

## **INTRODUCTION**

This marks the fifth year of the Office of Clients' Rights Advocacy's provision of advocacy services to the consumers of California's 21 regional centers. During those 5 years, OCRA has come to be a respected provider of advocacy services by the people and families who it serves and by the community and agencies that support people with developmental disabilities.

During the 5 years, OCRA has directly served over 40,000 consumers and provided over 1,100 trainings attended by over 65,000 people. Significantly, consumer satisfaction reports continue to average above 90 percent satisfaction in almost all areas of performance surveyed. OCRA staff makes a strong effort to provide advocacy services to the consumers that it serves. That effort is reflected in the statistics given, the outcomes reported, and the spirit that abides among OCRA staff. This is summarized so well by Martha Sanchez, the mother of a young South Central Regional Center consumer, who wrote in June of this year:

This letter is written with the intention to express by gratitude for your help and guidance regarding the school district's residency/home visit practice and procedures. I felt very comfortable with your support and guidance through the process. I was particularly impressed with your ability to relate to my concern and with your quick response to my request. Also, I need to mention that the options you provided helped me to bring closure to the situation in a timely manner.

Thanks again, and I wish that your work on behalf of families like mine be blessed forever.

OCRA continues to operate 23 offices throughout the State of California, most of which are staffed by one CRA and one Assistant CRA. A list of our 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 these agencies, OCRA's efforts to ensure the rights of Californians with developmental disabilities would not be so successful.

## **I. CONTENTS OF ANNUAL REPORT**

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, Contract Manager, Suzanne Joy-Livingston, met with PAI and gave verbal approval to the performance objectives that OCRA had proposed to DDS.

### **1. 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 six 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 B, show that OCRA resolved 8,014 issues for consumers during this time period. It is clear that OCRA resolved significantly more issues for people with developmental disabilities than required by the performance objective.

**2. 75 percent of requests for assistance will be resolved informally as measured by the quarterly data.**

OCRA continued to exceed this performance objective. OCRA handled 8,014 requests for assistance during this reporting period. Of these, 87 were handled as requests for direct representation at hearing. This means that 99 percent of the requests for assistance were 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.

**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 significantly 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 31 percent return rate, of those who answered the questions, 96 percent of the responders felt they were treated well by the staff, 93 percent understood the information they were provided, 95 percent believed their CRA listened to them, 88 percent believed they were helped by the CRA, and 92 percent would ask for help from the CRA again. See Exhibit C which discusses the results of OCRA's survey.

**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 C which shows that OCRA provided timely services to over 75 percent of the consumers that OCRA served last year. In fact, 86 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. The sole exception was Inland Regional Center's training, which had been scheduled but was continued to August 5, 2003. The chart below reflects the training schedule.

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 and though the current contract does not require the approval of DDS, OCRA welcomes comments from DDS. Additionally, a few offices have developed their own materials which are available for review if DDS so desires.

The evaluations for the self-advocacy trainings are too numerous to submit to DDS but, almost without exception, consumers attending those trainings rated them as satisfactory. OCRA's standard rating sheet was used at the trainings. Consumers have the choice of checking a presentation as satisfactory or unsatisfactory in six basic areas. The rating sheet has previously been reviewed and approved by DDS. The individual rating sheets are available for review if DDS desires to do so.

Alta California RC	May 14, 2003
Central Valley RC	July 11, 2002
East Los Angeles RC	May 31 and June 7, 2003
Far Northern RC	May 28, 2003
Golden Gate RC	April 17, 2003
Harbor RC	June 20, 2003
Inland RC	June 17, 2003(Continued to August 5)
Kern RC	March 13, 2003
Lanterman RC/LA Area	June 20, 2003
North Bay RC	July 7, 2002
North Los Angeles County RC	October 22, 2002
Redwood Coast RC	July 1, 2002
Regional Center of East Bay	July 8, 2003
Regional Center of Orange County	July 20, 2002

San Andreas RC	Nov., 2002 and April 17, 2003
San Diego RC	May 10, 2003
San Gabriel/Pomona RC	May 30, 2003
South Central Los Angeles RC	June 24, 2003
Tri-Counties RC	August 13, 2002
Valley Mountain RC	Feb. 25, March 7, and March 18, 2003
Westside RC	May 27, 2003

**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 234 trainings during the past year. This was 74 more 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, various public benefits, special education, and conservatorships.

During the past year, OCRA presented at 234 trainings with a total attendance of approximately 9,802 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, Lisa Navarro serves as the Northern California Outreach Coordinator, and Patricia Carlos as the Southern California Outreach Coordinator. The three outreach coordinators assist the OCRA offices in development and implementation of their outreach plans and provide the formal evaluation of each office's outreach plan.

The target outreach plans were initially written for a year's time period and identified underrepresented groups in each catchment area for the offices to target for extra contact. A detailed report on targeted outreach and training is included here as Exhibit D.

The targeted outreach plans that were completed June 30, 2003, had been in effect for six quarters. Plans developed for fiscal year 2003-2004 will be in effect for one year. Review of the statistics on OCRA's services to underrepresented groups (see Section IX of this report) show steadily increasing services to people of color and underrepresented groups. The conclusion must be reached that OCRA's outreach to underrepresented groups has been instrumental in causing the increases.

**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 all of the regional centers during the first year of the current contract. Subsequently, the Director has met with regional centers to revise existing MOUs, as needed. The MOU with Golden Gate Regional Center is now in draft form. Copies of all revised MOUs have been forwarded to DDS when they are finalized.

In general, meetings regarding the MOUs are 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.

**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 November 13, 2002. At that time, it was agreed that there were no

significant 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. Attached as Exhibit E 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, consideration is given to 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 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 meets three times a year. Minutes for the meetings held in Los Angeles on October 12, 2002, were included as Exhibit C in OCRA's Semi-Annual report for this fiscal year. Minutes from the February 1, 2003, meeting in Sacramento and the June 21, 2003, meeting in San Diego are attached here as Exhibit F.

DDS staff is invited and encouraged to participate in any of the meetings. The remaining committee meeting for this calendar year is in Los Angeles on November 1, 2003.

#### **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 G. 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:

##### ***CCS Refusal to Provide Proper Size Stroller Reversed.***

M.P. is a 2-year-old consumer for whom California Children's Services (CCS) agreed to provide a specialized stroller for positional support to assist in learning communication skills, self-care, and other essential activities. The CCS Physical Therapist ordered a stroller which was a size too large, stating the equipment would only be provided if it would have a useful life of at least three years.

The stroller was so large that no positional support was possible. When M.P.'s legal guardian demonstrated this at the next CCS clinic, the doctor stated she would have to accept the one provided and should store it until M.P. grows into it.

M.P.'s guardian contacted OCRA. After researching and determining no law exists to support CCS's position, OCRA drafted a letter for the guardian to submit to CCS requesting an appeal and, alternatively, a list of medical experts from which to choose, to obtain a second binding opinion, as required by law.

Three work days later, CCS contacted the guardian and arranged for her to return the over-sized stroller in exchange for a proper fitting stroller. Doug Harris, Associate CRA, Redwood Coast Regional Center, Lake County.

##### ***Consumer Receives Significant Increase in IHSS Hours.***

A.A.'s mother contacted the CRA to obtain assistance with her IHSS hearing. IHSS had performed a re-evaluation. The consumer was 8 and had



autism. Her mother helped A.A. in every area of personal care. In addition, the consumer's mother vigilantly watched her because A.A. would open the door locks and run out of the house or play with dangerous objects. After its re-evaluation, the county awarded A.A. 13.75 hours per month. The parent believed that her daughter was entitled to more hours and appealed the IHSS decision. The mother calculated the time per task after she contacted the CRA. The CRA offered to assist her by writing a brief explaining the time per task that the parent had calculated and the reasons why the consumer needed protective supervision. The parent agreed to postpone the hearing and have the CRA write the brief. The CRA retrieved documents from IHSS and the regional center and prepared the parent for the hearing. The judge agreed to increase the hours from 13.75 to 195 per month. Bernadette Bautista, CRA, Inland Regional Center.

**Reunification Accomplished in Specialized Community Program for Mother's and Young Children.**

Y.M. is a 19-year-old who gave birth to her son in 2002. CPS removed the son at birth and requested that the regional center investigate possible placement in a specialized community program for mothers with developmental disabilities and their babies. This program is three years in duration and consists of intensive parent education and instruction.

The regional center and OCRA launched a collaborative effort to have Y.M. and her son reunited and for them to live in the group home CPS originally requested. OCRA attended many meetings, made many phone calls, did a great deal of research, and advocated in every way possible to ensure reunification.

In February, 2003, when the baby was eight months old, Y.M. and her son moved into the specialized community placement together. OCRA continues to be involved, as the final disposition will take place in April. Katy Lusson, CRA, Golden Gate 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 H 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 was one Title 17 complaint filed during the fiscal year which was against a facility located in the North Los Angeles County Regional Center catchment area regarding the facility's failure to provide adequate procedures in routine medical care. The complainants were satisfied with the outcome of the Title 17 investigation though the consumer ultimately moved to a different facility.

## **VII. COLLECTION OF FEES**

OCRA does not charge consumers, their families or advocates fees for services nor does OCRA seek to recover costs from these individuals. Clients' Rights Advocates 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 for any individual case depends upon several factors such as the geographical location where the Petitioner lives, and the years of experience of the attorney who handled the case. Attached as Exhibit I is a chart showing the amount and source of any attorney's fees and costs collected by OCRA during the past fiscal year.

### **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.

Nine 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 J is a chart detailing the grievances filed against OCRA.

### **IX. ANALYSIS OF CONSUMERS SERVED**

OCRA handled a total of 8,014 cases from July 1, 2002, through June 30, 2003. This represents a significant amount of advocacy assistance.

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. In OCRA's last annual report, it was stated

that the performance objectives established in January, 2002, might not be appropriate with the statistics gathered with the new computer program. However, the performance objectives appear to continue to remain appropriate.

Included as Exhibit B is the complete compilation of data for the fiscal year. The data has been compiled by:

1. Age
2. County
3. Disability
4. Ethnicity
5. Gender
6. Living Arrangement
7. 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, 2,450, has consistently been the 3-to-17 years-old age group. The next largest is the 22-40 age group with 1,354 people served. The consistency remains in the ratio of males to females served, also. OCRA has traditionally served more males than females, with approximately 62 percent of the consumers served being male and 37 percent being female. In one percent of the cases 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, 2003, 59 percent of all regional center consumers were male and 41 percent female.

Consumers residing in their parental or other family home remain by far the largest number of consumers served, with 4,692 consumers or 69 percent of those OCRA served living in their family home. The next largest group served is those living independently, with OCRA serving 774 people or 14 percent with this living arrangement. DDS statistics show that 67.66 percent of regional center consumers live in their parent's home and 9.69 percent live independently.

OCRA's statistics on the ethnicity of consumers served from July 1, 2002, through June 30, 2003, show OCRA's continuing commitment to serve

underserved communities. OCRA staff has also made concerted efforts to ensure that all statistics are accurately entered into its computer system. Previous years, OCRA had statistics for a category known as “unknown.” This year, the system was changed to indicate when callers refused to divulge their ethnicity. The percentage of consumers from various ethnicities served by OCRA was:

<b>Ethnicity</b>	<b>2002-2003 %</b>	<b>2001-2002 %</b>	<b>2000-2001 %</b>	<b>1999-2001 %</b>	<b>Regional Centers %(Current Year)</b>
Amer. Indian or Alaskan Native	1	1	1	1	.41
African American	10	9	9	8	10.59
Asian	4	3	5	4	5.23
Hispanic/Latino	27	24	24	24	27.8
Self-identified Multicultural	4	4	4	3	Not listed
Pacific Islander	1	1	1	1	2.14
White	49	47	48	56	44.98
Refused to Identify/Other (Formerly Unknown)	4	11	8	8	7.23

OCRA's statistics show improved service to Hispanic/Latino, African American, and Asian populations. There is also an increase in service to Whites. It is impossible to tell if OCRA served an increased number of each ethnicity or if its staff's effort to better record data resulted in the increases in each category.

The types of problems which OCRA handles remain fairly consistent. For the time period covered by this report, OCRA handled 1,817 Special Education cases, 1,932 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;

and placement.

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, continuity of staff, 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.

OCRA's new data base has the capacity to collect information on the level of service provided which will offer new opportunities to compare services 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**

The contract between DDS and PAI requires that on an annual basis PAI make recommendations to DDS as to methods of enhancement of the services that OCRA provides for regional center consumers. In the past, OCRA has expressed concerns 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 has been especially concerned that one advocate is mandated to serve the consumers of each regional center in spite of the fact the number of consumers that a regional center serves may vary by thousands of people.

OCRA recognizes and is extremely appreciative of the fact that DDS has consistently supported this organization in its efforts to provide effective

statewide advocacy to all consumers. When the state budget is more stable, OCRA will renew its efforts to increase its staff in order to more adequately protect the state's most vulnerable residents. In the interim, PAI remains appreciative of the state's on-going confidence placed in OCRA's ability to provide advocacy services to people with developmental disabilities.

## **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 8,014 cases last year, provided 234 trainings to over 9,802 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.

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**\* Changes to office - as of August 19, 2003 – *Change is italicized.***

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**Toll-Free: (800) 390-7032**  
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**Los Angeles OCRA**  
**Office of Clients' Rights Advocacy**  
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**Toll-Free: (866) 833-6712**  
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**Director:**

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Office of Clients' Rights Advocacy  
Annual Report - July 1, 2002 through June 30, 2003  
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	Total	
Pending	5	4	40	2	8	1	7	1	6	21	2	3	31	24	5	2	5	10	4	5	2	188	
Rights information/consultation	157	141	743	97	260	114	334	158	117	295	179	285	266	208	154	213	239	188	669	282	201	5300	
Referral to other advocacy services, including the service provided by PAI and area boards	19	31	43	2	22	6	14	148	7	11	32	20	3	12	2	59	25	8	32	7	128	631	
Fair hearing process / procedures	15	7	9	1	2		9	3	9	1	9	7	6	12			1	17	43	1	35	187	
Informal regional center / provider problem resolution	52	85	17	9	15	6	7	48	2	1	152	77	9	31	9	36	18	4	6	3	14	601	
Informal generic service agency problem resolution	31	145	54	31	2	2	3	66	3	3	31	145		84	1	59	30	2	8	3	39	742	
Direct representation in an informal fair hearing	3	14	5	2	1		2	5	1		1		6	2		2					1	1	46
Direct representation in an appeal for generic services	6	13	22	5	1	6		24		3	7	5		3	2	12		1	1		7	118	
Direct representation at a formal fair hearing	2	3	13	10	1	3	2	22	1	5	7	6	3				4	1	4			87	
W and I 4731 complaint filing	1						3		2	2	4	2		1		3		3	6		1	28	
Court Litigation	6	2		1		1		1	2											1		14	
None	3		25	4			6	2	3		1	2	1	8	4		3	4	4	1	1	72	
Total	300	445	971	164	312	139	387	478	153	342	425	552	325	385	177	386	325	238	778	303	429	8014	



Office of Clients' Rights Advocacy  
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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	Total
0-3	1	5	11	3	3	4	6	6	5	6	6	10	8	4	7	4	4		10	2	4	109
3-17	57	176	252	68	64	58	138	189	59	97	116	154	83	86	74	134	124	61	244	98	124	2456
17-22	22	51	71	13	34	14	40	48	9	36	47	44	48	36	23	52	29	13	63	38	30	761
22-40	51	54	107	27	55	21	78	82	25	67	93	110	58	80	43	49	71	17	139	61	66	1354
40-50	20	20	37	19	24	9	17	35	8	31	49	49	39	34	6	9	21	8	49	26	27	537
50 and above	70	23	111	14	34	12	36	52	13	27	52	48	37	58	15	24	18	14	35	33	46	772
Unknown	4	2	8	1	3			7	1	2	1		3	8	1	2		2	3	2	1	51
Total	225	331	597	145	217	118	315	419	120	266	364	415	276	306	169	274	267	115	543	260	298	6040

**Office of Clients' Rights Advocacy  
Annual Report - July 1, 2002 through June 30, 2003  
Report by County**

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Total	
Alameda										1		263											264
Amador																					1		1
Butte			1	92																	1		94
Calaveras																					5		5
Colusa	1																						1
Contra Costa										1		147											148
Del Norte														37									37
El Dorado	7																						7
Fresno		188													1					1			190
Glenn				3																			3
Humboldt														133									133
Imperial																	8						8
Inyo								4															4
Kern	1						2	414												1			418
Kings		23																					23
Lake														90									90
Lassen			1	3							1												5
Los Angeles		1	594			113	8		120	1	358	1	1			274		109	3		297		1880
Madera		38																					38
Marin					59																		59
Mariposa		1																					1
Mendocino														42									42
Merced	1	16																			1		18
Mono								1															1
Monterey															12								12
Napa				1						48					1								50
Nevada	2																						2
Orange						3				2	5		273				1		1	1	1	1	287
Placer	17												1										18
Plumas				8																			8

**Office of Clients' Rights Advocacy  
Annual Report - July 1, 2002 through June 30, 2003  
Report by County**

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Total
Riverside							106							1			1					108
Sacramento	158					1				1					1				1	1		163
San Benito															1							1
San Bernardino							198						1		1		1	2				203
San Diego			1											1	1		255		2			260
San Francisco					79							2								1		82
San Joaquin	2																			137		139
San Luis Obispo																			62			62
San Mateo					76							1			1							78
Santa Barbara																		3	155			158
Santa Clara	1	1			1										130							133
Santa Cruz															20							20
Shasta				20																		20
Sierra	1																					1
Siskiyou				8																		8
Solano										109												109
Sonoma					1					103				1								105
Stanislaus	1	1																		98		100
Sutter	1																					1
Tehama				8										1								9
Trinity				1																		1
Tulare	4	62			1							1					1					69
Tuolumne																				14		14
Ventura						1	1											1	317			320
Yolo	23																					23
Yuba	5			1																		6
<b>Total</b>	<b>225</b>	<b>331</b>	<b>597</b>	<b>145</b>	<b>217</b>	<b>118</b>	<b>315</b>	<b>419</b>	<b>120</b>	<b>266</b>	<b>364</b>	<b>415</b>	<b>276</b>	<b>306</b>	<b>169</b>	<b>274</b>	<b>267</b>	<b>115</b>	<b>543</b>	<b>260</b>	<b>298</b>	<b>6040</b>

Office of Clients' Rights Advocacy  
Annual Report - July 1, 2002 through June 30, 2003  
Report by Disability

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Total
5th Category	31	43	4	26	9		26	9	9	7	13	46	15	21	18	6	20	4	38	11	24	380
Autism	26	42	129	14	33	35	62	81	41	39	57	72	50	26	48	65	71	41	147	35	91	1205
Cerebral Palsy	21	28	38	20	30	16	54	32	15	34	15	68	35	32	11	20	38	13	43	35	50	648
Dual Diagnosis - 5th Category	1	11			2		1	1		1	4	8	5	5	2		1		1	1	3	47
Dual Diagnosis - Autism		1	2	1				3		2	8	3	2	4	8	1	1	2	5	2	3	48
Dual Diagnosis - Cerebral Palsy			2	2	1			5		2	6	2	7	6	3				9	3		48
Dual Diagnosis - Epilepsy		1	1	4		1	1			2	2	1		4			1	2	4	4	2	30
Dual Diagnosis - Mental Retardation	16	17	12	4	19	4	8	14	4	12	116	21	23	26	4	6	6	8	41	15	11	387
Early Start	1	10	1	3	6	9	8	5	7	5	8	20	8	4	6	7	3	4	24	4	7	150
Epilepsy	10	19	22	11	13	6	28	7	9	12	16	12	12	27	9	11	13	12	23	25	30	327
Mental Retardation	118	150	203	64	100	47	145	242	38	145	96	221	120	180	57	140	134	42	223	154	123	2742
Unknown	13	26	207	8	36	17	26	65	12	22	52	1	28	18	13	39	15	6	25	41	15	685
Total	237	348	621	157	249	135	359	464	135	283	393	475	305	353	179	295	303	134	583	330	359	6697

