





## FY 2017/18 DISPARITY FUNDING APPLICATION

Orange County to health-related services. These grants include the Navigator Program and Children's Health Insurance Program (CHIP) funded by the Centers for Medicare and Medicaid Services (CMS). All of our staff are certified Navigators. They are trained to use the One-E-App, a secured cloud-based application to screen community members for eligibility and enroll for Medi-Cal/CHIP health program and a host of social and generic services available in the local region including but not limited to Food stamps (SNAP), TANF, WIC, CalFresh, CalWorks, cash assistance and 11 other programs.

Additionally, we leverage our growing relationship with local organizations and partners to link clients to services such as workforce development and career training, free of charge. We are recognized as a Local Education Agency under the Garden Grove Unified District to provide an English as Second Language (ESL) and EL Civics education to support low and illiterate adults with the necessary English literacy for employment, higher education, and civic participation.

Ability to work with families: As part of our cultural proficiency, we understand the value that Vietnamese refugees and immigrants place on family and community. In their home country they could not count on the system of social services, which was practically non-existent. So, they are used to rely on family members and the communal system of support to cope with personal challenges and health care needs. Uprooted and transported to a new land, refugees and immigrants from Vietnam have not successfully reconstructed the communal system of support while many of their families have become dysfunctional due to refugee experience, resettlement-related traumas, and strains caused by adaptation to new life. Furthermore, through our Victims of Torture Assistance Program (VTAP) and our Survivors of Trauma Empowerment Program (STEP), we have found that a torture survivor's trauma often deeply affects his/her entire family. Organization EIN and organizational status are included in the Appendices.

### B. Project Information

|  |
|--|
| <b>1. Project title</b>  |
| Parent Education and Training Program  |
| <b>2. Describe how the target population is an underserved population.</b>   |
| Underutilization of services: This project will target the underserved Vietnamese population who has experienced significant disparity in accessing appropriate services, which led to underutilization of authorized expenditures. According to POS report for 2015-16, of the total annual expenditures and authorized services by language approved by Regional Center of Orange County (RCOC), Vietnamese accounts 4.6% of the total population served, with 3.5% of total annual spending. Based on expenditures and utilization of services, RCOC identified in its annual report that Vietnamese population |

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has fewer RCOC dollars spent on them than overall average expenditure (e.g. \$15,073 Vietnamese, \$16,863 average, \$23,108 White) and that white consumers spent an average of \$23,108. It is indicated that 2% of Vietnamese families receive no services as compared to 14% of White families. The percentage of Vietnamese consumers accessing RCOC services, at 76%, is lower than the statewide average of 82%.

Barriers to services: Access to comprehensive, quality health care services are essential for promoting and maintaining health, preventing and managing diseases, reducing unnecessary disability and premature death, and achieving health equity for all Americans. Yet, the Orange County Health Needs Assessment 2010 estimated that 24% (29,422) of Vietnamese adults do not have one particular clinic, health center, doctor's office, or other place that they usually go to when they are sick or need health advice. Findings from recent focus groups conducted by RCOC point to language as a significant factor in an individual's ability to access services. According to the aforementioned countywide assessment, 18% of the local Vietnamese reported difficulty communicating their health needs with their doctors and health providers, compared to 1% of whites who found communication with their doctors difficult. According to Census 2010, 91% of Vietnamese spoke their native language at home, and 52% reported having limited proficiency in English. In 2005, BPSOS conducted a survey comprised of Vietnamese refugees and found one subgroup facing particular challenges to learning English: 30,000 torture survivors resettled to the U.S. in the early 1990s — as high as 80% of them suffer learning disabilities caused by head injuries, malnutrition, and untreated diseases. A large proportion of older Vietnamese women have low reading skills — in Vietnam, they were discouraged from pursuing an education. Literacy is particularly low among Amerasians, abandoned children of Vietnamese women and U.S. servicemen. Viewed as children of the enemy by the communist regime, they were denied education. Our 2003 survey of over 6,500 Amerasians showed that 23% had no education, 62% did not complete elementary school, and only four individuals had completed high school in Vietnam — conventional outreach using printed materials would not work for them.

