Section I. Grantee Information and Cover Sheet

Please check the box that describes your organization		
	X Community Based	☐ CBO, non-501(c)(3)
□Regional Center (RC)	Organization (CBO),	☐ EIN or
	501(c)(3)	☐ No EIN

a. Name of organization/Group	b. Date	
Healthy African American Families	October 15, 2018	
c. Primary contact (Name)		
Felica Jones		
d. Mailing address		
4305 Degnan Blvd Suite 105, Los Angeles, CA 90008		
e. Primary e-mail address	f. Primary phone number	
felicajones@haafii.org	(323) 292-2002	
g. Secondary contact email address	h. Secondary contact phone number	

i. Brief description of the organization/group (organization type, group mission, etc.).

Healthy African American Families (HAAF) is a non-profit 501(c)3 Community-Based Organization founded in 1992 by Dr. Loretta Jones. Originally funded by the Centers for Disease Control and Prevention (CDC) to investigate the disproportionally high rates of low birth weight and infant mortality in the African American community in Los Angeles, it has grown into a multi-faceted, nationally-recognized community agency. HAAF's mission is to improve the health outcomes of the African American, Latino, Korean, and other communities of color in Los Angeles County. HAAF strives to advance social progress through education, training and collaborative partnering with community stakeholders, academia, researchers, and government. A significant part of HAAF's mission is to ensure that research and program development are being done ethically and equitably in the community, with the community as an equal partner. HAAF's Community-Partnered approach is built around a bidirectional learning model, where all knowledge is important and all partners are accountable for reporting back and creating wins for both professionals and the community. HAAF is widely regarded in the community as an advocate and a source of education and training around health disparities. HAAF's partners have included Charles R. Drew University of Medicine & Science, the University of California, Los Angeles, the RAND Corporation, and over 150 community based organizations. As such, HAAF is dedicated to addressing social, institutional and policy determinants of health to promote health equity.

.	Increasing awareness of Regional Center services for
a. Project title	Autism Spectrum Disorders in the African American
	community: a faith-based, community-partnered
	approach
b. Total amount requested	\$ 439,206
•	ψ 1 03,200
c. Projected number of individuals impacted	272
d. Duration of project (months)	24 months
, , ,	Start date: 01/01/2019
	End date: 12/31/2020
e. RC(s) in the project catchment	
ara(s)	South Central Los Angeles Regional Center
	Target zip code(s) for Los Angeles County*: 90001, 90002, 90003, 90008, 90018, 90037, 90043, 90052, 90059, 90061, 90062, 90082, 90089, 90185. 90201,90220, 90221, 90222, 90223, 90224, 90239, 90240, 90241, 90242, 90255, 90262, 90270, 90280, 90723, 90746
	Zip code areas shared with other Regional Centers: 90007, 90011, 90016, 90040, 90044, 90047, 90058, 90056 90086, 90232, 90248, 90260, 90265, 90290, 90601
	TO A TANK OF THE PROPERTY OF T
f. Did your organization receive funding for a project in FY 2017/18?	☐ Yes** X No **If yes, provide the grant number and answer questions "f1" and "f2." If no, skip to question "g."
	Grant # (CBOs only):
f1. What is the current status of your project?	N/A
f2. How is this proposal different from your current project?	N/A
g. Will you be working with one or more CBO(s)?	X Yes*** □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

1. Project title
Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach
2. Select the target group(s) the project intends to serve and provide a description of each group. Check all that apply.
X Ethnicity: African American;
X Language(s): English
X Age group(s): Birth - older adults (all age groups)
X Socioeconomic: Low
□ Other:
Description : Parents and grandparents of individuals with ASD of all ages in the SCLARC
catchment area who are service eligible and who have low utilization of services
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.
☐ 2. Provide assistance during the intake process.
X 3. Empower consumers to advocate for needed services.
X 4. Increase access to services that meet the cultural and linguistic needs of consumers and their families.
X 5. Other (explain): Engage faith-based organizations such as African Methodist Episcopalian Churches to increase access to information about services and to empower the community to advocate for needed services
4. Project Type. Check all that apply.
□Translation (equipment, translator services, translating brochures or , 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,)

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

Healthy African American Families (HAAF) has been the co-lead on 6 Autism community-based conferences in the target catchment area. These conferences aimed to increase the capacity of the target community to address its concern by providing necessary supports such as autism working groups and parental support groups. Additionally, HAAF has been the co-lead on 4 cancer research and demonstration pilot programs that have provided information and mobilization to over 1,700 participants, primarily in the African American faith-based community, and in the Latino faith-based community, with Anna (Aziza) Lucas Wright as Principal and Co-Principal Investigator, and Dr. Loretta Jones as Co-Principal Investigator. HAAF has been instrumental as a leader and a resource to disseminate these findings back to the community, while also fostering trust and interaction with service providers.

The collaborating agency, the USC University Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles (USC UCEDD at CHLA), is one of 67 federally funded UCEDDs in the nation, whose mission is to promote systemic change, capacity building, and advocacy in California to address the needs of Californians with I/DD. The Sub-contract Project Director, Olga Solomon, has been studying the everyday lives of children with ASD and their families for over 20 years, the last 13 years focusing on African American children with ASD and their families. Since 2009, she has been the lead on a longitudinal ethnographic study funded by the National Institute of Mental Health (NIMH) on disparities in autism diagnosis, interventions and services experienced by African American children and families living in South Los Angeles. Prior to that, her work on ASD was focused on communication among children and their parents in home and community settings. Besides National Institute for Mental Health, Olga's work has been funded by the National Academy of Education - Spencer Foundation for Educational and Related Research, and Autism Speaks.

<u>Three collaborating faith-based CBOs</u> will serve as sites of the proposed project:

- Lincoln Memorial Congregational Church and its' Lincoln Family Life Center' that has been recently inducted as the 'Gailen and Cathy River Community Empowerment Center', a 501c3 non-profit public charity organization whose mission is to improve the quality of life for at-risk children and youth and to alleviate the economic and health disparities that impact underserved individuals and families in the community of South Los Angeles. The Gailen and Cathy Reevers Center for Community Empowerment has

been active within the African American community to eliminate health disparities. The faith center has had members who are experts in Autism Spectrum Disorders. This has helped to raise the level of Autism awareness within the congregation. This faith center will be the site of all training and focus group activities (see Letter of Support),

- Ward African Methodist Episcopal Church was founded in South Los Angeles in 1902. As part of the rich African Methodist Episcopal tradition that goes back to 1787 and the Free African Society, it has a long history of working for social justice and civil rights, especially equal rights to health equity, which includes POS and Utilization of Services for ASD. The Church has been an active participant in projects directed at improving health of the African American Community, for example, it was the site of the American Cancer Society's Cancer Prevention Study.
- Glory Christian Fellowship International has had multiple on-site health and wellness-related activities focused on health conditions that disproportionally affect African Americans, such as blood pressure screenings to prevent hypertension. First Aid / CPR classes and health fairs are common occurrences at this Church.

All three faith-based CBOs have been in prior partnerships with Healthy African American Families on numerous health disparity research studies within the South Los Angeles communities for over 8 years. These partners have an enduring commitment to collaborate with community and professionals to marshal their connectedness within community to reach desired results.

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

African Americans constitute 9.4% of the DDS-served population, or 25,143 people. South Central Los Angeles Regional Center (SCLARC) serves the largest percentage of African Americans with developmental disabilities among all the 21 Regional Centers in the California's DDS system. Of more than 13,500 consumers served by SCLARC, 28% are African-American. Eighty five percent (7,996) of SCLARC consumers have an I/DD diagnosis, and 18% (3,440) have a diagnosis of ASD.

According to the most recent DDS' analysis of its POS data, Per-Capita authorized expenditures are higher for Whites than for all other ethnic groups. In the 2016/2017 Fiscal Year report, South Central Los Angeles Regional Center (SCLARC) reported that Per-Capita Expenditure totaled for all age groups was \$19,001 for African Americans, and \$38,271 for Whites, a POS disparity of more that 50%. This disparity is the most significant when examined by age groups. While in the Birth to 2 years old age group, African American infants and toddlers receive on average. \$3,880 in Per Capita expenditure, their White counterparts receive \$5,299. This difference increases dramatically in the 3-21 years old age group: while African Americans receive \$4,862 in Per-Capita expenditures, Whites receive more than twice that, \$10,823. The difference maintains in the age group of 22 years old and older: African Americans receive \$31,609 in Per Capita Expenditure, while Whites receive \$47,926, a difference of over 16,000.

Of all African Americans in the SCLARC catchment area who are eligible for services,

18% do not have any authorized services (NoPOS), and 20% have authorized services but do not use the . POS data suggest that there is a critical need for building awareness in the community about Regional Center services for ASD, and for improving African American community's awareness of ASD and its prevalence, as well as the community's trust in the service system.

