

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	<input checked="" type="checkbox"/> CBO, 501(c)(3)	CBO, non-501(c)(3)

A. Grantee Information

1. Name of Organization/Group	2. Date
St. John's Well Child and Family Center	10/27/17
3. Primary Contact (Name)	
Patti Wagonhurst, MPH	
4. Mailing Address	
808 W. 58 th Street, Los Angeles, CA 90037	
5. E-mail Address	6. Phone Number
pwagonhurst@wellchild.org	(323) 541-1600 ext. 4051
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.	
<p>St. John's Well Child and Family Center (SJWCFC), the lead applicant, is a 501(c)(3) Federally Qualified Health Center (FQHC) community-based organization operating a network of sixteen clinics situated in stand-alone, school-based, mobile units, and affordable housing development sites located throughout South Central Los Angeles and Compton, California (hereinafter referred to as 'South L.A.'). The agency has matured from a small, volunteer-run pediatric clinic founded in 1964 to one of the most significant safety-net providers in L.A. County. In 2016, SJWCFC served 72,457 patients of all ages through 306,493 visits, including medical, dental, behavioral health, specialty care, and support services. All of SJWCFC's programs and services are offered on a sliding fee scale; no one is turned away for inability to pay.</p> <p>While culturally and linguistically competent primary health care provision is the cornerstone of our work, SJWCFC goes beyond the traditional healthcare model to address the social determinants of health with job readiness, housing navigation, home toxin remediation, case management, health insurance screening and enrollment, and mainstream benefit (e.g. SNAP, CalFresh, EITC, SSI) screening and enrollment. In collaboration with a wide range of public and private organizations, SJWCFC develops and implements innovative projects that include participatory research, community organizing, and advocacy. SJWCFC has established and continues to build strong affiliations with health, educational, social service and community-based and government agencies to deliver a wide range of services that are responsive to community needs.</p>	

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SJWCFC is governed by an all-volunteer, independent, user-majority (patients of SJWCFC's health centers) board of directors that maintains oversight and operational authority over the clinic's services, hours, budget, and policies/procedures, as dictated by the federal Bureau of Primary Health Care's Health Center Program expectations. The agency employs 567 staff and has a \$52 million budget.

The diversity and expanse of our network enables us to reach those who most need our services: 81% of SJWCFC's patients live in households at or below the Federal Poverty Level of \$24,600 for a family of four; 55% are uninsured; and 44% have Medicaid. The majority of patients are Latino (79%) and African-American (14%).

Specifically across its network of clinics in 2016, SJWCFC served 5,109 low-income children of color ages 0 - 3 years - the target population for the proposed project. SJWCFC's comprehensive, high-quality early childhood development program works to address the huge gaps in services in South L.A. experienced by the target population by providing a medical home that promotes maternal, infant, and early childhood health, safety, and development, as well as strong parent-child relationships. SJWCFC provides pediatric developmental assessments at all its clinics. SJWCFC's physicians pay close attention to the child's physical, mental, social, and emotional wellbeing and work in partnership with the parents/caregivers to address any concerns they may have and to make appropriate recommendations and referrals for support and/or treatment if needed. SJWCFC collaborates with Partners for Children South L.A. and South Central Los Angeles Regional Center (SCLARC) to refer children for developmental intervention as needed. SJWCFC is a contracted vendor with SCLARC to receive referrals of children identified with developmental disabilities and provide them a pediatric medical home. SJWCFC also refers clients to the Special Needs Network for Applied Behavioral Analysis (ABA) assessments only, but their capacity is extremely limited. SJWCFC promotes access to its medical home through community outreach and benefit enrollment support.

SJWCFC's mission is to eliminate health disparities and foster community well being by providing and promoting the highest quality care in South L.A. Its vision is to be a leader, catalyst, and model for the best care; long-term community health improvement; and sustainable, health-enhancing systems and structures in South L.A. Recognizing that broad social, economic, and environmental factors contribute to poor health and development outcomes for children in our service area, as well as to persistent inequalities in the health and well-being of children and families, SJWCFC has strived over the years to create a comprehensive early childhood development program that is

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responsive to the needs of our target population and positively impacts the health and well being of children and families, builds healthy communities, and improves health equity. SJWCFC's early childhood development program significantly helps fulfill the mission and vision of our organization by improving the availability of and access to culturally sensitive health care services for underserved, low-income mothers, infants and children, including those with special needs, while improving the quality and reducing the overall long-term costs through health promotion, prevention, and early intervention.