Office of Clients' Rights Advocacy  
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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	Grand Total
Alaskan Native				1																		1
American Indian	2	2	1	5		1	1	9		2	1	4		19			6		4	3	1	61
Asian	7	8	45	3	20	4	9	5	7	2	4	38	17	4	20	1	5	10	6	8	7	230
Black (Not Hispanic/Latino Origin)	23	26	12	4	28	22	32	40	8	26	40	88	4	11	7	111	23	4	9	12	74	604
Hispanic/Latino	35	107	361	19	34	31	90	128	41	36	75	87	74	13	30	135	63	45	124	53	49	1630
Multicultural (Self-Identified)	10	8	29	4	13	3	7	13	8	14	20	14		7	3	3	20	1	17	1	23	218
Other	4	4	3	2	2	2	2	2			15	1	3		5		2	4	3	1	11	66
Pacific Islander	1		5	1	7	4	3	2	6	9	7	9	1	1	2		5		3	6	1	73
Unknown	7	10	52	4	16	7	11		9	14	21	3	8	11	12	11	1	2	3	8	8	218
White (Not Hispanic/Latino Origin)	136	166	89	102	97	44	160	220	41	163	181	171	169	240	90	13	142	49	374	168	124	2939
Total	225	331	597	145	217	118	315	419	120	266	364	415	276	306	169	274	267	115	543	260	298	6040

Office of Clients' Rights Advocacy  
 Annual Report - July 1, 2002 through June 30, 2003  
 Report by Gender

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Grand Total
Female	91	103	192	55	92	41	99	170	44	116	155	158	96	126	53	99	106	43	187	83	123	2232
Male	129	227	387	89	122	74	210	248	71	148	207	253	177	171	115	169	159	69	353	170	174	3722
Unknown	5	1	18	1	3	3	6	1	5	2	2	4	3	9	1	6	2	3	3	7	1	86
Total	225	331	597	145	217	118	315	419	120	266	364	415	276	306	169	274	267	115	543	260	298	6040

Office of Clients' Rights Advocacy  
Annual Report - July 1, 2002 through June 30, 2003  
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	Total
Adult Residential Facility	10	19	20	2	18	1	32	19	4	14	16	47	28	3	8	19	27	9	55	37	6	394
Board and Care	31	3	5	4	21	1	7	1		28	21	4	33	2	2				12	4	2	181
Childrens Group Home	8	6		3	9	1	2	6	1	4	1	9	4	2	3	1	2	3	10	6	4	85
Community Residential Home	3	1			1		5	1		2				4	2	1			2	1	1	24
Detention Center		2						2								1						5
Developmental Center	8	1		1	5	1	1	1		3	6		3		1	3	4		7	1	1	47
Federal Prison						1	5			1			2			2	4	2	2	7	1	27
Foster Care	1	3	4	3		2	2	1	1	5	6	5	2	3		1	3	2	1	1	6	52
Foster Family Home		2					1		1	2	6			3		2	2		6			25
Halfway House					1														1			2
Homeless	2	1	1	1	4	1	1	3		5		4		1		1	4		2		1	32
ICF DD	1	5		1	2			2		2	4	1		4				1	5			28
ICF DD-H					3		1	1		1	9	8	5	1					16	2	1	48
ICF DD-N	1	2		1	2			3		3		3	1		1				4	3	1	25
ICF/MR/Nursing Home							1	1														2
Independent Housing	61	31	32	38	51	20	30	78	9	33	83	88	32	112	7	19	30	19	84	24	78	959
Intermediate Care Facility/Nursing Home							2				1						1		1			5
Jail	2	3	1	2	2	1	3	9		4	1	3	2	1	1	11	2		4	4	3	59
Large Group Home (more than 3 beds)	1	5		2	2					1	1	1		1	1		5			1	1	22
Nursing Home	6	3	4	2		2	1	1		2	2	9	4	2	1		2	3	7	3	3	57
Other	1									1	2					1			1			6
Other Federal Facility							1	2														3
Parental or Other Family Home	124	316	425	95	151	87	262	296	110	203	231	325	179	165	117	289	200	183	507	176	251	4692

Prison				1				1								2						4
Private Institutional Hospital/Treatment Facility										3						1						4
Private Institutional Living Arrangement	7	4	8	4	5	1	3	5	7	6	2	1	10	1	7	10	14		1	6	3	105
Private Institutional School																1						1
Psychiatric Wards of Private General Hospitals																1						1
Psychiatric Wards of Public General Hospitals	2	3	1		2	2	3	4				1		1	1		2		3	1		26
Public Institutional Hospital/Treatment Facility	1	1			1							1	3			1			1			9
Public General Hospital Emergency Rooms								1											2			3
Public Institutional Living Arrangement								1														1
Public Residential School					1	1								1		1					1	5
Semi-indepent Home or Apartment	2	7	3	1						1	2	2			5	1			3	1	4	32
Small Group Home (3 beds or less)	1	1						3		1				1			1		1			9
Specialized Nursing Facility/Nursing Home								1					1	1								3
Supervised Apartment	5	15	14		13		1	2		7	2	37	4	17	17		7		28	4	26	199
Unknown	22	11	453	3	18	17	20	36	19	9	28	2	15	55	7	18	15	16	12	20	36	832
Total	300	445	971	164	312	139	387	478	153	342	425	552	325	385	177	386	325	238	778	303	429	8014









Office of Clients' Rights Advocacy  
Annual Report - July 1, 2002 through June 30, 2003

Report by Problem Codes

	ARC	CVRC	ELARC	FNRC	GGRC	HRC	IRC	KRC	LRC	NBRC	NLARC	RCEB	RCOC	RCRC	SARC	SCLARC	SDRC	SGPRC	TCRC	VMRC	WRC	Total
Capacity/Incapacity of Client					2					1	1	1	1	1					4	2	1	14
Informed Consent			1		1		1	1				3	1	1		1		1	6			17
Substitute Judgment			1				1				1	4		1								8
<b>Total</b>			<b>2</b>		<b>3</b>		<b>2</b>	<b>1</b>		<b>1</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>3</b>		<b>1</b>		<b>1</b>	<b>10</b>	<b>2</b>	<b>1</b>	<b>39</b>
<b>OCRA - Conservatorship</b>																						
Change of Conservators					2			2			3	1	3	2					3			16
Conservatee's Rights	3	2	1	2			1	1			9	1	2	2		1	1		5	3	5	39
Conservator Duties	1		2		1		1	1					4	2		1	1	1	11	3	1	30
Establishing Conservatorship (General)	1		37		2		2	7		4	1	2	1	3		7	3		2	6	1	79
Establishing Conservatorship (Limited)	4	1	5		5		1	28	1		29	9	48	7		18	3	2	23	6	9	199
LPS Conservatorship	1		2		1						1	1				2		2				10
Termination of Conservatorship			4	2	2		1	1	1	1	2	1	2	3	1				4	4		31
<b>Total</b>	<b>10</b>	<b>7</b>	<b>49</b>	<b>4</b>	<b>13</b>		<b>6</b>	<b>40</b>	<b>2</b>	<b>5</b>	<b>45</b>	<b>15</b>	<b>60</b>	<b>19</b>	<b>1</b>	<b>29</b>	<b>8</b>	<b>5</b>	<b>48</b>	<b>22</b>	<b>16</b>	<b>404</b>
<b>OCRA - Consumer Finance</b>																						
Debt Collection		2	22	2	4	2	1	2		2	6	8	7	8	1	2	11		4	2	6	92
Other Consumer Finance	3	3	33	3	3	1	5	31		3	15	5	3	8	1		5		5	11	8	146
Special Needs Trust			1	3	1	3	1			3	11	3	3			2	2		8	3	6	50
<b>Total</b>	<b>3</b>	<b>6</b>	<b>58</b>	<b>6</b>	<b>10</b>	<b>4</b>	<b>6</b>	<b>33</b>		<b>8</b>	<b>32</b>	<b>16</b>	<b>13</b>	<b>16</b>	<b>2</b>	<b>4</b>	<b>18</b>		<b>17</b>	<b>16</b>	<b>20</b>	<b>288</b>
<b>OCRA - Discrimination (Other than Employment)</b>																						
Architectural Barriers														1			1				1	3
Discrimination	1		5				2	2		5	5	1	3	4	1	1	2	2	1	1	3	39
Higher Education (Public and Private)	2											1										3
Insurance Discrimination						1		1														2
Public Accommodations (Hotels, Restaurants, Etc.)	1	5	3				1		1	1	1	2		3			3		5	1	2	29
Public Services (Federal, State, Local)		2	1	2						1		4		1					4	3	2	20
Racial Discrimination						1				1									1			3
Telecommunications															1							1
Transportation (Public and Private)							1	1	1					1	1		1		2		3	11
<b>Total</b>	<b>4</b>	<b>7</b>	<b>9</b>	<b>2</b>		<b>2</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>10</b>	<b>3</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>13</b>	<b>5</b>	<b>11</b>	<b>111</b>
<b>OCRA - Education</b>																						
Adult Education Programs		4						1			1		1	1					1	2	2	13
Assessment	1	4	5	1	2	1	2	2	4	1		2	3			2	3	1	5	3		42
Complaint Procedures		8	27		3		11	2	3	8	3	2	2	8	2	7	5	6	8	5	7	117
Day Care		1	2		1												1			1		6
Due Process Procedures	1	1	7		3	1	7	11	5	1	10	2	5	3	1	4	2	8	7	1	7	87
Eligibility		3	1		1	1										3	1	3	2			15
Extra Curricular Activities			1		1									2					1			5

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FTP Culturally Appropriate Services			10																			10
Full Inclusion (Except Pre-School)	1	4	13		2	1				1		3	2		1	2	1	6	5	1	1	44
Higher Education	1		6						1				2									10
Home/Hospital Instruction	1	1		5				1		5	2				1		1	1	2		1	21
IEP Development	11	21	84	18	12	2	14	67	2	23	15	12	1	16	2	6	34	15	28	12	7	402
Least Restrictive Environment	3	18	10	1	1	4	2	1		1	2	8	1	1	2	1	7	3	5	1	1	73
Mental Health Services		2		1			1	2				2				2			4			14
Non-Public School Placement	1		4		1	3	2	7			1	4	1	1	1	4	2	2	7		2	43
OT/PT		4	3	1	1	1		2	1	4	3	1	3						9		1	34
Other Education		3	15		2	3	1		3	3	1			1		8		4		4	1	49
Part C - Early Start/Early Intervention		2			1				1			18			4					1	1	28
Positive Behavioral Intervention	1	10	7			1	4		2	1	2	8	3	5	2	5	4	2	12	3	1	73
Preschool Full Inclusion		1	3			1						2						1	1			9
Preschool Programs		7	1	1		1	2		1	2	2	8	1		9			2	5	2		44
Public School Placement		28	9	9	3	4	2	17	1			20	8	5	10	25	10	4	22	7	3	187
Related Services	1	27	17	2	3	10	9	26	8	1	10	17	6	3	6	20	3	11	46	6	9	241
Residential Placement			1	1								1	1			1						5
Suspension/Expulsion	1	12	3		2	2	2		1	3	5	2	1	5	1	1	1	3	7	5	1	58
Transition Planning		1	4	1	2	3	1		1	4		2				5	1	1	6		5	37
Transporation	4	6		2	2		2	1	1	3	7	9		4	3	12	5		6	3	3	73
<b>Total</b>	<b>27</b>	<b>168</b>	<b>233</b>	<b>43</b>	<b>43</b>	<b>39</b>	<b>62</b>	<b>140</b>	<b>35</b>	<b>61</b>	<b>64</b>	<b>123</b>	<b>41</b>	<b>55</b>	<b>45</b>	<b>108</b>	<b>81</b>	<b>73</b>	<b>190</b>	<b>57</b>	<b>52</b>	<b>1740</b>
<b>OCRA - Employment</b>																						
Employment	6	1						2		2		2			1	1				1	1	17
Employment Discrimination: Firing	2	1	1		1	1				2	1	2		1	1					3	1	17
Employment Discrimination: General		1	4		1	1	1			1		2	1				1		1	1	3	18
Employment Discrimination: Hiring			1					2		1		1							1			6
Employment Discrimination: Reasonable Accomodations	1				1	1				1	1	1				1	1		2		2	12
Supported Employment		1	1	1			1				1			4					2	1		12
Worker's Compensation						1								1					1		3	6
<b>Total</b>	<b>9</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>		<b>7</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>2</b>		<b>7</b>	<b>6</b>	<b>10</b>	<b>88</b>
<b>OCRA - Family</b>																						
Child Support		1	5		1			2			1	1		9		2		3	1	2	2	30
Dissolution	1		4	1	1				1	1	1	2		4			1	1		2	2	22
Family - Other	6	5	13					14		3	20	2	3	10	4	10	3		5	7	5	110
Guardianship of Minors	1		5	1	1			2		3		2		4			1		3	2	6	31
Parenting/Custody	10	4	15	1	2		1	9	2	5	6	11	1	12	1	6	1	4	13	2	10	116
Wills, Trust and Estate Planning			1					1			1		2	3						1	5	14

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<b>Total</b>	<b>18</b>	<b>10</b>	<b>43</b>	<b>3</b>	<b>5</b>		<b>1</b>	<b>28</b>	<b>3</b>	<b>12</b>	<b>29</b>	<b>18</b>	<b>6</b>	<b>42</b>	<b>5</b>	<b>18</b>	<b>6</b>	<b>8</b>	<b>22</b>	<b>16</b>	<b>30</b>	<b>323</b>	
<b>OCRA - Forensic Mental Health Issues</b>																							
Criminal Justice Issues			1		1	1	1	14			1	15		8						1	7	50	
Diversion		1				1					1	6		2								11	
Incompetent to Stand Trial (IST)								1														1	2
<b>Total</b>		<b>1</b>	<b>1</b>		<b>1</b>	<b>2</b>	<b>1</b>	<b>15</b>			<b>2</b>	<b>21</b>		<b>10</b>						<b>1</b>	<b>8</b>	<b>63</b>	
<b>OCRA - Health</b>																							
CCS Eligibility			2								3	2				1	1	1				1	11
CCS Services		1			2	1				2	1	1		1		1		1	1				12
CCS Share of Cost						1						1											2
Denial of Coverage	2	3	4					1		1	6	1										1	19
In Home Nursing/Medical Care			3		7	1		1		2		1	1		3		3	1	1	2	5		31
Medi-Cal Eligibility	1		4		2		3					9		2		1	4		2			5	33
Medi-Cal Services		4	4	1	3	3			1	3	1	8		4	3	5	1	3	1	5	3		53
Medi-Cal Share of Cost/Co-Payment									2	1		4				1		1	3			1	13
Medical Treatment	2	4	6	2	3	1	5	11	1	5	4	2	4	6	3	1	3	1	12	4	10		90
Private Insurance		3	1		1		6	1	2	2	5	6				1		1	5	1	4		39
<b>Total</b>	<b>5</b>	<b>15</b>	<b>24</b>	<b>3</b>	<b>18</b>	<b>7</b>	<b>14</b>	<b>14</b>	<b>6</b>	<b>16</b>	<b>20</b>	<b>35</b>	<b>5</b>	<b>13</b>	<b>9</b>	<b>11</b>	<b>12</b>	<b>9</b>	<b>25</b>	<b>12</b>	<b>30</b>	<b>303</b>	
<b>OCRA - Housing</b>																							
Housing Discrimination	1						2			1			1				1				1	2	9
Landlord/Tenant	2	1	26	6	4	2	4	4	4	6	10	10	4	17	3	8	2	1	6	7	11		138
Ownership of Property	3			2			1	1	1					2				2	1			3	16
Reasonable Accommodations			3	2	4	1	1	9	2	1	1	4	1	1	2	2	1		3	2	2		42
Section 8	3	2	1	1	3					1	3	3		2	1	2	4			5	3		34
Subsidized Housing	1		1	1					1			1		3						1			9
Zoning/Restrictive Covenants			1	1			1					1		1									5
<b>Total</b>	<b>10</b>	<b>3</b>	<b>32</b>	<b>13</b>	<b>11</b>	<b>3</b>	<b>9</b>	<b>14</b>	<b>8</b>	<b>9</b>	<b>14</b>	<b>19</b>	<b>6</b>	<b>26</b>	<b>6</b>	<b>12</b>	<b>8</b>	<b>3</b>	<b>16</b>	<b>10</b>	<b>21</b>	<b>253</b>	
<b>OCRA - Immigration</b>																							
Citizenship Interview			1				1				2	1	1										6
Immigration			2							3	4	4	5			3	1	2	2			3	29
<b>Total</b>			<b>3</b>				<b>1</b>			<b>3</b>	<b>6</b>	<b>5</b>	<b>6</b>			<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>		<b>3</b>	<b>35</b>	
<b>OCRA - Income Maintenance</b>																							
Disability Benefits and Work							1							2						1		1	5
IHSS Eligibility		18	4	2	5		1		2	3	2	9	1	3		8	2		6	1	15		82
IHSS Number of Hours		6	10	1	1	4	5		1	5	3	6		5		7	2		1		5		62
IHSS Protective Supervision		1	7	1			5		1	5	2			3		5	2		4		4		40
IHSS Share of Cost and Other	1		1			1						3		1			1					2	10

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Income Maintenance	1	2	6		1		3				2	4		5			1		5	4	2	37
Other Program Eligibility		2	2		1							5					1		3	2	5	21
SSA Benefits, Child Benefits (SSDI)	4	1	3	2	2					1		8	1	4		1	1		4	1	7	40
SSI - Other	3	8	26	4	4	3	4		1	5	5	9	3	6	1	16	1	4	9	4	3	119
SSI Eligibility	2	9	27	9	6	3	6	1	1	2	7	36		13		13	1	3	4	6	26	175
SSI Overpayment	5	2	19	2	3	1	5	1	3	1	4	7		7		5	3	5	9	3	21	106
Welfare Reform																1						1
<b>Total</b>	<b>16</b>	<b>50</b>	<b>105</b>	<b>21</b>	<b>23</b>	<b>12</b>	<b>30</b>	<b>2</b>	<b>9</b>	<b>22</b>	<b>25</b>	<b>87</b>	<b>5</b>	<b>49</b>	<b>1</b>	<b>56</b>	<b>15</b>	<b>12</b>	<b>46</b>	<b>21</b>	<b>91</b>	<b>698</b>
<b>OCRA - Juvenile Dependency</b>																						
Juvenile Dependency	1	1		1	1		2	1		2	2		1	5	1	3			1			22
<b>Total</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>1</b>		<b>2</b>	<b>1</b>		<b>2</b>	<b>2</b>		<b>1</b>	<b>5</b>	<b>1</b>	<b>3</b>			<b>1</b>			<b>22</b>
<b>OCRA - Legal Representation</b>																						
Civil (General)	1	1	2	1	1		2	4	2	1	2	3	3	2		5	5	2	26		6	69
Criminal (General)	11	3			8	2	3	4		2	7		11	1		7	1	1	8	1		70
Personal Injury	1	2		2	2		1			3	3	6		2	1	2	1		6		7	39
Public Defender	2			1													2		7			12
<b>Total</b>	<b>15</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>11</b>	<b>2</b>	<b>6</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>12</b>	<b>9</b>	<b>14</b>	<b>5</b>	<b>1</b>	<b>14</b>	<b>9</b>	<b>3</b>	<b>47</b>	<b>1</b>	<b>13</b>	<b>190</b>
<b>OCRA - Licensing</b>																						
Community Care Facilities		2			1			1		2	1									1		8
Health Facilities													1						2			3
Program Accreditation/Certification			1																			1
<b>Total</b>		<b>2</b>	<b>1</b>		<b>1</b>			<b>1</b>		<b>2</b>	<b>1</b>		<b>1</b>						<b>2</b>	<b>1</b>		<b>12</b>
<b>OCRA - Neglect</b>																						
FTP Admission to Institution																			1			1
FTP Dietary Needs		1																				1
FTP Mental Health Treatment							1															1
FTP Personal Care							1								1						2	4
FTP Personal Safety (Client to Client Abuse)																				1		1
FTP Personal Safety (Conditions in Institutions)												1					1				1	3
FTP Personal Safety (Physical Plant)									1								1					2
FTP Personal Safety (Staff to Client Abuse)								1				1	1									3
FTP Treatment: Medication Side Effects							1															1
Other Neglect	1		1				2						1							1		6
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>				<b>5</b>	<b>1</b>	<b>1</b>			<b>2</b>	<b>2</b>		<b>1</b>		<b>2</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>23</b>
<b>OCRA - Placement</b>																						
Board and Care Conditions	5	1		1		1	4	2		2		5			1	1		1	2	7		33
Board and Care Evictions	1	2		1	2				1	2	2	1		1		1				2	1	17

