

**OFFICE OF CLIENTS' RIGHTS ADVOCACY
Protection and Advocacy, Inc.**

**ANNUAL REPORT
For July 1, 2001 – June 30, 2002**

**Compiled by:
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I. INTRODUCTION

Protection and Advocacy, Inc. (PAI) submits this Annual Report to the Department of Developmental Services (DDS) to comply with Exhibit D, Paragraph 13, of Contract HD019001.

The Office of Clients' Rights Advocacy (OCRA) was established September 11, 1998, pursuant to a contract between DDS and PAI, to implement Welfare and Institutions Code 4433 which requires the establishment of a program to provide state-wide clients' rights advocacy services to consumers of California's 21 regional centers. Under the contract, OCRA assumed responsibility for the provision of advocacy services to regional center consumers starting July 1, 1999. The contract was renewed for an additional three years effective July 1, 2001.

OCRA takes great pride in its accomplishments during the past year. The statistics and work product for last year, which are discussed throughout this report, give ample evidence of those accomplishments.

OCRA currently operates 23 offices throughout the state of California, most of which are staffed by one CRA and one Assistant CRA. A list of the current staff and office locations is attached as Exhibit A.

PAI greatly appreciates the support and efforts of DDS and the regional centers in OCRA's performance of this contract. Without support from those agencies serving people with developmental disabilities, OCRA's efforts to ensure the rights of people with developmental disabilities throughout the state of California would not be so successful.

Paragraph 14, Exhibit D, specifies that the following information is to be contained in the Annual Report:

- 1) Number and type of clients' rights denials;
- 2) Nature, status, and outcome of complaints filed under the Contractor's grievance procedure;
- 3) Nature, status, and outcome of complaints filed under Title 17, California Code of Regulations, Section 50540 Complaint Procedure;

- 4) Aggregate data on consumers provided with services, including, but not limited to, age, sex, primary disability, ethnicity, type of residence, type of services provided, and examples of the outcomes of those services;
- 5) Achievement of the performance objectives;
- 6) Summary of the content, attendance, frequency; and evaluation of self-advocacy training provided;
- 7) The amount and source of any attorney's fees and costs collected; and
- 8) Recommendations for enhancement of services to be provided under the terms of the contract.

II. PERFORMANCE OBJECTIVES

PAI's contract with DDS requires performance evaluation measures. On January 8, 2002, the Contract Manager met with PAI and gave verbal approval to the performance objectives that OCRA had proposed to DDS.

1. 75 percent of requests for assistance will be resolved informally as measured by the quarterly data.

OCRA exceeded this performance objective during the first year of the current contract. OCRA handled 8,395 requests for assistance during this reporting period. From August 1, 2001, through July 31, 2002, 224 (or less than 3 percent) were handled as requests for direct representation at hearing with more than 97 percent of the requests for assistance being resolved informally. Informal is defined as all services resolved below the due process hearing level. Therefore, significantly more than the required 75 percent of the cases were resolved informally. Data showing this is attached as Exhibit B. Data on whether cases were resolved informally for the month of July, 2001, was not captured by OCRA's Rhombus computer program, which was replaced by OCRA's DAD program effective August 1, 2001.

2. 7,560 issues will be resolved for people with developmental disabilities on an annual basis.

OCRA has continued its tradition of serving a large number of people with developmental disabilities and exceeded this performance objective by 11 percent. The performance objectives require OCRA to resolve 7,560 issues for people with developmental disabilities during the time period covered in this report. The statistics, attached as Exhibit C, show that OCRA served 8,397 consumers during this time period. It is important to note that during July, 2001, OCRA was using a computer program called Rhombus to maintain its cases and changed to DAD effective August 1, 2002. The reporting capabilities of the two programs are not compatible so one single report could not be generated. Instead, there are two separate reports for the different time periods. In this narrative, the figures from the two reports have been added together to correctly state the annual figures. It is clear that OCRA served significantly more people with developmental disabilities than required by the performance objective.

3. 80 percent of individuals with developmental disabilities receiving service from OCRA will be satisfied with those services as measured by the consumer satisfaction survey.

OCRA exceeded this performance standard with all areas of satisfaction exceeding 80 percent. From the results of the annual survey, it is clear that OCRA consumers are overwhelmingly satisfied with the services provided by OCRA. With a 38 percent return rate, 92 percent of the responders felt they were treated well by the staff, 90 percent understood the information they were provided, 92 percent believed their CRA listened to them, 84 percent believed they were helped by the CRA, and 88 percent would ask for help from the CRA again. See Exhibit D which discusses the results of OCRA's survey.

OCRA continues to utilize the original consumer satisfaction survey though OCRA and DDS have agreed that the consumer satisfaction survey currently used by OCRA will be modified. OCRA is in the process of developing a new survey instrument. Until the new survey tool is developed, OCRA has continued to measure consumer satisfaction by use of the instrument that was previously developed.

4. 75 percent of individuals with developmental disabilities receiving services from OCRA will indicate that their issue(s) was resolved in a timely manner as measured by the consumer satisfaction survey.

See Exhibit D which shows that OCRA provided timely services to over 75 percent of the consumers that OCRA served last year. In fact, 80 percent of the responders to the consumer satisfaction survey indicated that they received a call back within two days.

5. A minimum of one self advocacy training for individuals with developmental disabilities and/or their families will be held each year in each regional center catchment area.

At least one self advocacy training for consumers and their families was held in each regional center catchment area during the past year. OCRA developed two separate packets of information for staff to use in the mandated trainings on self-advocacy. The original self-advocacy packet was approved by DDS, as required under the previous contract. The most recent packet has been sent to DDS under separate cover and though the current contract does not require the approval of DDS, OCRA welcomes comments from DDS. If DDS wishes additional copies of the self-advocacy materials, please let OCRA know.

Self-Advocacy Trainings were held as follows:

Los Angeles Area	July 28, 2001
Valley Mountain Regional Center	August 14, 2001
East Los Angeles Regional Center	September 15, 2001
Golden Gate Regional Center	September 19, 2001
Statewide Training	October 5, 2001
North Bay Regional Center	October 10, 2001
Far Northern Regional Center	December 5, 2001
Tri-Counties Regional Center	February 20, 2002
Valley Mountain Regional Center	March 29, 2002
Inland Regional Center	April 11, 2002
Central Valley Regional Center	May 2, 2002
North Los Angeles County RC	May 3, 2002
San Diego Regional Center	May 11, 2002
Westside Regional Center	May 28, 2002

North Los Angeles County RC	May 28, 2002
Regional Center of the East Bay	June 2, 2002
Redwood Coast RC (Ukiah)	June 3, 2002
San Andreas Regional Center	June 3, 2002
Kern Regional Center	June 6, 2002
Redwood Coast RC (Clearlake)	June 7, 2002
Statewide Training	June 8, 2002
Redwood Coast RC (Eureka)	June 17, 2002
Far Northern Regional Center	June 21, 2002
South Central Los Angeles RC	June 25, 2002
San Gabriel/Pomona RC	June 26, 2002
Valley Mountain Regional Center	June 28, 2002
Regional Center of Orange County	July 20, 2002

As requested by DDS, individual critiques of the trainings are attached as Exhibit E.

6. OCRA will present at a minimum of 160 trainings per year on a variety of topics of interest to consumers, their families, regional center staff or other interested persons.

OCRA presented at 55 more trainings during the past year than required by this performance objective. One reason for this is that OCRA recognizes that outreach and training is an essential part of providing effective advocacy for regional center consumers. In fact, one of the essential services that OCRA offers is training on a wide variety of issues, including but not limited to, consumers' rights, abuse and neglect issues, special education, and conservatorships.

During the past year, OCRA presented at 215 trainings with a total attendance of approximately 14,068 people at the various trainings. This is significantly more than the 160 trainings required during this time period. It is obvious that OCRA presented information to a tremendous number of people.

7. In addition to the self-advocacy trainings, OCRA offices will present at a minimum of three outreach trainings to underrepresented communities each year.

OCRA has a priority of providing assistance to individuals from traditionally underserved communities. Eva Casas-Sarmiento serves as the Statewide Outreach Coordinator and Lisa Navarro serves as the Northern California Outreach Coordinator to assist the OCRA offices in implementation of their outreach plans. The plans were initially written last year for a year's time period and identified underrepresented groups in each catchment area for the offices to target for extra contact. The implementation of the plans for the past year was evaluated by the outreach coordinators. Based upon that evaluation, and using new census data and updated figures from DDS regarding the ethnicity of consumers served by each regional center, OCRA offices updated their outreach plans effective January 1, 2002. A detailed report on outreach and training is included here as Exhibit F.

8. To lead to greater cooperation with regional centers, OCRA will:

A. Develop or revise Memorandums of Understanding (MOUs) with each regional center that address that center's individual needs, concerns, and method of operation by July 1, 2002.

The OCRA Director met with the all of the regional centers during the last year to revise the existing MOUs except Golden Gate Regional Center (GGRC). The GGRC Executive Director and OCRA have mutually agreed to wait until a regular CRA was hired to begin discussion of the revised MOU. As a regular CRA was recently hired for Golden Gate, it is anticipated that the initial revision of the MOU will soon be accomplished.

Copies of all revised MOUs that have been finalized have been forwarded to DDS. Discussions are continuing with the following regional centers regarding the proposed revisions:

Frank D. Lanterman Regional Center
Kern Regional Center
North Los Angeles County Regional Center
Regional Center of the East Bay

In general, the meetings regarding the MOUs have been productive and extremely congenial. It is clear that OCRA's working relationships with the various regional centers have become well established and that concerns between the two agencies can be addressed with minimum difficulty in almost every situation. Copies of the MOUs will be forwarded to DDS as the few remaining agreements are finalized.

B. PAI's Executive Director and OCRA's Director will offer to meet with ARCA on an annual basis to discuss any issues of concern.

Catherine Blakemore and Jeanne Molineaux met with Bob Baldo, the Executive Director of the Association of Regional Center Directors, on December 18, 2001. At that time, it was agreed that there were no outstanding issues between OCRA and the regional center directors. Meetings will be convened, should concerns arise.

III. OCRA ADVISORY COMMITTEE

PAI's contract with DDS requires that, "(t)he provision of clients' rights advocacy services (will be) 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 meets this outcome by working with the OCRA Advisory Committee, as discussed below.

OCRA works through the OCRA Advisory Committee to ensure that this performance outcome is achieved. The PAI Board of Directors has appointed three new members during the period this report covers. Attached as Exhibit G is a list of the current members of the committee.

The vacancies on the committee are listed on PAI's website and in its quarterly newsletter. 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 current committee has three consumer members and four family members who represent diverse geographical and ethnic backgrounds. Additionally, most of the members belong to several stakeholder organizations.

The Advisory Committee drafted a Statement of Organization and Purpose for the Advisory Committee to the Office of Clients' Rights Advocacy that was approved by PAI's Board of Directors at its May, 2000, meeting. The Statement of Purpose is attached as Exhibit H.

The OCRA Advisory Committee is a knowledgeable, constructive, and helpful group of volunteers who continue to provide valuable guidance to the OCRA staff. The meetings are lively and informative and provide a forum for exchange of ideas and information. The Committee met four times a year. During this reporting period, due to budget constraints, the Committee will meet three times a year in the next year. Minutes for the meetings held in Oakland on August 4, 2001, and November 3, 2001, in San Diego, were attached as Exhibit D in OCRA's semi-annual report provided to DDS on February 1, 2002. Minutes from the February 2, 2002 meeting in Sacramento and the June 22, 2002, meeting in San Jose, are attached here as Exhibit I.

DDS staff is invited and encouraged to participate in any of the meetings. The last date scheduled for the committee to meet this calendar year is October 12, 2002, in Los Angeles. OCRA will notify DDS of the dates for the committee meeting for the next calendar year once the dates have been determined.

IV. EXAMPLES OF OUTCOMES OF SERVICES PROVIDED

OCRA has requested that each advocate provide on a quarterly basis a summary of an administrative hearing or other case that has unique situations from which other advocates can learn and that can be used as examples of the advocacy that OCRA is accomplishing. These summaries for the last two quarters are compiled and attached as Exhibit J. OCRA is extremely pleased that such outstanding examples of advocacy are available to show the value of the work that OCRA accomplishes. A few examples of the advocacy:

OCRA Representation Helps M.K. Succeed in SSI Overpayment Hearing.

M.K. lives with her mother and two brothers, and uses her SSI to pay her share of the family's basic household expenses. Social Security became convinced that M.K. lived with her mother and only one brother. As a result, Social Security determined that the family's expenses were too high for M.K. to pay her fair share, which in turn meant she was receiving in-kind food and shelter and was ineligible for the maximum SSI payment. M.K. received a lowered amount of SSI and an SSI overpayment covering the years she had received the full SSI amount. M.K.'s mother spent many days visiting the Social Security office in an effort to understand what was happening. This proved impossible, in part because SSI rules are complex, and in part because her primary language is Mandarin. She turned to OCRA for assistance in an appeal of the overpayment.

Working with M.K., her mother, and the Asian Community Mental Health Services case manager, who speaks Mandarin and English, OCRA was able to understand what the household situation was and why Social Security had become convinced of something quite different. The second brother did live with M.K. but was absent much of the time. Social Security had not spent sufficient time to get the full story and M.K.'s mother did not understand Social Security terminology. OCRA explained the rules and issues to the family and then presented testimony and documentary evidence that convinced the administrative law judge to issue a hearing decision granting M.K.'s claim. Her SSI check has been increased, and Social Security reimbursed her for the SSI money she had lost during the appeal period. Marsha Siegel, CRA, Regional Center of the East Bay.

Worker Reinstated With Apology and Back Pay.

L.C. works at a Department of Rehabilitation subsidized janitorial program. Ten dollars was missing from a job site. The crew's supervisor made the crew empty their pockets and questioned the crew, using intimidation to prompt a confession from a crew member. L.C. stated that he would accept responsibility so no one else on the crew would get in trouble. Although he persisted in stating that he had not actually stolen the money, L.C. was fired when the supervisor found a ten dollar bill in his wallet.

L.C.'s sister asked the CRA to help L.C. get his job back because the sister had given L.C. the bill that had been found in his wallet. The CRA pointed

out to the employer that the way they had obtained the information used to fire L.C. guaranteed that it was unreliable, there was a completely legitimate reason for him to have the money, and the employer had violated all of its own policies in the manner in which it had terminated L.C. The employer agreed to reinstate L.C. with a public apology and back pay was well as agreeing to revise its policies and train its staff better. Frank Broadhead, CRA, Redwood Coast Regional Center.

Consumer on Her Way to the Alter!

O.R. has been dating her boyfriend, J.V., a Lanterman Regional Center consumer, for over 2 years. O.R. and J.V. decided to get married a few months ago and preparations for their wedding began. Unfortunately, they ran into an obstacle. O.R.'s mother refused to give O.R. a copy of her birth certificate. O.R. needed her birth certificate in order to obtain a marriage license. O.R. was put in contact with the CRA through her residential care provider for assistance in obtaining her birth certificate.

After speaking with O.R., the CRA agreed to help her obtain her birth certificate or identify alternative documentation that would allow her and J.V. to obtain a marriage license. The CRA contacted O.R.'s mother in an attempt to obtain O.R.'s birth certificate through non-adversarial means. Although O.R.'s mother was receptive to the CRA's call and had agreed to send a copy of the birth certificate, nothing happened. Therefore, a demand letter was sent. In the meantime, the CRA began to explore what alternatives existed to obtaining a birth certificate. However, O.R.'s mother responded to the demand letter and forwarded a copy of O.R.'s birth certificate. O.R. and J.V. are now in the final stages of planning their wedding. Patricia N. Carlos, CRA, South Central Los Angeles Regional Center.

H.R. Transfers to His Neighborhood School.

H.R. is a 17-year-old regional center consumer. H.R. was attending a special day class at Hueneme High School but he wanted to go to a different school. H.R.'s mother made several requests at IEP meetings to have H.R. transferred to his neighborhood school. H.R.'s mother informed the school that H.R. was bored in his current program and that H.R. was not making any progress. The school district refused to transfer H.R. OCRA agreed to represent H.R. and hired an educational specialist to evaluate H.R.'s current

placement and proposed placement. The educational specialist agreed that H.R. was not making progress in his current school placement. She recommended that H.R. move to a post-secondary classroom at his neighborhood school. H.R. and his mother agreed. At the next IEP meeting, the educational specialist presented her findings. The district finally agreed to change H.R.'s school placement to the post secondary classroom. Katherine Mottarella, CRA, Tri-Counties Regional Center.

V. DENIAL OF CLIENTS' RIGHTS

CCR, Title 17, Sec. 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 CRA 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 semi-annual and annual report. 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.

VI. TITLE 17, SECTION 50540 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 the Welfare & Institution Code, Section 4731. However, the later law offers more consumer protections. There were no Title 17 Complaints filed during the past year.

VII. COLLECTION OF ATTORNEY'S FEES

Clients' Rights Advocates 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. 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 the school district. Costs include any expenses to the Petitioner or OCRA for bringing the suit, such as filing fees or costs of expert evaluations. Neither PAI nor OCRA ever collect attorney's fees from consumers.

The amount collected depends upon several factors such as the geographical location where the Petitioner lives, and the years of experience of the attorney. Attached as Exhibit L is a chart showing the amount and source of any attorney's fees and costs collected.

VIII. CONSUMER GRIEVANCES

Exhibit C, Paragraph 11, of the contract between DDS and PAI 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 a CRA declines to provide service requested by that person.

Five grievances were filed by consumers or their families against OCRA last year. The grievances were all resolved at the first level and information concerning the grievances has previously been submitted to DDS. Attached as Exhibit M is a chart detailing the grievances filed against OCRA.

IX. ANALYSIS OF CONSUMERS SERVED

OCRA handled a total of 8,395 cases from July 1, 2001, through June 30, 2002. This represents a significant amount of advocacy assistance. Because of the change in OCRA's data base effective August 1, 2001, it is impossible to precisely correlate information from the month of July to all the

categories for the ensuing months as different data was compiled for the two time periods.

It is important to note that the statistics from OCRA's previous annual report cannot be directly compared to this report. OCRA's previous report showed the cases open during a particular quarter, so a case could show open during each of two consecutive quarters. With the new computer program, statistics are run for the entire year, so a case would show as one open case during the year even though the advocate may well have worked on the case for several quarters. This difference in reporting accounts for any apparent decline in the services provided by OCRA. Even with the new data system, OCRA has handled the number of issues established as appropriate in the performance objectives. This number may have to be revised when a full year's data is recorded using the new data base.

Included as Exhibit C is the complete compilation of data for the last fiscal year. The data for the month of July, 2001, has been compiled by:

1. Age
2. County
3. Disability
4. Ethnicity
5. Gender
6. Living Arrangement
7. Problem Areas
8. Summary of Intakes by Regional Center

The data for the months of August, 2001, through June, 2002, has been compiled by:

1. Age
2. County
3. Disability
4. Ethnicity
5. Gender
6. Living Arrangement
7. Problem Areas
8. Service Level

The majority of the OCRA statistics remain consistent with OCRA's previous statistics. For example, the largest number of consumers served by age, 2,821, has consistently been the 3-to-17 years-old age group. The next largest is the 22-40 age group with 1,515 people served. The consistency remains in the ratio of males to females served, also. OCRA has traditionally served more males than females, with approximately 60 percent of the consumers served being male and 38 percent being female, and 2 percent of the cases where the sex was not identified by the OCRA office. This is consistent with the percentage of regional center consumers who are male versus female. As of July, 2001, 59 percent of all regional center consumers were male and 41 percent female.

Consumers residing in their parental or other family home remains by far the largest number of consumers served, with 4,129 consumers or 49 percent of those OCRA served living in their family home. The next largest group served are those living independently, with OCRA serving 774 people or 9 percent with this living arrangement. Interestingly, only five percent of the consumers served by OCRA live in adult community care facilities. DDS statistics show that 68.3 percent of regional center consumers live independently or in their parent's home and 16 percent live in community care facilities. Presumably the state figures for community care facilities include children, while OCRA's figures do not.

OCRA's statistics on the ethnicity of consumers served from July 1, 2001, through June 30, 2002, show OCRA's continuing commitment to serve underserved communities, though it is clear that continuing efforts need to be made to diversify caseloads. The percentage of consumers from various ethnicities served by OCRA was:

Ethnicity	Current Year %	2000-2001 %	1999-2001 %	Regional Centers %
Amer. Indian or Alaskan Native	1	1	1	.4
African American	9	9	8	10.1
Asian	3	5	4	4.6
Hispanic/Latino	24	24	24	27.8
Self-identified Multicultural	4	4	3	Not listed
Pacific Islander	1	1	1	1.9

White	47	48	56	43.7
Unknown/Other	11	8	8	11.5

OCRA's statistics show constant service to almost the same percentage of ethnicities except for Asian and White, both of which have decreased during the past three years. The percentage of unknown ethnicities creates difficulty in attempting to determine if OCRA has continually improved its record for serving diverse populations. OCRA acknowledges that the 11 percent of consumers served whose ethnicities were not recorded show that staff needs continued training in this area. As results of training to the general staff have not proved successful, OCRA will focus on training of individual office staff that appear to be having difficulties collecting this data.

The types of problems which OCRA handles remain fairly consistent. For the time period covered by this report, OCRA handled 1,759 Special Education cases, 1,699 Regional Center matters, and over 200 cases each in the following categories: alleged abuse; conservatorships; consumer finance; family law matters; health issues; housing matters; income maintenance which includes Social Security and In-Home Support Services; placement; and privacy/personal autonomy. Over 100 cases each were handled dealing with discrimination other than employment and legal representation.

