

OCRA SEMI-ANNUAL REPORT
(July 1, 2021 – December 31, 2021)

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I. INTRODUCTION

Disability Rights California provides state-wide clients' rights advocacy services for regional center clients under a two-year contract, HD119002, with the Department of Developmental Services (DDS) through the Office of Clients' Rights Advocacy (OCRA). The contract was renewed effective July 1, 2021, for a two-year period ending June 30, 2023. OCRA is in the first year of this two-year contract. This semi-annual report covers July 1, 2021, through December 31, 2021. During this time, the COVID-19 pandemic continued to cause unemployment and financial hardships, plus service disruptions, which impacted our community. People are focused on securing needed services to stay safe and healthy. People are also trying to deal with the grief and trauma of the pandemic. COVID-19 has affected not only regional center clients, families, and staff, but OCRA staff also.

Between July 1, 2021 and December 31, 2021, OCRA handled 4,307 issues for 3,198 clients, which continues to be greater than the required 30 issues per month, per office. Compared to the last semi-annual reporting period, OCRA served 233 more clients and handled about the same number of issues (two more this time). OCRA staff continue to handle a variety of legal issues with positive results. OCRA participated in 144 trainings during this period, presenting to approximately 4,355 people. The vast majority of these trainings were virtual because of the COVID-19 pandemic. See section II.A.4 for details.

OCRA operates offices throughout the state, most of which are staffed by one Clients' Rights Advocate (CRA) and one Assistant CRA. This enables our staff to be accessible to, and best understand, the local community. All OCRA offices are in locations convenient to the regional center offices. OCRA has increased access to its services by using "Statewide" CRAs and ACRAAs to help busier offices handle cases and cover staff absences and vacancies. OCRA also has a team dedicated to facilitate Outreach efforts, with a Managing Attorney, Supervising Attorney, Outreach Coordinator for southern California, Peer Advocate in southern California, and an Outreach Coordinator for northern California hired during this period.

During this review period, OCRA had a change in Director. Katie Hornberger, who had been the Director for almost 10 years, resigned from OCRA in July 2021. Shannon Cogan has served as Acting Director since then. Shannon has worked with stakeholders and staff to implement several pilot projects and participates in multiple public processes affecting

regional center clients, including DDS's workgroups and focus groups. DRC is engaging in a nationwide search for a new Director and anticipates that process will be complete by the end of February 2022.

OCRA continues to serve people moving into the community from restrictive settings like crisis placements, Institutions for Mental Disease, and large facilities. OCRA has one full-time "Community Integration CRA" who, along with Statewide CRAs and local CRAs, provide direct advocacy to clients in restrictive settings or at risk of losing community placement. They also provide trainings to entities and professionals serving these clients, give technical assistance to public defenders and other advocacy professionals, and participate in systemic meetings involving community integration and service to clients. OCRA staff also participate in required meetings in Enhanced Behavioral Support Homes and Community Crisis Homes. These meetings and other check-ins have become even more important during COVID-19 as a monitoring tool. A list of the current staff and office locations is attached as Exhibit A.

II. PERFORMANCE OBJECTIVES

Disability Rights California's contract with DDS requires performance objectives as established in Exhibit A, Page 14, Paragraph M, of the contract. Each of the specific required outcomes is discussed in the following Sections A through F. The contract does not set specific numbers for the performance outcomes.

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

OCRA continues to serve many people with developmental disabilities. OCRA handled 4,307 issues for regional center clients during this six-month period, which is two more than the same period last year. OCRA served 3,198 clients during this semi-annual review period, which is 233 more than served during the same reporting period last year. Staff have worked hard during this pandemic to find new ways to reach people and work with people who call OCRA for help. With changing pandemic conditions come changes in laws and policies. OCRA is pleased more people have contacted OCRA for help this period.

OCRA represented and educated people on many legal issues and helped fix systemic issues. The statistics, attached as Exhibit B and discussed

below, show the wide variety of issues handled by OCRA staff. The advocacy report, covering July through December 2021, included as Exhibit C, tells the stories and the impact our work has had on clients' lives.