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Childrens' Group Homes	3	2	1		3					2			2		1		3		9		3	29
FTP Community Residential Placement	1	4	4			1	6	2	1			8	2	1		6	1		8	2		47
FTP Community Services			1														8			1		10
Return to Community from Institution	4			2	3	2	4	1	1	2	1	1			1	2	6		2			32
Supported and Transitional Housing	2		1	1	3		1	2		5	2		2				5		2	2	3	31
Transfer of Jail Inmates to MH Programs (PC §4011.6)					1			1														2
Transfer of Prisoners to State Hospitals(PC §2684)								1											1			2
Unit or Institution Transfers	5	2			4								2			1	1				1	16
<b>Total</b>	<b>21</b>	<b>11</b>	<b>7</b>	<b>5</b>	<b>16</b>	<b>4</b>	<b>15</b>	<b>9</b>	<b>3</b>	<b>13</b>	<b>5</b>	<b>15</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>11</b>	<b>24</b>	<b>1</b>	<b>24</b>	<b>14</b>	<b>8</b>	<b>219</b>
<b>OCRA - Privacy/Personal Autonomy</b>																						
Personal Autonomy	1	9	27	1	2		14			20		18	1	18		5	3		4	4	1	128
Recovery of Personal Property	1						1	1														3
Rights of/Denial of Personal Possessions	1	2		1	2	1						1		5	1					3		17
Rights of/Denial of Privacy - Association				2			2		1				1									6
Rights of/Denial of Privacy - Mail										1												1
Rights of/Denial of Privacy - Religion										1												1
Rights of/Denial of Privacy - Search and Seizure																	3		2			5
Rights of/Denial of Privacy - Sexuality			1							1		1		1					2			6
Rights of/Denial of Privacy - Telephone	1									1					1							3
Rights of/Denial of Recreation	1				1		1					1								2		6
WIC §5325.1 Rights	2																					2
<b>Total</b>	<b>7</b>	<b>11</b>	<b>28</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>18</b>	<b>1</b>	<b>1</b>	<b>24</b>		<b>21</b>	<b>2</b>	<b>24</b>	<b>2</b>	<b>5</b>	<b>6</b>		<b>10</b>	<b>7</b>	<b>1</b>	<b>178</b>
<b>OCRA - Records</b>																						
Access		4			5					2	1	2	3	2		1			4		2	26
Breach of Confidentiality	1				1			2		1		3		2					1		1	12
Denial of Access	1	1											1						2			5
<b>Total</b>	<b>2</b>	<b>5</b>			<b>6</b>			<b>2</b>		<b>3</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>4</b>		<b>1</b>			<b>7</b>		<b>3</b>	<b>43</b>
<b>OCRA - Regional Center Services</b>																						
Assessment of Needs	1	4	6	1	4	3	1	1	1	4		9	13				4	5	1	11	3	72
Community Living Arrangements	4	2	1	3	1	2	8	2	1	1	2	3	1	1	5		4		10		3	54
Coordination with County Mental Health		2								1					1						1	5
Crisis Prevention Services					1									2		1			4			8
Day Training and Activity		4	1		1	1	9		6	2	3	8	1		1		3	2	8	1	3	54
Eligibility	24	41	35	21	35	8	48	13	8	27	17	25	23	11	20	25	10	16	38	21	15	481
Family Support Services	4	9	4	3	7	6	9	2	5	3	5	9	11	7		3	5	5	27	6	19	149
Hearing Procedures			14		5	3	21		9		7	7	1	1		3	6	35	7	1	20	140
IPP Development	9	4	6	1	1	5	7	2	2	3	2	4	2	3	2	9	13	8	11		6	100





**OFFICE OF CLIENTS' RIGHTS ADVOCACY**  
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**Memo**

**To:** OCRA Advisory Committee  
**From:** Jeanne Molineaux, Director  
**Date:** 8/26/2003  
**Re:** Consumer Satisfaction Surveys 2002-2003

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Attached are the results of the current Consumer Satisfaction Survey. The survey was sent out for the period of July 1, 2002, through June 30, 2003. Every fourth closed case was randomly selected from OCRA's computer intake system to receive a survey, which included a self-addressed stamped envelope.

One thousand-one hundred and thirty-one surveys were mailed out. Three hundred and forty eight people returned the survey. This represents a 31 percent return rate. The results were excellent. Of those responding to the questions, 96 percent of the respondents who answered the questions felt they were treated well by the staff, 93 percent understood the information they were provided, 95 percent believed their CRA listened to them, 88 percent believed they were helped by the Clients' Rights Advocate, 92 percent would ask for help from the Clients' Rights Advocate again. Lastly, 86 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.	319 ☺	14 ☹	15
2. My call was returned within two (2) days.	282	47	19
3. I could understand the information I got.	311	24	13
4. My Clients' Rights Advocate listened to me.	314	17	17
5. I was helped with my question/problem by my Clients' Rights Advocate.	289	41	18
6. I would ask for help from the Clients' Rights Advocate again.	304	25	19

**Comments:** <sup>1</sup>

- Celeste has been very helpful.
- I greatly appreciate the help I have received this last time and other times in the past. Have not had to go to Due Process in front a judge...been successful in getting what our son needs from the legal advise we received from the office in Diamond Bar on Brea Canyon Rd. We currently are in a dispute with regional center-San Gabriel. I feel confident as long as the office in Brea continue to guide and advise us. Maria Bryant and Rita Snykers. Thank you.
- Donnalee and Valerie worked hard for me.
- They were very helpful. Thank you.
- The Patient Rights' Advocacy person really helped Donald. I am very thankful for the intervention & 99Rc & SM Co. jail.
- Did not know how it ended. In general, they do a REALLY good job. Nice resource.

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<sup>1</sup> 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.

- Kathy and her staff are very helpful!!
- Not enough staff, there is a waiting list for services.
- Thanks for your help in obtaining regional center services!
- He was very helpful in all situations.
- Don't feel possible to get help if not client of IRC. However, this was our problem. CRA's time was very limited.
- A world of thanks to our Advocates!
- Thanks!!
- I didn't receive any help, did need help with regional center. Thanks.
- Amy Westling is a blessing!
- Enjoyed working with Jackie Phan.
- Were very grateful for all the help Matt Pope has provided.
- El servicio esta muy bien, pero me fue un poco dificil poderlos contactar, porque deje varios mensajes y no me los regresaban. Despues de varios intentos, logre hablar con \_\_\_\_\_. (Translation: The service was very good, but I had difficulty contacting the office, I left many messages and would not receive a response. After various attempts, I was able to speak with \_\_\_\_\_.)
- My case was dismissed for (not legible) because my advocate did not properly assist me.
- Thank you! Thank you! Amy Westling. Thanks for a great job!
- You guys are wonderful!
- There needs to be more attorneys hired. Because I can get no help I have had to resort to sedating my son and he is only 3 years old.
- Regional Center don't give help to move.
- Please continue helping this person's having disability thru yours services and support for them. You make their life happy. God bless you all. Thank you.
- Gracias Patricia son exelente organisacion. (Translation: Thank you Patricia you are an excellent organization.)
- The Advocate was very professional and helpful to me.
- Outstanding! Thank you very much!
- Celeste is wonderful compassionate soul! We love her!
- It took seven calls before they answer.
- Very good help thank you.

- Advocate helped family procure many Regional Center funded services despite knowing the difficulty they have in following through.
- Very helpful. Response was immediate and thank you for Tim Poe.
- Donnalee was an excellent Advocate.
- Office of CRA is a big waste of time and money. Discontinue office of CRA.
- I think the case worker was very good and should not have been dismissed “laid off.”
- Good job.
- Me gustaria que siguieran mi caso porque aun no me han resuelto mi caso en el seguro social. (Translation: I would like you to continue my case because my case with social security has not been resolved.)
- They are magnificent. I gave them A+.
- This situation worked out well. It occurred last fall.
- Sentit que no reunion todas las pruebas para mi caso. (Translation: I felt that not all evidence was gathered in my case.)
- Really a great help-thank you.
- I hope you can have more advocate at ELARC due to some consumers that need help but cannot get it.
- You are an amazing, talented, professional, compassionate group of people who provide a tremendous and much needed service.
- Que muchas gracias por su atencion y tiempo que dedico en orientarme y discupe que no abia mandado esta forma gracias. (Translation: Many thanks for the attention and time you dedicated in advising me and forgive me for taking so long to send this form.)
- Thank you for your services.
- My daughter’s diagnosis is Autism. Yet I can’t get help!!
- Ojala siempre exista este tipo de ayuda para personas como nosotros que no podemos pagarles. Gracias. (Translation: Hopefully this type of help will always exist for people like us who do not have a way to pay you.)
- It was a pleasure talking to you!!!
- Kari Sirles was extremely helpful. However, I was disappointed that PAI seems unavailable to take a case no matter how strong it is.
- Unreadable.
- I appreciate your service.

- It is sad that this office no longer has Donnalee Huffman. It will be interesting to see who replaces her. Hopefully you will still continue with giving parents help with school issues.
- I never received my sponsors help!
- Amy Westling & Kate Spencer have been very helpful.
- En nombre de mi hijo Juan C. Garcia y mio Gloria Garcias estoy muy agradecida por su pronta atencion y ayuda. (Translation: In the name of my son Juan C. Garcia and me Gloria Garcia I am grateful for you prompt attention and help.)
- Lupe Moriel & Eva Casas helped me big time. They always took their time to help me better.
- Carrie Sirles was a very good advocate she helped me out a lot. She went to hearing and spoke for my child.
- Celeste is great.
- You need more attorneys on staff!
- Very knowledgeable and supportive.
- I was very disappointed that I received no representation.
- I wanted my clients right advocate to come to my first IEP, but she couldn't so I hired Valerie Vanaman's office to rep us. I'm very pleased to have legal rep. I wish my free lawyer could help. But the info I've gotten has helped us tremendously.
- Kathy Mottarella & her assistant, Jacquelyn are always so helpful and pleasant!
- Need more respite care hours.
- I felt like my call was ignored until I made several calls to reach the CRA regarding my concerns.
- You were there when I needed someone things I didn't understand were explained. Thank you!
- I am always treated well.
- Great service.
- Miss Lusson was very kind to me. The assistant helped me too.
- Tom DiVerde was wonderful. He did a fantastic job with the SDRC consumer with whom I work and her family.
- Thank you for providing such quick feedback to me! I really appreciated it & I had a good outcome with San Andreas.
- Que estoy muy agradecida con el licenciado gracias a el hemos salido adelante. Muchas gracias por todo lo que hizo por mi hijo.

- (Translation: I am very grateful for the lawyer thanks to him we have been able to continue. Many thanks for all he did for my son.)
- I would like information on attorneys that will help me fight discrimination because it was wrong with what happened to my son and it continues happening with other children in Anderson dist.
  - I don't see how the clients' rights advocate can be impartial when funded by regional center. I was let to believe by the CRA that my brother would probably not get placed in the supported living program. I had a lot of anxiety over that. Everyone, including Area Board, who I found more supportive, said it would happen because I, as the conservator, wanted it and it was in my brother's best interest. And it is happening despite the dire predictions of the CRA.
  - Great job!
  - Many things are going on with \_\_\_\_\_ home. Please follow through.
  - Unreadable.
  - Over all it was not a pleasant experience, but under the circumstances I suppose it could not be.
  - Yes – I discovered that there was no deaf services.
  - Kathy Mottarella & Jackie have been terrific!
  - I have requested services and have received no response for over ninety days.
  - Mr. Pope is always helpful.
  - Marsha Seigel was very helpful & appreciate all her help.
  - I am very favorably impressed with Ms. Katie Lusson of your Oakland Office.
  - Bryant was very concern about my son.
  - She did not follow through. I always had to call her...she never followed through.
  - Heads up! Special education in the \_\_\_\_\_ School District has been dismantled. Parents are livid and \_\_\_\_\_ can expect litigation. It's a bad situation.
  - My problem is unresolved. The \_\_\_\_\_ still violate the ADA! Please call me so I can explain. The continued destruction of existing access without consideration of people like my son is disgusting.
  - You did a good job!
  - I thank you for letting me be on the committee to find a new advocate.

- Christine Armand does excellent work-beyond words- she takes her job seriously, is very skilled, pleasant, communicates well, is compassionate, intelligent, effective and can't say enough.
- Kathy Mottarella & her assistant are wonderful!
- Impacted case load schedule prohibited representation and degree of assistance.
- My son's case was jeopardized by this attorney.
- Thanks for your help it was what we needed.
- Mi esposo y yo estamos muy contentos por el buen beneficio que obtuvimos por el abogado y muy contentos como professional y como ser humano. (Translation: My husband and I are very happy for the benefit we received by the attorney and very happy with him as a professional and as a human being.)
- Your service was invaluable to me and in aiding my son.
- Los defensores deberian capacitarse mas sobre las discapacidades y necesidades de cada nino que representan y tambien sobre todos los services relacionados e intervenciones que existen para la education especial. El defensor deberia primero conocer al padre antes de ir a un IEP. (Translation: The CRAs should educate themselves regarding the disabilities and needs of each child they represent and also the related services and interventions that exist for special education. CRA should get to know the parent before attending an IEP.)
- Mr. Pope was friendly.
- My calls were returned promptly by the secretary, but the lawyer rarely spoke with me. I found this very frustrating, confusing and unsupportive. The lawyer was very kind & competent, but so busy that we weren't able to debrief/communicate until the morning of the mediation.
- Gloria & Marvin are great! You are wonderful! Gail is a super advocate!
- Mr. Kang Choi was very helpful.
- Jackie Coleman has been totally responsive to our needs.
- Thanks to Patricia Pratts.
- They did a fantastic job helping me.
- Doug Harris worked hard on our case answered all my questions was always there to help and support us. Can't tell you how much that meant.
- Marsha Seigel is wonderful!!



- Need help with IEP and IPP meetings.
- The staff Christine Armand and staff are excellent they assisted me from beginning to end and through the process I learned a lot and I was able to assist another family these are valuable people to our community and very much needed.
- El Senor Matthew Pope es muy amable y atento. Estoy agradecida por su ayuda. (Translation: Mr. Matthew Pope is very amiable and attentive. I am very grateful for his help.)

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

**MEMORANDUM**

Date: August 8, 2003

To: Jeanne Molineaux

CC: Guy Leemhuis, Lisa Navarro, Patricia Carlos

From: Eva Casas-Sarmiento

Re: **Annual Outreach Report for the Period of  
July 1, 2002 through June 30, 2003**

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**OVERVIEW**

OCRA continues its commitment to improve services to traditionally underserved communities by conducting target outreach activities. Overall, the primary goal of OCRA target outreach during the outreach period that just ended was to, at a minimum, achieve parity with regional center demographics regarding the ethnicity of the consumers that OCRA serves.

OCRA's statistics over the past 3 years demonstrate that it consistently continues to make progress toward this commitment. OCRA is at, or very close to, parity for almost all ethnicities. OCRA has sought to accomplish this goal through a comprehensive outreach structure that includes a statewide outreach committee, ongoing staff training on outreach, development of individual target outreach plans at each of the 21 OCRA offices, and regular reporting and monitoring of implementation.

This past year, OCRA also worked to improve its data-gathering procedures so that it could, among other things, adequately assess whether its target outreach work has resulted in an increase in the number and type of assistance it provides to regional center consumers from different ethnic

populations. OCRA now has the systems capacity to generate various reports such as language, ethnicity, and type of service provided. With this systems capacity in place, OCRA will be developing ways to monitor, not just the number of consumers served by ethnicity, but also the level of assistance provided by ethnicity. Ultimately, OCRA seeks to ensure that its resources are being equitably distributed among the very diverse pool of consumers throughout California.

Ethnicity	% Regional Center Clients (current)	% OCRA Clients 02/03	% OCRA Clients 01/02	% OCRA Clients 00/01	% OCRA Clients 99/01
African-American	10.59	10	9	9	8
Latino	27.8	27	24	24	24
American Indian or Alaskan Indian	.41	1	1	1	1
Asian	5.23	4	3	5	4
Pacific Islander	2.14	1	1	1	1
White	44.98	49	47	48	56
Multicultural (self-identified)	Not listed	4	4	4	3
Unknown/Other	7.23	4	11	8	8

**End of Previous Target Outreach Period**

By June 30, 2003, OCRA completed work on individual target outreach plans that had been in effect for a 6 quarter period (from January 2002 through June 30, 2003). The 21 individual OCRA offices submitted their 6-quarter final status reports outlining what outreach activities had been

completed during this period. The outreach committee is in the process of evaluating these status reports and doing an analysis of whether the required minimum target outreach goals were met. The performance evaluations for all offices regarding the outreach period that just ended are expected to be completed before the end of August. Each office will receive an individualized, comprehensive assessment of its target outreach activities and whether it achieved the goals set out in its outreach plan.

**OCRA Staff Training**

In May of this year, all OCRA staff renewed its outreach training. Two full-day trainings took place, one in Northern California and one in Southern California. The training agenda included a review of OCRA’s outreach structure and guiding principles; presentations from staff on what worked and what didn’t during the last outreach plan year; instructions on how to write new plans; instructions for processing and reporting outreach activities; ideas for how to diversify one’s caseload; and distribution of ethnicity data.

**New Target Outreach Plans**

After renewing their training on how to conduct outreach, the offices were also asked to draft and submit their new proposed target outreach plans that will cover July 1, 2003, through June 30, 2004. Staff was asked to review ethnicity data from the 2000 census, from regional centers, and from OCRA intake data to decide on which traditionally underserved community should be the focus of target outreach for each new outreach plan. The OCRA outreach committee has reviewed the new proposed outreach plans and worked with individual offices to finalize those plans so that staff can proceed to work on meeting its goals and objectives. The chart below outlines which underserved communities the individual OCRA offices decided to target after reviewing its county, regional center, and OCRA office intake ethnicity demographics:

	Latino	African-American	Asian	Native American
Alta		Yes		
Central Valley	Yes			

East Los Angeles	Yes			
Far Northern	Yes			
Golden Gate			Yes	
Harbor			Yes	
Inland	Yes			
Kern	Yes			
North Bay		Yes		
North Los Angeles	Yes			
Redwood Coast				Yes
East Bay			Yes	
Orange County	Yes			
San Andreas	Yes			
San Diego	Yes			
SanGabriel/Pomona	Yes			
South Central		Yes		
Tri-Counties	Yes			
Valley Mountain			Yes	
Westside	Yes			
Total	12	3	4	1

The Lanterman office has not yet submitted a plan since a CRA has just recently been hired.

### **Outreach to Latino Community**

As the chart above indicates, the Latino community will be the subject of target outreach in the majority of OCRA offices. The ethnicity data from the 2000 census, from the regional center, and from OCRA intake information clearly indicated that Latinos comprise a large number of regional center consumers and that OCRA needs to improve on the provision of advocacy assistance to this community.

Achieving the goal of increasing the number of Latino consumers OCRA serves will require that OCRA pay special attention to the linguistic and cultural needs of this community. OCRA has been in the process of assessing the linguistic diversity of its existing staff and exploring ways of improving how it makes effective use of staff's language abilities. OCRA has also been seeking to improve hiring and retention practices so as to increase the number of Spanish speaking staff.

### **Outreach to Native American Community**

OCRA has also sought to improve outreach to the Native American community. Several OCRA staff participates in PAI's Northern and Southern California Native American outreach committees. Participation in these committees ensures that OCRA is actively involved in outreach activities that pertain specifically to Native American regional center consumers in the various catchment areas throughout the state.

Although only one office has the Native American community as the target group under the new plans, OCRA has nonetheless joined efforts with PAI's Native American Multicultural Affairs Advocate to conduct various trainings throughout the past year and upcoming year. Outreach to the Native American community is part of OCRA's general agency-wide goal of improving services to traditionally underserved communities of color which includes the Native American community.