RCOC's report also found that many families, particularly for immigrant-born ones, focus on economic survival instead of seeking health-related services. The Vietnamese population faces significant socioeconomic challenges relative to other major racial/ethnic groups in the county. According to Census 2010, 14% of Vietnamese live in poverty compared to 9% for the general population. The U.S. Census 2010 reported a large proportion (13%) of the Vietnamese population qualify for Supplemental Security Income (SSI) compared to 4% countywide. Older Vietnamese fare worse because they have great need for services but face significant economic barrier: the same report found that 35% of

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Vietnamese age 65 and older are with a disability status compared to 32 % among the general population; on the other hand-- 40% of Vietnamese adults aged 65 and over live in poverty compared to 9% countywide.

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

The 24-month project contributes to the following overarching goal: to eliminate Purchase of Service (POS) dis-parities among Vietnamese by improving access to culturally and linguistically appropriate services for underserved Vietnamese individuals with disabilities and their families in order to maximize self-sufficiency, facilitate community integration and encourage participation in society. This goal also aligns with Healthy People 2020 AHS, access to health services.

By the end of the project, we will achieve the following measurable objectives:

- At least 36,000 Vietnamese residing in Orange County will gain increased knowledge and awareness of RCOC services, consumer's rights, and available resources in the community.
- At least 800 Vietnamese will have access to culturally and linguistically appropriate social and health services through coordinated services; at least 85% of them will utilize services.

Strategies and Practices: To achieve the first objective, we will implement an outreach and education campaign using culturally and linguistically appropriate information. We will achieve the second objective by employing case management to coordinate the provision of navigation and other support services, using an integrated approach leveraging the use of Clinical Community Linkage e-referral (e-referral) system and the One-E-App connecting consumers to appropriate services, and deploying "Peer Compa ion" ser vice model to recr it parent mentors --serve as a bridge between the community and the social service system. Strategies and practices proposed for this pr ighns ith the local Re ional Center's de ire for a comprehensive peer-to-peer approach to help Vietnamese families with improved pathways to increase service utilization. These evidence-based strategies are built upon the framework of the Social Ecological Model (SEM).

Evidence-based and evidence-informed intervention models: Our proposal builds on existing SEM components to implement the following activities. SEM is an evidence-based multi-level approach to social human services. At the core of the model is the individual, surrounded by bands of influence representing the interpersonal, organizational, community and policy levels. At the core level, individuals aim to increase knowledge on available resources and adjust their personal beliefs regarding accessing

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and utilization of appropriate social services. At the interpersonal level, parent mentors influence behavioral changes of individuals by affecting social and cultural norms and overcoming individual-level barriers. At the organizational level, provider interventions are intended to facilitate access to social services by influencing organizational systems and policies. At the inter-agency level, increased cultural competency, linguistic capacity, cross-referral and coordination of services among human services organizations may significantly reduce barriers for individuals to access information and services. At the community level, outreach activities are intended to facilitate attitude and belief changes by through communication and support.

Over decades of services, we have systematically developed the different SEM layers. For example, we developed the Peer Companion component with a SAMHSA-funded grant; this component trains community members to identify individuals with needs, link them to services, and offer support. Similarly, we developed the e-referral system and incorporated the use of the One-E-App to facilitate inter-agency coordination of services with funding from CMS' CHIPRA and CDC's REACH program.

Promoting access and engagement through outreach and education: Leveraging BPSOS's existing media network, we will reach some 36,000 vietnamese residents of Orange County through a coordinated educational campaign on available resources and on the efficacy, safety and accessibility of preventive screening. The outreach and education campaign aims to increase community demand (e.g., knowledge, motivation, access, and decision making). We have established an extensive network of mainstream and ethnic media partners that reached to over 220,000 Vietnamese residing in Southern California. In addition to our social media pages (FaceBook, Twitter), Mach Song (Life Stream) e-news, and online webpage.

