

OCRA ANNUAL REPORT
(July 1, 2021 – June 30, 2022)

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I. INTRODUCTION

Disability Rights California provides state-wide clients’ rights advocacy services for regional center consumers, under a multi-year contract with the Department of Developmental Services (DDS), through the Office of Clients’ Rights Advocacy (OCRA). The contract was renewed effective July 1, 2021, for a 2-year period ending June 30, 2023. OCRA completed the first year of this two-year contract. This annual report covers July 1, 2021, through June 30, 2022.

During the past year, OCRA resolved 8,386 issues for 5,474 consumers. This represents an increase from last year in both clients served (5,248 last year) and issues handled (8,155 last year). OCRA held 307 trainings during the last fiscal year, reaching approximately 8,228 people. OCRA also has a team of staff dedicated solely to outreach and training. This outreach team has a Peer Advocate, two Outreach Coordinators, a Supervising Attorney, and a Managing Attorney. The management and outreach teams are looking at ways to reach underserved clients and

families to provide direct service. See section II.A.4 for details on community engagement.

OCRA staff achieve positive results for clients with a variety of legal issues as shown in the statistics and Advocacy Report. OCRA clients also reported high satisfaction with OCRA services. 25% of OCRA's staff identify as people with disabilities, including people who are served by the regional centers, and many more are family members of people with disabilities. Lived experience with disability is a crucial component of providing excellent, empathetic service. See section II.D for consumer satisfaction information.

OCRA operates offices throughout the state staffed by at least one Clients' Rights Advocate (CRA) and one Assistant or Associate Clients' Rights Advocate (ACRA). Staff are physically and virtually available to area consumers and connect with stakeholders to understand the needs of the local community. OCRA also employs Statewide CRAs and ACRA's who "float" to serve clients in offices with higher caseloads, offices with vacancies, and handle community integration work. A list of staff and office locations as of June 30, 2022, is attached as Exhibit A.

All OCRA offices operate under the same core advocacy principles and standards. Staff in each office remain flexible to meet the needs of the local regional center's consumers. During non-pandemic times, some hold office hours inside regional center offices to be accessible to consumers and regional center staff at those locations. Others travel to meet with consumers, family members, or groups in remote locations. OCRA staff listen and learn about the needs of regional center client communities and strive to meet those unique needs. OCRA staff have been working in offices more during the last part of this review period. Some offices have staff physically present 5 days per week, and others are at least 2 days per week, to hold safe client meetings or gather documents. Whether staff are in offices or working remotely, they are accessible to consumers during all business hours of the week.

II. PERFORMANCE OBJECTIVES

Disability Rights California's contract with DDS requires performance objectives as established in Exhibit A, Paragraph M of the contract. Each of the specific required outcomes is discussed in the following Sections A through F. The contract does not set specific numbers for the performance outcomes.

A. Services are provided in a manner that maximizes staff and operational resources.

OCRA's tradition of serving people with developmental disabilities continues as we handled 8,386 issues for regional center consumers during the past fiscal year. OCRA served more clients with more issues than last year. OCRA had an increase in calls, likely because people could now focus on improving benefits and services rather than meeting basic food and shelter needs.

OCRA had staff vacancies this review period. Although OCRA uses statewide, often bilingual, CRAs and ACRA's when staff are out of the office, vacancies can be hard for clients and family members who trust the previous advocate. This can result in fewer calls to the office, until the new staff in the office make connections, build trust, and perform outreach. The statistics, attached as Exhibit B and discussed below, show the wide variety of issues and the many cases handled by OCRA staff. The advocacy report, attached as Exhibit C, covers January through June 2022, and tells the stories and impact of individual cases.