## **HIGHLIGHTS OF OUTREACH ACTIVITIES**

1. East Los Angeles Regional Center: 3/22/03 Clients' Rights Training for Spanish speaking support group.
2. Harbor Regional Center: 4/05/03 Booth/Table at South East Family Resource Center Fair (African American Community)
3. Inland Regional Center: 6/9/03 Spanish Presentation re IHSS and Due Process
4. Kern Regional Center: 3/21/03 What is OCRA? Presentation to Autism Latino Parent Support Group
5. East Bay Regional Center: 5/24/03 Rights Presentation for Chinese Parent Support Group of Oakland Asian Community Mental Health Services.
6. Orange County Regional Center: 6/21/03 Ask A Lawyer Day Training for Vietnamese Parent Support Group
7. Redwood Coast Regional Center: 6/24/03 What is OCRA? Presentation to Native American tribal members at Robinson Rancheria
8. San Diego Regional Center: 5/22/03 Social Security Training in Spanish to Latino consumers/families of El Centro area.
9. San Gabriel/Pomona Regional Center: 5/31/03 Intake Day at Asian Community Conference Fair (Chinese community)
10. Valley Mountain Regional Center: 4/11/03 Special Education/Regional Center Training to Latino Parent Support Group

# **OCRA ADVISORY COMMITTEE**

## **Advisory Committee Members:**

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



## OFFICE OF CLIENTS' RIGHTS ADVOCACY

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### Minutes

OCRA Advisory Committee

Saturday, February 1, 2003

Sacramento, CA

#### In Attendance:

Ron Allan

Judy Allan

John Graber

Martha Vargas

Eric Ybarra

James Knight

Barbara Nelson

Harvey Lapin

Octavio Garcia

Daniel Meadows

Jeanne Molineaux

Catherine Blakemore

Jacqueline Gallegos

Gail Gresham

Judith Jones

Phyllis Preston

Leilani Pfeiffer

Sherri Rita

Agnes Lintz

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

1. Pledge of allegiance.
2. Report on current budget. Catherine Blakemore discussed the governor's proposed budget and discussed with the committee possible cuts in the medi-cal and DDS services. Harvey Lapin and Octavio Garcia asked to be included in PAI's discussion of the position it should take on cuts.
3. PAI Native American Outreach. Phyllis Preston, Advocate, made a presentation on the Native American Outreach by PAI and the state-wide coordination & training that is taking place between PAI & Native American groups in California.
4. One Stop Intake – Sacramento. Leinani Pfeiffer, who is the multicultural Advocate in Sacramento, did a presentation on PAI's effort to do intake in coordination to other groups providing services to people with disabilities.

5. Mental Health Services for Children in California. Sherri Rita, PAI Staff Attorney, discussed accessing services for children with mental health diagnosis and dual diagnosis.
6. Agnes Lintz, Advocate, and Daniel Meadows, Peer Self Advocate Unite did an update on the memorial project. The advisory committee had first heard of this project last year and had requested the update.
7. OCRA update by Jeanne Molineaux.
8. Minutes of 10/12/02 were amended to correct name of John Graber and then adopted.
9. Update Sanchez. Harvey Lapin did an update on Sanchez case. Set for trial in Oakland in near future.
10. Presentation to give a certificate of service to Maria Jimenez. Members Harvey Lapin, Ron Allan and Barbara Nelson's terms are over in November, 2003. The discussion was made to hold the election of officers until new members are appointed to the committee.
11. Advocacy Reports:       Gail Gresham  
                                      Linda Turpin  
                                      Jacqueline Gallegos

Staff presentation on cases that each is currently handling.

Respectfully submitted,

Jeanne Molineaux

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Minutes  
OCRA Advisory Committee Meeting  
June 21, 2003  
San Diego

Members of the committee were invited to the PAI Open House at the San Diego office, held 6/20/03, at 7:00 p.m.

Meeting opened by chairperson, Ron Allan.

In Attendance:

Jeanne Molineaux	Harvey Lapin
Ronald Allan	Darlene (Facilitator for Ron Allan)
Judy Allan (Guest)	Barbara Nelson
Eric Ybarra	James Knight (Caregiver to Eric Ybarra)
Octavio Garcia	Margaret Jakobson
Nasha Spall-Martinez	Alice Ximenez

1. Harvey Lapin discussed the *Sanchez* case which is still in the discovery stage, not heading for trial. The state has appropriated three million dollars for attorney's fees to fight this and Capitol People First.
2. Margaret Jakobson discussed recently enacted Voting Rights Act (HAVA) and methods for its implementation in California.
3. Nasha Spall-Martinez, Assistant CRA, discussed her outreach in the San Diego/Imperial Counties area and some of the cases that she is currently handling.
4. Ron Allan brought a tape of the group presentation- the last Supported Life conference. The group watched part of it but had to adjourn early for lunch.
5. Lunch with PAI Board members.

OCRA Advisory Committee Meeting Minutes

June 21, 2003

Page Two

6. Due to alterations in PAI's board agenda, OCRA did not have a legislative session this afternoon. OCRA was to join PAI's but the legislative session was changed to the morning. Committee adjourned early.

Respectfully submitted,

Jeanne Molineaux  
Director

## **ADVOCACY REPORT**

### **OFFICE OF CLIENTS' RIGHTS ADVOCACY**

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**Spring, 2003**

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#### **ASSISTIVE TECHNOLOGY**

##### **CCS Refusal to Provide Proper Size Stroller Reversed**

M.P. is a 2-year-old consumer for whom California Children's Services (CCS) agreed to provide a specialized stroller for positional support to assist in learning communication skills, self-care, and other essential activities. The CCS Physical Therapist ordered a stroller which was a size too large, stating the equipment would only be provided if it would have a useful life of at least three years.

The stroller was so large that no positional support was possible. When M.P.'s legal guardian demonstrated this at the next CCS clinic, the doctor stated she would have to accept the one provided and should store it until M.P. grows into it.

M.P.'s guardian contacted OCRA. After researching and determining no law exists to support CCS's position, OCRA drafted a letter for the guardian to submit to CCS requesting an appeal and, alternatively, a list of medical experts from which to choose, to obtain a second binding opinion, as required by law.

Three work days later, CCS contacted the guardian and arranged for her to return the over-sized stroller in exchange for a proper fitting stroller. Doug Harris, Associate CRA, Redwood Coast Regional Center, Lake County.

##### **Continuous Tracking System in Family Home Allows Consumer to Live with His Father.**

J.C. is a 19-year-old consumer with aphasia, severe cerebral palsy and mental retardation. He is totally dependent on others for personal care and

activities of daily living and requires postural support at all times. He lives with his father. The regional center decided it would only provide a partial tracking system for J.C. for transfers to and from his bed, bathroom, and living room. This system involves being hoisted via a lift and sling into a wheelchair, moved to the next location where the lift again hoists him in order to place him into bed, tub, sofa, or chair. It also requires the care provider to carry a 15-pound battery pack/controller from station to station, a task which the father's health may not long allow.

J.C.'s father indicated the need for a continuous tracking system which eliminates the need for lifts in and out of the wheelchair, reducing by half the number of transfers for any inside mobility, and completely eliminating the need to lift and carry the controller/battery pack. The family's bathroom is also too small to allow a care provider to maneuver the wheelchair and lift/sling system safely.

OCRA contacted J.C.'s orthopedic specialist for information. She agreed with the need for the continuous tracking system, basing her opinion on the consumer's status following very recent surgery requiring leg casts for several months, which makes transfers even more difficult. OCRA drafted a detailed letter based on these discussions which the orthopedist signed and sent to the regional center. J.C.'s father also contacted his own physician who attested to the father's inability to sustain the exertion involved in even the partial tracking system of transfers on an ongoing basis.

On OCRA's advice, J.C.'s father requested a hearing to appeal the refusal to provide the continuous tracking system. Prior to the hearing, based on the additional information provided, the regional center agreed to provide the continuous tracking system. Rather than face unnecessary institutional care, J.C. will be able to reside at home in the community with his father. Doug Harris, Associate CRA, Redwood Coast Regional Center, Lake County.

## **BENEFITS**

### **OCRA Advocates for CCS Services.**

M.N. has been diagnosed with Achondroplasia and is in the Early Start Program at SARC. CCS denied the parent's request for physical therapy

services. M.N.'s parents decided to appeal the decision. They called OCRA seeking assistance in preparing for their hearing.

OCRA provided extensive background investigation and case analysis in order to provide technical assistance to the family and developed arguments and supporting documentation for the case. OCRA also informed the family of the potential arguments that CCS would make and prepared the family to be ready to respond to these arguments.

The parents were strong self-advocates and, with assistance, capable of representing the interests of M.N. Prior to hearing, CCS settled the case and agreed to provide physical therapy services to M.N. Marvin Velastegui, CRA, Gloria Torres, Associate CRA, San Andreas Regional Center.

### **Maximum IHSS Benefits Obtained!**

J.S. had been receiving 102 hours of In-Home Supportive Services (IHSS) for several years before he contacted OCRA regarding the number of hours he received. After reviewing the information provided by the family, OCRA agreed to provide technical assistance to J.S.'s father and her to help her obtain additional IHSS hours for protective supervision. J.S.'s father contacted the IHSS worker to request additional IHSS hours and provided evidence that established the need for protective supervision. However, according to the IHSS worker's assessment, J.S. did not have a severe impairment.

OCRA agreed to represent J.S. at hearing to establish the need for protective supervision in light of her severe impairment. Both J.S. and her father testified at the hearing. The father's detailed completion of the PAI IHSS Appeals Packet was entered into evidence. The administrative law judge agreed with J.S. and her family and ordered the county to provide 283 hours of service to J.S. Matt Pope, CRA, East Los Angeles Regional Center.

### **Consumer Receives Significant Increase in IHSS Hours.**

A.A.'s mother contacted the CRA to obtain assistance with her IHSS hearing. IHSS had performed a re-evaluation. The consumer was 8 and had autism. Her mother helped A.A. in every area of personal care. In addition,

the consumer's mother vigilantly watched her because A.A. would open the door locks and run out of the house or play with dangerous objects. After its re-evaluation, the county awarded A.A. 13.75 hours per month. The parent believed that her daughter was entitled to more hours and appealed the IHSS decision. The mother calculated the time per task after she contacted the CRA. The CRA offered to assist her by writing a brief explaining the time per task that the parent had calculated and the reasons why the consumer needed protective supervision. The parent agreed to postpone the hearing and have the CRA write the brief. The CRA retrieved documents from IHSS and the regional center and prepared the parent for the hearing. The judge agreed to increase the hours from 13.75 to 195 per month. Bernadette Bautista, CRA, Inland Regional Center.

**OCRA Helps Consumer Obtain Zero Share of Cost Medi-Cal.**

S.V. is a 34-year-old regional center consumer. She moved into an ICF-DDH facility in 1988. When she entered the facility her SSI personal and incidental (P&I) benefits were reduced to the institutional level. In 2002, she became eligible for Title II Social Security benefits as a Disabled Adult Child (DAC). Because her DAC benefits exceeded the P&I money allowed by law to residents in an ICF, S.V.'s SSI benefits were terminated. S.V. also had to reapply for Medi-Cal benefits when her SSI was terminated. In June 2002, she was granted Medi-Cal benefits with a \$659.00 monthly share of cost.

S.V. filed an appeal arguing that she was entitled to a zero share of cost Medi-Cal. OCRA agreed to represent S.V. at the administrative hearing. The hearing officer found in S.V.'s favor. He determined that she was entitled to zero share of cost Medi-Cal because she met the DAC eligibility criteria for zero share of cost Medi-Cal under Pickle Medi-Cal. S.V. only lost her SSI benefits because she became eligible to receive Social Security DAC benefits. She did not lose her benefits because she was admitted to a long term care facility as the County of Santa Barbara argued. S.V. is now in supported living with zero share of cost Medi-Cal. Katherine Mottarella, CRA, Tri-Counties Regional Center.



**CCS Grants Reevaluation for Eligibility.**

L.E. and Y.R. are infant clients of North Los Angeles County Regional Center who were denied eligibility by California Children's Services (CCS). Their parents were not given proper notice of the denial nor information on the appeal process. L.E. and Y.R. were only eligible for emergency Medical due to their immigrant status. Both children have cerebral palsy and seizure disorder. Both families are monolingual Spanish-speaking and all CCS correspondence was in English only.

OCRA agreed to represent the consumers and consulted with the regional center neurologist to provide documentation of the children's medical eligibility. The written appeals addressed the violation of CCS regulations in not granting proper notice and argued that the evidence showed the consumers have qualifying conditions. CCS responded by acknowledging notice was not proper and agreed to refer L.E. and Y.R. to a third-party "neutral" doctor to determine whether the consumers are medically eligible. Tim Poe, CRA, North Los Angeles County Regional Center.

**Defective Notice Rescinded.**

IHSS proposed to eliminate all the protective supervision hours and some of the other personal care hours provided by IHSS for D. L. This would result in loss of two-thirds of D.L.'s IHSS hours.

The supported living provider contacted OCRA for help with the loss of IHSS services. After reviewing the notice of action, which stated no reasons for the reduction, and failed to acknowledge D.L.'s current living situation, and psychological assessments, OCRA prepared a state hearing request for continuation of IHSS hours at the prior level.

When OCRA pointed out to the county appeal representative that there was no basis provided for the reduction in IHSS, the county rescinded the action entirely and re-authorized the original number of hours of IHSS. Doug Harris, Associate CRA, Redwood Coast Regional Center, Lake County.

**IHSS Hours Increased.**

J.G. has cerebral palsy and mental retardation. In October, 2002, J.G.'s mother applied for IHSS for her child. Both of J.G.'s parents work full time, but J.G.'s grandmother was available to be his service provider. The IHSS worker authorized personal care services for J.G., but did not authorize any related services, such as meal preparation and clean up, laundry, or shopping. In January, 2003, J.G.'s IHSS worker changed and the county sent another notice of action authorizing the same amount of services. In April, 2003, J.G.'s mother asked OCRA to review both of J.G.'s notices and asked if there was any way to increase J.G.'s hours.

OCRA reviewed the notices and learned that the County had denied J.G. related services because they considered J.G.'s grandmother to be an alternative resource for the services. OCRA asked J.G.'s mother whether she or J.G.'s grandmother had signed a form acknowledging that the grandmother was an alternative resource and thereby voluntarily waiving the right to payment for the services during the intake process. J.G.'s mother replied that neither had.

OCRA advised J.G.'s mother to appeal J.G.'s current authorization of services. OCRA wrote a position statement for J.G.'s mother to take to her hearing against the county. In addition to asserting J.G. required an increase of hours, OCRA argued that the county should be equitably estopped from denying a retroactive underpayment to J.G.'s grandmother since October, 2002, for the related services she rendered free of charge during that time. The Administrative Law Judge did not agree to apply equitable estoppel against the county. However, the judge ordered the county to reassess J.G. to include consideration of related services, and the amount determined would be retroactive three months from the date J.G.'s mother filed her appeal. The county has re-assessed J.G. and increased his services by 45 hours. Brian Capra, CRA, Westside Regional Center.

**OCRA Assists in Favorable Federal Ruling with Substantial Benefits for the Consumer.**

F.I. is a 43-year-old consumer with mild mental retardation and a variety of behavior problems that made it difficult for him to remain employed without a lot of support. During a period in 1995, F.I. made more than \$500 per month bagging groceries. The Social Security Administration (SSA)

terminated his benefits as a disabled adult child under his father's Social Security account because in 1995, \$500 was the amount SSA said a person could earn without SSA assuming a recipient could engage in work.

The CRA unsuccessfully represented F.I. in administrative proceedings contending that the employment supports F. I. received from government agencies such as the Department of Rehabilitation and the regional center constituted subsidies that should be deducted from his salary. The administrative law judge ruled that only subsidies paid by the employer could be subtracted from the employee's salary.

The CRA co-counseled with PAI and the National Senior Citizens Law Center and filed litigation on behalf of F.I. and others similarly situated. The class action was rejected by the District Court. PAI appealed the decision. The SSA put into effect a national policy accepting part of F.I.'s arguments (accepting subsidies paid by parties other than the employer) and offered to settle F.I.'s claim by reinstating his former status. With that settlement offer, the Ninth Circuit decided the case was moot, and ordered the SSA to fulfill its settlement offer. F.I. just received checks totaling approximately \$41,000. Frank Broadhead, CRA, Redwood Coast Regional Center, Ukiah.

**OCRA Representation Secures Holding that Consumer Was Not Fired for "Misconduct."**

M.M. took such pride in her work at an athletic club's laundry department that she kept her job there for years, despite having to spend more than an hour and a half on BART and the bus to get to work each day. M.M. never liked the uphill walk that formed the last part of her morning commute. She chose to hitch a ride up the hilly half-mile from the bus terminal to the athletic club. After she mentioned an unpleasant incident she had had with one driver, her supervisor ordered her never again to hitchhike up the hill. She disobeyed. She got fired.

M.M. began looking for work elsewhere. In the meantime, M.M. needed money and applied for Unemployment Insurance Benefits (UIB). The Employment Development Department (EDD) denied UIB benefits, concluding that she had committed "misconduct" by hitchhiking to work after being told she could not.

M.M.'s case manager contacted OCRA, which recommended that M.M. appeal EDD's decision. M.M. decided to appeal, and OCRA represented her. At the hearing, her testimony, the testimony of her job coach, and OCRA's legal arguments persuaded the administrative law judge that the employer had no authority to create rules or give orders about how she was to travel to her workplace. The judge held that such a rule was not reasonable or related to the work. M.M. therefore did not commit misconduct and was eligible for UIB. Marsha Siegel, CRA, Regional Center of the East Bay.

### **Consumer Wins SSI Benefits.**

M.W. had been denied SSI benefits despite a report that clearly indicated a diagnosis of mental retardation and serious impairment of life and social functional skills. OCRA recommended that the regional center submit a letter from its own psychologist to Social Security that substantiated the consumer's lack of current skills to become gainfully employed. OCRA reviewed the letter and immediately submitted it to the SSA. M.W. was awarded SSI based upon the letter without the need for a hearing. Filomena Alomar, Assistant CRA, Valley Mountain Regional Center.

### **Reduction in IHSS Hours Prevented.**

P.Y.'s disabilities result in her needing significant assistance with personal care and other activities of daily living. When the Alameda County IHSS office proposed reducing her IHSS hours from 171 hours per month to 97.4 hours, her parents were distressed and offended. They wanted to appeal. Because their primary language is Mandarin, they asked their daughter's Asian Community Mental Health Services case manager to help them present the problem to OCRA.

OCRA agreed to represent P.Y. at her IHSS hearing. Working with the bilingual case manager, OCRA explained to her parents how to establish the number of IHSS hours she needed. Using PAI's "IHSS Fair Hearing and Self-Assessment Packet in Chinese," her mother prepared a daily log to use at the hearing. Her parents are concerned, because when there is nothing else to do, P.Y. will pick at her skin and hands, causing redness and sores. OCRA and P.Y.'s parents agreed to request protective supervision at the hearing. The resulting administrative law judge decision rejected the

county's proposed reduction in IHSS hours and granted the request for protective supervision.

After reviewing the hearing decision, the County exercised its right to request rehearing from the state Department of Social Services, objecting most strongly to the award of protective supervision. OCRA sent a letter brief that opposed the rehearing request and responded to the county's claims with regard to this woman's need for protective supervision. The rehearing request was denied. P.Y. now receives the 283 hours of IHSS services she needs. Marsha Siegel, CRA, Regional Center of the East Bay.

**CCS Eligibility with No Share of Cost Due to OCRA Advocacy.**

A.G. is a 13-year-old girl with cerebral palsy who is fed through a G-tube, uses suctioning equipment, and a wheelchair. Her father no longer lives with the family, works in seasonal employment, and only sends the family a small amount of money each month. A.G.'s medical expenses, including the special food she requires for her G-tube feedings, have always been paid for by CCS with no share of cost (SOC). At this year's CCS redetermination meeting, the child's mother was told that she was no longer eligible for CCS with no SOC, because the father's annual salary during the previous year had exceeded the CCS limit by \$2,000. The mother was also told that, effective immediately, she would have to pay the first \$8,000 in medical costs before CCS would be able to assist with any of the little girl's medical costs.