Collaborating With Regional Center to Assist Consumers: This activity will support Vietnamese consumers referred by the RC with appropriate services. Namely, we will incorporate a strength-based, family-centered case management approach to assist the RC with translation and support from initial intake and assessment to development of an Individual Program Plan (IPP) or an Individual Family Service Plan (IFSP), enrollment for generic services, and provision of direct services.

Provision and Integration of Services: We will make use of our existing e-referral system and the One-E-App to increase the number of limited-English Vietnamese with improved access to culturally and linguistically appropriate social and health services. Through the use of the e-referral system and the One E-App, consumers gain access to local health services, federal and state programs. For example, the One E-App will screen and enroll

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consumers for generic services (i.e. Medi-Cal, SNAP, TANF, WIC, CalFresh, and 11 other programs.) This component will marshal existing resources in the local community so as to prevent waste, duplication, fraud, and abuse while expanding the array of services available to specific clients.

Peer Support Education: Implementing the Peer Companion model, parents will be recruited from the community to gain access to cultural and social services. In 2005, BPSOS received funding from SAMHSA to test the peer support model (adapted from the Community Health Worker) focused on improving access to and use of care, increase understanding of health risk factors and self-management, and better manage chronic diseases. Our study shows that well-trained mentors can provide effective support for the most underserved Vietnamese who struggle with mental illness, depression, assimilation, or just loneliness. In this model, a frontline parent mentor is recruited from the target community and trained to provide support to disadvantaged community members, helping them to access and use social services. The values of the model are based on the recognition that each person is the agent of his or her own recovery and all services can be organized to support recovery.

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

Incorporating community input and feedback is our organization's operational philosophy. Accordingly, this proposal was designed based on an ongoing assessment of 3,327 Vietnamese residing in Orange County since 2014. The majority of participants identified themselves as limited-English. The data showed that they relied on trusted community-based organizations as the bridging cultural mediation between the Vietnamese population and the social service system.

During project implementation, we solicit community input and feedback not only for monitoring and evaluation but also to inform adjustments or modifications to strategies and activities. This approach is founded on two well-tested models.

Community-Based Participatory Approach (CBPA): In addition to internal record data, BPSOS also employs a Community-Based Participatory Approach (CBPA) model to involve meaningful participation from diverse stakeholders (multi-sector organizations, public sectors, community members, community leaders) in all aspects of a program, from design to evaluation. Since 2012, BPSOS-CCA has incorporated the use of CBPA in guiding large scale projects such as STRIVE, REACH, and Partnerships to Achieve Health Equity. The CBPA model has yielded positive results working with diverse communities to examine emerging issues in a local community, identify stressors and strengths within that community, and tailor program activities to address unique concerns and cultural differences of participants. The meaningful interactions with stakeholders are emphasized in all aspects of intervention from design, implementation, and evaluation.

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For example, through CBPA approach, BPSOS-CCA formed a coalition of 12 multi-sector partners which included public health agencies, nonprofits, academia, media, business sectors to come together to address health disparities facing the Vietnamese population. In addition to working with the coalition, we also participate in various local advisory boards such as the health department's Orange County Healthier Together (OCHIP) and Orange County Transportation Authority (OCTA) Community Advisory Board, and we will incorporate feedbacks of these groups and Regional Center of Orange County (RCOC) to guide the project implementation.