Lastly, the statistics once again point out the discrepancy between the number of cases that arise in any one regional center. OCRA believes that the number is affected by many factors, including but not limited to, the number of consumers served by the regional center, the level of experience of the advocate and the assistant advocate, the willingness of a regional center to work cooperatively with OCRA in making referrals, the availability of other advocacy resources in the catchment area, and the effectiveness of OCRA's outreach in a catchment area. Approximately 115 of the cases handled by OCRA last year are not assigned to a regional center. OCRA is attempting to ascertain why a case would not be assigned to a specific regional center and will correct its computer program so that this is not a problem with next year's data.

OCRA's new data base has the capacity to collect information on the level of service provided which will offer new opportunities to compare service provided among the catchment areas. In developing the statistics for its

semi-annual report, OCRA learned that there is significant discrepancy among employees as to the definition of each service category. In response to this information, OCRA immediately developed written definitions of each category and is training staff on the correct input by category. For this annual report, OCRA's statistics should be consistent among offices for the last six-month reporting period but statistics for the initial six months of the year may have some discrepancies among offices.

X. RECOMMENDATIONS FOR ENHANCEMENT OF SERVICES UNDER THE CONTRACT

During the past four years, several concerns regarding the provision of advocacy services have become obvious to OCRA. There is simply not enough staff to meet the advocacy needs of consumers. This concern is supported by statistics gathered from May 15, 2002, to June 30, 2002, that show that of the 861 service requests closed during this time period, 301 people served did not receive the level of services they originally requested. This means that 35 percent of the people desiring OCRA services did not receive the level of services they desired. Ongoing data will be collected on this issue so that a more statistically meaningful sample may be obtained.

The legislature stated in Welfare and Institutions Code, Section 4433, "Persons with developmental disabilities are vulnerable to abuse, neglect, and deprivations of their rights." If averaged out, OCRA handled over 400 intakes per office last year. The level of advocacy varied on those intakes from direct representation at administration hearings, undoubtedly the most time consuming, to information and referral, which in itself can be very time consuming. OCRA is deeply concerned about the number of consumers who request a greater level of service than OCRA is able to provide due to lack of sufficient staff.

OCRA remains concerned about the fact that one advocate is hired for each regional center in spite of the disparate number of consumers served by the regional centers. For example, Inland Regional Center's CRA serves approximately 15,420 consumers and Redwood Coast Regional Center's CRA serves approximately 1,907. These problems must be addressed by providing sufficient funds to ensure equal access to OCRA's services.

OCRA believes that the disparity in services based upon regional center census can be eliminated only by the addition of staff at each regional center with 10,000 or more consumers. As of July 2002, based upon the data generated from the CDERs by DDS, this includes:

Alta California Regional Center
Inland Regional Center
Regional Center of Orange County
San Diego Regional Center

The addition of four new advocates would require the addition of appropriate support staff. OCRA strongly recommends the funding of additional staff and support at those regional centers with more than 10,000 consumers. In the future, if funds become available, an additional advocate at those regional centers with more than 8,000 consumers would seem to best serve the needs of regional center consumers.

XI. CONCLUSION

OCRA's statistics show its staff's continuing commitment to the protection of the rights of people with developmental disabilities. OCRA handled over 8,395 cases last year, provided 215 trainings to over 14,068 people, and met each of its performance objectives. OCRA remains dedicated to ensuring that the rights of all of California's citizens with developmental disabilities are enforced.

**CLIENTS' RIGHTS ADVOCATE LISTING
CALIFORNIA – Changes indicated by ***

STATEWIDE TTY TOLL-FREE NUMBER 1-877-669-6023

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*** Changes to office - as of August 28, 2002 – *Change is italicized.***

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Sacramento and Los Angeles OCRA Office information on next page.

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Updated on August 28, 2002

Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by Service Level

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Total
Direct representation at a formal fair hearing	7	2	25	9	2	5	2	13	5	4	7	4	1	1	1	1	3	2	9	1		2	106
Direct representation in an appeal for generic services	2	23	20	11	1	11		23	2	1	2	3		2	1	8		1	1		4	2	118
Direct representation in an informal fair hearing	1	10	3	6	1		1	2	1	6	1		1	1	3	3							40
Fair hearing process / procedures	8	10	10	4	2	2	2	2		3	8	4	3	6	2	4		6	12	1	18	9	116
Informal generic service agency problem resolution	34	139	104	28	2	2	28	29	7		32	136	1	114	28	70	36	7	5	11	17	30	860
Informal regional center / provider problem resolution	74	68	23	9	4	8	16	10	4		70	53	17	39	27	40	19	2	11	20	15	3	532
None						1	3				1		5	6	1			3		1	1	11	33
Referral to other advocacy services	11	40	21	9	54	3	5	68	5	18	39	14	2	7	8	35	16	9	31	31	104	11	541
Rights information/consultation	135	115	278	127	216	75	382	171	67	323	428	343	324	172	179	195	194	254	580	215	107	97	4977
W and I 4731 complaint filing	1		2	1	1		6		1	1	7	2	2	2	1	3	1	6	1	1			39
Total	273	407	486	204	283	107	445	318	92	356	595	559	356	350	251	359	269	290	650	281	266	165	7362

Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by Age Group

AgeRange	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Total
0-3		3	2	3	3	2	9	4	5	4	5	15	10	6	5	8	4	3	7	6	2	3	109
3-17	69	181	188	75	57	49	176	133	46	94	170	136	96	70	91	149	105	74	209	92	77	43	2380
17-22	24	50	49	20	22	7	40	17	9	29	58	55	33	46	32	40	30	31	50	41	25	16	724
22-40	63	45	84	29	41	14	74	54	10	56	105	108	77	64	67	44	64	24	111	62	49	33	1278
40-50	19	17	21	18	25	8	19	22	7	24	61	40	30	21	9	16	22	14	47	19	19	11	489
50 and above	40	12	27	9	20	4	27	25	4	24	65	43	34	22	13	14	13	23	27	25	23	35	529
Unknown	13	8	17	9	15		28	39	1	57	13	13	38	31	3	12		17	17	4	23	15	373
Total	228	316	388	163	183	84	373	294	82	288	477	410	318	260	220	283	238	186	468	249	218	156	5882

**Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by County**

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Total
Alameda												267							1				268
Amador																				1			1
Butte				83																			83
Calaveras																				7			7
Contra Costa												132								1			133
Del Norte														17								11	28
El Dorado	10																						10
Fresno		150													1							4	155
Glenn				4																			4
Humboldt												1	88							1	78		168
Imperial																	7						7
Inyo								2															2
Kern								290														22	312
Kings		24																					24
Lake														84									84
Lassen				10																			10
Los Angeles		1	388	1		83	9		81		464		5			283	1	178	4		214	9	1721
Madera		27									1												28
Marin					48					3													51
Mariposa		1												2									3
Mendocino										1			2	66									69
Merced	2	23								1	1												27
Mono								1															1
Monterey												1			21							1	23
Napa				1						59		1			1								62

**Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by County**

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Total
Nevada	3																						3
Orange									1		5		309					1	2		1	3	322
Placer	26									1			1										28
Plumas	1			8			1																10
Riverside						1	133	1					1				2					1	139
Sacramento	156									1		1							1	1			160
San Benito															2								2
San Bernardino							227										1	1				1	230
San Diego																	227				2	2	231
San Francisco					76																		76
San Joaquin				1								1							1	123		3	129
San Luis Obispo																		3	55				58
San Mateo					58							1											59
Santa Barbara																		1	141		1	2	145
Santa Clara					1						1	1			149				1	1		2	156
Santa Cruz															45							1	46
Shasta				33			1							1								1	36
Sierra	3																						3
Siskiyou				9																			9
Solano										93		2											95
Sonoma		1								129		1	1							1			133
Stanislaus		1																		100		4	105
Sutter	3	1																					4
Tehama				12										1									13
Trinity	1																						1
Tulare		86					1				3				1				1				92
Tuolumne																				13		2	15
Ventura											3							2	261			4	270
Yolo	19																						19
Yuba	4	1																					5
Unknown				1			1															5	7
Total	228	316	388	163	183	84	373	294	82	288	477	410	318	260	220	283	238	186	468	249	218	156	5882

Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by Disability

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Total
5th Category	34	61	15	46	12		30	3	1	4	11	31	20	15	20	19	24	11	44	23	14	4	442
Autism	26	50	83	16	29	36	74	50	33	33	70	61	69	29	48	63	48	45	112	40	54	24	1093
Cerebral Palsy	33	21	25	15	22	9	88	14	9	44	46	75	46	14	22	38	40	30	37	32	41	14	715
Dual Diagnosis - 5th Category	4	9		1	2			1			9	7		3	1	3	1			1	1	1	44
Dual Diagnosis - Autism		3	2	2	2			1		1	15	3		1	5		1	1	4	1	1	1	44
Dual Diagnosis - Cerebral Palsy	2	1	1	1	1	1	1	2			10	1	4	2	5		1		9	3	1		46
Dual Diagnosis - Epilepsy	1	1	1	2		1	1		1	1	4	1		6	2		1	1	4	1	1	1	31
Dual Diagnosis - Mental Retardation	9	20	9	3	16	4	8	5	2	3	133	33	5	15	12	4	8	13	17	25	6	5	355
Early Start		9	3	4	4	4	8		3	3	6	20	4	5	5	4	4	8	11	8	7	2	122
Epilepsy	10	15	7	17	9	2	43	5	3	7	43	25	18	8	14	17	21	11	22	34	22	15	368
Mental Retardation	114	120	227	53	60	30	192	95	32	163	166	233	167	149	97	140	122	90	227	142	81	64	2764
Unknown	18	13	28	13	46	3	11	133	3	46	53	3	37	23	9	32	12	9	14	9	30	44	589
Total	251	323	401	173	203	90	456	309	87	305	566	493	370	270	240	320	283	219	501	319	259	175	6613

Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by Ethnicity

Ethnicity	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Grand Total
American Indian	1	3		6			1	2		1	2	5	1	12						2		1	37
Asian		4	33	2	9	8	4	4	5	4	6	22	17		13	1	4	18	6	5	4	1	170
Black (Not Hispanic/Latino Origin)	15	20	8	5	18	6	36	16	5	14	46	101	7	7	5	96	17	6	9	27	45	4	513
Hispanic/Latino	18	83	230	9	24	16	108	41	35	32	105	71	59	13	47	154	65	63	90	52	34	17	1366
Multicultural (Self-Identified)	6	12	27	7	16	6	7	4	6	5	26	17	6	8	17		12	4	6	3	7	3	205
Other	2	4	1	2	1	5	3	4	1	5	16	3	8	1	3	3	4	6	6	4	16	1	99
Pacific Islander		1	1	1	7	6	4	1	3	5	5	19	2	1	5		2		3	2			68
White (Not Hispanic/Latino Origin)	134	176	75	103	69	31	202	82	22	124	207	160	182	194	123	14	130	74	334	142	77	89	2744
Unknown	52	13	13	28	39	6	8	140	5	98	64	12	36	24	7	15	4	15	14	12	35	40	680
Total	228	316	388	163	183	84	373	294	82	288	477	410	318	260	220	283	238	186	468	249	218	156	5882

Office of Clients' Rights Advocacy
 Annual Report - 8/1/2001 through 6/30/2002
 Report by Gender

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Grand Total
Female	101	130	133	69	62	25	140	108	21	138	189	166	107	98	75	106	95	67	180	102	95	56	2263
Male	122	185	253	93	113	59	230	171	61	147	285	237	199	155	142	174	142	108	286	145	118	83	3508
Unknown	5	1	2	1	8		3	15		3	3	7	12	7	3	3	1	11	2	2	5	17	111
Total	228	316	388	163	183	84	373	294	82	288	477	410	318	260	220	283	238	186	468	249	218	156	5882

Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by Living Arrangement

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Total
Adult Residential Facility	11	19	4	5	1	1	23	4	4	4	31	48	26	12	17	12	27	18	37	20	3	7	334
Board and Care	3	3	9	5	14		5			39	8	4	11	3		1	1	2	9	10	2		129
Childrens Group Home	3	5	2	3	6	2	3		2	3	3	7	1	7	6	3	3	6	10	1		1	77
Developmental Center	1		1	1	1		3		1	2	11		1				1			1		2	26
Foster Family Home		4	1	1						1	2		1	3	2	4		2	6	3	2		32
Foster Home	1	4	5	7			2	1		8	7	1	3	5		2	2	2	2	2	2	3	57
Homeless, Private or Public Shelter	2		3	1	3			2		1		12		1	3				3	5	1		37
ICF DD	8	3	1	1	2					4	4	1	2	1	1			4	4				36
ICF DD-H			2		4		1			7	15	10	8	2	1		1	2	3	2	1		59
ICF DD-N	2	1	1		1		1				4	5			1	1		1	5	6		1	30
Independent Housing	36	23	32	33	24	6	26	29	6	18	82	58	36	49	11	18	26	18	44	30	31	15	651
Jail	3	3	1	1	1		3	4		5	2		1	2	1	2	1		4	3	3	1	41
Nursing Facility	5	1	1			1	4		1	1	5	7	2	3	1		2	2	2		3		41
Parental or Other Family Home	109	236	289	96	97	66	266	139	61	136	254	232	163	117	137	221	147	115	291	147	129	49	3497
Public/Private Residential Facility	4	5	5	3	2	2	1	5	2	12	7	5	3	1	10	8	16		2	2	5	1	101
State Hospital		1			3		3		1	1	1			2	2	2	1	1	7	2		1	28
Supported Living	16	4	14	1	6		2	2		20	6	12	9	17	20	1	5	1	14	9	11	2	172
Unknown	24	4	17	5	18	6	30	108	4	26	35	8	51	35	7	8	5	12	24	7	22	78	534
Total	228	316	388	163	183	84	373	294	82	288	477	410	318	260	220	283	238	186	468	249	218	156	5882

Office of Clients' Rights Advocacy
Annual Report - 8/1/2001 through 6/30/2002
Report by Problem Codes

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	ROOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Unknown	Total	
4731 Complaint																								
4731 - Regional Center	1						2		2	1	5	5			1			6	3				26	
4731 - Service Provider			1		3		2			1	2		1			2			1			1	14	
Total	1	0	1	0	3	0	4	0	2	2	7	5	1	0	1	2	0	6	4	0	0	1	40	
Abuse																								
Coercion					1							3				1							5	
Exploitation (Financial)	2		1	1	1		2	2				16	1	6						2			34	
Exploitation (Physical/Emotional)	2	1						1				1	1	1								1	8	
Inappropriate/Excessive Medical Treatment											1					1				1			3	
Inappropriate/Excessive Medication	1																			1			2	
Inappropriate/Excessive Physical Restraint	2	1					1					2	2			2			1	3			14	
Inappropriate/Excessive Seclusion		2						1															3	
Other Abuse	4		2				3	2			3	1	5	5			3		2	2	1	1	34	
Physical Assault	3	2	3		2		3	2			2	3	1	10	1		3			3			38	
Sexual Assault	2	3	3	2	1		3	6		1	3	2	1	1			1		7	2	2		40	
Staff Attitude/Behavior	1						1					2										1	5	
Staff Retaliation							1																1	
Verbal Abuse	1	1		1	2			2					4	1						2	2		16	
Total	18	10	9	4	7	0	14	16	0	1	9	30	11	27	2	4	7	0	10	16	6	2	203	
Assistive Technology																								
California Children's Services (CCS)										3													3	
Nedi-Cal	1			1	1								1				1			1			6	
Private Health Care Plan					2					1													3	
Regional Center										5		1		1						2		1	10	
Social Security													2										2	
Total	1	0	0	1	3	0	0	0	0	9	0	1	3	1	0	0	1	0	1	2	0	1	24	
Consent																								
Capacity/Incapacity of Client	1	1			1		2				3	2	2	1		1	1	1	4	1			21	
Informed Consent	2	1	1		1		3				2				1			1	1	2	1	1	17	
Substitute Judgment							3				5	3		3						1			17	
Total	3	2	1	0	2	0	8	0	0	0	10	5	2	4	1	1	1	2	6	3	1	3	55	
Conservatorship																								
Change of Conservators		1	2		1			2	1	2	5	1	2					1	2			4	1	25
Conservatee's Rights	2		4	1			2	3		2	11	1	7		1	2		2	8	5	3	2	56	
Conservator Duties	1	1	1	1	3						3	1	1	2				2	5	3			25	
Establishing Conservatorship (General)	2	1	7	1	3	1	7	9		6	9		14	5	1	4		7	2	2	1	2	84	
Establishing Conservatorship (Limited)	1	6	6		6		2		1	1	27	12	39	9	2	6	1	13	25	7	6	3	173	
LPS Conservatorship			2				1				2	4			1	1		1	1				15	
Termination of Conservatorship	1	1		2	2		2	1		1	2	3	2				1	1	3	3			26	
Total	7	10	22	5	16	1	14	15	2	12	59	22	65	16	5	13	2	27	46	20	14	11	404	

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Consumer Finance																							
Debt Collection	4		3	2	4		1	1		1	7	8	5	1	1	1	14	1	4	1	10	3	72
Other Consumer Finance	2		7	5	1		4	8			4	6	7	4	1	2	14		12	2	6	6	91
Special Needs Trust	2		3	1	6		1			2	16	6	5	2		1	1		2	3	5		56
Total	8	0	13	8	11	0	6	9	0	3	27	20	17	7	2	4	29	1	18	6	21	9	219

Discrimination (Other than Employment)

Architectural Barriers											1						1						2
Discrimination	2	1	3	2	1		4	1		4	2	1	1		1	2	5	1	1	3		4	39
Insurance Discrimination							1																1
Higher Education (Public and Private)										1	1	1								1	1		5
Public Accommodations (Hotels, Restaurants, Etc.)		2	2							3	1	1					3		6	3	2	3	26
Public Services (Federal, State, Local)		3	3	2			3				1	1							4	3			20
Racial Discrimination							1																1
Telecommunications															1								1
Transportation (Public and Private)	1							1	1	1		1		1			3	1	1	2	3		16
Total	3	6	8	4	1	0	9	2	1	9	6	5	1	1	2	2	12	2	12	12	6	7	111

Education

Adult Education Programs		2	2	1				1			1		1						1	1			10
Assessment		10	7	2	1	2	6			1	1	2	3		2	1	2	4	10	2		2	58
Complaint Procedures	5	4	29	2	3	3	30	3	2	4	15	4	2	6	5	18	8	10	12	9	3		177
Day Care		1								2			1			1							5
Due Process Procedures	1	3	4	2	2		11	4			10	3	2	1	2	5	1	7	3	2	10		73
Eligibility		3	2	1		1	2		1		1	1	4	2		3	1	2	2		2		28
Extra Curricular Activities								1	1			3											5
Full Inclusion (Except Pre-School)	3	5	13	1	2		4		1	1		12		2	1			5	9		1		60
Higher Education	1		1				3		1		1		1	1		1							10
Home/Hospital Instruction	4	5	2							1	1	2			1	1	1				1	1	20
IEP Development	6	35	32	19	21	3	12	46	3	30	25	17	12	15	11	11	24	25	41	4	5	8	405
Least Restrictive Environment		19	7	2					1		3	5	2	1	4	1	5	1	1	1		1	54
Mental Health Services		4	1					1	1		2	1			1				3		1	2	17
Non-Public School Placement	2	2	1		2	8	1	2	1		6	3		2	1	5	3	1	2	4	1	1	48
OT/PT		4	1			2		1	2	1	3	5			2	3			9	1	1	1	36
Part C - Early Start/Early Intervention		1	1		1				1			14				2	1						21
Positive Behavioral Intervention		12	7	2	1		7		6	1		10		4		4	3	2	11	3		3	76
Preschool Full Inclusion		1	3	2	1						1	2			2				1				13
Preschool Programs		8		1							1	4	2	2	6	4		1	5	1		2	37
Public School Placement	3	16	13	8		5	13	8	3	2	4	18	1	10	14	27	4	5	22	6	3	5	190
Related Services	2	17	24	8	2	9	15	9	9	1	12	21	3	12	8	24	2	12	25	8	3	4	230
Residential Placement							1	1			3		1	1					1				8
Suspension/Expulsion	2	5	3	3	1	1	1			1	5	3	3	2		3	1	1	8	5	1	1	50
Transition Planning		2	1	3	4		3			2	3	3	2		1	4	3	3	6	2	1	2	45
Transportation	5	7	6	4	5	1	3	1	1	4	8	6	1	3	6	9	4	2	4	2		1	83
Total	34	166	160	61	46	35	112	78	34	51	106	139	41	64	69	126	62	81	176	51	33	34	1759

