

OCRA ANNUAL REPORT
(July 1, 2024 – June 30, 2025)
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I. INTRODUCTION

Disability Rights California provides statewide clients' rights advocacy services for regional center clients, under a contract with the Department of Developmental Services (DDS), through the Office of Clients' Rights Advocacy (OCRA). This annual report covers the period from July 1, 2024, through June 30, 2025, which was the first year of a three-year contract starting July 1, 2024.

During the past year, OCRA resolved 10,475 issues for 6,406 clients. This is an increase from last year in clients served (6,352 last year) and a slight decrease in issues handled (10,553 last year). OCRA's staff providing direct advocacy services work at least 2 days per week in offices located convenient to regional centers. Some advocates work from offices more than 2 days per week. Whether staff are working in offices or working remotely, they are accessible to regional center clients during regular business hours and for activities in the evenings and on weekends.

OCRA held 458 trainings during the past year, reaching about 16,607 people, which is an increase from the previous year (422 trainings reaching 15,464 people). OCRA's staff conduct trainings and outreach events with supervisor oversight. We are pleased to have connected with more people served by regional centers this year, both through outreach and case handling. See section II.A.4 for more details on community engagement.

OCRA runs offices throughout the state staffed by at least one Clients' Rights Advocate (CRA) and one Assistant or Associate Clients' Rights Advocate (ACRA). Staff are physically and virtually available to clients during business hours and as needed after hours. Staff connect with clients, regional centers, and stakeholders to understand the needs of the local community. OCRA also employs Statewide CRAs and ACRAs who "float" to serve clients in offices with higher caseloads or vacancies, and to handle community integration work for clients living in restrictive settings.

During this review period, OCRA offered an existing employee the role of Lead Intake Assistant to join the existing two. Intake Assistants are bilingual in English and Spanish. They answer the phone for 8 of 21 OCRA offices around the state, generally offices with higher caseloads. This increases the number of callers who speak directly with someone when they contact OCRA. They also complete a "pre-intake," gathering basic information about a client to open a case. Pre-intakes free up the CRA and ACRA to do more substantive work on cases and less data entry.

During this review period, OCRA hired a new attorney who will focus on administrative hearings. They represent clients in hearings – primarily Social Security, Medi-Cal, regional center, and IHSS. They also provide technical assistance and create resources for all OCRA staff.

All OCRA offices operate under the same core advocacy principles and standards. Staff in each office remain flexible to meet the needs of the local regional center's clients. Some hold office hours inside regional center offices to be accessible to clients and regional center staff at those locations. Others travel to meet with clients, family members, or groups in remote locations. OCRA staff listen and learn about the needs of regional center client communities and strive to meet those unique needs.

One way that OCRA meets the diverse needs of regional center clients is by hiring diverse staff. Many speak languages other than English, such as Spanish, Korean, French, Farsi, Arabic, and some use American Sign Language. All OCRA staff receive training in respecting cultural and language preferences when analyzing what a client needs and providing services. Disability Rights California is one of 10 legal employers in the state to be recognized by the State Bar of California with a Gold Seal for our efforts to champion and model diversity, equity, and inclusion as an employer.

About 25 percent of OCRA's staff identify as people with disabilities, including people served by the regional centers, and many more are family members of people with disabilities. Lived experience with disability is an important part of providing excellent, empathetic service.

During this review period, OCRA formed the PULSE Unit to work with people who are conserved by DDS. PULSE stands for Peers Understanding, Listening, Supporting, and Educating. PULSE has a Unit Manager who started work during this period and will add more positions soon. The positions are funded by a separate contract, but the staff work within the OCRA unit. PULSE staff will be engaging with regional center conservatorship liaisons.

See Exhibit A for a list of staff and office locations as of June 30, 2025.

II. PERFORMANCE OUTCOMES

The clients' rights advocacy contract requires performance objectives established in Exhibit A, Paragraph M. Each of the required outcomes is discussed in the following Sections A through F.

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

OCRA's tradition of serving people with developmental disabilities continues as we handled 10,475 issues for regional center clients during the past fiscal year. OCRA served more clients than last year. The statistics, in Exhibit B and discussed below, show the many issues and cases handled by OCRA staff. The advocacy report, attached as Exhibit C, covers January through June 2025, and tells the stories and impact of individual cases or outreach events.

1) Advocacy Reports

While reports show data and numbers, OCRA's stories show how staff work with clients toward the outcome. OCRA staff write summaries of cases or training events that demonstrate a good outcome, explain the law, or teach a lesson. In an effort toward brevity, the stories in this report are just a sampling of the cases OCRA handled. A longer Advocacy Report is available upon request.

OCRA summarized cases for the first half of the fiscal year in the Semi-Annual Advocacy Report, which OCRA submitted to DDS previously. The summaries from January 2025 through June 2025 are Exhibit C. The report uses fictional first names to improve readability while maintaining confidentiality.

Advocacy stories show the extraordinary value and diversity of OCRA's work. Many cases reflect resolution of systemic problems through direct representation, involvement on committees, or the effective relationships OCRA has with regional centers and other agencies. The varied cases are typically in response to the calls the office receives from a client or someone calling on behalf of a client, including regional center staff.

