

I. INTRODUCTION

Disability Rights California provides state-wide clients' rights advocacy services for regional center consumers pursuant to a multi-year contract, HD119002, with the Department of Developmental Services (DDS) through the Office of Clients' Rights Advocacy (OCRA). The contract was renewed effective July 1, 2011, for a 5-year period ending June 30, 2016. This Annual Report is submitted pursuant to Exhibit A, Paragraph 13.O, for Fiscal Year 2013-2014.

OCRA completed another successful year of service delivery. OCRA obtained positive results for numerous clients as evidenced in the attached statistics and Advocacy Report. During the past year, OCRA resolved 9,834 issues for consumers, an increase over last year. OCRA also participated in 454 trainings last fiscal year, presenting to approximately 19,393 people.

As with past years, changes in the law resulted in an increase in the number of people living in restrictive settings contacting OCRA for assistance. We expect this to continue because of additional statutory changes expanding OCRA's responsibilities. These cases are time intensive and often require months of advocacy to successfully resolve. These cases present a wonderful opportunity to introduce consumers, many who have resided in a developmental center since childhood, to the community.

In addition to the emphasis on community living, OCRA has continued to participate in the stakeholder meetings regarding Purchase of Service (POS) data at almost every regional center. Ethnic disparities in the POS data reports continue to be striking and needs to be better understood. OCRA staff are also serving on disparity committees and working closely with some regional centers to develop innovative strategies to help better serve those from underserved communities. OCRA is also committed to ensuring that we also effectively serve all communities. We do so through a combination of outreach, education, and direct advocacy. This is also time consuming but important work.

As people with developmental disabilities and their families face the challenges of obtaining services from generic agencies and move from segregated institutions to community options, OCRA's work is even more vital. Just as vital has been our collaboration and positive working relationships with both DDS and the regional centers. With support from those agencies serving people with developmental disabilities, OCRA's efforts to help ensure the rights of people with developmental disabilities throughout the State of California continues to be successful.

To best serve consumers and families OCRA currently operates 22 offices throughout the state, most of which are staffed by one CRA and one Assistant CRA. This enables our staff to be accessible and best understand the local community. We also have Self Advocate positions for Northern and Southern California. A list of the current staff and office locations is attached as Exhibit A.

II. PERFORMANCE OBJECTIVES

Disability Rights California's contract with DDS requires performance objectives as established in Exhibit A, Page 14, 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 performance for the outcomes.

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

OCRA continues its tradition of serving a large number of people with developmental disabilities. OCRA handled 9,834 issues for regional center consumers during the fiscal year. People with developmental disabilities face challenges obtaining benefits from a variety of agencies and require assistance in many different areas of the law. OCRA successfully represented and educated people on many different legal issues. OCRA also helped to remedy systemic problems. The statistics, attached as Exhibit B, and discussed below show the wide variety of issues and the large number of cases handled by OCRA staff, as does a copy of the advocacy report, covering January through June, 2014, included as Exhibit C.

1) Advocacy Reports.

OCRA provides a wonderful service to the community and the impact of that work is best demonstrated in the cases. Each advocate regularly submits a summary of at least one case or outreach that has practical value and demonstrates a good outcome. In an effort toward brevity, the case summaries have been greatly reduced to reflect just a sampling of the types of cases that OCRA handled. A longer Advocacy Report is available upon request. The first half of the fiscal year cases were summarized in the Summer and Fall, 2013, Advocacy Report, which was previously submitted in the Semi-Annual Report. The summaries from January, 2014, through June, 2014, are compiled and attached as Exhibit C.

These advocacy examples show the extraordinary value and diversity of OCRA's work. Many of these cases reflect resolution of systemic problems through direct representation or through involvement on committees and building relationships. These cases also represent both new areas of need like getting someone out of an IMD and into his or her own apartment and constant areas of need like IEP advocacy.

A few examples of the advocacy:

High School Becomes More Accessible for T.D.

