

APPLICATION REPORT

Project Name: Parent Navigators in Pediatric Clinics to Support Service Access
Applicant Organization: Children's Hospital Los Angeles
Awarded Amount: \$490,616
Funding Announcement Name: Promoting Service Access and Equity Grant



PROJECT SUMMARY

Our project proposes to provide 4 Parent Navigators in pediatric clinics in underserved areas in Los Angeles in order to work on-on-one with families to facilitate new referrals to the Regional Center (including to Early Start and Lanterman Act Services) as well as to assist families with obtaining additional needed services through the Regional Center or through generic resources for individuals with developmental disabilities. Our target population is underserved families in low-income areas of Los Angeles county. Based on the demographics of our current clinic, the majority (approximately 85%) of the population we serve are of Hispanic ethnicity and 50% are Spanish speaking, however, we will strive to conduct greater outreach to the African American population and continue to serve a diverse group of individuals including of Chinese, Japanese, Filipino, Korean, Vietnamese, Indian, Russian, Middle Eastern, and Armenian ethnicities. Our current 3 Parent Navigators are all bilingual (English and Spanish speaking), and bicultural. We would like to add a 4 Parent Navigator to our team and recruit from the African American community in order to expand the reach of our program and further improve equity in our community. We plan to assist 1250 individuals with linkage to the Regional Center (Early Start and Lanterman Act Services) and/or with obtaining additional services for individuals with developmental disabilities (both generic services and through the Regional Center). Given that each individual has on average 3 family members, our project has the potential to impact 3,750 people over the next 12-month project period. Our Parent Navigators will help families access technology needed to access services, such as assist with obtaining internet access and email addresses. We will continue to provide intensive assistance to families with young adults transitioning from pediatric to adult care and provide counseling about supported decision making, self-determination, resources for vocational training, financial resources include CalAble, and generic resources such as SSI and IHSS. In addition, we will conduct parent and consumer trainings on topics including Regional Center overview, services for young adults at transition age, IEPs, how to prepare for IPP meetings, trainings on generic services such as IHSS and SSI, and parenting and mental health support. We will continue to include Workforce development in our activities by providing training to pediatricians, family-practice physicians, pediatric residents and family practice residents, nurses, and social workers about service access for individuals with developmental disabilities.

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
Applicant Eligibility		
Applicant Information		
1. Project Title	Applicant Response	
What is the Project Title?	Parent Navigators in Pediatric Clinics to Support Service Access	
2. Awarded Amount	Applicant Response	
	\$490,616	
3. Organization Type	Applicant Response	
Please check the box that describes your organization	Community Based Organization (CBO), 501(c)(3)	
4. Description of Organization/Group	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>Provide a brief description of the organization/group (organization type, group mission, etc.). Explain what experience your organization has managing a program similar to the proposal and state the outcomes of that program.</p>	<p>Organization: Children's Hospital Los Angeles (CHLA) is a private nonprofit organization that provides services for and advocates for the underserved in Southern California. The UCEDD (University Center for Excellence in Developmental Disabilities) at CHLA specifically represents and advocates for individuals with developmental disabilities. EIN Number: 95-1690977</p> <p>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. The USC UCEDD at CHLA is nationally recognized for its work in early intervention. The center is deeply involved in efforts related to developmental screening and early intervention education and policy. The <i>First Connections</i> project (PIM, Williams; 2014-2018, Irina Zamora, PsyD, co-investigator), for example, highlights our center's involvement in community capacity building efforts related to early intervention. The project provided training and technical assistance to six CBOs in underserved areas of Los Angeles to provide screening for developmental disabilities and link families to community resources. The model from this project has been widely disseminated to professionals and policymakers. We have also done significant work in terms of addressing barriers to early intervention referrals, much so in part with our partnership with AltaMed. The USC UCEDD at CHLA has a partnership with AltaMed Pediatrics Clinic at CHLA, a large Federally Qualified Health Center that serves 30,000 children and young adults per year, making it one of the largest pediatric practices serving the underserved in the state. Twenty-five percent of these children and young adults have or are at risk for DD. We successfully implemented a DDS POS Disparities Funds Program in FY 2017-2019 and 2019-2020 to provide Parent Navigators in our clinic and have directly served 2,484 individuals and their families, impacting over 7,400 people to facilitate regional center (RC) referrals, increase RC services, and assist with obtaining generic services for individuals with developmental disabilities.</p>	
<p>5. Applicant in Good Standing</p>	<p>Applicant Response</p>	
<p>Is the applicant in good standing with the California Secretary of State, California Franchise Tax Board, and California Department of Tax and Fee Administration?</p>	<p>Yes</p>	
<p>6. Subcontractors in Good Standing</p>	<p>Applicant Response</p>	
<p>Are the applicant's subcontractors in good standing with the California Secretary of State, California Franchise Tax Board, and California Department of Tax and Fee Administration?</p>	<p>Not Applicable</p>	
<p>Grant Reapplication Information</p>		
<p>Grant Reapplications Only</p>		
<p>1. Grant Number</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
(Reapplications Only) What is the Grant Number of previously awarded project? If not applicable select Not Applicable.	19-C10	
2. Project Title (Reapplications Only) What is the Project Title of previously awarded project? If not applicable select Not Applicable.	Applicant Response Parent Navigators in a General Pediatrics Clinic to Reduce Purchase of Service Disparities	
3. Project Start & End Dates (Reapplications Only) What are the Start & End Dates of the previously awarded project? If not applicable select Not Applicable.	Applicant Response Start Date: 04/01/2020, End Date: 04/01/2021	
4. Project Duration (Reapplications Only) What is the Total Project Duration (in months) of the previously awarded project? If not applicable select Not Applicable.	Applicant Response 12	
5. 2016/2017 Award (Reapplications Only) Enter the amount of funding that was awarded in FY 2016/2017. If not applicable select Not Applicable.	Applicant Response Not Applicable	
6. 2016/2017 Expenses (Reapplications only) Enter the amount of funding that was expended in FY 2016/2017. If not applicable select Not Applicable.	Applicant Response Not Applicable	
7. 2016/2017 Remaining	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
(Reapplicants only) Subtract the Total Expenses from the Total Award to determine the amount remaining from FY 2016/2017. If not applicable select Not Applicable.	Not Applicable	
8. 2017/2018 Award	Applicant Response	
(Reapplicants only) Enter the amount of funding that was awarded in FY 2017/2018. If not applicable select Not Applicable.	\$241,052.00	
9. 2017/2018 Expenses	Applicant Response	
(Reapplicants) Enter the amount of funding that was expended in FY 2017/2018. If not applicable select Not Applicable.	\$152,147.39	
10. 2017/2018 Remaining	Applicant Response	
(Reapplicants only) Subtract the Total Expenses from the Total Award to determine the amount remaining from FY 2017/2018. If not applicable select Not Applicable.	Not Applicable	
11. 2018/2019 Award	Applicant Response	
(Reapplicants only) Enter the amount of funding that was awarded in FY 2018/2019. If not applicable select Not Applicable.	\$243,029.00	
12. 2018/2019 Expenses	Applicant Response	
