integrators will conduct coordinated, large scale outreach education activities to raise awareness of the availability of regional center services. Maximize enrollment of eligible consumers in regional centers. Provide access to information via our community partners, Exceptional People Connections on-line formats for the presentation of information, as well as the translation of these materials and Able CAFÉ', our Digital Media Partner. Provide information that is culturally and linguistically appropriate. Engage entities that maintain trusted relationships with target markets as defined by area, employment sector, culture, language, or other shared characteristics, and possess the capacity to serve as an integral part of Regional Center service channels.
The ICC partnership will conduct community outreach at a minimum of 3 times a month actively engage the community by providing outreach to increase awareness of POS through the Regional Center, dissemination of marketing materials regarding Regional Center together, we can assure that most families in the Westside region are reached through our combined community outreach effort.
The proposed ICC Collaborative program will build an outreach Program that focuses on community education, collaboration and warm hand off of connectivity to the Regional Center system of care. Currently, the collaborative will have a total staff model of 45 outreach staff who will conduct street and community outreach targeting resource navigation. They will distribute Regional Center program literature, conduct one on one information sharing, and target local areas known to the community for being frequented by families (community support groups) seeking informal information for regional centers.

4. How will the project address and incorporate the input of the community it aims to serve?

A detailed process and outcome evaluation will be conducted as an integral part of the proposed program. It is a multi-part data collection and analysis effort that is methodologically rigorous and structured to provide feed¬back regarding: why the initiative works the way it does; intervening variables that help to explain outcomes at family, agency and community levels. Process Evaluation: The process evaluation component will meticulously document what takes place in each component of the program. The process evaluation will describe the amount, types and quality of services rendered, describe members of the target population and community who receive these services, as well as collaboration efforts and administration of the project, and the impact of services on the community and policy/advocacy efforts. Process evaluation questions include: (1) Characteristics of the target population, including referral status, risk factors and strengths? (2) Services provided? (3) Attributes of each service? (4) Services provided as planned/barriers to services? (5) Participants' satisfaction? (5) Completion rates? (6) Attrition rates? (7) Length of stay; Service plan completion rates? (8) Staff productivity? (9) Ratio of staff to client? (10) Collaborative agencies characteristics? (11) Unique components of each service/strategy? (12) Staff training; Staff motivation? (13) Project integration in the community? (14) Cost of delivering services? (15) Did the program provide culturally sensitive, comprehensive treatment services? (16) Did the program increase availability/accessibility of formal and informal supports to families and community; and knowledge of the Regional Center issues as measured by client/community surveys, interviews and focus groups (17) Did the program increase capacity to recruit and retain participants as measured by enrollment and retention rates in the program?

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5. Describe how the project's effectiveness will be measured. What type of data will be collected (qualitative or quantitative)?* *Complete the Project Measures Worksheet (Attachment D) and include with your application.*

The process evaluation will involve the collection of data utilizing quantitative and qualitative methods. Quantitative methods include reviewing and extracting numerical data from program records, attendance sheets, and planning documents. Qualitative methods will include collection of demographic data, review of meeting minutes and program reports, field observations, staff interviews, participant interviews/surveys, and focus groups conducted in the community. The Outcome Evaluation will utilize quantitative methods including data extraction from charts and records and the administration of pre/post tests and assessments. In gathering the data necessary for this evaluation

6. Where will your project be implemented (counties, cities, neighborhoods, etc.)?

The Project is being implemented in the Southern California Region to Include:
West Side, Lanterman, North Los Angeles, San Gabriel, Pomona, Eastern Los Angeles, Harbor and Valley Montain.
The Community Integrator Collaborative Proposal will focus on the Hispanic and the African American communities who have inherit unmet needs as documented in the data. The specific areas within Los Angeles County will include Westside, Lanterman, East Los Angeles, Harbor, San Gabriel/Pomona North Los Angeles, INRC, Valley Mountain. According to the data from each Based upon the data for the Consumers who are not receiving RC POS funds and are approved to do so. The combined total is 29,317 which is ELARC,1873, INRC:7,443,SGPRC: 2,965 , WRC:1363,Harbor:3,423, LNTRMN: 2,033, NLA:4,713 and VMRC: 2,335.

7. Project Type

- ☒ Outreach (community events, child find, seminars, etc.)
- ☒ Education (workshops, trainings, support groups, etc.)
- ☒ Promotores (parent liaisons, mentors, cultural brokers, etc.),
- ☐ Other: _____

8. Estimated number of people the project will reach/impact

Our goal is to annually outreach and navigate 1200 families within in our geographic focus. (total number of regional center participation will determine the final number based upon an average of 150 per regional center award).

9. Timeline of project (start and end dates)

Begins January 1, 2018 and ends December 31, 2018

10. Amount requested **Please complete the Budget Worksheet (Attachment D) and include with your submission.*	**10a. Funding frequency (check one):**
$ 903,385.00	☒ Annual Cost** or ☐ One-time Cost

** Please include any related documents that will provide evidence of strategies, measures, and data that will be used to evaluate effectiveness of the program.*

*** Future funding is not guaranteed for projects that require an ongoing, annual cost.*

A.7

IMHP: Tax ID# is 95-4439557

Institute for Maximum Human Potential (IMHP) is a 501(c)(3) not-for-profit, community-based organization which was contracted by the County (DCFS, Probation and Mental Health) in 1993 as the lead agency for the first cohort lead agencies of Community Family Preservation Networks in Los Angeles. This leadership responsibility, in partnership with the County, has served the child protection and child welfare needs of more than 886 DCFS and Probation families and an estimated 3,000 children. IMHP has provided community development and human service that focuses on families, children in foster care, children and families with intellectual and delayed disabilities, families with minors involved in the juvenile system, the learning disabled, and families with social, emotional and economic issues.

Our mission is "through a collective effort to address concerns of minors and families in natural least restrictive settings." Our program model is built around strength based principles, not family deficits. IMHP has been active as a collaborative partner of many community service networks for over the past 20 years. IMHP is proud to have contributed for over 20 years to the delivery of family preservation services and the family preservation approach. The strength of the family, family centered, comprehensive, collaborative and culturally competent services that target the intervention services incorporate the Strengthening Families Framework and Core Practice Model. Through our years of providing Family preservation services we have linked over 200 families to the regional center system .We have realigned our work and transitioned from the family preservation model to focus our attention on designing our work around collective impact, community development and development of impact services for children and families with intellectual and delayed disabilities. With that said, our program models include focus on supportive service to include social skills development, housing and supportive services that promote resiliency for families with intellectual and delayed disabilities.

The legal status of the IMHP is a nonprofit public benefits corporation. IMHP has a Board of Directors (BOD) that consists of nine members. The BOD will provide administrative, financial and instructional oversight and meet at a minimum of once per quarter. The BOD will also oversee all other agreements between IMHP and Los Angeles County. The BOD consists of five community stake-holders (e.g., social workers, educators, business owners, etc.) who are concerned with the education and welfare of the targeted population. The BOD has a chairperson, vice-chairperson, secretary and treasurer. The chairperson develops the agenda, convene and conduct the meetings. The vice-chairperson assists the chairperson in these duties and convenes and conducts meetings in the chairperson's absence. The secretary provides a written record of the BOD meeting activities. The treasurer provides financial summaries of IMHP operations. As needed, the BOD will contain advisory councils.