OCRA staff provide direct representation in a range of problem areas like public benefits, health care, personal autonomy, housing, regional center services, community placement, employment, and special education.

Here are 3 stories about regional center advocacy not in the Advocacy Report. These are typical of the direct services OCRA provides each day.

Sam Is Able to File a Complaint with the Regional Center.

Sam is an adult who is Deaf and Blind and communicates with ASL. She does not read or write. Sam had complaints about services from her regional

center including wanting a new service coordinator, getting access to her IPP digitally, and getting full-time staffing from her providers. Sam contacted OCRA for help with filing a complaint. Sam could not file one herself because she did not have enough staffing to help with translation. OCRA has staff fluent in ASL. An OCRA staff member visited Sam in person to communicate with her using ASL. OCRA translated everything Sam communicated in ASL to the written complaint. The OCRA staff member helped Sam sign the complaint and mail it to the regional center. Sam exercised her right to file a complaint and voiced her concerns despite communication barriers.

Sebastian Gets His Preferred ILS Company.

Sebastian's mother contacted OCRA when the regional center would not pay for Sebastian's preferred Independent Living Skills (ILS) provider because they were not a vendor. OCRA recommended Sebastian's mother ask the regional center to pay for the preferred provider through Participant-Directed Services, which does not require the ILS provider to be a vendor. OCRA also advised what service code to use. The regional center agreed to pay for Sebastian's preferred provider.

Clients Get Funding for Dirt Bike Riding Lessons in Their Self-Determination Program Budgets.

Brittany and Abby are adults with intellectual disabilities. Brittany and Abby's parents contacted OCRA because the regional center would not fund dirt bike riding lessons as a social recreation service in their self-determination program budgets. The regional center said they can deny activities that are "inherently dangerous" without reviewing requests case-by-case. A family member runs a dirt bike training program and provides lessons to other regional center clients. Brittany and Abby's parents referred their teammate Susie to OCRA when she was also denied dirt bike riding lessons as a social recreation service. OCRA agreed to directly represent Brittany at her fair hearing because her appeal was first. The judge decided that the regional center must review all social recreation activity requests case-by-case. The judge ruled that the regional center cannot deny a service outright because in their opinion, the activity is "inherently dangerous." The judge also decided that this dirt bike riding company took many safety precautions, so it was not inherently dangerous. Based on this decision, the regional center settled Abby and Susie's cases and agreed to fund dirt bike riding lessons in their self-determination budgets also. The families, but especially the clients, were pleased with this decision because it guaranteed that their choices for social recreation services would be respected in the future.

2)Analysis of Clients Served

OCRA handled 10,475 cases from July 1, 2024, through June 30, 2025. Exhibit B has the data reports for the fiscal year.

The data has been compiled by:

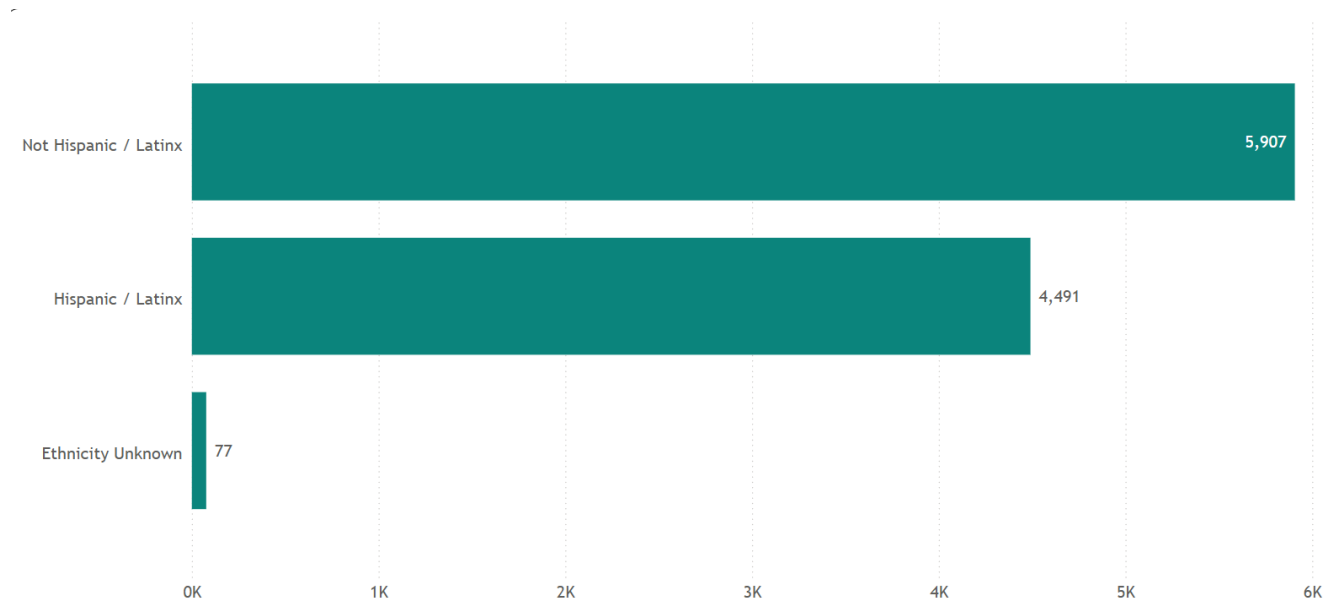
1. Age
2. County
3. Disability
4. Ethnicity
5. Race
6. Language
7. Gender
8. Gender Identity
9. Pronoun
10. Living Arrangement
11. Type of Problem (Problem Codes)
12. Service Type
13. Reason for Closing (Information and Referral service requests)
14. Representation in Appeal Process

