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**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 (New and Reapplications)**

<b>Please check the box that describes your organization</b>		
<input type="checkbox"/> Regional Center (RC)	<input checked="" type="checkbox"/> Community Based Organization (CBO), 501(c)(3)	<input type="checkbox"/> CBO, non-501(c)(3) <input type="checkbox"/> EIN or <input type="checkbox"/> No EIN
<b>a. Name of organization/Group</b>		<b>b. Date</b>
CHLA/USC UCEDD		9/30/2019
<b>c. Primary contact (Name)</b>		
Christine Mirzaian, MD, MPH		
<b>d. Mailing address</b>		
4650 Sunset Blvd MS #76 Los Angeles CA 90027		
<b>e. Primary e-mail address</b>		<b>f. Primary phone number</b>
cmirzaian@chla.usc.edu		818-445-3027
<b>g. Secondary contact email address</b>		<b>h. Secondary contact phone number</b>
kjhaveri@chla.usc.edu		323-361-6097
<b>i. Brief description of the organization/group (organization type, group mission, etc.). Include experience your organization has had managing a program similar to the proposal, and the outcomes of that program.</b>		
<p>Organization: Children's Hospital Los Angeles (CHLA) is the largest pediatric hospital in Southern California and serves a large number of underserved and medically complex patients. The USC UCEDD at CHLA has served the developmental disabilities (DD) community for over 50 years. The mission of the USC UCEDD is to provide leadership in strengthening family-centered, culturally-competent services and systems for individuals with, or at risk for, developmental disabilities. We successfully implemented a DDS POS Disparities Funds Program in FY 2017 to provide Parent Navigators in our clinic and have directly served 1330 individuals and their families to facilitate regional center (RC) referrals and increase RC services.</p>		
<b>j. If you check the CBO box, describe how your organization meets the definition of a CBO.</b>		
<p>CHLA is a private nonprofit organization that provides services for and advocates for the underserved in Southern California. The UCEDD at CHLA specifically represents and advocates for individuals with developmental disabilities. EIN Number: 95-1690977</p>		

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**Section II. Grant Reapplication – Project Information (Reapplications Only)**

If the organization is applying to continue a previously awarded project, complete this section in addition to all other required sections and attachments. Complete this section if your proposal will continue a previously awarded project without changes to the target population, geographic area, activities, or objectives; **OR**, if you proposal will expand a previously awarded project into other target populations, geographic areas, activities, or objectives. **After completion, continue to Section III.**

**Summary Information**

<b>a. Grant Number:</b> 17-C10	
<b>b. Project Title:</b> Parent Navigators in a General Pediatrics Clinic to Reduce Purchase of Service Disparities	
<b>c1. Start Date:</b> 01/01/2018	<b>c2. End Date:</b> 03/31/2020
<b>d. Total Project Duration (in months):</b> 27	

**Fiscal Information**

<b>Fiscal Year (FY)</b>	<b>e. Awarded*</b>	<b>f. Expended</b>
<b>FY 2016/17</b>	<b>e1. \$</b>	<b>f1. \$</b>
<b>FY 2017/18</b>	<b>e2. \$ 484,081</b>	<b>f2. \$ 49,889.14</b>
<b>FY 2018/19</b>	<b>e3. \$</b>	<b>f3. \$ 239,857.37</b>
<b>Total</b>	<b>e4. \$ 484,081 (e1 + e2 + e3)</b>	<b>f4. \$ 289,746.51 (f1 + f2 + f3)</b>
<b>g. Amount Remaining (e4 – f4): \$ 194,334.49</b>		

*\*If your project was a multiyear project that was fully funded during one FY, enter the total amount of funding in that corresponding FY. For example, if a 2-year project was fully funded in FY 2016/17, then the amount awarded should be included in e1. Projects that received funding in more than one FY, should enter the awarded amounts for each corresponding FY.*

**Project Information**

<b>h. Number of individuals originally proposed to be impacted</b>	5000
<b>i. Actual number of individuals impacted by the project and why it is higher or lower than the proposed number.</b>	To date, 1330 individuals have been referred to the Parent Navigators for assistance with initial referral to the Regional Center (RC) or to help access or increase services for existing consumers. This is over a 14.5 month period of having Parent Navigators available in clinic. Our current project will continue for another 6 months (the project was extended as initial hiring of Parent Navigators were delayed), thus we expect to receive at least another 600 referrals. By the end of the project we are projected to have directly served 2000 individuals. Many of the services

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	and therapies that we help to secure for individuals impacts at least 2-3 additional family members, thus our intention of impacting 5000 individuals by the end of our project continues to be possible.
<b>j. RC(s) in the project catchment area(s)</b>	ELARC, HRC, FDLRC, NLACRC, SCLARC, SG/PRC, WRC (primarily SCLARC, FDLRC, ELARC, NLACRC)
<b>k. List the city(ies) your project has served:</b>	n/a (All cities in Los Angeles County)
<b>l. List the county(ies) your project has served:</b>	Los Angeles County
<b>m. If your project has served the City of Los Angeles, list the zip code(s) and/or community(ies) served*:</b>	Please see attached
<b>n. Provide a detailed explanation of project activities to date. What has the project accomplished to date?</b>	
<p>The project has allowed 2 full-time Parent Navigators to be present in a busy general pediatrics clinic, such that they can in real-time help families connect to the RC and/or help existing RC clients who are experiencing barriers to accessing services or desiring additional services. The Parent Navigators have helped parents make phone calls (including teaching them how to leave proper messages), have helped families with low literacy fill out applications, have helped gather necessary information from physicians and schools, have facilitated communication with service coordinators, and have coached parents one-on-one on how to advocate for services for their children. The Parent Navigators have also served as an important resource to help educate physicians and support staff including nurses and social workers on RC eligibility and available services and how to improve the referral process. The Parent Navigators, Project Director, and Parent Specialists have conducted formal presentations to our nurse case managers and our pediatricians about the RC referral process and RC services, and have scheduled a future date to present to pediatricians in training to further their understanding of the RC and referral process.</p>	
<b>o. Provide a detailed explanation of project impacts and outcomes to date. Attach data as well as success stories to demonstrate project outcomes and impact.</b>	
<p>To date, there have been a total of 1360 referrals to the Parent Navigators for 1330 individuals. 1,120 individuals were Hispanic (86% of those served), and the remaining individuals were from a diverse backgrounds including African American, Chinese, Filipino, Indian, Japanese, Korean, Vietnamese, Middle Eastern, Russian, and Armenian. The Parent Navigators facilitated 352 referrals to the Early Start program and 284 referrals for Lanterman services. The remaining referrals were primarily from existing regional center clients who were having difficulty accessing services. Though follow-up calls to verify outcomes of assistance by the parent navigators are still occurring, at this time we have verified that of the 352 referred to Early Start, 159 had an evaluation and 152 were found eligible for services, and of the 284 referred for Lanterman services, 73 had an evaluation and 52 were found eligible. At this time, 314 families have reported an increase in Regional Center services, and 338 have reported an increase in satisfaction with Regional Center services; these numbers are expected to be higher as additional follow-up calls are made. In addition, the Parent Navigators helped guide many families through the process of conservatorship, obtaining Applied Behavioral Analysis (ABA) therapy through insurance, with obtaining In Home Supportive Service (IHSS) hours, with requesting or increasing</p>	