B1. Provide Title for the Project.

B2: Describe the target population the project will serve and the disparity or service inequity the project will reduce or address.

Based upon a report published by Public Counsel , Joint Recommendations to Address Race and Language Disparities In Regional Center Funding of Services for Children Senate Human Services March 14, 2017 review of the purchase of services (POS) disparity data indicates that there are vast differences in the distribution of authorized services among regional centers; overall, regional centers that provide the lowest amount of POS are those with larger Hispanic and Black/African-American populations.

The Integrated Comunity Collaborative Proposal will focus on the Hispanic and the African American communities who have inherit unmet needs as documented in the data. The specific areas within Los Angeles County will include Westside, Lanterman, East Los Angeles, Harbor, San Gabriel/Pomona North Los Angeles, INRC, Valley Mountain. According to the data from each Based upon the data for the Consumers who are not receiving RC POS funds and are approved to do so. The combined total is 29,317 which is ELARC,1873, INRC:7,443,SGPRC: 2,965 , WRC:1363,Harbor:3,423, LNTRMN: 2,033, NLA:4,713 and VMRC: 2,335.

Based upon overlapping service area, the collaborative has identified two sub-geographies within Los Angeles County where we would like to bring our efforts. . South LA has the largest percentage of Black and Latino residents of any Service Planning Area within LA County. In both geographies, the population is almost entirely African American (=30%) and Latino (=70%), and 2/3 of residents live below 200% of the Federal Poverty Line, with 40% or more dependent on public assistance. The total racial/cultural composition according to the US Census demonstrates that the population is 80.8% Latino and 20.2 % African American. The collaborative has identified one of the major barriers to POS as language and cultural sensitivity with families who have Spanish as their primary language.

Our program design is based upon the feedback from our community workshop with the ICC Community Partners who are self advocates and also to facilitate small groups representative of Hispanic and African American parents.

Target population is defined as low to high risk families. The targeted communities are fraught with environmental stressors that increase the risk of disparity, with few resources available to address the many needs of at-risk families. Families in the identified under- served community face many stressors including poverty, homelessness, unemployment, drugs, crime, gang violence, and inadequate support systems, as demonstrated with the statistics presented above. The majority of services provided to families are only available after the crisis has occurred. There are few resources available in the community to meet the specific needs and concerns of individuals and families These overwhelming issues often result in families receiving no or minimal assistance prior to a crisis occurring. The reasons for these staggering statistics and system deficits are myriad, however a major factor noted throughout is the lack of an effective system of outreach and identification and a mechanism for ensuring continuity of care for the targeted population. Additional barriers to access include a lack of cultural competent services, cultural preferences,

social economic status, geographic location, linguistic barriers, immigration, life issues and ability to access other community resources

IMHP continues to address the issue of disproportionality by making sure our staff model is made up of culturally competent workforce. ICC will target recruitment efforts to ensure diversity among ICC staff, and develop collaborative community partnerships to provide culturally competent services to children and families of every race and ethnicity. This model allows us to track and collect data on the following areas of concern:

(1) Developing more trusting relationships between the regional center and client/families
(2) Improving communication between families and regional center staff
(3) Increasing access to culturally competent services for clients that work for their community needs.
(4) Monitoring and improving how clients and families experience their regional center services delivery and how satisfied they are with those services.

What way do the project impact the disparities identified in the regional center's POS data?

ICC will align our strategy to further enhance the work of the 8 defined Regional Centers created the following strategy in its 2018-2019- request for funding.

Our program is designed by the community for the community to provide community-based, comprehensive, collaborative and culturally competent continuum of services to create a strength based model around removing barriers to POS by our Hispanic and African American families. Our Community Integrators will be trained to engage families, community partners and others in a manner consistent with the a Core Practice Model, emphasizing the crucial elements of community partnership, teamwork, family voice and choice, cultural competence, respect, accountability, continuous quality improvement and implementation of best practice. We will integrate the Strengthening Families (protective factors) that captures the essential elements of parental resilience, social connectedness, and concrete support in times of need, knowledge of parenting and child development and social and emotional competence of children.

ICC proposes a comprehensive scope of work that will address the following disparity among the targeted demographics that will reasonably ensure regional center's success in the implementation of ABX 2 1 with a commitment to:

I. Promote equity
II. Reduce Disparity
III. Increase culturally and linguistically competent training for staff and caregivers
IV. Engage in community outreach efforts to include community partners and defined under-served demographics.

Dissemination of Information: ICC partner, **Exceptional People Connections** will utilize electronic and digital platforms to disseminate information with the purpose of educate, inform, empower, outreach, provide referrals and provide advocacy help

Training: IMHP will train staff and emerging parenting groups (Community Integrators) on cultural diversity and social-economic differences. IMHP will also work with the emerging parenting groups to build internal and external capacity for delivery of services. **DIVERSITY SENSITIVITY:** IMHP has taken pride in its sensitivity to cultural, language and socioeconomic issues often missed by traditional programs by: training staff on the skills necessary for working with persons of color, using ethnic minority staff members as resources for minority issues; providing a coordinated service delivery system; implementing a proactive administrative stance; providing outreach services to ethnic communities

Outreach, our collaborative Partners, **Mindwalk, LLC, Latino Strong Voices NestDan MAMA and Community Parent Outreach**, will provide outreach service not only to the individual but the entire family, mom, dad, sibling, and close family members in the delivery of services. This strength based model allows the entire family to engage in the impact of having a child or adult with developmental disabilities (intellectual disability, Autism, Cerebral Palsy, Epilepsy and /or disabling conditions closely related to intellectual disability or require similar treatment) (cdc.gov) in the family.

Live Your Life Consultants (LYLC) will engage participants in member-driven activities, strengthening their support network with community and generic resources. Weekly activities will be conducted to enhance positive socialization skill building, learn stress reduction techniques and practice self-care. Individuals requiring family support will network with other members of the ICC Coalition for referrals and resources to social providers in the community that address their specific family needs.

Diversity Sensitivity: ICC and all collaborative partners take pride in our sensitivity to cultural, language and socioeconomic issues often missed by traditional programs by: training staff on the skills necessary for working with persons of color, using ethnic minority staff members and parent groups as resources for minority issues; providing a coordinated service delivery system; implementing a proactive administrative stance; providing outreach services to ethnic communities

The work focuses on five core objectives which collaborating partners believe will strengthen and increase the scale of their collective impact. These five objectives focus on:

- Our Community Integrators will conduct coordinated, large scale outreach education activities to raise awareness of the availability of regional center services
- Maximize enrollment of eligible consumers in regional centers.
- Provide access to information via our community partners, **Exceptional People Connections** on-line formats for the presentation of information, as well as the translation of these materials and **Able CAFÉ'**, our Digital Media Partner.
- Provide information that is culturally and linguistically appropriate
- Engage entities that maintain trusted relationships with target consumers as defined by area, employment sector, culture, language, or other shared characteristics, and possess the capacity to serve as an integral part of regional centers' service channels.