1) Advocacy Reports.

OCRA's effective service to the community and the impact of that work is best demonstrated in advocacy stories. Advocates regularly submit summaries of cases or outreaches with practical value and that demonstrate a good outcome or teach a lesson. The examples show the wide variety of legal issues handled by OCRA. Some stories reflect resolution of systemic problems through high-level direct representation, others are resolved through negotiation because of collaborative relationships, and others show how clients and family members are empowered to resolve issues. These stories are just a sampling of the cases that OCRA handled. A longer Advocacy Report is available upon request. The summaries from July 2021 through December 2021 are compiled and attached as Exhibit C.

During this review period, staff handled a larger number of special education and regional center services cases than other review periods. This could be because of new laws affecting special education students and the struggles accessing remote regional center staff and services. Here are four examples.

OCRA Helps Rafael Get a New Independent Living Service Provider.

Before the COVID-19 pandemic, Rafael was receiving support services from an independent living service provider. However, during the pandemic, the service provider could not meet Rafael's needs safely and Rafael had no services. For over a year, Rafael had multiple service coordinators and no consistent case management support to help him find a new provider. After much frustration, Rafael called OCRA for help. OCRA informed him of his right to advance notice before a change or termination in services is made and the regional center's obligation to secure services according to his IPP. OCRA got the regional center to reinstate Rafael's services with one call. OCRA advocated for referral packets to be sent to agencies immediately. As a result, Rafael continues to live independently with support.

Araceli Gets Back her American Sign Language Services.

After the regional center suspended Araceli's American Sign Language (ASL) instruction services, Araceli and her mother contacted OCRA. OCRA advised Araceli to appeal the suspension even though the regional center did not provide adequate notice. OCRA contacted the regional center, which explained concerns related to the ASL provider's licensure, insurance, and set-up as a regional center vendor. The regional center advised they were looking for a replacement provider and directed Araceli to explore a list of generic services. OCRA pointed to the regional center's failure to provide a service agreed to in the IPP and the regional center's obligation to help secure generic services. OCRA also checked some of the generic services offered and found some were not free. At a later IPP meeting, the regional center announced they would hire an independent living skills provider who knows ASL. Araceli and her team agreed to this solution.

June Receives 300 Hours of Compensatory Education Services.

June is an elementary school student who received almost no special education services during the COVID-19 pandemic. OCRA helped June's mother draft and file a compliance complaint against the school district for not implementing June's IEP. The school district agreed to provide 300 hours of compensatory education services. The school district also agreed to provide the services over 18 months instead of the typical 12 months, so June was not overwhelmed over the course of one year. June will receive the special education services she needs.

School District Told to Provide Proper Interpretation After OCRA Drafts Compliance Complaint.

Rosalina's mother called OCRA after the school district provided an interpreter for just 30 minutes during her annual IEP meeting. The interpreter told the mother she could only ask "yes" or "no" questions since they did not have enough time. Rosalina's mother is monolingual Spanish-speaking and needs an interpreter to participate in IEP meetings. OCRA helped Rosalina's mother by drafting a special education compliance complaint for her to submit to the California Department of Education. The complaint asked the state to order the school district to provide sufficient time for IEP meetings with interpretation in the future. After Rosalina's

mother filed the complaint, the school district immediately rescheduled the IEP meeting with proper time for an interpreter. Rosalina's mother was able to meaningfully participate in the IEP meeting and advocate for special education services for her daughter.

2) Analysis of Clients Served.

OCRA handled 4,307 cases from July 1, 2021 through December 31, 2021. Exhibit B contains the complete compilation of data 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. Living Arrangement
9. Type of Problem (Problem Codes)
10. Service Type
11. Reason for Closing (Information and Referral service requests)

The reports included here are in non-table format so they are accessible to people who use screen-readers. Although the data is still in grids, each row of the chart is self-explanatory as read from left to right and does not need the navigational reference of a table header row for context.