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Employment																							
Employment			2				1			1	1	1		1			1	2		1	2		13
Employment Discrimination: Firing					1			1				2		2	2	1				2	1		12
Employment Discrimination: General	2						2					3				1		1	2				11
Employment Discrimination: Hiring		1					4	1		1				1				2					10
Employment Discrimination: Reasonable Accomodations							4				1	1		2			1		2				11
Supported Employment	2		1		1						2			1					1	1		2	11
Worker's Compensation			1			1								1									3
Total	4	1	4	0	2	1	11	2	0	2	4	7	1	7	2	2	4	3	5	4	3	2	71
Family																							
Child Support			1		1			1	1	1	2	1		3		2			1	2			16
Dissolution		1	1	1			1				4			3			1	2	1	1	1		17
Family - Other	12	1	3	3	1		4	6	1	1	22	2	4	6		7	1	4	10	8	4	4	104
Guardianship of Minors			3		1			2		2	6	5	1					1	4		2		27
Parenting/Custody	6	3	8	8	1		6	9		11	11	9	1	8	1	8	2	5	16	4	2	7	126
Wills, Trust and Estate Planning		1	1	1	3						10	2		2				2	1	4	4		31
Total	18	6	17	13	7	0	11	18	2	15	55	19	6	22	1	17	4	14	33	19	13	11	321
Forensic Mental Health Issues																							
Criminal Justice Issues				1				2			12	6		9	3	1						3	37
Diversion		1									2	3		3									9
Incompetent to Stand Trial (IST)											1			1					1				3
Total	0	1	0	1	0	0	0	2	0	0	15	9	0	13	3	1	0	0	1	0	3	0	49
Health																							
CCS Eligibility							1		1		2	2				1			1				8
CCS Services		1	1							2	1	1		1				1	3	1	1	1	14
CCS Share of Cost										1													1
Denial of Coverage	1		1		1		1	1		1			2								1	1	10
In Home Nursing/Medical Care	2				4	1	2			1	1	1	3		2		1		4	1	1	1	25
Medi-Cal Eligibility	1	5	1		3		1		1		2	8		4		2		2	2		3	1	36
Medi-Cal Services	3	3	2	1	5	1	3		1	1	4	5	1	4	4	2	2	6	6	2	2	4	62
medi-Cal Share of Cost/Co-Payment							2			2		2						4	2			1	13
Medical Treatment	3	3	1	3	5		4	3		12	2	4	2	4	7	3	2	1	7	7	2	2	77
Private Insurance		2	4		3		5			2	3	5	3			1	1	2	5	2	5		43
Total	10	14	10	4	21	2	19	4	3	22	15	28	11	13	13	9	6	16	30	13	16	10	289
Housing																							
Housing Discrimination			1			1	1		1										1	3	1		10
Landlord/Tenant	7	3	10	5	9	1	4	8		4	9	10	6	11	4	5	3	3	13	8	13	6	142
Ownership of Property	1		5	1							1			1				5		1	1		16
Reasonable Accomodations			1		4		1	2				2			2		1		2		1	1	17
Section 8	1	3	3	4	4		1							1		1	2	1	2	3	2		28
Subsidized Housing	3		1	1			1						2	1									12
Zoning/Restrictive Covenants												1				1							2
Total	12	6	21	11	17	2	8	10	1	4	10	13	8	14	6	7	6	10	23	13	17	8	227

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Immigration

Citizenship Interview	1		2				1						4					1	1				10
Immigration		1	1	1			2			1	9	6	1		3	6	4	6	3		4		48
Total	1	1	3	1	0	0	3	0	0	1	9	6	5	0	3	6	4	7	4	0	4	0	58

Income Maintenance

Disability Benefits and Work								1						1							1		3
IHSS Eligibility		7	3		1		6		1	5	4	10		2	1	4		2	2		3	1	52
IHSS Number of Hours		6	7			1	7		2	2	3	6		3	1	7	1	2	1	1	1	2	53
IHSS Protective Supervision		5	3				3		1	5		2		3		4		1	3		1	1	32
IHSS Share of Cost and Other		1	1				1														1		4
Income Maintenance	2	6	1	2							3	9	4	6						3	2		39
Other Program Eligibility	1	2	2		1		1				1	2		2	1		2			3	1	2	21
SSA Benefits, Child Benefits (SSDI)	1		3	1	2	1	3			2	3	5								1		2	24
SSI - Other	1	9	20	2	3		6	3	1	7	6	20	8	11		13	6		12	11	10	7	156
SSI Eligibility	1	9	20	10	2	1	9		1	1	12	27	1	15		11		6	7	10	17	6	166
SSI Overpayment	3	8	23	4	3		9	1	2	1	7	6	1	10		7		2	7	2	9	5	110
Welfare Reform						1								1								1	3
Total	9	53	83	19	12	4	45	5	8	23	39	87	14	54	3	46	9	13	39	27	48	23	663

Juvenile Dependency

Juvenile Dependency				2	2		6				6	1		6	1					3			1	28
Total	0	0	0	2	2	0	6	0	0	0	6	1	0	6	1	0	0	0	3	0	0	1	28	

Legal Representation

Civil (General)	1	1	2		1		6	4	2		7	4	3	2	1	2	6	4	18	3			67
Criminal (General)	4	2	1		4		4	6		3	7		13		2	5	1	1	17	1	2		73
Personal Injury		2	2		3		1				8	3	2		3	1	1	1	1		3		31
Public Defender	3	1					1	1		1							3	1	5			1	17
Total	8	6	5	0	8	0	12	11	2	4	22	7	18	2	6	8	11	7	41	4	5	1	188

Licensing

Community Care Facilities		1			3		2			2		2	1							1	1		13
Health Facilities												1	1										2
Total	0	1	0	0	3	0	2	0	0	2	0	3	2	0	0	0	0	0	0	1	1	0	15

Neglect

FTP Admission to Institution											1									1			2
FTP Dietary Needs												1				1							2
FTP Discharge Planning											2												2
FTP Medical Treatment						2	1				3												6
FTP Mental Health Treatment							1				1												2
FTP Personal Care					2	1	2	1				3		1								1	11
FTP Personal Safety (Conditions in Institutions)				1													2	1	1				5
FTP Personal Safety (Physical Plant)												1					1						2
FTP Personal Safety (Staff to Client Abuse)	1			1			1	1													1		5
Total	1	0	0	2	2	1	6	3	0	0	7	4	1	1	0	1	3	1	2	0	2	0	37

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Placement																							
Board and Care Conditions	4	2			1	1	1			5		3		2	1		1	2	5	1			29
Board and Care Evictions	2	1		1			2			5	1	3			2					1		2	20
Childrens' Group Homes	3		1	3	1		1			1	2	1	4		1		3	3	5	2	1		32
FTP Community Residential Placement	3	1		1			3	1		1		1	1	2		3			5	2			24
FTP Community Services	2												1				9						12
Return to Community from Institution	5	3	1	2	2		4	1		1	3	3				2	1	1	4	2			35
Supported and Transitional Housing	5			1	2			1		6	3		3	3	1		4	1	2		3		35
Transfer of Jail Inmates to MH Programs (PC §4011.6)							1			1													2
Transfer of Prisoners to State Hospitals(PC §2684)	1										2												3
Unit or Institution Transfers	1			1	1		1	1							1				1	2	1		10
Total	26	7	2	9	7	1	13	4	0	20	11	11	8	6	8	2	21	7	22	10	5	2	202
Privacy/Personal Autonomy																							
Personal Autonomy	3	4	22	3	3	1	2			12	2	30		13	4	12	2		5	6		2	126
Recovery of Personal Property										1		2											3
Rights of/Denial of Personal Possessions	1	2			2					4	2	2		2	2	2			1	1			21
Rights of/Denial of Privacy - Association	2	1		3			9					3			2	1			1			3	25
Rights of/Denial of Privacy - Mail	2																						2
Rights of/Denial of Privacy - Search and Seizure					1					1	1			1			6		1	1			12
Rights of/Denial of Privacy - Sexuality							2			1	1	3	1						1	3		1	13
Rights of/Denial of Privacy - Telephone		1	2									1			2				5				11
Rights of/Denial of Recreation	1									1		3		1					2				8
WIC §5325.1 Rights							1									1							2
Total	9	8	24	6	6	1	14	0	0	20	6	44	1	17	10	16	8	0	16	11	0	6	223
Records																							
Access	1	1	3		2				1		13	1		9	1			5	1		1	2	41
Breach of Confidentiality	1									2					1						2		6
Denial of Access	1		1			1																	3
Total	3	1	4	0	2	1	0	0	1	2	13	1	0	9	2	0	0	5	1	0	3	2	50

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Regional Center Services																							
Assessment of Needs	2		1	1				2		1	2	3	14	2		2	5	9	1	1			46
Community Living Arrangements	6	2			3		6	1	1		4	6	2	3	5	3	3		4	1		2	52
Coordination with County Mental Health				1																2			3
Crisis Prevention Services	2				1							4				2			4		1		14
Day Training and Activity	1	2	5	1	1	1	3		3	4	2	6	4	3	2	4	1	2	7	3	3		58
Eligibility	26	31	26	30	37	8	36	5	4	30	16	14	13	19	40	24	17	16	32	16	13	6	459
Family Support Services	2	17	1	1	10	1	15			2	9	12	4	4	5	4	6	9	24		4		130
Hearing Procedures	1	1	9		4	1	16		2		3	1		1	4			16	4		6	2	71
IPP Development	9	3	3	2	3	4	8	1	3	2	3	6	4	2	2	7	12	7	3	1	5		90
IPP Implementation	4	1	2	1	28	1	3		2	4	2		2	2	2	3	5	1	3				66
Lanterman Act - Case Management	10	8	2	2	1		1				10	16					4	3	9	1	4		71
Lanterman Act - DDS Policies/Procedures	2	4		1	2						1	1		1				2	1		1		16
Lanterman Act - Regional Center	2	1	2		3		2		2	1	18	8	2		2		2	6	14	4	2		71
Licensed Residential Services		5	2		4	1		1	1		4			1	3		1		1				24
Prevention Services			3		1		2					2				2			2	1	1		14
Regional Center Services - Other	10	28	21	6	2	30	20	10	13	17	60	6	30	13	26	37	13	5	37	32	6	4	426
Supported Living	10	4	6	3	3	2	5	2	2	7	4	4	6	2	12		3	2	5	6			88
Total	87	107	83	49	103	49	117	22	33	68	138	89	81	53	103	88	72	78	151	68	46	14	1699
Right to Culturally Appropriate Services																							
Right to Culturally Appropriate Services							1			1				1									3
Total	0	0	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	3
Right to Refuse Treatment																							
Involuntary Aversive Behavior Therapy										1													1
Involuntary Medication							1					1											2
Other Involuntary Treatment	2							1			1	2			2				1	1		1	11
Total	2	0	0	0	0	0	1	1	0	1	1	3	0	0	2	0	0	0	1	1	0	1	14
Vocational Rehabilitation Services																							
Vocational Rehabilitation			2				2		1												1		6
Total	0	0	2	0	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	6
Unknown																							
None	8	1	14	4	2	9	7	116	2	84	20		59	12	6	4	7	10	4		19	16	404
Total	8	1	14	4	2	9	7	116	2	84	20	0	59	12	6	4	7	10	4	0	19	16	404
Grand Total	273	407	486	204	283	107	445	318	92	356	595	559	356	350	251	359	269	290	650	281	266	165	7362

OFFICE OF CLIENTS' RIGHTS ADVOCACY
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Memo

To: OCRA Advisory Committee
From: Jeanne Molineaux, Director
Date: 8/28/2002
Re: Consumer Satisfaction Surveys; Annual, 2001-2002

Attached are the results of the current Consumer Satisfaction Survey. The survey was sent out for the year July 1, 2001, through June 30, 2002. Every fourth closed case was randomly selected from OCRA's computer intake system to receive a survey, which included a self-addressed stamped envelope.

Two hundred thirty nine surveys were mailed out. Ninety-one people returned the survey. This represents a 38 percent return rate. The results were excellent. Of those responding to the questions, 92 percent of the respondents who answered the questions felt they were treated well by the staff, 90 percent understood the information they were provided, 92 percent believed their CRA listened to them, 84 percent believed they were helped by the Clients' Rights Advocate, 88 percent would ask for help from the Clients' Rights Advocate again. Lastly, 80 percent received a call back within two days.

OCRA is justly proud of the results of its Consumer Satisfaction Survey.

	<u>Satisfied</u>	<u>Not Satisfied</u>	<u>Did Not Check</u>
1. I was treated well by the staff.	84 ☺	4 ☹	3
2. My call was returned within two (2) days.	73	13	5
3. I could understand the information I got.	82	5	4
4. My Clients' Rights Advocate listened to me.	84	4	3
5. I was helped with my question/problem by my Clients' Rights Advocate.	76	9	6
6. I would ask for help from the Clients' Rights Advocate again.	80	4	7

Comments: ¹

- Clients' Rights Advocacy is vital in our County.
- Great.
- We really like Celeste Palmer-Ghose. She's been a great shield and educator for us and helped us so very much. Thanks.
- Thank for being there for me God bless you.
- Tom is great. Thanks.
- What a blessing Matt and Lisa (?) were- very responsive and knowledgeable. Thank you!
- Amy was very supportive. She kept our needs 1st; was good to offer suggestions not pushing her own personal preferences or ideas. Very helpful.
- I never received a call back from the Advocate. My phone calls were never returned. I never received any help. I felt ignored.
- Stan did an exceptional job in helping me. Amy is really good too!

¹ The comments are copied directly from the survey forms, including punctuation and spelling. If an adverse statement was made about a specific person or agency, the name was deleted for purposes of this report.

- I have a girlfriend that is mad at me and won't talk to me, but I am willing to forgive her for her mistakes and be her friend again.
- My experience with the advocate office was excellent.
- Brian Capra is wonderful! Highly recommended!
- Sin la ayuda de ellos no hubiera logrado obtener la ayuda que mi hijo necesitaba. Gracias!! (translation: Without their help I would not have managed to obtain the help my son needed)
- Gracias por todo lo que me han alludado. (translation: Thank you for all the help you have given me)
- Your guidance was invaluable! Thank you, thank you, thank you!
- I was disrespected in _____ unreturned call.
- I felt like I was the center of their attention and feel free to call on them again if the need arises. Thank you.
- I love working with you all.
- As a case manager at NBRC, it would be helpful to receive follow up call or memo stating the work you did for our client or their family.
- Tammy Solano was very helpful and I am very grateful for all the "battles" she's had to go through with us.
- I am very pleased with this group.
- I still need help with my problem.
- Katie Casada is great, very helpful. She puts a lot of time into helping consumers. She is always available to answer questions.
- Aida is very helpful, but is over-burdened with the caseload. If you could hire another assistant that would be great. Katie Casada did explain the information very well.
- Not very helpful. No follow thru. I felt like I had to go to law school to help my consumer.
- Very friendly.
- I need information regarding social security rights; could you provide me with this information please!
- Hard to get hold of ___ at times.
- CRA's presence at a planning meeting, to address supported living services, became more of a barrier to implementing the plan as CRA brought up old issues e.g. Board & Care placement which was not in consumer's best interest and had previously been discussed and ruled out.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
 Catchment Area: Central Valley Regional Center
 Date(s) of Training: May 2, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	No ☹ Response	
1. I learned something from this training.	20	2	
2. The trainer did a good job.	20	1	
3. I would like another training like this one.	19	1	2
4. I liked where the training was held.	19	1	2
5. I will use the things I learned today.	19		3
6. My questions were answered.	15	3	4

Comments:

- I really like you.
- I like having my own money. I like where I work. I enjoy my staff.
- Amy and Kay gave us a lot of information that we need an answer.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: Far Northern Regional Center
Date(s) of Training: June 21, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹ No Response
1. I learned something from this training.	4	
2. The trainer did a good job.	4	
3. I would like another training like this one.	4	
4. I liked where the training was held.	4	
5. I will use the things I learned today.	4	
6. My questions were answered.	4	

Comments:

- None.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: Inland Regional Center
Date(s) of Training: April 11, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	9	3	
2. The trainer did a good job.	12		
3. I would like another training like this one.	12		
4. I liked where the training was held.	7	5	
5. I will use the things I learned today.	12		
6. My questions were answered.	9	1	2

Comments:

- Nothing.
- Enjoyed working on the skit portion.
- I would like more info.
- Yes.
- Welcome for coming.
- What ever you, I will be willing to learn.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: Kern Regional Center
Date(s) of Training: June 6, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	18	1	
2. The trainer did a good job.	19		
3. I would like another training like this one.	18	1	
4. I liked where the training was held.	17	2	
5. I will use the things I learned today.	18	1	
6. My questions were answered.	19		

Comments:

- No.
- Peoples first.
- No.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: North Los Angeles Regional Center
Date(s) of Training: May 28, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	20	1	
2. The trainer did a good job.	21		
3. I would like another training like this one.	18	3	
4. I liked where the training was held.	21		
5. I will use the things I learned today.	18	3	
6. My questions were answered.	20	1	

Comments:

- I like you very much. You are beautiful.
- When is the next class?
- Help find an ILS worker.
- I she ask questions. I ask question.
- Do something.
- To get your rights. You got to behave normally.

- There are other things I didn't get to explain. In other words I didn't learn about fire drills and earthquakes.
- Is about medications. Personal things and learn about living a new group homes.
- Spanish please.
- I enjoyed it!
- I wood like to hear more. I wood like more training.
- Learn about living homes and going to a doctors appointment.
- More help for people with disabilities.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: North Los Angeles Regional Center
Date(s) of Training: May 3, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	11		
2. The trainer did a good job.	10	1	
3. I would like another training like this one.	10	1	
4. I liked where the training was held.	6	3	2
5. I will use the things I learned today.	9		2
6. My questions were answered.	9	2	

Comments:

- Good. Want more on who to go to and what to do to see if the problem can be solved without court.
- She was very friendly and very easy to talk.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy

Catchment Area: Redwood Coast Regional Center, Clearlake

Date(s) of Training: June 7, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	22	1	3
2. The trainer did a good job.	20	2	4
3. I would like another training like this one.	19	2	5
4. I liked where the training was held.	21	2	3
5. I will use the things I learned today.	18	2	6
6. My questions were answered.	17		9

Comments:

- Thank you.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy

Catchment Area: Regional Center of the East Bay

Date(s) of Training: June 2, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No
			Response
1. I learned something from this training.	11		
2. The trainer did a good job.	10	1	
3. I would like another training like this one.	9	2	
4. I liked where the training was held.	9	1	1
5. I will use the things I learned today.	10	1	
6. My questions were answered.	7	1	3

Comments:

- Thank you for coming.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: Regional Center of Orange County
Date(s) of Training: July 20, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	4		
2. The trainer did a good job.	4		
3. I would like another training like this one.	3	1	
4. I liked where the training was held.	3		1
5. I will use the things I learned today.	4		
6. My questions were answered.	4		

Comments:

- I think it would be great if trainings were held for staff working with clients, for them to be able to provide the best service.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: San Andreas Regional Center
Date(s) of Training: June 3, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	16		
2. The trainer did a good job.	16		
3. I would like another training like this one.	14	1	1
4. I liked where the training was held.	15		1
5. I will use the things I learned today.	16		
6. My questions were answered.	15		1

Comments:

- She is a very good trainer.
- She was very good. I hope she will come back soon.
- You should have this training at HOPE.
- I like to lean about different things with job or help people to find a job.
- CRA at each/person trained to help protect.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy

Catchment Area: San Gabriel/Pomona Regional Center

Date(s) of Training: June 26, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	<input type="radio"/>	<input type="radio"/>	No Response
1. I learned something from this training.	<input type="radio"/>	<input type="radio"/>	12
2. The trainer did a good job.	<input type="radio"/>	<input type="radio"/>	12
3. I would like another training like this one.	<input type="radio"/>	<input type="radio"/>	12
4. I liked where the training was held.	<input type="radio"/>	<input type="radio"/>	12
5. I will use the things I learned today.	<input type="radio"/>	<input type="radio"/>	12
6. My questions were answered.	<input type="radio"/>	<input type="radio"/>	12

Comments:

- Thank you all for inviting us to your meeting. I am sure we all learned something from this meeting.
- Meeting was very informing and good things were discussed.
- Great class.
- I like it.

- Do I have right to get marrie with Oscar. I went to set up a IPP meeting.
- About how to know about my friends and some problems.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy

Catchment Area: South Central Los Angeles Regional Center

Date(s) of Training: June 25, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	9		
2. The trainer did a good job.	9		
3. I would like another training like this one.	7	2	
4. I liked where the training was held.	7	2	
5. I will use the things I learned today.	9		
6. My questions were answered.	9		

Comments:

- I enjoy.
- Trainers were good.
- I really enjoyed training.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
 Catchment Area: Valley Mountain Regional Center
 Date(s) of Training: June 28, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	No ☹ Response	
1. I learned something from this training.	22	1	
2. The trainer did a good job.	23		
3. I would like another training like this one.	19	4	
4. I liked where the training was held.	23		
5. I will use the things I learned today.	23		
6. My questions were answered.	18	2	3

Comments:

- A training like this on supported living would be nice.
- This is my Leinani Neves.
- Excellent!!
- Questions for Leinani, Please! When time permits.
- Please meet me for care home questions.

- I would like to meet with you about my independent living facility.
- Had no questions.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy

Catchment Area: Valley Mountain Regional Center

Date(s) of Training: March 29, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹ No Response
1. I learned something from this training.	16	
2. The trainer did a good job.	16	
3. I would like another training like this one.	16	
4. I liked where the training was held.	16	
5. I will use the things I learned today.	16	
6. My questions were answered.	16	

Comments:

- Good job. Rights good.
- I really enjoyed everything.
- Excellent training for consumers and supported living staff.
- Smile good.
- Rodney liked the cookies.

- Good time with my friends.
- Phillip liked the coffee.
- Yes I did like all of it. I did not know thing it was worth it.
- Thanks so much for your help!!!! I would like to help again. Thanks.
- Good job.
- Cookies had to be dunked! Yummy!
- Well I need a little more training.
- About client's rights about hours that are need that are not giving or allowed.
- Good.

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SELF ADVOCACY TRAINING SURVEY REPORT

Title of Training: Self Advocacy
Catchment Area: Westside Regional Center
Date(s) of Training: May 28, 2002

We hope you enjoyed this training. Please tell us if the training helped you.

	☺	☹	No Response
1. I learned something from this training.	7		
2. The trainer did a good job.	7		
3. I would like another training like this one.	7		
4. I liked where the training was held.	7		
5. I will use the things I learned today.	7		
6. My questions were answered.	6	1	

Comments:

- Brian presented himself in a very professional manner. He appears to really enjoy his job.
- The trainers were very helpful.

OFFICE OF CLIENTS' RIGHTS ADVOCACY
Protection & Advocacy, Inc.

MEMORANDUM

Date: July 31, 2002

To: Jeanne Molineaux

Cc: Catherine Blakemore, Guy Leemhuis, Lisa Navarro

From: Eva Casas-Sarmiento

Re: **Annual Outreach Report to DDS for the Period of
June 2001 through June 30, 2002**

Overview

This report serves as both a quarterly report (covering the period of April 1, 2002 through June 30, 2002) and a yearly overview report covering July 1, 2001 through June 30, 2002).