When looking at who OCRA serves, we compare OCRA client statistics statewide to regional center client statistics statewide. For this section, we used the DDS Comprehensive Dashboard for December 2024 (the middle of this review period) for DDS data.

By age, the largest percentage of cases OCRA handled were for clients aged 3 through 21, at 60.84 percent of cases. This means parents or caregivers of children with intellectual and developmental disabilities are the most frequent callers to OCRA. For comparison, 51.16 percent of regional center clients are aged 3 through 21, according to the Dashboard. Two percent of OCRA cases were for clients are aged 0 through 2. These Early Start clients are about 12.9 percent of the regional center population. OCRA serves fewer Early Start clients because their parents are just getting into the developmental services system, and the regional center is meeting most of their needs. They may not have tried accessing as many generic services as older children, so experience fewer denials.

Statistics on the ethnicity of clients served for the year show OCRA's continuing commitment and success in reaching traditionally underserved communities. For example, 42.86 percent of OCRA cases were for clients who identified as Hispanic/Latino. This is slightly higher than the 42.2 percent of regional center clients identified as Hispanic/Latino. If a caller

declines to state their ethnicity, they are still included in overall numbers of clients but not included in either ethnicity count. They are shown as, “Ethnicity Unknown.”



The chart above shows the number of OCRA cases handled for each ethnicity.

African American and Asian client data is under the report for “race” in this annual report. 9.82 percent of OCRA’s cases were for clients who identify as African American. This is higher than the 8.33 percent of African American regional center clients. 9.5 percent of OCRA’s cases were for clients who identify as Asian. This is higher than the 8.9 percent of Asian regional center clients. OCRA is pleased to have surpassed parity with the Asian and African American communities in terms of statewide populations.

Some callers do not want to state their race. If a caller declines to state, they are still included in overall case counts, but not included in any specific race count. OCRA also has an option for clients to identify as “two or more races,” which would capture no specific race in cases for those clients.

For cases where gender is recorded, OCRA has traditionally served more males than females, with 67.3 percent of the clients served being male and 32.3 percent being female in this reporting period. Regional centers also serve more males than females. In the past, OCRA’s gender percentages have aligned with regional center percentages statewide. The Dashboard does not show data for gender. OCRA also captures data for gender

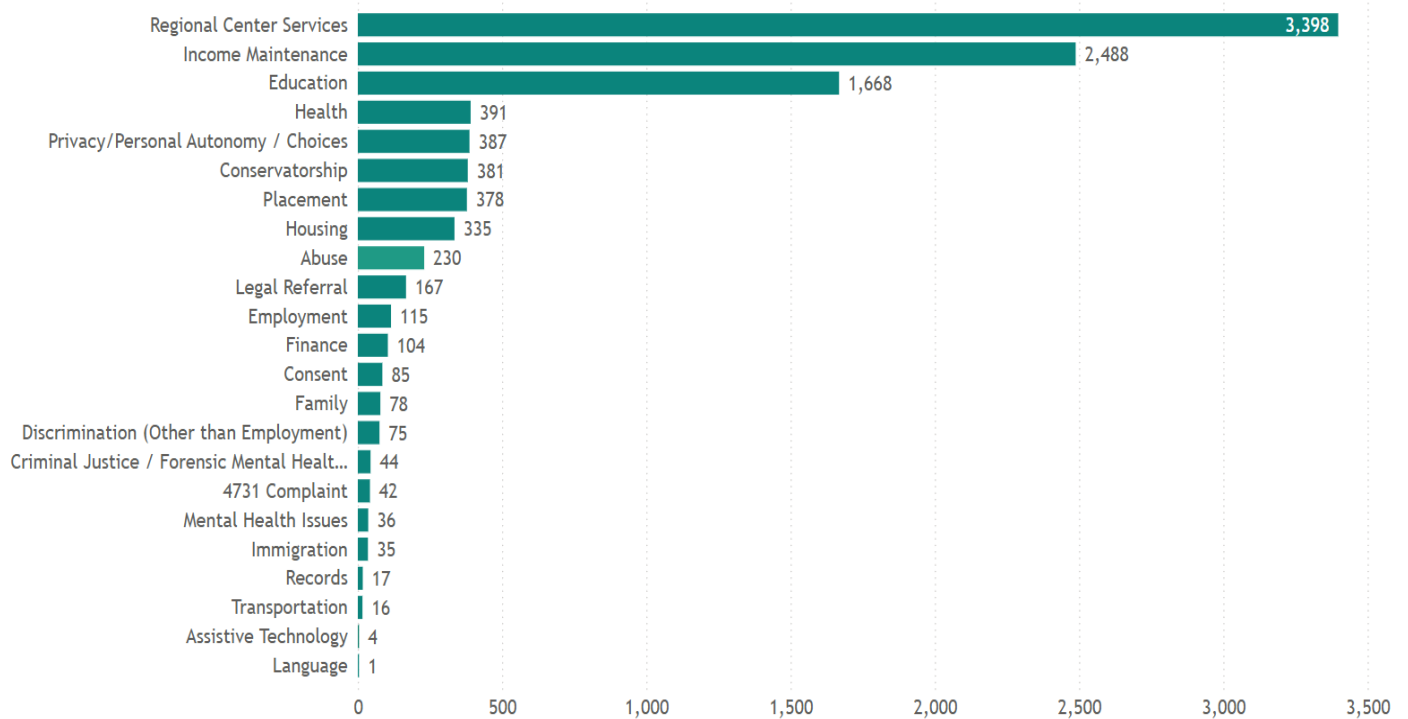
identity and found that people who identify as nonconforming/non-binary are less than 1 percent of callers.