(Reapplicants only) Enter the total amount of funding that was expended, or is anticipated to be expended, in FY 2018/2019. If not applicable select Not Applicable.	\$324,933.61	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>13. 2018/2019 Remaining</p> <p>(Reapplicants only) Subtract the Total Expenses from the Total Award to determine the amount remaining from FY 2018/2019. If not applicable select Not Applicable.</p>	<p>Applicant Response</p> <p>Not Applicable</p>	
<p>14. 2019/2020 Award</p> <p>(Reapplicants only) Enter the amount of funding that was awarded in FY 2019/2020. If not applicable select Not Applicable.</p>	<p>Applicant Response</p> <p>\$449,334.00</p>	
<p>15. 2019/2020 Expenses</p> <p>(Reapplicants only) Enter the total amount of funding that was expended, or is anticipated to be expended, in FY 2019/2020. If not applicable select Not Applicable.</p>	<p>Applicant Response</p> <p>\$141,985.65</p>	
<p>16. 2019/2020 Remaining</p> <p>(Reapplicants only) Subtract the Total Expenses from the Total Award to determine the amount remaining from FY 2019/2020. If not applicable select Not Applicable.</p>	<p>Applicant Response</p> <p>\$307,348.35</p>	<p>1</p>
<p>17. Total Awarded</p> <p>(Reapplicants only) Combine the amounts included in FY 2016/2017, FY 2017/2018, FY 2018/2019, and FY 2019/2020 for the total amount awarded for the project. If not applicable select Not Applicable.</p>	<p>Applicant Response</p> <p>\$933,415.00</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
18. Initial Proposed Number of People Served (Reapplications Only) Include the initial number of people projected to be served. If not applicable select Not Applicable.	Applicant Response 8100	
19. Actual Number of People Served (Reapplications Only) Include the actual number of people served. Explain why this number is different from the projected impact number. If not applicable select Not Applicable.	Applicant Response When we initially applied for funding in 2017, we were awarded 24 months of funding and our goal was to serve 5000 people, using the calculation that every individual served by the Parent Navigators has approximately 3 family members that would also be impacted. During our first 24 months of funding (FY 2017/18 and 2018/2019), we provided direct assistance to 1,772 individuals, thus estimated that we impacted 5,316 individuals. When we applied for and received an additional 12 months of funding in FY 2019/2020, we estimated that we would impact 3100 people using the calculation of serving 1036 individuals directly, impacting 3100 people including family members, and thus 8100 people, across 3 project years. Our FY 2019/2020 project started 4/1/2020, at the beginning of the COVID-19 crisis, and despite this we have directly served 712 individuals as this time, impacting 2136 people including family members. Total impacted at this time is 7,452, thus we are well on our way of meeting our goal of impacting 8100 people.	
20. Regional Centers in Catchment Area (Reapplications Only) List all Regional Centers in the project catchment areas that the project has served. If not applicable select Not Applicable.	Applicant Response South Central Los Angeles Regional Center (SCLARC): 37% of those served Lanterman Regional Center: 28.4% of those served North Los Angeles County Regional Center (NLACRC): 14.2% of those served Eastern Los Angeles Regional Center (ELARC): 10.2% of those served Westside Regional Center: 4.2% of those served San Gabriel Pomona Regional Center: 3% of those served Harbor Regional Center: 2.4% of those served	
21. Cities Served (Reapplications Only) List the cities your project has served. If not applicable select Not Applicable.	Applicant Response n/a (we serve all cities in Los Angeles County)	
22. Counties Served (Reapplications Only) List the counties your project has served. If not applicable select Not Applicable.	Applicant Response Los Angeles County	
23. City of Los Angeles	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>(Reapplications Only) If your project has served the City of Los Angeles, list the zip code(s) and/or community(ies) your project has served. If not applicable select Not Applicable.</p>	<p>90001-90003, 90007, 90008, 90011, 90016, 90018, 90037, 90043, 90044, 90047, 90058, 90059, 90061, 90062, 90201, 90220-90224, 90240-90242, 90255, 90262, 90270, 90723, 90280</p> <p>90004-90006, 90010, 90012-90015, 90017, 90019-90021, 90026, 90027-90029, 90036, 90038, 90039, 90041, 90046, 90048, 90051, 90053-90055, 90057, 90060, 90068-90072, 91011, 91020, 91023, 91046, 91101-91106, 91109, 91201-91210, 91214, 91501-91506</p> <p>90022, 90023, 90031-90033, 90040-90042, 90050, 90063, 90065, 90601-90609, 90631, 90638, 90640, 90660, 90670, 91030, 91031, 91107, 91108, 91770, 91754-91756, 91778, 91780, 91800-91803</p> <p>90290, 91040, 91042, 91301-91307, 91310, 91316, 91320, 91321, 91324-91326, 91330, 91331, 91335, 91340, 91341-91345, 91350, 91352, 91355, 91356, 91359-91362, 91364, 91367, 91401-91413, 91423, 91601-91609, 93020-93022, 93062, 93065, 93243, 93510, 93532, 93534-93536, 93539, 93543, 93550, 93551, 93553, 93555, 93563</p> <p>90254, 90266, 90274, 90277, 90501-90510, 90650, 90701, 90704, 90706, 90710, 90712-90717, 90731-90733, 90744-90747, 90801-90810, 90813-90815, 90822, 90840</p> <p>91001, 91002, 91006, 91010, 91016, 91024, 91104, 91107, 91702, 91706, 91711, 91722-91724, 91731-91734, 91740, 91744-91750, 91765-91769, 91773, 91780, 91789, 91790-91793</p> <p>90003, 90008, 90024, 90025, 90034, 90035, 90044, 90045, 90047, 90049, 90056, 90064, 90066, 90067, 90210-90212, 90230, 90245, 90247-90250, 90260, 90265, 90272, 90278, 90291, 90301-90305, 90401-90405</p>	
24. Activities to Date	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>(Reapplications Only) Provide a detailed explanation of project activities to date. Include what the project has accomplished to date. From the start of the project to the date of reapplication, what are the key accomplishments? Have all activities been completed? If no, why not? If not applicable select Not Applicable.</p>	<p>Our Parent Navigators are parents themselves of individuals with disabilities, are bicultural and bilingual, and are experts in service navigation based on their professional and lived experience. The Parent Navigators are integrated into our general pediatrics clinic, and have provided direct service to individuals and their families needing assistance with initial referral to the Regional Center as well as with additional Regional Center services and/or generic services for individuals with developmental disabilities.</p> <p>Our Parent Navigators assist families directly by guiding them through the application process to the Regional Center. This includes assisting families with making phone calls, filling out applications and helping send them in, helping them gather necessary documents for referrals or obtaining these directly from the primary pediatrician, and, perhaps most importantly, providing parents reassurance about the process and encouraging families to follow-through. They work to assess and address barriers that families face in obtaining services for their children with developmental disabilities, including assessing for basic needs such as food and housing, before families are willing or able to apply for Regional Center services.</p> <p>Our Parent Navigators have assisted a total of 2,484 individuals with referrals to the Regional Center or with obtaining needed services. They have facilitated 716 new referrals for Early Start, 465 referrals for Lanterman Act Services, and assisted an additional 654 individuals with obtaining additional Regional Center services (see next section for detailed outcome descriptions).</p> <p>In addition, in FY 2019/20, we began conducting calls with families of young adults of transition age (18-21 years). Through these calls we assisted families with issues regarding conservatorship/limited conservatorship, provided counseling regarding connection to the Department of Rehabilitation, counseled on the importance of obtaining bank accounts for the individuals as well as encouraging them to obtain a CalAble account, and discussed additional resources through SSI including food stamps and eligibility for additional hours through IHSS. We also discussed the concept of self-determination with families, and ensured connection to the service coordinator, emphasizing how important Regional Center services are as a young adult leaves the public school system.</p> <p>We conducted a total of 84 of these comprehensive transition calls with families.</p> <p>We also began to hold formal training sessions with Regional Center consumers and families. To date, we have conducted 2 training sessions with 15 total participants. We have an upcoming training session scheduled with all providers in our division and our pediatric residents as well.