The proposed partners under this application include South Central Los Angeles Regional Center (SCLARC - established in 1974), Partners for Children South L.A. (PCSLA - established in 2009), and Institute for Maximum Human Potential (IMHP - established in 1993). SCLARC, IMHP, and SJWCFC are all current members of PCSLA, which is made up of sixteen agencies that serve children residing in South L.A. PCSLA's Early Childhood System of Care is an effective holistic and cross-disciplinary approach to early childhood systems (social services, health, early childhood education) that identifies and mitigates risk, helps families remain intact, and supports the healthy development of their children. The System of Care includes intake, triage, assessment, referral, care plans, and case management, as well as tracking and evaluation, and provides effective and efficient linkage to services and cross-agency care coordination for children 0 - 5 years and their families in South L.A. SJWCFC's pediatric medical home serves as the main entry portal, PCSLA identifies families to participate in the System of Care, and partner agencies coordinate service delivery to provide high quality care for these families.

B. Project Information

1. Project title

A Multifaceted Approach to Reduce Purchase of Service Disparities and Promote Equity for Children with Developmental Disabilities in South Central Los Angeles (MAP South L.A.). Project 2: Parent/Caregiver Education and Advocacy

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

The target population for SJWCFC's proposed MAP South L.A. project is children of color (specifically Latino and African American) ages 0 - 3 who live in South L.A. and who are at risk of becoming developmentally disabled or who have a developmental delay or disability.

South L.A. has the highest rate of low birth weight babies, and the highest concentration of poverty in all of L.A. County (Key Indicators of Health, 2016); these risk factors have a cumulative impact upon development and put the children in South L.A. at greater risk for developmental delay as compared to wealthier areas of the city. There are 80,250

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children ages 0 - 3 in South L.A. - it is conservatively estimated that 13.8% or 10,433 have developmental disabilities that include intellectual disability, Cerebral Palsy, Epilepsy, Autism, and/or disabling conditions closely related to intellectual disability or that require similar treatment. Low-income children have a higher risk and prevalence of developmental disabilities, so we expect the number of children from the target population to be higher (Pediatrics, Key Findings: Trends in the Prevalence of Developmental Disabilities in U.S. Children, 1997-2008. Of the target population, 71% are Latino and 27% African American. Parents/caregivers of these children typically have less than a high school education (41.6%), are low-wage workers (e.g. construction, garment work, cleaning and janitorial work, restaurant/food service work, drivers, mechanics, and home-care workers), are poor (73% live below 200% FPL) and spend 30% or more of their income on housing (62.7%), are food insecure (32.4%), are immigrants (51.9%), and speak mostly Spanish at home (48.8%) (Key Indicators of Health, 2016). Faced with a diagnosis of a disability, these parents/caregivers are particularly challenged to meet their children's special needs due to the complicating factors of language, literacy, and poverty.

For low-income children of color with disabilities living in South L.A., disparities in access to quality services are severe. There are few culturally and linguistically competent resources to address the high need for services for the target population. SCLARC, the largest provider of services for the target population, is overburdened by demand and staggering disparities in funding for regional center services exist in L.A. County. A child at SCLARC, which serves predominantly African American and Latino children (91%), receives on average nearly \$8,000 less in approved services annually than their counterpart at the Westside center that serves 55% African American and Latino (Funding for Children with Developmental Disabilities, May 2017). SCLARC disparity data (POS 2015-16) also indicates racial and ethnic disparities among individuals with developmental disabilities from the target population. Despite being the largest racial groups at SCLARC, per capita expenditures were less for Latino children ages 0 - 2 (this represents Early Start clients; data for ages 0 - 3 years was not available) (\$3,996) and African American children (\$4,350), compared to White children (\$4,705). For ages 3 - 21, the same disparities among race/ethnicity exist, but the range in per capita expenditures is exceedingly larger for White individuals. Furthermore, among the target population, only 66.1% and 65.6% of authorized services were utilized by the Latino and African American families respectively, while 67.9% were utilized by White families. Among all age groups at SCLARC, children ages 0 - 2 on average have the lowest rates of utilization of services (66% versus a high of 79% for age 22 and older). Similarly, we see disparities in service authorizations and expenditures for racial and ethnic minorities with developmental disabilities across regional centers in California is significantly lower

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than those for White clients (Department of Developmental Disabilities, Point of Service data, 2014/15).