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

The project will focus on parents and other caregivers (e.g. grandparents) who have a child or children diagnosed with ASD but who are receiving limited or no services through the Regional Center system. This recruitment will take place both in the faith-based sites, and at SCLARC. The overarching goal of this project is to develop and implement a faith-based parent-training program carried out by Community Health Advisors in a faith-based environment, to increase the parents' knowledge of the available services, and help them gain mastery and empowerment to advocate for these services.

The project will follow a specific model, the Community - Partnered Participatory Framework (CPP) that consists of the following 4 stages:

- (1) identifying a health issue that fits community priorities and stakeholders' capacity to respond. Through our earlier projects, it has been established that POS and service utilization disparities have been identified as a priority for the African American community in South Los Angeles.
- (2) developing a coalition of community and other stakeholders that informs, supports, shares, and uses the products. This step has been partially met by the collaborators coming together to develop and submit this grant proposal. In the course of developing the proposal, our group has formed a coalition of community-based organizations (HAAFII), the faith community, and the USC UCEDD.
- (3) engaging the community through focus groups, workshops, symposia and conferences that provide information, determine readiness to proceed, and obtain input. This stage and the next stage will be the main focus of the project, as described below. All developed materials (products, deliverables) will be distributed in the community, i.e. provided to the symposia attendees and made available in the church's libraries or other spaces, as well as on-line.
- (4) initiating work groups that develop, implement, and evaluate action plans under a leadership council. Upon completing the project evaluation, a leadership council will be convened to plan the next steps in raising community awareness of ASD and Regional Center services.

We will use a previously successful faith-based, community-partnered, participatory approach that has been developed by HAAF in collaboration with other community-based and academic institutions since 1992. The approach is based upon the role of the Black Church in fighting health disparities that disproportionately affect African Americans. Historically, the Black Church has been a trusted presence that has served the needs and interests of African Americans, and has had a powerful educational role in reducing health

disparities, having taken over the function of overseeing not only the religious and spiritual, but also the social, political, and cultural well-being of its congregants. The project's approach draws upon the Black Church's role as an educator among African Americans, independent of their religious beliefs, as was argued in the 2006 Health Emergency Declaration by the National Black Church Initiative¹.

Based upon a previous study conducted with 11 churches in the targeted zip codes², which found that over 90% of the 800 respondents wanted to learn information from trained peers rather than from professionals, we will use a community health advisors (CHAs) model, which is similar in its philosophy to the *promatoras* model that has been widely used for the Latino community. Three African American Interdenominational churches with which there are established relationships will serve as the co-coordinating sites for training 4 faith-based community health advisors (CHAs). The training will be co-led by Anna (Aziza) Lucas Wright based upon her previous experience using an evidence-based model for CHA training successfully applied in the projects on cancer awareness and mental health disparities. The lead trainer will be an experienced Regional Center designee, who, as an 'in ider", ill possess the information and goldance to enhance the content of the trainings.

The faith-based CHAs will be trained in providing culturally appropriate awareness of ASD and Regional Center services during focus group meetings tailored to parents and other family members of individuals in the following three age groups: birth to age two, inclusive; age 3 to 21, inclusive; and age 22 and older. These age groups correspond to different services and supports offered by the Regional Center system, which will ensure a life-span development approach.

The 's objectives are:

- 1) Provide a platform for parents of children, adolescents, young adults, and older adults with ASD to identify needs and discuss structural barriers that inhibit needed services acquisition;
- 2) Provide small-session awareness and education that will increase the self-efficacy of the participant leading to identifying and garnering appropriate services and resources for their children, adolescents, young adults, and older adults with ASD;
- 3) Provide printed information for reminders and Regional Center services navigation quidance:
- 4) Issue reminders by phone or in person to encourage participants in self-advocacy efforts.

The training will consist of

¹ The National Black Church Initiative (2006.) NBCI Declares a National Health Emergency in the Black Church: How Science-based and Community-based Organizations May Work with the Black Church to Produce Effective Health Promotion and Policy Initiatives.

² Maxwell AE, Lucas-Wright A, Gatson J, Santifer R, Chang CL. Increasing the capacity to promote cancer screening in African American churches in South Los Angeles. Abstract #B034. 39th Society of Behavioral Medicine Annual Meeting and Scientific Sessions, New Orleans, LA, April 11-14, 2018. Annals of Behavioral Medicine 52:S243, 2018

- 1) **content** / **information** on Autism Spectrum Disorders' (ASD) prevalence in the general population and in the African American community, and the level of disparities in prevalence that are currently 7%; how and at what age ASD is usually diagnosed; the diagnostic criteria change from DSM-IV-TR to DSM-5; and detailed coverage of the Regional Center system and services it offers across the life span for service-eligible consumers;
- 2) **culturally and linguistically sensitive strategies** of presenting this information that promote motivation, competency, and self-efficacy to advocate for services among members of the African American community.

An example of topics for a Community Health Advisors training module are listed below:

Workshop 1: 3 hours

- Program Aims Overview
- ASD 101
- Regional Center System Mapping
- Patient Navigator Model (Historical Backdrop)
- Outreach and Recruitment Techniques
- Confidentiality/HIPPA
- Overview of Post Participant Group Debriefing Session

Workshop 2: 3 hours

- Recruitment Protocol/ Documentation/Completing Forms
- Instructional Techniques for AOD basics, Regional Center Services and Service Acquisition
- Conducting Effective Small-Group Focus (Dialogue) Sessions
- Conducting Pre/Post Tests
- Evaluation Tasks/ Attending Documentation

Post training, the CHAs will facilitate bi-monthly focus group for the duration of the project (total 24 groups) with up-to 6 community participants who are caregivers (parents or grandparents) of a person diagnosed with ASD, independent of their church membership status. A different group of participants will gather for each focus group. We anticipate that approximately 144 community participants will participate in total over the duration of the project. The focus groups ill allow the CHA's to carry out 1) a pre-test designed to evaluate the African American community's knowledge of the prevalence of Autism Spectrum Disorder (ASD) among African Americans, the disparity in ASD prevalence compared to Whites, and the needs for culturally appropriate, and linguistically accessible information on Autism Spectrum Disorder and Regional Center services; 2) an informational training on the content about ASD and Regional Center services, as outlined above; and 3) a post-test survey to evaluate understanding and retention of knowledge. and a personally-set goal regarding ASD and / or Regional Center services. A one-month follow up with each of the focus group's participants will be carried out by phone to establish whether the participant has made the steps outlined in her or his personally-set goal. If not, then the goal will be re-defined on the phone with the interviewer and another

monthly follow-up will be carried out, for a total of 3 monthly follow-ups if the goal was not met.

Based upon these evaluations, the project will design informational materials about ASD and Regional Center services. These materials will be presented by the CHAs at the yearly Community-Based Symposia before an audience of approximately 100 community members (2 symposia total for the duration of the project). Members of the focus groups will be invited to share their experiences, insights, and actionable steps that they took as an outcome of the project. The symposia will be held at one of the two AME churches.

The USC UCEDD will serve as a collaborator to 1) analyze the surveys and present the results to the project team; 2) to develop, manualize, administer and evaluate the faithbased, community-partnered awareness program, and 3) to help disseminate the program evaluation results in the community.

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?

The Community-Partnered Participatory (CPP) approach has become the recommended 'gold standard' in health disparities program development and quality improvement projects. The CPP approach is nationally-recognized and enhanced through implementations for a range of health conditions for which there are disproportionately negative outcomes in the African American community. Each stage has a specific programmatic outcome that serves as a foundation for the next. The approach is based upon a combination of a community-partnered approach that reaches into the DD service system exemplified by SCLARC, to concurrently address the POS disparity problem from both the African American community's and the DDS service systems' sides.

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

U ili ing the analyzed data from two ilot stu ies, "Present Your Body" and "Suppor ing African American Churches to Promote Cancer Scree ing", t is promote licated the evidence-based strategies upon which these two studies operated. Both Dr. Loretta Jones and Anna "A iza" Lucas W ight were Co-Investigators and/or Key Personnel for these studies.

³ Bazargan M, **Lucas-Wright A**, **Jones L**, Vargas R, Vadgama JV, Evers-Manly S, Maxwell AE. Understanding Perceived Benefit of Early Cancer Detection: Community-Partnered Research with African American Women in South Los Angeles. *Journal of Women's Health* 24(9):755-61, 2015. PMC4589099

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*.