</p> <p>We have a continued need to conduct follow-up calls with families and continue to provide additional services and supports. Our Parent Navigators continue to meet a high demand for their services, by families and physicians in our clinic. Thus, they can continue their activities of providing direct services to families and supporting physicians, as long as funding continues. In the midst of the COVID-19 crisis, our Parent Navigators have continued to receive approximately 100 new referrals of families needing assistance per month.</p> <p>Due to being focused on providing direct services during the COVID-19 crisis, we have not yet met our goal of providing training to 100 parents. However, we have become more comfortable with the virtual training format and anticipate being able to improve this</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>25. Project Impact & Outcome</p> <p>(Reapplications Only) Provide a detailed explanation of project impacts and outcomes to date. Attach data (summary of pre-tests and post-tests), participant success stories to demonstrate project outcomes and impacts. Provide outcomes of your project's impact in serving the target communities. Using your attached data, provide a brief statement of key findings. If not applicable select Not Applicable.</p>	<p>Applicant Response</p> <p>Our project, through our Parent Navigators, has accomplished the following outcomes:</p> <p>In total, we have served 2484 individuals, impacting 7452 people</p> <p>Facilitated 716 referrals to Early Start (483 in FY 2017/18 and 2018/19, 233 in FY 2019/20 from 4/1/20 - 11/23/20)</p> <p>At this time, we have verified that 414 of those who were referred were evaluated for services (295 in FY 2017/18 and 2018/19, 119 in FY 2019/20 from 4/1/20 - 11/23/20).</p> <p>Of those, 374 (90.3%) were found eligible (283 in FY 2017/18 and 2019/20 and 91 in FY 2019/20)</p> <p>Facilitated 465 new referrals to Lanterman Act Services (375 in FY 2017/18 and 2018/19 and 90 in FY 2019/20 from 4/1/20 - 11/23/20)</p> <p>At this time, we have verified that 145 were evaluated (123 in FY 2017/18 and 2018/19, 22 in FY 2019/20), and 92 were found eligible (63.4% of those evaluated)</p> <p>Assisted an additional 654 individuals obtain additional Regional Center services (485 in FY 2017/18 and 2018/19 and 169 in FY 2019/20 from 4/1/20 - 11/23/20). Services included respite hours, adaptive skills, ABA through fee-for-service Medical, social skills, transportation services, and speech therapy.</p> <p>In FY 2019/2020:</p> <p>99 received Respite through RC</p> <p>33 received Adaptive Skills</p> <p>23 received ABA through straight Medi-Cal</p> <p>129 received Other RC Therapies such as social skills, transportation services, community integration, and speech therapy.</p> <p>Demographic information: Overall, 85% of those served were Latino/Hispanic.</p> <p>We began tracking more detailed information regarding ethnicities in FY 2019/20, and of 712 individuals served, 558 were Hispanic, 14 were African American, 3 were Armenian, 3 were Chinese, 1 was Filipino, 1 was Russian, 2 were White, 5 were other.</p> <p>In FY 2019/20, we tracked details with assistance with generic services in more detail. We assisted 222 families with generic services. We assisted 23 individuals with obtaining ABA through their health plan, 75 individuals received assistance with IHSS, 58 individuals received assistance with SSI, 119 individuals received assistance with their IEP, 66 individuals received assistance with transition, 71 individuals received assistance with conservatorship, 35 received assistance with housing, 47 received assistance with Food, 39 received legal Resources, 147 received other generic Services such as immigration services and other supplies including PPE.</p> <p>In addition, this year we have provided trainings to 15 families/consumers/professionals. Please see attached data for details regarding pre- and post-surveys, including statistical significance. Overall, the average knowledge scores on the pre-test questions on a scale of 1-5 was 2.365 and post-test scores was 4.13.</p> <p>In FY 2019/20 we also started collecting families' Satisfaction Ratings. Families rated their satisfaction with Generic and Regional Center Services. Please see attached data for details regarding pre- and post-surveys, including statistical significance.</p> <p>On a scale of 1-5, the average satisfaction scores for Generic Services on the pre-test was 2.051 from 216 responses and average post-test score was 3.655 from 55 responses.</p> <p>On a scale of 1-5, the average satisfaction scores for Regional Center Services on the pre-test was 1.98 from 124 responses and average post-test score was 4.17 from 24 responses.</p>	<p>4</p>

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
	<p>Please see attached summary of data from surveys regarding physician satisfaction with the Parent Navigators.</p> <p>Please see attached success stories.</p> <p>In addition, we would like to disseminate results of our project to further its impact. We had the opportunity to present a poster about the Parent Navigator Project at the American Academy of Pediatrics National Conference and Exhibition (which was held virtually) in October 2020 and will be conducting a virtual platform presentation at the Association for University Centers for Disabilities (AUCD) annual international conference December 7, 2020. We are planning on conducting a formal qualitative study regarding parent's experiences with the Parent Navigators. The CHLA IRB has approved the study, we currently awaiting approval from AltaMed.</p>	
26. Project Objectives	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>(Reapplications Only) 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. Provide a brief description of the key lessons learned from your current project, if any. What were some of the challenges that prevented your project from meeting your objectives/measures? What are some strategies your organization plans to implement to address challenges, if any? If not applicable select Not Applicable.</p>	<p>Objective 1 (FY 2019/20): 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:</p> <p>Facilitate 500 new referrals to Early Start: currently we have facilitated 233 referrals to Early Start, we currently have 4 months remaining in this grant period thus will approach meeting this goal; however, the potential to continue generating new Early Start referrals will remain, including the potential to expand to additional clinics and parts of the hospital, to generate more new needed referrals to Early Start services</p> <p>Facilitate 400 new referrals to Lanterman Act Services: currently we have facilitated 91 new referrals to Lanterman Act Services. The COVID-19 crisis and patients not seeking their regular medical care may have lead to a reduction in this number; however, we have the potential to continue generating referrals over the next 4 months of our currently funded project, as well as to expand to other clinics and parts of the hospital which will allow us to generate more new referrals to Lanterman Act Services</p> <p>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): We have assisted 169 Existing Regional Center clients obtain additional regional center services during our current round of funding and have the potential to continue this work over the next 4 months, and beyond, if funding is continued</p> <p>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): At this point in our current round of funding, we have assisted 222 families with generic services: including ABA, IHSS, SSI, transition, housing, food, legal resources, and supplies including COVID-19 aid. We anticipate that we can possibly meet this goal in coming months, and beyond, if funding is continued as the current needs in our community is high</p> <p>Objective 2 (FY2019/20): 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. At this time, we have held 2 trainings on the Regional Center system with a total of 15 attendees. Our Parent Navigators have been focusing on providing direct services to parents during the COVID-19 crisis, and we were not able to hire a 3rd parent navigator for the first 4 months of our project due to a hiring freeze related to COVID-19, thus we were late to start our trainings. We have now become familiar with the process of holding virtual training sessions and feel we will be able to offer more sessions, in both English and Spanish, in the coming months, in order to reach more parents and approach our goal of training 100 parents.</p> <p>Objective 3 (FY 2019/20): 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. We will be presenting to physicians in our division 12/2/2020 which will likely include 20 physicians; in addition, we have a session scheduled to educate our resident physicians schedule on 12/21/2020 which has the potential of reaching 90 physicians in training.</p> <p>The two main challenges that have prevented our project from meeting its goals at this time was the COVID-19 crisis, during which many patients did not access routine care through their pediatrician due to fear of COVID-19. This negatively impacted our ability to identify the families that need assistance with referrals to the Regional Center and additional services. It is interesting to note that we helped a great number of families with generic services during this time, perhaps reflecting families' needs during the crisis. In addition, CHLA had a hiring freeze due to COVID, thus we could not hire our 3rd parent navigator until Sept 2020; this delay negatively impacted our ability to begin training sessions as our 2 parents navigators had to prioritize providing direct services during this time. Currently, families have begun accessing care as they were previously, thus we will likely be able to reach more families in the coming months. In addition, we have received requests from other clinics in the hospital, as well other AltaMed clinics, and have the potential to expand our work to additional pediatric clinics in the community, if funding is continued.</p>	