1) Advocacy Reports

OCRA's client outcomes are exemplified in the advocates' written stories about cases or trainings with practical value that demonstrate a good outcome, explain the law, or teach a lesson. In an effort toward brevity, the stories are just a summary to reflect a sampling of the cases that OCRA handled. A longer Advocacy Report is available upon request. OCRA summarized cases for the first half of the fiscal year in the summer and fall 2021 Advocacy Report, which OCRA submitted previously. The summaries from January 2022 through June 2022 are attached as Exhibit C. The report uses fictional first names to improve readability while maintaining confidentiality.

Advocacy stories show the extraordinary value and diversity of OCRA's work. Many cases reflect resolution of systemic problems through direct representation, involvement on committees, or the effective relationships OCRA has with regional center and other agencies. The variety of cases OCRA staff handle are typically in response to the calls the office receives from a client or someone calling on behalf of a client. Sometimes, regional center staff will tell OCRA about systemic issues they see, and OCRA staff investigate on behalf of individual clients.

During this reporting period, OCRA staff provided direct representation in a range of different problem areas such as public benefits, health care,

regional center services, community placement, and special education. OCRA staff wrote about a larger number of special education cases, likely because as students returned to school full time in person, they had trouble accessing the placement and services they needed. We highlight a special education case example here:

Fernando Obtains a Temporary 1:1 Aide and Assessments.

Fernando's mother contacted OCRA for help with Fernando's special education and related services. OCRA reviewed Fernando's recent IEPs and noted his mother's concern with behaviors at school. OCRA agreed to provide direct representation at Fernando's IEP meeting. OCRA's records review revealed that the school had not assessed Fernando for more than 5 years, although the law requires every 3 years. With OCRA's advocacy, the district immediately agreed to perform Fernando's overdue triennial assessments and took back their proposal to reduce his occupational therapy services. The district also agreed to conduct a Functional Behavior Assessment to understand Fernando's behavioral challenges and an Educationally Related Mental Health Services assessment. Last, OCRA helped to help advocate for a temporary 1:1 aide and for Fernando's mother to observe the classroom. Fernando's assessments are now underway and will provide updated information on Fernando's unique needs.

2) Analysis of Consumers Served

OCRA handled 8,386 cases from July 1, 2021 through June 30, 2022. Exhibit B contains the complete compilation of data for the fiscal year.

The data has been compiled by:

1. Age
2. County
3. Disability
4. Ethnicity
5. Race
6. Language
7. Gender
8. Gender Identity
9. Pronoun
10. Living Arrangement
11. Type of Problem (Problem Codes)
12. Service Type
13. Reason for Closing (Information and Referral service requests)

The reports included here are in non-table format, so they are accessible to individuals who use screen-readers. Although the data is still contained in grids, each row of the table is self-explanatory as read from left to right and does not require the navigational reference of a table header row for context.

The regional centers serve 13.6 percent of clients in the 0-2 age category, who are Early Start clients until they turn age 3. OCRA served less than 1 percent of clients in this age range, according to the most recent DDS Fact Book 17th Edition. Families with children this age may not yet have problems accessing regional center and generic resources, but they likely do not know about OCRA's services. OCRA will look at more ways to reach out to this population.

The percentage served by regional centers and OCRA starts to even out as clients get older. The 3-5 years age group are 7 percent of consumers served by OCRA, and 8.1 percent of regional center consumers. The largest age group OCRA serves is 22-31 years old, at 17.9 percent. Regional centers serve 16.8 percent.

For cases where gender is recorded, OCRA has traditionally served more males than females, with 66.3 percent of the consumers served being male and 32.7 percent being female in this reporting period. OCRA also captures data for gender identity and found that people who identify as nonconforming/non-binary are less than 1 percent of callers. Regional centers also serve more males than females, according to the most recent DDS Fact Book. As of January 2019, regional centers served 65.2 percent male compared to 34.8 percent female.