In 2016, SCLARC received \$1.3 million from the Department of Developmental Services (DDS) to implement best practices and new ideas to reduce disparities in access and utilization of services for Latino, including Spanish speaking families, and Black clients. SJWCFC is confident the 2016 SCLARC project components will help bridge the gap in access and utilization of regional center services for the target population in South L.A. However, due to overwhelming demand in South Central L.A. as discussed above, SJWCFC and its partners recognize there is more that can be done to address the disparities and build upon/expand the work to begin to achieve equity for low-income Latino and African American children. In recent focus groups conducted October 22, 2017 by IMHP with approximately 25 families from the target population plus stakeholders to discuss disparities in SCLARC's services, parents/caregivers reported that they did not feel their needs were addressed by the service coordinators at SCLARC. Many expressed frustration about the difficulty they often experience in getting information about their child's individualized family service plan from the service coordinators; and when they do get the information, it is often shared in a way that the parents find difficult to understand. The parents reported feeling intimidated by the service coordinators. Many conveyed that they do not understand how to access services at SCLARC or how to utilize approved services. Finally, some of the parents expressed a lack of trust in SCLARC.

SJWCFC recognizes that SCLARC is overburdened due to demand for services, but that positive changes are being implemented. SJWCFC views testimonies from the parents as issues that do not exist in isolation to SCLARC, but rather are issues that occur across the continuum of care, including at SJWCFC, and should be addressed as such. Strategies proposed by the families and stakeholders to address these aforementioned concerns and reduce disparities among the target population encounters included: 1) staff training, 2) parent education and advocacy building; and 3) improved delivery of services across the continuum of care. With funding from DDS, SJWCFC and its partners will work together to implement a multifaceted approach that incorporates the aforementioned strategies with a focus on building trust and improving communication between the underserved target population, SCLARC, and across the continuum of care in order to improve equity and reduce disparities.

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

Strategy 2: Parent/Caregiver Education and Advocacy

Parent/caregiver education and advocacy skills are critical to help empower

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parents/caregivers to access and utilize all services at SCLARC to which their children with developmental disabilities are entitled. SJWCFC will enlist Delores Brown, Executive Director of IMHP and Elena Fernandez, Director of Behavior Health at SJWCFC to co-lead education and advocacy training workshops at SJWCFC for parents/caregivers with children ages 0 – 3 with developmental disabilities or at risk for developmental disabilities. The workshops will be open to the community residents of South L.A. and designed to build an environment where participants feel supported in learning new skills and information through the opportunity to discuss their day-to-day experiences.

Furthermore, Ms. Brown will recruit and train a special group of eight veteran parent/caregivers to become Community Integrators/Integradoras. As a veteran parent who has successfully navigated the regional center system, the Community Integrators/Integradoras will play a vital role providing one-on-one guidance, support, and compassion to families as they navigate SCLARC Early Start program, work with providers and care coordinators, and manage the various aspects of special needs care giving; providing information about rights families have to services that their child is entitled to; and assisting with accessing and utilizing resources. Parent mentors are recognized as a best practice for the provision of family-centered care for children with special needs (Models of Care for Children with Special Health Care Needs, 2009). This Community Integrator/Integradora model will be strength-based and family focused with an emphasis on the existing skills the family has and development of new skills to help empower families to be strong partners with SCLARC and strong advocates for their child's medical, educational, and social well-being. There is high need and demand among the target population for this project; therefore, the Community Integrators/Integradoras will not duplicate the SCLARC's Patient Navigators, but rather enhance efforts to support clients in accessing and utilizing services. The Community Integrators/Integradoras will work more closely with the PCSLA Care Coordinators who can connect with the Patient Navigators as needed.

Strategy 2 Goal: Promote Equity and Reduce Purchase of Service Disparities

Strategy 1 Objective 1: Increase the number of Latino and African American children ages 0 - 3 who access SCLARC services by the end of the project term 12/31/19.

Strategy 1 Objective 2: Increase the number of Latino and African American children ages 0 - 3 who utilize SCLARC services by the end of the project term 12/31/19.