The largest percentage of clients OCRA served by age were age 3 to 17, at 40.3 percent of clients served. This means parents or caregivers of children with developmental disabilities are the most frequent callers to OCRA. The regional center serves 36.2 percent of clients age 3-17, according to the latest DDS Fact Book, 17th edition. OCRA served only 1 percent of clients age 0-2, whereas these Early Start clients are 13.6 percent of the regional center population. The next largest was the 23-40 age group with 26.2 percent. Persons age 51 and older account for 7.8 percent of OCRA clients.

Statistics on the ethnicity of clients served for this first half of the year show OCRA's continuing commitment and success in serving underserved communities. For example, 43.2 percent of clients served by OCRA

identified as Hispanic/Latino. This is about the same percentage that OCRA served during last year's semi-annual period, and higher than the 39.4 percent of Hispanic/Latino regional center clients, per the Fact Book.

African-American and Asian client data is in the report for "race," which is separated from "ethnicity" in our reporting system. African-American clients represent 8.7 percent of regional center clients and 8.7 percent of clients served by OCRA. Asian clients make up 6.9 percent of regional center clients, but a higher 8.3 percent of clients served by OCRA.

OCRA uses a designation for "two or more races." If a client identifies as such, the system will not capture if they are African-American or Asian. Although OCRA has achieved or surpassed parity as compared to regional center client percentages for Latino, African-American, and Asian clients, staff continue to target outreach to these underserved communities. OCRA is now in the first year of two-year outreach plans. See section A.4 for more details on outreach plans.

For client language, OCRA serves 85.6 percent English-speakers, and 14.4 percent Non-English speakers. This is quite different from the regional centers, which serve 75.5 percent English-speakers and 24.5 percent Non-English speakers per the most recent Fact Book. This also underreports the percentage of issues requiring OCRA to employ or contract with competent interpreters and translators, since parents and other family members may require that assistance even when the regional center client is English-speaking.

For gender, as in the past, OCRA served more males than females, with 67 percent of the clients served identifying as male and 32 percent identifying as female. These numbers are similar to the gender percentages served by regional centers, according to the recent Fact Book. Regional centers served 34.8 percent female, and 65.2 percent male clients. The Fact Book attributes the gender imbalance partly to individuals with an Autism diagnosis being over 80 percent male.

Clients residing in the family home generate the largest number of service requests for clients served by OCRA, with 2,945 service requests showing clients living in the family home, or 68 percent of cases handled. This percentage is lower than the last semi-annual report and is lower than the regional center percentage of clients served in this living arrangement, at 80 percent, per the DDS Fact Book. As in previous review periods, the next largest group served by OCRA are those living independently, with 537 service requests or 12.5 percent with this living arrangement. This is

the same percentage as last year during the same period and higher than the regional centers' 7.9 percent of clients living with ILS/SLS.

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 26 percent of OCRA's cases. The next highest is Income Maintenance, at 23 percent. These cases involve IHSS, Social Security, or other income programs. The third largest is Education, which are special education cases, at 19 percent. The remaining problem areas ranged from less than 1 percent to 6 percent. These include Placement, Discrimination, Health, and Housing, among others.

New data OCRA collected during this review period documents why staff closed a case at the lowest level of assistance. The lowest level is called an "Information and Referral" case. OCRA staff select from 12 possible outcomes of, or reasons for closing, the case. The largest percentage of these cases, 35 percent, were closed because the caller asked for information, referral, or publication only. The next highest, at 16 percent, were closed because the issue was not OCRA-eligible. This could be family law, criminal law, personal injury, or another type of case OCRA does not handle. The next highest, at 10 percent, were closed because the person was not OCRA-eligible. OCRA serves clients in the regional center system, or who have applied but have been denied. If a person is neither of these, and has no possible developmental disability, we document we spoke with them and refer them to other resources. Often these callers have another type of disability, such as a mental health disability. We document these in our case management database, so there is no confusion or controversy with our ability to help them or what we told them. The remaining reasons for closing Information and Referral cases range from 1 to 9 percent, and are listed in the report.