By June 30, 2001 of last year, OCRA had completed one full year of target outreach activities in an effort to reach those groups that OCRA had identified as traditionally underserved. Review of data from this first year of target outreach activities revealed that OCRA, as a whole, had increased the number of consumers served from the target groups that had been identified.

From July 2001 to the end of December 2001, all OCRA staff continued doing outreach based on their plan of the previous year. At the same time during this 6-month period, staff analyzed the outcomes of their past outreach efforts, received extensive training on how to prepare a new target outreach plan, and began drafting goals and objectives for a new target outreach plan to go into effect January 2002.

By January of 2002, all OCRA staff had begun work on their new target outreach plans that would be in effect from January 2002 through the end of June 2003 (a 6-quarter period of time). Each of the 21 OCRA offices

developed individualized outreach plans based on newly release census data, DDS data, and OCRA intake data.

Now that OCRA has had experience doing target outreach, OCRA is confident that these new outreach plans will yield even better results in reaching traditionally underserved communities by the end of the 6-quarter period. The new plans reflect certain key changes that were implemented as a result of experience incurred during the first outreach period. These changes include such things as a focus on only one target group instead of several, focus on reaching existing regional center consumers and not potential consumers from the general population, a focus on conducting training directly to consumers and/or their families whenever possible instead of other agencies and/or providers.

Another change in the new outreach plans was an increase in the number of minimum target outreach activities that each staff must conduct within the 6-quarter period. Each OCRA staff must now complete a minimum of 3 target outreach activities within the outreach plan period. Please note that this is a minimum, not a maximum, requirement. A review of our initial year of target outreach showed that most staff completed many more outreach trainings and presentations than just 3 per year. In addition to target outreach per each individual office, staff also conduct general outreach and training, self-advocacy trainings, and focus groups used to help PAI develop its new four year advocacy services plan. This will help to ensure that the needs of persons with developmental disabilities throughout California are met.

Status of Current Efforts

All OCRA employees have now had two full quarters of outreach work under their new outreach plans and the amount and quality of outreach conducted has been impressive. OCRA now has a sound and effective system in place that allows for effective outreach to take place. We have office procedures for access to interpreters and translation services, more extensive referral information, procedures for releasing staff to participate in outreach, procedures for tracking and overseeing outreach efforts, and a means of coordinating and sharing outreach information statewide between offices. Staff also have a checklist of things to do and take to an outreach event and have received training on how to achieve a diverse caseload. The annual report contains a tally of all outreach trainings and presentations that

have been conducted to date. Below you will also find a sampling of some of the trainings and presentation that have taken place during the last quarter.

One of the major lessons learned from having more than two full years of OCRA intake data, new California census data, and updated DDS data was that it is imperative to pay special attention to the cultural and language needs of Californians with developmental disabilities. California in general is one of the most ethnically and culturally diverse states in the nation. OCRA's ability to improve the number and quality of services to traditionally underserved groups requires culturally and linguistically competent staff. Ongoing cultural and disability sensitivity training is critical to meeting the needs of the diverse clientele of persons with developmental disabilities. Equally important is OCRA's ability to recruit, hire, and retain staff who are able to meet the linguistic needs of our clients.

To this end, over the past year OCRA has had staff participate in cultural and disability sensitivity training along with other PAI staff. Select OCRA staff have also been trained as cultural and disability trainers so that they could continue to work as consultants with new OCRA employees who get hired who may not have had the opportunity to participate in the pre-scheduled sensitivity trainings. The goal of such sensitivity training is to empower staff to better understand the unique experiences and needs of consumers and their families who may not share the same ethnic, cultural or disability experience.

Also, OCRA has convened a committee to assess the varied non-English monolingual communities that exist throughout California's developmental disability groups. An initial review of current census data and DDS data reveals that by far one of the largest groups of non-English monolingual groups of persons with developmental disabilities in California is the Latino community.

Many of the individual CRA offices decided to make Latinos their target outreach group for the current outreach plans. However, many of the individual offices who have the Latino community as a target outreach group do not have a CRA and/or ACRA who speaks the Spanish language. The OCRA statewide outreach committee will be meeting to develop strategies to assist individual CRA offices who do not have someone on staff who speaks Spanish. The committee will also be meeting to assess how OCRA is meeting the needs of other ethnic groups. The committee will strive to

develop a plan to improve how OCRA recruits, hires, and retains qualified staff who can meet the needs of a diverse clientele throughout California.

OCRA has already completed an OCRA Diversity Plan which was approved by its advisory committee. The diversity plan sets goals and priorities to supplement existing merit-based selection and retention policies, to assist hiring teams in removing barriers to achieving a diverse workforce and to develop and implement programs designed to retain staff.

Sample of Outreach Conducted April 1, 2002 through June 30, 2002

- East Bay – May 30, 2002; Presentation on education issues to Padres Unidos, an East Bay Latino parent support group.
- East Bay – June 1, 2002; Workshops and Participation at Harambee, A Village Gathering 3, African American Consumers and Families
- Westside – June 22, 2002; Presentation at Latino Family Outreach Project Resource Fair; both Latino and African-American families attended.
- Various OCRA L.A.-based offices – June 7 & 8, 2002; Annual Fiesta Educativa Conference (table and presentations).
- Alta – June 6, 2002; Philipino Festival
- East L.A. – April 16, 2002; Alternatives to Conservatorship Training to Latino parents.
- Harbor – May 29, 2002; Advocacy Training to Asian/Latino Parent Support Group Members.
- Inland – May 16, 2002; Rights Under the Lanterman Act Training to Latino Consumer/Family Support Group
- Kern – June 20, 2002; Coordination Meeting with Chumash River Tribe Members
- North L.A. – April 24, 2002; Educational Resources Training for “Mi Casa Es Su Casa” Families
- Redwood Coast – May 7, 2002; Special Education/Lanterman Act/Public Benefits Training to Native American Robinson Rancheria Tribal Members
- Redwood Coast – April 6, 2002; OCRA/Regional Center Services Training to Scotts Valley Band of Pomo Indians Tribal Council Members
- Orange – May 23, 2002; Early Start Training for Latino Parents of the Epilepsy Foundation of Orange County

- San Diego – April 22 to 23, 2002; Training of S. CA Native American Advocates on Special Education, Regional Center Services, and Mental Health

OCRA ADVISORY COMMITTEE

Advisory Committee Members:

Ronald Allan, Co-Chair (Exeter)
Harvey Lapin, Co-Chair (Los Angeles)
Octavio Garcia (Santa Cruz)
John Graber (Torrance)
Maria Jimenez (Chula Vista)
Barbara Nelson (Fortuna)
Eric Ybarra (Stockton)

STATEMENT OF ORGANIZATION
AND
PURPOSE FOR THE ADVISORY COMMITTEE TO THE
OFFICE OF CLIENTS' RIGHTS ADVOCACY

PURPOSE -

Provide input on the quality of clients' rights advocacy provided by OCRA staff.

Serve as liaisons between OCRA and the developmentally disabled community.

Provide an independent sounding board.

Provide information about individual and systems issues.

MEMBERSHIP -

There will be seven Advisory Committee members, selected by the PAI Board of Directors. The members of the Advisory Committee will reflect the geographic, ethnic and disabled diversity of California. The PAI Board of Directors shall appoint a liaison to the Advisory Committee who will interchange information between PAI and the Advisory Committee.

TERMS OF OFFICE -

An Advisory Committee member serves a two-year term. The initial year, members will be appointed to two and three year terms so that thereafter the terms will be staggered. This will allow continuity in the committee's work.. To enable new membership, a member can be elected to a maximum of two consecutive terms and after serving two terms will not be eligible for reappointment.

MEMBER RESPONSIBILITIES -

Each committee member is expected to:

- * Attend three of the four meetings per year.
- * Actively participate in the functioning of the Committee. ie chair one meeting per year, or other activities of the committee, as requested.
- * Be available for individual or group consultation to the Director or individual CRA of OCRA.
- * Advise OCRA as to issues concerning regional center consumers.
- * At each annual meeting, review OCRA priorities.

OFFICERS -

The Advisory Committee shall annually select co-chairpersons, who shall be a consumer, and a parent member of the committee. Both persons shall jointly develop the agenda and submit it to OCRA for finalization. The responsibility for facilitating the meeting shall be rotated.

MEETING PROTOCOL:

The annual meeting shall be in April, of each year.

The committee will operate through consensus and will use Roberts Rules of Order, as needed. An opportunity will be given for every member to speak on an issue.

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Minutes
OCRA Advisory Committee Meeting
February 2, 2002
Sacramento

In Attendance:

Jacqueline Gallegos	Virginia Knowlton
Ron Allen	Gail Gresham
Harvey Lapin	Kim Rode
Barbara Nelson	Jackie Coleman
Octavio Garcia	Nancy Clyde
Dan Meadows	Eric Gelber
Jeanne Molineaux	Barbara Silva (By Phone)
Catherine Blakemore	

The meeting was called to order by Ron Allen, Chairperson.

1. A certificate of appreciation was given to Nancy Clyde from the Committee for her service on the committee.
2. Harvey Lapin discussed the current status of the Sanchez Case. Parties are currently being deposed.
3. The committee considered the applications for new members to the Advisory Committee. After careful consideration, the Committee voted to recommend that Protection & Advocacy Inc. Board of Directors appoint two consumers to the committee, Eric Ybarra and John Graber.
4. Eric Gelber, PAI managing attorney, Sacramento gave a presentation on the law suit recently filed by Protection & Advocacy Inc., Capitol People First vs. Department of Developmental Services. The case would require people currently residing in facilities to be given an opportunity for community placement.
5. Virginia Knowlton, Legislative Advocate, Protection & Advocacy Inc., did a presentation on the current status of proposed state legislation that affects people with disabilities.

6. Barbara Silva, Deputy Director, Protection and Advocacy Inc., did a presentation by phone on Protection and Advocacy Inc.'s plan for generating its next three-year plan. Barbara discussed Office of Clients' Rights Advocacy's part in the process. Harvey Lapin, Ron Allen, Barbara Martinez and Octavio Garcia all indicated an interest in sitting in on a focus group in their area.
7. Dan Meadows, formerly a committee member, and liaison for PAI's board of directors to the Advisory Committee, has been hired by Protection And Advocacy Inc. as a Peer/Self-Advocate. Dan has been requested to be that program's liaison with Office of Clients' Rights Advocacy and the Advisory Committee. Dan gave a brief report on the Peer/Self-Advocate Clients' project, one of which is a self-advocacy conference to be held jointly with the Regional Center Consumer Advocates and OCRA/PAI.
8. Video Project – The committee recommended that Office of Clients' Rights Advocacy develop a public interest tape/video to disseminate information about Office of Clients' Rights Advocacy. Suggestions were that Andrea Freeman be asked to do the spot. Suggested that \$20,000 remaining in OCRA's video fund be used to finance the video.
9. Jeanne Molineaux did a report on the Semi-Annual OCRA report to the Department Developmental Services. There was extensive discussions around the difference in the number of cases being handled by each OCRA office. The committee directed Jeanne Molineaux to send a letter to the chairperson of Harbor and Lanterman's Boards of Directors inviting them to attend the next Advisory Committee meeting which will be held in Los Angeles. Also the committee worked on changes requested by Department of Developmental Services on the Consumer Satisfaction Survey. The Committee recommended incorporating the two draft surveys into one page.

10. Committee members were given a copy of Protection And Advocacy Inc.'s policy that requires members to submit copies of their insurance coverage to PAI before member may be reimbursed for car mileage expenses.

11. The following advocates presented case reviews:

Jacqueline Gallegos
Kim Rode
Jackie Coleman
Gail Gresham

The advisory committee was extremely interested in the reports and commended all the advocates in a job well done.

Respectfully submitted,

Jeanne Molineaux

**OFFICE OF CLIENTS' RIGHTS ADVOCACY
Protection & Advocacy, Inc.**

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Minutes

OCRA Advisory Committee
Friday, June 21 and Saturday, June 22, 2002
San Jose, CA

June 21, 2002

PAI's Board of Directors invited the OCRA Advisory Committee to a dinner that evening to facilitate both boards better learning each other's mission.

June 22, 2002

In Attendance:

Ron Allan	Eric Ybarra
Judy Allan	John Graber
Maria Jimenez	Martha Vargas
Jeanne Molineaux	Dan Meadows
Barbara Nelson	Lori Shepherd
Octavio Garcia	Jacqueline Gallegos
Barbara Silva	Virginia Knowlton
Gloria Torres	Evelyn Abuhasson

The meeting was called to order by Ron Allan, Chairperson.

1. Approved minutes of February 2, 2002, meeting.
2. Video of Ron Allan's Supported Life Conference presentation of June 8, 2002.
3. New members Eric Ybarra and John Graber were introduced.
4. Barbara Silva presented an update and discussion on PAI's 3-Year Plan. Also, there was a discussion of the desired accomplishments from the public hearing in which the advisory committee was participating that afternoon.

5. Discussion of DDS's letter stating it did not desire to participate in a statewide conference with the consumer advocates, PAI's Peer/Self Advocacy unit and OCRA. Desired direction from the committee is for OCRA to continue its efforts to organize the conference.
6. Legislative update was given by Virginia Knowlton and Evelyn Abuhassan
7. OCRA budget for 2001-2002 was discussed.
8. Dan Meadows and Lori Shepherd, PAI staff members, presented and showed a video on the California Memorial Project. This project is seeking to renovate graveyards and show respect for people who have died in California's institutions. Most are currently interred in unmarked graves and PAI is working with others to undue this.
9. Gloria Torres, Assistant CRA, San Andreas Regional Center, and Jacqueline Gallegos, Assistant CRA, Alta California Regional Center, did case presentations.

Meeting adjourned at 12:30 p.m. for lunch and PAI's Public Hearing held that afternoon to develop PAI's next 3-5 year plan.

Respectfully submitted,

Jeanne Molineaux

ADVOCACY REPORT

OFFICE OF CLIENTS' RIGHTS ADVOCACY

Spring 2002

BENEFITS

Successful California Children's Services Appeal.

E. W. has severe disabilities and stays in bed. According to his mother, a special air mattress would keep Eric more comfortable. She learned of this mattress during a discussion with CCS service providers and it was the mother's recollection that a CCS physical therapist first suggested its use. This added to Mrs. W's shock when CCS denied coverage of the purchase of the mattress.

Mrs. W. called the CRA who filed a written appeal with CCS. A few weeks and a few telephone calls later, CCS reversed its denial and provided the mattress for E.W. Lynne Page, CRA, Redwood Coast Regional Center.

Funds Obtained From An Individual Indian Money Account with the Office of Trust Funds Management.

OCRA was notified two years ago by a group home manager that D.A. had been notified by the Office of Trust Funds Management in the Department of the Interior that he had some money in an individual Indian money account to which he was entitled. His notarized signature was needed to obtain the money but a local notary would not perform the services because she did not believe D.A. was competent to sign the necessary form. The CRA took care of that problem but was called in again when no money was forthcoming from the Office of Trust Funds Management. A variety of reasons and excuses were given for the delay, but after two years of multiple phone calls, letters, and arguments, the Office of Trust Funds Management finally sent D.A. his \$3900. Frank Broadhead, Clients' Rights Advocate, Redwood Coast Regional Center.

Are They Married or Did Social Security Jump to a Conclusion?

That is the question that a regional center consumer is waiting for a hearing officer to decide. J.P. was born to a single mother and has never known his father. J. P., his mother, and his mother's boyfriend live together. J.P.'s mother is adamant that she does not want to be married despite the fact that she lives with her boyfriend.

J.P. receives Social Security (SSI) benefits due to his disability. In February, 2000, J.P.'s mother and her boyfriend attended a meeting at the request of Social Security. They both provided financial information, as was requested. At the end of the meeting, J.P.'s mother, who is a monolingual Spanish speaker with limited education, was asked to sign a four-page document written in English prepared by the Social Security field worker. In order to be compliant, she did so.

Social Security then used this document to deny any future Social Security benefits to J.P. and to levy a \$14,000 overpayment against him. From the interview, Social Security concluded that J.P.'s mother's boyfriend was J.P.'s father, that J.P.'s mother was holding herself out as married, and that J.P.'s mother's boyfriend's income should have been deemed to J.P. and disqualify him from receiving SSI benefits.

J.P.'s mother immediately filed for a hearing on the ground that her boyfriend was not J.P.'s father and that she did not hold herself out as married. A hearing was finally set for March 20, 2002. OCRA represented J.P. at the hearing arguing that neither of Social Security's contentions was correct. A written decision should be received in the near future. Katie Casada, CRA, North Los Angeles County Regional Center.

Dental Treatment Authorized by Denti-Cal.

J.A. requires orthodontic treatment due to the effect that his cerebral palsy has on his dental development. Most of J.A.'s baby teeth remained while his adult teeth began to grow in, causing severe crowding and pain. Two of the baby teeth remain to date, and continue to cause irritation and pain, while all of his adult teeth have grown in. J.A. needs teeth extracted, study molds, x-rays, monitoring, and possibly braces. Additionally, J.A. requires that a

section of skin connecting his lower lip to his lower gums be removed. Typically this piece of skin disconnects as a child ages, but because J.A.'s development is delayed, the skin has not yet disconnected and causes irritation when J.A. brushes his teeth and periodically becomes infected.

J.A.'s mother, J.A.A, submitted a request to Denti-Cal for orthodontic work when J.A. was 12-years old. Denti-Cal responded that J.A.A. would need to wait until J.A. was 13-years old to request orthodontic work. J.A.A. re-submitted her request when J.A. reached age 13. Her request was denied based on lack of medical necessity.

J.A.A. contacted OCRA requesting assistance in appealing this denial. OCRA agreed to investigate and assess the matter. While OCRA was researching this issue, OCRA recommended that J.A.A. attend an upcoming meeting at the regional center that would be presented by Denti-Cal's Chief Dental Program Consultant, Dr. David Noel. J.A.A. attended the meeting, spoke with Dr. Noel very briefly, and showed him documentation of J.A.'s need for orthodontic treatment. After speaking with J.A.A for about three minutes and reviewing the documentation, Dr. Noel called Denti-Cal's Sacramento office and authorized treatment for J.A over the telephone. After eight months of waiting to reach the minimum age, a written denial thereafter, and the expectation of having to go to hearing, J.A.'s treatment needs were authorized by Dr. Noel. Brian Capra, CRA, Westside Regional Center.

Request for In-Home Nursing Is Granted.

B.L. is an 11-year old boy who has many medical complications from his encephalitis and seizure disorder. In order to continue living at home, B.L. needed a minimum of 171 hours per month of in-home care from a Licensed Vocational Nurse along with at least 5 hours per month of supervision from a Registered Nurse. B.L. was eligible for services from his private insurance, Medi-Cal thru institutional deeming, California Children's Services (CCS), In-Home Support Services, and regional center. Having so many different agencies involved in his care resulted in lack of coordination. B.L. and his parents were unable to determine which of the different agencies was ultimately responsible for the in-home nursing hours he needed.

For over one year, B.L.'s mother had been trying to get Medi-Cal or CCS to cover his home nursing care. She had obtained denials from both Medi-Cal and CCS but the regional center refused to be the payor of last resort. Upon review of records, the CRA determined that CCS should be covering this service. The CRA prepared and submitted a request for hearing against CCS and assisted B.L.'s mother in re-submitting a more comprehensive Treatment Authorization Request for reconsideration by CCS. Meanwhile, the CRA also attempted to get the regional center to pay for the in-home nursing services pending the CCS appeal as gap funding. The regional center refused to provide gap funding and the CRA prepared and filed a request for hearing against the regional center, also.

After filing for hearings against the regional center and CCS simultaneously, representatives from these agencies agreed to meet and discuss the request for in-home nursing services. The result was a final approval from CCS to approve B.L.'s initial request. B.L. will now get 171 hours of LVN in-home care with 5 hours of RN supervision per month. Eva Casas-Sarmiento, CRA and Lupe Moriel, Assistant CRA, Regional Center of Orange County.

Five Additional Months of IHSS Services Reimbursed for Regional Center Consumer.

P.C. is a consumer who had all but given up on several months of IHSS services for which she had applied. Lake County Department of Social Services had ignored an application she filed in December, 2000. P.C. contacted OCRA for help when a subsequent IHSS application resulted in approval of an inadequate number of hours of service to help her remain at home. OCRA reviewed a substantial amount of paperwork involved in these applications. First, OCRA analyzed the current need for IHSS and assisted the consumer with a request for a reassessment that resulted in a 50% increase in IHSS authorization.

In addition, OCRA determined that there had been a hearing request on the failure to authorize IHSS from the December, 2000, application which the county had not processed. The county had obtained the consumer's agreement to a conditional withdrawal of that appeal, but never followed through with a revised decision on the application. With OCRA as her representative, the consumer successfully reinstated the original hearing request. OCRA successfully negotiated with the county appeal

representative an agreement to authorize payment for IHSS services back to the date of the first application without the need for a hearing. Doug Harris, Associate Advocate, Redwood Coast Regional Center.

SSI Appeal Successful.

F.M. is a client of the East Los Angeles Regional Center. She applied for SSI under the diagnosis of mental retardation. She was denied benefits. She filed an appeal. With the help of the regional center service coordinator, the consumer contacted the CRA for assistance. After further investigation and review of the medical records, the CRA discovered that the client had an additional mental health diagnosis. The CRA agreed to represent F.M. at the hearing. A brief with supporting documentation of the second diagnosis was submitted. The Administrative Law Judge ruled from the bench in favor of the consumer. Matt Pope, CRA, East Los Angeles Regional Center.

IHSS Hours Increased.