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respite hours, and with advocating for services in an individual's Individualized Education Plan (IEP).

Please see attached for success stories.

**p. What are the projects objectives in addressing disparities and what remains to be addressed/completed? Explain why these objectives have not been completed during the current grant period.**

Though the Parent Navigators have made significant impacts in assisting individuals with developmental delay and/or developmental disabilities served by our clinic, their work is not complete. Given the high medical and social needs of our population and high rates of developmental delay and developmental disabilities, there are many individuals who have not yet been referred to the Parent Navigators and/or who continue to need assistance. We consistently receive 5-10 referrals per day to the Parent Navigators, indicating the need for support continues to be high. In addition, when follow-up calls are made to find out the outcome of initial assistance, families often request additional assistance with other related needs, thus a need for continued case management has become evident. Furthermore, we have noticed trends in education we are providing families on a one-on-one basis regularly and would like to offer training to parents on these subjects in addition to the one-on-one support that we will continue to provide. We will also continue to provide ongoing and more formalized education to our providers (physicians, nursing staff, and social work) on how to assist families in accessing necessary services for individuals with developmental delay and developmental disabilities. Our objectives for continuing this project are follows:

Objective 1: Provide one-on-one support to individuals with developmental delay and developmental disabilities and their families to facilitate initial referral to the RC and to help existing consumers better access services. This will be broken down as follows

- Facilitate 500 new referrals to Early Start
- Facilitate 400 new referrals to Lanterman Act Services
- Assist 500 families of existing RC consumers with obtaining additional services through RC (i.e. Respite hours, adaptive skills). With a minimum family size of 2 this can potentially impact 1000 individuals)
- Assist 500 families of existing RC consumers with obtaining generic services (i.e. ABA through medical insurance, school-based therapies through the IEP, support hours through IHSS) per year. With a minimum family size of 2 this can potentially impact 1000 individuals)

Objective 2: Hold trainings for 100 families to better educate them about the process of applying to the Regional Center, available services through the Regional Center, how to prepare for IPP meetings, IEP advocacy, the IHSS process, conservatorship, how to obtain ABA, how to better access community based-resources, and parenting and mental health support.

Objective 3: Hold educational sessions for 100 physicians, nurses, and social workers as well as develop a guide for these providers to better educate them about how they can best facilitate referrals to the Regional Center and assist families of individuals with developmental disabilities in obtaining necessary supports and services.

**q. If awarded, how will your current project transition into the 2019/20 proposed project?**

Our current project would transition quite easily into the 2019/20 proposed project. We would be able to keep our two Parent Navigators on staff, as well as work on hiring a third

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full-time Parent Navigator to provide additional assistance to families and further assist with follow-up calls and ongoing case management. We expect to be able to hire a third Parent Navigator much faster than we were able to hire our first Parent Navigators now that we have an existing project, which will make approval for job posting faster on the administrative end, and in terms of recruitment should be faster now that our project is known in the community. In addition, we would be able to provide monthly trainings to families in a familiar location (at CHLA), which we would begin planning for immediately upon receiving funding. Planning for trainings, including room reservation, would be greatly assisted by our project coordinator, who is an existing employee whose duties would be shifted to dedicate time to our project as soon as funding is obtained. We would also begin to plan for formal provider trainings, based on knowledge gathered in our current project, immediately upon receiving funding. Our Project Director, Project Evaluator, and Parent Specialist would be the same individuals from our current project, further easing the transition into the new project.

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**Section III. Proposal Summary (New and Reapplications)**

<b>a. Project title</b>	Parent Navigators in a General Pediatrics Clinic to Reduce Purchase of Service Disparities
<b>b. Total amount requested</b>	\$ 449,334
<b>c. Projected number of individuals impacted</b>	3100
<b>d. Duration of project (months)</b>	12 months Start date: 04/01/2020 End date: 03/31/2021
<b>e. RC(s) in the project catchment area(s)</b>	ELARC, HRC, FDLRC, NLACRC, SCLARC, SG/PRC, WRC (primarily SCLARC, FDLRC, ELARC, NLACRC)
<b>f. List the city(ies) your project proposes to serve:</b>	n/a (All cities in Los Angeles County)
<b>g. List the county(ies) your project proposes to serve:</b>	Los Angeles County
<b>h. If your project proposes to serve the City of Los Angeles, list the zip code(s) and/or community your project will serve*</b>	Please see attached
<b>i. Will you be working with one or more CBO(s)?</b>	<input type="checkbox"/> Yes*** <input checked="" type="checkbox"/> No
<b>j. Will the project require aggregate data from the RC(s)?</b>	<input type="checkbox"/> Yes*** <input checked="" type="checkbox"/> 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 and data sharing.