The ICC partnership will conduct community outreach at a minimum of 3 times a month actively engage the community by providing outreach to increase awareness of POS through the regional

center, dissemination of marketing materials regarding regional center together, we can assure that most families in the southern region are reached through our combined community outreach effort.

The proposed ICC Collaborative program will build an outreach Program that focuses on community education, collaboration and warm hand off of connectivity to the Regional Center system of care. Currently, the collaborative will have a total staff model of 21 outreach staff who will conduct street and community outreach targeting resource navigation. They will distribute Regional Center program literature, conduct one on one information sharing, and target local areas known to the community for being frequented by families (community support groups) seeking informal information for regional centers. In addition, direct linkages are established through ICC with all local County funded community clinics who provide perinatal care as well as with private providers in the community. Additionally, outreach will be targeted at WIC sites, the DPSS, LAPD, DCFS, the Juvenile Dependency Courts, medical providers, and other social services organizations. *DCFS Referred Families:* Community Integrators will work closely with organizations such as Family Preservation community based organizations. ICC staff will provide in-service trainings to DCFS ER staff to ensure their familiarity with program services. Staff will also participate in DCFS staff and roundtable meetings to increase program awareness.

All Community Integrators will be recruited and selected from each sub-contractor partner based upon demonstrated competency in the field of outreach and experience with high risk individual and families including Latino and African American in the regional center service area. Relationship of the Community Integrator characteristics to the target populations and objectives of the project is critical. Community Integrators will be selected to match the ethnic and social composition of the individual community to be served. The lead agency of ICC (IMHP) has provided services for SPA 6 for the last twenty years and has an alliance of families, resource networks and social service agencies who work to ensure delivery of services has and a cadre of services for the underserved. We have built trust among stakeholders that removes the barriers of suspicion and apprehension.

ICC will utilize existing services and community based collaborators to provide services to families that are not available through the program's resources. Community Integrators will refer families to linkage services and provide follow-up within five business days to ensure that the linkage has occurred. Staff will document all linkage referrals. IMHP and Children's Institute have formalized the linkage agreement through a MOU to provide best practice strength based services in line to include counseling, mental health services to children, youth and families who meet medical necessity through the provision of mental health assessment and therapeutic intervention (individual, group and family therapy/ medication management and support services, crisis intervention and case management services. **Youth Services:** Siblings age 6 and over will be linked to After School youth programs available through our community partners: LAUSD and the Local Area Metropolitan Churches, as well as: **Vocational and Educational Services:** Educational Assistance and Vocational services will be provided on-site by LAUSD and the Department of Rehabilitation,. This will include a basic skills and high school class, computer certification courses, job readiness and job placement services. **Housing:** Institute for Maximum Human Potential collaborative partnerships with PATH, the Los Angeles City and County Housing Authority, and

the DMH Homeless Program to obtain Section 8 and Shelter Care Plus certificates to access permanent housing.

ICC has adopted a **family-centered approach** in our plan to address the over-representation and disparate outcomes for children and families of color in regional center systems To this end, IMHP will create a clear picture of disproportionality in the community by collecting data on the race and ethnicity of the individuals we serve through services as compared to the child population.

ICC (through IMHP) as a member of the Community Child Welfare Coalition will offer a strong contribution to the continuing problem of disproportionality in the regional center system. IMHP and our Coalition partners have identified 6 strategies that will be incorporated in our quality assurance plan. These are: (1) advocate, whenever possible,; (2) campaign to increase prevention efforts to include a strong cultural component reflected in staffing and training as well as increasing their awareness of the issue through resources and trainings; (3) engagement of Hispanic and African American fathers in every aspect of contact by County and community workers and expedited engagement in Fatherhood programs; (4) educate providers and the community at large about the Protective Factors Framework which addresses social isolation, family financial security and access to effective community resources; (5) explore parenting and counseling modalities targeted/supportive of cultural or ethnic groups; (6) reach out to communities about resources and services that help combat poverty.

How will your project assist an underserved community in accessing regional center services?

ICC will engage Hispanic and African American families, community partners and Self Advocates in a manner consistent with the regional center commitment to reduction of disparities in POS expenditures specifically Hispanic and African American ethnicities for all ages with no POS and promoting equitable access to service and supports emphasizing the crucial elements of community partnership, teamwork, family voice and choice, cultural competence, respect, accountability, continuous quality improvement and implementation of best practice.

Community Integrators will participate in an intensive training program that will prepare each Integrator to inform, educates support, and empower families to be strong partners with regional centers' and providers in advocating for their child's medical, educational, and social well-being. Community Integrators will provide guidance and support to families about how to access services, work with providers, and manage the various aspects of special needs care giving., strengthen linkages between services provided to a family by multiple service providers; and guide families in pursing remedies when they are inappropriately denied access to services and programs. Our program will facilitate a deeper dive analysis into community connectivity to by: 1 Increasing the baseline of services for African American and Hispanic through the use of our Community Integrators to create a warm hand-off in accessing WRC outreach and workshops. : 2. Expanding the thousands of African American and Latino Clients that are not currently receiving services from the regional center. And ensuring the new client receives the cadre of services above the existing baseline of current list of services. Informing clients of the Training clients on the services the average Caucasian white family would receive

Who does the project aim to serve (Families Children, etc.)

The **Program will identify and serve 1200 Hispanic and African American families with individuals 0-100 and all ages. Our target population will be:**

- Hispanic and African American ethnicities for all ages with no POS and promoting equitable access to service
- African American families of children who reside at home, with a focus on birth to three years of age
- African American families of children who reside at home, with a focus on 3 to 21 years of age
- Hispanic families of children who reside at home, with a focus on birth to three years of age
- Hispanic families of children who reside at home , with a focus of 3 to 21 years of age
- African American families of children who reside at home, with a focus on birth to three years of age
- Hispanic families of children who reside at home, with a focus on birth to three years of age

ICC goal is to develop Community Integrators to identify and assist families navigating the regional center system with an outcome of reduction in disparity in POS. Leading with the spirit and heart of Self-Advocates and Parents, our plan will promote equity and reduce purchase of service disparities for Persons with Developmental Disabilities in California within underserved areas and affected demographics. Our initial geographic focus will be within the 8 Regional Centers in Southern California and Valley Mountain Regional Center in Central California.

Our goal is to annually outreach and navigate 1200 families (**total number of regional center participation will determine the final number based upon an average of 150 per regional center award**) within our geographic focus. Our families will benefit with training in the areas of: parental resilience; social connections; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children. Our program will integrate this important social work approach into our outreach and navigation with families at risk of disparity, in a continuum of ways, with the regional center system

Will the project address a large population or a sub population? How many people will your project reach?

Our sub-population will be Hispanic children ages 3-21 generally had the largest differences between their population percentage and the percentage of POS authorized to them by their regional centers.

B.3 Describe the project outcome(s) or goals(s) of the project and timelines.

The objective of our ICC Collaborative is to provide a continuum of coordinated responses to address, identify, reduce disparities and improve access to needed services through community outreach and a warm handoff to insure improvement in POS for current and new client base. number one concern of the thematic areas identified by consumers was to Improve Trust: Community stakeholders described barriers to receiving appropriate services and felt " information were not shared and hidden We believe our community model is the answer to mitigating Trust concerns.