OCRA's statistics also include the client's disability. The options are the developmental disabilities defined by state law (autism, cerebral palsy, epilepsy, intellectual disability, or the 5th category). There is an option for "dual diagnosis" which is a person who has any disability defined by state law, plus a co-occurring mental health disability. More than half of OCRA's clients are people with autism, whether alone or dually diagnosed, at 52 percent. Per the most recent DDS Fact Book, 38.8 percent of the regional centers' clients have autism. People with autism are over-represented as OCRA clients, which reflects the difficulty clients and families have accessing appropriate services. 12 percent of OCRA clients have a dual diagnosis. This may be lower than the actual number of OCRA clients with both a developmental disability and a mental health disability. First, there is stigma associated with having a mental health disability, so people may not disclose. Second, almost half of OCRA's clients are minors. Mental

health diagnoses are often determined once people are older. It is important to track this, as OCRA serves many clients in restrictive settings or at risk of entering a restrictive setting, who often have dual diagnoses.

Statistics on the ethnicity of consumers served for the year show OCRA's continuing commitment and success in reaching traditionally underserved communities. For example, 42.2 percent of consumers served by OCRA identified as Hispanic/Latino. This is higher than the 39.4 percent of regional center consumers identified as Hispanic/Latino, according to the most recent DDS Fact Book. This is reported under "ethnicity." Some callers to OCRA do not want to state whether they are Hispanic/Latino or non-Hispanic/Latino. If a caller declines to state, they are still included in the overall numbers of clients, but not included in the Hispanic/Latino count.

Many OCRA offices have chosen the African-American or Asian community as their population to target with outreach. African-American and Asian consumer data is under the report for "race" in this annual report. 8.7 percent of consumers served by OCRA identify as African-American. This is the same as the 8.7 percent of regional center consumers, according to the Fact Book. Asian consumers make up 6.9 percent of regional center consumers, and a higher 7.6 percent of consumers served by OCRA. Some callers do not want to state their race. If a caller declines to state, they are still included in overall numbers of clients, but not included in any specific race count. OCRA also has an option for clients to identify as "two or more races," which would not capture clients in the count of each race.

OCRA continues to review the Purchase of Service (POS) Data collected by regional centers under Welfare & Institutions Code Section 4519.5 to see which communities are underserved by regional centers, even if not underserved by OCRA. Staff attended local stakeholder meetings, joined local committees, and held internal discussions to further study and impact possible changes to reduce disparities again this year.

The percentage of consumers residing in the parental or other family home remains by far the largest number of service requests for consumers served by OCRA, with 5,740 service requests showing consumers living in the family home or 68 percent of the cases handled. Regional centers have 80% of consumers living in the family home. The next largest group served is those living independently, with 1101 service requests or 13 percent with this living arrangement. This is slightly higher than last year. Almost every OCRA office had a case for an unhoused client, with two

offices having 11 each. During this period, OCRA had 64 service requests where the client was unhoused.

3) Analysis of Consumers Assisted with Moving to a Less Restrictive Living Arrangement

The law requires regional centers to tell OCRA about people who live in restrictive settings and people whose community placements are at risk of failing. This includes people who live in, or are at risk of going into, Porterville Developmental Center, Canyon Springs, an Institution for Mental Disease, and STAR units. The law requires regional centers to send OCRA comprehensive assessments and meeting notifications for clients in these restrictive settings, and clients living in Enhanced Behavioral Support Homes (EBSHs) and Community Crisis Homes (CCHs). Providers of EBSHs and CCHs must invite OCRA to Individual Behavior Support Team (IBST) meetings, and staff attend as many as possible. It is important to maintain a relationship with the administrators and staff of these homes now serving clients formerly in restrictive settings for much of their lives, especially because clients have access to fewer people during the COVID-19 pandemic. The law also requires regional centers to notify OCRA about clients whose 6500 commitments are expiring or have a hearing scheduled, clients under a 5250 or higher-level commitment, clients for whom a petition is filed for a Lanterman Petris-Short (LPS) conservatorship, and clients referred to Porterville Developmental Center.