A. Parent Education and Skill Building Workshops

Task/Activities: Ms. Brown will develop work plans with the partners that state the project deliverables and who is responsible for carrying out the activities. Ms. Brown and Ms. Fernandez will work with SCLARC staff to co-develop culturally and linguistically

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competent materials for the drop-in parent education workshops that help inform parents about developmental milestones, red flags for developmental delays, and how to best access and utilize services at SCLARC. Ms. Brown will arrange for workshop locations. Parents will learn about the workshops via Community Integrators/Integradoras who will invite families to the parent education workshops, through the recommendation from SJWCFC and the partner agencies, through informational flyers posted at the partner agencies, through social media (Facebook, Instagram) and through informal parent groups within the SCLARC community. Workshop topics will include: Overview of developmental disabilities, Review of SCLARC Service Standards; How to navigate the SCLARC system; What to do if you are denied services; Understanding your rights and responsibilities; Referral information for local resources; Social Connections; How to build family strengths; Cultural humility; Emotional intelligence; Leadership; Promoting positive parent-child and family interaction; Parent Advocacy; and Support for parent-to-parent engagement. The 90-minute workshops will be held twice a week; topics covered will repeat every four weeks. Families will attend four sessions on average. Parents will be asked to complete a pre/post survey (offered online or paper) that assesses their knowledge and skills. We expect to serve 250 families per year, or 500 over the two-year project period.

Timeline: Twice weekly during project period 1/1/18 – 12/31/19.

B. Community Integrators/Integradoras

Task/Activities: Ms. Brown will identify and train eight volunteer parents/caregivers as Community Integrators/Integradoras. Community Integrators/Integradoras will be recruited and selected based upon being a parent who has successfully navigated the regional center system, demonstrated competency in the field of outreach and experience with high risk individual and families including Latino and African American in the SCLARC service area. Relationship of the Community Integrator/Integradora characteristics to the target populations is critical; they will be selected to match the ethnic and social composition of the individual community to be served.

The Community Integrators/Integradoras will sign an agreement to volunteer four hours/week. Ms. Brown will provide the volunteer parent/caregivers, with culturally competent extensive training of approximately 40 hours over a one-month period and as needed throughout the project period. Training will include knowledge and skill building, communication techniques, motivational interviewing, and role-play. The Community Integrators/Integradoras will receive referrals by phone from the partner agencies as well as from informal parent groups within the SCLARC community who conduct community outreach to increase awareness of services offered through the regional center. Our Community Integrators/Integradoras will work with the families for a period of

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approximately two months and then create a warm hand-off to SCLARC service coordinators. The Community Integrators/Integradoras will keep a log of the activities they conduct with each parent. Approximately 200 families will be served per year or 400 over the two-year project period. Families will complete a pre-/post-general self-efficacy assessment (online or paper) and a client satisfaction survey once discharged from the services of the Community Integrator/Integradora.

Timeline: Community Integrators/Integradoras will be recruited and trained 1/1/18 – 3/31/18 and serve families 4/1/18 - 12/31/19.

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

SJWCFC understands that the success of this project depends on how well we are able to engage the target community in order to ensure we respond to local needs, and build support for the project as it is implemented. As mentioned previously, SJWCFC's partner, IMPH, held a parent/stakeholder meeting October 22, 2017 in order to discuss SCLARC disparity data, community needs or barriers to accessing services at SCLARC, and input from parents as to ways to reduce the identified disparities. Families from the target population plus community stakeholders had an opportunity to discuss the community needs and barriers to accessing services. Many parents reported it difficult to communicate with the service coordinators, they lacked trust in the regional center system, and that they did not understand how to access services at SCLARC or how to utilize approved services. Parents/stakeholders were then able to discuss possible solutions to reduce the disparities that have been incorporated into the project proposal. This meeting was critical as it involved the parents from the target population at a very early stage in the development of the proposed project.

Throughout the project implementation, SJWCFC plans to engage the community through the parent education workshops. Quarterly, SJWCFC will invite key stakeholders from the community of South L.A. to attend a parent education workshop where parents/stakeholders will have an opportunity to provide invaluable feedback and direction to the overall project design, implementation, and evaluation of the project. Ms. Bray, Project Director, and the Project Evaluator will lead these quarterly meetings.