Our collaborative is prepared to (1) reduce disparities in the specifically targeted regional centers in Los Angeles county, and additional one identified as Valley Mountain Regional Center

Lead Agency/ Program Coordinator

Institute for Maximum Human Potential (IMHP), a 501 c (3) a community based organization was incorporated in South Central Los Angeles in 1995. IMHP is a human service agency that focuses on families, children in foster care, families with minors involved in the juvenile system, the learning disabled, social skills for developmental disabilities and families with social, emotional and economical issues. IMHP has operated as a Family Preservation Community Network and a Day Treatment/Mental Health provider since incorporation serving over 3,000 families. Over the past fifteen years, IMHP has taken a leadership role in delivering comprehensive services to at-risk families of South Los Angeles with a focus on children 0-5 with intellectual disabilities .

Working With Culturally, Linguistically, and Socioeconomically Diverse Groups: IMHP programs are located in and serve the SPA 6, particularly the Inglewood, Lawndale, Hawthorne, Gardena and Watts/Compton communities, inclusive of the targeted zip codes. Our services were designed specifically around the cultural, linguistic and socioeconomic diversity of the communities we serve. Currently, over 98% of the families we serve are persons of color, approximately 45% have Spanish as their primary language, and 95% have incomes below the federal poverty level.

Community Parent Group Strategic Partners

Sub-Contractors

Program Strategist/Manager

MindWalk, LLC **Community Integrators** Lead: Elizabeth Barrios Gomez (Parent of 10 year old with DS, USC-UCCED LEND Fellow, DRC BOD, DVU Ambassador). Our main objective is the answer to other models of care and bring solutions where they fall short. INTEGRATORS, INTEGRADORAS or INTEGRADOR as Parents and Self Advocates who are in a position to hand-hold individuals through an integration process of the system understanding that in most cases there are multiple barriers to navigate around. Our goal is to implement this model system wide starting with RC's in the LA area. By meeting people where they are at we will help identify and address disparity barriers and integrate within the RC system for solution.

Exceptional People Connections Lead: Carla Lehman (Parent) Equity Task Force, Disability Voices United. Utilizing electronic and digital platforms to disseminate and aquifer nformation, is the umbrella for other smaller groups with the plan to educate, inform, empower, outreach, provide referrals and provide advocacy help for members of the SpecialNeeds community. Carla co-created, administrate and monitor the MNO SoCal-Caregivers of SN Childre Facebook group for exchanging, providing information. When I identify someone in need of information and guidance within the group I help that person offering my advise on the FB group (so other people reading the answer can also benefit from the information), via private message or on the phone. The Facebook group was created in 2016 (transferred from an email and message board model) and has 286 members. With the help of other volunteer members the MNO group

also offers monthly dinners to socialize and learn from each other, speaker opportunities, and an Annual Mom's Retreat. For our children, we offered picnic play dates (including our Halloween Monster Bash and Easter Egg Hunt) as well as classes and field trip opportunities. Carla is also the creator and administrator of the Conexiones Excepcionales Facebook Group. This is the same concept of the MNO FB group but in Spanish for Hispanic Consumers and Parents of Children with Special Needs. The Facebook group has been live since September of 2017 and has 185 members. The group also offers speaker series in Spanish for the community. Carla is a member and active participant of various other FB groups for people with Special needs in English and Spanish in the state of California with a combined 3,000 members in Spanish and 21,300 in English. This gives her a wider platform to distribute information and outreach people in need of services. Each group will be targeted to different underserved communities using mainly social media and internet/online technology and create a warm handoff approach to regional centers to address disparities with a more personal approach. Carla is fluent in both Spanish and English languages and is proficient in oral, reading and writing skills in both languages. She graduated from the UCLA New Media two-year certificate program and has 10+ years of working experience in the Online Advertising and Marketing business working in different positions such as Account Manager, Producer, Project Manager and Technology Manager for different industries for the private sectors.

NestDan Lead: Josefina Nieves (Parent and formerly with Fiesta Educativa Parent Coordinator) is a community provider of outreach service who objective is to engage the entire family**,** mom, dad, sibling and close family members in the delivery of service . The purpose of this is to let the family express the impact of having a child with autism in the family, this will include a few minutes of my personal story of having two children with autism. I will visit ELARC SCLARC and SGPRC and their FRC also, community support groups and conferences related to developmental disabilities. I will disseminate information about the plan with a flyer and brochure of NESTDAN plan and contact information.

Live Your Life Consultants (LYLC): Lead by Unati Mangaliso, Lead by Unati Mangaliso, B.F.A. & Dela Quashie, M.A. is a for proifit Limited Liability Corporation founded in May 2015. LYLC's focus is to bridge the cultural gap for underrepresented ethnic groups and communities in the Los Angeles area through two programs: Individual Supported Living Services & Multicultural Creative Arts Workshops

Latino Strong Voices Family: Lead: Rubi Saldana (Parent, ASLA BOD, DVU Ambassador) Maria Lopez (past Learning Rights BOD and DVU Ambassador) Consumers and ourselves mothers and founder of lsvf which belong to South Central regional Center committed to improving the lives of our children and the lives of consumers and their families of our community with total delivery transparency and credibility, We empower families through the knowledge of the law Lanterman, Idea, Ihss and other agencies based training intensive, direct services advocacy effective, experiences mutual and sharing strategies in a language simple but effective way we can get to each of consumers and their families more disadvantage either in language, culture or education this project is focused to break many of the barriers in this affecting many people that are part of inequalities,.

Community Parent Outreach: Lead: Maribel Ahumada (Parent) Well respected and dedicated parent group.

Able CAFÉ Lead: Michael Cooney (Self Advocate, Abilities Network, DVU Ambassador) The Able Cafe will use cutting-edge technology in order to reach out to and connect an underrepresented, underutilized minority special needs community. Founder by writer, filmmaker, and teacher, Michael Cooney, the Able Cafe will be designed and run by those with different abilities for those with different abilities. We seek to spotlight the hopes, dreams, and everyday struggles of a growing and expanding special needs minority community.

- **MAMA (Mano a Mano Apoyando)**: Lead: Maria Cruz (Parent) Well respected and dedicated parent group.

Each parent support partner will provide a minimum of (3) Community Integrators to the program. The role of the Community Integrators is to inform, educates support, and empower families to be strong partners with regional centers and providers in advocating for their child's medical, educational, and social well-being. Community Integrators will provide guidance and support to families about how to access services, work with providers, and manage the various aspects of special needs care giving., strengthen linkages between services provided to a family by multiple service providers; and guide families in pursing remedies when they are inappropriately denied access to services and programs.

Community Integrators scope of work will consist of the following: The Integrated Community Collaborative will collaborate on program design to have optimum outcome and will work through a collaboration of community based family Groups. Community based coordinated through Institute for Maximum Human Potential IMHP, an established 501(C)(3) entity, that can effectively and efficiently engage a defined targeted group of individuals who are highly impacted by POS Disparities. Expected outcome is to significantly reduce the current disparity statistics as identified per Regional Center (RC) annual reports and NCI statistics as well as established avenues with Peer to Peer connection meeting people where they are at, and create an INTEGRATED process to address and navigate through barriers as they become evident. Our flagship discipline will be the Mindwalk COMMUNITY INTEGRATOR Program. INTEGRATORS will be mostly Parents, Self-Advocates and other Stake Holders with direct experience and understanding of our community. This is a protocol that picks up where the other model drops off.