T.D. is a high school student who uses a wheelchair. For the past two years, his parents had been advocating, without much success, for his small, rural high school campus to become more physically accessible. At the recommendation of the regional center, T.D.'s mother contacted OCRA. OCRA agreed to advocate at the upcoming IEP meeting. Prior to the meeting, OCRA communicated with both the district superintendent and the SELPA director, and toured the school grounds with the facilities manager. At the IEP, the school district committed to a number of improvements. These included: the lowering of a counter in the cafeteria to allow T.D. and other students using wheelchairs to serve themselves food; the purchase of rubber and/or aluminum thresholds to provide access to the classrooms and other campus rooms; and reconstruction of the door frames to eliminate the lip. In addition, accessible seating in the gym

will be built by the beginning of the next school allowing those who use wheelchairs to be safely seated in the spectator section (currently there is no place for those who use wheelchairs to observe basketball or volleyball games). The district committed to no longer holding school pictures or conducting concessions stands on the gym stage (which is not currently accessible). A construction project will also improve the spectator section of the athletic field (which is used for football games as well as graduation ceremonies). A new spectator section will be built to provide accessible seating for those using wheelchairs and others who cannot easily climb the current stairs, with sufficient space for family and friends to sit with them. T.D. is looking forward to the next school year!

A.C. Obtains Supported Employment Services from the Department of Rehabilitation (DOR).

A.C. contacted OCRA after completing numerous employment assessments through the Department of Rehabilitation (DOR) over the course of a year, but was never offered a permanent placement with a supported employment agency. His goal was to find supported employment services and secure a job. OCRA scheduled a meeting with DOR and A.C.'s regional center and advocated for his right to supported employment services.

At the meeting OCRA discussed A.C.'s unmet needs, which made it hard for him to secure a supported employment program. A.C. did not have access to transportation services and he needed support from his mother to remember appointments. However, his mother is a monolingual Spanish speaker and only received information from his service providers in English. After the meeting DOR agreed to fund a supported employment program for A.C. and the regional center agreed to fund transportation services. Additionally, A.C.'s service providers now communicate with his mother in Spanish. A.C. has been working at his employment program for a month and he is well on his way to a job.

OCRA Secures Physical Therapy and Eye Gaze Communication Device for Student with Rare Genetic Disability.

C.R. is a student with a genetic condition which causes low core body strength and motor spasticity and seizures. C.R. spent much of the school day on the floor trying to navigate the classroom. OCRA requested an assessment to determine if C.R. was receiving appropriate occupational therapy (OT) services and if also he needed physical therapy (PT) services. OCRA requested an Independent Educational Evaluation (IEE) by a physical therapist, after disagreeing with the district's assessment finding no further OT or PT needs. The IEE assessor concluded that C.R. had the ability to be an independent walker. OCRA advocacy resulted in C.R. getting appropriate equipment, direct PT services and staff training by a PT to assist C.R. to see himself as a walker and begin walking. IEP goals were developed to increase C.R.'s ability to navigate the classroom and campus safely and more independently.

OCRA also requested an augmentative communication assessment which concluded that C.R. would not benefit from communication devices. OCRA then advocated for trial of eye gaze technology to rule out C.R.'s motor problems as impacting the results of the assessment. The school district agreed, which resulted in the purchase of eye gaze communication devices for C.R. A 1:1 aide was also secured to ride the bus with C.R. to administer medication in the event of a seizure. C.R. now has increased participation in his school day.

D.C. Moves into His Own Apartment.