SJWCFC's has a track record of strong community input and feedback in developing and implementing its programs and ensuring that its programs are developed as a direct response to community needs. For example, in 2013 SJWCFC implemented its Homeless Health Program that was created around the needs and composition of the target community and national 'best practices'. SJWCFC held extensive focus groups with the target population and with community stakeholders to understand the importance of creating a tailored program that meets their intensive need for substance abuse counseling, mental health counseling, and trained providers who understand their

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complex medical, dental and mental health needs, and the importance of treating homeless patients with dignity and respect. Through the formation of a Community Advisory Board (CAB), SJWCFC has been able to focus on building the capacity of the homeless population as partners in health care service delivery and advocacy, and to more effectively and sustainably address disparities

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 Project Evaluator will be responsible for measuring the project activities and the impacts on the target population. To track and measure the project activities SJWCFC will utilize work plans to monitor work of all participating partners and hold them accountable to agreed upon outcomes. The work plans will detail the activities, person responsible, time frame for completion, how many staff and/or clients served, progress achieved, barriers encountered, and efforts to overcome these barriers. Designated staff at each agency will complete the work plans.

Strategy 2: Project activities to be measured

- List of materials produced for the parent education workshops
- Date, location, and number of participants that attend each workshop
- List of materials produced for the Community Integrators/Integradoras training
- Date, location, and number of Community Integrators/Integradoras that participate in trainings
- Number of participants served by each Community Integrator/Integradora

Strategy 2: Outcome Measures

1. Results of the parent education workshops include a pre-/post-test evaluation provided to participants that will measure their understanding of developmental disabilities, whether or not they have learned new skills and increased their capacity to access and utilize SCLARC services. (Quantitative)
2. Results of the pre-/post-General Self-Efficacy Assessments provided to clients who are assigned a Community Integrator/Integradora in order to assess their general self-efficacy that they have the ability to put into practice their advocacy and communication skills learned when they interact with staff from SCLARC, SJWFC or PSCLA. (Quantitative)
3. Results of the client satisfaction survey of clients' experience/satisfaction with services received from the Community Integrators/Integradoras (Quantitative)
4. The baseline number of all children ages 0 - 3 broken down by race/ethnicity who

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accessed SCLARC services in the month prior to the project; the number of all children ages 0 - 3 broken down by race/ethnicity who utilized SCLARC services one month prior to the project (Quantitative)

5. The number of all children ages 0 - 3 who accessed SCLARC services in the month after the project ends; the number of all children ages 0 - 3 broken down by race/ethnicity who utilized SCLARC services one month after the project ends; and the service utilization of all other age categories in the month after the project ends (Quantitative)

The Project Evaluator will analyze the data for the project staff to review. Quantitative data will be entered and analyzed using a quantitative statistical program (Statistical Package for the Social Sciences, or SPSS). For the qualitative data, the Project Evaluator will develop a codebook that reflects the primary experiences and themes communicated. As appropriate, data will be analyzed by key subgroups such as ethnicity to ensure that there are no disparities in services received.

To evaluate if the project reduced the targeted disparities (outcome objectives: 1- Increase the number of Latino and African American children ages 0 - 3 who access SCLARC services by the end of the project term 12/31/19. 2-Increase the number of Latino and African American children ages 0 - 3 who utilize SCLARC services by the end of the project term 12/31/19), one month after the project ends, the Project Evaluator will collect from SCLARC the number of all children ages 0 - 3 broken down by race/ethnicity who access SCLARC services and the number of all children ages 0 - 3 broken down by race/ethnicity who utilize SCLARC services. We will also look at the race/ethnicity breakdown for utilization during the same year period for all other age groups. This data will be compared to the baseline measures collected at the beginning of the project period.

Throughout the project, data will be used to inform and guide the development, modification, and implementation of the project activities and assure continuous quality improvement. All analyses of process and outcome data from the interventions will be compiled, analyzed monthly, and presented to project staff as well as the parents/stakeholders attending the workshops to ensure no immediate corrections are needed in the project plan. Based on the results of the various evaluation components and feedback from the community, the Project Director and Project Evaluator will modify the interventions, services, and the evaluation design to assure continuous quality improvement. Outcome data will be used to determine the extent to which the project is having the desired outcome in reducing the targeted disparities. The Project Director, with the Project Evaluator, will prepare and submit project reports. We will comply with all reporting requirements and include the required data in quarterly reports and biannual