Mindwalk Community Integrator (INTEGRATOR) through the development, management and engagement of a team of Community Integrators will target and implement strategies within the Regional Centers located in Southern California.

- Community Integrator (INTEGRATOR) through the development, management and engagement of a team of Community Integrators will target and implement strategies within the Regional Centers located in Southern California:
- Parent Referral System (MPRS) is a grassroots Parent to Parent referrals system proven effective throughout the years in the Parent support groups: word of mouth, other group referrals and the online sites such as social media.
- Engagement of Cultural Assessment (MECA): MECA will focus on the effective system of culture, language, and community experience as well as partnering with parents of similar diagnosis which proves the understanding of the life challenges and allows MECA to help or refer to other groups that may meet needs more efficiently.
- Assistance for Parents (MAP): Utilizing a unique and engaged strategy that enables Communication Integrators to hand hold individuals as they navigate the system addressing barriers as they appear.

- Our Integration Specialist (INTEGRATORS) will walk hand in hand with individuals to connect with the right department, right person and manage communication within the RC.
- If their defined barrier is not with the Regional Center, we will help them. Issues could be with School district, IHSS, Training, legal or generic services.
- Community INTEGRATORS Support: Create an established date/time where community members can connect with experts and advisors to discuss how and whom to connect with to address navigating the system within.
    - MAP Regional Centers navigate the intake process within the RC system
    - MAP IHSS Office Hours
    - MAP School District
    - MAP Generic Services and resource

Community Integrators train parents on cultural diversity and social-economic differences. With a focus on a strength based model to enhance parent's familiarity, comfort level and utilization of parents/family as a key partner in planning for services

Expected outcome is to significantly reduce the current disparity statistics as identified per Regional Center (RC) annual reports and NCI statistics as well as established avenues with Peer to Peer connection meeting people where they are at, and create an INTEGRATED process to address and navigate through barriers as they become evident.

Engage Informal Individual Supports: Individual participants will be engaged in member-driven activities facilitated by Live Your Life Consultants (LYLC). As a result, individuals will strengthen their support network with others, regional centers, and their community. Weekly activities will be conducted to enhance positive socialization skill building, learn stress reduction techniques and practice self-care.

Recruitment: The proposed CIC program will utilize the existing IMHP's Outreach Program (in-kind) to target Hispanic and African Americans for the program. Our Outreach will conduct street and community outreach targeting underserved clients and families. We will distribute program literature, and target other know parenting support groups within the defined communities. Community outreach Integrators will work closely with existing outreach health programs to ensure that potential clients and families are referred to the appropriate regional center. Direct linkages are established will create an environment to facilitate a warm handoff to defined regional centers of existing client s and new clients developed through our outreach and workshops to build trust with the Service Coordinators which will allow consumers and families to connect and clarify or correct information or ask questions about regional center services. Our strategy is to inform the consumer and family about the warm handoff prior to meeting with regional centers. We will also encourage participation

The ICC partnership will conduct community outreach at a minimum of 3 times a month actively engage the community by providing outreach to increase awareness of POS through the regional centers, dissemination of marketing materials regarding Regional Center together, we can assure that most families in the southern region are reached through our combined community outreach effort.

The collaborative will have a total staff model of (21) outreach community integrators who will conduct street and community outreach targeting resource navigation. They will distribute regional center program literature, conduct one on one information sharing, and target local areas known to the community for being frequented by families (community support groups) seeking informal information for regional centers. In addition, IMHP currently has direct linkages established with local County funded community clinics who provide perinatal care as well as with private providers in the community. Additionally, outreach will be targeted at WIC sites, the DPSS, LAPD, DCFS, the Juvenile Dependency Courts, medical providers, and other social services organizations. *DCFS Referred Families:* ICC will work

closely with the Family Preservation community based organizations. ICC staff will provide in-service trainings to DCFS ER staff to ensure their familiarity with program services. Staff will also participate in DCFS staff and roundtable meetings to increase program awareness.

Description of Internal and External Capacity Building Efforts

The proposed ICC program will implement extensive internal and external capacity building efforts provided by Consultant (internal) and the ICC (external).

- **Internal Capacity:** The capacity of sub-contracted parent groups to effectively implement and provide services outlined in this proposal to individual and families and achieve POS outcomes for children and families will be enhanced through the following: a) Ongoing staff development to enhance staff skills and knowledge on the provision of services based on family support principles; b) Information sharing and cross training on POS and parenting enhancement; c)
- Enhancement of administrative capability of partners to improve client outcomes, inclusive of review of internal policies and physical space; d) Provision of training on evidence based practices and their implementation in partner programs; e) Review and improvement of partner practices related to data collection and the utilization of data in improving program services and client outcomes as well as full compliance with city, county, state and all federal laws and regulations. **External Capacity:** The ICC will build the capacity of the community and increase policy and advocacy efforts to engage informal family support and community members in the prevention of child maltreatment through the following: a) the provision of forums and workshops where families can positively interact and children and parents can learn from each other; b) implementation of community fairs, town halls, and educational sessions where there are opportunities for positive connections between the families served, social service providers and the community; c) development of positive literature, public service announcements and other outreach and messaging techniques that will increase the community's utilization of prevention programs and services; d) implementation of strategies that work with local, county and state officials and community leaders that will build and support a commitment to improving policies and practices related to POS services; and e) engagement of families and community residents in community based problem solving that will assist in addressing community concerns and issues.
- ***Warm Hand off:*** Retention in the program will be enhanced and maintained through: regular contact with Parent group staff; offering quality services; remaining available 24 hours a day; sponsoring extracurricular activities; promoting self-empowerment by encouraging participation in program planning, becoming peer advocates and advisory committee members; and providing services in an environment that is encouraging and welcoming.. **b) Improve/Increase Use of Internal Systems:** An Organizational Specialist will work with the collaborative to assist them in reviewing and enhancing their internal systems in order to improve client outcomes. This will include review of data collection systems and how the data is utilized in program development; involvement of clients in the evaluation of program services and use of their feedback in improving program design and services; and review of internal policies to determine if they assist or impede the delivery of services and achievement of positive and healthy outcomes for the children and families served

Expected outcome is to significantly reduce the current disparity statistics as identified per Regional Center (RC) annual reports and NCI statistics as well as established avenues with Peer to

Peer connection meeting people where they are at, and create an INTEGRATED process to address and navigate through barriers as they become evident

Staffing for Each Partner

2.IMHP; Institute for Maximum Human Potential maintains a strong and stable bicultural and bilingual roster of 10 professional and paraprofessional staff, fully qualified by academic degrees, professional licenses and personal experience and expertise meeting the standards required in the RFP for the program. All staff will be recruited and selected based upon demonstrated competency in the field of outreach and experience with high risk individual and families including Latino and African American in the regional centers service area. Relationship of Community Integrator characteristics to the target populations and objectives of the project is critical. ICC internal staff will be selected to match the ethnic and social composition of the individual community to be served. The lead agency of ICC have provided services for SPA 6 for the last twenty years and has a an alliance of families, resource networks and social service agencies who work to ensure delivery of services has a cadre of services for the underserved. We have built trust among stakeholders that removes the barriers of suspicion and apprehension.