Local and statewide CRAs handle most of these cases. OCRA also has one community integration CRA who works on these cases. Assistance or representation in cases involving restrictive settings or statutory notifications to OCRA often takes considerable time. Activities include speaking with the client about their wishes, reviewing records, attending a variety of meetings, negotiating through phone calls, drafting and filing documents for court, speaking with the client's public defender, service coordinator, family members, or home administrators about possible living arrangements and services, and attending discharge planning meetings and court dates, all to advocate for movement back to the community or for additional services to stay in the community. This has become more challenging during COVID-19 because of public health restrictions on moving to new placements. OCRA staff often educate about and advocate for the least restrictive environment.

Since most clients have moved out of developmental centers, regional centers send fewer comprehensive assessments overall. They must send assessments for clients in Porterville Developmental Center, IMDs and

MHRCs, and 4418.7 assessments when a client's community placement is at risk of failing. OCRA staff regularly review these assessments and Individual Behavior Support Plans (IBSPs) for clients who live in EBSHs and CCHs. During this review period, OCRA staff reviewed 606 assessments and IBSPs, almost doubling last year's 318. OCRA staff are committed to helping people live in the least restrictive environment, a mandate of the Lanterman Act. Reviewing assessments like these is one way to oversee this mandate.

OCRA staff attend a variety of meetings for clients in restrictive settings – Individual Program Plan meetings, Transition Planning and Review Meetings, deflection meetings, Interdisciplinary Team Meetings, special meetings, meetings with potential providers, monthly meetings for clients in state-run facilities, Individual Behavior Supports Team meetings for clients in EBSHs and CCHs, among others. During this review period, OCRA staff attended 411 meetings on behalf of clients in developmental centers, IMDs, MHRCs, or acute crisis units, or clients at risk of losing their community placements, or who had moved into EBSHs and CCHs. OCRA staff also attend court hearings for clients in restrictive settings such as when the public defender requests OCRA to present legal information about the least restrictive environment.

Some regional centers do not consistently send notifications required by law. OCRA received very few notifications about clients considered for LPS conservatorships and clients being committed to Porterville Developmental Center. OCRA created a chart for regional centers to use as a quick guide about required notifications to OCRA, and staff discuss this topic with most regional centers at quarterly or semi-annual meetings.

4) Outreach/Trainings

Outreach and Training serve two important purposes: 1) notifying people about the availability of OCRA services and 2) educating people about the law and their rights. OCRA especially targets underserved communities and strives to reach people who have never called OCRA for help. OCRA trains on many issues to a wide variety of people – consumers, family members, regional center staff and vendors, and community members. Training topics include, but are not limited to, consumers' rights, abuse and neglect issues, IHSS, Medi-Cal, regional center issues, special education, voting rights, SSI, rights in the community, alternatives to conservatorship, and self-determination.

During the last fiscal year, OCRA presented 307 outreach trainings, reaching approximately 8,228 consumers, families, service providers, regional center staff, and community members. OCRA has several Zoom accounts with large capacity to hold trainings and conferences virtually. Although most outreach events have been virtual, several have been in person, as community groups are holding events again and OCRA staff are eager to reconnect in person.

To help people from traditionally underserved communities, each OCRA office develops a target outreach plan. Each office targets at least six outreaches per year to a specific target group of people who are underrepresented in the office's catchment area. In June 2022, OCRA staff completed the first year of their two-year outreach plans for July 2021 through June 2023.

OCRA's Outreach and Management teams are looking at how to make outreach more effective to meet the needs of the developmental disability community. OCRA has heard from the community that they want more focus on direct client service and representation at hearings. This may mean fewer outreaches, but more targeted outreaches, focusing on negotiation skills and hearing preparation for the community. The time staff are not spending doing outreach can be spent on direct client representation.

OCRA creates and presents new trainings for the disability community in English, Spanish, and other languages. OCRA provides information to ethnic- and language-diverse communities by using publications from the DRC website during outreach events. DRC translates all new self-help publications posted online into the California threshold languages. Participants have commented it was nice to have guidance and materials in their language. A detailed report on outreach and training for this review period is included as Exhibit D.

