FY 2018/19 DISPARITY FUNDS PROGRAM PROPOSAL COVER PAGE

Note: Complete this form for **each** proposed project. Please refer to the Proposal Submission Instructions for clarification for any of the following questions.

Section I. Grantee Information and Cover Sheet						
Please check the box that de	scribes your organizat	ion				
	X Community Based		□ CBO, non-501(c)(3)			
Regional Center (RC)	Organization (CBC)),	EIN or			
	501(c)(3)		🗆 No EIN			
a. Name of organization/Grou	•		b. Date			
The Center for Autism & Neuro University of California, Irvine	developmental Disorder	S,	October 16, 2018			
c. Primary contact (Name)						
Anna Laakman						
d. Mailing address						
2500 Red Hill Ave, Suite 100, S	Santa Ana, CA 92705					
e. Primary e-mail address		f. Primary phone number				
alaakman@uci.edu		949-267-0444				
g. Secondary contact email address		h. Secondary contact phone number				
mdillon@uci.edu	mdillon@uci.edu		949-267-0434			
i. Brief description of the org	anization/group (organ	ization	type, group mission, etc.).			
As part of UC Irvine Health, the Center for Autism & Neurodevelopmental Disorders (CAND) seeks to provide help and hope to children, adolescents, young adults, and their families living with Autism Spectrum Disorders (ASD) and other neurodevelopmental disorders through excellent clinical care, innovative research, quality education and training, and community engagement. The Center is located in Orange County and has been a leader for more than a decade in assessment, diagnosis, care coordination, family support, and education. Our Families and Schools Together (FAST) team, led by a educational psychologist with support from graduate students, is a unique program to our Center and allows families to access help when facing challenges in the educational system. In the last fiscal year CAND saw over 2800 unique patients, with 52% covered by Medi-Cal insurance, 37% Hispanic, 22% primary Spanish-speaking.						

Section II. Proposal Summary

a. Project title	Empowering Families & Increasing Access through Education & Screening
b. Total amount requested	\$ 179,834
c. Projected number of individuals impacted	345
d. Duration of project (months)	12 months Start date: 01/01/19 End date: 12/31/19
e. RC(s) in the project catchment area(s)	Regional Center of Orange County (RCOC) Target zip code(s) for Los Angeles County*:
f. Did your organization receive funding for a project in FY	X Yes** D No **If yes, provide the grant number and answer questions "f1" and "f2."

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2017/18?	If no, skip to question "g."
2017/101	
	Grant # (CBOs only): 17-C54/55
f1. What is the current status of	Several project activities have been completed and others
your project?	are in process.
f2. How is this proposal different from your current project?	This project enhances ongoing educational efforts at the Center by adding new classes on the transition at age 3 and how to access adult transition-related services with curriculum to specifically address disparities in accessing Regional Center services. Our proposed parent advocacy workshop series will be a new effort combining the expertise of parents from our Latino Family Advisory Committee along with our experienced social workers in an interactive format to promote empowerment for parents. Our monthly drop-in clinics provide an easy entry into our Center for families who need help but are unsure where to start. Our screening efforts for young children will continue to provide an important linkage for this vulnerable population who can significantly benefit from early intervention services.
g. Will you be working with one or more CBO(s)?	□ Yes*** X No
h. Will the project require aggregate data from the RC(s)?	□ Yes*** X No

*Zip code information for Los Angeles County can be found at:

https://www.dds.ca.gov/RC/regionMap.cfm?view=laCounty ***If yes, please provide letter(s) indicating that the CBO(s) and/or RC(s) have reviewed the proposal and are in support of collaboration.

FY 2018/19 DISPARITY FUNDS PROGRAM PROPOSAL COVER PAGE

FY 2018/19 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

1. Project title

Empowering Families & Increasing Access through Education & Screening

2. Select the target group(s) the project intends to serve and provide a description of each group. Check all that apply.