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<b>k. Project Type Selection(s)</b>			
<b>Select your <u>one primary</u> project type.</b>	<b>Select your <u>one secondary</u> project type (if applicable).</b>	<b>Select your <u>one tertiary</u> project type (if applicable).</b>	
<input type="checkbox"/> <b>Translation</b> (equipment, translator services, translating brochures or materials, etc.) <input type="checkbox"/> <b>Outreach</b> (community events, website or social media design, materials, etc.) <input type="checkbox"/> <b>Workforce capacity</b> (staff training, incentives for bilingual employees, etc.) <input type="checkbox"/> <b>Parent education</b> (online or in person trainings, workshops, etc.) <input type="checkbox"/> <b>Promotora</b> (Peers educating community members about access RC services) <input checked="" type="checkbox"/> <b>Family/ consumer support services</b> (1:1 coaching, enhanced case management, service navigation, etc.)	<input type="checkbox"/> <b>Translation</b> <input type="checkbox"/> <b>Outreach</b> <input type="checkbox"/> <b>Workforce capacity</b> <input checked="" type="checkbox"/> <b>Parent education</b> <input type="checkbox"/> <b>Promotora</b> <input type="checkbox"/> <b>Family/ consumer support services</b>	<input type="checkbox"/> <b>Translation</b> <input type="checkbox"/> <b>Outreach</b> <input checked="" type="checkbox"/> <b>Workforce capacity</b> <input type="checkbox"/> <b>Parent education</b> <input type="checkbox"/> <b>Promotora</b> <input type="checkbox"/> <b>Family/ consumer support services</b>	
<b>l. Target Population (Race/Ethnicity)</b>			
<b>Select all groups the project will serve</b>	<b>Proposed Number of Individuals Impacted by the Primary Project Type</b>		
<input checked="" type="checkbox"/> African American	250		
<input type="checkbox"/> Cambodian			
<input checked="" type="checkbox"/> Chinese	15		
<input checked="" type="checkbox"/> Filipino	10		
<input checked="" type="checkbox"/> Hispanic	2750		
<input type="checkbox"/> Hmong			
<input checked="" type="checkbox"/> Indian	15		
<input checked="" type="checkbox"/> Japanese	10		
<input checked="" type="checkbox"/> Korean	10		
<input type="checkbox"/> Mien			
<input type="checkbox"/> Native American			
<input type="checkbox"/> Pacific Islander (list):			
<input checked="" type="checkbox"/> Vietnamese	10		
<input checked="" type="checkbox"/> Other (list): Middle Eastern, Russian, Armenian	30		
<b>m. Target Population: Language (select all groups the project will serve)</b>			
<input checked="" type="checkbox"/> Cantonese	<input checked="" type="checkbox"/> Japanese	<input type="checkbox"/> Mien	<input checked="" type="checkbox"/> Tagalog
<input type="checkbox"/> Hmong	<input checked="" type="checkbox"/> Korean	<input checked="" type="checkbox"/> Russian	<input checked="" type="checkbox"/> Vietnamese
<input checked="" type="checkbox"/> Indian	<input checked="" type="checkbox"/> Mandarin	<input checked="" type="checkbox"/> Spanish	<input checked="" type="checkbox"/> Other (list): Arabic, Armenian
<b>n. Target Population: Age Group (select all groups the project will serve)</b>			
<input checked="" type="checkbox"/> Birth up to Three (Early Start)	<input type="checkbox"/> 16 to 21		
<input type="checkbox"/> Three to Five	<input type="checkbox"/> 22 and older		
<input checked="" type="checkbox"/> Three to 21	<input type="checkbox"/> Other (list):		

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Section IV. Proposal Certification

Proposer's (applicant) Certification: I certify that the information attached is true and correct.

Authorized by (print name): Lilit Amirkhanyan, Manager, Grants and Research Services

Organization: Children's Hospital Los Angeles

Signature: \_\_\_\_\_ Date: 3/20/20

Digitally signed by Lilit Amirkhanyan  
DN: cn=Lilit Amirkhanyan, o=Children's Hospital Los Angeles, ou=The Saban Research  
Institute, email=lilit.amirkhanyan@chla.usc.edu, c=US  
Date: 2020.03.05 11:29:20 -0800

**Collaborative Proposals Only\*\***

Sub-grantee (subcontractor) Certification: I certify that the information attached is true and correct.

Subcontractor 1:  
Authorized by (print name): \_\_\_\_\_

Organization:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor 2:  
Authorized by (print name): \_\_\_\_\_

Organization:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor 3:  
Authorized by (print name): \_\_\_\_\_

Organization:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor 4:  
Authorized by (print name): \_\_\_\_\_

Organization:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*As applicable. If more subcontractors are needed, complete additional copies of this section.



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<b>Project title</b>
Parent Navigators in a General Pediatrics Clinic to Reduce Purchase of Service Disparities
<b>1. What experience does the organization/group have working with the target population?</b>
<p>Children's Hospital Los Angeles (CHLA) is the largest pediatric hospital in Southern California and is a safety-net that serves much of the underserved population of Los Angeles. The USC UCEDD is based at Children's Hospital Los Angeles, and has led training, advocacy and service development efforts for individuals with developmental disabilities (DD), for the past 50 years. The USC UCEDD at CHLA has created valuable services for individuals with DD, examples of which include a speciality mental health clinic that serves individuals with a dual diagnosis of a mental health condition and DD and a medical home program that provides a nurse case manager to support individuals with DD and complex medical conditions. The USC UCEDD at CHLA has also led the training of hundreds of health care professionals to better care for individuals with DD, as well as partnered with RCs through the years to provide training and advocacy for individuals with DD and their families. A Consumer Advisory Committee, which is composed of 24 members, 75% of which are consumers of the DD system or family members of consumers, provides feedback on UCEDD activities and is a voice for the community's needs.</p> <p>Primary care for many of the individuals with DD served by CHLA and the UCEDD occurs at the co-located Federally Qualified Health Center (FQHC), the AltaMed General Pediatrics Clinic at CHLA. This General Pediatrics clinic serves approximately 30,000 children and young adults per year, making it one of the largest pediatric practices serving the underserved in the state. The majority of families served have incomes at or below the federal poverty level; 75% are Hispanic and 52% are Spanish speaking. Twenty-five percent of these children and young adults have or are at risk for DD. Over the past 1.5 years, through the DDS POS Disparity Funds Program, we have been able to hire two full-time Parent Navigators who are parents of individuals with DD themselves and have extensive experience with the Regional Center system and resources for individuals with DD. The Parent Navigators have been present in our clinic and available to help families directly, and to date have assisted 1330 individuals with either initial Regional Center referrals (for potential new consumers) or with obtaining additional services through the RC (for existing consumers), as well as assisted them in accessing generic services. This effort has been led by pediatricians with direct experience of the barriers that their patients with DD and their families face when working to obtain needed services through the RC or other systems. We have furthered our collaboration with the target population by creating a Parent and Peer Advisory Committee for the Parent Navigator Project composed of parents of individuals with DD as well as consumers with DD in our community to guide project activities.</p>
<b>2 Explain how the target population(s) are underserved using RC POS data or other data as supporting evidence of the disparity.</b>
<p>Though our current project serves consumers or potential consumers of all 7 regional centers (RC) in Los Angeles, the majority have been consumers or potential consumers of South Central Los Angeles Regional Center (SCLARC): 36%; Frank D. Lanterman Regional Center (FDLRC): 28%; Eastern Los Angeles Regional Center (ELARC): 11%; and North Los Angeles Regional Center (NLACRC):13.5%. Overall, 86% of those served in our current project are from these four Regional Centers, and it is anticipated that if funding is approved to continue, the majority of</p>