27. Project Transition	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
(Reapplications Only) If awarded, how will your current project transition into the 2020/21 proposed project? How does your proposed project complement your current project? Does your proposed project expand or continue your current project, if so how? What activities, measures, or target groups are being added? Provide a summary of the differences and reasons why you are proposing the change. If not applicable, select Not Applicable.	Our current project would transition quite easily into the 2020/21 proposed project. We would be able to keep our current 3 Parent Navigators on staff and begin the process of hiring a 4 th , which would allow us to expand our work into other clinics within CHLA (such as specialty and mental health clinics), as well as to other primary care clinics in Los Angeles. We would like to recruit our 4th Parent Navigator from the African American community to expand our project's reach into additional underserved communities in order to further promote equity. In addition, currently at CHLA, there is work to begin a promotora program to assist families being seen in specialty clinics with connection to community-based resources; however, there is not a focus on developmental disabilities. Thus, our Parent Navigators could provide training to the CHLA promotoras as well as direct services when needed to patients referred by them when needed. Regarding specialty clinics at CHLA, we have a High-Risk Infant Follow-up Program which generates many Early Start referrals, but families face many barriers completing the application and evaluation process, thus, we have the potential to integrate our Parent Navigators into that setting. In addition, CHLA has a large mental health contract with the Los Angeles County, which specializes in mental health needs among children with developmental disabilities. Thus, our Parent Navigators could provide service linkage through this program as well. With an additional Parent Navigator, we would be able to further focus on developing the curriculum and planning our family and provider trainings as well. The need for service access and linkage in our underserved community is high, and the possibilities for expansion of this work are great.	

General Application

Proposal Summary

1. Individuals Impacted	Applicant Response	
Enter the projected number of individuals impacted.	3750	
2. People Served	Applicant Response	
What is proposed number of people projected to be served?	1250	
3. Duration of project	Applicant Response	
What is the duration of the project? Enter Start & End Dates.	Start Date: 04/01/2021, End Date: 03/30/2022	
4. Duration of project (months)	Applicant Response	
What is the total duration of project in months?	12	
5. Regional Centers	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
List all Regional Centers in the project catchment areas.	South Central Los Angeles Regional Center (SCLARC): 37% of those served Lanterman Regional Center: 28.4% of those served North Los Angeles Regional Center (NLARC): 14.2% of those served Eastern Los Angeles Regional Center (ELARC): 10.2% of those served Westside Regional Center: 4.2% of those served San Gabriel Pomona Regional Center: 3% of those served Harbor Regional Center: 2.4% of those served	
6. Cities Served	Applicant Response	
List the city or cities your project proposes to serve.	All cities in Los Angeles	
7. Counties Served	Applicant Response	
List the county or counties your project proposes to serve.	Los Angeles County	
8. City of Los Angeles	Applicant Response	
If your project proposes to serve the City of Los Angeles, list the zip codes and/or communities your project will serve.	90001-90003, 90007, 90008, 90011, 90016, 90018, 90037, 90043, 90044, 90047, 90058, 90059, 90061, 90062, 90201, 90220-90224, 90240-90242, 90255, 90262, 90270, 90723, 90280 90004-90006, 90010, 90012-90015, 90017, 90019-90021, 90026, 90027-90029, 90036, 90038, 90039, 90041, 90046, 90048, 90051, 90053-90055, 90057, 90060, 90068-90072, 91011, 91020, 91023, 91046, 91101-91106, 91109, 91201-91210, 91214, 91501-91506 90022, 90023, 90031-90033, 90040-90042, 90050, 90063, 90065, 90601-90609, 90631, 90638, 90640, 90660, 90670, 91030, 91031, 91107, 91108, 91770, 91754-91756, 91778, 91780, 91800-91803 90290, 91040, 91042, 91301-91307, 91310, 91316, 91320, 91321, 91324-91326, 91330, 91331, 91335, 91340, 91341-91345, 91350, 91352, 91355, 91356, 91359-91362, 91364, 91367, 91401-91413, 91423, 91601-91609, 93020-93022, 93062, 93065, 93243, 93510, 93532, 93534-93536, 93539, 93543, 93550, 93551, 93553, 93555, 93563 90254, 90266, 90274, 90277, 90501-90510, 90650, 90701, 90704, 90706, 90710, 90712-90717, 90731-90733, 90744-90747, 90801-90810, 90813-90815, 90822, 90840 91001, 91002, 91006, 91010, 91016, 91024, 91104, 91107, 91702, 91706, 91711, 91722-91724, 91731-91734, 91740, 91744-91750, 91765-91769, 91773, 91780, 91789, 91790-91793 90003, 90008, 90024, 90025, 90034, 90035, 90044, 90045, 90047, 90049, 90056, 90064, 90066, 90067, 90210-90212, 90230, 90245, 90247-90250, 90260, 90265, 90272, 90278, 90291, 90301-90305, 90401-90405	
9. Community Based Organizations	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
Will you be working with one or more Community Based Organization?	No	
10. Regional Center Data	Applicant Response	
If you plan to use regional center data for your project, indicate what steps you will take (or already have taken) to acquire it. For example, completing a data agreement, completing a data request, meeting with RC to discuss data availability/timelines, etc.	<p>We do not plan on using regional center data for our project.</p> <p>We will plan on using the consent form provided by DDS for Community Connector projects in order to evaluate change in POS for those served in our program.</p>	
11. First Project Type Selection	Applicant Response	
Select your first project type.	Community Connector (Example: Promotora or Navigator)	
12. Second Project Type Selection	Applicant Response	
Select your second project type (if applicable).	Parent Education (online or in person trainings, etc)	
13. Third Project Type Selection	Applicant Response	
Select your third project type (if applicable).	Workforce Capacity and Development (staff training, etc)	
14. Multiple Organizations	Applicant Response	
Does your project include partnership with one or more organizations either as a co-applicant or subcontractor? If "yes", please upload a letter of support from each organization, that includes an explanation of their role in the partnership.	No	