A consumer's mother contacted the CRA five days before her IHSS hearing. Shortly after the consumer turned 18-years old, the County IHSS office scheduled a re-evaluation. The County authorized increased hours from 121.0 to 140.9. The parent believed that her son was entitled to more hours and appealed the IHSS decision. OCRA agreed to provide technical assistance and help the mother write a brief. The consumer's parent agreed to postpone the hearing. The CRA helped the parent understand how to calculate the time per each task. Armed with the brief and a better understanding on how to explain the calculations for each task performed, the consumer's parent was ready to go to the hearing. The Judge agreed to increase the hours from 140.0 to 199 per month. Aleyda Toruno, CRA, Inland Regional Center.

IHSS Share of Cost Amount Corrected.

N.G. is a 12-year old young man with mental retardation, cerebral palsy, and autism. OCRA represented N.G. at hearing last year, when B.G., N.G.'s mother, appealed Los Angeles County's decision to reduce N.G.'s In Home

Supportive Services (IHSS) hours, and succeeded in obtaining protective supervision for him.

B.G. called OCRA again when the county recalculated N.G.'s share of cost (SOC) for his IHSS and determined that it would increase from \$107.00 to \$1800.00. B.G. received a pay raise at work and expected a small increase in SOC, but believed that \$1800.00 was too much. B.G. spoke with the IHSS worker several times, requesting an explanation for the large change in SOC and requested that the SOC be recalculated. The IHSS worker recalculated the SOC but it remained very high, at \$1166.00. According to the IHSS worker, the \$107.00 SOC had been incorrectly determined and the reason it was so high now was because B.G.'s income should have been deemed to N.G.

OCRA calculated N.G.'s IHSS SOC according to the Social Security Administration's deeming rules, using the 2002 allocations. OCRA determined that N.G.'s new SOC should be \$700.00. OCRA represented N.G. at a meeting with the County's Appeal Representative, wherein OCRA discovered that the County computed N.G.'s SOC with an old deeming formula worksheet using SSA's figures from 1980! The parties agreed that N.G. would conditionally withdraw his appeal to allow the county to re-compute N.G.'s SOC using current numbers and that the SOC would continue at \$107.00 until the re-evaluation was completed. Brian Capra, CRA, and Meriah Harwood, Assistant CRA, Westside Regional Center.

Consumer at Far Northern Regional Center Found Eligible For SSI Benefits Following Request For Reconsideration.

D.C. is a 19 year old regional center consumer who has an expressive language deficit. He attended special education classes all his life and has a borderline IQ score. Since graduating from high school, D.C. attempted a number of employment situations. He was unable to keep any of his jobs due to his developmental disability. D.C. applied for SSI benefits and was denied.

A Request for Reconsideration was submitted by OCRA on behalf of D.C. Additional evidence established that D.C. was unable to keep a job due to his disability and should be qualified for SSI benefits. After numerous phone calls by OCRA to the Social Security Office and continuing

negotiations, the Social Security Administration found D.C. eligible for SSI benefits in February, 2002. Lorie Atamian, Assistant CRA, Far Northern Regional Center.

CRIMINAL LAW

Criminal Charges Dismissed.

C.W. is a 17-year old who has multiple diagnoses including mental retardation, ADHD, fetal alcohol syndrome, impulse control disorder, and possible defiant/oppositional disorder. Los Angeles County (DCFS) has had custody of C.W. since the age of 6 months, when he was removed from his parents' home due to severe neglect. C.W. grew up in foster care and was later placed in a group home. C.W.'s volunteer guardian (CASA) contacted OCRA for assistance with his IPP development with the regional center, with particular emphasis on his need for a 1:1 aide.

C.W. had a history of arrests for inappropriate sexual contact with minors, although he had never been charged. The CASA guardian and DCFS asked HRC to provide C.W. with a 1:1 aide in his group home to avoid any future violations. HRC denied this request, citing licensing issues at the group home.

In October, C.W. eloped during an outing from his home. Unable to find him, the staff took the other residents home and called the police. The police found C.W. in the bathroom with a minor. C.W. was arrested and charged. The District Attorney indicated to the Public Defender that given C.W.'s developmental disability, the D.A. would consider dropping charges against C.W., if he was committed under WIC §6500 and placed into a secure setting.

OCRA provided advice and technical assistance to the public defender, DCFS, and the CASA throughout the §6500 proceedings, attending all court hearings. DCFS's motion to have C.W. committed under §6500 was granted and the criminal charges against C.W. were dismissed. C.W. was placed at Porterville Developmental Center for treatment. Carrie L. Sirles, CRA, and Patricia Pratts, Assistant CRA, Harbor Regional Center.

HOUSING

Section 8 Voucher Reinstated.

L.Y. had applied for Section 8 Housing through the Los Angeles County Housing Authority and received a voucher for a one-bedroom home. However, L.Y. had requested a two-bedroom voucher. L.Y. had gotten two extensions while attempting to have the voucher converted to a two-bedroom voucher. Ultimately, L.Y. was dropped from the roles of the Housing Authority. The supported living services vendor who was assisting her contacted the CRA and requested assistance in having the voucher reissued for two bedrooms. The CRA contacted the Housing Authority and negotiated the issuance of a two-bedroom voucher. Matt Pope, CRA, East Los Angeles Regional Center.

PERSONAL AUTONOMY

OCRA Demand Letter Persuades Orthopedic Shoe Store to Return Consumer's \$450.

D.H. needs custom-made orthopedic shoes in order to walk securely because of the unusual shape of her feet. Last summer, she and her residential service provider took her podiatrist's prescription to an orthopedic shoe store and ordered a pair of custom-made shoes. The store owner agreed to bill Medi-Cal, but explained there were often delays associated with the Medi-Cal approval process. The owner suggested that D.H. make a \$250 deposit to speed things up, and assured her of reimbursement as soon as Medi-Cal paid for the shoes. D.H. paid the requested \$250. D.H. picked up the shoes last fall and paid another \$200, getting the same reassurance about reimbursement once Medi-Cal had paid the store owner. Winter came, but the promised reimbursement did not. When D.H.'s residential service provider called to inquire, the store owner asserted that Medi-Cal would not pay for such shoes, did not say whether she had sought Medi-Cal coverage, and refused to give D.H. her money back. This left D.H. and her provider unhappy and afraid of having lost \$450. To make matters worse, the shoes

did not fit properly. They called D.H.'s case manager, who called OCRA.

OCRA first asked D.H.'s case manager to call the store and request reimbursement, inasmuch as Medi-Cal should pay for the shoes. He did so, getting new excuses from the owner, a refusal to reimburse D.H., and a promise to bill Medi-Cal at some future time when the owner had more time. OCRA next met with D.H. to discuss her options. As a fan of the TV program People's Court, D.H. decided to sue the orthopedic shoe store in small claims court with OCRA office assistance, if a preliminary demand letter failed to secure return of her money. After research established that Medi-Cal does pay for custom-made orthopedic shoes, OCRA sent a demand letter that set out the original understanding about Medi-Cal coverage, the expectation of reimbursement, and the store owner's inconsistent statements. The letter confirmed Medi-Cal coverage for the shoes and promised a lawsuit and perhaps a Medi-Cal fraud report if D.H.'s money were not returned. Eight days later, D.H. picked up the store owner's check for \$450, cashed it, and deposited her money into her own bank account. Marsha Siegel, CRA, Regional Center of the East Bay.

Consumer Off on an Adventure to Vietnam!

B.O., a regional center consumer, loves to travel. He has been all over the United States and Canada. He collects travel books and videos. His care provider was planning a trip to Vietnam to visit her family and invited B.O. along. Unfortunately, B.O.'s Foster Family Agency (FFA) and the regional center did not view this trip as being beneficial. They saw the trip as a possibly dangerous endeavor that should be stopped. The FFA went so far as to state that they would terminate the provider contract if B.O.'s care providers took B.O. on the trip. The regional center was considering a DDS conservatorship to stop B.O. from going.

OCRA got involved and conducted a meeting with B.O. and then with his mother, his care providers, and a representative from the FFA. B.O. knew of the dangers that are possible in a foreign country and had planned for them. He had gotten a special portable nebulizer for his asthma treatments. He was eating Vietnamese food to get used to it. He had found Vietnam on the map and began reading travel brochures about points of interest. He had gathered books to take on the long plane ride. In general, B.O. had prepared just as anyone would for the trip.

The CRA met with the regional center Executive Director and subsequently drafted a memo regarding her findings. The regional center finally agreed with B.O. and he went to Vietnam as planned. Katie Casada, CRA, North Los Angeles County Regional Center.

OCRA Support of Self-Advocacy Secures Community Integration for Resident of ICF-DDN.

W.B. longs to get out into the community, make friends, arrange his own wheelchair repairs, and manage his own banking and other business, just like any other 24-year-old man. For almost two years, he has had to defer these goals. Staff at his ICF-DDN had to attend to other residents' needs for nursing care and could not support him in the community. W.B. came to feel increasingly constrained by life in the licensed facility. The prospect of eventually moving into his own apartment with a supported living agency did not make the waiting easy. His ICF-DDN sympathized but could not support him. As his frustration mounted, the ICF-DDN responded by giving him a 30-day notice to quit: W.B.'s insistence on independence despite his significant physical disabilities resulted in what looked like an impasse.

W.B. made his desire for independence known to OCRA, which assisted him in requesting an IPP meeting with his new case manager. At two program planning meetings, and with the support of OCRA, W.B. made known his desire for community integration and a normal life. OCRA confirmed his right to realize these goals as fully as possible while living in the ICF-DDN. Honoring his choice, W.B.'s RCEB case manager noted all the things he wanted to do in late afternoons and evenings, and on weekends. With this information, the case manager and regional center approved supplemental staffing, and the ICF-DDN sought staff W.B. likes. He now has supplemental staffing that allows him to be in the community and attend to his interests 42 hours per week. Marsha Siegel, CRA, Regional Center of the East Bay.

REGIONAL CENTER

N.M. is Found Eligible for Regional Center Services.

N.M. is a 3-year old boy who was diagnosed with Autism by the UCLA-NPI Autism Evaluation Clinic. He received Early Start services through Tri-Counties Regional Center (TCRC) until he turned three years old. When he was denied eligibility for regional center services, OCRA agreed to represent him at the administrative hearing. In his decision, the Administrative Law Judge emphasized that there were various health care professionals, including the Associate Director of the UCLA-NPI Autism Evaluation Clinic, who evaluated NM and found conditions substantially similar to autism. The Administrative Law Judge concluded that N.M. is eligible for regional center services based on a diagnosis of Autism. Katherine Mottarella, CRA, and Jacqueline Phan, Assistant CRA, Tri-Counties Regional Center.

Choice of Regional Center.

P.F. and D.B. have been friends since junior high school and have lived together since 1994. They are both clients of the East Los Angeles Regional Center (ELARC). They had been living together within the ELARC catchment area for the past two years. Because their apartment had limited accessibility they decided to move to another apartment. With the help of the regional center and their ILS worker, they were able to find an apartment that seemed to suit their needs.

During the process of paying the first and last month rent and moving in, they received notice from ELARC that their cases were being transferred to the regional center where they were now residing. The consumers argued that they were not told that by moving into the new apartment they were moving out of the ELARC catchment area. They appealed the transfer.

The CRA contended that there were many compelling reasons why the consumers should remain in the ELARC catchment area. The consumers developed a trusting relationship with the ELARC staff. They had had a bad experience with the staff from the new regional center in the past, and they were not satisfied with their services. The two consumers were willing to move back to another apartment that was located within the ELARC

catchment area but they had already signed a 6 month lease. The regional center argued that the fair hearing process was not the proper avenue to pursue this matter and that instead the consumers needed to file a complaint in accordance with the Department of Developmental Service transfer guidelines.

The Administrative Law Judge found that there was no provision in the law to bar a consumer from obtaining service coordination from one regional center while living within the “catchment” area of another. The Judge decided in the favor of the consumers, stating that, "this particular case turned on the consumers' expressed preferences, and the failure by the Service Agency to provide a substantial reason why those choices should not be honored. Whether they receive the state's assistance from one regional center or another appears irrelevant, at least on this record, so it is determined they should receive that assistance from the center of their choice." Matt Pope, CRA, East Los Angeles Regional Center.

Judge Orders Regional Center to Fund In-Home Behavioral Services and Music Therapy.

K.N. is diagnosed with autism. The regional center discontinued in-home behavioral intervention services when K.N. reached 3-years of age. K.N.’s mother also requested music therapy services for K.N., which HRC denied. K.N.’s mother contacted OCRA for assistance in preparing for hearing against the regional center.

OCRA assisted the mother in preparing for two hearings: one took place on May 7, 2001, and the second on January 8, 2002. With OCRA’s assistance, mom received favorable rulings at both hearings. At the first hearing, the regional center was ordered to reinstate and fund in-home behavioral services and to begin funding music therapy for K.N. At the second hearing, the regional center was ordered to continue funding both services. Patricia Pratts, Assistant CRA, Harbor Regional Center.

ALJ Orders the Regional Center to Increase Respite Hours and Pay for the Increased Hours Retroactively.

A.N. is diagnosed with mental retardation and has some complex medical needs. A.N. had surgery in April, 2001, and the mother requested that the regional center increase the family's respite hours during his recovery. The regional center denied the request. A.N.'s mother contacted OCRA for representation at fair hearing against the regional center.

OCRA represented A.N. at hearing on August 17, 2001. In September, the Administrative Law Judge issued a favorable ruling for A.N., ordering HRC to increase the respite hours to 68 hours per month for a period of time beginning with A.N.'s surgery on April 4, 2001, and ending on September 30, 2001. The Judge also ordered the regional center to pay for the increased hours retroactively after A.N.'s mother submitted the proper documentation.

In October, the regional center sent the mother a letter outlining the information the regional center must have to pay the retroactive claim. OCRA advised A.N.'s mother on the preparation of her claim for reimbursement. Lisa Hervatin, CRA, Carrie L. Sirles, CRA, Patricia Pratts, Assistant CRA, Harbor Regional Center, and Marcie Gladson, Supervising CRA.

Parent's Choice of Respite Provider Approved after OCRA Intervention.

K.Q.'s mother was receiving respite services through an agency that had only shown up once during a 4-month period. On numerous occasions, K.Q.'s mother had requested the regional center to have a neighbor vendored to provide the 16-hours a month of respite. K.Q.'s regional center service coordinator repeatedly told the mother that could not be done because K.Q. needed a nurse to provide the respite care. K.Q.'s mother contacted OCRA for assistance regarding the regional center's refusal to vendor her friend.

The CRA contacted the service coordinator to inquire why K.Q.'s neighbor could not be vendored. The service coordinator informed the CRA that K.Q. was so medically involved that the guidelines required that an agency provide the respite services. The CRA explained to the service coordinator that K.Q. was not medically fragile, but the service coordinator did not

agree. The CRA spoke to the service coordinator's supervisor who agreed that K.Q.'s neighbor could be vendored to provide respite services. Patricia Carlos, CRA, South Central Los Angeles Regional Center.

Respite Hours Increased.

U.K. is a 4-year old boy with autism who has self-injurious, aggressive and challenging behaviors and needs constant supervision. He is not eligible to receive IHSS due to his family's income level. His father, A.K., requested an increase in respite and specialized supervision hours from the regional center but was denied. A.K. contacted OCRA for assistance with his appeal of these decisions.

A.K. requested an increase from 28 hours of respite per month to three or more hours per day, or around 90 hours per month. A.K. requested an increase from 60 hours per month of specialized supervision to an additional 20 hours per month. A.K. also requested music therapy to address U.K.'s socialization skills. Finally, A.K. requested behavioral intervention through the Institute for Applied Behavioral Analysis (IABA) or another agency. The CRA advised A.K. to write a diary for two weeks of each day's activities to determine the amount and type of services U.K. requires. After reviewing the diary, the CRA found that U.K. had an unmet need for protective supervision.

The CRA represented U.K. at an informal meeting with the regional center. The CRA explained that U.K. had an unmet need for protective supervision and that Medi-Cal's EPSDT may be able to fund the protective supervision. The regional center and A.K. agreed to work together to pursue the Medi-Cal waiver and the regional center agreed to increase U.K.'s respite to 88 hours per month for 6 months. The regional center also agreed to process a request for music therapy and provide behavior therapy to address U.K.'s behaviors. The program will be reviewed in 6 months to determine whether U.K.'s behaviors have decreased. Brian Capra, CRA, Westside Regional Center.

Settlement Obtained In Eligibility Case Two Days Prior To Hearing.

G.R. was removed from his home at an early age because of abuse and neglect. He was placed in long-term foster care and received mental health treatment. G.R. was in locked psychiatric facilities or restrictive residential programs for the past 12 years of his life. Originally found eligible for regional center services and supports on the basis of mental retardation, the regional center subsequently withdrew eligibility, stating that G.R. was no longer mentally retarded. G.R. had to, at that point, rely solely on the mental health system to meet his unique needs.

Since G.R. was found ineligible, the local community mental health program attempted to serve G.R., but because of his developmental delays, regional center services were still necessary to meet his service needs. Community mental health attempted multiple placements throughout Northern California but each one failed because of G.R.'s lack of social skills, low intellectual functioning and overall adaptive skill deficits. Mental health staff sought reapplication for regional center services on G.R.'s behalf.

FNRC denied services on the basis that G.R.'s primary diagnosis was schizophrenia with long-standing, substantially disabling mental health concerns. The regional center claimed that G.R.'s low IQ scores were the result of his psychological conditions and medication use, rather than an indication of a developmental disability.

Since the regional center thought that it had purged G.R.'s records several years ago, it was imperative that early records be located. During the investigation, OCRA located 15-year old regional center records which stated that G.R. was mentally retarded. The original decision by the regional center was not clearly erroneous, as required by law. G.R. was eligible for regional center services. He has been released from the psychiatric hospital and is now living in a community program. Leinani Neves, CRA, Valley Mountain Regional Center, Tammy Solano, CRA, Far Northern Regional Center, Lorie Atamian, Assistant CRA, Far Northern Regional Center, and Gail Gresham and Seth Brunner, Supervising CRAs.

Eligibility Determination Obtained For 2-Year Old Child With Werdig-Hoffman Disease.

C.H. is a two year old boy. He has Werdig-Hoffman disease (also known as Spinal Muscular Atrophy) type 1, which is the most severe form of the disease. C.H. cannot sit up, hold his head up, raise his arms or legs, or consistently hold objects. C.H. has been in the hospital several times in the past months because of his disability

C.H.'s parents applied for regional center eligibility and was denied on the basis that C.H. had a solely orthopedic disorder. C.H.'s parents sought assistance from OCRA for their appeal of the denial. OCRA arranged for a comprehensive assessment by a neuropsychologist. It was found that C.H. had a neurological as well as an orthopedic disorder. His motor function, mental/cognitive function, and behavioral ratings were all compromised. His skill level was at the level expected in a newborn to 3- month old infant. C.H. had severe cognitive and adaptive deficits in addition to his orthopedic disorder which would qualify him for regional center services.

The regional center Chief of Client Services and regional center physician were contacted by OCRA. The findings of the neuropsychologist were reviewed. The regional center agreed to look over the assessment and make a decision as soon as possible. C.H.'s parents and OCRA were contacted within a week and informed that C.H. had been found eligible for services. regional center staff met with C.H. and his family two days later. Katy Lusson, CRA, and Kathleen Welker, Assistant CRA, Golden Gate Regional Center, Gail Gresham, Supervising CRA.

Consumer Found Eligible for Regional Center Services.

K.W. had applied for and been denied eligibility for regional center services on six separate occasions over the past 29 years. K.W. contacted OCRA for assistance in her due process appeal and request for fair hearing. K.W., with OCRA assistance, obtained a neuropsychological evaluation that supported her claim for eligibility under the fifth category. K.W. and her family are very happy that K.W. will now receive the supports and services she needs to live independently. Kimberlee Rode, Interim CRA, Alta California Regional Center.

Termination of Regional Center Eligibility Revoked.

C.B. is an 11 year-old who has been a Regional Center consumer since 1990. She was removed from her natural parents at an early age because of abuse and was eventually adopted. She developed various psychiatric problems as well as testing in the mildly mentally retarded range as a young child. C.B. is now placed in a residential facility for children with mental illness with the regional center paying the cost not covered by the Adoption Assistance Program.

The Redwood Coast Regional Center sent C.B.'s mother a notice of action terminating her eligibility. The mother requested assistance from OCRA to keep her daughter's placement. OCRA reviewed the notice of action and determined that it was improper. The regional center agreed, revoking the original notice and sending out a new one. This was appealed in time to retain the daughter's placement pending a resolution of the dispute.

Again, OCRA challenged the adequacy of the notice. Adequate notice requires a description of the reasons for the decision in a manner that allows the parties to understand the agency's decision. In this case, OCRA found that the regional center did not specify the category of developmental disability that was at issue. OCRA also asserted that the regional center had not conducted a comprehensive reassessment as required by Section 4643.5(b) of the Lanterman Act.

At the informal hearing, the regional center agreed with the inadequacy of the notice and agreed to have an independent neuro-psychological assessment conducted. Frank Broadhead, Clients' Rights Advocate, Redwood Coast Regional Center.

SPECIAL EDUCATION

Back in School and Doing Well!

G.B.'s mother called OCRA in September of 2001. Her nine-year-old daughter was not being allowed back in school after a medical leave for neuroleptic malignant syndrome subsequent to viral encephalitis. G.B. had been a typically developing child until the onset of her illness, which left her

non-verbal and only partially ambulatory. She was wearing diapers and unable to do any of the self-care that she had previously been able to do. She had suffered through some violent mood swings and acts of aggression but those were now few and far between.

At that time, G.B. had been on home schooling for months and the district was recommending a Non-Public School (NPS). For G.B. to attend a NPS, she would have had to move out of her family home and live with a foster family or at the school site. This was an unacceptable proposition to her family. G.B. needed to live at home and be in school with her peer group working on regaining her lost skills.