A.G.'s case manager asked OCRA for help. OCRA wrote an appeal letter to CCS and requested the continuation of CCS with no SOC while the appeal was being considered. The CCS eligibility worker told the mother that CCS was unable to obtain certain important information in support of the child's status. Further, the eligibility worker told the mother that the only way to maintain the no-SOC status would be for the mother to provide CCS with a written estimate - supported by medical documentation - that A.G.'s medical costs for the coming year would total 20% or more of the family's total income.

OCRA advocated with the CCS Program Administrator, resulting in agreement that CCS could and would gather the information it needed from its own records. Shortly thereafter, CCS determined that A.G. remains

eligible for services and does not have to pay any share of cost. Celeste Palmer, Assistant CRA, Regional Center of the East Bay.

## **HOUSING**

### **OCRA Advocates for Retention of Service Animal.**

R.H. is a 47-year-old woman with a diagnosis of mental retardation and hearing impairment. She lives independently in an apartment. When new management took over her apartment complex, R.H. was told that she could no longer have her service animal, despite the fact that she provided them with a note from her doctor.

The management policy stated that only people who were blind or completely deaf were entitled to a service animal. OCRA spoke with the management company and provided them with a list of the conditions and disorders that would constitute a qualifying diagnosis for a service or companion animal. OCRA also advised the manager that the only requirement for a service animal is that the animal be trained to work for the benefit of the person with a disability.

It was OCRA's position that management was failing to make reasonable accommodations and that R.H. was being denied the opportunity to use and enjoy her dwelling without the assistance of her animal. R.H. was at risk for a more restrictive placement. Following advocacy efforts by OCRA, R.H. was allowed to keep her service animal. Lorie Atamian, Associate CRA, Far Northern Regional Center.

### **Condominium Owners' Association Must Provide Reasonable Accommodations.**

C.M. has cerebral palsy and uses a wheelchair. She requested a reasonable accommodation from her condo owners' association (COA) to re-assign her a parking space that is wheelchair accessible. Her parking space was located an unreasonable distance from her condo unit on a dangerous, slanted corner by a busy driveway. The COA refused to schedule a meeting to address C.M.'s request. OCRA agreed to write a demand letter to the COA and

assist C.M. and her Independent Living Skills (ILS) worker in seeking out legal representation, if necessary.

OCRA sent the COA a demand letter that specified how C.M.'s rights were violated, demanded that the COA provide a reasonable accommodation, and suggested possible accommodations. Tim Poe, CRA, North Los Angeles County Regional Center.

## **PERSONAL AUTONOMY**

### ***OCRA Helps Consumer to Exercise Choice of Living Environments.***

C.C. moved from his home in a small town in Sonoma County. He moved into a group home in Vallejo. C.C. is 21-years-old, Chinese and African American, with a diagnosis of mental retardation. C.C. was adopted by an Anglo mother.

The mother informed the home in Vallejo that C.C. was to move to Petaluma, to a group home closer to her. C.C. did not want to move. C.C. stated that he was a man and he could make his own decisions. His mother gave the home a 30-day notice. C.C. was scared to tell his mother he did not want to move because she would be angry.

OCRA met with C.C. in his new group home and observed that most of the staff and other consumers were people of color and around C.C.'s age. C.C. made a list of all the reasons he wanted to stay. OCRA spoke to the service coordinator who stated that C.C.'s mother felt strongly about C.C. living closer to her. The basis for C.C.'s decision was carefully explained to his mother. C.C.'s mother revoked the 30-day notice and stated that she had not thought of C.C.'s right to make his own decisions. C.C. was able to stay in his group home of choice. Yulahlia Hernandez, CRA, Cristina Bravo Olmo, Assistant CRA, North Bay Regional Center.

**OCRA Technical Assistance Eliminates DMV Problem Based on Identity Theft.**

J.V. learned he had a problem when he and his Independent Living Skills worker went to the Oakland Department of Motor Vehicles (DMV) office to get a replacement California ID card. He had lost track of the card at some point in the past year. DMV refused to assist him, explaining that he was not entitled to its services because of his recent conviction for drunk driving in San Diego County. DMV provided him with records alleging to prove this. J.V. doesn't drive and he had never been in San Diego County, but he was unable to convince DMV that its records were inaccurate. He sought help from his *La Familia* case manager, who contacted OCRA.

OCRA helped J.V. and his case manager develop evidence to prove that, even though the San Diego defendant had supplied the consumer's personal information, the San Diego defendant was not the same person who lives and works in Oakland. OCRA drafted declarations for J.V. and his employer, and worked with the case manager to draft a letter of explanation to the judge. The case manager got the declarations signed, secured copies of needed documents, and sent the materials and letter to the San Diego County court. Within a few weeks, J.V. got a court order confirming that he was not the same individual as the San Diego drunk driver, and J.V. was again able to conduct his business at DMV. Marsha Siegel, CRA, Regional Center of the East Bay.

**REGIONAL CENTER**

**OCRA Provides Technical Assistance to Consumer Seeking Regional Center Eligibility.**

A.C. is a 22-year-old adult with a diagnostic history of Williams Syndrome and pervasive developmental delays. Mrs. C., A.C.'s mother, called OCRA in March, 2002, asking for assistance regarding the denial of regional center eligibility. Mrs. C. stated that the only services A.C. was currently receiving were from the Department of Rehabilitation and that he was enrolled in a program at Foothill College. Mrs. C. also stated that A.C. could not work by



himself and that he needed a lot of help with his daily living skills. A.C. had always been in special education classes.

A.C.'s parents agreed to fund a private assessment by experts at the University of California Medical Center in San Francisco. The findings from the evaluation indicated that A.C. did have a qualifying condition and that he should be eligible for regional center services. OCRA provided technical assistance and advice.

The UCSF report was submitted to the regional center and a request for reconsideration was made. A.C. was found eligible for regional center services with a diagnosis of autism. OCRA was available to attend the first IPP. Gloria Torres, Associate CRA, Marvin Velastegui, CRA, San Andreas Regional Center.

### **Regional Center Makes Systemic Changes in Supported Living Services.**

In the course of investigating the death of a client in supported living early this year, OCRA worked with Kern Regional Center (KRC) Quality Assurance staff to implement new policies for the provision of Supported Living Services. Examples of the new policies include requirements such that medications must be administered as instructed in clients' IPPs, vendors must submit to KRC procedures for keeping and updating medication logs and must submit plans for distribution of the procedures to their staff and to KRC. Vendors must comply with procedures for when to enter the home of a client for medication administration when staff has not received permission from the client to enter. KRC service coordinators must have an objective written into each IPP to address the above situation. SLS vendors must contact a client's doctor when it is reported that a client slept all day or was sick. New SLS vendor staff will receive a comprehensive orientation within the first two weeks of employment. Additional training will be done on a regular basis. Eulalio Castellanos, CRA, Valerie Geary, Assistant CRA, Kern Regional Center.

### **Regional Center to Fund Summer Camp.**

C.G. is a 37-year-old adult consumer with multiple developmental and physical disabilities. C.G.'s mother and conservator contacted OCRA for help when the regional center denied funding for the client to attend a week

at summer camp. The regional center based its denial on its approved Expenditure Plan.

After reviewing C.G.'s Individual Program Plan (IPP), OCRA concluded the regional center had no legal basis for denying the service. The OCRA office helped C.G.'s mother with the necessary legal arguments and technical support to successfully represent the consumer at a fair hearing. The regional center was ordered to fund the camp for the consumer. Rita Snykers, Interim Associate Clients' Rights Advocate, Maria Bryant, Clients Rights Advocate, San Gabriel/Pomona Regional Center.

### **Funding for Independent Living Skills Program.**

J.N. is a young man with cerebral palsy, mild mental retardation, and epilepsy. He participated in a local Orange County ILS program that was not successful in preparing him for transition to independent living. J.N. was informed of an intensive ILS program that is sponsored by Taft University in Fresno. It is a two- year program that includes living in the dormitories at the university and attending classes at the college and activities in the community. Graduates of the program are tracked for 10 years after completion to monitor their successful transition into independent living.

J.N. requested the Regional Center of Orange County fund the Taft University ILS program. Over a period of approximately two years, the regional center service coordinator was given all the information from the program and asked to include the program as part of the IPP plan of services. The service was included in the IPP. The consumer was placed on a waiting list. After more than a year and a half on the waiting list, J.N. proceeded to go through the admission interview and testing procedure and received his acceptance letter. He paid his initial deposit and went to the orientation program. Thereafter, the regional center decided that it could not fund the program because staff felt J.N. did not need that intensive level of services and because they felt there were other more cost-effective means of meeting J.N.'s needs. J.N. was issued a denial letter less than one month before he was scheduled to begin the program.

OCRA proceeded to file an administrative appeal of the regional center's decision and requested an expedited appeal hearing. OCRA represented the consumer at an informal hearing and presented arguments as to why the Taft program should be provided. The regional center retracted its denial. J.N. will now be moving to the dormitories at Taft University and attending the two-year independent living skills program. Eva Casas-Sarmiento, CRA, Orange County Regional Center.

**Child Maintains DD Waiver Eligibility and 24-Hour In-Home Nursing.**

C.M. is a medically fragile 12-year-old with cerebral palsy, epilepsy, and severe mental retardation. In 1997, Inland Regional Center certified C.M.'s eligibility for the Home and Community Based Medi-Cal Waiver for the Developmentally Disabled (DD Waiver). As a DD Waiver recipient, C.M. began receiving 24-hour per day LVN nursing level care at home. In July, 2002, the regional center sent C.M.'s parents a notice terminating C.M. from participation under the DD Waiver reasoning that C.M.'s level of care exceeded that allowable under the DD Waiver. The notice stated that C.M. was on a waiting list for the Pediatric Sub-Acute Waiver administered directly through Medi-Cal's In Home Operations, and that her nursing hours would be reduced to 16 hours per day once the waiver transfer was made. C.M.'s parents appealed and contacted OCRA for assistance.

At an informal meeting held in early June, the parties discussed possible alternatives for C.M.'s nursing care needs. The parties agreed that the regional center would attempt to maintain C.M.'s DD Waiver status through its administrative advocacy efforts with Medi-Cal's In Home Operations. OCRA informed the regional center that C.M.'s family would be expecting IRC to supplement any shortage of C.M.'s nursing hours should the waiver transfer occur. To date, OCRA is awaiting IRC's response as to the latter's success with Medi-Cal's In Home Operations and the supplementation issue, if the latter becomes necessary. Ruby Vasquez, Assistant CRA, Brian Capra, CRA, Westside Regional Center, Irma Wagster, Supervising CRA.

**Regional Center Ordered to Continue to Fund Previous Behavioral Services Provider.**

K.K. is a twin and both he and his brother have autism and receive a multitude of services from regional center and school. Their parents also

pay for some private services. K.K. was transitioning from school-provided in-home behavioral services to regional center-funded behavioral services. At his IEP in April, 2002, the school district announced that it would only fund K.K.'s behavioral aide during the school day as K.K. transitioned into first grade. At that time, the regional center agreed to fund the 12 hours of in-home service that K.K. had been receiving.

The family then sought to continue services with the same provider for continuity and ease for K.K. The regional center refused to utilize that provider as it was not a vendor of the regional center. The regional center claimed the provider was not properly licensed. The parents went through a lengthy series of negotiations with the regional center. They were unsuccessful and filed for hearing. During this time, the family tried one of the regional center vendors and found the service unsatisfactory.

OCRA represented K.K. at hearing and argued that the vendor in question was qualified to provide the service based on the training and experience of its staff, in spite of not having the licensure required in Title 17 of the California Code of Regulations. OCRA also argued that other sections of the Lanterman Act required the retention of the same provider.

After hearing, the judge ordered the regional center to fund 12 hours per week of in-home behavioral services with the provider that the family had chosen. K.K. is now receiving services with his prior provider. Katie Casada Hornberger, CRA, Harbor Regional Center, Ada Quintero, Assistant CRA, North Los Angeles County Regional Center.

***Client Maintains Regional Center Eligibility after Move to New Catchment Area.***

R.S. is a 37-year-old woman who became eligible at Eastern Los Angeles Regional Center (ELARC) in 1987 under the 5<sup>th</sup> category. At the time she was 19-years-old. Her IQ scores did not qualify her as mentally retarded but the regional center found that she had a condition similar to mental retardation and required similar treatment to someone with mental retardation. R.S. began attending a day program, received transportation training, and even joined a bowling league and was in the state championships.

In 1996, ELARC had R.S. reassessed and found that she was still eligible under the 5<sup>th</sup> category. Her services continued. In 2002, after her parents retired, R.S. moved into Inland Regional Center's (IRC) catchment area. She expected that she would move and find a new day program and maybe join a bowling league again or try something new. IRC questioned her eligibility and had her reassessed again.

The IRC assessment indicated that R.S. was not eligible for regional center services and that her original eligibility determination was "clearly erroneous." R.S.'s family then contacted OCRA. OCRA had her reassessed and took the case to hearing as a person's eligibility can only be overturned following a comprehensive assessment and a finding that the original determination was "clearly erroneous." This is a difficult burden and not easily met by the regional center.

Expert testimony on behalf of R.S. was compelling to the judge who found that IRC had not conducted a comprehensive assessment nor had it proven that either R.S.'s initial 1987 or her 1996 reassessments were "clearly erroneous." The judge ordered that the regional center reinstate R.S.'s eligibility and begin providing services to her immediately. Katie Casada Hornberger, CRA, Harbor Regional Center.

### **OCRA Advises Client About IHSS and IPP Meeting Preparation.**

F.V. is a person with severe cerebral palsy and mental retardation. She is very social and loves the day program that she attends. She is 64-years-old and lives with her 85-year-old mother without any additional supports. F.V. and her mother were pleased with the transportation services F.V. received in the afternoons, but the regional center told F.V.'s mother that the only time the vendor could pick up the client was at 7:15 a.m. That would mean that F.V.'s mother would have to wake F.V. up at 5:15 every morning so that she could be ready on time and she would have to be strapped into the van for 2.5 hours for a 20-mile trip. F.V.'s mother called OCRA to learn about options for helping her daughter.

OCRA informed F.V. and her mother about IHSS services and information about how to obtain those services. OCRA advised F.V. and her mother to request an IPP meeting with the regional center in order to formally request appropriate transportation services. OCRA advised F.V. and her mother to obtain records from F.V.'s doctors about her fragile physical state which

prohibits a long van ride. F.V. and her mother have applied for IHSS and are preparing for F.V.'s IPP. Nasha Spall-Martinez, Interim CRA, San Diego Regional Center.

**Administrative Law Judge Determines That Severe Form of Asperger's Qualifies Youngster for Regional Center Eligibility.**

J.B. is 8-years old. J.B.'s parents describe him as being "out of control," with destruction of property a daily occurrence. J.B. has frequent episodes of screaming, kicking, cursing, hitting, and throwing things. J.B. attended preschool for seven months. The program was discontinued because J.B. would bite other children and his teacher. His grandmother could not baby sit J.B. because he hit her.

J.B. was seen by two child and adolescent psychiatrists in Santa Cruz. He was tried unsuccessfully on multiple psychiatric medications. J.B.'s psychiatrist ultimately determined that J.B. had an "autistic disorder." Mental health services were discontinued because "autistic disorder" is considered to be a developmental disability. J.B.'s parents applied for regional center eligibility and were denied. The regional center said that J.B. had Asperger's, a condition frequently considered to be psychiatric in nature. Despite the extreme nature of J.B.'s disability, neither mental health nor the regional center would provide needed and necessary services.

OCRA took the case to hearing. The administrative law judge determined that J.B. clearly met the diagnostic criteria for Asperger's disorder and that he could simultaneously meet the criteria for autistic disorder.

J.B. was found eligible for regional center services because he has demonstrated major impairment in seven areas of adaptive functioning including communication, learning, self-care, mobility, self-direction, capacity for independent living, and capacity for economic self-sufficiency. J.B. is now scheduled for his first regional center IPP. Gail Gresham, Supervising CRA, Sacramento, Gloria Torres, Associate CRA, and Marvin Velastegui, CRA, San Andreas Regional Center.

**Twins Found Eligible for Regional Center Services.**

Identical twins, I. and I., were denied regional center services on the basis that they had language disorders. Both twins qualified for SSI. Mother was

out of work and on disability. The twins' mother came to the United States when she was nine years old and did not attend school past the third grade. Following denial of regional center services, mother contacted OCRA. OCRA requested a due process hearing and undertook extensive review.

Mother reported a complicated pregnancy. She suffered from severe anemia and high blood pressure. The twins' development showed a pattern of delays including significant delays in language, learning, and behavior since the first year of life. A comprehensive review of the medical history, developmental history, psychosocial history and educational history revealed extensive delays across multiple domains. The twins were expelled from school. The family was forced to live in a home with multiple windows shattered and broken out following uncontrollable behavior by the twins.

OCRA retained a neuropsychologist from the University of California to conduct objective testing. The expert was able to determine that the twins were both qualified for regional center services on the basis of mental retardation. The regional center had denied services in the absence of any IQ scores. OCRA prepared witnesses for hearing and submitted its documentary and supporting evidence to the regional center prior to the hearing. Following review of the evidence provided on behalf of the twins, the regional center determined that they were both now eligible. OCRA will attend the twin's first IPP. Gail Gresham, Supervising CRA, Sacramento, Lorie Atamian, Associate CRA, Tammy Solano and Maria Bryant, CRAs, Far Northern Regional Center.

## **SPECIAL EDUCATION**

### ***OCRA Advocates for School to Offer Private School Services.***

A.N. has been diagnosed with Autism. A.N.'s mother contacted OCRA seeking advocacy on behalf of her son. The mother was not happy with the extended school year program that was being offered by the school district. During the school year, A.N. was in a special day class and was mainstreamed for three hours a week. He also received 14 hours of behavioral services, along with speech and language and occupational therapy.

Mother was concerned that the school district was not going to allow A.N. to be mainstreamed at all during the summer program and that his current behavioral services would not be provided. Mother requested the assistance of OCRA at A.N.'s IEP. OCRA attended the IEP and strongly advocated for A.N.

OCRA and the mother worked with the school district to reach an agreement that the district would change its offer for the extended school year program and allow A.N. to be mainstreamed for five hours a week and maintain his current behavioral support hours. The mother was pleased to receive a revised summer school program but she then opted to send A.N. to a private summer school. OCRA and mother then worked with the school district to assure provision of the behavioral services in the private summer school program. All of A.N.'s specialized services remained intact. Marvin Velastegui, CRA, Gloria Torres, Associate CRA, San Andreas Regional Center.

**OCRA Demands Emergency IEP to Prevent Discontinuation of School Transportation.**

J.B. is a youngster in a primary school specifically designed for children with autism. J.B. lives at home with his parents and younger brother. The school district had been providing J.B. with bus transportation to his non-public school along with an aide that came on the bus. The school district terminated the bus transportation because J.B. had behavioral outbursts that were too difficult to manage. As a result, the school district asked the mother to transport J.B. on her own and agreed to reimburse the mother for her mileage for this transportation.

This transportation arrangement became increasingly difficult for J.B.'s mother as J.B. continued to have behavioral episodes while his mother was driving. To further complicate matters, the family car broke down and the family could not afford repairs. J.B. had no way to get to school. OCRA was contacted to provide advocacy on J.B.'s behalf.

OCRA immediately sent a demand letter for an emergency IEP meeting and action requiring the district to provide bus transportation along with an appropriately trained aide. OCRA met with J.B.'s mother and the school district to resolve these issues. At the IEP meeting, the school district agreed that they would re-instate J.B.'s bus transportation. The school district also



agreed to employ a staff member from J.B.'s non-public school as his aide during the bus transportation. Marvin Velastegui, CRA, Gloria Torres, Associate CRA, San Andreas Regional Center.

**Health Care Attendant to Be Placed in Classroom.**

B.S. attends a special education school within the Los Angeles Unified School District (LAUSD). At an IEP in February, 2003, B.S.'s mother presented letters from B.S.'s doctors stating that he needs constant supervision because of suctioning needs. Waiting for a nurse to be called could place B.S.'s life in jeopardy. LAUSD denied B.S.'s mother's request for a 1:1 health care provider for B.S. in the classroom. The district acknowledged the need for a health care aide on the bus but did not acknowledge that the same level of care is needed in the classroom. At that time, there was no one in the classroom that could provide suctioning if it was needed. B.S.'s mother requested an informal meeting with the LAUSD.