B. Issues and complaints are resolved expeditiously and at the lowest level of appropriate intervention.

From July 1, 2021, through June 30, 2022, OCRA resolved 8,386 issues for consumers. Of those, all but 24 were resolved informally. This means OCRA staff took 24 cases to hearing but handled or resolved all others at a lower level. These numbers are consistent with previous years, in that 99 percent of all matters OCRA handled were resolved without resort to hearings or the court. Data showing this is attached as Exhibit E.

OCRA has also set up informal resolution systems with OCRA staff. When a consumer has an issue with their case management, their services, or another regional center problem, OCRA staff can call or email a designated person at the regional center to resolve the issue. This is also true for generic resources in some areas. For example, in Los Angeles County, legal aid advocates including OCRA staff, can call or email a designated manager in the county IHSS program. The same is true for Medi-Cal. Using these informal channels saves staff time and state and county resources, allowing everyone more time to resolve more issues.

C. Collaborative and harmonious working relationships are fostered.

OCRA staff continue to collaborate with the local regional centers, stakeholders, and community members. Examples of collaboration with regional centers include participation in:

- Regional Center Diversity Committees
- Disparity Task Force Meetings
- ECT Review Committees
- Bioethics Committees
- Behavioral Modification Review Committees
- Risk Assessment Committees

Some examples of collaboration with stakeholder and community groups include participation in:

- County Coordinating Councils
- Supported Life Training Planning Committees
- Meetings with counties about benefits, services, and appeals issues
- IHSS Statewide Advocates' Meetings
- DS Taskforce and Implementation Workgroups
- DDS Focus Groups
- UCEDD CAC
- State Hearings Division Stakeholder meetings
- The Arc of California planning committees
- El Arc de California
- Health & Wellness Committee-Forensic Task Force
- Criminal Justice Task Force
- Multi-Agency Advisory Board (MAAB)
- DDS Plain Language and Directives Workgroup
- Healthcare Task Force
- Adult Transition Task Force

- People with Disabilities and Aging Advisory Council (PWDAAC)
- San Joaquin Developmental Disability Collaborative
- Hlub Hmong Collaborative
- SSI Statewide Advocates' Meetings
- LA County Dependency Court Education Committee
- Disability Thrive Initiative Advisory Group

All office CRAs participate in their regional centers' Self-Determination Program Local Advisory Committee meetings. Many OCRA staff provide training to regional center staff and vendors on topics such as clients' rights, OCRA services, or a substantive area of the law such as Social Security benefits. This has been true during the COVID-19 pandemic, where OCRA staff have provided trainings via Zoom. OCRA staff meet regularly with regional center staff and community partners to spot trends, share experiences and expertise, and collaborate on many subjects. During this review period, meetings have continued, mostly virtually. Many regional center staff have made OCRA their primary contact if their clients have legal issues.

OCRA has found, consistent with this requirement in Disability Rights California's contract with DDS, that some of the most effective advocacy takes place because of interpersonal relationships and informal advocacy. OCRA's calls come from many sources. Staff have maintained the ability to resolve matters informally, and word of these successful negotiations often spread around the disability community.

1) Memorandums of Understanding

OCRA has established Memorandums of Understanding (MOUs) with each regional center that address individual needs, concerns, and method of operation. Generally, MOUs are updated as needed, including when the law changes. Meetings to review MOUs have been productive and positive. OCRA has very good working relationships with most regional centers. During this fiscal year, OCRA updated the MOU with these regional centers: North Los Angeles, North Bay, and San Diego. OCRA has forwarded copies of all MOUs to DDS. The status of each revised MOU is listed in Exhibit F.

2) Meeting with Association of Regional Center Agencies (ARCA)

ARCA and OCRA met during this fiscal year, including discussions around legislative and state budget issues. ARCA and OCRA also serve on committees together and keep in contact to discuss issues.