The percentage of clients living in the parental or other family home remains by far the largest number of service requests for clients served by OCRA, with 6,610 service requests showing clients living in the family home, or 63 percent of cases OCRA handled. The next largest group served is those living independently, with 1,136 service requests or 10.8 percent with this living arrangement. Almost every OCRA office had a case for an unhoused client. During this period, OCRA had 64 service requests where the client was unhoused. We hear from clients and family members that living arrangements are a top concern for them.

OCRA's case management database categorizes service requests by issue. Issues are labeled by a problem area and a subproblem area. OCRA's largest problem area is Regional Center Services. This can be anything from regional center eligibility cases, to disputes over services, to problems with case management. This area is 32.4 percent of OCRA's cases. The next largest is Income Maintenance, at 23.8 percent. These cases involve IHSS, Social Security, or other income programs. The third largest is Education, which involves cases for a range of different special education issues, at about 16 percent. These top 3 problem areas are the same as the last annual reporting period, with more regional center problems this time.

OCRA handled between 1 and 391 cases for the remaining problem areas. These include Placement, Health, Conservatorship, Employment, and Housing, among others.

The chart below shows the number of OCRA cases handled for each problem area.



OCRA collects data about why staff closed a case at the lowest level of help. The lowest level is called “Information and Referral.” OCRA staff select from 13 possible reasons for closing the case. During this period, staff closed 4,899 cases at this level. The largest percentage of these cases, 40 percent, were closed because the caller asked only for information, referral, or a publication. The next highest, at 18.4 percent, were closed because the issue was not OCRA-eligible. This could be family law, criminal law, setting up a special needs trust, personal injury, or another type of case OCRA does not handle. The remaining reasons for closing these Information and Referral cases are a lower percentage and are shown in the report.

OCRA and other units of DRC use a sub-problem code, “Appeal Process” when staff directly represent a client in any stage of a regional center appeal – informal meeting, mediation, or hearing. This does not include service requests where staff give information, advice, or technical assistance to someone representing themselves or someone else in a regional center appeal. OCRA as a unit represented a client in an appeal in 31 cases during this review period. This is an increase from 18 during the previous annual review period. All other units at DRC, not including OCRA, represented a client during an appeal in 8 cases.

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

The law requires regional centers to tell OCRA about people who live in restrictive settings and people whose community placements are at risk of failing. This includes people who live in, or are at risk of going into, Porterville Developmental Center, Canyon Springs, an Institution for Mental Disease, and state-operated Stabilization Training Assistance Reintegration (STAR) homes.

Regional centers must send OCRA comprehensive assessments and meeting notifications for clients in these restrictive settings, and clients living in Enhanced Behavioral Support Homes (EBSHs) and Community Crisis Homes (CCHs). Providers of EBSHs and CCHs must invite OCRA to Individual Behavior Support Team (IBST) meetings, and staff attend as many as possible with available resources.

Representation often takes considerable time and many activities. These include speaking with the client about their wishes, reviewing records, attending a variety of meetings, negotiating through phone calls, drafting and filing documents for court, speaking with the client's public defender, service coordinator, family members, or home administrators about possible living arrangements and services, and attending discharge planning meetings and court dates, all to advocate for movement back to the community or for more services to stay in the community.

During this review period, OCRA staff took on 1,040 cases for people who live in Enhanced Behavioral Supports Homes and 359 cases for people who live in Community Crisis Homes. More homes are opening and sending IBSPs to OCRA staff as required by the law. OCRA staff review IBSPs and attend IBST meetings for clients as resources allow and as needed by the client's issue. OCRA staff handled 89 cases for people who live in Porterville Developmental Center or Canyon Springs Community Facility. OCRA also helped in 57 cases where the client was in a STAR home for treatment. OCRA handled 38 cases for people in IMDs.