Continuous quality improvement. To ensure timely achievement and quality of outcomes, we employed the Continuous Quality Improvement (CQI) model encompassing the following steps: Data, Evaluation & Assessment, and Improvement. These steps enable us to review, evaluate, analyze, and share the results regarding the outcomes of the project. Findings and strategies would be modified accordingly. Findings at various stages of implementation are shared with stakeholders and community members to ensure the project is addressing the community's needs and receiving their support.

|   | <b>will be measure</b> | <b>will be collected</b> |
|---|------------------------|--------------------------|
| <b>(qualitative or quantitative)?*</b> <i>Complete the Project Measures Worksheet (Attachment D) and include with your application.</i> |                        |                          |

BPSOS has developed an empirical and systematic evaluation plan to determine the efficacy of the proposed program in meeting its intended outcomes. Assumptions for project performance are based predominantly on evidence derived from outcomes of a pilot e-referral program implemented by BPSOS. While specific best practices for implementation continue to be developed, the use of e-referrals for multidisciplinary health care has strong evidence for increasing access to care for multiple populations, while also increasing timeliness and convenience of specialty care referrals for providers. Focused specifically on increasing access to services among underserved Vietnamese Americans in Orange County, CA.

In order to address referent well-being as it relates to participation with an integrated network of various health care providers linked by Parent Mentor and the e-referral system, this project proposes the inclusion of validated measures of participants' quality of health, self-efficacy, and health behaviors in the project outcomes. Peer support services have been linked with significant improvements in linkages to community resources for diabetes patients, improved cardiovascular health promotion among Hispanics, and improved self-care management for a variety of complex diseases for underserved populations. In order to assess the value of both the peer support component, as well as the implementation of the e-referral system, a number of



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indicators will serve as constructs in assessing program effectiveness. Specifically, indicators to be used in the evaluation study include the following:

- Number of Vietnamese participants who demonstrate awareness of RC services and social services in the local community;
- Number of participants who demonstrate improved understanding in consumers rights and available services;
- Number of participants who gain access to appropriate services using Peer Support support network and e-referral system;
- Number of participants who utilize POS services and community services;
- Participants' self-efficacy in accessing RC services and community services;
- Frequency of communication among service providers;
- POS expenditures among Vietnamese in the local region;
- Capacity of communities in the selected regions to link health care providers and community members.

Data sources to assess the effectiveness of the project include POS data will be reviewed to determine if the project increased service utilization. In addition, the SF-36 health survey questionnaire will be administered before and after services to measure shifts in participant-reported health outcomes. The Rand Corporation's SF-36 is a publicly-available, self-administered, validated instrument that includes items related to physiological, mental, and social functioning; physical and mental well-being; and an overall evaluation of wellness. The SF-36 was selected for its established reliability and validity, the ability to generalize findings with comparative data in previously published research, and the availability of the instrument translated to and validated in Vietnamese and other languages. Participants' behaviors will be assessed using a modified version of the National Health Interview Survey (NHIS) questionnaire, a validated instrument and has been used by the U.S. Census Bureau to monitor the health of the nation since 1957. The NHIS will measure healthcare access, and health status of project participants. Surveys will be available and translated in both English and Vietnamese (CA Department of Health Care Services, 2017).

Pre/post outcomes administration will also be used to evaluate the outreach and education communication campaign. The dependent variables will include pre- and post-measures of each indicator listed above. Pre-survey will be collected at baseline prior to service referrals or any other provision of services by BPSOS-CCA, as appropriate; post-survey will be collected three months after an initial intake was made. Data for the analyses will also include basic demographic variables such as gender, age, primary language, employment status, and level of education. Data results will be used to assess project outcome on whether BPSOS-CCA has met its objectives. Results will be used as

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feedback to guide the project to address any challenges and to replicate for use in other communities.

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

The two-year initiative will be implemented in Orange County, California, home to the largest concentration of Vietnamese American population nationwide with 194,230 according to Census 2010. The majority (78%) of Vietnamese clients reside in the Westminster, Garden Grove, and Santa Ana cities. Both Westminster and Garden Grove cities are designated as Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration as Medically Underserved Populations (MUPs), and Santa Ana is a Medically Underserved Area (MUA). The Regional Center of Orange County has identified Vietnamese as a priority population due to underutilization of POS expenditures.