D. Consumers and families are satisfied with the services provided.

Disability Rights California recognizes the importance of consumer satisfaction. OCRA is committed to serving consumers and family members in a manner and with results that ensure consumer and family satisfaction with the services provided. Survey results show positive consumer satisfaction over the past fiscal year. Members of the OCRA management team call all responders who ask for a call, whether their responses were positive or negative. They also call all responders who gave a negative response and their contact information. OCRA takes negative responses seriously by remedying concerns or providing additional services.

1) Consumer Satisfaction Survey

OCRA measures consumer satisfaction by a survey developed jointly by staff, the former OCRA Consumer Advisory Committee, and DDS. This year, OCRA increased the number of surveys mailed out to obtain more information about consumer satisfaction. The effort was successful, more than doubling the number of surveys returned from the prior year. OCRA mailed out 5,290 surveys and received 770 back, a 15 percent return rate. OCRA provides surveys in the client's preferred language.

Of those responding to the questions, 97 percent felt they were treated well by the staff. This is slightly higher than last year. "I have ALWAYS been treated w/respect + professionalism from this agency + staff – especially from Maria Salas. It's personnel like Maria that makes your office function + helps to put clients at ease. Thank you!! Very happy w/service." 90 percent of the respondents believed their call was returned within two days, an improvement from last year's 87 percent. "Very Helpful, generous and kind and Prompt and always Returns Calls in a timely Manner. And I really appreciate the time they both took to listen and to try to Resolve." 94 percent of the respondents reported that they understood the information they received, which is higher than last year's 90 percent. "This office was so good At ExplAining the Answers to our Questions! When we didn't understand they Explained more so we could understand they went out of their wAy we Appreciated that. Thank you for your Advice And knowledge of the legal jargon we didn't understand the Q's."

94 percent of respondents felt their Clients' Rights Advocate listened to them, which is higher than last year at 92 percent. "I just want to thank with my words how human Jacqueline Miller and Maria Rojas are, they always listened and are interested in the best possible way to help "many people"."

90 percent of respondents felt they were helped with their question or problem, which is higher than last year at 85 percent. “they were phenomenal they truly helped me and saved me from Losing my ssi.” 92 percent said they would ask their Clients’ Rights Advocate for help again, which is higher than last year at 90 percent. “I have a lot of help from Aimee. I am grateful and will ask for help again next time.” See Exhibit G, which discusses these survey results in more detail.

From the survey results and the positive written comments, which are uncorrected and reflect exactly what consumers and their families wrote, most consumers are satisfied with the services OCRA has provided to them. OCRA hopes to keep satisfaction at over 90 percent, while always looking for ways to improve.

2) Cases handled in a timely manner

Consumers and families usually contact OCRA because something has gone wrong. They are losing a government benefit, losing their housing, or are facing another urgent situation. They may be worried about their rights. Even if something has not gone wrong and they just need information, OCRA staff must be responsive. OCRA’s policy is to return all calls as soon as possible, but no later than the close of the next business day. OCRA staff note in the intake record if a client has a deadline or a timeline for their legal issue, such as a deadline to file an appeal. After noting this in the intake, advocates advise clients of timelines. Staff also prioritize cases when they identify a closer deadline.

OCRA measures its performance in this area through its consumer satisfaction survey; see Exhibit G, discussed more above. Anonymous OCRA surveys show that 90 percent of all callers to OCRA received a call back within two days during the last fiscal year. This is higher than last year’s 87 percent. This question on the survey refers to the initial call to OCRA – when someone first calls for help. Once staff complete the intake with the caller, they begin working on the case. It usually takes more than two days for staff to work on the case and call the client back with an update. This may be what survey responders think about when they answer this question, rather than the initial call they made to OCRA.

E. The provision of clients' rights advocacy services is coordinated in consultation with the DDS Project Representative, stakeholder organizations, and persons with developmental disabilities and their families representing California's multicultural diversity.