B.S.'s mother then contacted OCRA for representation. OCRA agreed to represent B.S. At the informal meeting with the district, OCRA argued that the district is required to provide health care services when they are necessary during the school day to enable the child to attend school. OCRA also argued that B.S.'s life could be at risk if a health care attendant was not present. The district agreed that B.S. needs a health care attendant to be in the classroom. Patricia N. Carlos, CRA, South Central Los Angeles Regional Center.

**School District Agrees to Fund After School Program with Aides.**

M.D. and C.D. are six-year-old twins with Down Syndrome. They attend preschool and receive a number of different therapies from their local school district. They receive the therapies after school because if the twins were pulled out during class time, they would have little, if any, class time left. They had been receiving the therapies at an after-school program funded by the district with individual aides. This program not only gave the twins time for therapy but also a chance to socialize with other children.

At the May, 2002, IEP their parents thought that everything would remain the same for the boys' last year of pre-school. They didn't read the start and end dates of each of the many services each boy receives. The parents were very surprised in October when they received a bill for the after-school

program and the cost of the individual aides. They requested an IEP to discuss the situation. At that IEP, the parents were informed that the boys would not have the program or the aides. The parents then revoked their consent to that IEP and invoked their right to stay put from the last agreed upon IEP, which detailed the services the parents had intended.

In March, 2003, OCRA filed for hearing against the district requesting a continuation of the services and that no charges be assessed against the parents for the prior months. This request was based on the fact that the boys need the after-school program in order to have enough time to receive services. The CRA further argued that, contrary to the district's position, the after-school program was not day care as the boys' mother does not work outside the home.

At mediation, the district agreed to continue the service through the end of the current school year and not assess any charges against the parents. Katie Casada Hornberger, CRA, Harbor Regional Center.

**OCRA Teams with Mother to Obtain 1:1 Aide.**

T.M. is a child with autism who has been attending a pre-school program with a 1-to-1 aide for almost all of the school day. Next year, she will be entering kindergarten and her parents want her to receive the help she needs to succeed. Though T.M. is bright, she needs to have tasks explained or modified specifically for her and needs considerable help in transitioning from one activity to another. The school district proposed that T.M. have an aide for approximately half of the school day. T.M.'s mother strongly believed this lack of support was inadequate. At the IEP, the mother, supported by the CRA, firmly stated the reasons why her child needs a 1-to-1 aide. As a result, T.M. will begin her school experience with a 1-to-1 aide for substantially the full school day and receive other assistance as needed. Lynne Page, CRA, Redwood Coast Regional Center, Eureka.

**OCRA Prevents School Expulsion.**

The CRA accompanied a consumer, a fifteen-year-old teenager with mild mental retardation, to a manifestation determination meeting at his high school. The student allegedly had admitted to improper touching of another student. The consumer had previously exhibited some behaviors which should have alerted the school personnel to a potential problem, but the

school offered neither intervention nor counseling. After another student complained that she had been touched inappropriately, the boy was suspended for five days and cited for sexual battery. The school psychologist reviewed his records at school and stated that the boy had never been referred for discipline before. He also interviewed the boy's parents, who only spoke Spanish. Father stated that, when pressured, his son would confess to anything. The CRA questioned school officials about their procedures and the interrogation. The CRA also learned that the school was aware of the situation and had done nothing to intervene, either before or after the alleged incident. There were also no witnesses to the alleged event. The school stopped the expulsion. Enid Perez, CRA, Central Valley Regional Center.

### **Consumer Graduated with His High School Class of 2003.**

S.L. was to receive a certificate of completion. Then the school decided to award S.L. a high school diploma instead. This would mean that his special education opportunities would terminate and funding for the Young Adult Transition Program would not be required.

The CRA met with S.L. and his family to determine the young man's goals and personal wishes, and represented him at his IEP. S.L. was very pleased that, according to his new IEP, he will graduate with the Class of 2003, but in a way that meets S.L.'s needs. He will be awarded his certificate of completion. Then, over the summer, S.L. will receive extended school-year class instruction provided by the school district to acquire two more math credits needed to qualify for his high school diploma. The district also agreed to modify his high school proficiency exam in order to satisfy all of the requirements for a diploma. The entire IEP Team was supportive of his new IEP plan of enrolling in Delta College Disability Program, Department of Rehabilitation Services for a job, and Independent Living. Leinani Neves, CRA, Valley Mountain Regional Center.

### **Student Receives Compensatory Education Services.**

J.M. is a 20-year-old consumer with major cognitive and language deficits. J.M. often runs away from situations he does not like, so his inability to communicate is a serious safety problem. He goes to school in a small, remote, rural school district with few professional services. Since 1998,

when he entered the district, his speech was assessed as being essentially unintelligible to anyone other than his mother, his teacher and an aide, and speech therapy was recommended five days per week. Therapy was never provided more than one day per week because the district only hired a therapist to be present one day per week. During some periods that lasted over a year, the district did not have any therapist at all.

This situation went on for years with occasional assessments noting little or no progress in his ability to communicate. The school also would not provide an appropriate off-campus workability program as a transition from school to the work place. The only bright spot in his education occurred when an exceptional speech therapist moved to the area and the district hired her two days per week. She was able to help J.M. make notable progress in his ability to articulate in a short period of time.

J.M.'s mother requested assistance in getting J.M. the services to which he was entitled. After the school district stalled through a succession of IEP meetings, the CRA represented J.M. in a mediation session. The school district agreed: (a) to extend his school program for a full semester past the time that he would ordinarily be out of special education; (b) to provide a full time 1:1 aide who would assist him in the classroom as well as any job site; (c) to provide speech therapy two times per week from the therapist and three times per week from a trained speech technician; and (d) with the parent, to develop a functional communication goal by the first month of the fall semester to measure whether the proposed language program was successful. The mediation is being kept open until October of 2003, so the progress of the program could be monitored. Frank Broadhead, CRA, Redwood Coast Regional Center, Ukiah.

### **Functional Behavior Analysis Obtained.**

Upon entering kindergarten, J.B. exhibited behaviors that caused his suspension from the classroom on numerous occasions. The regional center service coordinator contacted the CRA for technical assistance. The CRA provided advice on how to request a functional behavioral analysis assessment at the IEP meeting. However, when the service coordinator made the request, the school denied the requested assessment.

The client contacted the OCRA office for additional assistance. The CRA appealed the district's denial of the functional behavioral analysis. Because

of the urgency of the behavioral issues, the CRA decided to contact the school district's attorney before the mediation date in order to expedite the process. The parties were able to reach an agreement for the provision of a behavioral analysis prior to the mediation. Matt Pope, CRA, East Los Angeles Regional Center.

**District Fails to Provide Educational Services for Two Years.**

S.M. has a severe form of epilepsy. She suffered a head trauma at her last public school placement which precipitated an increased number of seizures. Seizure activity occurred on a regular basis and required an extended recovery period. Additionally, S.M.'s immune system is not strong.

S.M.'s mother wanted the school district to provide home schooling with occupational therapy, physical therapy, and speech therapy. Two years passed following the request. The district did not provide any services. S.M.'s called OCRA for assistance in securing services from the district.

After much advocacy by OCRA, the district set up an IEP. At the IEP, OCRA emphasized that the district had failed to provide a free appropriate education for two years. The district agreed to provide a summer program at S.M.'s home, which was what the family wanted. The district also agreed to provide weekly speech therapy, occupational therapy and physical therapy for the months of July and August. The district also agreed to do an Assistive Technology assessment and to make a referral to the California Diagnostic Center in Fremont for a complete assessment of S.M.'s needs.

For the fall, the district has made an offer for a special day class with a nurse's assistant to accompany S.M. throughout the day. The district also agreed to keep all related services in place for the fall. The IEP will resume again in August to insure that all services are in place. Katy Lusson, CRA, Golden Gate Regional Center.

# OFFICE OF CLIENTS' RIGHTS ADVOCACY

## ADVOCACY REPORT

WINTER, 2003

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### BENEFITS

#### *Social Security Appeals Council Overturns SSI Hearing Decision.*

C.J. is a 35-year-old woman with moderate mental retardation. In April, 2000, C.J. applied for Supplemental Security Income (SSI) benefits. The Social Security Administration (SSA) denied C.J.'s application and she appealed. In June, 2001, C.J. went to an administrative hearing with her Independent Living Skills (ILS) worker. No testimony was taken in support of C.J.'s claim. The Administrative Law Judge (ALJ) denied C.J.'s claim, giving little weight to the psychological evaluation that established C.J.'s regional center eligibility. Because C.J. did not become a regional center client until 2000, and because her high school records indicated that she received passing grades in her special education classes, the ALJ did not find C.J.'s claim that she had mental retardation to be credible. The ALJ adopted the opinion of SSA's consultative examiner instead, which concluded that C.J. was malingering.

In late July, 2001, C.J.'s service coordinator contacted OCRA for assistance. OCRA filed a request for review of the ALJ's decision with the Appeals Council, which is the last step in the SSA's appeal process. The Appeals Council denied C.J.'s request for review on May 3, 2002. On May 5, 2002, OCRA submitted to the Appeals Council a request to reopen C.J.'s case. Along with the reopening request, OCRA attached a position statement asserting that the ALJ had abused his discretion and committed legal error during the hearing. OCRA alleged the judge's decision was based on a lack of substantial evidence and void as against public policy. OCRA included a new psychological evaluation by the same psychologist who found C.J. eligible for regional center services. Also, OCRA included the quarterly reports from C.J.'s ILS worker, along with other regional center documents. The Appeals Council agreed, vacating the ALJ's decision and remanding the

case back to the ALJ for further development. Brian Capra, CRA, Meriah Harwood, Assistant CRA, Westside Regional Center.

**SSA Finally Deposits Retroactive SSI Payments in Dedicated Account.**

J.P. is a young boy diagnosed with autism and mental retardation. J.P.'s mother does not speak English and experienced many difficulties with the SSA releasing the funds due her son from an administrative hearing decision. J.P.'s local SSA office would not communicate with his mother as to why the funds were not released into the dedicated trust account she had established. The consumer has had medical treatments and needed the money to cover costs.

OCRA met with the SSI supervisor and was told that the funds would be released. Weeks passed with no funds transfer. OCRA wrote the SSA Office Manager a demand letter and requested a Congressional inquiry by J.P.'s Congressman. The office manager finally ordered the supervisor to coordinate the deposit with the bank representative and J.P.'s mother. Tim Poe, CRA, Ada Quintero, Assistant CRA, North Los Angeles County Regional Center.

**OCRA Brief to Appeals Council Secures Remand for Further SSI Hearing.**

D.B. qualified for regional center services because of his cognitive disability, but his application for SSI was denied after an administrative hearing. D.B. was 19, not enrolled in school, and was not working. He needed the SSI. His case manager was his appointed representative at the hearing and turned to OCRA for help. After reviewing the files, OCRA confirmed that his disability was not so severe as to meet a listing and thereby qualifying D.B. automatically for SSI. His claim for SSI would turn on the question whether he could engage in competitive work, despite the limitations imposed by his disability. To decide this question, the ALJ should have called for testimony from an expert vocational witness.

OCRA drafted a Request for Review by Appeals Council. The request pointed out that because the ALJ found D.B. had a severe cognitive impairment that limited his ability to work, the failure to secure testimony from a vocational expert was legal error.

D.B.'s case manager submitted the letter brief drafted by OCRA. The Appeals Council granted review, vacated the ALJ decision, sent back the case for another hearing, and ordered the ALJ to take testimony from a vocational expert. OCRA further advised D.B. that he needed to develop evidence of how he functioned in a work environment, evidence of his abilities and also of his difficulties. In order to do that, D.B. returned to high school and began participating in a vocational transition program. Marsha Siegel, CRA, Regional Center of the East Bay.

**OCRA Helps Family Obtain IHSS Protective Supervision and Personal Care/Ancillary Services (and Perhaps, a New Home, Too).**

J.L., and his younger brother, L.L., are teenage male regional center consumers with severe mental retardation. J. and L. live with their mother, B.C., who is also a regional center consumer. Last year, J. and L. began to develop self-injurious behaviors that became increasingly difficult for B.C. to monitor and control. J. and L.'s service coordinator recommended that B.C. contact the county to have her sons evaluated for In-Home Supportive Services (IHSS). In September, 2002, B.C. applied for IHSS and scheduled a time for the needs assessments with the county's social worker (SW) at a time when B.C.'s ILS worker could also be present. When the SW arrived to conduct the assessments, B.C. informed him that her ILS worker had called and would not be present because the ILS worker had a flat tire. Rather than rescheduling, or simply proceeding without the ILS worker's presence, the SW left and subsequently notified B.C. that her sons had no assessed need for IHSS. B.C. appealed and her and her sons' service coordinators contacted OCRA for assistance.

OCRA assisted B.C. in developing self-assessments of J. and L.'s support needs. Based on these self-assessments, B.C. estimated that her sons required well over 200 hours per month each in protective supervision, personal care and ancillary services. OCRA agreed to represent J. and L. and attempted to settle their cases with the county. In late November, 2002, OCRA faxed well over 100 pages of documents evidencing J. and L.'s needs for IHSS to the appeal worker assigned to their case. OCRA agreed to a conditional withdrawal in early December, 2002, so that re-assessments could be done. The reassessments were to be done within 30 days and in the presence of J. and L.'s service coordinator. Unfortunately, the county did not adhere to this agreement. The explanations for the county's breach



varied considerably. OCRA rescheduled J. and L.'s hearing in March, 2003, which prompted the County to re-assess J. and L. and award them 231 and 226.6 hours per month in protective supervision, personal care and ancillary services, respectively.

OCRA reminded the county that because seven months had transpired since the date of B.C.'s application, B.C. was expecting a substantial retroactive payment for the protective supervision services she provided to J. and L. during this lapse of time. The county has finally acknowledged that B.C. was the provider throughout this period and has agreed to pay her.

OCRA, B.C., and her service coordinator have since met with Home Ownership Made Easy (H.O.M.E.) to determine whether B.C. would qualify for a home loan with manageable monthly mortgage payments. Based on OCRA's estimate of B.C.'s retroactive benefit, H.O.M.E. informed B.C. that she would qualify for a \$140,000 loan if she applies the retroactive payment from IHSS as a down payment. B.C. is currently searching for a home and is extremely excited about the opportunity for her and her two sons to move. Brian Capra, CRA, Westside Regional Center.

**OCRA Successfully Defends Against SSI Termination under the Children's Functional Equivalence Standard.**

D.M. is a five-year old regional center consumer with borderline intellectual functioning, attention-deficit/hyperactivity disorder, mild spastic diplegia, asthma, and an articulation communication disorder. In January, 2002, the SSA conducted a Continuing Disability Review to determine whether D.M. had any impairments severe enough to warrant continued receipt of SSI. D.M. was sent to a consultative examiner (CE). This psychologist concluded that D.M. had disruptive behaviors and learning problems, but not mental retardation. D.M. had originally been awarded SSI based upon mental retardation.

In September, 2002, SSA sent D.M. to a second CE, a pediatrician, who concluded that, aside from D.M.'s restricted ability to engage in vigorous physical activities, his current level of functioning was grossly appropriate for his age. In November, 2002, SSA sent D.M. to a third CE, a speech pathologist, who concluded that D.M. had a mild receptive/expressive language delay and a mild to marked articulation disorder. The report stated these impairments were not severe enough to qualify for SSI. SSA notified

D.M.'s mother, C.M., who was also a regional center consumer, that D.M.'s SSI benefits would be terminated on the basis that he had medically improved. C.M. filed for reconsideration and contacted OCRA for assistance.

OCRA reviewed D.M.'s file and recommended that the regional center perform a psychological evaluation on D.M. OCRA attended the Disability Hearing on behalf of D.M. OCRA presented the new evaluation along with D.M.'s recent school records. OCRA challenged the CEs' reports, noting that they were cursorily conducted and inconsistent both internally and with the record as a whole. The Disability Hearing Officer agreed that D.M.'s impairments were "functionally equal" to the SSA Listings. SSA promptly notified C.M. that D.M.'s payments would continue. Brian Capra, CRA, Westside Regional Center, Meriah Harwood, Assistant CRA, Westside Regional Center.

### **Winning After Losing!**

K.L. is a young girl with cerebral palsy and asthma. K.L.'s mother, L.L., contacted the county on July 2, 2002, and requested that K.L. be assessed for IHSS eligibility. On July 16, 2002, a county social worker (SW) visited K.L. at home and assessed her. The SW informed L.L. that the county would provide written notice in approximately 3 weeks stating whether K.L. was determined eligible.

Six weeks passed and L.L. never received notice. L.L. called the county on K.L.'s eligibility status. The county's phone representative informed L.L. that K.L. was found ineligible for IHSS, but did not advise L.L. of her right to appeal. Rather, the phone representative stated that K.L. would have to re-apply for IHSS. L.L. relied upon this information and re-applied on behalf of K.L. on September 9, 2002. K.L. was assessed a second time on September 23, 2002. This second assessment resulted in K.L. being denied eligibility in a written notice dated September 30, 2002. The county did not consider K.L.'s disability in assessing her IHSS needs; rather, it denied K.L. eligibility based solely on her young age and that any care needs K.L. had should be provided by L.L. When L.L. received written notice of K.L.'s second denial, she appealed according to the instructions provided on the notice. L.L. contacted OCRA for assistance with this matter.

OCRA assisted L.L. in developing a self-assessment of K.L.'s IHSS needs. Based on the self-assessment, L.L. estimated that K.L. required 79 hours per month in personal care and related services. OCRA agreed to represent K.L. and attempted to settle the case with the county, to no avail. At the hearing, OCRA argued that K.L. had a need for IHSS, that the county's categorical denial based on K.L.'s age was illegal, and that whatever amount of IHSS was ultimately awarded should be retroactive to July 2, 2002. The County maintained its positions that K.L. lacked the need for IHSS, given her age. The county also argued that the State Hearings Office lacked jurisdiction to back date K.L.'s IHSS eligibility because the county had sent a denial notice and L.L. simply did not appeal in time. OCRA argued the county should not be allowed to make this argument because L.L. never received the notice. L.L. had relied to her detriment on the misinformation supplied to her by the county's phone representative, effectively stopping her from filing an appeal on time.

The judge found no jurisdiction existed to backdate K.L.'s benefit entitlement to July 2, 2002. L.L. testified she had no problems receiving her mail and therefore, according to the judge, did not rebut the legal presumption that mail sent is mail received. However, the judge did find K.L. eligible for IHSS services and ordered the county to do a re-assessment of her IHSS needs. Upon re-assessment, the county found K.L. eligible for 111.6 hours per month. This determination placed K.L. in a better position than had the county agreed to settle her case in the first place! Brian Capra, CRA, Westside Regional Center.

## **CONSUMER FINANCE**

### ***OCRA Advocacy Eliminates Hospital Collection Action.***

P.T.-G. had emergency gall bladder surgery in the summer of 2001. When the hospital asked how she would pay for the surgery, she showed her Medicare and Medi-Cal health insurance cards. She assumed that her hospital bill would be paid by her health insurance. In late 2002, P.T.-G. received a bill stating that she owed the hospital \$32,119. P.T.-G. authorized her case manager to contact OCRA for help.

OCRA met with P.T.-G., her husband, her ILS worker, and the case manager. Learning that her husband did not receive Social Security Title II benefits, OCRA explained that P.T.-G.'s Medicare coverage had probably terminated after she reported her marriage to Social Security, many years before the surgery. The Medicare had been linked to her receipt of Disabled Adult Child (DAC) benefits. These benefits are available only so long as the recipient is single or else married to someone who also receives Social Security DAC benefits. P.T.-G.'s Medicare would have stopped at the same time her DAC stopped. OCRA speculated that the problem with the hospital bill originated in confusion about which health insurance coverage P.T.-G. actually had. OCRA explained this to the debt collector and to the hospital billing office. As a result, the bill was taken out of collection, and the hospital acknowledged that P.T.-G. does not have to pay it. Marsha Siegel, CRA, Regional Center of the East Bay.