15. Leverage & Strategies	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>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. How will your project continue its work after the grant funding has concluded?</p>	<p>As our project has continued to demonstrate effectiveness, we have come upon more opportunities to expand and enter collaborations that are conducive to sustainability.</p> <p>During our work with South Central Los Angeles Regional Center, we have collaborated on a recently funded project through the First 5 Los Angeles Help Me Grow Program. We will be working with SCLARC and stakeholders in the community in order to build an integrated system, across institutions involved in early childhood, in order to facilitate referrals to the Regional Center.</p> <p>In addition, the Los Angeles County Department of Public Health approached us in order to help them implement a model to provide Family Partners/Parent Navigators in additional community clinics in Los Angeles. These clinics serve patients who were effected by lead contamination due to a battery recycling plant.</p> <p>Moreover, CHLA is working on bringing promotoras to their sub-specialty clinics that help link patients to community-based resources. In the planning and implementation process, they will rely on our project's expertise, in terms of linkages to resources for individuals with developmental disabilities. We have also received additional requests to assist families being seen in sub-specialty clinics in CHLA (such as the High-Risk Infant Follow-up Clinic, neurology and genetics), as well as in our large behavioral and mental health program, which currently are not able to help families access services adequately. The possibilities to expand the Parent Navigator model into additional communities in Los Angeles and within our own institution are vast.</p> <p>However, the promotora/Patient/Parent Navigator model cannot continue to serve families in the long run relying on grant funding alone. We would like to use our program's continued effectiveness as a model to make the case toward insurance companies that Patient/Family navigation should be a reimbursable service. We have recently begun integrating our Parent Navigators into the Patient Centered Medical Home Program in AltaMed, which provides nurse case managers for the most medically complex patients and assists patients with transition from pediatric to adult medical care. Our Parent Navigators have participated in these transition visits in order to assist families with services and supports for individuals at transition age including SSI, IHSS, conservatorships, other legal issues, financial issues including encouraging opening a CalAble account, options for supports to access higher education, and encouraging individuals to work with the Department of Rehabilitation for employment options and discussing self-determination. These visits, in collaboration with nurse case managers and primary care physicians, are potentially reimbursable as collaborative care. In addition, because our Parent Navigators are so effective, not only in terms of linking families to the Regional Center and their service coordinators, but to generic services as well, perhaps the Parent/Patient/Family Navigator/promotora model could be considered as a potential standard service through Regional Centers. The Navigators/promotoras, who work to address barriers families face to obtaining services, could potentially off-load work of service coordinators and increase access to generic services, thereby leading to cost-savings for Regional Centers in the long run.</p> <p>We hope that our project continues to be funded, so that we can continue to advocate that such an effective model can be a cost-effective and reimbursable service, in order to impact a greater number of individuals beyond the limits of grant funding.</p>	

Target APPLICANT	APPLICANT RESPONSE	ATTACHMENTS
1. Target Groups	Applicant Response	
Served Select all groups the project will serve. If you select "Pacific Islander" or "Other" use comment section to list all groups.	Hispanic , African American , Chinese , Filipino , Indian , Japanese , Korean , Vietnamese , Other (list)	
Applicant Comment	Other: Middle Eastern, Russian, Armenian	
2. Number of Target Group Served	Applicant Response	
For each target group selected in previous question, list number served.	African American: 100 Chinese: 10 Filipino: 10 Hispanic: 1050 Indian: 10 Japanese: 10 Korean: 10 Vietnamese: 10 Other: Middle Eastern, Russian, Armenian: 40	
3. Languages	Applicant Response	
Select all Languages the project will serve. If you select "Other" please list all languages.	Cantonese , Indian , Japanese , Korean , Mandarin , Russian , Spanish , Tagalog , Vietnamese , Other (list)	
Applicant Comment	Arabic, Farsi, Armenian	
4. Age Groups Served	Applicant Response	
Select all Age Groups the project will serve. If you select "Other" please list groups.	Birth up to Three (Early Start) , Three to 21	
Applicant Comment		
Project Application		
Project Application		
1. Project Summary	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>Provide a clear and concise project summary that includes a defined target population, catchment area, and project design. Specifically describe what your project will accomplish and how it will benefit the community served.</p>	<p>Our project proposes to provide 4 Parent Navigators in pediatric clinics in underserved areas in Los Angeles in order to work on-on-one with families to facilitate new referrals to the Regional Center (including to Early Start and Lanterman Act Services) as well as to assist families with obtaining additional needed services through the Regional Center or through generic resources for individuals with developmental disabilities. Our target population is underserved families in low-income areas of Los Angeles county. Based on the demographics of our current clinic, the majority (approximately 85%) of the population we serve are of Hispanic ethnicity and 50% are Spanish speaking, however, we will strive to conduct greater outreach to the African American population and continue to serve a diverse group of individuals including of Chinese, Japanese, Filipino, Korean, Vietnamese, Indian, Russian, Middle Eastern, and Armenian ethnicities. Our current 3 Parent Navigators are all bilingual (English and Spanish speaking), and bicultural. We would like to add a 4th Parent Navigator to our team and recruit from the African American community in order to expand the reach of our program and further improve equity in our community.</p> <p>We plan to assist 1250 individuals with linkage to the Regional Center (Early Start and Lanterman Act Services) and/or with obtaining additional services for individuals with developmental disabilities (both generic services and through the Regional Center). Given that each individual has on average 3 family members, our project has the potential to impact 3,750 people over the next 12-month project period.</p> <p>Our Parent Navigators will help families access technology needed to access services, such as assist with obtaining internet access and email addresses. We will continue to provide intensive assistance to families with young adults transitioning from pediatric to adult care and provide counseling about supported decision making, self-determination, resources for vocational training, financial resources include CalAble, and generic resources such as SSI and IHSS.</p> <p>In addition, we will conduct parent and consumer trainings on topics including Regional Center overview, services for young adults at transition age, IEPs, how to prepare for IPP meetings, trainings on generic services such as IHSS and SSI, and parenting and mental health support.</p> <p>We will continue to include Workforce development in our activities by providing training to pediatricians, family-practice physicians, pediatric residents and family practice residents, nurses, and social workers about service access for individuals with developmental disabilities.</p>	
<p>2. Organization Experience</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS										
<p>What experience does the organization/group have working with the target population?</p>	<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 specialty mental health clinic that serves individuals with a dual diagnosis of a mental health condition and DD, as well as 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 2.5 years, through the DDS POS Disparity Funds Program, we have been able to hire initially two full-time Parent Navigators and now three, 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. To date, Parent Navigators have assisted 2,484 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. 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> <p>Given our current project's demonstrated effectiveness and our experience with working with our target population, we have been approached by the Los Angeles County Department of Public Health to help implement a similar program in additional clinics in Los Angeles. We have also been asked to provide guidance for promotora program that the larger CHLA organization is planning. Given that there is further interest in our program and requests to help implement similar models elsewhere, we have opportunities to expand our work further to assist an even greater of underserved individuals with developmental disabilities.</p>											