D.C. was living in an Institute for Mental Disease (IMD). He had been there for about a year and really wanted to live in the community again. The public guardian's office, was D.C.'s conservator and had the power to place him into a facility or the community. OCRA attended two meetings at the IMD. OCRA advocated for D.C. to live in the least restrictive environment, which after much discussion, was his own home with Supported Living Services (SLS). The conservator was hesitant to try this option, since D.C. had always been in group homes and facilities and had never lived in his own apartment. The regional center service coordinator was supportive of

this option and found an SLS agency to provide staff to help D.C. get an apartment, live independently, and begin working. OCRA attended D.C.'s first IPP meeting at his new apartment with his service coordinator and SLS staff. D.C. has been successfully living in his new apartment with a roommate and SLS for the past six months. Katie Meyer, CRA, Luisa Delgadillo, Assistant CRA, Katherine Mottarella, Supervising CRA, Westside Regional Center.

2) Analysis of Consumers Served.

OCRA handled a total of 9,834 cases from July 1, 2013, through June 30, 2014. Included as Exhibit B is the complete compilation of data for the fiscal year.

The data has been compiled by:

1. Age
2. County
3. Disability
4. Ethnicity
5. Gender
6. Living Arrangement
7. Type of Problem (Problem Codes)
8. Service Level

The largest number of consumers served by age, 2,410, during this time period, were individuals in the 4-to-17 years-old age group. The next largest was the 23-40 age group with 1,556 people served. The ratio of males to females served also remains consistent. For those cases where gender is recorded, OCRA has traditionally served more males than females, 64 percent of the consumers served being male and 36 percent being female in this reporting period. This representation of males in the system is consistent with historical trends related to people with developmental disabilities and the continuing research into autism and other disabilities.

The percentage of consumers residing in the parental or other family home remains by far the largest number of consumers served with 6,979 consumers living in the family home or 71 percent of the cases handled. The next largest group served is those living independently,

with OCRA serving 1,385 people or 14 percent with this living arrangement. OCRA represented four consumers admitted to Fairview Developmental Center pursuant to Welfare & Institutions Code §4418.7. In an effort to effectively outreach to people in all living arrangements our Peer Advocate, Scott Barron, does regular client trainings at Canyon Springs Developmental Center and Yulahlia Hernandez, CRA, and Annie Breuer, ACRA, have provided many trainings over the past year at Sonoma Developmental Center. Our staff serving clients of Far Northern Regional Center have done numerous trainings this year in adult residential facilities to increase awareness of OCRA by adults living out of the family home.

OCRA strives to effectively serve all regional center clients across California. OCRA's statistics on the ethnicity of consumers served for the year show OCRA's continuing commitment and success in serving underserved communities. For example, 37.6% of consumers served by OCRA identified as Hispanic/Latino. This is slightly more than the 35.25% of regional center consumers identified as Hispanic/Latino (DDS Consumer Characteristics at the end of December 2013). The same is true for African American consumers who represent 9.94% of regional center consumers and represent 10.8% of consumers served by OCRA. To further this goal, OCRA staff continue to do targeted outreach, see section 4 below and carefully reviewed the Purchase of Service (POS) Data collected by regional centers under Welfare & Institutions Code § 4519.5. OCRA staff again attended most local stakeholder meetings and joined local committees to further study and impact possible changes to reduce disparities.

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

Given the changes to the law regarding notifying OCRA about people living in restrictive settings such as developmental centers, IMDs, and MHRCs, it is important to review the casework in this area. During this fiscal year, four consumers were placed at Fairview Developmental Center. OCRA directly represented the consumer in all four of these cases. This involved reviewing records, interviewing and developing a relationship with the consumer, attending meetings and court dates, and continuous advocacy for movement back to the

community. Staff also participated in IPP meetings for consumers at Sonoma Developmental Center, Fairview Developmental Center, Canyon Springs Developmental Center, IMDs such as College Hospital, and other restrictive settings.

Following the mandatory notification of OCRA regarding comprehensive assessments for people residing in IMDs and MHRCs, OCRA has been involved in fifty-nine (59) cases. OCRA learned of cases through a variety of sources. We expect the notifications to increase in light of recent clarifications to the law. OCRA staff continue to meet with their regional centers to develop a protocol for notification regarding these cases and cases related to people in developmental centers. For the cases where OCRA provided direct representation staff spent considerable time advocating for less restrictive options. In many cases, OCRA provided counsel and advice to consumers, family members, and public defenders. In both the developmental center and IMD cases, OCRA has been successful in getting many consumers moved into the community.