Disability Rights California recently released a report on conditions inside one IMD – College Hospital in Southern California. OCRA would like to contact regional center clients in IMDs to ask if they want help moving back into the community, but regional centers do not always notify OCRA when a client is placed into an IMD.

4)Outreach and Training

Outreach and training serve two important purposes: 1) telling people about the availability of OCRA services and 2) educating people about the law and their rights. OCRA targets underserved communities and strives to reach people who have never called OCRA for help. OCRA trains on many issues to many people – clients, family members, regional center staff and vendors, and community members. Training topics include clients’ rights, abuse and neglect issues, IHSS, Medi-Cal, regional center issues, special education, voting rights, SSI, rights in the community, alternatives to conservatorship, and self-determination.

During the last fiscal year, OCRA presented 458 outreach trainings, compared to 422 the year before. These trainings reached about 16,607 clients, families, service providers, regional center staff, and community members. This is a significant increase from 15,464 the year before. OCRA has continued to hold trainings and events virtually and in person.

OCRA creates and presents new trainings for the disability community in English, Spanish, and other languages. OCRA provides information to ethnic- and language-diverse communities by using publications from the DRC website during outreach events. DRC translates all new self-help publications posted online into the California threshold languages. Participants have commented that it was nice to have guidance and materials in their language.

OCRA staff create an outreach plan for each year. Local offices decide which groups to target for outreach, training, and collaboration, based on community need and feedback. Target outreach is designed to reach people from traditionally underserved communities. Each office does target outreach plus at least two self-advocacy outreach events each year. Exhibit D is a detailed report on outreach and training for this review period.

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

From July 1, 2024, through June 30, 2025, OCRA resolved 10,475 issues for clients. Of those, all but 23 were resolved informally. This means OCRA staff handled 23 hearing-level cases but handled or resolved all others at a lower level. These numbers are consistent with previous years, in that 99 percent of all matters OCRA handled were resolved without resort to hearings or the court. Data showing this is in Report by Service Request Type in Exhibit B.

OCRA has also set up informal resolution systems with regional center staff. When a client has an issue with their case management, their services, or another regional center problem, OCRA staff can call or email a designated person at the regional center to resolve the issue. This is also true for generic resources in some areas. For example, OCRA staff in several areas have contacts at the Social Security Administration who can help resolve problems.

C. Collaborative and harmonious working relationships are fostered.

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

- Behavioral Modification Review Committees
- Bioethics Committees
- Client Advisory Committees
- Disparity Task Force Meetings
- ECT Review Committees
- Human Rights Committee
- Regional Center Diversity Committees
- Regional Center START Advisory Council
- Regional Resource Development Project – Regional Center (RRDP-RC) Liaison Meetings
- Risk Management/Assessment Plan (RMAP) Committees
- Self-Determination Program Local Advisory Committees

Some examples of collaboration with stakeholder and community groups include OCRA staff participating in:

- Access Paratransit Consumer Advisory Committee (CAC)
- Access Paratransit Operations Subcommittee
- Adult Transition Task Force
- Butte County Coordinating Council (BCCC)
- Butte County Hispanic Resource Council
- California Health and Human Services Master Plan Workgroups
- California Statewide Alliance Team
- California Welfare Advocates
- Choices Conference Planning Committee
- Colaboracion Latina – UC Davis MIND Institute Resource Center
- County/Advocate meetings about benefits, services, and appeals
- Criminal Justice Task Force

- DS Taskforce and Implementation Workgroups (and many other DDS Focus Groups and Workgroups)
- El Arc de California
- Healthcare Task Force
- Health & Wellness Committee-Forensic Task Force
- IHSS Statewide Advocates' Meetings
- LA County Dependency Court Education Committee
- Multi-Agency Advisory Board (MAAB)
- North Coast Special Education Task Force
- People with Disabilities and Aging Advisory Council (PWDAAC)
- Self-Advocacy Board of Los Angeles County (SABLAC)
- SABLAC & SCDD Self-Advocacy Joint Projects
- SCDD Self-Advocacy Special Education Training
- SCDD Self-Advocacy Training
- SCDD Self-Advocacy Friendly check in
- SSI Statewide Advocates' Meetings
- State Hearings Division Stakeholder meetings
- Statewide Self-Advocacy Network (SSAN)
- The Arc of California planning committees
- University Center for Excellence in Developmental Disabilities (UCEDD)
- Voter Accessibility Advisory Committee L.A County (VAAC)

Many OCRA staff provide training to regional center staff and vendors on topics such as clients' rights, OCRA services, or a substantive area of the law such as Social Security benefits. OCRA staff meet regularly with regional center staff and community partners to spot trends, share experiences and knowledge, and collaborate on many subjects. During this review period, meetings have continued virtually and in person. Many regional center staff have made OCRA their primary contact if their clients have legal issues.

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

1) Memorandums of Understanding

OCRA has established Memorandums of Understanding (MOUs) with each regional center that address individual needs, concerns, and method of operation. Generally, MOUs are updated as needed, including when the law changes. Meetings to review MOUs have been productive and positive. OCRA has very good working relationships with most regional centers. During this review period, OCRA did not update the MOU with any regional centers. The status of each MOU is listed in Exhibit E.