<p>3. Underserved Target Populations</p> <p>Explain how the target population(s) are underserved using RC POS data or other data as supporting evidence of the disparity.</p>	<p>Applicant Response</p> <p>Individual Regional Center POS Data for 2019-2020 is not yet available on their respective Websites.</p> <p>RC POS Data, 2018-2019</p> <p>Total Per Capita Expenditures By Ethnicity, Ages Birth-2 years, Inclusive</p> <table border="1" data-bbox="423 1728 1299 1917"> <thead> <tr> <th>Regional Center</th> <th>White</th> <th>Hispanic</th> <th>Black/African American</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>SCLARC</td> <td>\$5,643</td> <td>\$5,264</td> <td>\$4,110</td> <td>Disparity in spending on White in comparison to Hispanic or Black/AA consumers</td> </tr> </tbody> </table>	Regional Center	White	Hispanic	Black/African American	Comments	SCLARC	\$5,643	\$5,264	\$4,110	Disparity in spending on White in comparison to Hispanic or Black/AA consumers	
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APPLICANT QUESTION	FDLRC	\$6,849	\$6,336 APPLICANT RESPONSE	\$5,777	Disparity in spending on White in comparison to Hispanic or Black/AA consumers	ATTACHMENTS																									
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	NLACRC	\$6,354	\$5,416	\$5,282	Disparity in spending on White in comparison to Hispanic or Black/AA consumers																										
	ELARC	\$5,291	\$4,409	\$3,972	Disparity in spending on White in comparison to Hispanic or Black/AA consumers																										
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<p>As seen in the tables above, when evaluating POS data for the 4 primary Regional Centers that our project serves, in the zero to 2 years of age, inclusive spending on White consumers is higher than that for Hispanic or Black/African American consumers in all 4 Regional Centers.</p> <p>The disparity is most pronounced in the 3-21 years, inclusive age range between White and Hispanic consumers in all centers (with maximum disparity being spending per</p>																															

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
	<p>capita in White consumers as 3 times higher than Hispanic consumers), as well as a disparity between per capita spending of White vs Black/AA consumers in 2 of the centers.</p> <p>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 (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.</p> <p>Our project primarily serves individuals from Los Angeles County Service Planning Areas (SPAs) 4 and 6. SPA 4 represents the Metropolitan Los Angeles area and SPA 6 represents the South Los Angeles area. These SPAs are underserved according to the following data, adapted from the 2019 California Health Interview Survey, indicating a large number of children living in poverty.</p> <p>SPA 4: METROPOLITAN LOS ANGELES</p> <p>The Population's Ethnicity Breakdown</p> <p>50.3% Latino (579,000 individuals)</p> <p>25.2% White (290,000 individuals)</p> <p>6.6% African American (76,000 individuals)</p> <p>15.7% Asian (181,000 individuals)</p> <p>1.7% Two or More race (non-latino) (19,000 individuals)</p> <p>The Population's Poverty Breakdown</p> <p>19.6% are 0-99% of FPL (223,000 individuals)</p> <p>25.5% are 100-199% FPL (294,000 individuals)</p> <p>11.2% are 200-299% FPL (129,000 individuals)</p> <p>43.9% are 300% FPL and above (506,000 individuals)</p> <p>The Number of Children</p> <p>Children 0-4 yrs are 8% of total population (93,000)</p> <p>Children 5-11 yrs are 7.2% of total population (83,000)</p> <p>Adolescents 12-14 yrs are 2% of total population (24,000)</p> <p>Adolescents 15-17 yrs are 0.7% of total population (8,000)</p> <p>Total Number of Children living at 0-199% of FPL: 101,000</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
	<p>SPA 6: SOUTH LOS ANGELES</p> <p>The Population's Ethnicity Breakdown</p> <p>75.4% Latino (426,000 individuals)</p> <p>1.8% White (10,000 individuals)</p> <p>17.4% African American (99,000 individuals)</p> <p>1.4% Asian (8,000 individuals)</p> <p>3.2% Two or More race (non-Latino) (18,000 individuals)</p> <p>The Population's Poverty Breakdown</p> <p>34% are 0-99% of FPL (346,000 individuals)</p> <p>21.5% are 100-199% FPL (219,000 individuals)</p> <p>14.4% are 200-299% FPL (147,000 individuals)</p> <p>30.1% are 300% FPL and above (307,000 individuals)</p> <p>The Number of Children</p> <p>Children 0-4 yrs are 7.7% of total population (78,000)</p> <p>Children 5-11 yrs are 15.9% of total population (162,000)</p> <p>Adolescents 12-14 yrs are 2.7% of total population (28,000)</p> <p>Adolescents 15-17 yrs are 2% of total population (20,000)</p> <p>Total Number of Children living at 0-199% of FPL: 161,000</p> <p>References: Moore C, Zamora I, Patel Gera M, Williams M. Developmental screening and referrals: Assessing the influence of provider specialty, training, and interagency communication. <i>Clinical Pediatrics</i> 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. <i>Academic Pediatrics</i> 2012;12:551-557</p>	
4. Input from Community	Applicant Response	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>How did your organization use input from the community and/or target population to design the project? What methods did your organization use to allow the community to advise you in designing the project? Were there any changes to your project design as a result of community input?</p>	<p>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. Traditionally in our pediatric practice, we 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, so that a family can easily be walked over for assistance, to help with connection to the RC as soon as a delay or potentially eligible diagnosis was detected in clinic.</p> <p>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. This committee has helped guide our project activities and helped plan our expansions. This committee has also advised us on additional resources we can be disseminating to families, such as trainings and workshops currently being conducted by RCs or Family Resource Centers. Discussions in our Parent and Peer Advisory Committee was what led to us adding trainings to our project activities. We have discussed and obtained input on project activities from the primary Regional Centers that we serve.</p>	
<p>5. Improve Access</p> <p>How will your project improve equity, access and reduce barriers to services for individuals with intellectual and developmental disabilities and their families and is sustainable?</p>	<p>Applicant Response</p> <p>In order to achieve equity in our community, we must acknowledge that, due to the multitude of barriers that families face in terms of poverty, toxic stress, racial discrimination, and often lack of literacy and/or access to technology, families may need substantial assistance in order to access needed services. The Parent Navigator model was designed based on patient navigation models in the medical field, particularly in cancer screening and access to care, that provided families with an individual from their community, who speaks their language, to effectively and directly address the barriers that families face in service access.</p> <p>The Parent Navigators assess the degree to which a family needs assistance, and then provides this assistance. If a family is skeptical of the Regional Center system or does not wish to seek services for their child with a developmental concern, the Parent Navigators are able to attest to their own experiences with having a child with developmental disabilities, thereby improving trust and the comfort level of a family facing this challenge. If a parent cannot complete an application to the Regional Center because they cannot read or write, our Parent Navigators will complete the application for them. If a family cannot access services for their child with developmental disabilities because they are facing immigration issues, legal crises, or lack of basic needs including food and housing, our Parent Navigators will help them access generic resources to meet their basic needs. If a family cannot access resources through the Regional Center or school district due to lack of having email, our Parent Navigators will walk a family through the process of creating an email account. If we have a family who does not have any issues with the basics of service access such as finding telephone numbers or completing applications, but feels that their child is not getting needed services to reach their full potential, our Parent Navigators will empower the family to advocate for needed services.</p> <p>At this time, projects such as our Parent Navigator program are primarily reliant on grant funding. However, it is possible to make the case to insurance companies that providing assistance to families to access needed services may be cost-saving in the long run, both due to better health outcomes due to better supports, and to off-loading work from physicians and social workers. This model may even be cost-saving to Regional Centers if it is implemented in such a way that it reduces workload from service coordinators, and increases access to generic services for families, therefore needing fewer purchased services through the Regional Center. We hope to continue our program, not only in order to directly impact equity in our immediate community, but to use our results and experience to advocate for integrating Patient/Parent/Family Navigator or promotora models into healthcare and delivery systems on a larger scale.</p>	