Project Title: Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach Measures of **Activity To Be Measured; Data Collection Method** Type of Measure(s). Check all that apply. **Outcomes** ☐ Count □ POS Develop and conduct pre-surveys for focus groups' X Pre/post survey/assessment participants before participation in the training; conduct the same surveys again after completion of the training. Measure changes in knowledge in responses from pre/post surveys. Using NVivo qualitative data analysis software, X Stakeholder feedback carry out thematic analysis of focus groups' transcripts; extract themes and identified barriers to services Develop informational materials based upon the X Materials survey data and stakeholder data analyses; develop power point presentations for the yearly symposia; write up the approach as a formalized, manualized intervention available for replication in other catchment areas with other churches ☐ Other: PLEASE DESCRIBE:

Healthy African American Families (18-C58) Attachment E-1

Salary/Wages and Benefits	Year 1	Year 2	Total
Felica Jones (Project Director, .3FTE)	\$29,280	\$0	\$29,280
Norma Mtume (Project Coordinator, .4FTE)	\$36,600	\$0	\$36,600
Andrea Jones (Project Assistant, .1FTE)	\$7,320	\$0	\$7,320
Salary/Wages and Benefits, Subtotal	\$73,200	\$0	\$73,200

Operating Costs			
Consultant: Anna Lucas Wright	\$24,000	\$0	\$24,000
Community Health Advisors (4) Honoraria	\$10,500	\$0	\$10,500
Participant Stipends (72) x \$30	\$2,160	\$0	\$2,160
Faith Center Stipends (3) x \$2,000	\$6,000	\$0	\$6,000
Focus Group Supplies/Materials	\$2,072	\$0	\$2,072
Leadership Council Stipends	\$359	\$0	\$359
Dissemination Symposia	\$5,000	\$0	\$5,000
CHLA Subcontract	\$64,085	\$0	\$64,085
Operating Costs, Subtotal	\$114,176	\$0	\$114,176

Administrative Expenses			
Rent	\$4,244	\$0	\$4,244
Office Phones	\$1,328	\$0	\$1,328
Accounting and Payroll Fees	\$8,640	\$0	\$8,640
Utilities & IT Support	\$3,753	\$0	\$3,753
Office Supplies	\$810	\$0	\$810
CHLA subcontract IDC	\$9,613	\$0	\$9,613
Administrative Expenses, Subtotal	\$28,389	\$0	\$28,389

Total Project Budget	\$215,765	\$0	\$215,765
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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		
Healthy African American Families		
Project Title		
Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach		
Project Duration (start and end date)		
Start Date: 01/01/2019 End Date: 12/31/2020 Number of Months: 24		

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Project Director	Oversee the adherence to the Community-Partnered participatory framework of the project, provide conceptual and practical oversight of the project, provide management of the budget, provide direction to the team to ensure that goals and objectives are accomplished. Oversee submission of quarterly reports to the DDS and provide oversight of all components of the project.
Title/Position: Project Coordinator	Oversee and facilitate communication, exchange of information, and coordination of project activities among the HAAF personnel, the USC UCEDD team, and the faith-based CBOs. Coordinate data collection and recordkeeping between HAAF and UCEDD. Maintain all project documentation and carry out internal progress evaluations. Report to Project Director on all aspects of activities.
Title/Position: Project Assistant	Schedule project meetings, coordinate between the churches and the project team, create materials for project meetings, focus groups, and dissemination symposia

Operating Expenses – Line Item	Description
Consultant: Anna Lucas Wright	
	Using Community-Partnered participatory
	(CPP) approach, co-design training of CHAs, co-
	teach training workshops. Supervise and attend

	focus groups, collaborate with the UCEDD team on evaluation of training outcomes outcome (surveys) and follow-up interviews. Collaborate with HAAF and the UCEDD on creating a manualized ASD and regional center services awareness program's write-up to make it available for dissemination and replication.
Community Health Advisors (4) honoraria	Train in ASD and Regional Center services content; provide feedback on ways to frame the information is culturally, linguistically and spiritually sensitive ways for the African American community.
Participants Stipends (144)	Participant stipends are requested to facilitate recruitment of parents and other caregivers into focus groups, This amount was sufficient in past projects.
Faith Center Stipends (6)	Stipends are requested tor the three Faith Centers to facilitate their participation through recommending church members to be trained as CHAs, to schedule events and to provide community connections to recruit focus group participants.
Focus Group Supplies/Materials	These funds are requested to prepare printed materials for CHAs' training sessions, focus groups and project meetings.
Leadership Council Stipends	Leadership Council stipends are requested to facilitate Church leaders' participation in providing feedback and evaluation of project activities, helping examine and evaluate project outcomes, and provide feedback on manualization of the program.
Dissemination symposia	Funding is requested for early dissemination to engage approximately 100 audience members in dissemination of focus groups' outcomes and share information presented by CHAs and project personnel (HAAF and UCEDD).
USC UCEDD Subcontract:	The USC budget component is requested for the project evaluator effort at 0.2; Subcontract Project manager to assist with transcription and analysis of focus groups audio-recordings, and survey analysis and Consultant / expert in autism services disparities to assist with interpretation of the measures

Administrative Expenses – Line Item	Description
HAAF Indirect Costs	Calculated off \$ 247,809 in direct costs, 15% indirect costs requested for providing space for project meetings, phone landlines and internet access to project personnel, and technical support
USC UCEDD Subcontract: Indirect costs	Calculated off \$129,472 in direct costs, 15% indirect costs are requested for USC project needs such as landline and internet access, technical support for computer use, NVivo support
roposer (applicant):	
uthorized by (print name): <u>Felica Jones, MA</u>	

Lelin Janes	
Signature:	Date: <u>12/27/18</u>
Sub-grantee (subcontractor):** N/A	
Authorized by (print name): <u>Larry Yin, MD, MSPH</u>	

Signature: _______ Date: <u>12/27/18</u>

^{**}As applicable

Supporting documentation Bios

PROJECT DIRECTOR: **Felica Jones** has worked within the non-profit sector for over 15 years, serving families and children in South Los Angeles, CA. Her current role of Director of Programs for Healthy African American Families II, where she provides administrative oversight to all projects within the agency, addresses health disparities such as: Preterm Delivery, Men's project, Breathe Free Asthma & Lead Program, Community Child Health Network Study (CCHN), Restoration Center, and Community Partners In Care (CPIC). Her research experience includes conducting focus groups, ethnographic interviews, transcribing interview, coding and data analysis. Ms. Jones has worked as a consultant to facilitate work groups on topics such anger management for first time offender youth, Social Support and Empowerment workshops for pregnant African American women, Health & Sex education and life skills education for pregnant and parenting teen mothers. Ms. Jones has an unyielding commitment to decreasing gaps in health disparities among minorities with an emphasis on the African American family.

PROJECT COORDINATOR: Norma Stoker-Mtume holds a Masters degree in Health Sciences and Safety Studies and a Masters degree in Marital and Family Therapy - African American families' specialization. She is the retired Co-founder, Chief Financial & Operations Officer of SHIELDS for Families, a 27 year-old nonprofit serving families in South Los Angeles. Mrs. Mtume is a Co-founder of UMMA Community Clinic in South Los Angeles, co-founded two other social service agencies, and two additional free/community clinics during her career. Stoker-Mtume has over 45 years experience planning, implementing and administering safety net programs in Los Angeles, Oakland, and Berkeley, California. Mrs. Mtume was recently a Community Instructor at Charles R. Drew University of Medicine and Science (CDU) for seven years, and continues to work with an e-cigarette research team. She consults with a new U.S. Department of Defense-funded NGO in Rwanda, Africa, providing capacity building for their HIV/AIDs project. Her passion is to help ensure nonprofits/NGOs have the capacity to be viable institutions so that they can continue to serve those who are most vulnerable. Norma has served on research Community Advisory Panels for projects on Diabetes Reduction in African American Women; Stroke Prevention; and Managing Overweight/Obesity mothers. She has been a mentor for SAMHSA's Women's Addiction Services Leadership Institute and for two M.D.s and five Ph.D. research scholars conducting research at CDU, UCLA and the Veterans Administration. The researchers were a part of the National Institute on Minority Health and Health Disparities Clinical Research Education and Career Development project and UCLA's National Clinical Scholars Program. In 2012, Mrs. Mtume received the Coalition of Mental Health Professionals' "Maya Angelou Award" for inspirational leadership in community healthcare and working to eliminate healthcare disparities. She was awarded the California Black Women's Health Project's 2012 "Women Who Dared: Our Legacy & Our Future Award" for leadership in the field of women's health and in 2017 she was honored with the Alpha Kappa Alpha Sorority, Theta Alpha Omega Pearl Foundation Award - Community Service in the Areas of Health and Education. She works with health and finances for the nonprofit and public sectors, as she continues to fulfill her passion to promote healthier communities, as demonstrated in her latest project working with a research team to implement smoking cessation services in Los Angeles County medical and mental health clinics.