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

ARCA and Disability Rights California staff met often during this reporting period. ARCA and OCRA also serve on workgroups, task forces, and committees together. This collaborative relationship will continue, as will the work on shared goals.

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

Disability Rights California recognizes the importance of client satisfaction. OCRA is committed to serving clients and family members in a way and with results that ensure client and family satisfaction with the services provided. Although OCRA no longer uses a formal survey process, satisfaction comes through in the variety of legal issues shown in the statistics and Advocacy Report.

1) Word-of-mouth satisfaction leads to OCRA helping more clients

Many OCRA clients report satisfaction with services to staff and community members. Those satisfied clients give contact information to others who call OCRA for the first time. Several OCRA offices have seen increased callers because word has spread that they handle cases well. This review period, OCRA helped more clients than last review period. Part of the increase in number of clients could be due to word-of-mouth satisfaction.

2) Clients file few grievances

One indicator of client satisfaction is the low number of grievances compared to the number of cases OCRA handles. During this review period, there were just 15 level one grievances, and none escalated to a higher level. Compared to 10,475 cases handled, this low number of grievances is remarkable.

3) Cases are handled in a timely manner

One way OCRA strives for client satisfaction is by handling cases promptly. Clients and families contact OCRA because something has gone wrong. Their cash or health benefits may have stopped, they may be forced to move to a more restrictive environment, or they have another urgent situation. OCRA's policy is that staff return all calls as soon as possible, but not later than the close of the next business day. OCRA staff note this policy on the outgoing voicemail message that callers hear when reaching the office voicemail.

Intake Assistants answer the phones for 8 of OCRA's offices statewide, which allows callers to complete a pre-intake right away. Statewide CRAs and ACRA's handle calls in offices with a high call volume or when there are staff absences or vacancies. Staff also use electronic call logs to document all calls, which ensures timeliness and helps client satisfaction.

Once a caller completes an intake and a case is opened for a client, OCRA staff use internal timelines to move through the case. OCRA supervisors oversee cases and track when they were opened, and the work done so far. Supervisors and staff track when they should complete all the work and wrap up a case, given the timelines. For example, a case under the category "Information and Referral" should be resolved within 7 calendar days. For this type of case, OCRA staff give information such as a publication or a referral to another legal aid organization, attorney, or resource. The 7-day timeline ensures the caller gets this information and referral quickly. A case under the type, "Counsel and Advice" should be resolved within 28 days. The OCRA management team runs a report, as a check and balance, to show each case's number of days open and highlight any cases that need more attention.

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

OCRA meets with the DDS Project Representative monthly and dedicates 2 more meetings during the fiscal year specifically to review information about OCRA services in the Annual and Semi-Annual Reports. When DDS has asked to see specific data, OCRA responds by adding it to the next report.

Section II.C above lists many stakeholder organizations OCRA collaborates with to foster harmonious relationships. Many of these groups

serve and represent California's multi-cultural diversity. OCRA staff attend meetings and share information, provide trainings, and serve on boards of these groups. Also as noted above in section I, many OCRA staff represent California's multi-cultural diversity and speak languages other than English. When clients see and hear people who look and talk like them, they are often more willing to share their opinions, struggles, and solutions. Several OCRA staff serve on Diversity Committees with their local regional center to better serve diverse client groups.

DRC's Board of Director's Community Engagement Committee gathers input from the multicultural disability community, including people with developmental disabilities, about DRC and OCRA services. During these sessions, OCRA listens and learns about priorities from the developmental disability community.

DRC also conducts a public survey of the community from January through March each year to gather feedback. DRC invites feedback to the survey by putting the link on all closing letters and other correspondence, on staff's email signatures, and on its website. Many respondents have developmental disabilities. DRC uses this feedback to inform services.

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

Welfare and Institutions Code, Section 4433(d)(5), requires that the contractor providing advocacy services for clients of regional center services provide at least two self-advocacy trainings for clients. DRC's contract with DDS mirrors this language. OCRA believes strongly in the importance of self-advocacy and requires each of its 21 offices to provide at least two self-advocacy trainings for clients each year, exceeding the two trainings required by contract. Many offices provide more than two per year. This fiscal year, OCRA conducted 101 self-advocacy trainings, compared to 67 the previous year. This is a significant increase, and consistent with OCRA's goal to reach more regional center clients directly.

Staff may present any of the approved self-advocacy trainings. OCRA now has 9 self-advocacy training packets for staff to use for trainings. During this review period, OCRA added "Being Calm and Relaxed" and "Leading your Own Team Meeting" as topics from DDS materials. Samples of the OCRA self-advocacy trainings (in both English and Spanish), were provided separately in a binder marked OCRA Training Materials with the 2007-2008 Annual Report. Past discussions with DDS's Contract Manager concluded OCRA should not submit duplicate training packets in annual

reports. As always, OCRA welcomes comments from DDS on any training packets.

A list of Self-Advocacy Trainings held last year is in Exhibit F.