<p>6. Support RC's Recommendations</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>How does this project support the RC recommendations and plan to promote equity and reduce disparities in their catchment area? If you are a RC, how does this project support your recommendations and plan to promote equity and reduce your identified disparities? How will your project collaborate with other organizations that serve individuals with intellectual and developmental disabilities and their families?</p>	<p>In the annual POS Expenditure and Data Report from 2019, FDLRC recommended to: promote parent trainings. Our current proposal would continue to offer parent trainings by our Parent Navigators, and can we use these trainings as a venue to disseminate additional information from FDLRC.</p> <p>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.</p> <p>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 plan to collaborate with the Parent Mentors in order to further build trust among our shared patients/consumers, such as by referring parents to, and receiving referrals from, the Parent Mentors when appropriate and by resource and information sharing.</p> <p>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.</p> <p>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 the 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 continue to develop if our current request for funding is approved can be shared with pediatricians and other physicians local to SG/PRC and beyond. We can also reach out the Parent Mentors at SG/PRC to discuss potential collaboration.</p> <p>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 can collaborate with WRC, be a potential point of contact for WRC families served in our clinic, and can work to distribute informational publications as well as promote referrals to the regional center.</p> <p>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.</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>7. Project different or unique</p> <p>How is the proposed project unique or different from a currently funded grant (e.g., strategies, activities, and goals) in the proposed regional center catchment area? If the project is similar to a currently funded grant listed on the Department's website, how is the proposed project different?</p>	<p>Applicant Response</p> <p>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, NLACRC Parent Mentor Project, the SG/PRC Parent Mentor Program, and the Harbor Regional Center Parent Navigator/Promotora Program). 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.</p> <p>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 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, we have many opportunities to expand into other clinics in Los Angeles as well as in to other services in our hospital.</p> <p>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 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.</p> <p>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.</p>	
<p>8. Activities & Measures to Achieve Goal</p> <p>Clearly and specifically state how the schedule of activities and measures demonstrate the operational details and steps that the</p>	<p>Applicant Response</p> <p>Our primary project activities are providing one-on-one assistance to families of children with developmental delays or disabilities to assist them with 1) initial referral to Early Start, 2) initial referral to Lanterman Act services, 3) obtaining additional needed services through the Regional Center and 4) obtaining additional generic services. In addition, we will provide Parent/Consumer Trainings as well as Provider Trainings to increase knowledge about service access for individuals with</p>	

<p>project will take to achieve its stated goals, activities, and measures. Note: Before answering this question, applicant may want to complete the Activities Template located in the tab directly above.</p>	<p>developmental delay and disabilities. APPLICANT RESPONSE</p>	<p>ATTACHMENTS</p>
	<p>Schedule of activities: if continued funding is obtained, we will begin the process of hiring a 4th Parent Navigator and expanding into an additional clinical site, and meanwhile our current 3 Parent Navigators will continue their work of assisting families as listed above. Families that are chosen to participate in our program will be those identified by medical providers (physicians, nurses, social workers, and psychologists) as families needing assistance with service access. These providers will send referrals directly to our Parent Navigators, virtually or in-person depending on status of necessary COVID-19 safety precautions. The referrals will state if the family needs assistance with initial Regional Center referral and to Early Start or Lanterman Act Services, or with obtaining additional Regional Center or generic services.</p> <p>Upon receiving the referral, the Parent Navigators will meet with and/or contact the family and obtain the following information, which will be entered into our project's secure database:</p> <ol style="list-style-type: none"> 1) Birthdate and contact information including address of child/young adult 2) Self-reported ethnicity of family 3) Primary language of family 4) Assess if this will be a new referral to the Regional Center or of the child/young adult is an existing client 5) Mandatory questions as defined by DDS will be asked prior to the Parent Navigator providing assistance regarding family's understanding of who to contact about regional center services, their self-efficacy regarding ability to make changes for family, ease of access of services through the regional center, and sense of community with other parents with a child with a developmental disability 6) The family will be asked about current barriers to service access, and will check off all that apply: lack of communication with regional center staff, information about services and supports are not provided in an understandable way, lack of communication with service provider staff, language barrier with service provider staff, family needing to focus on meeting basic needs, lack of transportation (personal or public), not sure what services are available, not sure what to do if service denied, busy schedules, lack of child care 7) The family will be asked which generic services they currently have (behavior interventions through insurance, speech, OT, or PT through insurance, and IEP, SSI, IHSS, transportation assistance, food assistance, housing assistance, legal assistance, mental health services, post-secondary education resources, job training or internship resources) 8) If existing Regional Center consumers, the family will be asked which Regional Center services they currently have including respite, day care, social skills, behavior interventions, speech, occupational, or physical therapy, day program, employment services, independent/supported living services 9) For existing Regional Center consumers, they will be asked to consent to share their personal information to California DDS for research purposes <p>The Parent Navigators will then conduct the following activities, depending on assessed needs:</p> <ul style="list-style-type: none"> - Assist with referral to Early Start, which may include explaining to a family in detail the Early Start program and referral process, faxing referral forms, helping families complete applications (which may include helping a family obtain internet access or an email address), and/or helping families make phone calls - Assist with referral to Lanterman Act services. which will include helping 	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