4) Outreach/Trainings.

Outreach and Training serve two important purposes: 1) notifying people about the availability of OCRA assistance and 2) educating people about their rights. OCRA provides training on numerous issues to a wide variety of people. Training audiences include direct consumers, family members, regional center staff and vendors, and community members. These trainings include but are not limited to, consumers' rights, abuse and neglect issues, IHSS, special education, voting rights, SSI, rights in the community, and alternatives to conservatorships, among other topics.

During the last fiscal year, OCRA presented at 454 trainings with a total attendance of approximately 19,939 people at the various trainings. This represents an increase in both the number of trainings given and a large increase in the number of people attending these trainings. This is due to a slight shift in in our outreach with the addition of two part time peer advocates. The peer advocates have been a welcome addition to OCRA. They provide training, support, and mentorship to staff, consumers, and community members. They

also present trainings at large conference type environments that OCRA has historically been less involved in. OCRA is excited about these additions and the new paths they are leading us on.

In order to provide assistance to individuals from traditionally underserved communities OCRA has developed target outreach plans. Each OCRA office target at least three outreaches per year to a specific group of persons who are underrepresented in the office's catchment area. To help with this, OCRA has appointed Kendra McWright and Christine Hager as the Outreach Coordinators. The coordinators advise staff in implementation of their target outreach plans. These are two year plans based upon an evaluation of prior outreach plans' results, new census data and information from DDS regarding the ethnicity of consumers served by each regional center. This fiscal year was the beginning of a new two-year cycle. A detailed report on target outreach and training is included as Exhibit D.

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

From July 1, 2013, through June 30, 2014, OCRA resolved 9,834 issues for consumers. Of those served, all but 57 were resolved informally. This means that more than 99 percent of all the matters that OCRA handled were resolved informally. Data showing this is attached as Exhibit E.

C. Collaborative and harmonious working relationships are fostered.

OCRA staff have done a wonderful job of collaborating with the local regional centers, stakeholders, and community members. Some examples of collaboration include serving on Behavioral Modification Review Committees, Risk Assessment Committees, County Coordinating Councils, Self-Advocacy Training Planning Committees, Appeals and State Hearings Interagency Collaborative, Autism Taskforce, Transitions Coalition, and assorted others. Many staff also meet regularly with regional center staff, Area Boards, and community partners to share ideas and expertise.

This philosophy of collaboration is not only incorporated into Disability Rights California's contract with DDS, but is also recognition that some of the most effective advocacy takes place because of interpersonal relationships and informal advocacy. The success of this philosophy is demonstrated by the number of calls OCRA receives from varied sources, by its ability to resolve matters informally, and by its recognition as an excellent resource for people with developmental disabilities.

1) Memorandums of Understanding.

OCRA has established Memorandums of Understanding (MOUs) with each regional center that addresses that center's individual needs, concerns, and method of operation. Generally, MOUs are updated as needed. However, with changes to the law again this year MOUs are being reviewed and meetings are being held and scheduled. These meetings have been productive and positive. OCRA has very good working relationships with many regional centers. During this fiscal year MOUs were updated at North Los Angeles County Regional Center, Central Valley Regional Center, and South Central Los Angeles Regional Center during this fiscal year. Copies of all MOUs have been forwarded to DDS. The status of each revised MOU is listed in Exhibit F.

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

Katie Hornberger, Director, OCRA, and Eileen Richey, Executive Director, Association of Regional Center Agencies, and other ACRA staff have met and discussed many things during the reporting period. At the meeting on March 31, 2014 it was determined that regular meetings would be scheduled. We have since been meeting nearly quarterly and have meetings scheduled through the Fall. These meetings are a helpful exchange of information and provide an opportunity for possible collaboration on future issues with generic service agencies and training and support for consumers and their families.