To connect the underserved Vietnamese subgroups to RCOC, we will rely on our staff, our team of trained parent volunteers and our network of 12 local partners, each serves as an access point-of-entry for the community by using a rapid e-referral system for our staff to process new consumers and families.

### 7. Project Type

- Outreach (community events, child find, seminars, etc.)
- Education (workshops, trainings, support groups, etc.)
- Promotores (parent liaisons, mentors, cultural brokers, etc.),
- Other: Integration of services including the use of Clinical-Community Linkages e-referral system and the One-E-App.

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

This project, Parent Education and Training, targets some of the most hard-to-reach and vulnerable subgroups of Vietnamese, therefore, we request a 24-month project period to allow adequate time and resources to address their unique challenges and a one-time award for the amount of \$400,000 to achieve the following objectives:

- At least 36,000 Vietnamese residing in Orange County will gain increased knowledge and awareness of RCOC services, consumer's rights, and available resources in the community.
- At least 800 Vietnamese will have access to culturally and linguistically appropriate social and health services through coordinated services; at least 85% of them will utilize services.

Approximately 61% of the requested budget will be allocated for Personnel Salary and Fringe Benefits for the following staff positions, 31% is allocated for Operating Expenses, and 15% is allocated for Administrative Expenses.

### 9. Timeline of project (start and end dates)

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|   |   |
|---|---|
| 1/1/2018-12/31/2019   |   |
| <b>10. Amount requested</b> <i>*Please complete the Budget Worksheet (Attachment D) and include with your submission.</i> | <b>10a. Funding frequency (check one):</b>  |
| <b>\$ 400,000</b>   | <input type="checkbox"/> 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.*

|  |                                       |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|--|---------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Project Title:</b> Parent Education and Training  |                                       |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Objective:</b> At least 800 Vietnamese will have access to culturally and linguistically appropriate social and health services through coordinated services; at least 85% of them will utilize services.   |                                       |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Issue(s) being addressed:</b> This objective addresses the lack of culturally and linguistically responsive service options and providers, lack of trust between providers and the community, language barriers faced by the Vietnamese community, and lack of infrastructure available in the region to serve the diverse community. |                                       |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|  |                                       | <b>2018</b>                         |                                     |                                     |                                     | <b>2019</b>                         |                                     |                                     |                                     |
| <b>Activity</b>  | <b>Staff</b>                          | <b>Q1</b>                           | <b>Q2</b>                           | <b>Q3</b>                           | <b>Q4</b>                           | <b>Q1</b>                           | <b>Q2</b>                           | <b>Q3</b>                           | <b>Q4</b>                           |
|  |                                       | <b>1/1/18-<br/>3/31/18</b>          | <b>4/1/18-<br/>6/30/18</b>          | <b>7/1/18-<br/>9/30/18</b>          | <b>10/1/18-<br/>12/31/18</b>        | <b>1/1/19-<br/>3/31/19</b>          | <b>4/1/19-<br/>6/30/19</b>          | <b>7/1/19-<br/>9/30/19</b>          | <b>10/1/19-<br/>12/31/19</b>        |
| Recruit parent mentor  | Project Coordinator                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Train parent mentors   | Parent Mentor/<br>Parent Educator     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Conduct workshops to exchange information and navigate resources   | Parent Mentor/<br>Project Coordinator | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Conduct intake application application for service   | Project Coordinator/Parent Mentor     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Provide translation services   | Translator                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recruit and establish new partners   | Project Coordinator                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