**Consumer's' Credit Remains in Good Standing when Hospital Agrees to Waive Delinquent Medical Bill.**

R.H. is an adult who had emergency medical treatment at a hospital in January, 2002. The hospital billed Medi-Cal \$408.33 for the emergency service. Medi-Cal denied paying for the service because R.H. also maintained Blue Cross Insurance. However, the hospital had never billed Blue Cross. The residential service provider made several phone calls to the hospital to resolve the billing problems but was not successful. The hospital forwarded the unpaid medical bill to a collection agency, which continued to threaten R.H.

OCRA reviewed the bills and discovered that R.H. had been covered under private insurance when he received the emergency treatment. OCRA then contacted the hospital legal department to review the documents and investigate its erroneous billing. After completing an investigation, the hospital attorney recognized the error. The hospital apologized for its error and advised OCRA that it would cease all collection proceedings. Philomena Palomar, Assistant CRA, Valley Mountain Regional Center.

## CRIMINAL LAW

### **Consumer Receives Needed Treatment Instead of State Prison Time.**

T.S., a 25-year old man, was arrested, charged with indecent exposure and jailed. When T.S.'s father contacted OCRA for assistance, OCRA visited T.S. in jail, offered to provide technical assistance to his public defender, and explained the diversion process. T.S. wanted OCRA to work with his public defender.

OCRA provided T.S.'s public defender with information on the diversion statute for people with developmental disabilities. At the same time, the regional center investigated placement for T.S. in a residential treatment program.

Because T.S. was on probation at the time of the alleged conduct, the district attorney argued for three years in state prison. OCRA, the regional center, and the public defender advocated instead for placement in a residential program where T.S. could receive needed treatment. The regional center found a program that met the court's requirement for security and would also provide T.S. with appropriate treatment. The Judge released T.S. from jail and T.S. was moved to the residential program to begin treatment.  
Linda Turpin, CRA, Alta California Regional Center.

### **M.S. is Released from Jail with Appropriate Services.**

M.S. was arrested for possession of narcotics and incarcerated in county jail. Her public defender contacted OCRA for assistance in getting her appropriate services in the community so that the judge would release her from jail.

OCRA coordinated with the regional center to provide a group home, ILS services, and counseling for M.S. When this plan was brought before the judge, she agreed to M.S.'s immediate release. OCRA facilitated M.S.'s transportation from jail and her subsequent meetings with the probation department and city police. Without OCRA's involvement, M.S. could have

spent additional time incarcerated waiting for her community supports.  
Katie Casada Hornberger, CRA, Harbor Regional Center.

## **CONSUMERS' RIGHTS**

### ***S.L.'s Rights Voiced Through 4731 Complaint Process.***

S.L. has lived in a group home since he was 17-years old. S.L.'s parents thought that all was well. On one of their Sunday visits, the parents found S.L.'s face swollen and injuries on his nose and eye were oozing. His skin felt feverish and S.L. was in pain. The group home said they had contacted the administrator who was going to take him to the doctor on Tuesday. S.L.'s parents decided not to wait and took him to the doctor themselves. At the hospital, the doctor told S.L.'s parents the infection was so severe that had he waited until Tuesday for treatment, he would have lost vision in the injured eye. The doctor also discovered additional medical needs that had gone unmet for several years.

S.L.'s sister contacted OCRA for assistance. The Assistant CRA assisted the family to file a 4731 complaint. The facility issued a 30-day notice to evict S.L. as the complaint was being mailed. The regional center service coordinator failed to locate an appropriate placement. The group home told S.L.'s mother that if she did not schedule a time to pick S.L. up, the staff would drop S.L. at the parents' door. The family again contacted the Assistant CRA, who called the regional center and secured a placement for S.L. Christine Armand, Assistant CRA, South Central Los Angeles Regional Center.

## **FAMILY LAW**

### ***Family Reunited with Child after 3 Years of CPS Separation.***

In February, 2000, Children Protective Services (CPS) removed J.A. from her mother, L.M., and her father and siblings' home. Both L.M. and J.A. became regional center consumers. CPS placed J.A. with a monolingual English-speaking family in another county. Despite the objection of L.M.

and the family and their public defender, J.A. remained in this foster placement for almost two years.

With OCRA's expert testimony setting out the Lanterman Act requirements and definite timelines, the dependency court judge ruled that extraordinary circumstances and defects in the proceedings caused the delay in the regional center services to L.M., and ordered extended family reunification services for six months. The judge found that reasonable services designed to assist L.M. overcome the problems that led to J.A.'s removal had not been provided.

The family was reunited after L.M. finally received regional center services and was able to demonstrate her ability to parent a special needs child. Jacqueline Gallegos, Assistant CRA, Alta California Regional Center.

### **OCRA Provides Technical Support to Consumer During Reunification Struggle.**

D.B. is a 35-year-old mother whose child was detained by CPS. D.B. had a drug and alcohol abuse problem. The CPS social worker was recommending termination of parental rights due to D.B.'s failure to meet the requirements of her reunification plan.

A motion was filed in Superior Court on behalf of D.B. stating that adequate reunification services had not been provided and that D.B. was entitled to further services. The Assistant CRA provided technical support to the public defender. The court ruled in favor of D.B.

A second motion was brought before the Court asserting that the social worker was prejudiced against D.B. on the basis of her developmental disability. The Assistant CRA worked closely with the public defender and the Court once again ruled in favor of D.B. The Court removed the social worker from the case. Lorie Atamian, Assistant CRA, Far Northern Regional Center.

### **Reunification Accomplished in Specialized Community Program for Mother's and Young Children.**

Y.M. is a 19-year-old who gave birth to her son in 2002. CPS removed the son at birth and requested that the regional center investigate possible

placement in a specialized community program for mothers with developmental disabilities and their babies. This program is three years in duration and consists of intensive parent education and instruction.

The regional center and OCRA launched a collaborative effort to have Y.M. and her son reunited and for them to live in the group home CPS originally requested. OCRA attended many meetings, made many phone calls, did a great deal of research, and advocated in every way possible to ensure reunification.

In February, 2003, when the baby was eight months old, Y.M. and her son moved into the specialized community placement together. OCRA continues to be involved, as the final disposition will take place in April. Katy Lusson, CRA, Golden Gate Regional Center.

## **HOUSING**

### **OCRA Prevents Eviction.**

R.W. lives independently with IHSS support. R.W. contacted OCRA after he received an eviction notice from his landlord. New owners had recently taken over his apartment complex. R.W. was asked to sign a new rental agreement but had refused to sign without first having the agreement reviewed by a legal representative. The landlord told him that he must sign a new rental agreement right then and there or “he would be homeless.”

The Assistant CRA met the consumer at his apartment to inspect the premises and discovered many habitability issues. There was so much water in the bedroom from a leaky ceiling that the walls were moldy and the carpet and mattress were soaked through. There was no vent over the stove. There were electrical problems with the swamp cooler and 2 of the 3 electrical outlets in the kitchen did not work. The front and back door had a large space at the bottom with no weather stripping. There were no bolts on the doors and there was a large vent cover missing in the bedroom.

OCRA negotiated with the landlord to make the requested repairs and prevented R.W. from being evicted by asserting his rights. The landlord was



prohibited from taking retaliatory action against the tenant. Lorie Atamian, Assistant CRA, Far Northern Regional Center.

**OCRA Guides Consumer through Her Housing Woes.**

C.J., who is a regional center consumer, and her six children, one of whom is also a regional center consumer, was given a Section 8 housing voucher late last year by the Housing Authority of the County of Los Angeles (HACLA). C.J. requested, and was granted, an extension on her voucher because she was having trouble locating a home whose landlord would accept C.J.'s family of seven as tenants. Eventually, C.J. found a place for her family and, with help from the regional center for her move-in costs, signed a lease with the landlord. C.J. settled in and placed her children in the local public schools.

Soon thereafter, C.J.'s landlord gave her a 30-day notice to move out. The landlord claimed that C.J. told her that she only had four children, not six, and that the household size would be only five persons, not seven. C.J. maintained that she had told the landlord the number of children she had and that the landlord filled out the lease to reflect only a family of five. C.J. contacted OCRA, who referred her to the Fair Housing Council. Through this agency, C.J. and her landlord arranged to try to settle the dispute through mediation.

In the meantime, C.J.'s tenant voucher was near expiration. C.J. went back to HACLA to request another extension in case mediation fell through and she had to find another place. However, the landlord had already informed HACLA that C.J. provided untruthful information on the lease. HACLA refused to grant C.J. an extension. C.J., again, called OCRA for assistance. OCRA wrote a letter to HACLA requesting another extension as a reasonable accommodation to C.J.'s disability. OCRA attached portions of HACLA's Administrative Plan, which provided for such extensions, as well as a letter from the regional center verifying C.J.'s disability. After confirming C.J.'s status with the regional center, HACLA granted another extension.

Meanwhile, at mediation, the landlord offered a year lease to C.J., if she agreed to pay an additional \$200 per month beyond the original agreement and the landlord's attorney's fees. Otherwise, the eviction proceeding would continue. C.J. contacted OCRA again for assistance on whether she should

accept the offer. C.J. was informed that the landlord was violating Section 8 law by asking her to pay a supplement to the established rent amount. When the landlord learned that C.J. was aware of the landlord's proposed Section 8 violation, the landlord agreed to drop the eviction. The parties agreed to a year lease at the original rent amount and split the landlord's attorney's fees. Now, C.J. finally has a place she and her family can call home. Brian Capra, CRA, Westside Regional Center.

## **PERSONAL AUTONOMY**

### ***Right to Choose Living Option Enforced in IPP Meeting.***

J.M. is a 58-year-old man diagnosed with Down Syndrome. He had lived at home with his stepmother his entire life. The IPP team recognized that J.M. had learned many independent living skills and built natural supports to be more independent. J.M. is a positive man who has always complied with his family's wishes but now he was ready to make his own life decisions.

The CRA advised J.M. that as an unconserved adult he had a right to make his own life choices. J.M. spent many years concerned and even fearful of his stepmother's reaction to his choosing to move out of the family home. J.M. told his day program staff and his RC service coordinator of his plan to save money and move out despite his stepmother's objection. After a CRA self-advocacy training and support from many members of his IPP team, J.M. finally found the courage to assert his choice in his next IPP meeting. J.M. requested that the CRA represent him at his IPP meeting so that he could begin the transition to his new home as soon as possible.

After years of discussion and planning, J.M. was prepared to make his move. During the IPP meeting, the IPP team reiterated the consumer's choice of living. He did not want to retire to Southern California with his stepmother. J.M. wanted to move to a care home and continue attending his day program. When the IPP team reminded the stepmother of her earlier praises of J.M.'s strong independent living skills abilities at home, she began to retract those statements to support her position that J.M. could not live safely and successfully outside of her home. J.M.'s stepmother could not accept J.M.'s decision to move nor respect his right to make decisions.

When the stepmother realized she would not be permitted to prevent J.M.'s move, she refused to provide his medications, clothing and personal effects. Instead, the care provider, RC staff and day program staff assisted with meeting these needs. J.M. was finally able to move. Leinani Neves, CRA, Valley Mountain Regional Center.

**Temporary Conservatorship Modified.**

40-year-old consumer B.M., who was diagnosed with mild mental retardation and Down Syndrome, reported to her day program staff that a relative sexually molested her. The alleged rapist lived in the consumer's home. The day program and regional center staff contacted OCRA. The consumer's aunt, with whom he lived, then filed for and received a temporary conservatorship over the consumer, with no notice sent to the regional center.

OCRA agreed to represent the consumer and petition the court to terminate the temporary conservatorship, or, in the alternative, remove B.M.'s aunt as conservator. OCRA interviewed all parties, including Adult Protective Services, detectives, and doctors.

At hearing, the judge continued the case and ordered requests made by OCRA. These requests included removal of the court-appointed attorney for B.M. due to his appearance of bias, the return of B.M. to her day program (which her aunt had previously prevented), and that B.M. be evaluated by regional center psychologists to assess her abilities. OCRA also asked the court to issue an order returning B.M. to the group home. B.M. expressed preference for returning to the group home during the APS and law enforcement investigations. Although the court did not grant this request, it did order the alleged rapist be permanently removed from the aunt's home. The hearing is continued until early May. Tim Poe, CRA, North Los Angeles County Regional Center

**Client's Choice to Remain in a Foster Family Living Situation Secured.**

A.G. has a history of being sexually abused as a child. She also has a history of making choices in the area of her sexuality that potentially place her and/or others in danger. She can also be verbally assaultive and has difficulty expressing herself without becoming very angry. When A.G. moved into the foster family home, the foster mother, S.F., and the Foster Home Agency (FHA.) were aware of the issues and put services in place to support A.G. in making healthy and safe decisions about her sexuality. The supports included counseling and behavioral support. A.G. appeared to show great progress in the home.

After an incident where A.G. permitted a man to enter through her bedroom window, the FHA responded by threatening to give 30-day notice terminating the foster family vendorship if A.G. engaged in this type of behavior in the future. S.F. and A.G. contacted OCRA to determine whether this violated A.G.'s right to make her own choices. The FHA was infuriated by the contact and disciplined S.F. for contacting OCRA. The FHA again threatened to give 30-day notice for "contacting an *outside agency* without notifying the foster agency."

With OCRA's help, three IPP meetings were conducted to establish A.G.'s right to make decisions in the area of sexuality without the threat of being sent to a more restrictive environment. Furthermore, other services were put into place to help A.G. obtain a part-time job, obtain assertiveness and self-defense training, behavioral and psychological counseling, and classes in sexuality and healthy relationships. Her living arrangement is secure, the communication between all parties is reestablished, she asserts herself at IPP meetings and she now has a steady boyfriend. The FHA has removed the requirement on foster families to notify the FHA of any contact with OCRA on clients' rights issues. Jennifer Bainbridge, Interim CRA, Regional Center of Orange County.

### **Secures Services and Supports at IPP Meeting.**

L.B. has been a Harbor Regional Center client for many years. She has been unhappy with the lack of regional center services all those years. She was not receiving any services and was feeling like she should ask that her case be closed.

OCRA worked with L.B. to develop a plan of services and supports that she needs and the documentation to demonstrate that need. OCRA then

requested an IPP meeting for her. OCRA attended the meeting and helped L.B. secure vocational services and transportation and develop a rapport with her regional center service coordinator. L.B. now better understands the IPP process and in the future can request a meeting when her needs change, and work with her service coordinator more comfortably. Katie Casada Hornberger, CRA, Harbor Regional Center.

**Client Receiving Bereavement Counseling, Behavioral Counseling and Pursuing Supported Living Options.**

G.B. is a 43-year-old man with mild mental retardation and muscular dystrophy who was living in a community care facility (CCF) sharing a bedroom with a man he did not like. Prior to living in the CCF, he spent his entire life with his mother. G.B. and his mother's self-care practices were sparse. In fact, G.B. would go for months without showering or shaving. Culturally, the family shared a strong mistrust for physicians and did not seek medical treatment for most injuries and ailments. After his mother passed away and G.B. moved into the CCF, he continued exercising the same level of self-care and medical treatment. The CCF called him a trouble-maker and gave him a 30-day notice for being non-compliant. The CCF never inquired into his cultural self-care preferences and accused him of being "difficult."

G.B. originally contacted OCRA to get help asserting his right to refuse personal hygiene care. Through numerous meetings, it was discovered that G.B. has certain goals and ambitions, all of which would require achieving a new level of personal hygiene. He was counseled on his rights and empowered to assert himself at IPP meetings, which he did. G.B. was moved to a new CCF where he would have his own bedroom, and agreed to engage in bereavement counseling and accept support in achieving personal hygiene goals. He is currently in the process of putting together a supported living plan. Jennifer Bainbridge, Interim CRA, Regional Center of Orange County.

**OCRA Support Assists with Transfer to Preferred Vocational Program.**

R.K. retains fond memories of the town in which she grew up, her childhood home, and her friends and adoptive family. These memories are important to her, because her adoptive parents have passed away, their home is gone, and her childhood friends have moved out of the area. Although R.K. does not speak, she wrote notes that convey her wish to reconnect with her childhood memories.

When R.K. learned that her home town had a vocational program similar to the one she attended, she began writing letters describing her desire to be at that program. No change was offered. It was thought that a transfer would not be in R.K.'s best interests, because it might reinforce her tendency to live in the past. R.K. kept writing notes about the other program. Concerned about the situation, the vocational program contacted OCRA.

OCRA met with R.K. to find out where she wanted to work and to explain her right to request an IPP meeting. At the resulting program plan meeting, and with OCRA's support, R.K. confirmed her desire to transfer to the preferred vocational program. Transportation arrangements were made, and R.K. began attending the vocational program of her choice. Marsha Siegel, CRA, Regional Center of the East Bay.

## **REGIONAL CENTER SERVICES**

### **ILS Services Continue Due To OCRA Advocacy.**

V.H. is a monolingual Spanish speaker who lives with her mother and her daughter. V.H. chooses not to attend a day program, and is not employed. She would like to move with her daughter into her own apartment, but feels that she needs more skills before she does that. To learn such skills, she has been receiving Independent Living Skills training (ILS) for the past three years. When her case manager announced that three years were the maximum time in-house guidelines allowed for ILS, V.H. asked the case manager and her supervisor not to cancel the service. She explained she had only recently obtained a reliable provider, and she was now making good progress. The regional center did not agree to continue the service.

V.H. asked OCRA for help. OCRA and V.H. contacted the case manager supervisor, who expressed doubts about V.H.'s plans and her refusal to work

outside the home or go to a day program. OCRA supported V.H. in her choices and noted that the ILS service was distinct from issues concerning work or a day program. OCRA mentioned V.H.'s rights to adequate notice and an opportunity to appeal before the service was terminated. The regional center confirmed that these procedures would be honored. This conversation prompted further review of the ILS service. The ILS provider and V.H. agreed that she had achieved two of her five ILS goals and was making progress on the others. They also agreed that she could continue to progress with fewer than the 30 hours per month she had been receiving. The parties were both pleased to have reached agreement on the issue. Celeste Palmer, Assistant CRA, Regional Center of the East Bay.

**J.M Retains his Regional Center Eligibility.**

J.M. was found eligible for regional center services by North Los Angeles County Regional Center (NLACRC). His case was then transferred to South Central Los Angeles Regional Center (SCLARC) which re-assessed and denied him eligibility.

J.M.'s social worker with the Los Angeles County Department of Children and Family Services (DCFS) contacted OCRA after the denial of eligibility. OCRA agreed to provide technical assistance to the social worker and the dependency attorney handling J.M.'s case. OCRA wrote an opinion letter to the attorney arguing that once NLACRC found J.M. eligible, SCLARC could not terminate him without the regional center showing that NLACRC's original determination was clearly erroneous. Given the results of a recent independent evaluation showing the child had a developmental disability, OCRA argued that SCLARC could not make the necessary showing to terminate eligibility.

The attorney presented the OCRA opinion letter and the new assessment at the informal meeting. SCLARC found the client eligible after all. Patricia N. Carlos, CRA, Christine Armand, Assistant CRA, South Central Los Angeles Regional Center.

**Additional Supported Living Services Hours.**

H.J. is a 55-year old female with mild mental retardation. H.J. requested assistance with restoring her supported living service (SLS) hours. When H.J. transferred from one regional center to another, she was verbally informed by the SLS provider that her SLS hours were going to be reduced. At her former regional center, H.J. was receiving 65 hours of SLS services. The SLS vendor informed her that the new regional center would only authorize 40 hours.

OCRA advised H.J. that the services and supports contained in her IPP must remain the same until an IPP meeting was held by the new regional center. She was also advised that her SLS hours could not be reduced or changed without a written notice informing her of the change or reduction.

OCRA met with H.J.'s SLS worker and her supervisor. The CRA discussed with the SLS agency that hours are based on a consumer's individual needs. The CRA suggested the need for a new assessment for H.J. since her living arrangements had changed. The SLS agency agreed to do a new assessment. After conducting a complete assessment, the SLS agency found that H.J. actually needed additional hours not less. OCRA represent H.J. at the IPP. The new assessment was presented to the regional center. The SLS agency recommended that H.J. receive 72 hours of SLS services. The regional center agreed to provide the additional hours. Maria Bryant, CRA and Rita Snykers, Assistant CRA, San Gabriel/Pomona Regional Center.