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 STAR units. The law requires regional centers to 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. It is important to maintain a relationship with the administrators and staff of these homes now serving clients formerly in restrictive settings for much of their lives, especially because clients have access to fewer people during the COVID-19 pandemic. The law also requires regional centers to notify OCRA about clients whose 6500 commitments are expiring or have a hearing scheduled, clients under a 5250 or higher-level commitment, clients for whom a petition is filed for a Lanterman Petris-Short (LPS) conservatorship, and clients referred to Porterville Developmental Center.

Local and statewide CRAs handle most of these cases. OCRA also has one community integration CRA and an Assistant CRA who work on these cases. Assistance or representation in cases involving restrictive settings or statutory notifications to OCRA 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 additional services to stay in the community. This has become more challenging during COVID-19 because of public health restrictions on moving to new placements. OCRA staff often educate about and advocate for the least restrictive environment.

Since most clients have moved out of developmental centers, regional centers send fewer comprehensive assessments overall. They must send assessments for clients in Porterville Developmental Center, IMDs and MHRCs, and 4418.7 assessments when a client's community placement is at risk of failing. OCRA staff regularly review these assessments and Individual Behavior Support Plans (IBSPs) for clients who live in EBSHs and CCHs. During this review period, OCRA staff reviewed 257 different assessments and IBSPs. This is more than double 124 during the last semi-annual period. OCRA staff are committed to helping people live in the least restrictive environment, a mandate of the Lanterman Act. Reviewing assessments like these is one way to oversee this mandate.

Some regional centers have not been consistently sending notifications required by law. For example, some regional centers sent no or few

comprehensive assessments to OCRA for their clients in Canyon Springs or IMDs. OCRA also received very few notifications about clients considered for LPS conservatorships or being committed to Porterville Developmental Center. OCRA created a chart for regional centers to use as a quick guide about required notifications to OCRA, and will continue working with regional centers about this responsibility.

OCRA staff attend a variety of meetings for clients in restrictive settings – Individual Program Plan meetings, Transition Planning and Review Meetings, deflection meetings, Interdisciplinary Team Meetings, special meetings, meetings with potential providers, monthly meetings for clients in state-run facilities, Individual Behavior Supports Team meetings for clients in EBSHs and CCHs, among others. During this review period, OCRA staff attended 213 such meetings on behalf of clients. This is fewer meetings than last year during this review period. During the next review period, OCRA will target the few regional centers who do not notify OCRA about clients in restrictive settings, and meetings for those clients, to help improve communication, help regional centers meet their legal obligations, and help consumers live in the least restrictive environment.

Here is one story highlighting how a client achieved community integration.

A Team Effort Secures a Fair Placement for Edgar.

Edgar is an elderly man with various mental health diagnoses. In the 1980s, he was found not guilty by reason of insanity after an incident at his board and care home. He was placed at a State Hospital. For over 30 years, Edgar bounced from the State Hospital, to the community, and back. After Edgar was recommended for outpatient treatment again last year, his public defender recognized a pattern and contacted OCRA for help. OCRA had a videoconference with Edgar and reviewed records. Meanwhile, Edgar's public defender recruited a neuropsychologist to perform an assessment and draft a report. The report detailed Edgar's diagnoses and strongly recommended placement in a community setting. OCRA scheduled an IPP meeting to reflect the goal of community placement. OCRA also drafted a letter to the judge in Edgar's case detailing his need for particular care and outlining the types of placements available to regional center clients. When it was time to renew Edgar's hospital placement, Edgar's public defender convinced the district attorney to drop the petition with some conditions. Although the COVID-19 pandemic has created roadblocks, Edgar is meeting with residential facilities with good prospects for finally getting a fair shot at community placement.

4) Outreach/Training.

Outreach and Training serve two important purposes: 1) notifying people about the availability of OCRA assistance and 2) educating people about the law and their rights. OCRA provides training on numerous issues to a wide variety of people. Training topics include clients' rights, abuse and neglect issues, IHSS, Medi-Cal, special education, voting rights, Social Security benefits, rights in the community, rights under new laws, alternatives to conservatorships, self-determination, and other topics. Training audiences include direct clients, family members, regional center staff and vendors, and community members. For details about self-advocacy trainings specifically, see section II.F.