X Ethnicity: Latino/Hispanic

- X Language(s): Spanish
- X Age group(s): Focus on children birth-5, and parents of children birth to 22 years old
- X Socioeconomic: Medi-Cal population

□ Other:

3. Which area(s) of focus does the project meet? Check all that apply.

- X 1. Increase access to information about services available through the RC system and processes to receiving those services.
- X 2. Provide assistance during the intake process.
- X 3. Empower consumers to advocate for needed services.
- □ 4. Increase access to services that meet the cultural and linguistic needs of consumers and their families.
- \Box 5. Other (explain):

4. Project Type. Check all that apply.

□ Translation (equipment, translator services, translating brochures or materials, etc.)

- X Outreach (community events, website or social media design, materials, etc.)
- □ Workforce capacity (staff training, incentives for bilingual employees, etc.)
- X Parent education (online or in person trainings, workshops, etc.)
- □ Promotores (para professionals to help develop relationships and trust with the Regional Center)
- X Family/consumer support services (1:1 coaching, enhanced case management, service navigation, etc.)
- □ Other:

5. What experience does the organization/group have working with the target population?

Our Center has been a leader for more than a decade in assessment, diagnosis, care coordination, family support, and education for children with autism and other neurodevelopmental disorders and their families. We provided care to over 1000 children identified as Latino/Hispanic during the last fiscal year and conducted 27 trainings in Spanish. Our Latino Family Advisory Committee (FAC) meets monthly to work collaboratively with our Center to provide input on family needs and interests in areas of research, outreach, education, assessment, clinical care and treatment. Our Latino FAC is comprised of Spanish-speaking families who have previously worked with us on developing projects targeting outreach for underserved Latino families, including our current DDS grants. The parents on our Latino FAC all have children with autism who are insured through Medi-Cal. If funded, we will engage our Latino FAC in this project from the planning and throughout implementation.

6. Explain how the target population(s) are underserved using POS data or other data as

FY 2018/19 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

supporting evidence.

Our project will focus on the underserved Hispanic (Latino) minority group. As reported by the RCOC Purchase of Service for the Fiscal Year 2015-2016 there is a significant disparity between the authorized services for Hispanic population (HP) when compared to the White population (WP). The HP's authorized services are barely half of the WP's services (\$12,073 vs. \$23, 899). The Spanish-speaking population continues to show a marked discrepancy in authorized services as well. When we look at the "No Purchase of Services" section the HP seems to be at increased risk for not accessing services to which they have qualified. Close to 25% of the population is not utilizing the services they require. The disparity is more significant in the older groups (3-21 and 22 years and older) indicating potential added barriers. Families are highly likely to be requiring aid from the RCOC at this time to prevent deterioration in the quality of life of families or a potential crisis situation.

7. How will the project address the identified POS disparity?

We propose 4 approaches to address the disparities for Latino families. All events will be promoted and open to the community.

1) In-person trainings provided in Spanish on the following topics: Transition from Early Start to Lanterman Services and School at age 3; and Accessing adult transition-related, employment and young adult services

2) An in-person parent empowerment and advocacy series (to be offered twice) in Spanish facilitated by one of our bilingual clinical social workers and experienced parents from our Latino FAC. The series will build parents' capacity to identify their children's needs, participate in IPP/IFSP processes, advocate for needed services, and understand their rights and options if they encounter barriers.

3) A monthly "drop-in clinic" facilitated by one of our bilingual clinical social workers and a member of our Families And Schools Together (FAST) team where families can come in and discuss any concerns about their child's needs and receive guidance on services they may be able to access through the Regional Center or schools and/or assistance in pursuing services.
4) Three developmental screening events for children birth to age 5 where children identified as

at-risk for or demonstrating developmental delays will be referred directly to RCOC.

8. How is the proposed project unique or different from a current effort (e.g., strategies, activities, goal) in this catchment area? If the project is similar to a current effort, how will the proposed project expand on the current effort?