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. OCRA is very pleased to have increased all areas of consumer satisfaction over the past fiscal year.

1) Consumer Satisfaction Survey.

OCRA measures consumer satisfaction by use of an instrument developed jointly by staff, the OCRA Consumer Advisory Committee, and DDS.

From the results of the most recent survey, it is clear that consumers remain satisfied with the services provided by OCRA.

Two thousand and twelve (2,012) surveys were mailed out. This is slightly more than last years' two thousand and one (2,001) surveys that were mailed out. This increase is commensurate with the increase in service requests. Four hundred and eighty (480) people returned the survey. This represents a 24 percent return rate of the surveys. This return rate represents an increase over last fiscal year.

Of those responding to the questions, 97 percent of the responders felt they were treated well by the staff, 95 percent understood the information they were provided, 96 percent believed their CRA listened to them, 96 percent believed they were helped by the CRA, and 95 percent would ask for help from OCRA again. See Exhibit G, which discusses the results of OCRA's survey.

The OCRA management team call back all responders who request a call back and those with any negative responses that supplied contact information. In this way we are able to remedy any concerns and provide additional support to consumers.

Last year, only 85 percent of responders believed that they were helped by the CRA. This year, 93 percent of responders felt helped

by the CRA. We are very proud of that increase and believe it was directly linked to steps we took including hiring a Bilingual ACRA for Southern California to assist with overflow intake and when staff are absent. We are optimistic that we can maintain these gains in all areas.

2) Letters of Appreciation.

OCRA consumers and family members often take the time to write letters of appreciation. These kind words and the time it took to send them represent the high value of the work performed by OCRA staff.

Below is just a sampling of the many letters received.¹

Good morning Katie,
I just wanted to thank you on behalf of _____ and his mom, for your help with _____. He was approved for DAC benefits and will be receiving them in May 2014. We ordered new Medi-Cal cards and he had his first physical in 2 years, because we learned from you he was still eligible to receive Medi-Cal benefits. Thanks again,

¹ OCRA is providing the letters of appreciation with the wording from the originals, including any grammatical errors, unless otherwise indicated. We have also edited client names.

Muchisimas gracias por todas su ayuda.
Usted a hecho posible posible
una mejor integracion para Marvin.

No tengo palabras para decirle que
me siento afortunada por cono-
cerla y haber recibido su ayuda.

Muchas Gracias

Con cariño

Murvin - Martha.

(Thank you very much for all of her help. You have made possible a much better integration for *name withheld*. I do not have the words to say that I feel fortunate for knowing you and having received help. Thank you, fondly *name withheld*.)

To: Office of Clients' Rights Advocacy, DRC

The Planning committee for the Opportunity Fair would like to thank you for being at participant at the 2014 Opportunity Fair at Sonoma Developmental Center. The Opportunity Fair provides a great opportunity for SDC residents and staff to become acquainted with community resources. By participating in the Opportunity Fair you assist residents in expanding their knowledge and choices. We received great feedback on the information provided by you and the other agencies. We appreciate your time and effort to provide valuable information for the residents, staff, and general public. We hope that you had the opportunity to network with some of the other vendors. We hope that your agency will participate in the 2015 Opportunity Fair. Please feel free to contact me if you have suggestions for next year's fair.

Thanks again for all your kind and thorough help!! I sent he letters to Regional Center, requesting new IPP's for the kids. Thanks again Kendra! You are a gold mine of information and support and we so appreciate the difference you make in our lives!!

Hi Lynne!

Thank you SO much for coming to the meeting. I so appreciate your input. You seem to bring a level of clarity and creative thinking to any of the discussions I've had with you! I'm looking forward to watching this video with Canyon! It should be fun. Thanks for sending it.