OCRA must report in its Annual Report a sample of the self-advocacy training surveys. OCRA has randomly selected consumer training satisfaction evaluations to include below. Almost without exception, consumers are pleased with OCRA trainings.

Survey Responses for Microenterprises

5. How did this training meet your needs?

It met my needs by reminding
me that I can work with others or
have people work with me.

5. How did this training meet your needs?

It met my needs by reminding Me that I can work with others or have people work with me.

3. Did you learn something from this training? ☒ YES ☐ NO



Comments: Ticket to work

3. Did you learn something from this training? YES. NO

YES

8. Other comments or suggestions:

Nice people, helpful and friendly.

8. Other comments or suggestions:

Nice people, helpful and friendly.

5. How did this training meet your needs?

Learned about starting/helping with a business

5. How did this training meet your needs?

Learned about starting/helping with a business

5. How did this training meet your needs?

It gave me options of what I could do

5. How did this training meet your needs?

It gave me options of what I could do

Survey Responses for Being Calm and Relaxed

2. Did the environment contribute to the learning experience? YES ☒ NO ☐

Comments: you guys help us a lot

2. Did the environment contribute to the learning experience? YES. NO
YES.

Comments: You guys Help Us a lot

3. Did you learn something from this training? YES ☒ NO ☐

Comments: yes I learn to be calm

3. Did you learn something from this training? YES. NO

Yes

Comments: Yes I Learn To Be Calm

5. How did this training meet your needs? Click here to enter text.

He helped to explain how to relieve stress.

5. How did this training meet your needs? Click here to enter text.

He helped to explain How to relieve stress.

5. How did this training meet your needs? Click here to enter text.

I explained how to relieve stress.

5. How did this training meet your needs? Click here to enter text.

I explained how to relieve stress.

5. How did this training meet your needs? Click here to enter text.

Very informative

5. How did this training meet your needs? Click here to enter text.

Very informative

5. How did this training meet your needs? Click here to enter text.

Stress relief training/techniques helped me.

5. How did this training meet your needs? Click here to enter text.

Stress relief training/ techniques helped me.

5. How did this training meet your needs? Click here to enter text.

This training taught useful techniques to reduce stress.

5. How did this training meet your needs? Click here to enter text.

This training taught useful techniques to reduce stress.

3. Did you learn something from this training? YES ☒ NO ☐

Comments: How to reduce stress

3. Did you learn something from this training? YES. NO

YES

Comments: How to reduce stress

Survey Responses for Emergency Preparedness

8. Other comments or suggestions:

It was great

8. Other comments or suggestions:

It was great

3. Did you learn something from this training?

YES
😊

NO
😞

Comments: Especially what I need in my kit.

3. Did you learn something from this training? YES. NO

YES

Comments: Especially what I need in my kit.

5. How did this training meet your needs?

Yes, it helps me to be more prepared for emergencies.

1

5. How did this training meet your needs?

Yes, it helps me to be more prepared for emergencies.

7. Comments/suggestions:

Very Informative presentation

7. Comments/ suggestions:

Very informative presentation

7. Comments/suggestions:

You ladies did a good job

7. Comments/ suggestions:

You ladies did a good job

3. Did you learn something from this training? YES ☒ NO ☐

Comments:

we need to be prepared in case of an emergency

3. Did you learn something from this training? YES. NO.

YES

Comments: we need to be prepared in case of an emergency

5. How did this training meet your needs?

VERY WELL DONE

5. How did this training meet your needs?

VERY WELL DONE

Survey Responses for Hands off my Money

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES ☒ NO ☐

Comments: Click here to enter text. The training room are safe and comfortable

1. Were your access needs met? (Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.) YES NO

YES

Comments: Click here to enter text. The training room are safe and comfortable.

5. How did this training meet your needs?

i learned about money

5. How did this training meet your needs?

I learned about money

8. Other comments or suggestions:

She did a good job

8. Other comments or suggestions:

She did a good job

5. How did this training meet your needs?

It educated me

5. How did this training meet your needs?

It educated me

2. Did the environment contribute to the learning experience?

YES

NO



Comments: YES, IT WAS A Close group/Small setting.

2. Did the environment contribute to the learning experience? YES. NO

YES

Comments: Yes, it was a Close Group/ Small Setting.

3. Did you learn something from this training?

YES

NO

Comments: YES, THIS WILL HELP ME
STAY FINANCIALLY SECURE.

3. Did you learn something from this training? YES. NO.

YES

Comments: YES, This will Help Me Stay Financially Secure.

5. How did this training meet your needs?

IT HELPS I MAKE ME AWARE OF FRAUD &
FINANCIAL PITFALLS

5. How did this training meet your needs?

IT HELPS I MAKE ME AWARE OF FRAUD & FINANCIAL PITFALLS

III. TITLE 17 COMPLAINTS

CCR, Title 17, Section 50540, sets forth a complaint procedure whereby a regional center client, 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. There were no Title 17 Complaints filed during the last fiscal year; see Exhibit G.