| <b>Project Title:</b> Parent Education and Training  |  |                    |                    |                    |                      |                    |                    |                    |                      |
|--|--|--------------------|--------------------|--------------------|----------------------|--------------------|--------------------|--------------------|----------------------|
| <b>Objective:</b> At least 800 Vietnamese will have access to culturally and linguistically appropriate social and health services through coordinated services; at least 85% of them will utilize services.   |  |                    |                    |                    |                      |                    |                    |                    |                      |
| <b>Issue(s) being addressed:</b> This objective addresses the lack of culturally and linguistically responsive service options and providers, lack of trust between providers and the community, language barriers faced by the Vietnamese community, and lack of infrastructure available in the region to serve the diverse community. |  |                    |                    |                    |                      |                    |                    |                    |                      |
|  |  | <b>2018</b>        |                    |                    |                      | <b>2019</b>        |                    |                    |                      |
| Activity   | Staff  | Q1                 | Q2                 | Q3                 | Q4                   | Q1                 | Q2                 | Q3                 | Q4                   |
|  |  | 1/1/18-<br>3/31/18 | 4/1/18-<br>6/30/18 | 7/1/18-<br>9/30/18 | 10/1/18-<br>12/31/18 | 1/1/19-<br>3/31/19 | 4/1/19-<br>6/30/19 | 7/1/19-<br>9/30/19 | 10/1/19-<br>12/31/19 |
| Provision of navigation of services  | Parent Mentor/<br>Project coordinator/<br>Translator | ☒                  | ☒                  | ☒                  | ☒                    | ☒                  | ☒                  | ☒                  | ☒                    |
| Integration of wrap around services (One E-App, ESL, workforce dev.)   | Parent Mentor/<br>Project coordinator                | ☒                  | ☒                  | ☒                  | ☒                    | ☒                  | ☒                  | ☒                  | ☒                    |

*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 – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET**

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|   |   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Project Title:</b> Parent Education and Training   |   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Objective:</b> At least 800 Vietnamese will have access to culturally and linguistically appropriate social and health services through coordinated services; at least 85% of them will utilize services.  |   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Issue(s) being addressed:</b> This objective addresses the lack of culturally and linguistically responsive service options and providers, lack of trust between providers and the community, language barriers faced by the Vietnamese community, and lack of infrastructure available in the region to serve the diverse needs in the community. |   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|   |   | <b>2018</b>                         |                                     |                                     |                                     | <b>2019</b>                         |                                     |                                     |                                     |
| <b>Activity</b>   | <b>Staff</b>                            | <b>Q1</b>                           | <b>Q2</b>                           | <b>Q3</b>                           | <b>Q4</b>                           | <b>Q1</b>                           | <b>Q2</b>                           | <b>Q3</b>                           | <b>Q4</b>                           |
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| Coordinate with Regional Center   | Project Coordinator                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Establish a formal referral with RC   | Project Manager/<br>Project Coordinator | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Follow-up with consumer and families  | Parent Mentors                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Link consumers and families with services   | Project Coordinator /<br>Parent Mentors | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Provide oversight of project  | Project Director                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|   |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|   |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

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| <b>Project Title:</b> Parent Education and Training  |   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Objective:</b> At least 36,000 Vietnamese residing in Orange County will gain increased knowledge and awareness of RCOOC services, consumer's rights, and available resources in the community.   |   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| <b>Issue(s) being addressed:</b> his objective addresses the need for information in native languages, especially about the individual program planning process, consumer rights, and available services. Limited English proficiency bars most Vietnamese from accessing information and services; even those who speak English relatively well may not feel comfortable conversing with a health care professional in English. According to Census 2010, 91% of Vietnamese spoke their native language at home, and 52% had limited proficiency. |   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|  |   | <b>2018</b>                         |                                     |                                     |                                     | <b>2019</b>                         |                                     |                                     |                                     |
| <b>Activity</b>  | <b>Staff</b>                            | <b>Q1</b>                           | <b>Q2</b>                           | <b>Q3</b>                           | <b>Q4</b>                           | <b>Q1</b>                           | <b>Q2</b>                           | <b>Q3</b>                           | <b>Q4</b>                           |
|  |   | <b>1/1/18-3/31/18</b>               | <b>4/1/18-6/30/18</b>               | <b>7/1/18-9/30/18</b>               | <b>10/1/18-12/31/18</b>             | <b>1/1/19-3/31/19</b>               | <b>4/1/19-6/30/19</b>               | <b>7/1/19-9/30/19</b>               | <b>10/1/19-12/31/19</b>             |
| Develop culturally and linguistically appropriate materials  | Project Coordinator/<br>Project Manager | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Launch outreach and education campaign   | Project Manager/<br>Project Coordinator | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Disseminate information  | Project Coordinator                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Conduct workshops on health literacy and navigate for RC and local services  | Parent Mentors/<br>Project Coordinator  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Recruit and train parent volunteers  | Parent Mentors                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Monitor and track outreach activities  | Project Manager                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