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performance assessment and final reports.	
6. Where will your project be implemented (counties, cities, neighborhoods, etc.)?	
<p>The project will be implemented in South Central L.A., an area defined by a series of 53 zip codes that is approximately 70 square miles, and is inclusive of the communities of Athens, Compton, Crenshaw, Florence, Hyde Park, Lynwood, Paramount, and Watts. Despite being the smallest SPA, the area has 13,315 persons per square mile, compared to a population density of 7,873 persons per square mile in L.A. County (U.S. Census Bureau, 2015). SJWCFC's is well established in the communities of South L.A. and over the years has built a strong relationship of trust among the families served. Its fourteen health center sites are located throughout South L.A. and are a community hub for low-income residents to receive no/low cost health care and supportive services. Its doors are open to anyone regardless of income, health insurance, or immigration status. SJWCFC connects with the target population via outreach and through its pediatric medical home.</p>	
7. Project Type	
<p>Outreach (community events, child find, seminars, etc.) <input checked="" type="checkbox"/> Education (workshops, trainings, support groups, etc.) <input checked="" type="checkbox"/> Promotores (parent liaisons, mentors, cultural brokers, etc.), Other:</p>	
8. Estimated number of people the project will reach/impact	
900 families will partake in the education/skill building workshops or be served by the Community Integrators/integradoras	
9. Timeline of project (start and end dates)	
<p>1/1/18 - 12/31/19: SJWCFC respectfully requests a two-year project term. This would be the first year that SJWCFC and PCSLA have intentionally partnered with SCLARC to reduce purchase of service disparities for children with developmental disabilities. An additional year of funding will help to imbed the activities into the culture of SJWCFC and its partner agencies and impact more individuals and families from the target population. Disparity data described in this proposal, taken together with the dearth of services in South L.A. that serve the target population, illustrate a stark need that SJWCFC and its partners will have the capacity to absorb. Through a second year of support, we will be able bring more families to SCLARC, as well as extend the support offered to families in year-one, resulting in greater outcomes for the family overall.</p>	
10. Amount requested <i>*Please complete the Budget Worksheet (Attachment D) and include with your submission.</i>	10a. Funding frequency (check one):
\$ 200877	Annual Cost** or <input checked="" type="checkbox"/> 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.

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: <u>Project 2 Parent/Caregiver Education and Advocacy</u> – A. Parent Education and Skill Building Workshops and B. Community Integrators/Integradoras									
Objective: 1. Increase the number of Latino and African American children ages 0 - 3 who access SCLARC services by the end of the project term 12/31/19. 2. Increase the number of Latino and African American children ages 0 - 3 who utilize SCLARC services by the end of the project term 12/31/19.									
Issue(s) being addressed: Service utilization among Latino and African American children ages 0 - 2 (POS report break down is ages 0 - 2, but we will target the Early Start population ages 0 - 3) is less than White clients of the same age. Service utilization is also less among ages 0 - 2 for all races/ethnicities compared to all other age categories.									
		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	Project Director	X	☐	☐	☐	☐	☐	☐	☐
Negotiate and sign contract with Project Evaluator	Project Director	X	☐	☐	☐	☐	☐	☐	☐

[illegible]

A. Parent Education and Skill Building workshops: Create and distribute flyers and use social media to advertise workshops	Project Coordinator	X	X	X	X	X	X	X	X
A. Parent Education and Skill Building workshops: Conduct 90-minute workshops twice a week and administer pre-/post-test to participants	Project Coordinator and Elena Fernandez	X	X	X	X	X	X	X	X
B. Community Integrators/Integradoras: Identify and recruit eight volunteer parents/caregiver=0	Project Coordinator	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Community Integrators/Integradoras: execute agreement with the Community Integrators/Integradoras to commit to volunteering 4 hours/week	Project Coordinator	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Community Integrators/Integradoras: Train eight volunteer parents/caregivers (initially and refresher)	Project Coordinator	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Community Integrators/Integradoras: Promote the services of the Community Integrators/Integradoras to partner agencies and how to refer	Project Coordinator	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Community Integrators/Integradoras: Assign families to work with the eight Community Integrators/Integradoras; families complete pre/post self-efficacy assessment and client satisfaction survey upon discharge from the Community Integrator/Integradora	Project Coordinator	<input type="checkbox"/>	X	X	X	X	X	X	X
Gather pre-/post-test data and surveys; number and type of workshops; number of parents/caregivers who attended each training; trainings conducted; number of families served by each Community Integrator/Integradora	Project Evaluator	X	X	X	X	X	X	X	X
Prepare and submit quarterly report to DDS	Project Director and Project Evaluator	X	X	X	X	X	X	X	X