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those served will be consumers of these four Regional Centers, and approximately 86% of those served will be Hispanic. Evaluation of the Annual Expenditures of Purchase of Service (POS) for FY 2017/18 reveals the following: For SCLARC, there is only a small disparity in per capita expenditures for Hispanic consumers ages birth to 2 years (\$4,842) relative to White (\$4,950) consumers, with spending on White consumers only 2.2% higher. However, among older consumers ages 3-21 years, this disparity increases substantially, with per capita expenditures for Whites (\$10,191) almost 350% greater than that for Hispanics (\$2,946). Similarly, for FDLRC, we see a relatively small 8.4% per capita expenditure difference in the birth to age 2 years group for Hispanic consumers (\$6,185) vs White consumers (\$6,704), but a significantly higher 56.3% disparity in the older 3-21 age group (\$4,651 per year for Hispanic consumers and \$7,271 per year for White consumers). For ELARC, there is not a disparity in the birth to 2 year age group for annual expenditures for Hispanic (\$4,366) vs White (\$4,025) per year; however, the pattern of disparities for older Hispanic consumers is seen here as well, where White consumers ages 3-21 years receive 44.8% higher annual per capita expenditures than Hispanics (\$7,732 versus \$5,338). For NLACRC, the disparities are present in both age groups, with White consumers in the 0-2 year age group receiving 9.6% more in per capita expenditures than Hispanics (\$5,838 versus \$5,324), and an even greater disparity of 150% for White consumers relative to Hispanics in the group aged 3 to 21 years, with an annual expenditure of \$5,664 for Hispanics vs \$8,501 for Whites. The patterns are similar for Black/African American consumers in these age groups, (with the exception being for ELARC in which there is significant disparity for Black/African American consumers in the 0-2 year age group but not in the 3-21 year age group), which is the second largest ethnic group that our project serves.

It is interesting that we see a greater disparity in the 3 to 21 year age group vs the birth to 2 year age group. We have found that many families of school-aged children who are RC consumers believe that there are no services available to their children through RC and that "all services should be through the school." While it may be the case that the majority of therapies will occur in school-based settings, many families express to us that they are unaware that the RC can provide gap coverage for therapies when school is not in session, or that the RC can provide adaptive skills starting at age 10 years. In addition, many families are not aware that they should focus on the goals that they have for their children, and that services should stem from that; this is particularly pronounced when there is a language barrier and/or families do not feel comfortable expressing their needs to the RC.

Of note, the RC POS data provides evidence of disparities in expenditures for existing RC consumers. We have experienced that our target population often has a more difficult time becoming RC consumers as well. According to the 2018 California Children's Report Card by Children Now (<https://www.childrennow.org/portfolio-posts/18reportcard/>), 25% of children in California are at risk for developmental, behavioral, or social delays, however only 21% receive developmental screenings. This puts California at a rank of number 43 of the 50 states in terms of number of children who receive screenings. Our pediatric practice has incorporated developmental screenings into standard care with the goal of all children receiving developmental screenings at 9 months, 18 months, and 24 months of age; however, referral to early intervention when a child screens positive for developmental delay can be challenging. Studies show that approximately 60-80% of children referred to early intervention do not complete an evaluation

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(Moore 2017). Studied barriers include communication problems with pediatricians, parents not understanding the referral process, and practical barriers such as parents losing the phone number to call, or early intervention providers having trouble reaching parents (Jimenez, 2012). This is reflected in our everyday experience, and helps illustrate why our target population is underserved and experiences POS disparities.

### References:

Moore C, Zamora I, Patel Gera M, Williams M. Developmental screening and referrals: Assessing the influence of provider specialty, training, and interagency communication. *Clinical Pediatrics* 2017;56(11) 1040-1047

Jimenez ME, Barg FK, Guevara JP, Gerdes M, et al. Barriers to evaluation for early intervention services: parent and early intervention employee perspectives. *Academic Pediatrics* 2012;12:551-557

### **3. How will your project improve the lives of individuals who have developmental disabilities and/or their families?**

Regional center services exist that can significantly improve the lives of individuals with DD and their families. However, particularly for families who are of low-income, for whom English is not their first language, and who may have low literacy, access to RC services is particularly difficult. Our Parent Navigators are both parents of children with developmental disabilities and experts in the service system, and often can connect to families much more effectively than their health care providers -- not only because they speak Spanish, which is the preferred non-English language for the majority of our target population, but because they can say, "I have been there and this helped." In addition, having the Parent Navigators located in a familiar location, a pediatric clinic, has made it easy for families to access additional help with RC linkage at the same time they are visiting their pediatrician. The Parent Navigators help reduce barriers families face of having difficulty with phone calls, difficulty understanding the RC system, and difficulty with applications (at times due to inability to read or write), and help families who might have issues trusting the RC system or who don't understand its potential value feel more comfortable and more motivated to access services. If funding for this project is continued, our Parent Navigators will continue to work directly with families to facilitate RC referrals and connection to generic services, and we will have an increased ability follow-up with families and provide ongoing case management with three Parent Navigators.