CONSULTANT: Anna "Aziza" Lucas-Wright, MEd, as faculty in the Community Engagement Division at Charles R. Drew University of Medicine and Science, functions as an Academic/Community Partner for the UCLA Clinical and Translational Science Institute (CTSI) at both UCLA and Charles R. Drew University of Medicine and Science (CDU). Additionally, she co-leads the development of bi-directional learning events (Symposia, Conferences) for UCLA's Stroke Prevention and Intervention Programs

Autism Partnership, and with LA BioMed and Healthy African American Families'- annual Precision Medicine Conference and Adolescent Emotional Well-Being Conference. At CDU, Aziza provides leadership, oversight and coordination through quarterly bi-directional symposia and conferences focusing on health disparities. At CDU, as Instructor, Aziza is the Community Principal Investigator of a pilot study and U54 research projects in the faith community, sits on the CME committee facilitating continuing medical education units for physicians, is Chair of CDU's President's Community Advisory Council, is Co-Chair of the Clinical/Community Programs Committee, serves as the Community Lead for the Community Academic Council (CAC) for Cancer Prevention and Control under the Division of Cancer Research and Training-Center to Eliminate Cancer Health Disparities, serves as thesis advisor to junior researchers at CDU in the Clinical Research Education and Career Development (CRECD - Scholarship Oversight Committee), In the broader South Los Angeles community, Aziza sits on a number of Boards of Directors and Committees, such as the Institutional Review Board protecting human subjects at the RAND Corporation and providing capacity-building efforts to numerous Community-Based Organizations. Aziza holds a Masters of Education in Child Development from Loyola Marymount University in Westchester, California.

SUB-CONTRACT PROJECT DIRECTOR: Olga Solomon, PhD

Prior to joining the USC UCEDD as a Research Scientist and Assistant Professor of Clinical pediatrics at Keck School of Medicine of USC, Dr. Olga Solomon was research faculty in the Chan Division of Occupational Science and Occupational Therapy at the University of Southern California since 2005. She has been led an interdisciplinary research team on an NIH-funded longitudinal ethnographic R01 project that followed 26 African American children with ASD, their families, and the practitioners who served them over a 3 year-period. Dr. Solomon was also awarded the USC Zumberge Faculty Innovation Grant to research the impact of therapy dogs on communication and participation of children with ASD in family and community contexts. Her areas of interest are: translational research on health disparities and family life; family perspectives on developmental disability and chronic illness; autism, culture and neurodiversity; organization and design of educational and clinical environments and family innovations; and autism, innovative technology and animal-assisted therapy. Dr. Solomon was trained as an applied linguist at UCLA (PhD 2001) with a specialization in ethnographic methodology and discourse analysis, and wrote her dissertation on dinner-time narrative interactions of children with ASD, their parents, and other family members. Dr. Solomon holds a Masters degree in clinical psychology from Antioch University Santa Barbara, and has had clinical training in communication disorders at the University-Affiliated Program (UAP) at UCLA. Dr. Solomon has published multiple book chapters and journal articles, as well as served as a member of the Advisory Board on the Innovative Technology for Autism Initiative (ITA) since 2002.

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
Healthy African American Families
Project Title
Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach
Project Duration (start and end date)
Start Date: 03/01/2019 End Date: 02/28/2020 Number of Months: 12

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Project Director	Oversee the adherence to the Community-Partnered participatory framework of the project, provide conceptual and practical oversight of the project, provide management of the budget, provide direction to the team to ensure that goals and objectives are accomplished. Oversee submission of quarterly reports to the DDS and provide oversight of all components of the project.
Title/Position: Project Coordinator	Oversee and facilitate communication, exchange of information, and coordination of project activities among the HAAF personnel, the USC UCEDD team, and the faith-based CBOs. Coordinate data collection and recordkeeping between HAAF and UCEDD. Maintain all project documentation and carry out internal progress evaluations. Report to Project Director on all aspects of activities.
Title/Position: Project Assistant	Schedule project meetings, coordinate between the churches and the project team, create materials for project meetings, focus groups, and dissemination symposia

Operating Expenses – Line Item	Description
Consultant: Anna Lucas Wright	
	Using Community-Partnered participatory
	(CPP) approach, co-design training of CHAs, co-
	teach training workshops. Supervise and attend

	focus groups, collaborate with the UCEDD team on evaluation of training outcomes outcome (surveys) and follow-up interviews. Collaborate with HAAF and the UCEDD on creating a manualized ASD and regional center services awareness program's write-up to make it available for dissemination and replication.
Community Health Advisors (4) honoraria	Train in ASD and Regional Center services content; provide feedback on ways to frame the information is culturally, linguistically and spiritually sensitive ways for the African American community.
Participants Stipends (144)	Participant stipends are requested to facilitate recruitment of parents and other caregivers into focus groups, This amount was sufficient in past projects.
Faith Center Stipends (6)	Stipends are requested tor the three Faith Centers to facilitate their participation through recommending church members to be trained as CHAs, to schedule events and to provide community connections to recruit focus group participants.
Focus Group Supplies/Materials	These funds are requested to prepare printed materials for CHAs' training sessions, focus groups and project meetings.
Leadership Council Stipends	Leadership Council stipends are requested to facilitate Church leaders' participation in providing feedback and evaluation of project activities, helping examine and evaluate project outcomes, and provide feedback on manualization of the program.
Dissemination symposia	Funding is requested for early dissemination to engage approximately 100 audience members in dissemination of focus groups' outcomes and share information presented by CHAs and project personnel (HAAF and UCEDD).
USC UCEDD Subcontract:	The USC budget component is requested for the project evaluator effort at 0.2; Subcontract Project manager to assist with transcription and analysis of focus groups audio-recordings, and survey analysis and Consultant / expert in autism services disparities to assist with interpretation of the measures

Administrative Expenses – Line Item	Description
HAAF Indirect Costs	Calculated off \$ 18,776 in direct costs, 15% indirect costs requested for providing space for project meetings, phone landlines and internet access to project personnel, and technical support
USC UCEDD Subcontract: Indirect costs	Calculated off \$9,613 in direct costs, 15% indirect costs are requested for USC project needs such as landline and internet access, technical support for computer use, NVivo support
	•
roposer (applicant):	
uthorized by (print name): Felica Jones, MA	

Sub-grantee (subcontractor):** N/A

Authorized by (print name): Larry Yin, MD, MSPH

Signature: ______ Date: <u>12/27/18</u>

^{**}As applicable

Supporting documentation Bios

PROJECT DIRECTOR: **Felica Jones** has worked within the non-profit sector for over 15 years, serving families and children in South Los Angeles, CA. Her current role of Director of Programs for Healthy African American Families II, where she provides administrative oversight to all projects within the agency, addresses health disparities such as: Preterm Delivery, Men's project, Breathe Free Asthma & Lead Program, Community Child Health Network Study (CCHN), Restoration Center, and Community Partners In Care (CPIC). Her research experience includes conducting focus groups, ethnographic interviews, transcribing interview, coding and data analysis. Ms. Jones has worked as a consultant to facilitate work groups on topics such anger management for first time offender youth, Social Support and Empowerment workshops for pregnant African American women, Health & Sex education and life skills education for pregnant and parenting teen mothers. Ms. Jones has an unyielding commitment to decreasing gaps in health disparities among minorities with an emphasis on the African American family.

PROJECT COORDINATOR: Norma Stoker-Mtume holds a Masters degree in Health Sciences and Safety Studies and a Masters degree in Marital and Family Therapy - African American families' specialization. She is the retired Co-founder, Chief Financial & Operations Officer of SHIELDS for Families, a 27 year-old nonprofit serving families in South Los Angeles. Mrs. Mtume is a Co-founder of UMMA Community Clinic in South Los Angeles, co-founded two other social service agencies, and two additional free/community clinics during her career. Stoker-Mtume has over 45 years experience planning, implementing and administering safety net programs in Los Angeles, Oakland, and Berkeley, California. Mrs. Mtume was recently a Community Instructor at Charles R. Drew University of Medicine and Science (CDU) for seven years, and continues to work with an e-cigarette research team. She consults with a new U.S. Department of Defense-funded NGO in Rwanda, Africa, providing capacity building for their HIV/AIDs project. Her passion is to help ensure nonprofits/NGOs have the capacity to be viable institutions so that they can continue to serve those who are most vulnerable. Norma has served on research Community Advisory Panels for projects on Diabetes Reduction in African American Women; Stroke Prevention; and Managing Overweight/Obesity mothers. She has been a mentor for SAMHSA's Women's Addiction Services Leadership Institute and for two M.D.s and five Ph.D. research scholars conducting research at CDU, UCLA and the Veterans Administration. The researchers were a part of the National Institute on Minority Health and Health Disparities Clinical Research Education and Career Development project and UCLA's National Clinical Scholars Program. In 2012, Mrs. Mtume received the Coalition of Mental Health Professionals' "Maya Angelou Award" for inspirational leadership in community healthcare and working to eliminate healthcare disparities. She was awarded the California Black Women's Health Project's 2012 "Women Who Dared: Our Legacy & Our Future Award" for leadership in the field of women's health and in 2017 she was honored with the Alpha Kappa Alpha Sorority, Theta Alpha Omega Pearl Foundation Award - Community Service in the Areas of Health and Education. She works with health and finances for the nonprofit and public sectors, as she continues to fulfill her passion to promote healthier communities, as demonstrated in her latest project working with a research team to implement smoking cessation services in Los Angeles County medical and mental health clinics.

