



Grant Proposal to the Ann Peppers Foundation

ABOUT PCDA

PCDA serves children from birth through age 21 who have autism or other developmental challenges through a comprehensive continuum of services. By utilizing the DIR® approach (Developmental, Individual-differences, Relationship-based), PCDA builds on each child's unique interests and strengths and incorporates the family into the intervention. This research-supported approach is highly effective in helping children achieve meaningful and measurable developmental progress. (More information about our approach can be found here: <http://www.pcdatteam.org/philosophy-2/>)

The underlying goals of all PCDA programs are that children advance in their capacities to engage in warm relationships with others, expand their capacity for higher levels of shared problem solving, communicate across a range of emotional experiences, and use imaginative, logical and reflective thinking. Each child's progress is measured using individual goals at six-month intervals, and may also relate to specific skills such as social skills, speech and language, movement, or eating, within the context of overall functional abilities. Short-term goals promote developmental capacities that have an enduring impact on long-term quality of life.

WHO WE SERVE

Two-thirds of PCDA clients are boys, and one-third, girls; the majority are between 4 and 18 years old. About half of our services are provided at our clinic in Pasadena, and half are provided in clients' homes or in the community. Our clients reflect Southern California's diversity with approximately 36% of our families self-identifying as Hispanic/Latino, 18% as Asian, 21% as Caucasian, 3% as African-American, 15% as mixed or multiple ethnicities, and 7% as other.

Of self-reporting PCDA families, 23% are considered Moderate to Low Income because they report earnings that are 50-80% of the local median income. 19% of PCDA families are Very Low Income, earning only 30% of local area median income (US Census Bureau). In other words, 42% of our client families would have difficulty accessing services for their children due to cost barriers without state support through the Regional Center system. We are mindful of the well-documented disparities among families' access to services based on socio-economic status, even in government-sponsored programs, and we remain dedicated to serving Regional Center clients so that every child who needs our support can receive it.

PCDA operates a satellite location for Feeding Team interventions in downtown Los Angeles, and partners with South Central LAMP and the City of Baldwin Park Department of Recreation and Community Services to provide support and services for underserved and low-income communities where they live. We also provide consultation and training for area preschools, and we will soon resume consultation and training with local Head Start programs.

OUR IMPACT

PCDA designs and implements a variety of innovative programs and services, all using the DIR® approach. The following therapeutic programs and services are offered: Developmental Pediatrics; Building Blocks Infant Development Program (birth-3 years); Social-Emotional Development Intervention/DIRFloortime® (3-12 years); Child and Family Counseling; Occupational Therapy; Speech and Language Therapy; Augmentative and Assistive Communication; Music Therapy and Adapted Music Lessons; Adapted Art Lessons; Adapted Dance Lessons; Nutrition Counseling; Feeding Services; Social Skills Groups (3-12 years); Teen Club and Teen Buddies (13-18 years); Young Adults program (18-21 years); Special Olympics Young Athletes (2-7 years); and Sibling Saturdays.

PCDA also offers classes and workshops for parents of children with developmental challenges and trains professionals so that they can replicate our service approach in other settings, and thus help even more children. Dr. Cullinane is an active and sought after speaker and trainer in DIR® methods. Our clinical staff has presented at professional conferences locally, throughout the US, and around the world. This is an important part of our mission because it enables PCDA's unique approach to developmental interventions to benefit many more children than we can physically see in our own clinic.

In 2016, PCDA directly served 1,062 children, and 427 received multiple services. Our 2016 impact by discipline is: Creative Arts (music therapy, adapted music & art lessons, Creative Arts camp) = 142 clients served; Feeding Team and Nutrition = 151; Infant-Toddler Services = 51; Occupational Therapy = 205; Pediatrics = 11; Child & Family Counseling = 98; Social-Emotional Development Intervention (ages 3-12) = 269; Social Skills (ages 3-12) = 259; Speech-Language therapy = 148; Teen Club/Teen Buddies (ages 13-18 socialization and independent living skills) = 140; Young Adults (ages 18-21 socialization and independent living skills) = 15.

60% of the children served by PCDA have autism; the remainder have a wide variety of other developmental challenges. Some of our client families even have more than one child with disabilities. One of the exceptional attributes of PCDA is that we always work with the whole family, so we are intimately aware of the ways that having a child with special needs uniquely impacts each family unit. Parents describe to us their challenges getting and maintaining needed services, managing their family relationships, scheduling, meeting the added financial needs, and their concerns for helping their child to overcome challenges with behavior, communication and learning. Families who come to PCDA often do so because of our emphasis

on family involvement and support, and our client parents are grateful that we include them and consider the needs of the whole family when creating a plan for their child.

A child's success is very individual to them and their unique goals, and their progress is monitored individually. Developmental goals vary by the type of service a child receives -- for example, there are speech and language goals, feeding goals, social skills goals or coordination and movement goals. As each child's situation is unique, and each service has specific goals, each child has a unique individual treatment plan that includes detailed, measurable therapeutic or clinical goals. A progress report is generated by the child's clinician every six months to track their progress and goals are revised as appropriate; each child's rate of progress is unique as well.

HOW GRANT FUNDS WOULD BE USED

As an agency, our success is measured by the number of children we are able to serve. Many factors contribute to our ability to meet the need for services. There are many children who need and request services, but the limiting factors are having staff available, being able to secure funding for those children, and our ability to operate a complex organization. When all of these factors are successfully met, a child and family benefit directly from the expertise of a PCDA clinician, although they may be unaware of the ongoing training, supervision, and administrative support that make it possible.

Our goal for 2017 is to serve 1,050 children and provide onsite training to 25 or more professionals, but we can only achieve these goals to our high standards with community support. PCDA's services are largely funded through local Regional Centers and school districts that contract with us. However, the funding from these sources does not fully cover the costs of providing quality services. The rates were established many years ago and have not changed to reflect the increasing costs of doing business. PCDA must fundraise from individuals, corporations and foundations in order to meet our full budget. A grant from the Ann Peppers Foundation would underwrite essential expenses of our agency that support our clinical work and allow us to directly serve the children in our community who need us.

The outcomes we expect are that children who come to PCDA will have significant improvements in their development, specifically attributable to the help they receive at PCDA. Some children will learn to eat, some to communicate, some to have a friendship. In every case, their lives will be positively impacted in a meaningful way. They will receive excellent therapeutic and clinical services from trained and supported professionals, in a clean and well-kept clinic, and receive professional service from all their administrative interactions.

PCDA is deeply grateful for the past support of the Ann Peppers Foundation and for the opportunity to share more about our work today. We welcome members of your team to come for a tour of our facility, where you could meet our clinicians and the parents and children we work with to see the positive impact PCDA has on families' lives.