During the last reporting period, DRC's Board of Directors formed a Community Engagement Committee to gather input from the community and continued to gather input during this review period. This committee continued to provide feedback to DRC and OCRA during this reporting period as well. OCRA has held focus groups to hear from different sub-communities of the developmental disability community about OCRA's focus and priorities.

The OCRA Director has also held listening sessions with OCRA staff to hear ideas on how to provide better services to clients. Staff ideas come from working directly with consumers and family members to hear what is important to them. This happens during direct service and outreach events.

Because listening has been so informative, OCRA will continue to find ways to hear from the community on how to provide high quality, efficient services with which clients are satisfied.

F. Self-advocacy training is provided for consumers and families at least twice in each fiscal year.

Welfare and Institutions Code, Section 4433(d)(5), requires that the contractor providing advocacy services for consumers of regional center services provide at least two self-advocacy trainings for consumers. Disability Rights California's contract with DDS mirrors this language. OCRA strongly believes in the importance of self-advocacy and requires each of its 21 offices to provide at least one self-advocacy training for consumers per year, far exceeding the two mandated trainings. Many offices provide more than one training per year. This fiscal year, OCRA staff provided 18 self-advocacy trainings statewide. This is lower than other years. Several offices with advocate vacancies did not do a self-advocacy training this fiscal year, so will need to connect twice next year. Many OCRA staff talk and meet with self-advocates regularly without providing formal training.

Staff may present any of the approved self-advocacy trainings. To date, OCRA has developed seven training packets for OCRA staff to use for trainings, in addition to the DDS Consumer Safety materials and the living

arrangement options materials developed by DDS. Samples of the OCRA self-advocacy trainings (in both English and Spanish), were provided separately in a binder marked OCRA Training Materials with the 2007-2008 Annual Report. Past discussions with DDS's Contract Manager concluded OCRA should not submit duplicate training packets in annual reports. As always, OCRA welcomes comments from DDS on any training packets.

OCRA must report in its Annual Report a sample of the self-advocacy training surveys. OCRA has randomly selected consumer training satisfaction evaluations to include with this Annual Report. Almost without exception, consumers are pleased with OCRA trainings. A list of Self-Advocacy Trainings held last year is in Exhibit H.

III. TITLE 17 COMPLAINTS

CCR, Title 17, Section 50540, sets forth a complaint procedure whereby a regional center consumer, or his or her authorized representative, who believes a right has been abused, punitively withheld or improperly or unreasonably denied, may file a complaint with the Clients' Rights Advocate. The Complaint process is similar to that established by Welfare & Institution Code, Section 4731. There were no Title 17 Complaints filed during the last fiscal year, as noted on Exhibit I.

IV. DENIAL OF CLIENTS' RIGHTS

CCR, Title 17, Section 50530, sets forth a procedure whereby a care provider may deny one of the basic rights of a consumer if there is a danger to self or others or a danger of property destruction caused by the actions of a consumer. The Clients' Rights Advocate must approve the denial and submit a quarterly report to DDS by the last day of each January, April, July, and October. OCRA is including the reports concurrently with the contractual date to provide OCRA's reports. If this is not acceptable to DDS, OCRA will submit duplicate reports as requested. Attached as Exhibit J is the current log of Denials of Rights from the OCRA offices.

OCRA also presented many well-received trainings on clients' rights and the denial process to new and existing residential service providers. For example, OCRA gives trainings directly to existing providers and quarterly through many regional centers' orientation programs to new providers.

V. CONSUMER GRIEVANCES

Exhibit A, Paragraph 12, of the contract between DDS and Disability Rights California requires OCRA to establish a grievance procedure and to inform all clients about the procedure. DDS has approved the grievance procedure developed by OCRA. The procedure is posted prominently in both English and Spanish at each office. The grievance procedure is also available in Arabic, Armenian, Chinese (Simplified), Farsi, Hmong, Japanese, Khmer, Korean, Laotian, Russian, Tagalog, Thai, and Vietnamese. OCRA staff offer the grievance procedure in all letters to consumers or others who contact OCRA, when an office declines to provide the requested service to that person.