We expect to see the following short-term impacts:

- 500 new referrals to Early Start (per year, 1000 new referrals over a 2-year period)
- 400 new referrals to Lanterman Act services (per year, 800 new referrals over a 2-year period)
- Assist 500 families of existing RC consumers with obtaining additional services through the RC (per year, 1000 families over a 2-year period; minimum family size of 2 = at least 2000 individuals impacted)
- Assist 500 families of existed RC consumers with obtaining additional generic services (1000 families over 2-year period; minimum family size of 2 = at least 2000 individuals impacted)

In addition, we expect to provide trainings to 100 families per year (200 over the 2-year period) about RC referral process, available services through the RC, how to prepare for IPP meetings and understanding person-centered planning, IEP advocacy, the IHSS process, conservatorship, how to obtain ABA, how to better access community based-resources, and

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parenting and mental health support, in order to increase their knowledge about the service system and self-advocacy skills.

If families are better able to access services to support their child with DD and to support their ability to provide care in the short-term, we feel that their lives and be substantially improved over the long-term. We know from our current project that connection with appropriate services can make important impacts. For example, our Parent Navigators were able to assist a parent who was literally carrying their school-aged child who could not walk in their arms- they were able to work with the RC and CCS to obtain a wheelchair and activity chair for the child such that the parent not longer had to bear the physical burden of carrying the child, and the activity chair allowed the child to be more comfortable and engage with their family at home. In addition, we have had multiple families express how grateful they were for assistance with obtaining therapies through Early Start, and how they have witnessed a huge difference in language progression from speech therapy, which has lead to improvements in children's behavior and relationships with their family. Respite hours can make major differences in parent's lives and allow them an opportunity for self-care such that they can better care for their child. Generic services such as IHSS can be a vital way in which families can afford to care for their children in their homes. Given the large number of individuals we propose to connect to the RC, the additional services we will assist families in obtaining, and the training we will provide to both families and health-care providers, we expect to improve the lives of roughly 6000 individuals with DD and their family members in order to provide them with opportunities for a better future through services.

#### **4. How will this project assist to implement the RC recommendations and plan to promote equity and reduce disparities?**

- In the annual POS Expenditure and Data Report from 2019, FDLRC recommended to: promote parent trainings. Our current proposal would offer parent trainings by our Parent Navigators in a familiar setting to families, and can use this as a venue to disseminate additional information from FDLRC.
- In the annual POS Expenditure and Data Report from 2019, SCLARC recommended more access to information, providing bilingual parent education, and connecting with community partners and professionals. We have already demonstrated our ability to increase access to information about the RC to families; the proposed project would continue and expand these efforts, provide bilingual education both one-on-one and in group settings, and further the opportunity for SCLARC to connect with community partners and professionals.
- In the annual POS Expenditure and Data Report from 2019, NLACRC recommended continuing their Parent Mentor Project to allow a parent or family member of a consumer to become part of the NLACRC staff in order to help foster relationships and build trust within our Hispanic/Latino community. Our Parent Navigators can collaborate with the Parent Mentor in order to further build trust among our shared patients/consumers, such as by referring parents to, and receiving referrals from, the Parent Mentor when appropriate and by resource and information sharing.
- In the annual POS Expenditure and Data Report from 2019, ELARC reported a plan to continue to expand understandable and useful tools for families to better comprehend the regional center and services offered and noted that "access to information about services will reduce barriers." Our Parent Navigators can be used as a mode of disseminating this information and tools and they will continue to work to provide relevant information to families about services.

**FY 2019/20 DISPARITY FUNDS PROGRAM  
PROJECT INFORMATION**

- In the annual POS Disparity Data Community Meetings Report from 2019 from SG/PRC it was stated that many family members indicated that more outreach was needed with local pediatricians and other physicians to help them learn more about the regional center, encourage them to complete developmental screenings and refer to the regional center. The provider training materials that we will develop if our current request for funding is approved can be shared with pediatricians and other physicians local to SG/PRC and beyond.
- In the annual Report on Public Meetings Regarding Disparity in the Purchase of Services from 2019 from WRC, it was stated that there are plans to restructure the Parent Empowerment Project (PEP) to reach more underserved families and to focus on community outreach activities to inform families about the existence of regional centers, the intake process, and available services and supports using WRC's newly developed publications. Our Parent Navigators have already connected to PEP and can continue to collaborate and be a potential point of contact for WRC families served in our clinic and can work to distribute informational publications.
- In the Expenditure and Demographic Data from 2019 for HRC, it was strongly emphasized that programs utilizing the promotora model are evidence-based and the single most definitively proven successful intervention to engage low-incidence populations and assist them with accessing needed services. Our Parent Navigator project incorporates aspects of the promotora model in that our Parent Navigators are parents of individuals with DD, are Spanish-speaking, and are from the community that they are serving, thus can relate well to the parents for whom they help to access RC services.

**5. How is the proposed project unique or different from a current disparity grant funded effort (e.g., strategies, activities, goals) in the proposed catchment area? If the project is similar to a current disparity grant funded effort, how will the proposed project expand on the current effort?**

There are current disparity grant funded efforts that use navigators to assist families in accessing services, however they are based in San Francisco (Building Bridges for San Francisco's Underserved Language and Cultural Communities), or in north LA County/Central California (Building Cultural Competency to Support the Underserved in Central and Southern California, ICC Integradora Community Outreach) thus not in our primary catchment area of Central and South Los Angeles. There are navigator projects in our area, however, they are based at the RCs (i.e. the SCLARC Navigator Program and the NLACRC Parent Mentor Project). Our proposed project is unique in that it provides Parent Navigators in the setting of a large, community-based general pediatrics clinic, thus increasing the accessibility of our program to families who are familiar with the clinic setting, and allowing direct collaboration with the individuals' medical providers, which can facilitate obtaining necessary documentation and records.

The general pediatrics clinic where the Parent Navigators are located is particularly unique as well in terms of its size (it serves 30,000 pediatric lives) and the high medical and social needs of the population it serves. As aforementioned, the majority of patients served in our clinic have incomes at or below the federal poverty level, and are insured by Medi-cal. Most are Hispanic (75%), however the remaining patients come from diverse backgrounds including African American, Chinese, Filipino, Indian, Japanese, Korean, Vietnamese, Middle Eastern, Russian, and Armenian. Due to the fact that our clinic is located at CHLA, many of the patients served

## FY 2019/20 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

have complex medical issues (such as cerebral palsy and epilepsy), and due to the wide array of services we have available for patients, families from all over Los Angeles travel to our clinic for primary care. Our current Parent Navigator project has referred individuals to or assisted consumers from all seven RCs in Los Angeles, which demonstrates the breadth geographically of those served. Our project is unique not only because it places Parent Navigators in a pediatrics clinic, where they are easily accessible to families, but that it places them in a clinic with high numbers of underserved patients seen with high rates of DD, thus has a huge potential of increasing RC referrals and reducing POS disparities.