CONSULTANT: Anna "Aziza" Lucas-Wright, MEd, as faculty in the Community Engagement Division at Charles R. Drew University of Medicine and Science, functions as an Academic/Community Partner for the UCLA Clinical and Translational Science Institute (CTSI) at both UCLA and Charles R. Drew University of Medicine and Science (CDU). Additionally, she co-leads the development of bi-directional learning events (Symposia, Conferences) for UCLA's Stroke Prevention and Intervention Programs

Autism Partnership, and with LA BioMed and Healthy African American Families'- annual Precision Medicine Conference and Adolescent Emotional Well-Being Conference. At CDU, Aziza provides leadership, oversight and coordination through quarterly bi-directional symposia and conferences focusing on health disparities. At CDU, as Instructor, Aziza is the Community Principal Investigator of a pilot study and U54 research projects in the faith community, sits on the CME committee facilitating continuing medical education units for physicians, is Chair of CDU's President's Community Advisory Council, is Co-Chair of the Clinical/Community Programs Committee, serves as the Community Lead for the Community Academic Council (CAC) for Cancer Prevention and Control under the Division of Cancer Research and Training-Center to Eliminate Cancer Health Disparities, serves as thesis advisor to junior researchers at CDU in the Clinical Research Education and Career Development (CRECD - Scholarship Oversight Committee), In the broader South Los Angeles community, Aziza sits on a number of Boards of Directors and Committees, such as the Institutional Review Board protecting human subjects at the RAND Corporation and providing capacity-building efforts to numerous Community-Based Organizations. Aziza holds a Masters of Education in Child Development from Loyola Marymount University in Westchester, California.

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Prior to joining the USC UCEDD as a Research Scientist and Assistant Professor of Clinical pediatrics at Keck School of Medicine of USC, Dr. Olga Solomon was research faculty in the Chan Division of Occupational Science and Occupational Therapy at the University of Southern California since 2005. She has been led an interdisciplinary research team on an NIH-funded longitudinal ethnographic R01 project that followed 26 African American children with ASD, their families, and the practitioners who served them over a 3 year-period. Dr. Solomon was also awarded the USC Zumberge Faculty Innovation Grant to research the impact of therapy dogs on communication and participation of children with ASD in family and community contexts. Her areas of interest are: translational research on health disparities and family life; family perspectives on developmental disability and chronic illness; autism, culture and neurodiversity; organization and design of educational and clinical environments and family innovations; and autism, innovative technology and animal-assisted therapy. Dr. Solomon was trained as an applied linguist at UCLA (PhD 2001) with a specialization in ethnographic methodology and discourse analysis, and wrote her dissertation on dinner-time narrative interactions of children with ASD, their parents, and other family members. Dr. Solomon holds a Masters degree in clinical psychology from Antioch University Santa Barbara, and has had clinical training in communication disorders at the University-Affiliated Program (UAP) at UCLA. Dr. Solomon has published multiple book chapters and journal articles, as well as served as a member of the Advisory Board on the Innovative Technology for Autism Initiative (ITA) since 2002.

Section I. Grantee Information and Cover Sheet

Please check the box that de	escribes your organization	
	X Community Based	☐ CBO, non-501(c)(3)
□Regional Center (RC)	Organization (CBO),	☐ EIN or
	501(c)(3)	☐ No EIN

a. Name of organization/Group	b. Date
Healthy African American Families	October 15, 2018
c. Primary contact (Name)	
Felica Jones	
d. Mailing address	
4305 Degnan Blvd Suite 105, Los Angeles, CA 900	
e. Primary e-mail address	f. Primary phone number
felicajones@haafii.org	(323) 292-2002
g. Secondary contact email address	h. Secondary contact phone number

i. Brief description of the organization/group (organization type, group mission, etc.).

Healthy African American Families (HAAF) is a non-profit 501(c)3 Community-Based Organization founded in 1992 by Dr. Loretta Jones. Originally funded by the Centers for Disease Control and Prevention (CDC) to investigate the disproportionally high rates of low birth weight and infant mortality in the African American community in Los Angeles, it has grown into a multi-faceted, nationally-recognized community agency. HAAF's mission is to improve the health outcomes of the African American, Latino, Korean, and other communities of color in Los Angeles County. HAAF strives to advance social progress through education, training and collaborative partnering with community stakeholders, academia, researchers, and government. A significant part of HAAF's mission is to ensure that research and program development are being done ethically and equitably in the community, with the community as an equal partner. HAAF's Community-Partnered approach is built around a bidirectional learning model, where all knowledge is important and all partners are accountable for reporting back and creating wins for both professionals and the community. HAAF is widely regarded in the community as an advocate and a source of education and training around health disparities. HAAF's partners have included Charles R. Drew University of Medicine & Science, the University of California, Los Angeles, the RAND Corporation, and over 150 community based organizations. As such, HAAF is dedicated to addressing social, institutional and policy determinants of health to promote health equity.

.	Increasing awareness of Regional Center services for
a. Project title	Autism Spectrum Disorders in the African American
	community: a faith-based, community-partnered
	approach
b. Total amount requested	\$ 439,206
•	ψ 1 03,200
c. Projected number of individuals impacted	272
d. Duration of project (months)	24 months
, , ,	Start date: 01/01/2019
	End date: 12/31/2020
e. RC(s) in the project catchment	
ara(s)	South Central Los Angeles Regional Center
	Target zip code(s) for Los Angeles County*: 90001, 90002, 90003, 90008, 90018, 90037, 90043, 90052, 90059, 90061, 90062, 90082, 90089, 90185. 90201,90220, 90221, 90222, 90223, 90224, 90239, 90240, 90241, 90242, 90255, 90262, 90270, 90280, 90723, 90746
	Zip code areas shared with other Regional Centers: 90007, 90011, 90016, 90040, 90044, 90047, 90058, 90056 90086, 90232, 90248, 90260, 90265, 90290, 90601
	TO A TANK OF THE PROPERTY OF T
f. Did your organization receive funding for a project in FY 2017/18?	☐ Yes** X No **If yes, provide the grant number and answer questions "f1" and "f2." If no, skip to question "g."
	Grant # (CBOs only):
f1. What is the current status of your project?	N/A
f2. How is this proposal different from your current project?	N/A
g. Will you be working with one or more CBO(s)?	X Yes*** □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

1. Project title
Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach
2. Select the target group(s) the project intends to serve and provide a description of each group. Check all that apply.
X Ethnicity: African American;
X Language(s): English
X Age group(s): Birth - older adults (all age groups)
X Socioeconomic: Low
□ Other:
Description : Parents and grandparents of individuals with ASD of all ages in the SCLARC
catchment area who are service eligible and who have low utilization of services
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.
☐ 2. Provide assistance during the intake process.
X 3. Empower consumers to advocate for needed services.
X 4. Increase access to services that meet the cultural and linguistic needs of consumers and their families.
X 5. Other (explain): Engage faith-based organizations such as African Methodist Episcopalian Churches to increase access to information about services and to empower the community to advocate for needed services
4. Project Type. Check all that apply.
□Translation (equipment, translator services, translating brochures or , 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,)

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

Healthy African American Families (HAAF) has been the co-lead on 6 Autism community-based conferences in the target catchment area. These conferences aimed to increase the capacity of the target community to address its concern by providing necessary supports such as autism working groups and parental support groups. Additionally, HAAF has been the co-lead on 4 cancer research and demonstration pilot programs that have provided information and mobilization to over 1,700 participants, primarily in the African American faith-based community, and in the Latino faith-based community, with Anna (Aziza) Lucas Wright as Principal and Co-Principal Investigator, and Dr. Loretta Jones as Co-Principal Investigator. HAAF has been instrumental as a leader and a resource to disseminate these findings back to the community, while also fostering trust and interaction with service providers.

The collaborating agency, the USC University Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles (USC UCEDD at CHLA), is one of 67 federally funded UCEDDs in the nation, whose mission is to promote systemic change, capacity building, and advocacy in California to address the needs of Californians with I/DD. The Sub-contract Project Director, Olga Solomon, has been studying the everyday lives of children with ASD and their families for over 20 years, the last 13 years focusing on African American children with ASD and their families. Since 2009, she has been the lead on a longitudinal ethnographic study funded by the National Institute of Mental Health (NIMH) on disparities in autism diagnosis, interventions and services experienced by African American children and families living in South Los Angeles. Prior to that, her work on ASD was focused on communication among children and their parents in home and community settings. Besides National Institute for Mental Health, Olga's work has been funded by the National Academy of Education - Spencer Foundation for Educational and Related Research, and Autism Speaks.