During the past fiscal year, OCRA handled 8,386 matters. There were three first-level grievances, no second-level grievances, and no third-level grievance filed by consumers or family members. Attached as Exhibit K is a chart detailing the grievances filed against OCRA during this period.

VI. COLLECTION OF ATTORNEY'S FEES

OCRA does not charge consumers, their families or advocates fees for services nor does OCRA seek to recover costs from these individuals. Clients' Rights Advocates who are licensed to practice law in California, or Assistant, Associate, or unlicensed Clients' Rights Advocates, all of whom work under the supervision of an attorney, can collect attorney's fees and costs similar to those collected by private attorneys or advocates for special education cases or other cases where there are statutory attorney's fees. OCRA collects fees only in some special education cases or Writs of Mandamus. Fees and costs may be negotiated at mediation or can be received where an Administrative Law Judge has determined that the petitioner is the prevailing party. Fees are collected from the opposing party, which is normally a school district. Costs include any expenses to the Petitioner or OCRA for suing, such as filing fees or costs of expert evaluations. Neither Disability Rights California nor OCRA ever collect attorney's fees from consumers.

OCRA received no attorney's fees during this annual reporting period. See Exhibit L.

VII. RECOMMENDATIONS FOR ENHANCEMENT OF SERVICES

The contract between DDS and Disability Rights California requires that annually Disability Rights California make recommendations to DDS on

potential methods of enhancing the services that OCRA provides for regional center consumers.

The support of DDS through the years has made it possible for OCRA to effectively and efficiently serve consumers. We appreciate the positive relationships and ability to contact DDS when we have a concern about a client or facility. We enjoy serving on committees and sharing the feedback of our clients and their experiences in the system. We look forward to continued collaboration.

OCRA has engaged in a program planning process, analyzing its service delivery model and seeking input on ways to serve more clients and improve outcomes for them. That process is ongoing, and we have some preliminary recommendations.

Historically OCRA's model has been two advocates for clients of each regional center, a CRA and an ACRA. Those two advocates are experts on both the regional center – building relationships to resolve issues quickly – and on local community resources. Caseloads for our offices vary widely and depend on several variables, including size of the regional center, status of OCRA staffing, strength of local relationships, and regional center practices. Some high caseload offices may require more than two advocates in order to meet demand, which will require additional positions.

When the developmental centers were closing, we were able to add, with DDS's support, additional advocates to address the needs of people moving into new community placements. Those advocate positions have shifted into statewide roles, serving clients of all the regional centers and particularly our offices with higher caseloads or staff vacancies. However, there has been an increase in cases involving people living in restrictive settings, coming out of jail, or losing their placements and being stuck in a setting like a hospital with no placement possibilities. These cases require a lot of staff time.

Client and family demand for a higher level of service, such as direct representation, continues to increase. In order to balance caseloads and provide more direct representation, we need additional staffing. We are exploring a small pilot program for centralized intake, with initial calls for service answered by advocates not at the local office. If the program is successful in allowing other advocates more time for client work, we will seek to expand it in some areas of the state.

Another recommendation for further discussion is reducing the topics for OCRA's assistance. Our advocates are generalists and provide help on many topics. OCRA's most requested areas for help are Regional Center eligibility and services, and accessing these generic resources: Special Education, In-Home Supportive Services, Social Security, and Medi-Cal. For topics that arise less frequently, for example disability-related landlord-tenant issues, our staff require training and research in order to maintain familiarity and competency. Those activities take time away from direct service in core areas.

We look forward to discussing these recommendations with DDS to ensure we can continue to provide high quality services.

VIII. CONCLUSION

OCRA provides exceptional service to many people with developmental disabilities throughout the state. OCRA continues to blend traditional advocacy with COVID-19 pandemic twists and restrictions. OCRA looks forward to continuing to work with people with developmental disabilities and helping them access services and supports they need to live the most independent and productive lives in the least restrictive environment.