In addition, because our project takes place in a medical setting, it affords the unique opportunity to conduct medical provider trainings. Pediatricians receive little to no formal education about service systems for individuals with DD including the RC in their training, and our project takes place in a hospital with a large pediatric residency that trains over 30 new pediatricians per year. Thus, our project is uniquely poised to influence many physicians who will continue to serve the individuals with DD. In addition, our clinic employs a large number of physicians, social workers, and nurses who can all benefit from additional knowledge of the service system for individuals with DD. The trainings developed in this project have the potential to be disseminated to medical providers throughout Los Angeles and California, enhancing the workforce's ability to properly connect individuals with DD and their families to needed services.

Lastly, due to our organization's positive relationships with our local RCs, and our Parent Navigators' connection to the community, our project has substantial potential to further collaborate with all RCs in our catchment area on trainings and information dissemination, as well as with current navigator projects based at the RCs.

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

The project was originally designed based on daily clinical work with the target population and witnessing barriers to successful RC referrals and obtaining RC services. In our pediatric practice, we traditionally would simply provide a family the phone number to their designated RC when we detected DD through screening or found a patient with a condition eligible for Lanterman Act services who was not already connected to the RC. However, as we saw in our daily practice, this was not sufficient as many families would not be successful in connecting to the RC likely due to losing the phone number, having difficulty making the initial call or returning calls, and not having sufficient documentation from their medical providers and/or schools to help determine eligibility. In addition, we have experienced through other programs in our clinic that it is often difficult to reach a family via phone, therefore we designed our original Parent Navigator project to allow someone to be present in person, and a family can easily be walked over for assistance, to help connection to the RC as soon as a delay or potentially eligible diagnosis was detected.

Input from the community was then sought through the USC UCEDD's Consumer Advisory Committee, which helped guide our original application for funding. Upon receiving funding in FY 2017/18, we built a Parent and Peer Advisory Committee for the Parent Navigator Project composed of both parents of individuals with DD and consumers, all who have connections to affiliated regional centers, and this committee has helped guide our project activities further and helped plan the current proposed expansion to include three Parent Navigators and to incorporate parent trainings. This committee has also advised us on additional resources we can

## FY 2019/20 DISPARITY FUNDS PROGRAM PROJECT INFORMATION

be disseminating to families, such as trainings and workshops currently being conducted by RCs or Family Resource Centers. If our project receives funding, we will continue to utilize our Parent and Peer Advisory Committee to discuss project progress and receive input on how we can improve activities. Our Parent Navigators are culturally and linguistically responsive to the community our project intends to serve- currently both Parent Navigators speak fluent Spanish, which is the language most of our families prefer apart from English. However, for families who speak other languages (i.e. Mandarin, Russian, Arabic, Armenian), our Parent Navigators are able to use the clinic's video interpreters and work hard to obtain translated materials, as well as approach each family in a culturally-sensitive manner.

Challenges considered: one challenge is available space in clinic, particularly during a busy winter season. Currently our Parent Navigators sit in an area very visible to families such that they feel comfortable approaching them. If needed due to space constraints, our Parent Navigators can be flexible, and even use a mobile desk if needed near our waiting room to continue to be accessible to families. Another challenge has been the large number of daily referrals to the Parent Navigators and the high needs of families served. Due to this we are requesting funding for three Parent Navigators to better meet the needs of our population.

### **7. Describe how your organization will leverage and build upon strategies, collaborations, and lessons learned to continue to address the identified disparities after completion of the project.**

Our organization will use lessons learned from the project to affect systems change within our community in the following ways: We would like to further our collaborations with our affiliated RCs. All four of our primary affiliated RCs (SCLARC, FDLRC, NLACRC, and ELARC) have met with our team and been supportive of our efforts, however, deeper collaboration is possible. We also plan to meet with the three additional RCs in our catchment area (WRC, HRC, and SG/PRC) to discuss how we can best collaborate. We would like to establish a method of communication such that we can continually provide feedback to the RCs on issues identified through serving our families, and additionally we welcome feedback from our associated RCs on how we can better serve the community and support their efforts.

We will apply the lessons learned from this project to improve future disparity efforts in our organization: we will use data, including patient outcomes and provider satisfaction information, in order to make the case that the Parent Navigator model should become integrated into our clinic's general operating budget. We would also like to further evaluate and study the effectiveness of having Parent Navigator in a general pediatrics clinic such that we can present this data at national meetings and publish in peer-reviewed journals such that other institutions might be able to replicate this project in other locations locally and nationally. Lastly, we will integrate the provider training materials that are developed during this project into the standard educational plan for pediatricians in training at CHLA, ensuring that future pediatricians receive proper education about services and supports for individuals with DD. We would like to disseminate this training to other physicians and medical providers in our region to increase the probability that individuals with DD will be able to access medical providers who understand their needs and how to connect them to services. These efforts to disseminate lessons learned have the potential to further reduce POS disparities locally and regionally for years to come.

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table. *Please see Attachment C-1 for a sample.*

**Year 1 Goal:** Reduce POS disparities by using Parent Navigators to facilitate RC referrals and increase RC services and generic services for the target population.