<u>Three collaborating faith-based CBOs</u> will serve as sites of the proposed project:

- Lincoln Memorial Congregational Church and its' Lincoln Family Life Center' that has been recently inducted as the 'Gailen and Cathy River Community Empowerment Center', a 501c3 non-profit public charity organization whose mission is to improve the quality of life for at-risk children and youth and to alleviate the economic and health disparities that impact underserved individuals and families in the community of South Los Angeles. The Gailen and Cathy Reevers Center for Community Empowerment has

been active within the African American community to eliminate health disparities. The faith center has had members who are experts in Autism Spectrum Disorders. This has helped to raise the level of Autism awareness within the congregation. This faith center will be the site of all training and focus group activities (see Letter of Support),

- Ward African Methodist Episcopal Church was founded in South Los Angeles in 1902. As part of the rich African Methodist Episcopal tradition that goes back to 1787 and the Free African Society, it has a long history of working for social justice and civil rights, especially equal rights to health equity, which includes POS and Utilization of Services for ASD. The Church has been an active participant in projects directed at improving health of the African American Community, for example, it was the site of the American Cancer Society's Cancer Prevention Study.
- Glory Christian Fellowship International has had multiple on-site health and wellness-related activities focused on health conditions that disproportionally affect African Americans, such as blood pressure screenings to prevent hypertension. First Aid / CPR classes and health fairs are common occurrences at this Church.

All three faith-based CBOs have been in prior partnerships with Healthy African American Families on numerous health disparity research studies within the South Los Angeles communities for over 8 years. These partners have an enduring commitment to collaborate with community and professionals to marshal their connectedness within community to reach desired results.

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

African Americans constitute 9.4% of the DDS-served population, or 25,143 people. South Central Los Angeles Regional Center (SCLARC) serves the largest percentage of African Americans with developmental disabilities among all the 21 Regional Centers in the California's DDS system. Of more than 13,500 consumers served by SCLARC, 28% are African-American. Eighty five percent (7,996) of SCLARC consumers have an I/DD diagnosis, and 18% (3,440) have a diagnosis of ASD.

According to the most recent DDS' analysis of its POS data, Per-Capita authorized expenditures are higher for Whites than for all other ethnic groups. In the 2016/2017 Fiscal Year report, South Central Los Angeles Regional Center (SCLARC) reported that Per-Capita Expenditure totaled for all age groups was \$19,001 for African Americans, and \$38,271 for Whites, a POS disparity of more that 50%. This disparity is the most significant when examined by age groups. While in the Birth to 2 years old age group, African American infants and toddlers receive on average. \$3,880 in Per Capita expenditure, their White counterparts receive \$5,299. This difference increases dramatically in the 3-21 years old age group: while African Americans receive \$4,862 in Per-Capita expenditures, Whites receive more than twice that, \$10,823. The difference maintains in the age group of 22 years old and older: African Americans receive \$31,609 in Per Capita Expenditure, while Whites receive \$47,926, a difference of over 16,000.

Of all African Americans in the SCLARC catchment area who are eligible for services,

18% do not have any authorized services (NoPOS), and 20% have authorized services but do not use the . POS data suggest that there is a critical need for building awareness in the community about Regional Center services for ASD, and for improving African American community's awareness of ASD and its prevalence, as well as the community's trust in the service system.

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

The project will focus on parents and other caregivers (e.g. grandparents) who have a child or children diagnosed with ASD but who are receiving limited or no services through the Regional Center system. This recruitment will take place both in the faith-based sites, and at SCLARC. The overarching goal of this project is to develop and implement a faith-based parent-training program carried out by Community Health Advisors in a faith-based environment, to increase the parents' knowledge of the available services, and help them gain mastery and empowerment to advocate for these services.

The project will follow a specific model, the Community - Partnered Participatory Framework (CPP) that consists of the following 4 stages:

- (1) identifying a health issue that fits community priorities and stakeholders' capacity to respond. Through our earlier projects, it has been established that POS and service utilization disparities have been identified as a priority for the African American community in South Los Angeles.
- (2) developing a coalition of community and other stakeholders that informs, supports, shares, and uses the products. This step has been partially met by the collaborators coming together to develop and submit this grant proposal. In the course of developing the proposal, our group has formed a coalition of community-based organizations (HAAFII), the faith community, and the USC UCEDD.
- (3) engaging the community through focus groups, workshops, symposia and conferences that provide information, determine readiness to proceed, and obtain input. This stage and the next stage will be the main focus of the project, as described below. All developed materials (products, deliverables) will be distributed in the community, i.e. provided to the symposia attendees and made available in the church's libraries or other spaces, as well as on-line.
- (4) initiating work groups that develop, implement, and evaluate action plans under a leadership council. Upon completing the project evaluation, a leadership council will be convened to plan the next steps in raising community awareness of ASD and Regional Center services.

We will use a previously successful faith-based, community-partnered, participatory approach that has been developed by HAAF in collaboration with other community-based and academic institutions since 1992. The approach is based upon the role of the Black Church in fighting health disparities that disproportionately affect African Americans. Historically, the Black Church has been a trusted presence that has served the needs and interests of African Americans, and has had a powerful educational role in reducing health

disparities, having taken over the function of overseeing not only the religious and spiritual, but also the social, political, and cultural well-being of its congregants. The project's approach draws upon the Black Church's role as an educator among African Americans, independent of their religious beliefs, as was argued in the 2006 Health Emergency Declaration by the National Black Church Initiative¹.

Based upon a previous study conducted with 11 churches in the targeted zip codes², which found that over 90% of the 800 respondents wanted to learn information from trained peers rather than from professionals, we will use a community health advisors (CHAs) model, which is similar in its philosophy to the *promatoras* model that has been widely used for the Latino community. Three African American Interdenominational churches with which there are established relationships will serve as the co-coordinating sites for training 4 faith-based community health advisors (CHAs). The training will be co-led by Anna (Aziza) Lucas Wright based upon her previous experience using an evidence-based model for CHA training successfully applied in the projects on cancer awareness and mental health disparities. The lead trainer will be an experienced Regional Center designee, who, as an 'in ider", ill possess the information and goldance to enhance the content of the trainings.

The faith-based CHAs will be trained in providing culturally appropriate awareness of ASD and Regional Center services during focus group meetings tailored to parents and other family members of individuals in the following three age groups: birth to age two, inclusive; age 3 to 21, inclusive; and age 22 and older. These age groups correspond to different services and supports offered by the Regional Center system, which will ensure a life-span development approach.

The 's objectives are:

- 1) Provide a platform for parents of children, adolescents, young adults, and older adults with ASD to identify needs and discuss structural barriers that inhibit needed services acquisition;
- 2) Provide small-session awareness and education that will increase the self-efficacy of the participant leading to identifying and garnering appropriate services and resources for their children, adolescents, young adults, and older adults with ASD;
- 3) Provide printed information for reminders and Regional Center services navigation quidance:
- 4) Issue reminders by phone or in person to encourage participants in self-advocacy efforts.

The training will consist of

¹ The National Black Church Initiative (2006.) NBCI Declares a National Health Emergency in the Black Church: How Science-based and Community-based Organizations May Work with the Black Church to Produce Effective Health Promotion and Policy Initiatives.

² Maxwell AE, Lucas-Wright A, Gatson J, Santifer R, Chang CL. Increasing the capacity to promote cancer screening in African American churches in South Los Angeles. Abstract #B034. 39th Society of Behavioral Medicine Annual Meeting and Scientific Sessions, New Orleans, LA, April 11-14, 2018. Annals of Behavioral Medicine 52:S243, 2018

- 1) **content** / **information** on Autism Spectrum Disorders' (ASD) prevalence in the general population and in the African American community, and the level of disparities in prevalence that are currently 7%; how and at what age ASD is usually diagnosed; the diagnostic criteria change from DSM-IV-TR to DSM-5; and detailed coverage of the Regional Center system and services it offers across the life span for service-eligible consumers;
- 2) **culturally and linguistically sensitive strategies** of presenting this information that promote motivation, competency, and self-efficacy to advocate for services among members of the African American community.

An example of topics for a Community Health Advisors training module are listed below:

Workshop 1: 3 hours

- Program Aims Overview
- ASD 101
- Regional Center System Mapping
- Patient Navigator Model (Historical Backdrop)
- Outreach and Recruitment Techniques
- Confidentiality/HIPPA
- Overview of Post Participant Group Debriefing Session

Workshop 2: 3 hours

- Recruitment Protocol/ Documentation/Completing Forms
- Instructional Techniques for AOD basics, Regional Center Services and Service Acquisition
- Conducting Effective Small-Group Focus (Dialogue) Sessions
- Conducting Pre/Post Tests
- Evaluation Tasks/ Attending Documentation

Post training, the CHAs will facilitate bi-monthly focus group for the duration of the project (total 24 groups) with up-to 6 community participants who are caregivers (parents or grandparents) of a person diagnosed with ASD, independent of their church membership status. A different group of participants will gather for each focus group. We anticipate that approximately 144 community participants will participate in total over the duration of the project. The focus groups ill allow the CHA's to carry out 1) a pre-test designed to evaluate the African American community's knowledge of the prevalence of Autism Spectrum Disorder (ASD) among African Americans, the disparity in ASD prevalence compared to Whites, and the needs for culturally appropriate, and linguistically accessible information on Autism Spectrum Disorder and Regional Center services; 2) an informational training on the content about ASD and Regional Center services, as outlined above; and 3) a post-test survey to evaluate understanding and retention of knowledge. and a personally-set goal regarding ASD and / or Regional Center services. A one-month follow up with each of the focus group's participants will be carried out by phone to establish whether the participant has made the steps outlined in her or his personally-set goal. If not, then the goal will be re-defined on the phone with the interviewer and another

monthly follow-up will be carried out, for a total of 3 monthly follow-ups if the goal was not met.