|  |              |                          |                          |                          |                          |                          |                          |                          |                          |
|--|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Project Title:</b> Parent Education and Training  |              |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Objective:</b> At least 36,000 Vietnamese residing in Orange County will gain increased knowledge and awareness of RCOC services, consumer's rights, and available resources in the community.  |              |                          |                          |                          |                          |                          |                          |                          |                          |
| <b>Issue(s) being addressed:</b> his objective addresses the need for information in native languages, especially about the individual program planning process, consumer rights, and available services. Limited English proficiency bars most Vietnamese from accessing information and services; even those who speak English relatively well may not feel comfortable conversing with a health care professional in English. According to Census 2010, 91% of Vietnamese spoke their native language at home, and 52% had limited proficiency. |              |                          |                          |                          |                          |                          |                          |                          |                          |
|  |              | 2018                     |                          |                          |                          | 2019                     |                          |                          |                          |
| <b>Activity</b>  | <b>Staff</b> | <b>Q1</b>                | <b>Q2</b>                | <b>Q3</b>                | <b>Q4</b>                | <b>Q1</b>                | <b>Q2</b>                | <b>Q3</b>                | <b>Q4</b>                |
|  |              | 1/1/18-3/31/18           | 4/1/18-6/30/18           | 7/1/18-9/30/18           | 10/1/18-12/31/18         | 1/1/19-3/31/19           | 4/1/19-6/30/19           | 7/1/19-9/30/19           | 10/1/19-12/31/19         |
| and improvement in project outcomes  |              |                          |                          |                          |                          |                          |                          |                          |                          |
|  |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*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.*

|   |   |
|---|---|
| <b>Project Title:</b> Parent Education and Training   |   |
| <b>Objective:</b> At least 800 Vietnamese will have access to culturally and linguistically appropriate social and health services through coordinated services; at least 85% of them will utilize services.  |   |
| <b>Issue(s) being addressed:</b> This objective addresses the lack of culturally and linguistically responsive service options and providers, lack of trust between providers and the community, language barriers faced by the Vietnamese community, and lack of infrastructure available in the region to serve the diverse needs in the community. |   |
| <b>Activities</b>   | <p>Recruit and train parent mentors;</p> <p>Provide cultural competency training to parent mentors, staff, and service providers;</p> <p>Conduct workshops to exchange information, navigate RC resources and local services;</p> <p>Parent support network provide social support, physical and psychological well-being;</p> <p>Conduct intake application for service in native language;</p> <p>Provide translation to families during meetings or scheduled appointments;</p> <p>Coordinate with RC to refer and support consumers and families;</p> <p>Provide technical support to providers in utilizing the e-referral system;</p> <p>Provision of navigation services to families in native language;</p> <p>Provide wrap around in-house services including ESL, Civics, workforce development,</p> <p>Integrate the use the One-E-App to screen for eligibility and apply for appropriate services (e.g. health insurance, CHIP, Food stamps, TANF, WIC, cash assistance, etc.) and e-referral system for local health services;</p> <p>Conduct follow-up with families to ensure appropriate services were received;</p> <p>Quarterly report to DDS.</p> |
| <b>Measures of Outcomes</b>   | To assess the effectiveness of the project in improved access service, and to determine if the project increased service utilization, multiple data sources are employed. These include POS data from Region Center, log-in tracking spreadsheet, and validated instruments from the Rand SF-36 and the National  |