ICC staff model (scalable, may be decreased based upon final award), will support the development and implementation of community organizing and outreach strategies to build awareness, harness interest and increase enrollment opportunities for POS. Our staffing model will consist of the following: The Program Manager *(1 FTE)* for the ICC program hired by IMHP to provide supervision and training for program staff. Program Administrator (1FTE) A total of six (21 PTEs) *Community Integrators)* will be hired sub contractors, 3 from each of the 7 partners: Mindwalk, LLC, NestDan, Latino Strong Voice Family, Community Parent Outreach, Able CAFÉ, MAMA, Exceptional People Connections, (Live Your Life Consultants). They will be responsible for provision and management of all outreach and warm hand off efforts for the families. A *Research Analyst (1 PTE)*, , will be hired to conduct the evaluation component of the program, including the coordination of data collection and ensuring the quality of the data. IMHP Finance will be the *Finance Staff (.10 FTE)* assigned to the ICC program A *Community Organizer (2 FTE)* will be hired by the Mindwalk, LLC Center for the external capacity building component. IMHP will hire an *Organizational Specialist (1FTE)* to assist agencies with legal questions. ICC will ensure *on-line and media presence (2) PTE* (Latino Strong Voice and Able CAFÉ)

Programmatic oversight will be the responsibility of IMHP, and the Collaborative Partners Executive Team consisting of the Directors and/or Assistant Directors of each agency. **NestDan** coordination and Outreach**:** Provide implementation of the Community Integrator component for a systematic approach for mobilizing resources for participants and decreasing fragmentation and duplication of services. IMHP will facilitate the hiring of a best practice consultant who will train representatives from established community groups to disseminate information to their groups and the community at large.

- ***Referrals/Linkages to WRC Community Supports:*** The proposed ICC Program will utilize existing services and community based collaborators to provide services to families that are not available through the program's resources. ICC will refer families to linkage services and

provide follow-up within five business days to ensure that the linkage has occurred. ICC will document all linkage referrals. Linkage services to be provided in the program include

- **Case Records: ICC** will maintain a case record on each family served. Records will include, at a minimum: the unique case identifier, the program's, signed consent forms, confidentiality statements,; progress notes; progress report(s), documentation of quality assurance; invoices; and other documentation as needed.

What community needs of barriers does the project aim to address?

key areas of need:

- Lack of culturally and linguistically responsive service options and providers.
- Families need additional assistance in navigating the service system. Need for information in native languages, especially about the individual program planning process, consumer rights, and available services.
- Cultural barriers prevent families from requesting services and exercising their rights.
- Need to build trust between public systems and communities.
- Working through multiple barriers as they materialize

B.4 Describe how community input and feedback will be used to guide your project? *How has your organization identified the needs of the community?*

In order to develop the proposal and the collaborative, ICC convened a group of parent support group to undertake a six week workshops to gleam discuss take a deep dive into how community groups who are on the ground and in the trenches interacting with parents within the regional center system on a daily basis . We engaged Parent Groups that we currently collaborates with that have expertise in the areas of service identified in the RFP and provide informal quality services to the families and community targeted in the proposal. Meetings were held with the partners to determine their interest in participating and the services they were committed to provide, inclusive of in-kind activities and services that would be supported by the proposed funding. All partners were able to come to agreement on how the services and funding would be distributed and strongly supported the co-location of all program staff. Additionally, commitments were made to comply with all POS requirements and to actively participate in management of the program.

Our community planning efforts has resulted in community-based organizations came together, community capacity building • Integration and alignment of services • Inter-departmental collaboration in each service planning area to develop a continuum of care, high standards of accountability, shared training, and shared resources. The result of this community organizing was to ensure adequate POS with a seamless safety net of effective and cost efficient resources.

With which community members/partners has your organization worked? What activities have your organization been engaged in that were informed by community?

The collaborative brings 22 years of experience providing parenting training and informal and formal outreach services to the service area of regional center. The proposed ICC Collaborative program will build training and outreach program that focuses on community education,

collaboration and warm hand off of connectivity to the regional center system of care. Currently, the collaborative will have a total staff model of 21 outreach staff who will conduct street and community outreach targeting resource navigation. They will distribute Regional Center program literature, conduct one on one information sharing, and target local areas known to the community for being frequented by families (community support groups) seeking informal information for regional centers. In addition, direct linkages are established through ICC with all local County funded community clinics who provide perinatal care as well as with private providers in the community. Additionally, outreach will be targeted at WIC sites, the DPSS, LAUSD, DCFS, the Juvenile Dependency Courts, medical providers, Places of Worship and other social services organizations. *DCFS Referred Families:* Staff will work closely with the Family Preservation community based organizations. ICC staff will provide in-service trainings to DCFS ER staff to ensure their familiarity with program services. Staff will also participate in DCFS staff and roundtable meetings to increase program awareness.

Since 1995 IMHP has provided comprehensive services throughout Los Angeles County. IMHP has deep and connected knowledge of the needs of the community and extensive long term experience working with the target residents. IMHP was the first Community Family Preservation Network lead agency and has worked over the past 2 decades with minority communities to shape and reshape the program into its current structure, process and implementation. IMHP has a 10 year history as a collaborative partner in four programs that provide a continuum of collaborative, comprehensive and culturally competent services that service delivery model is built to incorporate. These collaboration include ***Partnership for Families, Prevention Initiative, Jordon Downs Program, South Los Angeles Initiative, City of Los Angeles People's Street Project*** and Strengthening Families Framework. South Los Angeles Child Welfare Initiative . IMHP is one of the founding agencies that created the South Los Angeles Child Welfare initiative (SLACWI). SLACWI is a collaborative effort being led by seven agencies, Saint. John Health, Children's Institute International, Community Coalition, Alliance for Children Rights, Beyond Shelter (now known as PATH), Para Los Ninos and Crystal Stairs in two targeted south Los Angeles geographies.

B.5 Identify how project results will be measured.

What measurements will be used survey, number of participants, etc)?

The outcome will be measured by a 90 % increase in equity for our target population, a significant reduction in disparity among the demographics currently not served, an increase culturally and linquistically competent training for parents and real-time data analysis based upon a measurable logic model that demonstrates areas of improvement in equality and disparity. We will also engage in community outreach efforts to include community partners and defined under-served demographics in effective pre-referral process.