***O.H. Gets Wheelchair Modifications, Hoyer Lift, Bath Chair, and Other Services from the Regional Center.***

O.H. is a young man who is from a low-income, undocumented, monolingual Spanish-speaking family. O.H. is unable to speak, uses a wheelchair, and is entirely dependent on his family for his daily needs. Aside from emergency Medi-Cal services and regional center services, O.H. is not eligible for many other public services.

O.H.'s mother called OCRA for help in getting various services which the regional center had delayed funding for many months. O.H. needed a new wheelchair, a Hoyer Lift, a bath chair, a communication device, additional respite, and additional diapers and cans of Ensure. O.H.'s mother had spent months trying to get the regional center to pay for these services. The regional center had delayed funding for many months claiming, O.H.'s



family should pay for some of the services or should try to get a “generic resource” to pay for them.

OCRA represented O.H. at several IPP meetings. OCRA helped O.H. get written denials from other generic agencies to give to the regional center along with all needed doctors’ orders for the services he was requesting. O.H. was then assigned a new service coordinator.

The regional center agreed to pay for all necessary wheelchair modifications, to increase the amount of respite and number of cans of Ensure, to purchase a Hoyer lift and bath chair, and to pay for an Assistive Technology assessment. O.H. and his mother have now learned that the regional center should respond to their requests for services in a timely manner. O.H.’s IPP meetings are now more productive and his mother is more confident and capable of advocating for her son. Lupe Moriel, Assistant CRA, Regional Center of Orange County.

### **Respite Hours Restored Following OCRA Intervention.**

S.M. has a seizure disorder and Rhet Syndrome. During the last year, her condition has become considerably worse. She is now in a wheelchair and her seizures are not well controlled. S.M. has not been served by the school district for over a year. Her mother received a Notice of Action (NOA) stating that her respite hours were being terminated by the regional center.

The NOA stated that respite was being terminated because the IPP had not been completed. S.M.’s mother stated that the regional center had postponed the IPP. The regional center reduced the respite hours from 70 to 40 hours per month. The regional center failed to send a NOA about this reduction.

OCRA filed for an administrative hearing and attended an informal hearing. At the informal, OCRA pointed out that the regional center had failed to send the original NOA on the reduction in respite hours. The regional center agreed that there was inadequate notice and that it was not the fault of the mother. The regional center agreed to reinstate the 70 hours until the next IPP and to provide additional hours as compensation for those hours that had been lost. Katy Lusson, CRA, Golden Gate Regional Center.

**OCRA Advocates for Emergency Respite.**

C.G. has been diagnosed with a severe neuropsychological disorder, mental retardation with low IQ, and adaptive delays. C.G. lives with her parents and her 12-year-old brother. Both C.G. and her brother are being home schooled by her mother, who has a Masters Degree in Linguistics and experience as a high school and college teacher. In January, C.G.'s Mother contacted OCRA to ask for advocacy assistance regarding a denial by the regional center of 34 hours of emergency respite a month. Mother explained that C.G. was given a Depo-Provera shot in November and that she began experiencing an increase in behavioral symptoms as a side affect of this shot. According to C.M.'s doctor, it could take up to 9 months for the medication to leave C.M.'s system.

The mother explained that since C.M. was given the shot of Depo-Provera, her behavior had been extremely difficult to handle. She was becoming suddenly angry and demanding, having toileting accidents, inattention with dressing, and poor eating habits. C.M.'s family was becoming exhausted with the 24-hour a day level of supervision that was required to prevent self-injurious behavior.

Following the denial for emergency respite, the regional center sent out its psychologist to assess C.G. in her home. The psychologist assessed the situation and inferred that the family was neglectful and that C.M. was truant from school. OCRA had an independent neuropsychological evaluation performed. It was determined that no allegations of abuse or truancy could be substantiated.

Prior to hearing on March 24, 2003, the regional center submitted proposed settlement terms to which the parents agreed. The regional center agreed to provide an additional 34 hours per month of emergency respite to what the mother had received, a total of 16 hours per month of behavioral analysis and intervention, and to reimburse the family for the cost of the 54 hours of respite that were not provided during the month of February. Marvin Velastegui, CRA, Gloria Torres, Assistant CRA, San Andreas Regional Center, Gail Gresham, Supervising CRA.

**M.S. Moves into the Community to Share an Apartment with Her Elderly Mother.**

M.S. is a 52-year-old woman who has been living in a Skilled Nursing Facility (SNF). M.S. needs 24-hour non-nursing support and is dependent on assistance with all her activities of daily living. Her speech is difficult to understand.

Prior to entering a SNF, M.S. lived independently in supported living for approximately 4 years. She had a HUD voucher and was on the Home and Community Based Waiver. She eventually became her own SLS vendor. She used a payroll service that reported “financial abuse” to the regional center. Her staff took advantage of M.S. by padding their timesheets, misappropriating her personal funds and other types of financial abuse. Because of their concerns for her safety, the regional center decided she could no longer be a vendor and sent an ambulance to her door and moved M.S. to a SNF. At first, M.S. objected but was told she had no choice. She lost her HUD voucher and waiver.

M.S. never adjusted to living in a SNF. She attempted to attend junior college courses but her schedule was not accommodated by the SNF. Over time, M.S. was diagnosed with depression. Finally, in January, 2002, M.S.’s elderly mother moved back to the Whittier area to be closer to M.S. They decided to be roommates and signed a lease for a two-bedroom apartment. They attended numerous IPP meetings and believed they would be moving together in June, 2002. In the final hour, the regional center nurse conducted an assessment that stated M.S. needed 24 hours of nursing care.

The regional center relied on this assessment and the Supported Living Regulations to deny M.S. the supports and services she needed to move into a shared-roommate situation with her elderly mother. The regional center claimed that since M.S. required 24 hours of attendant care, that amounted to supported living. Under California regulations, SLS is prohibited when a consumer is living in a *parent’s* home. RCOC refused to consider creating a package of various services, in conjunction with IHSS, to meet the client’s need.

M.S. never viewed her chosen living arrangement as moving into her mother’s home. In fact, knowing that M.S. could not provide the physical support that many adult children provide to their elderly parents in their

twilight years, she wanted to share an apartment to provide the emotional support to her mother.

OCRA filed for fair hearing on behalf of M.S. After an independent nursing assessment and two informal hearings, M.S. and the regional center negotiated a settlement to provide 24 hours of support to M.S. to enable her to move into an apartment with her mother, her preferred living arrangement in the community. Jennifer Bainbridge, Interim CRA, Regional Center of Orange County.

## **SPECIAL EDUCATION**

### ***Regional Center and School District Work Together to Provide a Comprehensive Program.***

N.G. is a 20-year-old student with multiple diagnosis including traumatic brain injury and autism. She has attended a Special Day Class (SDC) in a special education school for several years. This was not a program designed for students with autism. N.G. would periodically have serious behavior challenges at school. These occurred only when she was alone with the aides assigned to her class. She would become loud and aggressive. These incidents would ultimately lead to her being placed in a prone restraint.

Advocacy assistance from OCRA was requested. OCRA attended all meetings and assisted the parents in negotiating with the district. As a result, the IEP team agreed that N.G. would not be left alone with the classroom aides, the district would develop a Behavior Support Plan as soon as possible, and the aides would receive training about autism.

One month after this agreement, N.G. was left alone with the aides. She was restrained and her elbow was broken at the joint. Surgery was required. The school psychologist had not begun the behavior assessment needed to prepare the Behavior Support Plan and the aides had not been trained. OCRA advocated for the district to provide a comprehensive home program, an independent autism consultant to evaluate her school program, and reimbursement for the costs of her injury.

N.G. now has a full-day program provided by the school district and the regional center. Her day includes Workability, independent living and social training, as well as academics provided by her SDC teacher.  
Kay Spencer, Assistant CRA, Central Valley Regional Center.

**Student Receives Needed Speech and Occupational Therapy.**

J.G. is three-years, eight-months old and has Cru-di-chat Syndrome. LAUSD terminated all occupational therapy (OT) and limited speech therapy to 30 minutes per month when J.G. turned three-years old. OCRA agreed to represent J.G.'s parents at mediation and hearing.

OCRA researched specialists and scheduled evaluations of J.G.'s needs for OT and speech therapy. OCRA consulted with the specialists and prepared arguments for therapy involving a sensory-integration approach.

At mediation, LAUSD agreed to provide one hour per week of center-based OT and 30 minutes per week of school-based OT. The district also agreed to provide one hour per week of clinical speech and 30 minutes a week of classroom speech therapy. In addition, the district agreed to provide one hour per month of collaboration between the clinician and the teacher to identify speech development and help establish optimal picture support enhancement. Tim Poe, CRA, North Los Angeles County Regional Center, Katie Casada, CRA, Harbor Regional Center.

**School District Stops Suspending Student.**

S.H. is a ten year old attending Round Valley Elementary School. When his teacher was not in the classroom with him, the substitute and aides were often unable to work with him. When that occurred, they would call his parents and ask to have him taken home. The parents were concerned that the school was simply avoiding dealing with S.H. and asked OCRA for assistance. The parents wanted the school to develop a behavioral plan that would allow him to remain in school. At the IEP meeting, the CRA explained to the school administration that each time S.H. was sent home, it was effectively a suspension and they could only suspend S.H. for a total of ten days during the school year. The District agreed to develop a behavior plan with the assistance of the parents and eliminate the practice of sending S.H. home. Frank Broadhead, CRA, Redwood Coast Regional Center.

**School Convinced to Convene IEP to Serve Child and to Make Educational Program Decisions.**

I.P. is a 5-year-old consumer whose grandmother/guardian contacted OCRA because the elementary school in whose district the grandchild and grandmother resided had ignored her requests for education services and an IEP meeting to discuss such services. OCRA submitted an IEP request on the child's behalf. At the IEP, options for placement and program were discussed and the school district made a commitment to reach a decision and notify the guardian within one week.

At the end of one week, the school failed to identify any educational program or services for the consumer until fall 2003, at which time I.P. would be old enough to enroll in public kindergarten.

Another IEP meeting was requested on behalf of the guardian in a letter confirming the school's position. The letter was copied to the local SELPA (Special Education Local Planning Area) director. OCRA contacted the SELPA office which encouraged the school to convene another IEP team meeting immediately.

At the urging of OCRA, SELPA and the Regional Center service coordinator, the school then found it possible to enroll I.P. in the public preschool, provide needed behavioral support, develop a plan for increasing length of daily attendance time, and conduct assessments for speech and other needed services. Doug Harris, Associate CRA, Redwood Coast Regional Center.

**OCRA Advocates for Discreet Trial Training and Behavioral Support in the Home.**

V. and V. are three-year-old identical twins diagnosed with Autism. They are in a special day class and attend an afternoon program at Easter Seals. Mother had requested and received a behavioral assessment which recommended Discreet Trial Training (DTT). Mother requested the presence of OCRA at the IEP to advocate for DTT.

At the IEP, the school district reported that both twins were doing well in their program although more help was needed. Mother said that they were also progressing well at Easter Seals, however, they continued to exhibit

certain behaviors which required more direct intervention than was currently available. The school district agreed to provide an additional aide immediately.

Mother then requested DTT. She realized that she would have to completely change the twin's schedule to fit in the DTT and that she would also have to work part-time in order to have the twins at home for the DTT. Given the need for this additional support, OCRA also successfully advocated for additional hours of DTT through the regional center. Katy Lusson, CRA, Golden Gate Regional Center.

### **Significant Number of Related Services Obtained Due to OCRA Advocacy.**

A.A. is a young girl with a cognitive disability and a seizure disorder. Her parents, who are monolingual-Spanish speakers, contacted OCRA for help to obtain physical and occupational therapy services from the school district. The district had failed to respond to the parents' written requests for assessments over a period of 8 months. The school had told A.A.'s parents that physical therapy services were not offered through the IEP process in their school district.

OCRA began advocacy efforts for A.A. OCRA provided the school district with copies of the applicable laws and obtained school district agreement to assess A.A.'s OT and PT needs and to have an IEP meeting to discuss frequency and duration of services. When the school district did not comply with the timelines in this agreement, OCRA successfully advocated for A.A. at four IEP meetings and obtained substantial OT and PT services, an augmentative communication program, and a significant increase in speech and language services. OCRA and A.A.'s parents were pleased that the school district committed to providing such substantial services on an ongoing basis. Celeste Palmer, Assistant CRA, Regional Center of the East Bay.

### **Unjust Denial of Education Revoked.**

F.F.'s parents do not speak English and have had a very difficult time navigating through the special education system. They requested copies of F.F.'s IEPs and various reports in Spanish and never received them. They

asked for a Behavioral Assessment and OT Assessment in writing a year ago and the evaluations had never even been started.

F.F. has autism and is in a regular education class with twenty other students. There was only one teacher in this class, no aides, and no assistants. The teacher felt unsupported and under-equipped to deal with his needs. F.F. was not meeting his IEP goals. The school administration drafted a contract in English saying that F.F.'s parents would take him home three hours early every day because his behavior disrupted the class. The contract was never provided in Spanish, and no other attempts at behavior intervention were made.

OCRA attended the IEP with the parents. The school immediately revoked the contract and F.F. attended a full day of classes with a one-to-one bilingual educational aide that very afternoon. The OT Assessment and Behavioral Assessment were completed within one week and both services were implemented. F.F. was given a full time one-to-one aide so that he can meet his goals, the teacher is supported, and he can remain in a regular classroom. F.F. was given two-and-a-half months of compensatory education, and all documents, current and old, were provided in Spanish. Nasha Spall-Martinez, Interim CRA, San Diego Regional Center.

## **TRANSPORTATION**

### **OCRA Advocates Overturn Paratransit Suspension.**

S.A. is a 12-year-old boy with a diagnosis of mental retardation and a chromosome deficiency. S.A. was being driven to his day care provider by the paratransit program every day. S.A. was being picked up at his school in one of the paratransit's taxis. No incidents were reported for the first three months. Then in December, 2002, S.A. was suspended from the transportation program for unbuckling his seat belt and attempting to get out of the car. S.A.'s mother immediately filed an appeal and asked for assistance from OCRA at the hearing.

OCRA found that S.A. was being transported without any incidents when the car doors were locked. The mother informed OCRA that this is standard procedure for S.A. when he rides in the family car. S.A. automatically puts on his seat belt and locks the car door. In December, a new taxi driver tried



to transport S.A. with the taxi doors unlocked. The taxi driver maintained that it was the paratransit's policy to keep the doors unlocked because other clients were fearful of being trapped in the car.

OCRA provided direct representation at the suspension hearing with S.A. and his mother. OCRA successfully argued that the suspension occurred in violation of the paratransit's own written policy on the proper procedures that would be followed before a suspension occurs. OCRA prevailed at hearing. S.A. was reinstated to the paratransit program. Marvin Velastegui, CRA, Gloria Torres, Assistant CRA, San Andreas Regional Center.

## **TRAININGS**

### ***Training to the Japanese Speaking Parents Association of Children with Challenges.***

OCRA presented a training on Regional Center Services and Special Education IEPs to the Japanese Speaking Parents Association of Children with Challenges (JSPACC). The training was held at the Little Tokyo Service Center in Little Tokyo. An interpreter was provided and children attended with their parents.

The parents shared stories of being told that no interpreters were available for them or that documents could not be translated. The parents were not informed of their rights and how to effectively advocate. The training provided both specific techniques for securing services and a broad understanding of the different delivery systems. This training also provided an opportunity for the parents to become familiar with the services that OCRA provides. Katie Casada Hornberger, CRA, Harbor Regional Center.

### ***Autism Support Group Training.***

On March 21, 2003, the new CRA, Eulalio Castellanos, for consumers of Kern Regional Center, conducted a special education training in Spanish for Spanish-speaking parents of children with autism at H.E.A.R.T.S. Connection Family Resource Center in Bakersfield. The training also included information about the services provided by OCRA and Spanish language brochures were distributed to the parents. These parents were very

happy to discover that OCRA now has a Spanish-speaking attorney at KRC, and they are spreading the word to their friends. Within days of the training, the KRC OCRA office had three new intakes from Spanish speakers, and anticipates many more. Eulalio Castellanos, CRA, Kern Regional Center.

**People First Training.**

On March 13, 2003, OCRA conducted a Spanish language outreach event at a meeting of the People First chapter in Delano. Attendees received information about the services provided by OCRA and Spanish language OCRA brochures. There was also a question and answer session regarding clients' rights. OCRA was well-received and was invited to return. OCRA looks forward to receiving calls and referrals from this group as clients' rights issues arise. Eulalio Castellanos, CRA, Kern Regional Center.

**Training for Case Managers on Social Security Disability Benefits.**

During a recent training, regional center service coordinators were taught proactive steps they can take to assure consumers are aware of ways to prevent unnecessary termination of public benefits, as well as how to help families understand their rights and appeal process timelines. Topics covered included income limitations, resource limitations, reporting requirements, overpayments, appeal procedures, and representative payee responsibilities. Tim Poe, CRA, North Los Angeles County Regional Center.

**OFFICE OF CLIENTS' RIGHTS ADVOCACY  
ANNUAL REPORT  
(July 1, 2002 – June 30, 2003)**

**DENIAL OF CLIENTS' RIGHTS**

<b>Regional Center</b>	<b>Good Cause</b>	<b>Right(s) Denied</b>	<b>Date Denial Began</b>	<b>Date of Review</b>	<b>Date of Restoration</b>
ACRC504956	T	D	3-18-03	4-18-03	
DR0032	I	C	1-29-02	9-29-02	Continued
DR0032	I	C	1-29-02	2-19-03	2-19-03
FNRC001	I	P	11-18-02	3-18-03	Upon reissuance of her California Drivers License
RCRC92-015	I	P	4-16-92	7-11-02	Continued
RCRC92-015	I	P	4-16-92	8-08-02	Continued
RCRC92-015	I	P	4-16-92	9-12-02	Continued
RCRC92-015	I	P	4-16-92	12-20-02	Continued
RCRC92-015	I	P	4-16-92		TBA
RCRC136552	I	P	3-18-03	4-30-03	TBA

**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.

**OCRA Attorney's Fees  
Fiscal Year  
July 1, 2002 – June 30, 2003**

Date:	From:	Subject:	Case #:	Amount:
August 2002	Los Angeles Unified School District	Special Education	28118	\$1,063.50
October 2002	San Francisco Unified School District	Special Education	30934	\$60,000.00
November 2002	Kern Federal Credit Union – S. Haddad	Special Education	28951	\$8,098.75
December 2002	Ventura Superintendence County of Schools	Special Education	29008	\$2,950.00
April, 2003	Inyo County Superintendent of Schools	Special Education	32047	\$15,000.00
	Total For FY 2003			<u>\$87,112.25</u>

OFFICE OF CLIENTS' RIGHTS ADVOCACY  
ANNUAL REPORT  
JULY 1, 2002 - JUNE 30, 2003

CONSUMER GRIEVANCES WITH CONTRACTOR

DATE OF RESOLUTION LETTER	COMPLAINT (INITIALS)	NATURE OF COMPLAINT	STATUS	OUTCOME
5/16/02	L.T.	Allegations of conspiring with RC staff to deny consumer's rights	Completed	Upheld staff actions
8/11/02	M.B.	Failure to represent in RC eligibility hearing	Completed	Staff to handle hearing
9/20/02	R.A.	Failure to represent in RC matter	Completed	Upheld staff actions
10/21/02	S.L.	Failure to represent in RC eligibility hearing	Completed	Staff to handle hearing; Complainant dissatisfied with offer & refused
11/13/02	M.S.	Failure to represent in RC eligibility hearing	Completed	Staff to further investigate merits
12/4/02	M.K.	Failure to represent in 4731 Complaint	Completed	Upheld staff actions
1/7/03	D.H.	Failure to return phone calls; Failure to represent in RC matter without discussing with the consumer; Failure to represent in RC matter	Completed	Upheld staff actions
2/24/03	N.B.	Failure to represent in RC matter	Completed	Upheld staff actions
3/13/03	S.A.	Failure to represent in Unlawful Detainer	Completed	Upheld staff actions