Based upon these evaluations, the project will design informational materials about ASD and Regional Center services. These materials will be presented by the CHAs at the yearly Community-Based Symposia before an audience of approximately 100 community members (2 symposia total for the duration of the project). Members of the focus groups will be invited to share their experiences, insights, and actionable steps that they took as an outcome of the project. The symposia will be held at one of the two AME churches.

The USC UCEDD will serve as a collaborator to 1) analyze the surveys and present the results to the project team; 2) to develop, manualize, administer and evaluate the faithbased, community-partnered awareness program, and 3) to help disseminate the program evaluation results in the community.

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?

The Community-Partnered Participatory (CPP) approach has become the recommended 'gold standard' in health disparities program development and quality improvement projects. The CPP approach is nationally-recognized and enhanced through implementations for a range of health conditions for which there are disproportionately negative outcomes in the African American community. Each stage has a specific programmatic outcome that serves as a foundation for the next. The approach is based upon a combination of a community-partnered approach that reaches into the DD service system exemplified by SCLARC, to concurrently address the POS disparity problem from both the African American community's and the DDS service systems' sides.

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

U ili ing the analyzed data from two ilot stu ies, "Present Your Body" and "Suppor ing African American Churches to Promote Cancer Scree ing", t is promote licated the evidence-based strategies upon which these two studies operated. Both Dr. Loretta Jones and Anna "A iza" Lucas W ight were Co-Investigators and/or Key Personnel for these studies.

³ Bazargan M, **Lucas-Wright A**, **Jones L**, Vargas R, Vadgama JV, Evers-Manly S, Maxwell AE. Understanding Perceived Benefit of Early Cancer Detection: Community-Partnered Research with African American Women in South Los Angeles. *Journal of Women's Health* 24(9):755-61, 2015. PMC4589099

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*.

Project Title: Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach Measures of **Activity To Be Measured; Data Collection Method** Type of Measure(s). Check all that apply. **Outcomes** ☐ Count □ POS Develop and conduct pre-surveys for focus groups' X Pre/post survey/assessment participants before participation in the training; conduct the same surveys again after completion of the training. Measure changes in knowledge in responses from pre/post surveys. Using NVivo qualitative data analysis software, X Stakeholder feedback carry out thematic analysis of focus groups' transcripts; extract themes and identified barriers to services Develop informational materials based upon the X Materials survey data and stakeholder data analyses; develop power point presentations for the yearly symposia; write up the approach as a formalized, manualized intervention available for replication in other catchment areas with other churches ☐ Other: PLEASE DESCRIBE:

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.

Project Title: Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach

				20	019			2020	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity	Staff	1/1/19- 3/31/19	4/1/19- 6/30/19	7/1/19- 9/30/19	10/1/19- 12/31/1 9	1/1/20- 3/30/20	4/1/20- 6/30/20	7/1/20- 9/31/20	10/1/20- 12/31/20
Execute grant agreement with DDS; Prepare and submit quarterly reports, and the final report to DDS	Project Director (Felica Jones) Project Coordinator (Norma Mtume)	×	x	X	x				
Develop pre-test/post- test surveys to measure change in knowledge of ASD and Regional Center services	Project Director (Felica Jones) Consultant (Anna 'Aziza' Lucas Wright)	X							
Coordinate and schedule 12 focus groups per year	Project Administrator (Andrea Jones)	×	×	X	Х				

Conduct training of Community Health Advisors to carry out focus groups	Project Director (Felica Jones) Consultant (Anna 'Aziza' Lucas Wright)	X					
Conduct 6 bi-monthly focus groups per church at each of the two churches (12 total)	Comm. Health Advisors Project Evaluator (Olga Solomon)	X	X	X	X		
Gather and analyze pre-test/post-test data, carry out content analysis of the focus groups discussion	Project Director (Felica Jones) Project Evaluator (Olga Solomon)	X	X	X	×		
Design materials for distribution at the symposia, and the power point presentations; manualize program	Project Director (Felica Jones) Project Coordinator (Norma Mtume) Consultant (Anna 'Aziza' Lucas Wright) Project Evaluator (Olga Solomon)			X	X		
Conduct yearly symposia	Project Director (Felica Jones) Project Coordinator (Norma Mtume) Consultant (Anna 'Aziza' Lucas Wright) Project Evaluator (Olga Solomon)			×	×		

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 need

Healthy African American Families (18-C58) Attachment E-1

Salary/Wages and Benefits	Year 1	Year 2	Total
Felica Jones (Project Director, .3FTE)	\$29,280	\$0	\$29,280
Norma Mtume (Project Coordinator, .4FTE)	\$36,600	\$0	\$36,600
Andrea Jones (Project Assistant, .1FTE)	\$7,320	\$0	\$7,320
Salary/Wages and Benefits, Subtotal	\$73,200	\$0	\$73,200

Operating Costs			
Consultant: Anna Lucas Wright	\$24,000	\$0	\$24,000
Community Health Advisors (4) Honoraria	\$10,500	\$0	\$10,500
Participant Stipends (72) x \$30	\$2,160	\$0	\$2,160
Faith Center Stipends (3) x \$2,000	\$6,000	\$0	\$6,000
Focus Group Supplies/Materials	\$2,072	\$0	\$2,072
Leadership Council Stipends	\$359	\$0	\$359
Dissemination Symposia	\$5,000	\$0	\$5,000
CHLA Subcontract	\$64,085	\$0	\$64,085
Operating Costs, Subtotal	\$114,176	\$0	\$114,176

Administrative Expenses			
Rent	\$4,244	\$0	\$4,244
Office Phones	\$1,328	\$0	\$1,328
Accounting and Payroll Fees	\$8,640	\$0	\$8,640
Utilities & IT Support	\$3,753	\$0	\$3,753
Office Supplies	\$810	\$0	\$810
CHLA subcontract IDC	\$9,613	\$0	\$9,613
Administrative Expenses, Subtotal	\$28,389	\$0	\$28,389

Total Project Budget	\$215,765	\$0	\$215,765
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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
Healthy African American Families
Project Title
Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach
Project Duration (start and end date)
Start Date: 01/01/2019 End Date: 12/31/2020 Number of Months: 24

Salary/Wages and Benefits - Line Item	Description of Duties
Title/Position: Project Director	Oversee the adherence to the Community-Partnered participatory framework of the project, provide conceptual and practical oversight of the project, provide management of the budget, provide direction to the team to ensure that goals and objectives are accomplished. Oversee submission of quarterly reports to the DDS and provide oversight of all components of the project.
Title/Position: Project Coordinator	Oversee and facilitate communication, exchange of information, and coordination of project activities among the HAAF personnel, the USC UCEDD team, and the faith-based CBOs. Coordinate data collection and recordkeeping between HAAF and UCEDD. Maintain all project documentation and carry out internal progress evaluations. Report to Project Director on all aspects of activities.
Title/Position: Project Assistant	Schedule project meetings, coordinate between the churches and the project team, create materials for project meetings, focus groups, and dissemination symposia

Operating Expenses – Line Item	Description
Consultant: Anna Lucas Wright	
	Using Community-Partnered participatory
	(CPP) approach, co-design training of CHAs, co-
	teach training workshops. Supervise and attend

	focus groups, collaborate with the UCEDD team on evaluation of training outcomes outcome (surveys) and follow-up interviews. Collaborate with HAAF and the UCEDD on creating a manualized ASD and regional center services awareness program's write-up to make it available for dissemination and replication.
Community Health Advisors (4) honoraria	Train in ASD and Regional Center services content; provide feedback on ways to frame the information is culturally, linguistically and spiritually sensitive ways for the African American community.
Participants Stipends (144)	Participant stipends are requested to facilitate recruitment of parents and other caregivers into focus groups, This amount was sufficient in past projects.
Faith Center Stipends (6)	Stipends are requested tor the three Faith Centers to facilitate their participation through recommending church members to be trained as CHAs, to schedule events and to provide community connections to recruit focus group participants.
Focus Group Supplies/Materials	These funds are requested to prepare printed materials for CHAs' training sessions, focus groups and project meetings.
Leadership Council Stipends	Leadership Council stipends are requested to facilitate Church leaders' participation in providing feedback and evaluation of project activities, helping examine and evaluate project outcomes, and provide feedback on manualization of the program.
Dissemination symposia	Funding is requested for early dissemination to engage approximately 100 audience members in dissemination of focus groups' outcomes and share information presented by CHAs and project personnel (HAAF and UCEDD).
USC UCEDD Subcontract:	The USC budget component is requested for the project evaluator effort at 0.2; Subcontract Project manager to assist with transcription and analysis of focus groups audio-recordings, and survey analysis and Consultant / expert in autism services disparities to assist with interpretation of the measures