This project enhances ongoing educational efforts at the Center by adding new classes on the transition at age 3 and how to access adult transition-related services with curriculum to specifically address disparities in accessing Regional Center services.

Our proposed parent advocacy workshop series will be a new effort combining the expertise of parents from our Latino Family Advisory Committee along with our experienced social workers in an interactive format to promote empowerment for parents.

Our proposed monthly drop-in clinics would provide an easy entry into our Center for Spanishspeaking families who need help but are unsure where to start.

Our screening efforts for young children will continue to provide an important linkage for this vulnerable population who can significantly benefit from early intervention services.

9. How did your organization collect input from the community and/or target population to design the project?

As previously discussed, we have an active Latino Family Advisory Committee (FAC) who we have consulted during the development of this proposal. Our Latino FAC parents are currently involved in the implementation of our educational and screening efforts as part of our DDS grant. They are attending the events, speaking with parents during the events, and reviewing feedback

FY 2018/19 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

with us after the events. Based on their input with ongoing efforts and our current DDS grant, the Latino FAC provided input in the development of this proposal, and they have provided a letter of support which is included in our application.

DISPARITY FUNDING PROPOSAL – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET

Completed worksheets shall be submitted with the funding proposal. 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: Empowering Families & Increasing Access through Education & Screening									
		2018		2	019		2020		
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Activity	Staff	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	1/1/20- 3/30/20	7/1/19- 9/30/19	10/1/19- 12/31/19
Execute grant agreement with DDS	Anna Laakman	Х							
Create and Distribute flyers in collaboration with Latino Family Advisory Committee to be posted on website, social media, shared with community partners, and Latino FAC network	Veronica Oliver, Maureen Dillon, Hyun Park, Pedro Velasco		х	х	х	х			
Develop materials for training and screening events (sign-in forms, pre/post evaluations, powerpoint presentation, one page information handouts, and additional resources)	Anna Laakman, Maureen Dillon, Marlene Cuevas, Hyun Park, Ray Lopez, Hazel Benavides, Ruby Aguirre, Pedro Velasco, Veronica Bermudez- Oliver, Jeanne Anne Carriere		Х	Х	Х	X			
Coordination of workshop logistics and quarterly reports	Anna Laakman, Maureen Dillon, Maureen Cuevas, Veronica Bermudez		х	Х	Х	х			

		2018		2	019			2020	
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Activity	Staff	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	1/1/20- 3/30/20	7/1/19- 9/30/19	10/1/19- 12/31/19
Host monthly "drop-in clinic" facilitated by bilingual clinical social workers and a member of the Families and Schools Together (FAST) team	Maureen Dillon, Marlene Cuevas, Jeanne Anne Carriere, Pedro Velasco, Veronica Bermudez- Oliver		x	х	x	x			
Host three developmental screening events for children birth to age 5	Anna Laakman, Maureen Dillon, Marlene Cuevas, Hyun Park, Ray Lopez, Hazel Benavides, Ruby Aguirre, Pedro Velasco, Veronica Bermudez- Oliver, Jeanne Anne Carriere			х	x	X			
Provide education to parents of children with Autism and other Neurodevelopmental Disorders through in- person training in Spanish on Transition from Early Start to Lanterman Services and School at age 3; and Accessing adult transition-related, employment and young	Anna Laakman, Maureen Dillon, Marlene Cuevas, Hyun Park, Ray Lopez, Hazel Benavides, Ruby Aguirre, Pedro Velasco, Veronica Bermudez- Oliver, Jeanne Anne Carriere			х	X	X			

		2018		2	019			2020	0	
Activity	Staff	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	Q1 1/1/20- 3/30/20	Q2 7/1/19- 9/30/19	Q3 10/1/19- 12/31/19	
adult services										
Provide in-person parent empowerment and advocacy series (to be offered twice) in Spanish facilitated by bilingual clinical social worker and experienced parents from our Latino FAC	Maureen Dillon, Marlene Cuevas, Hyun Park, Pedro Velasco, Veronica Bermudez- Olive			х		X				