Health Interview Survey (NHIS). The POS Expenditure data will track ethnicity, consumer count, total expenditure, and percentage of utilization. Other measurable outcomes for this objective include:

- Number of individuals utilized services;
- Number of participants who gained access to appropriate services;
- Number of participants who utilized POS services;
- Number of participants who utilized community services;
- Number of individuals accessed appropriate services;
- Number of support services requested;
- Number of people with completed services;
- Number of parents signed up to enroll in Peer Companion curriculum training workshops;
- Number of parents completed Peer Companion curriculum;
- Extent of improved quality of life.

**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.*

|  |  |
|--|--|
| <b>Project Title:</b> Parent Education and Training  |  |
| <b>Objective:</b> At least 36,000 Vietnamese residing in Orange County will gain increased knowledge and awareness of RCOC services, consumer's rights, and available resources in the community.  |  |
| <b>Issue(s) being addressed:</b> This objective addresses the need for information in native languages, especially about the individual program planning process, consumer rights, and available services. Limited English proficiency bars most Vietnamese from accessing information and services; even those who speak English relatively well may not feel comfortable conversing with a health care professional in English. According to Census 2010, 91% of Vietnamese spoke their native language at home, and 52% had limited proficiency in English. |  |
| <b>Activities</b>  | Develop culturally and linguistically appropriate materials for community outreach;<br>Launch outreach and education campaign;<br>Disseminate information using mass media, small media, online, social media, events and newsprint;<br>Conduct workshops on health literacy, resources and services available at RCOC and in the community;<br>Recruit and train messengers: health professional, celebrities, spiritual leaders;   |
| <b>Measures of Outcomes</b>  | To assess the effectiveness of the project in improved access services, we will track outreach education activities using monthly report and a pre/post survey to measure the following outcomes:<br>- Number of Vietnamese participants who demonstrate awareness of RCOC available services and local services;<br>- Number of participants who demonstrate improved understanding of services available;<br>- Number of outreach activities including workshops, community resource fairs, and presentations;<br>- Number of materials developed and translated;<br>- Number of paid media and earned media;<br>- Number of messages disseminated;<br>- Number of impressions from social media;<br>- Number of people reached. |

**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.

|  |
|--|
| <b>Project Title</b>                         |
| Parent Education and Training                |
| <b>Project Duration (start and end date)</b> |
| 01/01/2018-12/31/2019                        |

| Description                               | Cost            |
|---|-----------------|
| <b>Salary/Wages and Benefits</b>          |                 |
| Project Director                          | \$20000         |
| Project Manager                           | \$44000         |
| Project Coordinator                       | \$76000         |
| Parent Mentor                             | \$42000         |
| Parent Educator/Translator                | \$31200         |
| <b>Operating Expenses</b>                 |                 |
| Rent/Utilities                            | \$82240         |
| Local Travel                              | \$3499          |
| Copying/Printing                          | \$5184          |
| Telecommunications - phone, fax, internet | \$6480          |
| Supplies                                  | \$5184          |
| <b>Administrative Expenses</b>            |                 |
| IDC                                       | \$31980         |
|   | \$              |
|   | \$              |
|   | \$              |
|   | \$              |
| <b>Additional Expenses</b>                |                 |
| Fringe Benefits                           | \$32065         |
| Postage/Shipping                          | \$1944          |
| Advertisement                             | \$12000         |
| Food/Beverages                            | \$4224          |
|   | \$              |
| <b>Project Budget Total</b>               | <b>\$400000</b> |