

OFFICE OF CLIENTS' RIGHTS ADVOCACY

ADVOCACY REPORT

WINTER, 2003

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.