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
Hire 3rd Parent Navigator	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Project Director, Parent Specialist, and Project Coordinator	<input type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 3/01/20 – 6/30/2020 <input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Parent Navigators to facilitate referrals to Early Start by counseling families, helping families make phone calls,	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Parent Navigators	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	Number of individuals referred to Early Start	500 individuals referred to Early Start per year (125 per quarter)	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21



**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

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PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
faxing applications						
Parent Navigators call families to follow-up on status of Early Start referrals	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Parent Navigators	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	- Number of individuals referred to Early Start who received and evaluation - Number of individuals referred to Early Start who were found eligible for services	- 90% of those referred receive an evaluation - 90% of those who receive an evaluation are found eligible for services	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21
Parent Navigators facilitate referrals to Lanterman Act Services (ages 3 and above) by counseling families, gathering necessary	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Parent Navigators	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	Number of individuals referred to Lanterman Act Services	400 individuals referred to Lanterman Act services per year (100 per quarter)	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table. *Please see Attachment C-1 for a sample.*

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
documents from MD and school, faxing applications						
Parent Navigators call families to follow-up on Lanterman Act Services referrals	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Parent Navigators	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS <input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	- Number of individuals referred to Lanterman Act Services who received and evaluation - Number of individuals referred to Lanterman Act services who were found eligible	- 90% of those referred receive an evaluation - 80% of those who receive an evaluation found eligible for services	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21
Parent Navigators assist existing RC consumers with obtaining additional RC services	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Parent Navigators, Project Evaluator, Research Assistant	<input checked="" type="checkbox"/> Count <input checked="" type="checkbox"/> POS <input checked="" type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	- Number of existing RC consumers who are assisted with obtaining additional RC services - Pre/post survey assessment of existing and needed services and satisfaction with RC services - POS data	500 individuals who are existing RC consumers receive additional RC services - 450 individuals (90% of those assisted) report increased satisfaction with RC services based on pre/post survey	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table. *Please see Attachment C-1 for a sample.*

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
					- POS increased for a sample of 100 consumers	
Parent Navigators assist existing RC consumers with obtaining generic services (through IEP advocacy, assisting with ABA application, assisting with IHSS forms, and referrals to additional community-based resources)	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Parent Navigators, Project Evaluator, Research Assistant, Project Coordinator	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS <input checked="" type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	- Number of existing RC consumers who are assisted with obtaining generic services	-- 500 individuals who are existing RC consumers will obtain additional generic services - 450 individuals (90% of those assisted) who are existing RC consumers will report increased satisfaction with generic services based on pre/post survey	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21
Develop training	<input checked="" type="checkbox"/> 3/01/20 – 6/30/2020	Parent Navigators,	<input type="checkbox"/> Count <input type="checkbox"/> POS			<input type="checkbox"/> 3/01/20 – 6/30/2020

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table. *Please see Attachment C-1 for a sample.*

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
materials on RC referral process, RC services and generic services for families and medical providers	<input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21	Parent Specialist, Project Coordinator	<input type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input checked="" type="checkbox"/> Not applicable			<input type="checkbox"/> 07/01/20-9/30/2020 <input type="checkbox"/> 10/01/20 – 12/31/2020 <input type="checkbox"/> 01/01/21 – 3/31/21
Parent Navigators hold monthly Parent Trainings	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Project Director, Parent Specialist, Parent Navigators, Project Coordinator, Project Evaluation, Research Assistant	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS <input checked="" type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	- Number of parent participants - Pre/post surveys assessing knowledge of RC referral process, RC services, and generic services	- 100 Parents participate in training - Pre/post surveys demonstrate a statistically significant increase in knowledge of RC referral process, RC services, and generic services and supports among participants	<input type="checkbox"/> 3/01/20 – 6/30/2020 <input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21
Provider trainings (for	<input type="checkbox"/> 3/01/20 – 6/30/2020	Project Director, Parent	<input checked="" type="checkbox"/> Count <input type="checkbox"/> POS	Number of provider participants	- 100 providers participate in trainings	<input type="checkbox"/> 3/01/20 – 6/30/2020

**DISPARITY FUNDING PROPOSAL – SCHEDULE OF ACTIVITIES AND MEASURES**

Completed worksheets shall be submitted with the funding proposal. List all activities, the responsible party, and which quarter each activity will occur; include how the activity will be measured, the quarter data for each measure will be reported; and any additional information. More than one copy of each worksheet may be submitted if additional space is required or you may add rows to this table. *Please see Attachment C-1 for a sample.*

PROJECT ACTIVITIES			PROJECT MEASURES			
Activity	Quarter Activity Will Occur (check all that apply)	Responsible Party and additional information	Type of Measure	What Will Be Measured?	What is the Target for This Measure?	Quarter Data Will Be Reported (check all that apply)
pediatrician s, nurses, socials workers, and pediatrician s in training) conducted	<input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21	Specialist, Parent Navigators, Project Coordinator, Project Evaluation, Reasearch Assistant	<input checked="" type="checkbox"/> Pre/post survey/assessment <input type="checkbox"/> Stakeholder feedback <input type="checkbox"/> Materials developed <input type="checkbox"/> Other: PLEASE DESCRIBE:  <input type="checkbox"/> Not applicable	- Pre/post surveys assessing knowledge of RC referral process and RC services	- Pre/post surveys demonstrate a statistically signficiant increase in knowledge of RC referral process and RC services.	<input checked="" type="checkbox"/> 07/01/20-9/30/2020 <input checked="" type="checkbox"/> 10/01/20 – 12/31/2020 <input checked="" type="checkbox"/> 01/01/21 – 3/31/21

**Disparity Funds Program  
SERVICE BUDGET (ATTACHMENT D-1)**

**Applicant Name and Address**

Name: Children's Hospital Los Angeles . Address: 4650  
Sunset Boulevard, MS 97, Los Angeles, CA 90027-6062

**Year 1 Annual Budget**

Line No.	PERSONNEL-Salary and Benefits		Annual Salary	Annual FTE to Disparity Grant (Percentage)	Annual Cost to Disparity Grant
1	Name: Christine Mirzaian Title/Position: Project Director	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$174,288.00	20%	\$34,857.60
2	Benefits: 32%		\$34,857.60	32%	\$11,154.43
3	Name: Sharon Hudson Title/Position: Project Evaluator	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$143,758.00	10%	\$14,375.80
4	Benefits: 32%		\$14,375.80	32%	\$4,600.26
5	Name: Fran Goldfarb Title/Position: Parent Specialist/Consultant	<input checked="" type="checkbox"/> Existing Position <input type="checkbox"/> New Position	\$100,834.00	10%	\$10,083.40
6	Benefits: 21.7%		\$10,083.40	22%	\$2,188.10
7	Name: Guadalupe (Lorena) Eaton & Rita Vasquez & TBD (New Position) Title/Position: Parent Navigator *3	<input checked="" type="checkbox"/> Existing Position <input checked="" type="checkbox"/> New Position	\$180,000.00	100%	\$180,000.00
8	Benefits: 21.7%		\$180,000.00	22%	\$39,060.00
9	Name: TBD Title/Position: Program Coordinator	<input type="checkbox"/> Existing Position <input checked="" type="checkbox"/> New Position	\$50,304.00	100%	\$50,304.00
10	Benefits: 21.7%		\$50,304.00	22%	\$10,915.97
11	Name: TBD Title/Position: Project Analyst	<input checked="" type="checkbox"/> Existing Position <input checked="" type="checkbox"/> New Position	\$61,350.00	34%	\$20,859.00
12	Benefits: 21.7%		\$20,859.00	22%	\$4,526.40
	Name: Title/Position:	<input type="checkbox"/> Existing Position <input type="checkbox"/> New Position			
	Benefits:				
<b>Personnel Subtotal</b>					\$382,924.96
<b>OPERATING EXPENSES</b>					
16	Computer for 3rd parent navigator				\$1,300.00
17	Phone for 3rd parent navigator				\$500.00
18	Office supplies				\$2,000.00
19	Stipend for Parent/Peer Advisory Committee				\$2,500.00
20	Translation of documents				\$1,000.00