OCRA filed for Due Process against the school district and filed a compliance complaint regarding missed services. At mediation, it was agreed that G.B. would receive compensatory services and begin school on a half-day program. She would have an aide with her on the bus and in the classroom. Her private nurse could attend school with her during a transition process. She was also referred for an AB3632 mental health assessment and to California Children's Services for physical and occupational therapy evaluations.

G.B. began school on February 4, 2002. She is doing so well that her team will reconvene in May to discuss a less restrictive placement and a full-day schedule. Katie Casada, CRA, North Los Angeles County Regional Center.

LAUSD Ordered To Provide L.K. With In-Home Language and Speech Services.

L.K. is a three-year old girl with mild mental retardation who is a consumer of the South Central Los Angeles Regional Center (SCLARC). SCLARC referred L.K. to the Los Angeles Unified School District (LAUSD) for an evaluation and assessment to determine her eligibility for special education services. An Individual Education Plan (IEP) was held June 11, 2001, with L.K.'s mother, LAUSD and SCLARC representatives to transition her from Part C services through SCLARC to Part B services from LAUSD. The IEP team reviewed the assessment information to determine L.K.'s eligibility and need for special education services.

Due to the severity of L.K.'s medical condition and the complications that may have resulted from an infection, L.K.'s physician temporarily restricted any type of group activity for L.K. with other children. L.K.'s IEP team recommended home/hospital instruction a minimum of one (1) hour per day, five (5) days per week. Due to severe delays in receptive/expressive language and speech articulation skill, L.K. was found eligible for Language and Speech (LAS) services. Her June 11, 2001, IEP stated that LAS services would be provided in her home two hours per week through a non-public agency (NPA). L.K. was receiving in-home LAS funded by SCLARC pursuant to her Individual Family Service Plan (IFSP).

L.K.'s SCLARC service coordinator referred the mother to OCRA in December, 2001, because L.K. was not receiving her LAS service from LAUSD as promised. LAUSD had given L.K.'s mother a list of NPA providers to contact and arrange for LAS service. L.K.'s mother contacted the providers and each stated that they did not provide in-home LAS service. L.K.'s mother notified LAUSD that the agencies listed could not provide the service as outlined in L.K.'s IEP. An LAUSD representative informed L.K.'s mother that this was the only list and it could not provide any further assistance.

In June, 2001, SCLARC and L.K.'s mother anticipated that LAUSD would assume the funding of the LAS service upon L.K.'s transition to special education services provided by LAUSD. However, because LAUSD failed to provide the necessary speech therapy, SCLARC continued to fund L.K.'s in-home LAS service.

Because LAS is a crucial component of L.K.'s IEP, OCRA filed a compliance complaint with the California Department of Education (CDE) on behalf of L.K. The complaint requested that LAUSD be directed to immediately begin providing in-home LAS services to L.K. and to reimburse SCLARC for its expenses in providing L.K. with LAS service from the date of her transition IEP (June 11, 2001) until such time as LAUSD begins to provide the services.

The complaint specifically alleged that it was LAUSD's obligation to find a means of providing in-home LAS services for L.K. In addition, SCLARC was carrying out its responsibility to ensure a smooth transition to Part B by continuing to fund L.K.'s LAS services. Certainly, if L.K.'s mother were paying for the speech therapy, LAUSD would be required to reimburse the

mother for the therapy costs L.K. received during the time her education was the responsibility of LAUSD. Therefore, the regional center should be reimbursed.

The CDE investigated the complaint and concluded that the school failed to provide the LAS listed in the June 11, 2001, IEP and was out of compliance. The CDE required corrective action by LAUSD within 30 days. LAUSD is ordered to provide evidence that their NPA office has identified an agency that will provide the in-home LAS services. CDE did not address the reimbursement to SCLARC in its report. OCRA is working closely with SCLARC's compliance coordinator who will request reimbursement directly from LAUSD. Christine Armand, Assistant CRA, South Central Los Angeles Regional Center and Brigitte Ammons, PAI.

Home/Hospital Hours Tripled.

Due to fragile health and doctor's orders, S.K. could no longer attend regular school. Although the school district offered S.K. a Home/Hospital Program, district policy limited related services and instructional time for S.K. in the Program to 300 minutes per week, combined, as "physical condition and appropriateness permit."

At the IEP, the Assistant CRA invoked the district's "as appropriate" policy language as flexibility that allowed the District to provide in excess of the 300 minutes per week.

The district tried to propose that instructional services be delivered by an aide. Again, relying on state and federal law, the Assistant CRA maintained that the district must provide the service by a credentialed and certified teacher. In order to avoid a due process hearing, the district reluctantly agreed to triple the hours originally offered. Nasha Martinez, Assistant CRA, Tom DiVerde, CRA, San Diego Regional Center.

Fast ForWord Program Approved.

M.P is a handsome 6-year old boy diagnosed with Autism. M.P is severely delayed in the areas of speech and language and has had private speech therapy for the past year. At an IEP held February 15, 2002, the mother

presented a private speech and language assessment to the IEP team. The assessment recommended that M.P participate in the Fast ForWord program.

The school district representative informed M.P's mother that the district wanted to conduct its own assessments. Mother requested that the IEP be continued so that the CRA could attend the IEP with her. The school agreed to continue the IEP to March 6, 2002, and informed the mother that its staff would present its assessment plan on that date.

The CRA and Assistant CRA attended the IEP with M.P.'s mother. The school agreed to fund the Fast ForWord program for an eight-week period for two hours a day. Mother wrote, "Thank you for attending my IEP on 3/6/02, it makes a DIFFERENCE when they know you have a professional on your side...." Maria Bryant, CRA and Rita Snykers, ACRA, San Gabriel/Pomona Regional Center.

Change of Placement is Averted; Stay-Put Motion and Request for Compensatory Education.

B.D. is a 13-year old Native American boy who was suspended from school for taking a camping tool that had a small pocket knife attached to school. He took the camping tool to school to try to open his locker after the lock did not work anymore. B.D. voluntarily showed the camping tool to his teacher. One week prior to taking the camping tool to school, B.D. had been in a fight with another student who had been harassing him. The teacher became concerned that maybe B.D. had intended to take the camping tool to school to use against the other student. B.D. was then suspended from school for an initial 5 days. Thereafter, the suspension was extended for another 5 days. An IEP meeting was not held until after the first 10 days of suspension. It was determined at that IEP that B.D.'s behavior had been a manifestation of his disability, yet his suspension was continued because the school did not want him to return to campus..

B.D.'s mother came to the CRA office for help after B.D. had been at home in suspension for over 13 days. B.D. had not been allowed to return to school. Instead, he was told that he would be re-located to another school. His mother did not want a change in placement. B.D. had been doing well in his school. He had just been selected to be on the Assistant Principal's Honor Roll and had shown great improvement in all goals and objectives in

his IEP. He also had no prior history of assaultive or aggressive behavior at school other than the one fight.

The CRA reviewed all of B.D.'s school records. The CRA determined that the school had failed to give B.D. timely notice of the suspension, failed to hold the manifestation determination IEP meeting within 10 days from the first day of suspension, and failed to give timely notice of the intent to change his placement. The CRA prepared and submitted a motion for stay-put and request for compensatory education in order to get B.D. returned to his school and to make up for the many school days he had already missed. Immediately upon receiving a copy of the motion for stay-put, the school administrator agreed to allow B.D. to return to his same school. Eva Casas-Sarmiento, CRA, and Lupe Moriel, Assistant CRA, Regional Center of Orange County.

Student Returns to School after a 7-Month Absence as a Result of OCRA Advocacy for Appropriate Transportation .

D.M. is a 19-year-old boy with autism. He lives in an adult residential facility and has a non-public school (NPS) placement written on his IEP. D.M. had not attended school for 7 months because he vehemently and sometimes violently refused to ride the school bus. The only transportation option offered by the school district had been reimbursement to the residential service provider (RSP), who was unable to provide D.M. with transportation. In spite of several meetings between the school district, the NPS and the RSP, the issue had not been resolved. The behaviorist from D.M.'s residence contacted OCRA for assistance at D.M.'s annual IEP meeting.

OCRA attended D.M.'s IEP meeting and determined that additional transportation options had not been offered to D.M. because the school district and the NPS viewed D.M.'s refusal to ride the school bus as willful misbehavior rather than as a manifestation of his disability. OCRA was successful in pointing out to the team that D.M. had a right to receive whatever special transportation accommodation was necessary in order for him to access his free and appropriate public education (FAPE) in the least restrictive environment (LRE). Continued OCRA advocacy efforts were ultimately successful in overcoming resistance to finding a creative solution, and D.M. is now transported to and from school by a private provider who is

contracted through the NPS but funded by the school district. Celeste Palmer-Ghose, Assistant CRA, Regional Center of the East Bay.

Student Obtains Compensatory Augmentative Communication Intervention for an Extended School Year of June-August, and an Appropriately Trained 1:1 Aide.

G.M. is a 7-year old boy with developmental disabilities, including a severe speech and language deficit. Although G.M.'s parents requested that he be assessed for Alternative/Augmentative Communication (AAC) intervention in October, 2000, the assessment was not completed until November, 2001, (exceeding IDEA timelines by 11 months), and implementation of assessment recommendations were not begun until March, 2002, (exceeding IDEA timelines by 15 months). During the same time that G.M.'s communication deficits were left untreated, G.M. began to develop aggressive behaviors. A 1:1 aide who had received no training in behavior modification strategies was assigned to G.M.. G.M.'s aggressive behaviors increased and resulted in G.M. spending his school day isolated from his classmates. G.M.'s parents asked OCRA for assistance at an IEP meeting.

OCRA advocacy at the first IEP meeting was successful in obtaining immediate AAC intervention for G.M. This advocacy effort included the linking of G.M.'s communication deficits with his deteriorating behavior, with the result that G.M. was given compensatory AAC intervention hours to be provided from June through August. OCRA advocacy at the second IEP meeting pointed out that G.M. had not received his education in the least restrictive environment (LRE) because of his behavior, and that G.M. had the right to the supports and services necessary for him to have LRE. This time, OCRA advocacy linked G.M.'s increased aggression with the inappropriate behavior interventions of his untrained aide, and as a result G.M. obtained a replacement aide with 6 hours of training from a behavior specialist. Celeste Palmer-Ghose, Assistant CRA, Regional Center of the East Bay.

ADVOCACY REPORT

OFFICE OF CLIENTS' RIGHTS ADVOCACY

SUMMER 2002

BENEFITS

Juvenile Court Orders that County Provide Personal and Incidental Money.

R.F. is a dependent of Alameda County's Juvenile Court and a consumer at Regional Center of the East Bay. She lives in a community care facility (CCF), but because she is a "dual agency" consumer – with both regional center and county foster care eligibility – the cost of her residential placement must be paid by the county, rather than the regional center. Because R.F. does not receive SSI, the county pays the full CCF rate. Until OCRA's intervention, however, the county was refusing to provide R.F. with the personal and incidental (P&I) money she needed and which all other regional center consumers receive. Her residential service provider was giving R.F. spending money, but an extended drain on the provider's finances put R.F. at risk of losing her placement.

OCRA worked with R.F.'s court-appointed lawyer, who made a motion that the court order the county to pay her P&I money. Alameda County opposed the motion, stating that Title 17 of the California Code of Regulations defined P&I money as money available only to SSI recipients, and that R.F. had no right to P&I money, because she did not receive SSI. In support of R.F.'s claim, OCRA provided her lawyer with a memo that set forth the statutory and policy rules confirming R.F.'s right to spending money in the CCF, and requiring the county to pay not just the provider's residential rate, but also R.F.'s P&I money. OCRA's memo further argued that in order to avoid arbitrary and variable awards of such money, the county had a duty to provide R.F. with the same amount of P&I money she would receive were she getting SSI.

At the hearing, the juvenile court judge granted R.F.'s request and ordered the county to provide her ongoing P&I, plus money owed her from the time of her placement in the CCF. Marsha Siegel, CRA, Regional Center of the East Bay.

Appeals Council Reopens Unfavorable Decision for Reconsideration.

C.J. is a 35-year-old woman with mental retardation who lives with her six children. On April 11, 2000, C.J. applied for SSI benefits through the Social Security Administration (SSA) and was denied eligibility. C.J. filed for hearing and appeared before an Administrative Law Judge (ALJ) on April 16, 2001, along with the Independent Living Skills (ILS) worker serving C.J. at the time. The ALJ issued a decision on June 8, 2001, affirming SSA's determination.

C.J.'s service coordinator contacted OCRA in July, 2001, for assistance in appealing C.J.'s unfavorable ALJ decision. After reviewing C.J.'s regional center file, OCRA agreed to file a request for review with the Appeals Council on C.J.'s behalf, with OCRA hand-delivering the requisite forms to the local field office to ensure timely filing. OCRA then attempted to obtain C.J.'s SSA file and the audiotape of C.J.'s hearing through the local field office, but learned that C.J.'s case had already been forwarded to the Appeals Council on its own motion. OCRA eventually obtained a copy of C.J.'s SSA file and hearing tape in mid-December, 2001, along with a notice stating that C.J. had not filed her request in a timely fashion. OCRA challenged the notice by sending its date-stamped copy of the request form proving that C.J. had filed a timely request for review.

OCRA learned that the audio tape recording of C.J.'s hearing was mostly inaudible. Although the tape was defective, it revealed that C.J.'s ILS worker expressly stated on the record that she was not present to provide representation for C.J. The tape also made clear that C.J. did not knowingly waive her right to legal representation, despite the ALJ's written conclusion that she had. The remaining audible portion of the tape indicated that the ALJ had not acted impartially because he did not attempt to elicit favorable facts from C.J., nor did not afford C.J. the opportunity to respond to his concerns regarding her credibility, which ultimately served as the ALJ's basis for denial.

OCRA requested that the regional center perform a new psychological evaluation for C.J., which was completed in March. In early April, OCRA called the Appeals Council to check on the status of C.J.'s case and learned that it had not yet been put on docket. OCRA drafted a position statement in support of C.J.'s claim that she is eligible for SSI, and attached the new psychological report as an exhibit. OCRA then contacted C.J.'s former high school special education teacher, who agreed to sign a declaration in support of C.J. after the school semester was over.

In the meantime, the Appeals Council issued a decision denying C.J.'s request for review on May 3rd. OCRA sent C.J.'s position statement to the Appeals Council along with a cover letter containing the contact information of C.J.'s former special education teacher instead of the originally intended declaration. On May 17th, the Appeals Council vacated its May 3rd decision denying C.J.'s request for review, reopened C.J.'s case, and is presently evaluating C.J.'s file along with the new evidence and opinion submitted by OCRA. There is every expectation that C.J. will be found eligible for SSI. Brian Capra, CRA, Westside Regional Center, Meriah Harwood, Assistant CRA, Westside Regional Center.

SSA Reinstates SSI, Removes Overpayments and Grants Retroactive Benefits.

M.G. is a 12-year-old young lady with Down's syndrome who lives with her parents and two siblings. M.G.'s SSI was terminated after a miscommunication occurred between the Social Security Administration (SSA) and M.G.'s mother during a reporting interview. Based on a response to a question M.G.'s mother misunderstood, SSA believed that M.G.'s parents reported that they owned property in Mexico worth approximately \$4,000.00. However, M.G.'s grandparents are the true owners of the property. Further, the actual value of the property is \$1,888.00, which would not have exceeded M.G.'s resource limitation for parental deeming, even if the property had belong to M.G.'s parents. As a result of the miscommunication, SSA notified M.G. that her parents' resources were over limit and that it over paid her \$17,782.00. This was the total amount M.G. had received since becoming eligible for SSI benefits.

M.G.'s mother filed a request for reconsideration while a private attorney and M.G.'s regional center service coordinator tried to resolve this matter

through numerous letters to SSA, Their actions were unsuccessful. Consequently, M.G. went without SSI benefits for over two years.

M.G. was referred to OCRA by her regional center service coordinator. OCRA provided M.G.'s mother and service coordinator with technical assistance on explaining M.G.'s situation to SSA, submitting relevant documentation, requesting reopening of M.G.'s reconsideration request, requesting reinstatement of M.G.'s SSI benefits, requesting removal of M.G.'s overpayment, and requesting that SSA pay retroactive benefits totaling \$13,284.00 to M.G for the two-year period she went without payments. SSA informed M.G.'s service coordinator that M.G.'s overpayment would be removed and that M.G. would receive retroactive benefits. M.G. began receiving benefits again in June, 2002. SSA also paid the first of three reimbursement installments into a dedicated account that M.G.'s mother established. Brian Capra, CRA, Westside Regional Center, Meriah Harwood, Assistant CRA, Westside Regional Center, Maria Ortega, Los Angeles Office Manager and Bi-Lingual Translator.

Seat Elevator for Wheelchair Granted.

Even though A.N. suffered great pain when using a standard wheelchair, Medi-Cal denied the request for a seat elevator. A. N.'s service coordinator and the health care provider had explained to Medi-Cal that A.N.'s severe muscular degeneration made the lift a necessity.

The CRA filed for a hearing. After writing to and speaking with the hearing coordinator in San Francisco, the CRA was pleased to be able to tell the service coordinator that Medi-Cal reversed its decision and approved the seat elevator. The client was extremely pleased to know that she would receive some relief from her pain. Lynne Page, CRA, Redwood Coast Regional Center, Eureka.

OCRA Representation Helps M.K. Succeed in SSI Overpayment Hearing.

M.K. lives with her mother and two brothers, and uses her SSI to pay her share of the family's basic household expenses. Social Security, however, became convinced that M.K. lived with her mother and only one brother. As a result Social Security determined that the family's expenses were too high for M.K. to pay her fair share, which in turn meant she was receiving in-kind

food and shelter and was ineligible for the maximum SSI payment. M.K. received a lowered amount of SSI and an SSI overpayment covering the years she had received the full SSI amount. M.K.'s mother spent many days visiting the Social Security office in an effort to understand what was happening. This proved impossible, in part because SSI rules are complex, and in part because her primary language is Mandarin. She turned to OCRA for assistance in an appeal of the overpayment.

Working with M.K., her mother, and the Asian Community Mental Health Services case manager, who speaks Mandarin and English, OCRA was able to understand what the household situation was and why Social Security had become convinced of something quite different. The second brother did live with M.K. but was absent much of the time. Social Security had not spent sufficient time to get the full story and M.K.'s mother did not understand Social Security terminology. OCRA explained the rules and issues to the family and then presented testimony and documentary evidence that convinced the administrative law judge to issue a hearing decision granting M.K.'s claim. Her SSI check has been increased, and Social Security reimbursed her for the SSI money she had lost during the appeal period. Marsha Siegel, CRA, Regional Center of the East Bay.

Erroneous Denial of IHSS Rescinded.

On April 30, 2002, consumer's parents received a notice of termination from the Riverside County's In Home Supportive Services stating services were being terminated as of April 30th because the consumer was no longer medically eligible. The parents appealed this decision within 10 days of the notice, so aid paid pending a hearing decision should have been given. However, benefits ceased. The parents called the County Appeals Specialist and he conceded that the county had issued an inadequate notice. He agreed to a Conditional Waiver but would not agree to reinstate the benefits pending review.

The parents contacted the OCRA office for assistance. After reviewing the documentation, the CRA advised the parents that the County's offer was not appropriate because the notice was inadequate and the County failed to provide aid paid pending while it was investigating eligibility. The family also informed the CRA that the County had not performed any assessments since November, 2001.

The CRA agreed to provide technical assistance. The parents attended the hearing. At the hearing, the parties agreed to a Conditional Withdrawal. The county agreed to re-instate the consumer's benefits from the date of termination and continue eligibility. Aleyda Toruno, CRA, Inland Regional Center.

Approval for SSI.

J.M. is a 31-year-old consumer who was denied SSI eligibility. J.M., who has been applying for Social Security benefits since he turned 18-years old, became eligible for regional center services two years ago based on a diagnosis of epilepsy that is substantially handicapping. J.M. has been incarcerated twice and had been living at a shelter prior to becoming a regional center consumer. J.M. received medical and financial assistance through General Relief. J.M. also had a history of drinking alcohol.

Regional Center Service Coordinator and the ILS provider tried to assist J.M. with his SSI appeal. Neither agency could find an attorney that would directly represent J.M. at his SSI hearing.

Regional Center contacted the OCRA office requesting direct representation at J.M.'s SSI hearing. OCRA agreed to represent J.M. at his SSI hearing. The hearing officer stated at the end of the hearing there was sufficient evidence to support J.M.'s eligibility for SSI benefits. Maria Bryant, CRA, Rita Snykers, Assistant CRA, San Gabriel/Pomona Regional.

Overpayment Significantly Reduced with OCRA Support and Reassessment.

H.C. is receiving SSI benefits. He came to OCRA after getting a notice that said that H.C. had an overpayment of \$1,581.89. OCRA reviewed the social security file for H.C. OCRA intervened and a reassessment was done by the social security office. The overpayment was reduced to \$134.52. Lorie Atamian, Assistant CRA, Far Northern Regional Center.

CONSUMERS' RIGHTS

Changing Clothes When You Choose!

L.W. is an unconserved adult client of the regional center who resides in a home with supported living services. She likes to change her clothes many times a day. She has flushed clothing down the toilet previously but does not do this often. The service provider began locking up L.W.'s clothing. A behavioral plan was not in place nor did the provider consult with a behaviorist prior to taking this highly restrictive step. The provider also failed to file the legally mandated denial of rights report. No plan was in place to reinstate L.W.'s right to have access to her own clothes. It had also not been considered if a less restrictive method of resolving the situation was available.

L.W.'s regional center service coordinator brought this case to the attention of the CRA. The CRA then drafted a memo discussing the rights of consumers and the reporting requirements for a denial of rights. The service coordinator presented the provider with this memo and a new plan is being pursued with appropriate service providers. Katie Casada, CRA, North Los Angeles County Regional Center.