Protocol to Verify Receipt of Services/Monitor Participant Outcomes

ICC has an overall Quality Assurance Plan in place for verifying receipt of program services, monitoring participant outcomes and identifying and preventing deficiencies in our quality of services within all of our programs that is overseen by our Quality Assurance Specialist. At the proposed program, the following protocol will be implemented: Community Integrators will create a tracking tool in the form of a case folder. All participants will have a folder established. Progress will be reviewed during case conference a minimum of once every month. Based on the results of the case conference, the case plan will be updated and/or modified as indicated. Progress notes are to be written daily and placed in the client's record. Follow-up on all linkages to ensure receipt of services must occur within 5 days and be documented in the case record. Each month the program will conduct a participant record review by a team utilizing the Chart Review Checklist Form. The form is signed and dated by the reviewer and placed in the participant's record. During the review process, all records being reviewed will be documented on a Chart Review Log Form that is forwarded to the QA Specialist. QA Specialist will take a random sampling of the records reviewed and conduct a structural review of the record. The QA Specialist will forward the findings to the Program Manager and Management Team. The Quality Assurance Specialist maintains copies of all chart review logs and minutes of quality assurance reviews. All files will be kept in a locked filed cabinet.

Are the qualitative and quantitative measures for each project proposed?

A detailed process and outcome evaluation will be conducted as an integral part of the proposed program. It is a multi-part data collection and analysis effort that is methodologically rigorous and structured to provide feedback regarding: why the initiative works the way it does; intervening variables that help to explain outcomes at family, agency and community levels; **Process Evaluation:** The process evaluation component will meticulously document what takes place in each component of the program. The process evaluation will describe the amount, types and quality of services rendered, describe members of the target population and community who receive these services, as well as collaboration efforts and administration of the project, and the impact of services on the community and policy/advocacy efforts. Process evaluation questions include: (1) Characteristics of the target population, including referral status, risk factors and strengths? (2) Services provided? (3) Attributes of each service? (4) Services provided as planned/barriers to services? (5) Participants' satisfaction? (5) Completion rates? (6) Attrition rates? (7) Length of stay; Service plan completion rates? (8) Staff productivity? (9) Ratio of staff to client? (10) Collaborative agencies characteristics? (11) Unique components of each service/strategy? (12) Staff training; Staff motivation? (13) Project integration in the community? (14) Cost of delivering services? (14) Plan for sustainability (15)? Did the program provide culturally sensitive, comprehensive treatment services?) Did the program staff increase knowledge and use of family support principles and evidence based practices as measured by pre/post test?(16) Did the program increase availability/accessibility of formal and informal supports to families and community; and knowledge of regional center issues as measured by client/community survey, interviews and focus groups (17) Did the program increase capacity to recruit and retain participants as measured by enrollment and retention rates in the program?

Methods/Instruments: The process evaluation will involve the collection of data utilizing quantitative and qualitative methods. Quantitative methods include reviewing and extracting numerical data from program records, attendance sheets, and planning documents. Qualitative methods will include collection of demographic data, review of meeting minutes and program reports, field observations, staff interviews, participant interviews/surveys, and focus groups conducted in the community. The Outcome Evaluation will utilize quantitative methods including

data extraction from charts and records and the administration of pre/post tests and assessments. In gathering the data necessary for this evaluation

B.6 Include the regional center or geographic area If the project will serve individuals in a specific region, please include details about the area (communities, counties, cities, neighborhoods, etc.

The Community Integrator Collaborative Proposal will focus on the Hispanic and the African American communities who have inherit unmet needs as documented in the data. The specific areas within Los Angeles County will include Westside, Lanterman, East Los Angeles, Harbor, San Gabriel/Pomona North Los Angeles, INRC, Valley Mountain. According to the data from each Based upon the data for the Consumers who are not receiving RC POS funds and are approved to do so. The combined total is 29,317 which is ELARC,1873, INRC:7,443,SGPRC: 2,965 , WRC:1363,Harbor:3,423, LNTRMN: 2,033, NLA:4,713 and VMRC: 2,335.

References: U S Department of Health and human Services: Warm Handoff: Intervention. Content last reviewed May 2017. Agency for Healthcare Research and Quality, Rockville, MD.

DISPARITY FUNDING PROPOSAL – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET

Completed worksheets shall be submitted with the funding application. List all key staff and activities, and identify the quarter that each activity will occur. More than one copy of each worksheet may be submitted if additional space is required. *Please see Attachment C-1 for a sample worksheet.*

Project Title:	IMHP - Community Integrators Project
Objective:	**Increase the number of individual who identify as Hispanic and African American (all ages) referred for regional center intake**
Issue(s) being addressed:	**Hispanic and African American are under-served among 7 regional centers consumers identified in proposal as compared to their share of the overall population**

		2018				2019			
Activity	**Staff**	**Q1 1/1/18-3/31/18**	**Q2 4/1/18-6/30/18**	**Q3 7/1/18-9/30/18**	**Q4 10/1/18-12/31/18**	**Q1 1/1/19-3/31/19**	**Q2 4/1/19-6/30/19**	**Q3 7/1/19-9/30/19**	**Q4 10/1/19-12/31/19**
Execute grant agreement with DDS	**Director**	☒	☐	☐	☐	☐	☐	☐	☐
Begin Intensive capacity Training around program design and internal capacity	**Director, Program Administrator**	☒	☐	☐	☐	☐	☐	☐	☐
Identify baseline for 7 regional centers for number of individual Hispanic and African American referred through regional center	**Program Manager Mindwalk, LLC**	☒	☐	☐	☐	☐	☐	☐	☐
Develop workshop material, Flyers handouts and other resources	**Able CAFE**	☒	☒	☐	☐	☐	☐	☐	☐

Project Title:	**IMHP - Community Integrators Project**
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		2018				2019			
Activity	**Staff**	**Q1** **1/1/18-3/31/18**	**Q2** **4/1/18-6/30/18**	**Q3** **7/1/18-9/30/18**	**Q4** **10/1/18-12/31/18**	**Q1** **1/1/19-3/31/19**	**Q2** **4/1/19-6/30/19**	**Q3** **7/1/19-9/30/19**	**Q4** **10/1/19-12/31/19**
Begin to outreach to existing linkages community partners in each area to include WIC Sites DPSS, DCFS, Family Preservation , etc	**Community Integrators, Program Administrator**	☐	☒	☒	☒	☐	☐	☐	☐
Identify Local places of community informal meetingsBegin community outreach	**Project Coordinator and Community Integrators: Parent Groups Mindwalk, NESTDAN, Latino Strong Voices Community ,**	☒	☒	☒	☒	☐	☐	☐	☐
Create and Distribute Flyers and use social media to advertise workshops	**MAMAParent Outreach, Exceptional Peoples Connection**	☒	☒	☒	☒	☐	☐	☐	☐
Develop Sign in sheets , contacts list and mock charts for each participant	**Quality Assurance Analyst**	☒	☒	☐	☐	☐	☐	☐	☐

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed.

Project Title:	**IMHP - Community Integrators Project**								
Objective:	**Increase the number of individual who identify as Hispanic and African American (all ages) referred for regional center intake**								
Issue(s) being addressed:	**Hispanic and African American are under-served among 7 regional centers consumers identified in proposal as compared to their share of the overall population**								
		2018				**2019**			
Activity	**Staff**	**Q1 1/1/18-3/31/18**	**Q2 4/1/18-6/30/18**	**Q3 7/1/18-9/30/18**	**Q4 10/1/18-12/31/18**	**Q1 1/1/19-3/31/19**	**Q2 4/1/19-6/30/19**	**Q3 7/1/19-9/30/19**	**Q4 10/1/19-12/31/19**
Install IT for collection of information to create the data collection	**IT Specialist**	X	☐	☐	☐	☐	☐	☐	☐
Data Evaluation and Development of a logic model	**Data Evaluator**	X	X	☐	☐	☐	☐	☐	☐
Develop and deliver Parent Workshops	**Program Administrator/ Mindwalk**	☐	X	X	☐	☐	☐	☐	☐
Engage informal family Supports	**Live your Life**	X	X	X	X	☐	☐	☐	☐

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed.