	<p>gather necessary documentation (IEP, assessments or letters from physicians) and assisting families with completing applications (which may include helping a family obtain internet access or an email address), faxing applications</p> <ul style="list-style-type: none"> - If family is needing additional services through the Regional Center, the Parent Navigators will engage in discussion with the family regarding their child/young adults needs and available services, and assist the family in contacting their Service Coordinator, and/or contact the Service Coordinator directly if family experiencing significant barriers - If a family needs generic services, the Parent Navigator will assist by providing family with information about available services, as well necessary phone numbers, websites, or forms for the various services. The Parent Navigators will counsel family on process of obtaining these services and offer their availability if family runs into issues obtaining these services <p>The Parent Navigators will then call each family that was assisted above, approximately 1-3 months (depending on nature of referral and urgency of need) after assistance provided, to assess the following, and responses will be recorded in our secure database:</p> <ol style="list-style-type: none"> 1) If the referral was for Early Start, did the child receive an evaluation? Was the child found eligible for services? 2) If the referral was for Lanterman Act Services, did the child receive an evaluation? Was the child found eligible for services? 3) Mandatory questions as defined by DDS will be asked after the Parent Navigator provides assistance regarding family's understanding of who to contact about regional center services, their self-efficacy regarding ability to make changes for family, ease of access of services through the regional center, and sense of community with other parents with a child with a developmental disability; in addition, the family will be asked if the information from our project helped the parent better support their child's disabilities and needs 4) The family will be asked about current barriers to service access, and will check off all that apply: lack of communication with regional center staff, information about services and supports are not provided in an understandable way, lack of communication with service provider staff, language barrier with service provider staff, family needing to focus on meeting basic needs, lack of transportation (personal or public), not sure what services are available, not sure what to do if service denied, busy schedules, lack of child care 5) The family will be asked which generic services they now have (behavior interventions through insurance, speech, OT, or PT through insurance, and IEP, SSI, IHSS, transportation assistance, food assistance, housing assistance, legal assistance, mental health services, post-secondary education resources, job training or internship resources) 6) If existing Regional Center consumers, the family will be asked which Regional Center services they now have including respite, day care, social skills, behavior interventions, speech, occupational, or physical therapy, day program, employment services, independent/supported living services <p>Each quarter, the data as collected above will be analyzed to report on the following measures</p> <ol style="list-style-type: none"> 1. Number of individuals referred to Early Start who received an evaluation 2. Percent of individuals referred to Early Start who received an evaluation 3. Number of individuals referred to Early Start who were found eligible for services 4. Percent of individuals who were evaluated for Early Start who were found eligible for services 	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
	<p>services</p> <ol style="list-style-type: none"> 5. Number of individuals referred to Lanterman Act Services 6. Number of individuals referred to Lanterman Act Services who received an evaluation 7. Percent of individuals referred to Lanterman Act Services who received an evaluation 8. Number of individuals referred to Lanterman Act services who were found eligible 9. Percent of individuals who were evaluated for Lanterman Act services who were found eligible 10. Number of existing RC consumers who are assisted with obtaining additional RC services 11. Number of individuals who received additional generic services 12. Number of individuals reporting a decrease in barriers accessing regional center services after being assisted by the Parent Navigators 13. Increased knowledge and self-efficacy scores on surveys of individuals pre- and post-assistance by Parent Navigators (statistical tests will be used) 14. Increase in POS authorizations and expenditures for individuals assisted by the Parent Navigators <p>Simultaneously, our Parent Navigators will hold one Parent/Consumer Trainings once per month. Pre- and post- each training, a survey to assess knowledge regarding the topics that will be covered will be administered. Pre- and post-knowledge scores will then be analyzed for change and statistical significance.</p> <p>In addition, our Parent Navigators, Project Director, and Parent Specialist will provide provider trainings, at least 3 per years. Pre- and post- each training, a survey to assess knowledge regarding the topics that will be covered will be administered. Pre- and post-knowledge scores will then be analyzed for change and statistical significance.</p>	
<p>9. Measures</p> <p>Are your proposed measures appropriate to track project goals and activities, provide insight into the effectiveness of the overall design of the project and demonstrate how the impact on the community will be evaluated?</p>	<p>Applicant Response</p> <p>Yes, our proposed measures are appropriate to track project goals and activities and will align directly with those as defined by DDS for Community Connector Projects. These rigorous measures will help demonstrate the impact on the community overall. These measures will allow us to assess the number of new referrals to Early Start and Lanterman Act services, as well as the number (and percent) of those referrals that resulted in evaluations and eligibility determinations of services. As the existing literature estimates that only 20-40% of Early Start referrals result in an evaluation, our project's success can be compared to these studies. In addition, these measures will allow us to more clearly document the barriers family's face in terms of service access pre-and post-assistance by the Parent Navigators, and also allow us to demonstrate how assistance by the Parent Navigators helps increase parents self-efficacy and knowledge. In addition, we are happy to participate in the process of DDS looking at the POS data from participants in the Parent Navigator program, as this is a very important component to measure the overall impact on those served and ensure that our project is reducing Purchase of Service Disparities. The expansion of measures to look in greater detail at generic services as well will help make clear how this project not only assists with POS disparities, but with equity as we are assisting families with obtaining services in a number of ways, all so that they can better support their child/young adult with developmental disabilities and achieve better outcomes in terms of their daily life and participation in society. We will also be able to demonstrate increased knowledge about service access among not only parents, but medical providers as well. We will also plan on completing our qualitative analysis that was started in prior years to interview families served by the Parent Navigators to document common themes and assess impact from the perspective of families. If possible, we would like to publish and disseminate these results to provide a greater impact such that other communities might be able to replicate similar projects to support service access and equity.</p>	
<p>10. Budget Narrative</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>Note: Before uploading your Budget Narrative, applicants should complete the Budget Template located in the tab directly above. After you complete the Budget Template, please return to this question to upload your Budget Narrative.</p> <p>The project budget is consistent with stated projected goals and activities, and clearly and concisely explains how the proposed expenditures support the overall project design. The project budget costs are clearly associated with the project activities and goals. The project budget does not include non-allowable costs. The overall project budget is appropriate to the outcomes proposed. Please attach your Budget Narrative document. An example of a Budget Narrative can be found in Attachment C.</p>		1
Proposal Certification		
Certification		
<p>1. Applicant & Regional Center Discussion</p>	<p>Applicant Response</p>	
<p>If you are a CBO, have you discussed your proposal with the RC(s)?</p>	<p>Yes</p>	1
<p>2. Applicant Certification</p>	<p>Applicant Response</p>	

APPLICANT QUESTION	APPLICANT RESPONSE	ATTACHMENTS
<p>By submitting this application, the Applicant is certifying the truth and accuracy of the proposal. The applicant also certifies that if you have subcontracting organizations, each participating organization has reviewed your project and agrees to their assigned activities, measures, and the budget. (Select Yes or No and enter you name in the comment box.)</p>	<p>Yes</p>	
<p>Applicant Comment</p>		