IV. DENIAL OF CLIENTS' RIGHTS

CCR, Title 17, Section 50530, says a care provider may deny one of the basic rights of a regional center client, if there is good cause. Good cause means the client's actions are dangerous to themselves or others, or there is risk of property destruction. Exhibit H is the current log of Denials of Rights the OCRA offices received. OCRA also presented many well-received trainings on clients' rights and the denial process to new and existing residential service providers. For example, OCRA trains existing providers and new providers quarterly through many regional centers' orientation programs.

V. CLIENT GRIEVANCES

The contract requires OCRA to establish a grievance procedure and to inform all clients about the procedure. DDS has approved the grievance procedure developed by OCRA. The procedure is posted prominently in both English and Spanish at each office. The grievance procedure is also available in Arabic, Armenian, Chinese (Simplified), Farsi, Hmong, Japanese, Khmer, Korean, Laotian, Russian, Tagalog, Thai, and Vietnamese. When declining to provide a requested service, OCRA staff offer the grievance procedure in all letters to clients or others who contact OCRA.

During the past fiscal year, OCRA handled 10,475 matters. Regional center clients or family members filed 15 first-level grievances, 0 second-level grievances, and 0 third-level grievances. Exhibit I is a chart detailing the grievances filed against OCRA during this period.

VI. COLLECTION OF ATTORNEY'S FEES

OCRA does not charge clients, their families, or advocates fees or costs for services. Clients' Rights Advocates who are licensed to practice law in California, or Assistant, Associate, or unlicensed Clients' Rights Advocates, all of whom work under the supervision of an attorney, can collect attorney's fees and costs like those collected by private attorneys or advocates for special education cases or other cases where there are statutory attorney's fees. In the past, OCRA collected fees in some special education cases or Writs of Mandamus. Fees and costs may be negotiated at mediation, or an Administrative Law Judge can award them if the petitioner is the prevailing party. Fees are collected from the opposing party, which is normally a school district. Costs include any expenses to the client or OCRA, such as expert evaluations. Neither Disability Rights California nor OCRA ever collect attorney's fees from clients.

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

VII. REFERRAL LISTS

Disability Rights California maintains referral lists of individuals and entities performing consumer advocacy services. There are several areas of the law that OCRA does not handle. These include family law issues like child custody and divorce, personal injury and medical malpractice cases, and

estate planning and special needs trusts. Statewide referral lists give clients options to contact attorneys, advocates, or other resources when OCRA does not handle their issue. Some offices have created local referral lists because of special needs in their area, for example rural areas or needing Spanish-speaking attorneys or office staff. Disability Rights California's statewide referral lists for clients are available in English and Spanish. The English versions are at Exhibit K.

VIII.RECOMMENDATIONS FOR ENHANCEMENT OF SERVICES

The contract requires Disability Rights California to make recommendations to DDS on potential methods of enhancing the services that OCRA provides for regional center clients. The support of DDS through the years has made it possible for OCRA to serve clients effectively and efficiently. We appreciate the positive relationships and ability to contact DDS when we have a concern, and to work collaboratively to improve services. We enjoy serving on committees and sharing the feedback of our clients and their experiences in the system. We look forward to continued collaboration.

To enhance services, OCRA proposes that:

- DDS provide to OCRA data on regional center clients admitted to Institutions for Mental Disease (IMDs), since OCRA does not consistently get this information from either IMDs or regional centers. By law, IMDs are required to notify OCRA quarterly of all admissions of regional center clients, but none do so. DDS sharing this information with OCRA will allow clients in this very restrictive setting to get access to advocacy services to help them live in the least restrictive environment.
- California's State Hospitals serve people with mental health disabilities mandated for treatment by a criminal or civil court judge. In the past several years OCRA has heard more about regional center clients, or people who are potentially eligible for regional center services, who are patients in State Hospitals. Through its California Office of Patient's Rights (COPR), DRC supplies Patients' Rights Advocates on site at each State Hospital under a contract with the Department of State Hospitals (DSH). OCRA and COPR staff are subject to similar contractual provisions that do not allow them to share any information between the programs about regional center clients who are patients in State Hospitals. OCRA would be able to offer services to regional center clients in State Hospitals if COPR could directly refer potential clients to OCRA. We suggest DRC, DDS, and DSH collaborate on the possibility of contract revisions to allow direct referrals for the limited purpose of offering OCRA's services.

IX. CONCLUSION

OCRA has continued to provide exceptional service to people with developmental disabilities throughout the state. Clients and callers are satisfied with OCRA's outreach/training and casework, shown in the positive training survey responses and the low number of grievances compared to the number of cases. OCRA increased its reach to clients by handling 10,475 cases for 6,406 clients in a wide variety of legal problem areas this year. OCRA also provided 458 outreach and training events to 16,607 clients, family members, regional center staff and vendors, and interested community members - all while meeting each of its performance objectives. OCRA has surpassed statewide parity with Latinx, Black and African American, and Asian communities. OCRA staff are committed every day to helping regional center clients access services and supports they need to live the most independent and productive lives in the least restrictive environment. OCRA looks forward to continuing to work with people with developmental disabilities and provide the advocacy services they need.