Thank you for being wonderful and for empowering me to advocate for my family. It's important for me to bring you awareness of what you are doing...Because of your dedication with the IHSS case's...I have more help/income. This facilitates food, clothing, gas, medicine, therapies (not covered) and for me to get rest....Thank you for what you have transmitted...greatness to our lives. Happy Valentine's

Kimberlee -

Thank you so much for your time and efforts that you have poured into our shared client, Matt. He has wanted/needed a larger apartment for so many years and the efforts of many, including my own, have fallen short of getting him just that.

You have made such a difference with your persistence and advocacy on behalf of Matt. Thank you so much for all you have done and know that you have made a huge difference!

Sincerely -

Angie Cox
(FNRC)

January 2014

Dear Sir or madam,

I am writing in regards to express my thankfulness and gratitude to Yulahlia Hernandez and Annie Breuer. Yulahlia and Annie are always very helpful to me and my son. Both ladies show genuine concern and are always wanting the best outcome for my son Andreas. Yulahlia and Annie are great about following with me and are also quick to respond to my phone calls and emails.

It doesn't matter what the situation is or what the circumstances are both ladies take the time to find me the best information that will meet our needs at the time. I was very grateful indeed to Yulahlia for coming with me to an emergency IPP meeting at the last minute. She made time in her schedule to assist me. Her presence at the meeting made me feel much more reassured to expecting a positive outcome for my son.

Annie is always friendly and helpful. If Annie doesn't know something for me, she's great about researching it and finding me the best information and or solution. I really appreciate the way she goes out of her way to make sure I'm prepared in all aspects of whatever the situation is I'm dealing with at the time.

Both Yulahila and Annie are great assets to the Office of Clients' Rights Advocacy. On my behalf please acknowledge them for their professionalism, dedication, compassion, and empathy toward me and my family.

Hi Asa, I just received the decision notice in the mail today and wanted to let you know that the ALJ ruled in our favor!!! Thank you so much for all your assistance in helping me make sure I had everything that I needed to represent *name withheld* needs. Blessings.

3) Cases will be handled in a timely manner.

Consumers and families contact OCRA because something has gone wrong for them. It may be that they are losing a government benefit, being forced to move to a new more restrictive environment, or

another urgent situation. Therefore, it is important that OCRA staff be responsive. For this reason, OCRA has, since its establishment, had a policy that all calls will be returned as soon as possible, but not later than closing of the next business day. OCRA measures its performance in this area by use of its consumer satisfaction survey; see Exhibit G, discussed more fully above. OCRA statistics shows that 93 percent of all callers to OCRA received a call back within two days during the last fiscal year. This is a significant increase over the 85 percent response rate last year. The hiring of a Bilingual ACRA for Southern California to assist with overflow intake and when staff are absent has ensured that that people receive timely callbacks. To ensure that this continues we are hiring a Bilingual ACRA for Northern California in the coming year. OCRA has also started implementing a new call log system to ensure that all calls are tracked and monitored appropriately. With these changes we are optimistic that we can increase our timeliness of serving clients.

E. The provision of clients' rights advocacy services is coordinated in consultation with the DDS contract manager, stakeholder organizations, and persons with developmental disabilities and their families representing California's multi-cultural diversity.

OCRA works through the OCRA Advisory Committee to ensure that this performance outcome is achieved. Attached as Exhibit H is a list of the members of the Disability Rights California Board of Director's OCRA Advisory Board Committee effective June 30, 2014.

Public members of the Advisory Committee are appointed by the Board of Directors. In the selection process, the Board considers geographical diversity, both rural and urban and north and south, type of developmental disability represented, and ethnic background, in addition to the qualifications of the individual applicants.

The Board OCRA Advisory Committee provides valuable insight to the OCRA staff. A wide variety of topics are addressed at the meetings and board members become better self-advocates as a result of having been on the committee. Minutes for the meeting held on September 20, 2013, were provided with the Semi Annual Report.