Project Title:	**IMHP - Community Integrators Project**								
Objective:	**Increase the number of individual who identify as Hispanic and African American (all ages) referred for regional center intake**								
Issue(s) being addressed:	**Hispanic and African American are under-served among 7 regional centers consumers identified in proposal as compared to their share of the overall population**								
		2018				**2019**			
Activity	**Staff**	**Q1 1/1/18-3/31/18**	**Q2 4/1/18-6/30/18**	**Q3 7/1/18-9/30/18**	**Q4 10/1/18-12/31/18**	**Q1 1/1/19-3/31/19**	**Q2 4/1/19-6/30/19**	**Q3 7/1/19-9/30/19**	**Q4 10/1/19-12/31/19**
Coordinate Logistists for each workshop	**Program Administrator**	☒ X	☒ X	☒ X	☒ X	☐	☐	☐	☐
Prepare and submit quarterly report to DDS	**Director and Project Administrator**	☐	☒ X	☐	☐	☐	☐	☐	☐
Conduct approximatel y 5 workshops	**Program Coordinator/ Guest Speakers**	☒ X	☒ X	☒ X	☒ X	☐	☐	☐	☐
Develop pre-post text to measure change in familiarity with regional center	**Evaluator**	☒ X	☐	☐	☐	☐	☐	☐	☐

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed.

Project Title:	**IMHP - Community Integrators Project**								
Objective:	**Increase the number of individual who identify as Hispanic and African American (all ages) referred for regional center intake**								
Issue(s) being addressed:	**Hispanic and African American are under-served among 7 regional centers consumers identified in proposal as compared to their share of the overall population**								
		2018				**2019**			
Activity	**Staff**	**Q1** **1/1/18-3/31/18**	**Q2** **4/1/18-6/30/18**	**Q3** **7/1/18-9/30/18**	**Q4** **10/1/18-12/31/18**	**Q1** **1/1/19-3/31/19**	**Q2** **4/1/19-6/30/19**	**Q3** **7/1/19-9/30/19**	**Q4** **10/1/19-12/31/19**
Gather pre/post test data, number of participants invited, number of participants who each workshop	**Quality Assurance Specialist**	☐	☒	☒	☐	☐	☐	☐	☐
Prepare and submit final report to DDS	**Director**	☐	☐	☐	☒	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐	☐

Note: Monthly intervals may also be used, rather than quarterly as shown in this sample. For projects shorter than 6 months, DDS may require monthly reporting. Please use as many copies of this worksheet as needed.

DISPARITY FUNDING PROPOSAL – PROJECT MEASURES WORKSHEET

Completed worksheets shall be submitted with the funding application. List all activities and the qualitative and quantitative measures of outcomes. More than one copy of each worksheet may be submitted if additional space is required. *Please see Attachment D-1 for a sample worksheet.*

Project Title:	IMHP - Community Integrators Project
Objective:	**Increase the individuals who identify as Hispanic and African American referred for the regional centers intake services.**
Issue(s) being addressed:	**Hispanic and African American communities are under-represented among regional center consumers compared to their share of the overall population**
Activities	**1. List of materials produced for the project** **2. On-line facebook presence and increase in members accessing for information** **3. Date, place and number of participants at each work shop** **4. Dates of contacts with linkage community partners and names of organizations**
Measures of Outcomes	**1. Quantitative methods include reviewing and extracting .numerical data from program records, attendance sheets, and planning documents.** **2. Qualitative methods will include collection of demographic data, program reports, field observations,** **3. Staff interviews,** **4. Participant interviews/surveys, and focus groups conducted in the community.** **5. The Outcome Evaluation will utilize quantitative methods data extraction from charts and records and the administration of pre/post tests and assessments. In gathering the data necessary for this evaluation**

PROJECT BUDGET WORKSHEET

Budget worksheet should reflect the total amount of funding needed for the duration of the project. More than one worksheet may be submitted if additional space is needed.

Project Title
IMHP - Community Integrators Project
Project Duration (start and end date)
12 month Proposal 1/2018-12/2018

Description		**Cost**
Salary/Wages and Benefits		
Program Director 1,033.00 p/mo at .15% Time FTE.		$ 12,396.00
Quality Assurance Specialist 4,000.00 p/mo		$ 48,000.00
Data Evaluatior 5,000.00 p/mo		$ 60,000.00
Program Admin 3,850.00 p/mo		$ 46,200.00
Benefits and Insurance		$ 81,864.00
Operating Expenses	Sub total	**248,460.00**
	Participant Expense	$ 20,000.00
	Office Supplies	$ 30,000.00
	Printing	$ 18,000.00
	Milage	$ 36,000.00
	Postage	$ 15,000.00
Administrative Expenses		
	Parent Training	$ 15,000.00
	Internal Capicity Training	$ 35,000.00
	Other costs	$
	Total Admin Indirect	$ 89,242.00
	Sub Contractors	$ 137,483.00
Additional Expenses		
Community Integrators 12,600.00 p/mo 12 @ 0.5% FTE		$ 259,200.00
		$
***** Budget scaleable and based upon number of regional centers IMHP will**		$
provide services to - WRC, ELARC,SGRC, NLARC, Lanterman, /HRC,MVRC,		$
7 regional centers IMHP intends to provide services to****		$
	Project Budget Total	$ **903,385.00**

PROJECT BUDGET WORKSHEET

Budget worksheet should reflect the total amount of funding needed for the duration of the project. More than one worksheet may be submitted if additional space is needed.

Project Title
IMHP - Community Integrators Project
Project Duration (start and end date)
12 month Proposal

Description	**Cost**
Salary/Wages and Benefits	
Program Director at .15% Time FTE.	$ 4,710.00
Quality Assurance Specialist at 50% Time FTE	$ 18,240.00
Data Evaluatior Research Analyst	$ 22,800.00
Program Aministrator at 50% time FTE	$ 17,556.00
Benefits and Insurance	$ 31,108.00
Operating Expenses Sub total	**94,415.00**
Community Meetings -Refreshments	$ 7,600.00
Office Supplies	$ 11,400.00
Printing	$ 6,840.00
Milage	$ 13,680.00
Postage	$ 5,700.00
Administrative Expenses	
Parent Training*	$ 5,700.00*
Internal CapacityTraining*	$ 13,300.00*
Other costs	$
Total Admin Indirect	$ 33,912.00
Sub Contractors*	$ 52,244.00*
Additional Expenses	
Community Integrators @ 50% Time of FTE	$ 98,496.00
	$
*** Refer to Operating Expenses . IMHP will provide services to Inland**	$
Regional, Valley Mountain and North Los Angeles RC.	$
3 Regional Centers at a cost of 114,428.00 per Regional Center	$
Project Budget Total	$ **343,286.00**