Prepare and submit final report to DDS (one month after project ends). At this time will identify number of all children ages 0 - 3 who accessed SCLARC services in the month after the project ends; the number of all children ages 0 - 3 broken down by race/ethnicity who utilized SCLARC services one month after the project ends; and the service utilization of all other age categories in the month after the project ends)	Project Director and Project Evaluator								X
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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: Project 2 Parent/Caregiver Education and Advocacy – A. Parent Education and Skill Building Workshops and B. Community Integrators/Integradoras	
Objective: 1. Increase the number of Latino and African American children ages 0 - 3 who access SCLARC services by the end of the project term 12/31/19. 2. Increase the number of Latino and African American children ages 0 - 3 who utilize SCLARC services by the end of the project term 12/31/19.	
Issue(s) being addressed: Service utilization among Latino and African American children ages 0 - 2 (POS report break down is 0-2, but we will target the Early Start population ages 0 - 3) is less than White clients of the same age. Service utilization is also less among ages 0 - 2 for all races/ethnicities compared to all other age categories.	
Activities	<ol style="list-style-type: none"> 1. List of materials produced for the parent education workshops 2. Date, location, and number of participants that attend each workshop 3. List of materials produced for the Community Integrators/Integradoras training 2. Date, location, and number of Community Integrators/Integradoras that participate in trainings 4. Number of participants served by each Community Integrator/Integradora
Measures of Outcomes	<ol style="list-style-type: none"> 1. Results of the parent education workshops include a pre-/post-test evaluation provided to participants that will measure their understanding of developmental disabilities, whether or not they have learned new skills and increased their capacity to access and utilize SCLARC services. (Quantitative) 2. Results of the pre-/post-General Self-Efficacy Assessments provided to clients who are assigned a Community Integrator/Integradora in order to assess their general self-efficacy that they have the ability to put into practice their advocacy and communication skills learned when they interact with staff from SCLARC, SJWFC or PSCLA. (Quantitative) 3. Results of the client satisfaction survey of clients' experience/satisfaction with services received from the Community Integrators/Integradoras (Quantitative) 4. The baseline number of all children ages 0 - 3 broken down by race/ethnicity who accessed SCLARC services in the month prior to the project; the number of all children ages 0 - 3 broken down by race/ethnicity who utilized SCLARC services one month prior to the project (Quantitative)

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
Project 2 Parent/Caregiver Education and Advocacy – A. Parent Education and Skill Building Workshops and B. Community Integrators/Integradoras
Project Duration (start and end date)
1/1/18 - 12/31/19

Description	Cost
Salary/Wages and Benefits	
Project Director, Liza Bray (PCSLA)/\$105,000 @ .025 FTE + 24% benefits (\$3,255 x 2 years = \$6,510)	\$6510
Project Coordinator, Delores Brown (IMHP)/\$120,000 @ .2 FTE + 24% benefits (\$29,760 x 2 years = \$59,520)	\$59520
Project Evaluator, TBD/\$100 per hour x 40 hours (\$4,000 x 2 years = \$8,000)	\$8000
Elena Fernandez, SJWCFC Director of Behavioral Health/\$177,000 @ .1 FTE + 24% benefits (\$21,948 x 2 years = \$43,896)	\$43896
	\$
Operating Expenses	
Food and beverages for workshops (\$500 per year x 2 years = \$1,000)	\$1000
Office Supplies (\$350 per year x 2 years = \$750)	\$750
Printing (\$150 per year x 2 years = \$300)	\$300
Educational and marketing materials	\$2500
Transportation tokens	\$4200
Administrative Expenses	
Indirect costs (15% of \$174,676 = \$26201)	\$26201
	\$
	\$
	\$
	\$
Additional Expenses	
Stipends for Community Integrators/Integradores (\$250/month x 24 months x 8 Community Integrators/Integradores)	\$48,000
	\$
	\$

		\$
		\$
Pr		\$200877