Lanterman DC Cannot Use Five-Point Restraints on Regional Center Consumer.

C.K. is a 42-year-old male with severe mental retardation and mood disorders. He is under conservatorship with the Department of Developmental Services (DDS) and resides at Lanterman Developmental Center (LDC).

In October, 2001, LDC staff submitted requests to the South Central Los Angeles Regional Center's Human Rights Committee (HRC) to consider and approve increased medications and interventions that LDC determined would assist C.K. to learn skills that would help reduce or ameliorate his agitation and aggressive behavior(s). His behaviors of concern were physical aggression toward staff, including hitting, kicking, and biting. LDC staff asked to administer psychotropic medications and to use five-point soft tie restraints to a padded chair for intervention..

OCRA South Central staff are members of the HRC. LDC's request was reviewed during the normal course of the quarterly HRC meeting. The HRC has the right to refuse or give consent to such requests. In December, 2001, the HRC met and denied the consent request for five-point soft tie restraints as a behavior management procedure for C.K. but recommended consent for approval of the requested psychotropic medications.

In early May, 2002, LDC staff submitted an addendum to the original request asking for reconsideration of the denied consent to use five-point restraints. LDC staff argued that non-contingent use of five-point soft tie restraints with C.K. would be the best option for preventing harm if Mr. K. became physically aggressive. Use of a "quiet room" for an exclusionary time out procedure, proposed by the HRC in December as a better, less aversive alternative procedure, was said by LDC staff to be "physically impossible" because Mr. K. would immediately attack staff when staff left the quiet room. Mr. K. would have to be physically escorted by staff to the quiet room while manually restraining his legs and arms to prevent injury. LDC staff further argued that its policy holds that a quiet room time out procedure is more restrictive than the five-point restraints which were proposed.

The HRC met in June, 2002, to consider a response to LDC's addendum and addressed each of LDC staff's arguments separately. In the past, Mr. K. has shown that he finds the restraint procedure highly aversive. In the quiet room, his limbs would not be constrained when in time-out and he would be free to walk about within that confined space. Although he may be agitated when in the room, it did not appear that C.K. would hurt himself. In addition, staff are required to continually watch any client in a latched door (quiet room) time out, so C.K. would be monitored for injury.

The HRC again disagreed that use of five-point soft tie restraints is less restrictive than quiet room time out and denied consent for this procedure. To further monitor this situation, the HRC asked LDC staff to update and submit frequency and severity data regarding C.K.'s behavior. Christine Armand, Assistant CRA, South Central Regional Center.

EMPLOYMENT DISCRIMINATION

Employee Returns to Work with Full Back Pay as a Result of OCRA Advocacy.

M.R. is a 29-year-old man with autism who has been working a full time janitorial job at a private athletic club for more than two years. M.R. loves his job, and has never been late or absent. Within the last eight months, there has been a complete turnover in club management, and M.R. found himself working for new staff.

One of M.R.'s new managers gave him a written "Preliminary Warning" because of what the manager felt were "inappropriate comments" made to a club member. M.R. then received a second notice, marked "Final Warning," from another new manager. This time it was for "inappropriate comments" made to a relatively new female employee, who reported that things M.R. had said to her made her, "feel uncomfortable." M.R. was suspended from work for three days, without pay. When M.R. attempted to return to work on the fourth day, he received notice that his unpaid suspension had been extended, and a meeting was set with club managers to discuss the results of their "investigation." M.R. expected to be fired.

M.R.'s parents and his case manager tried to speak to club managers about M.R.'s autism and how it can cause communication difficulties. They wanted management to know that M.R.'s behavior could be easily modified. Club management said that the club's "corporate office" had told them not to discuss the situation, and indicated that they would not be invited to the meeting set after M.R.'s extended suspension.

After being rebuffed by club managers, M.R.'s family and case manager contacted OCRA for assistance. OCRA let club management know that as a reasonable accommodation under Title I of the ADA, M.R. had a right to bring support people to a meeting with management. OCRA, case manager, parents, and a Department of Rehabilitation representative attended the meeting. So did the club's personnel manager from the club's corporate offices in L.A. OCRA pointed out that M.R.'s "Performance Reviews" proved he was able to perform the essential functions of the job, and a reasonable accommodation could be made to address concerns about his behavior. The personnel manager agreed. Instead of getting fired, M.R. returned to work with the support of a job coach from the Department of

Rehabilitation, and he received full back pay. Celeste Palmer-Ghose, Assistant CRA, Regional Center of the East Bay.

Worker Reinstated With Apology and Back Pay.

L.C. works at a Department of Rehabilitation subsidized janitorial program. Ten dollars was missing from a job site. The crew's supervisor made the crew empty their pockets and questioned the crew, using intimidation to prompt a confession from a crew member. L.C. stated that he would accept responsibility so no one else on the crew would get in trouble. Although he persisted in stating that he had not actually stolen the money, L.C. was fired when the supervisor found a ten dollar bill in his wallet.

L.C.'s sister asked the CRA to help L.C. get his job back because the sister had given L.C. the bill that had been found in his wallet. The CRA pointed out to the employer that the way they had obtained the information used to fire L.C. guaranteed that it was unreliable, there was a completely legitimate reason for him to have the money, and the employer had violated all of its own policies in the manner in which it had terminated L.C. The employer agreed to reinstate L.C. with a public apology and back pay as well as agreeing to revise its policies and train its staff better. Frank Broadhead, CRA, Redwood Coast Regional Center.

FAMILY

Removal of Children by CPS Reversed and Juvenile Dependency Case Dismissed.

M.B is a 35-year-old consumer with two young children, one of whom is a regional center consumer. M.B. and her family moved from their rental because the landlord was exposing the children to sexually inappropriate material and neighboring tenants and their children were harassing the family. The family moved into a trailer on the property occupied by her mother and step-father's home. A CPS referral was filed as the step-grandfather is a registered sex offender although he had completed probation, therapy, and had resolved any legal restrictions on contact with the children.

M.B. contacted OCRA when CPS began its investigation. Initially, after doing a home visit, CPS informed M.B. that her accommodations were adequate as long as the children did not sleep in the house with the grand parents. CPS then became insistent on a meeting at CPS to discuss the living arrangements. M.B. sought OCRA's help and presence at the meeting.

This meeting resulted in CPS and M.B. agreeing to a voluntary family maintenance services plan including the requirement that the children never be left alone with the step-grandfather as the only adult supervision, but allowing the family to remain in the current residence. Counseling and other services were also mutually agreed upon. A written service plan was executed and signed by M.B. and the CPS worker. Five days later, without warning nor any intervening issues arising, CPS removed the children by taking them from school and placing them in foster care.

OCRA attended the juvenile dependency hearing, alerted the public defender to the history of the case, and attended two subsequent meetings with the CPS court worker. A new voluntary family maintenance services plan was entered into including the commitment to relocate to another residence not connected to the grandparents' home. CPS recommended dismissal at the jurisdictional hearing. The children were returned home following that hearing. Doug Harris, Associate CRA, Redwood Coast Regional Center.

Wage Assignment Set Aside.

C.T. is a 34-year-old regional center consumer currently living in a group home. He works in a sheltered workshop where he earns \$1.98 per hour for a 3-to-4-hour work day. His take home money averages \$163.00 twice per month. Since he lives in a group home, C.T. does not receive SSI money.

C.T. was ordered to pay \$74.00 per month in child support and was in arrears for \$1,500.00. Pursuant to a court-ordered wage assignment, \$74.00 was being taken from his check every pay period. This did not leave very much for the incidentals that C.T. needed.

OCRA called the Family Support Division of Kern County and put the case on calendar so C.T. could have the amount reduced because of his

circumstances. The attorney representing the Family Support Division agreed to a stipulation and order that C.T. would no longer have to pay any sum to the support division. It was agreed that because C.T. made less than \$250.00 per month, is disabled, works part-time at below minimum wage and works 3 to 4 hours per day and will never work a full-time job, he would no longer have any sum due and owing. Family Support closed the file. Donnalee Huffman, CRA, Kern Regional Center.

PERSONAL AUTONOMY

OCRA Support Helps J.B. Retain Guardianship of a Beloved Niece.

J.B., a person with a developmental disability, took in her niece at age four, after the parents' problems made it impossible for them to care for their child. Not long afterward, the Juvenile Court appointed J.B. as the child's guardian. Under J.B.'s care, the niece had counseling, got over her nightmares, and grew from a silent child into an outgoing 13-year-old who loves sports. In late 2001, however, the child's mother petitioned to terminate the guardianship and regain custody. The mother's termination petition stated that she had overcome her substance abuse problem, had a home and a job, and that she loved her daughter, with whom J.B. had permitted some contact over the years. The mother claimed also that J.B.'s disability made her unable to care for the child or manage a household.

J.B. came to OCRA for assistance. With OCRA's help she prepared her written response to the termination petition. She explained how her niece had flourished under her care, and how her disability does not stop her from managing a household and raising a child. Although J.B. mentioned concerns about the mother, she made clear that her primary concern was for the child's safety and happiness. She loved her niece and wanted to continue as her guardian, but she wanted even more that the child not worry or feel too much pressure to choose between mother and aunt. After assisting J.B. with her response and helping her file the papers in court, OCRA alerted county counsel and the district attorney about the petition to terminate the guardianship. J.B.'s response set the tone for the court case, which proceeded slowly through several hearings. The mother could not sustain a relationship with the child and did not appear at trial. J.B. retains

guardianship of her niece and because of the experience of advocating for herself, J.B. has greater confidence in her own abilities. Marsha Siegel, CRA, Regional Center of the East Bay.

Consumer on Her Way to the Alter!

O.R. has been dating her boyfriend, J.V., a Lanterman Regional Center consumer, for over 2 years. O.R. and J.V. decided to get married a few months ago and preparations for their wedding began. Unfortunately, they ran into an obstacle. O.R.'s mother refused to give O.R. a copy of her birth certificate. O.R. needed her birth certificate in order to obtain a marriage license. O.R. was put in contact with the CRA through her residential care provider for assistance in obtaining her birth certificate.

After speaking with O.R. the CRA agreed to help her obtain her birth certificate or identify alternative documentation that would allow her and J.V. to obtain a marriage license. The CRA contacted O.R.'s mother in an attempt to obtain O.R.'s birth certificate through non-adversarial means. Although O.R.'s mother was receptive to the CRA's call and had agreed to send a copy of the birth certificate, nothing happened. Therefore, a demand letter was sent. In the meantime, the CRA began to explore what alternatives existed to obtaining a birth certificate. However, O.R.'s mother responded to the demand letter and forwarded a copy of O.R.'s birth certificate. O.R. and J.V. are now in the final stages of planning their wedding. Patricia N. Carlos, CRA, South Central Los Angeles Regional Center.

Consumer Obtains a Temporary Restraining Order.

T.L. was sexually assaulted by a friend, also a regional center consumer, and another man at a group home barbeque. T.L. was unable to obtain help from staff at either the group home where the barbeque was held or at her own group home. The CRA asked T.L. what she needed in order to feel better about herself and what had happened. T.L. wanted to move to a new residential placement and she wanted a restraining order against her friend who had sexually assaulted her so that she could feel safe. The CRA facilitated a change in T.L.'s residential placement by working with T.L.'s service coordinator. OCRA assisted T.L. in filing for a Temporary Restraining Order and the court granted her request. Kimberlee Rode, Interim CRA, Alta California Regional Center.

Two Consumers Get Their Wish to Be Married.

B.C. and C.P. met at their day program and they fell in love. They dated for over four years while they lived in separate residences. C.P. and B.C. wanted to get married. B.C. contacted OCRA because he felt that his care home provider was standing in the way of the couple's happiness. OCRA contacted B.C.'s service Coordinator and a residential situation was located so that B.C. and C.P. could live together. B.C. and C.P. got married and they now have a beautiful baby girl. Kimberlee Rode, Interim CRA, Alta California Regional Center.

OCRA Supports Consumer Choice to Have Conservatorship Terminated.

B.C. is a 34-year-old woman with cerebral palsy. She has a college degree, is married, has served on the board of directors of the regional center, and is president of the local People First chapter. Her community involvement has been extensive. B.C. also holds several jobs and does volunteer work. She came to OCRA requesting that the conservatorship established by her mother be terminated.

B.C. said her mother was very controlling and frequently threatened to refuse to let her associate with certain friends or to allow her to have a much needed knee surgery, if B.C. did not do exactly what her mother wanted. Although B.C. is independent with the assistance of IHSS and her husband, B.C. felt as if her mother treated her as a child.

OCRA worked with B.C. to get a court appointed attorney. The conservatorship that had become effective when B.C. turned 18 years old was terminated. Lorie Atamian, Assistant CRA, Far Northern Regional Center.

REGIONAL CENTER

Regional Center Agrees to Continue to Provide Speech Therapy.

K.C. is a 3 ½ -year old child diagnosed with autism. He started pre-school in August and his school was providing two 30-minute sessions per week of speech therapy services. K.C. was also receiving two 30-minute sessions per week of private speech therapy services funded by the regional center. The regional center sent a notice of action stating it would be discontinuing private speech therapy services as the regional center cannot supplant the budget of another agency. KC's parents disagreed with the termination of the private speech therapy because K.C. was making tremendous strides in his language development. The parents filed for a fair hearing. The CRA represented K.C.'s parents at the informal meeting with the regional center. A report from a speech therapist was submitted that stated that K.C. required 5 sessions of speech therapy per week. Progress reports from his speech therapist were submitted. OCRA established the unmet need for speech therapy apart from the generic resource. The family and CRA negotiated with the regional center and it was agreed that the regional center would continue funding his current level of services. Amy Westling, CRA, Central Valley Regional Center.

Regional Center Eligibility Granted.

T.P., a 17-year-old who had been limited to the mental health system for over a decade with diagnoses of SED, Tourette's, and ADHD, continued to exhibit troubling behaviors and lack of adaptive functioning. T.P.'s mother contacted OCRA and asked to receive assistance in gaining regional center eligibility for her son. After a review of T.P.'s educational and mental health records, it was clear there was etiology in addition to the mental health issues. However, there was not enough in the record to support eligibility.

OCRA recommended mother get an independent evaluation, and advised her as to what to request of the psychologist. With the psychologist's resulting excellent report in hand, mother reapplied for eligibility and was again denied. OCRA filed immediately for hearing. Believing that T.P. had a strong case, OCRA advised the mother to go to mediation. At mediation, the regional center was convinced to grant T.P. regional center eligibility.

Nasha Martinez, Assistant CRA, Tom DiVerde, CRA, San Diego Regional Center.

Respite Continued.

Mother, a single mom with triplets receiving Early Start services, was receiving sibling rate respite pursuant to a settlement agreement with the regional center. SDRC moved to terminate the respite in spite of not evaluating the mother's need for assistance with the triplets as the settlement agreement mandated. Mother turned to OCRA for assistance, and OCRA filed for hearing. SDRC settled the case at mediation. The respite will continue until termination of Early Start. Nasha Martinez, Assistant CRA, Tom DiVerde, CRA, San Diego Regional Center.

Regional Center Agrees to Fund Needed Services.

R.C. is 23-years-old and has autism. OCRA represented R.C. at an IPP meeting to help him and his mother request additional services. Before the meeting, the regional center agreed to enroll R.C. in a day program which offers a behavioral program. After the meeting, the regional center also agreed to fund respite services, summer camp, and notified OCRA, R.C., and his mother that the day program would also provide him with ILS services and supported employment services. Patricia Pratts, Assistant CRA, Harbor Regional Center.

Regional Center Agrees to Fund After-school Program for Socialization Services and Social Skills Training.

A.M. is 4-years old and has autism. He is non-verbal and does not interact with other children or with individuals other than his parents and has behavioral problems in places outside of the home. The parents requested funding for A.M. to attend a program after school for socialization. The regional center denied the request, and the parents filed an appeal. OCRA represented A.M. at an informal meeting with the regional center. After this meeting, the regional center agreed to fund both the after-school program for socialization services and the more intensive 1:1 social skills training. Carrie L. Sirles, CRA, Harbor Regional Center, and Patricia Pratts, Assistant CRA, Harbor Regional Center.

OCRA Assists Consumer in Becoming Active in Her Community.

A.R. is a friendly 28-year-old-woman who was living with her two sisters and working at a grocery store in the community. She wanted to become more active in the community and make friends but lacked the ability to travel independently or safely remain alone in her home. Her two sisters provided 24-hour care for her. One of her sisters received compensation from the regional center for providing four hours per day of adult day care.

A.R. requested supported living but was told that her sisters functioned, “like a parent,” and therefore was not eligible for supported living in that household.

A.R.’s sister was applying for a new job that would not allow her to provide as much support for A.R. Believing A.R. was ineligible for supported living, A.R. requested 3 additional hours of day care per day. In response to the request, the regional center reduced her hours from 114 to 50. Her sister was unable to take the new job without A.R. receiving the additional hours.

Additionally, A.R. wants to learn to read, write, and cook. She asked regional center to fund counseling services, karate lessons, and a membership to the YMCA. A.R.’s sister discovered that the service coordinator had conducted an IPP in A.R.’s absence and had refused A.R. access to her file.

The Assistant CRA intervened and in preparing for the fair hearing, informed the regional center that the supported living regulations only prohibit supported living for consumers who reside with their parents, not their siblings. OCRA negotiated a supported living assessment, 24 hours of Independent Living Skills (until supported living is in place), Karate, Folkloric Dancing, summer camp, YMCA membership, counseling, and 24 hours of supervision funded by the regional center.

A.R. is doing well and learning the skills necessary to become more independent. Jennifer Bainbridge, Assistant CRA, East Los Angeles Regional Center.

Regional Center Finds Consumer Eligible for Regional Center Services Under the 5th Category.

J.D. is an 18-year-old man who has a long history of mental illness and post traumatic stress disorder. He was in special education throughout his childhood. J.D. was removed from his home at an early age because of severe sexual and physical abuse and neglect. He was placed in long-term foster care and resided in mental health treatment facilities his entire life.

A social worker from Tuolumne County Behavioral Health & Recovery Services contacted OCRA on J.D.'s behalf because he had been denied eligibility by the regional center in 2000 and 2002 because his disability was allegedly "solely psychiatric".

OCRA investigated J.D.'s case by reviewing files from J.D.'s mental health educational program dating back to 1990. OCRA requested copies of over 300 documents that were not provided to the regional center upon application for eligibility. Most reports and service provider notes indicated that J.D. has personal care needs, lacks social skills, has low intellectual functioning, and significant overall adaptive skill deficits.

OCRA advised the social worker that the Tuolumne County psychologist doing the assessment for J.D. should review OCRA eligibility materials to assist her in understanding what kind of information is necessary for a person to qualify for regional center services. OCRA provided eligibility resource material and 5th category eligibility information to the social worker to provide to the county psychologist. The regional center reviewed the new psychological assessment and found that J.D. was a person with a condition similar to mental retardation who also required treatment similar to that required by a person with mental retardation. Leinani Neves, CRA, Valley Mountain Regional Center.

ALJ Determines That Protective Supervision and IHSS Do Not Preclude the Need for Additional Respite Funded by Regional Center.

C.C. is 26-years old and is severely disabled. She has cerebral palsy, profound mental retardation, seizures, and other medical issues. C.C. requires total care and assistance in everything that she does. She has fallen out of her wheelchair and off of her bed when she was left attended. She has a risk of choking when she is eating. For several years, C.C. has been

receiving 3.2 hours of respite per week to give her parents a break from her constant care.

When she turned 18, C.C. started receiving 283 hours of In Home Support Services per month (IHSS). This includes 153 hours for personal care services, such as feeding, dressing, and hygiene. IHSS also provides 129 hours of Protective Supervision to prevent C.C. from being harmed as a result of her condition. IHSS services are provided so that a person who is disabled can remain safely in his or her home instead of being placed in an institution. C.C.'s mother quit her job to become C.C.'s IHSS worker and provide care for her daughter full time.

The regional center determined that respite should not be provided because C.C. is receiving IHSS and protective supervision and that this more than takes care of the need for respite. At hearing, the Administrative Law Judge (ALJ) found that C.C.'s need for constant care exceeds the 283 hours of IHSS that C.C. receives. The ALJ found that it was appropriate for C.C.'s mother to be paid as the IHSS worker since she could be gainfully employed if she was not taking care of her daughter. It was shown that both parents work full time and would have no time alone together without respite. Therefore, C.C. was able to keep all of her respite hours. Jackie Coleman, CRA, North Bay Regional Center.

Favorable OAH Decision Obtained for Young Man Incarcerated at Napa State Hospital.

A.R. was 21 years old when he applied for regional center eligibility. He was incarcerated at Napa State Hospital in the Secure Treatment Area (STA) at the time of the application. A.R.'s psychiatric social worker and psychiatrist believed that A.R. had both a mental health disability and a developmental disability. A.R. had not been able to establish any friendships while he was growing up, he had difficulty in all of his classes, he did not make progress on his IEP goals, he had never been employed, and he did not have a bank account or driver's license.

OAH determined that A.R. "manifested cognitive, intellectual, and adaptive deficits similar to individuals with mental retardation prior to the age of 18," and that A.R.'s problem with "abstract thinking, lack of insight, and learning from experience" was similar to a person with mental retardation. A.R. was found eligible for regional center services on the basis that he had a

condition similar to mental retardation and that he required treatment similar to that required for an individual with mental retardation. Gail Gresham, Supervising CRA, Sacramento, Gloria Torres, Assistant CRA, San Andreas Regional Center, Lisa Navarro, Assistant CRA, Sacramento.

SPECIAL EDUCATION

Compensatory Speech Therapy Obtained.