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

DISPARITY FUNDING PROPOSAL – PROJECT MEASURES WORKSHEET

Completed worksheets shall be submitted with the funding proposal. Check the types of qualitative and quantitative outcome measures you will use. For each type, describe the activity to be measured and the data collection method. More than one copy of each worksheet may be submitted if additional space is required. *Please see Attachment D-1 for a sample worksheet.*

Measures of Outcomes	Type of Measure(s). Check all that apply.	Activity To Be Measured; Data Collection Method
	🖂 Count	Develop and maintain sign in sheets for all events
	D POS	
	Pre/post survey/assessment	Develop and conduct pre and post surveys for all training programs (Transition at age 3, Family Empowerment, and Accessing Adult Transition services), develop and conduct post-surveys for screening and drop-in clinic. Measure changes in responses from pre-post surveys and use feedback from post-surveys for future events.
	Stakeholder feedback	Meet monthly with Latino Family Advisory Committee to review effectiveness of programs and identify other areas of need.
	⊠ Materials	Develop informational materials that correspond to each training event
	Other: PLEASE DESCRIBE:	

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. Full time equivalent (FTE) typically means 40 hours per week. For example, .5FTE means 20 hours per week.

Organization Name					
The Center for Autism & Neurodevelopmental Disorders- University of California, Irvine					
Project Title					
Empowering Families & Increasing Access through Education & Screening					
Project Duration (start and end date)					
Start Date: January 1, 2019	End Date: December 31, 2019	Number of Months: 12			

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: Hyun Park Title/Position: Physician/Co-PI x Existing Position or New Position x Full Time Equivalent (FTE): .10	\$12546	\$	\$
Name: Jose Lopez-Lizarraga Title/Position: Clinical Professor Co-Pl x Existing Position or	\$24406	\$	\$
Name: Maureen Dillon Title/Position: Clinical Social Worker x Existing Position or	\$25410	\$	\$
Name: Anna Laakman Title/Position: Education and Training Director x Existing Position or New Position x Full Time Equivalent (FTE): .20	\$26347	\$	\$
Name: Marlene Cuevas Title/Position: Clinical Social Worker x Existing Position or	\$14564	\$	\$
Name: Hazel Benavides Title/Position: Behavioral Intervention Lead x Existing Position or	\$5089	\$	\$
Name: Ruby Aguirre Title/Position: Registered Behavioral Technician x Existing Position or	\$1976	\$	\$
Salary/Wages and Benefits Total	\$141373	\$	\$

Operating Expenses		
Materials & Supplies	\$500	\$ \$
Screening materials	\$750	\$ \$
Food and beverage for trainings/workshops	\$7980	\$ \$
Air Conditioning after hours/weekends	\$0	\$ \$
	\$	\$ \$
	\$	\$ \$
	\$	\$ \$
Operating Expenses Total	\$9230	\$ \$

Administrative Expenses (Indirect costs, up to 15%)					
Indirect Costs 15%	\$23456	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
Administrative Expenses Total	\$23456	\$	\$		
Project Budget Total	\$ 174059	\$	\$		

*As applicable. If the period for year 2 is less than 12 months, provide budget for the amount of months that services will be provided.

Proposer (applicant):

Authorized by (print name):	
, ,	_

Signature: _____Date: _____

Sub-grantee (subcontractor):**

Authorized by (print name):		
Signature:	Date:	

**As applicable

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. Full time equivalent (FTE) typically means 40 hours per week. For example, .5FTE means 20 hours per week.