21	Refreshments		\$500.00
22			
23			
24			
	<b>Operating Subtotal</b>		\$7,800.00
<b>ADMINISTRATIVE/INDIRECT COSTS</b>			
25	15%		\$58,608.74
26			
27			
28			
29			
30			
	<b>Administrative/Indirect Cost Subtotal</b>		\$58,608.74
	<b>TOTAL (rounded to nearest dollar)</b>		<b>\$449,333.70</b>

**MAXIMUM AWARD**

**\$449,334.00**

**PROJECT BUDGET NARRATIVE WORKSHEET**

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

<b>Organization Name</b>
Children's Hospital Los Angeles
<b>Project Title</b>
Parent Navigators in a General Pediatrics Clinic to Reduce Purchase of Service Disparities
<b>Project Duration (start and end date)</b>
<b>Start Date:</b> 4/1/2020 <b>End Date:</b> 3/31/2021 <b>Number of Months:</b> 12

**Salary/Wages and Benefits**

Line Number	Line Item	Description of Position Duties and FTE Allocation for Title/Position AND Description of Benefits
1	Title/Position: Project Director	Oversees all project operations, direct supervision of Parent Navigators, supervises data tracking and reports, supervises trainings, meets with associated RCs, and serves as primary point of contact with DDS. FTE Allocation of 0.20 for DDS Disparity Funds Grant Funded Project (funded by DDS if approved), 0.10 FTE for UCEDD grant, 0.70 FTE by Children's Hospital Medical Group
2	Benefits: Project Director	32 percent benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
3	Title/Position: Project Evaluator	Directs evaluation plan, oversees data collection and analysis, contributes to reports to DDS, and assists with research for dissemination including obtaining IRB approval for evaluation and research. FTE Allocation of 0.10 for DDS Disparity Funds Grant Funded Project (funded by DDS if approved), 0.90 FTE for the Department of General Pediatrics
4	Benefits: Project Evaluator	32 percent benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
5	Title/Position: Parent Specialist/Consultant	Advises Parent Navigators on activities through regular meetings, participates in Advisory Committee meetings, contributes to reports and reseach for dissemination. FTE Allocation of 0.10 for DDS Disparity Funds Grant Funded Project (funded by DDS is approved), 0.90 FTE for UCEDD grant
6	Benefits: Parent Specialist/Consultant	21.7 percent benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
7	Title/Position: Parent Navigator (x 3)	Provides one-on-one assistance to individuals and their families for initial RC referrals and assists with obtaining additional services for RC consumers, conducts follow-up calls and case management when indicated, develops parent and provider training materials, conducts parent and provider trainings. FTE Allocation 1 FTE for Disparity Funds Grant Funded Project (funded by DDS is approved)



**PROJECT BUDGET NARRATIVE WORKSHEET**

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

Line Number	Line Item	Description of Position Duties and FTE Allocation for Title/Position AND Description of Benefits
8	Benefits: Parent Navigator (x 3)	21.7 percent benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
9	Title/Position: Program Coordinator	Assists with developing training materials, schedules and coordinates trainings, schedules and coordinates Advisory Committee meetings, assists with project evaluation. Conducts data entry and data analysis, assists with IRB application, assists with preparation of reports for DDS, assists with preparing research reports for dissemination. FTE allocation of 1 FTE for DDS Disparity Funds Grant Funded Project (funded by DDS if approved),
10	Benefits: Program Coordinator	21.7 percent benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
11	Title/Position: Project Analyst (Finance)	Oversees grant agreement with DDS, monitors project spending, prepares expense reports for DDS. FTE Allocation 0.34 FTE for DDS Disparity Funds Grant Funded Project (if approved), 0.66 FTE for Department of General Pediatrics
12	Benefits: Project Analyst (Finance)	21.7 percent benefits cover payroll taxes, workers compensation, health and welfare, personal holiday, and retirement plan
	Title/Position:	
	Benefits:	

**Operating Expenses**

Line Number	Line Item	Description
16	Computer for 3 <sup>rd</sup> Parent Navigator	laptop computer to be used by Parent Navigator when assisting families to print applications and obtain additional resources as well as document activities; laptop cost \$1300
17	Phone for 3 <sup>rd</sup> Parent Navigator	hospital-issued cell-phone such that Parent Navigator can be easily accessible to providers and families Phone cost \$500
18	Office supplies	paper for referral forms (\$500), binders to store paper referrals (\$100), folders for organization of forms and resources (\$50, pens and highlighters (\$50), crates for storing binders (\$250), stapler, staples, paper clips, binder clips (\$50), printing training materials (\$1000)
19	Stipend for Advisory Committee members	\$100 stipend for each for 5 Advisory Committee members (either a parent of an individual with DD or an individual with DD) x 5 meetings per year
20	Translation of documents	Translation of training materials (\$2000)
21	Refreshments for Parent Trainings	\$50 per meeting for coffee and light snacks for parent training participants

**PROJECT BUDGET NARRATIVE WORKSHEET**

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

Line Number	Line Item	Description

**Administrative/Indirect Costs**

Line Number	Line Item	Description
25	Indirect costs	Facilities and Administrative Costs, 15% of total budget (\$58,609.00)