The minutes for the March 7, 2014, meeting are included as Exhibit H.

DDS staff is invited and encouraged to participate in the next meeting, which is set for September 19, 2014, in Los Angeles.

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 and family members. Disability Rights California's contract with DDS mirrors this language. OCRA strongly believes in the importance of self-advocacy and requires each of its 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. For example, OCRA staff that serve Valley Mountain Regional Center consumers presented thirteen (13) self-advocacy trainings this fiscal year. These trainings serve a vital role in educating consumers about their rights and how to stand up for themselves.

Staff may present from any of the approved self-advocacy trainings. To date, OCRA has developed six separate packets of information for OCRA staff to use in the mandated trainings in addition to the DDS Consumer Safety materials and the living arrangement options materials developed by DDS as part of the settlement in Capitol People First. Then most recent is a new training on least restrictive housing options that was included in the Semi Annual report with the new and improved Clients' Rights Bingo.

In the coming year, we are working on a new training on Denials of Rights. Our Outreach Coordinators and Peer Advocates are taking the lead on this project and we are very excited about it and look forward to reporting on it next year.

Samples of the OCRA self-advocacy packets (all are in both English and Spanish), were provided separately in a binder marked OCRA Training Materials with the 2007-2008 Annual Report. In discussions

with DDS's Contract Manager, it was decided that OCRA should not submit duplicate training packets in this year's annual report. As always, OCRA welcomes comments from DDS on any training packets.

OCRA is required to report in its Annual Report an evaluation of the self-advocacy trainings. OCRA has randomly selected consumer training satisfaction evaluations for inclusion in this Annual Report. Almost without exception, consumers are pleased with OCRA trainings. A list of Self-Advocacy Trainings held last year are in Exhibit I.

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. However, the later law offers more consumer protections. There were no Title 17 Complaints filed during the last fiscal year, as noted on Exhibit J.

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 procedure 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 K is the current log of Denials of Rights from the OCRA Offices.

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. Additionally, the grievance procedure is included in all letters to consumers or others who contact OCRA, when an office declines to provide the requested service to that person.

There were four first level grievances filed by consumers or their families during the past fiscal year. Two of those proceeded to the second level to be heard by the Disability Rights California Board of Directors. This was despite providing additional assistance in one matter. No grievances were sent on to DDS for review. Information concerning each grievance has previously been submitted to DDS. Attached as Exhibit L is a chart detailing the grievances filed against OCRA during this period.

VI. COLLECTION OF ATTORNEYS 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 special education cases or Writs of Mandamus. Fees and costs may be negotiated at mediation or can be received in those cases where an Administrative Law Judge has made a determination 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 collected \$8,000 in attorney's fees from a special education matter this fiscal year, see Exhibit M.

VII. RECOMMENDATIONS FOR ENHANCEMENT OF SERVICES

The contract between DDS and Disability Rights California requires that on an annual basis Disability Rights California make recommendations to DDS as to 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. However, the demand for OCRA services continues to increase along with the increased number of cases involving people living in restrictive settings. Last years' caseload increase was quickly turned into additional staffing, which lead to very positive results in consumer satisfaction. The increase for the coming year is also being quickly turned in to additional staffing to better serve those individuals at IMDs and developmental centers. OCRA will continue to review the services it provides to consumers in institutions, which are more time-intensive and advise DDS of the need for increased resources to perform this vital work.

VIII. CONCLUSION

OCRA continued to provide exceptional service to people with developmental disabilities throughout the state. OCRA handled over 9,834 cases the last year, an increase over last year. Additionally, OCRA provided 454 trainings to over 19,393 consumers, family members, regional center staff and vendors, and interested community members. All while meeting each of its performance objectives. OCRA looks forward to continuing to work with people with developmental disabilities and helping access the services and supports they need to live the most independent and productive lives in the least restrictive environment.