Organization Name		
The Center for Autism & Neurodevelopmental Disorders- University of California, Irvine		
Project Title		
Empowering Families & Increasing Access through Education & Screening		
Project Duration (start and end date)		
Start Date: January 1, 2019	End Date: December 31, 2019	Number of Months: 12

Description	Year 1 Annual Cost	Year 2 Annual Cost*	Total Cost
Salary/Wages and Benefits			
Name: Veronica Bermudez-Oliver Title/Position: Training Coordinator x Existing Position or	\$7492	\$	\$
Name: Michelle Wahlquist Title/Position: Speech Pathologist x Existing Position or	\$2523	\$	\$
Name: Social Skills Team Title/Position: Student Assistants x Existing Position or	\$540	\$	\$
Name: Pedro Velasco Title/Position: Outreach Coordinator x Existing Position or	\$10000	\$	\$
Name: Jeanne Anne Carriere Title/Position: FAST Director x Existing Position or	\$10000	\$	\$
Name: FAST Interns Title/Position: x Existing Position or	\$480	\$	\$
Name: Title/Position: x Existing Position or	\$	\$	\$
Salary/Wages and Benefits Total	\$141373	\$	\$

Operating Expenses			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Operating Expenses Total	\$	\$	\$

Administrative Expenses (Indirect costs, up to 15%)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Administrative Expenses Total	\$	\$0	\$
Project Budget Total	\$	\$	\$

*As applicable. If the period for year 2 is less than 12 months, provide budget for the amount of months that services will be provided.

Proposer (applicant):

Authorized by (print name):	
, (1) ,	

Signature: _____Date: _____

Sub-grantee (subcontractor):**

Authorized by (print name):	
Signature:	Date:

**As applicable

PROJECT BUDGET NARRATIVE WORKSHEET

The items and descriptions in this worksheet must correspond to the items listed in the Budget Worksheet (Attachment E-1).

Organization Name			
The Center for Autism & Neurodevelopmental Disorders- UC Irvine			
Project Title			
Empowering Families & Increasing Access through Education & Screening			
Project Duration (start and end date)			
Start Date: Jan 1 2019	End Date: Dec 31 2019	Number of Months: 12	

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Physician co-Pl	Oversee the project, assist with content development and delivery for in-person trainings and provide assessment during the developmental screening days.
Title/Position: Physician co-PI	Oversee the project, assist with content development and delivery for in-person trainings and provide assessment during the developmental screening days.
Title/Position: Education and Training Director	Managing the budget, manage staffing and implementation of project, assist with development of content materials and surveys, completing quarterly and final reports for DDS.
Title/Position: Clinical Social Worker x 2	Assist with development of curriculum and materials, facilitate drop-in clinic, conduct empowerment series, liaison for Latino FAC involvement, provide assessment and resources during screening days.
Title/Position: Behavior Intervention Lead	Assist with the development of curriculum, provide assessment during screening days
Title/Position: Registered Behavioral Technician	Provide assessment during screening days
Title/Position: Training Coordinator	Assist with creation and distribution of materials (flyers, sign-in sheets, etc), coordinate logisits for workshops including space, personnel, etc.

Operating Expenses – Line Item	Description
Materials and Supplies	Copies, flyers, crafts for children, pens
Screening Materials	Printed resources, ASQ screener, M-CHAT copies
Food and Beverage	Based on feedback from Latino FAC and previous events food and childcare were identified as being factors increasing attendance. \$500 per training event (15 total events) \$60 for water for all "drop-in" days \$35 for 12 Latino FAC meetings

	Total \$7980
Air Conditioning for after hours and weekend use	AC costs- \$35 per hour per HVAC Unit Developmental Screening Day- 7 units for an additional hour for each of the 3 sessions= \$735 Training Workshops- 5 units for an additional 2 hours for all 12 sessions= \$4200 Drop-in clinic- 2 units for an additional 2 hours for all 6 sessions= \$840

Administrative Expenses – Line Item	Description
Indirect Costs	Facilities and administrative costs are calculated at 15% of the off campus modified total direct cost base, consistent with the Sponsor limits

Proposer (applicant):

Authorized by (print name):		
Signature:	D;	ate:

Sub-grantee (subcontractor):**

Authorized by (print name): _____

Signature: _____Date: _____

**As applicable.