D.B.'s IEP called for him to receive speech therapy for a half hour every week. The school district's speech therapist left work on a disability leave in October of 2001, and did not return to work during the school year. During that period, D.B. did not receive any speech therapy. D.B.'s mother contracted the CRA for assistance in getting effective speech therapy for the coming school. With the CRA's assistance, the IEP team agreed that D.B. was entitled to additional speech therapy to make up for what was missed. D.B.'s new IEP calls for him to receive double the amount of speech therapy in the new school year. Frank Broadhead, CRA, Redwood Coast Regional Center.

H.R. Transfers to His Neighborhood School.

H.R. is a 17-year-old regional center consumer. H.R. was attending a special day class at Hueneme High School but he wanted to go to a different school. H.R.'s mother made several requests at IEP meetings to have H.R. transferred to his neighborhood school. H.R.'s mother informed the school that H.R. was bored in his current program and that H.R. was not making any progress. The school district refused to transfer H.R. OCRA agreed to represent H.R. and hired an educational specialist to evaluate H.R.'s current placement and proposed placement. The educational specialist agreed that H.R. was not making progress in his current school placement. She recommended that H.R. move to a post-secondary classroom at his neighborhood school. H.R. and his mother agreed. At the next IEP meeting, the educational specialist presented her findings. The district finally agreed to change H.R.'s school placement to the post secondary classroom. Katherine Mottarella, CRA, Tri-Counties Regional Center.

Educational Compliance Complaint.

R.S. has been at his current special day class since October, 2001. His mother contacted OCRA after attending a recent IEP meeting, stating that the team had not been able to conduct an IEP due to her son's teacher acting inappropriately at the meeting. The CRA met with the mother and his regional center service coordinator, who had also attended the IEP meeting and had also witnessed the teacher's behavior. After reviewing all facts and documents, the CRA agreed that the school had failed to provide an appropriate IEP meeting when it failed to control the teacher's inappropriate behavior.

With the information gathered from the mother and a declaration by the service coordinator, OCRA filed a compliance complaint with the California Department of Education alleging that, because the district did not require appropriate behavior of the teacher, it failed to meet the statutory requirement that the individualized education program team meetings be nonadversarial.

The state investigated the allegation and found the district out of compliance and is requiring the district to: 1) convene an IEP team meeting to memorialize and finalize the student's goals and objectives; 2) provide written assurance by the school site administration that the parent's participation in the IEP team meeting will be unfettered; and 3) by September 30, 2002, provide evidence that an in-service training has been provided to all appropriate Special Education District Staff, including staff at the elementary school cited in the compliance report. The focus of the training is to be the facilitation of the IEP team process with families of diverse cultures. Matt Pope, CRA, Eastern Los Angeles Regional Center.

Child Prevails at Due Process Hearing.

A.G. was 3 ½-years old when OCRA was contacted by his parents. The parents complained that the San Francisco Unified School District (SFUSD) was refusing to administer Diastat, an anti-seizure medication, to A.G. while he was attending his special education class. The Diastat was ordered by A.G.'s pediatric neurologist.

Despite multiple attempts at informal resolution of the issue and IEP meetings, SFUSD continued to refuse to administer the medication. A.G. has an intractable seizure disorder that has been unresponsive to medication other than the Diastat. The failure of SFUSD to administer the medication placed A.G. at risk for having prolonged untreated seizures that had historically resulted in 50-60 emergency room admissions.

After six days of hearing, the hearing officer determined that the administration of Diastat by qualified school district personnel was necessary to make public education meaningfully accessible to A.G. and necessary in order for A.G. to benefit from his education. The administration of the Diastat was characterized as a service related to A.G.'s disability. The hearing officer ordered that the medication be administered as required by A.G.'s physician and that SFUSD provide personnel for this purpose. A.G. now safely attends his special day class and receives the services that SFUSD is required by law to provide. Gail Gresham, Supervising CRA, Sacramento, Kathleen Welker, Assistant CRA, Golden Gate Regional Center, Lisa Navarro, Assistant CRA, Sacramento.

Special Education Student Receives 1:1 Aide and Computer Software after OCRA Intervention.

D.Y. is ten years of age. He is non-verbal and diagnosed with autism. D.Y. transferred to the Paradise School District three years ago and during that time he made no progress in school. His IEP's were not implemented and he was completely unable to communicate his wants or needs.

D.Y.'s IEP stated the school would be employing the PECs and TEACCH programs as a means for D.Y. to communicate. These programs were never implemented. D.Y.'s daily schedule provided for little more than day care. Whenever Mom would visit the class, she often found D.Y. all by himself, doing nothing more than moving rhythmically back and forth. Additionally, there were several incidents on the playground where D.Y. was left unsupervised and had eaten stones.

OCRA attended an IEP meeting on D.Y.'s behalf and an IEP was drawn up that was extremely favorable. The program was to start immediately and was to include the PECs and TEACCH programs. D.Y. was given a one-to-one aide to supervise him throughout the day and all staff who worked with D.Y. were to be instructed in the use of PECs and TEACCH. D.Y.'s

schedule was modified to include actual learning and the district agreed to provide appropriate computer software for use in the classroom.

At a follow-up IEP attended by OCRA, it became clear that the deadlines for implementation had not been met. The problem stemmed from the teacher refusing to implement the IEP. As a result of the failure to implement the IEP, the teacher was dismissed from her position and D.Y. got a new teacher. D.Y.'s IEP has now been fully implemented and the new teacher is doing a wonderful job. D.Y. is been making great progress. Lorie Atamian, Assistant CRA, Far Northern Regional Center.

Insulin Shot Required to Be Provided as a Related Service.

T.B. is a happy and delightful young man of 13 years who has a diagnosis of mental retardation. T.B. was diagnosed with diabetes approximately one year ago. The local school district acknowledged the need for a licensed vocational nurse to help T.B. monitor his blood sugar level and give him his daily insulin shot, but refused his parent's request to develop an IEP to include the insulin shot as a "related service."

T.B. misses a lot of school because of his parent's fragile health and the fact that the school district relies on the parent to visit T.B. during his lunch period to administer the insulin. On days when the parent is unable to come to school, T.B. has to be kept home.

OCRA was asked to attend an IEP meeting in April, to represent T.B. in obtaining the shot as a related service. Initially, the school district was resistant in complying with the request. After an extensive IEP meeting, the school agreed to include the shot in T.B.'s IEP as a related service. Daily cafeteria lunches were also included in the IEP to help T.B. learn to manage his diabetes through proper nutrition. Kathleen Welker, Assistant CRA, Golden Gate Regional Center.

Student Keeps 1:1 Aide.

I.G. is a ten-year-old boy who has mental retardation and ADD. He is fully included in a regular classroom. I.G.'s mother contacted OCRA for assistance because I.G. had been suspended several times throughout the school year. I.G. had behavioral problems after his 1:1 aide was "phased

out”. The School District’s contention was that I.G. did not need an aide because I.G.’s behavioral problems had gotten worse due to I.G.’s own actions. He was not taking his medication regularly and he was drinking soda. I.G.’s parents wanted the school to provide the 1:1 aide to insure I.G.’s safety and the safety of other students during class and recess. I.G.’s mother requested an IEP meeting and asked OCRA to attend.

OCRA provided I.G.’s mother with information and advice regarding ways to ensure implementation of positive behavior intervention services. OCRA attended the IEP on I.G.’s behalf. A bilingual staff member also attended to assist I.G.’s mother, since she is monolingual. I.G.’s mother explained to the district how well I.G.’s behavior had improved with having a 1:1 aide, and how he would continue to benefit with having a 1:1 aide. The district agreed to continue to provide the 1:1 aide with a phase-out plan. The mother was very pleased with the outcome, and did a great job in assisting in advocating for her child. Lisa Navaro, ACRA, Angelic David, ACRA, North Bay Regional Center.

School District Grants Full Inclusion Placement with Supplementary Aids and Services.

A.S. is a young boy whose diagnoses include mental retardation and an orthopedic impairment. A.S. has attended a special day class (SDC) in Los Angeles Unified School District (LAUSD) for two years. His mother had sought to have A.S. placed in a regular education classroom through A.S.’s previous IEPs, to no avail.

On May 2, 2001, A.S.’s mother, service coordinator, and SDC teacher had a meeting to discuss A.S.’s progress and placement. A.S.’s SDC teacher believed that A.S. would not benefit from full inclusion. A.S.’s mother disagreed and requested an IEP meeting to consider full inclusion. When A.S.’s service coordinator contacted LAUSD’s program specialist to follow up with A.S.’s mother’s request, the program specialist simply arranged to have A.S. placed in a regular education classroom the following week, without first holding an IEP to determine what services would be necessary to facilitate and sustain the transfer. While an IEP meeting was held in June, 2001, the sole issue addressed was whether A.S. was eligible for assistive technology. The IEP team did not address A.S.’s need for transition and support services in his new placement. As a result of LAUSD’s poor

planning, A.S.'s placement was unsuccessful and short-lived, and he was placed back in the SDC.

At A.S.'s next IEP meeting in November, 2001, A.S.'s mother again requested a full inclusion placement. LAUSD denied this second request citing that A.S.'s mental retardation severely impacted his ability to meet educational standards. The school also pointed to A.S.'s failed attempt at full inclusion months earlier to justify its position that the SDC was the most appropriate placement for A.S. A.S.'s mother refused to sign the IEP and requested an informal conference to resolve the placement dispute during the IEP meeting. However, despite A.S.'s mother's repeated requests for months thereafter, LAUSD did not act upon her request until late March, 2002. A mediation date was finally scheduled in June, 2002, nearly seven months after the date of A.G.'s mother's initial request for dispute resolution. In the meantime, A.S. remained in the SDC.

A.S.'s service coordinator contacted OCRA for assistance with A.S.'s mediation. OCRA provided A.S.'s mother with an opinion letter and technical assistance in preparation for her mediation with LAUSD

A.S.'s mother used this opinion letter at mediation and succeeded in obtaining full inclusion, a 1:1 aide, 30 hours of tutoring, and ongoing consultation with a resource specialist for A.S. Brian Capra, CRC, Westside Regional Center, Meriah Harwood, Assistant CRA, Westside Regional Center.

Consumer to Remain Fully Included.

K.S. was diagnosed with autism and made eligible for special education services in March, 2002, by the LAUSD. At K.S.'s initial IEP, the team recommended and determined that K.S. should be in a Special Day Class. K.S. consented to the IEP. Subsequently, K.S.'s mom attended the annual Autism Conference and, based upon information she obtained there, decided her son should remain in the regular education class he was currently attending. Mom contacted the CRA to obtain additional information regarding her son's rights in special education.

The CRA and Assistant CRA represented K.S. along with his parents at an IEP in April, 2002, to request that K.S. remain in his current placement with the necessary services and supports. The IEP team agreed that K.S. could be

fully included with the proper services and supports, including the support of a temporary 1:1 aide. Patricia N. Carlos, CRA, Christine Armand, Assistant CRA, South Central Los Angeles Regional Center.

Transportation Funded for Educational Program.

V.L. is 15-years old and has autism. He attends a non-public school (NPS) for special education services. The NPS is located out of V.L.'s home school district. V.L.'s IEP states that he is to receive transportation between home and school, but a disagreement occurred over whether the NPS was to fund his transportation or if a school district was to fund his transportation. OCRA contacted a LAUSD compliance officer on V.L.'s behalf. After the phone conversation, LAUSD agreed to fund V.L.'s transportation. Patricia Pratts, Assistant CRA, Harbor Regional Center.

Referral to UCLA for a Full Diagnostic Assessment.

G.P. is 3-years old. He has been found eligible for regional center services under a diagnosis of mental retardation, but the school district has him listed as having a diagnosis of ADHD. G.P.'s true disability is currently unknown. He exhibits extreme behaviors when he is at home or when he does not have a high level of Ritalin in his system. OCRA represented G.P. at an IEP meeting and convinced the school district to develop a behavior intervention plan for the school bus ride home, as his behaviors begin on the bus ride. The district also agreed to provide a 1:1 aide to implement the behavior plan. G.P. was also referred to the UCLA Neuropsychiatric Institute for a full diagnostic evaluation, which will take place this summer. Carrie L. Sirles, CRA, Harbor Regional Center, and Patricia Pratts, Assistant CRA, Harbor Regional Center.

Students Granted Assessments for New Placement and Compensatory Related Services until the End of the School Year.

D.M. and M.M. are teenage sisters who live in Death Valley. Both sisters are eligible for special education and related services. Prior to OCRA's involvement, D.M. was placed in resource classes with 30 minutes of speech therapy per month and no other related services. In March, 2002, D.M. was sent home because of "behaviors" and the family was told that the district would be in touch with them when it was decided that the student could

come back to school. The girls' mother contacted OCRA and requested assistance in getting her child back into school and getting appropriate services for both girls. OCRA filed for Due Process on behalf of both students. There was no mediation, and both cases went to hearing within 21 days after filing. The district also filed a Due Process stating that D.M. should be placed into a residential placement due to "behaviors."

Testimony was taken and it was found that the district did not try, through the help of the Special Education Local Plan Area (SELPA), to provide D.M. with appropriate services through other school districts. During the Due Process Hearing, the district agreed that it failed to provide D.M. with an appropriate program for the entire time D.M. was in the district's program. The district argued that it could not provide the services because it was in an isolated area and believed that the student should be in a residential placement. The hearing officer informed the district that it had not followed the proper procedures in order to show that D.M. needed residential placement.

There was considerable testimony and an expert was ready to testify for D.M. regarding her behaviors when the district agreed to provide the necessary compensatory services for occupational therapy, physical therapy, adaptive physical education, and speech and language services for a period of 16 months or until the end of 2002/2003 school year. It was further agreed that the district would pay for the annual assessments that had not been done. These assessments will be provided by independent assessors that are agreed to by the parents. Finally, the district also agreed to provide M.M. with certain appropriate related services. The family is moving out of this school district and the compensatory services are to follow D.M. and M.M. to their new district. Donnalee Huffman, CRA, Kern Regional Center.

Request for ASL Denied Because Consumer Can Hear.

A.B. is a 13-year-old with autism. He has virtually no spoken words. A.B. is learning sign language with the help of his mother who is also one of his 1:1 classroom aides. The mother knows only a few signs. She requested that A.B. receive instruction in ASL from her local school district. At the IEP, the mother was told that because A.B. is not hard of hearing, the district cannot provide ASL instructional services to him. Intuitively, the mother thought that was wrong, but did not know how to proceed.

She contacted OCRA and the CRA agreed to take the case. The CRA scheduled an IEP meeting to discuss the issue. The CRA also gathered evidence of A.B.'s need for instruction in ASL. This included a letter from his pediatrician, his autism specialist at UCLA, and an assessment from a signing speech pathologist.

At the IEP the district agreed to fund a private provider to come into the classroom to work with A.B., his mother, and the classroom teacher to teach them new signs every week. Katie Casada, CRA, North Los Angeles County Regional Center.

Expulsion from School.

N.T.'s school behavior plan included having her mother come to school to pick her up when she acted inappropriately. After the death of N.T.'s father, N.T. and her mother became even closer. Needless to say, she would rather be at home with her mother than at school. N.T. quickly learned that acting out got her out of school and home. N.T.'s school was also administering N.T.'s medication at different times of the day and sometimes forgetting it altogether. This was in part due to the school personnel not reading her "buddy book". When N.T.'s 1:1 aide was absent, a substitute was not called in. Rather, N.T. was left on her own, which often resulted in escalating behaviors and the mother being called to pick her up.

On May 2, 2002, the school called and asked that the mother pick up N.T. When the mother arrived at school, she was told not to bring N.T. back until an IEP had been held. Notice of an IEP never came. The school stopped returning the mother's calls. The district office was not responding either. The mother did not know what to do.

The CRA helped the mother to file a compliance complaint and had the mother leave a message at the school indicating that she was waiting for her "pre-expulsion IEP" and that they were running out of time. She then left another message after 10 days indicating that she was now ready for all services to be implemented again. The school scheduled an IEP and offered a new placement with no other changes to N.T.'s program. The mother rejected the offer and filed for Due Process.

The CRA worked with the mother on preparing for the mediation. At mediation, the mother received compensatory services, a private functional

behavioral assessment, and non-public school placement. Even the mediator commented on what a great job the mother did in advocating for her daughter. The mother is still waiting for the written response regarding the compliance complaint. Katie Casada, CRA, North Los Angeles County Regional Center.

Preschooler Keeps Non Public School Placement for Kindergarten.

M.C. is a 4-year-old preschooler who attended a Los Angeles Unified School District (District) Preschool Intensive Special Day Class (PSI) during the 2001-2002 school years. M.C. was born at 25 weeks with diagnoses of post pre-maturity status with neonatal complications, seizure disorder, cerebral palsy and reactive airway disease. Due to these conditions, M.C. is subject to excessive drooling, periodic choking episodes and respiratory distress.

When M.C. began the school year, M.C.'s abilities were in the below-average range and her school readiness skills were delayed in most areas. She also had deficits in the areas of expressive and receptive language skills. M.C. was able to walk independently, although her movement was slow and deliberate. She would fall down frequently and was not yet running but instead used a fast walk.

A District physician examined M.C. prior to the 2001-2002 school year and determined she required 1) an adapted campus with services of a full-time school nurse; 2) appropriately trained personnel (with First Aid Certification and Rescue Breathing training); and 3) direct supervision at all times due to her history of episodes choking on her own saliva. These recommendations were to be in effect until M.C.'s choking problem resolves. The District physician also referred her for adaptive physical education (APE) and school occupational therapy (OT) screenings.

M.C. was assigned a health care assistant who met the necessary first aid requirements. She would provide 1:1 assistance on the school bus and in the classroom due to M.C.'s medical needs. M.C. received APE and OT. Due to age-expected results in some areas, when assessed for speech and language. M.C. was not found eligible for those services. However, it was recommended that M.C.'s language skills be re-evaluated after she spent one academic year in a small class setting with a strong focus on language

development where she would be encouraged and stimulated to attempt to communicate with her teachers and peers.

In April, 2002, due to the absence of any choking episodes at school, the District sought to return M.C. to her home school, removing her from her current PSI placement, and discontinue her 1:1 health assistant. M.C.'s mother contacted OCRA for assistance with her placement concerns, appropriate related services and further development of M.C.'s IEP. OCRA agreed to represent the child.

At the April IEP, OCRA reminded the IEP team that M.C. was placed outside her home school district, in a PSI classroom, based on the recommendation of the District physician, because her home school was unable to meet the child's needs. Absent updated medical evidence contrary to that being presented from her pediatrician and/or the District physician's 2002 findings, M.C.'s current PSI placement could not be changed. M.C.'s mother provided an April, 2002, letter from M.C.'s pediatrician stating her oral motor dysfunction status remains such that she continues to require 1:1 supervision. At the District's request, M.C.'s mother consented to a new health assessment. The occupational therapist attended the meeting but was not prepared to present her report on M.C.'s current level of performance or to develop goals for the new school year. However, she indicated she would be prepared to do by June, 2002, when M.C.'s annual review was to be held.

At the June IEP, the team agreed to a Preschool Mixed (PSM) setting for the 2002-03 school years. M.C. remains eligible for a non-residential school placement with transportation; a 1:1 healthcare assistant on the bus and in the classroom; APE; and school based OT. She will also begin receiving speech and language services in the new school year. Christine Armand, Assistant CRA, South Central Los Angeles Regional Center.

OFFICE OF CLIENTS' RIGHTS ADVOCACY
ANNUAL REPORT

DENIAL OF CLIENTS' RIGHTS

Regional Center	Good Cause	Right(s) Denied	Date Denial Began	Date of Review	Date of Restoration
GGRC011	I	P	2/08/02	06/06/02	Pending
GGRC012	I, O	C	6/14/02	6/17/02	Pending
RCRC92-015	I	P	7/02/01	4/12/02	Pending
RCRCR0032	I	C	1/29/02	6/27/02	Pending
TCRC003	O	P	6/21/02	8/25/02	Pending

Clients' Rights:

- M** To keep and be allowed to spend one's own *money* for personal and incidental needs.
- V** To see *visitors* each day.
- C** To keep and wear one's own *clothes*.
- T** To have reasonable access to *telephones*, both to make and receive confidential calls, and to have calls made for one upon request.
- L** To mail and receive unopened correspondence and to have ready access to *letter* writing materials, including sufficient postage.
- P** To keep and use one's own personal *possessions*, including toilet articles.
- S** To have access to individual *storage* space for one's private use.

Good Cause:

- I** Exercise of the specific right would be *injurious* to the client.
- O** There is evidence that if the right is not denied the client's exercise of it would seriously infringe on the rights of *others*.
- D** The institution or facility would suffer serious property *damage* if the right is not denied.

**OCRA Attorney's Fees
Fiscal Year
July 1, 2001 – June 30, 2002**

Date:	From:	Subject:	Case #:	Amount:
9/28/01	Kern County	Special Education	27818	\$1,000.00
3/31/02	Covina Valley School	Special Education	4404	\$1,500.00
4/30/02	Whittier Union High School/LA County	Special Education	29527	\$6,327.50
	Total For FY 2002			<u>\$8,827.50</u>

**OFFICE OF CLIENTS' RIGHTS ADVOCACY
ANNUAL REPORT
JULY 1, 2001– June 30, 2002**

CONSUMER GRIEVANCES WITH CONTRACTOR

COMPLAINANT (INITIALS)	NATURE OF COMPLAINT	STATUS	OUTCOME
S.S.	Failed to correctly file an early-start complaint.	Completed	Agreement to train OCRA staff.
M. W.	Failed to timely or appropriately complete a 4731 investigation.	Completed	Additional research on issue provided to complainant.
M.B.	Dissatisfied with actions taken by OCRA.	Completed	Assigned to a different staff person.
E.L.	Dissatisfied with OCRA's refusal to assist.	Completed	OCRA continued to refuse to represent as OCRA could not determine merit in case.
O.T.	Dissatisfied with actions taken by OCRA..	Completed	Assigned to a different staff person.