Administrative Expenses – Line Item	Description
HAAF Indirect Costs	Calculated off \$ 247,809 in direct costs, 15% indirect costs requested for providing space for project meetings, phone landlines and internet access to project personnel, and technical support
USC UCEDD Subcontract: Indirect costs	Calculated off \$129,472 in direct costs, 15% indirect costs are requested for USC project needs such as landline and internet access, technical support for computer use, NVivo support
roposer (applicant):	
uthorized by (print name): <u>Felica Jones, MA</u>	

Lelin Janes	
Signature:	Date: <u>12/27/18</u>
Sub-grantee (subcontractor):** N/A	
Authorized by (print name): <u>Larry Yin, MD, MSPH</u>	

Signature: _______ Date: <u>12/27/18</u>

^{**}As applicable

Supporting documentation Bios

PROJECT DIRECTOR: **Felica Jones** has worked within the non-profit sector for over 15 years, serving families and children in South Los Angeles, CA. Her current role of Director of Programs for Healthy African American Families II, where she provides administrative oversight to all projects within the agency, addresses health disparities such as: Preterm Delivery, Men's project, Breathe Free Asthma & Lead Program, Community Child Health Network Study (CCHN), Restoration Center, and Community Partners In Care (CPIC). Her research experience includes conducting focus groups, ethnographic interviews, transcribing interview, coding and data analysis. Ms. Jones has worked as a consultant to facilitate work groups on topics such anger management for first time offender youth, Social Support and Empowerment workshops for pregnant African American women, Health & Sex education and life skills education for pregnant and parenting teen mothers. Ms. Jones has an unyielding commitment to decreasing gaps in health disparities among minorities with an emphasis on the African American family.

PROJECT COORDINATOR: Norma Stoker-Mtume holds a Masters degree in Health Sciences and Safety Studies and a Masters degree in Marital and Family Therapy - African American families' specialization. She is the retired Co-founder, Chief Financial & Operations Officer of SHIELDS for Families, a 27 year-old nonprofit serving families in South Los Angeles. Mrs. Mtume is a Co-founder of UMMA Community Clinic in South Los Angeles, co-founded two other social service agencies, and two additional free/community clinics during her career. Stoker-Mtume has over 45 years experience planning, implementing and administering safety net programs in Los Angeles, Oakland, and Berkeley, California. Mrs. Mtume was recently a Community Instructor at Charles R. Drew University of Medicine and Science (CDU) for seven years, and continues to work with an e-cigarette research team. She consults with a new U.S. Department of Defense-funded NGO in Rwanda, Africa, providing capacity building for their HIV/AIDs project. Her passion is to help ensure nonprofits/NGOs have the capacity to be viable institutions so that they can continue to serve those who are most vulnerable. Norma has served on research Community Advisory Panels for projects on Diabetes Reduction in African American Women; Stroke Prevention; and Managing Overweight/Obesity mothers. She has been a mentor for SAMHSA's Women's Addiction Services Leadership Institute and for two M.D.s and five Ph.D. research scholars conducting research at CDU, UCLA and the Veterans Administration. The researchers were a part of the National Institute on Minority Health and Health Disparities Clinical Research Education and Career Development project and UCLA's National Clinical Scholars Program. In 2012, Mrs. Mtume received the Coalition of Mental Health Professionals' "Maya Angelou Award" for inspirational leadership in community healthcare and working to eliminate healthcare disparities. She was awarded the California Black Women's Health Project's 2012 "Women Who Dared: Our Legacy & Our Future Award" for leadership in the field of women's health and in 2017 she was honored with the Alpha Kappa Alpha Sorority, Theta Alpha Omega Pearl Foundation Award - Community Service in the Areas of Health and Education. She works with health and finances for the nonprofit and public sectors, as she continues to fulfill her passion to promote healthier communities, as demonstrated in her latest project working with a research team to implement smoking cessation services in Los Angeles County medical and mental health clinics.

CONSULTANT: Anna "Aziza" Lucas-Wright, MEd, as faculty in the Community Engagement Division at Charles R. Drew University of Medicine and Science, functions as an Academic/Community Partner for the UCLA Clinical and Translational Science Institute (CTSI) at both UCLA and Charles R. Drew University of Medicine and Science (CDU). Additionally, she co-leads the development of bi-directional learning events (Symposia, Conferences) for UCLA's Stroke Prevention and Intervention Programs

Autism Partnership, and with LA BioMed and Healthy African American Families'- annual Precision Medicine Conference and Adolescent Emotional Well-Being Conference. At CDU, Aziza provides leadership, oversight and coordination through quarterly bi-directional symposia and conferences focusing on health disparities. At CDU, as Instructor, Aziza is the Community Principal Investigator of a pilot study and U54 research projects in the faith community, sits on the CME committee facilitating continuing medical education units for physicians, is Chair of CDU's President's Community Advisory Council, is Co-Chair of the Clinical/Community Programs Committee, serves as the Community Lead for the Community Academic Council (CAC) for Cancer Prevention and Control under the Division of Cancer Research and Training-Center to Eliminate Cancer Health Disparities, serves as thesis advisor to junior researchers at CDU in the Clinical Research Education and Career Development (CRECD - Scholarship Oversight Committee), In the broader South Los Angeles community, Aziza sits on a number of Boards of Directors and Committees, such as the Institutional Review Board protecting human subjects at the RAND Corporation and providing capacity-building efforts to numerous Community-Based Organizations. Aziza holds a Masters of Education in Child Development from Loyola Marymount University in Westchester, California.

SUB-CONTRACT PROJECT DIRECTOR: Olga Solomon, PhD

Prior to joining the USC UCEDD as a Research Scientist and Assistant Professor of Clinical pediatrics at Keck School of Medicine of USC, Dr. Olga Solomon was research faculty in the Chan Division of Occupational Science and Occupational Therapy at the University of Southern California since 2005. She has been led an interdisciplinary research team on an NIH-funded longitudinal ethnographic R01 project that followed 26 African American children with ASD, their families, and the practitioners who served them over a 3 year-period. Dr. Solomon was also awarded the USC Zumberge Faculty Innovation Grant to research the impact of therapy dogs on communication and participation of children with ASD in family and community contexts. Her areas of interest are: translational research on health disparities and family life; family perspectives on developmental disability and chronic illness; autism, culture and neurodiversity; organization and design of educational and clinical environments and family innovations; and autism, innovative technology and animal-assisted therapy. Dr. Solomon was trained as an applied linguist at UCLA (PhD 2001) with a specialization in ethnographic methodology and discourse analysis, and wrote her dissertation on dinner-time narrative interactions of children with ASD, their parents, and other family members. Dr. Solomon holds a Masters degree in clinical psychology from Antioch University Santa Barbara, and has had clinical training in communication disorders at the University-Affiliated Program (UAP) at UCLA. Dr. Solomon has published multiple book chapters and journal articles, as well as served as a member of the Advisory Board on the Innovative Technology for Autism Initiative (ITA) since 2002.

DISPARITY FUNDING PROPOSAL – SCHEDULE OF DEVELOPMENT/ACTIVITIES WORKSHEET

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Project Title: Increasing awareness of Regional Center services for Autism Spectrum Disorders in the African American community: a faith-based, community-partnered approach

		2019				2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Activity	Staff	1/1/19- 3/31/19	4/1/19- 6/30/19	7/1/19- 9/30/19	10/1/19- 12/31/1 9	1/1/20- 3/30/20	4/1/20- 6/30/20	7/1/20- 9/31/20	10/1/20- 12/31/20
Execute grant agreement with DDS; Prepare and submit quarterly reports, and the final report to DDS	Project Director (Felica Jones) Project Coordinator (Norma Mtume)	×	X	X	x				
Develop pre-test/post- test surveys to measure change in knowledge of ASD and Regional Center services	Project Director (Felica Jones) Consultant (Anna 'Aziza' Lucas Wright)	X							
Coordinate and schedule 12 focus groups per year	Project Administrator (Andrea Jones)	×	X	X	Х				

Conduct training of Community Health Advisors to carry out focus groups	Project Director (Felica Jones) Consultant (Anna 'Aziza' Lucas Wright)	X					
Conduct 6 bi-monthly focus groups per church at each of the two churches (12 total)	Comm. Health Advisors Project Evaluator (Olga Solomon)	X	X	X	X		
Gather and analyze pre-test/post-test data, carry out content analysis of the focus groups discussion	Project Director (Felica Jones) Project Evaluator (Olga Solomon)	X	X	X	×		
Design materials for distribution at the symposia, and the power point presentations; manualize program	Project Director (Felica Jones) Project Coordinator (Norma Mtume) Consultant (Anna 'Aziza' Lucas Wright) Project Evaluator (Olga Solomon)			X	X		
Conduct yearly symposia	Project Director (Felica Jones) Project Coordinator (Norma Mtume) Consultant (Anna 'Aziza' Lucas Wright) Project Evaluator (Olga Solomon)			×	×		

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 need