During this six-month review period, OCRA presented at 144 trainings with a total attendance of approximately 4,355 people at the various trainings. This represents a decrease in the number of trainings from the last semi-annual report. The Outreach Team believes this is due to Zoom/virtual fatigue and general struggles with the COVID-19 pandemic. OCRA staff presented most trainings via Zoom or other videoconferencing method. One Assistant CRA promoted OCRA services at a vaccine clinic to the Latinx community. Another brought brochures to an in-person resource fair. Yet another staffed an OCRA informational booth at an Early Start graduation at a regional center. Most outreach events and trainings continue to be virtual, consistent with the wishes of the community during the review period.

To help people from traditionally underserved communities, OCRA has developed target outreach plans. Each OCRA office targets at least six outreaches per year to a specific underrepresented group in the office's catchment area. These are two-year plans based upon evaluating prior outreach plans' results, new census data, a review of regional center purchase of service data, and the race and ethnicity of clients served by each regional center. This semi-annual report covers the first six months of a new two-year outreach cycle that began July 1, 2021. For more details on this and all outreach and training, see the report in Exhibit D.

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

From July 1, 2021, through December 31, 2021, OCRA resolved 4,307 issues for clients. Of those, all but 14 were resolved informally. Over 99

percent of all the matters that OCRA handled were resolved without using administrative hearings or court proceedings. Data showing this is attached as Exhibit E.

C. Collaborative and harmonious working relationships are fostered.

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

- Regional Center Diversity Committees
- Disparity Task Force Meetings
- ECT Review Committees
- Bioethics Committees
- Behavioral Modification Review Committees
- Risk Assessment Committees

Some examples of collaboration with stakeholder and community groups include participation in:

- County Coordinating Councils
- Supported Life Training Planning Committees
- Meetings with counties about benefits, services, and appeals issues
- IHSS Statewide Advocates' Meetings
- DS Taskforce and Implementation Workgroups
- DDS Focus Groups
- UCEDD CAC
- State Hearings Division Stakeholder meetings
- The Arc of California planning committees
- El Arc de California
- Health & Wellness Committee-Forensic Task Force
- Criminal Justice Task Force
- Multi-Agency Advisory Board (MAAB)
- DDS Plain Language and Directives Workgroup
- Healthcare Task Force
- Adult Transition Task Force
- People with Disabilities and Aging Advisory Council (PWDAAC)
- San Joaquin Developmental Disability Collaborative
- Hlub Hmong Collaborative
- SSI Statewide Advocates' Meetings

All CRAs participate in their regional centers' Self-Determination Program Local Advisory Committee meetings. 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. This has been true during the COVID-19 pandemic, where OCRA staff have provided trainings via Zoom. OCRA staff meet regularly with regional center staff and community partners to spot trends, share experiences and expertise, and collaborate on many subjects. During this review period, meetings have continued via Zoom. Many regional center staff have made OCRA their primary contact if their clients have legal issues.

OCRA has found, consistent with this requirement in Disability Rights California's contract with DDS, 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 the center's individual needs, concerns, and method of operation. Generally, MOUs are updated as needed. For example, we may need to meet and update the MOU if we have changes in the law. These meetings have been productive and positive. OCRA has very good working relationships with most regional centers. During this review period, OCRA and North Los Angeles County Regional Center updated their MOU. OCRA has forwarded copies of all MOUs to DDS. Exhibit F lists the status of each revised MOU.

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

ARCA and OCRA meet regularly to discuss various issues. Shannon Cogan, Acting OCRA Director, met with ARCA several times during this review period. ARCA and OCRA also serve on committees together and regularly discuss current issues.

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 manner and with results that ensure client and family satisfaction with the services

provided. Survey results show positive client satisfaction over the past semi-annual review period.

1) Client Satisfaction Survey.

OCRA measures client satisfaction by a survey developed jointly by staff, the former OCRA Advisory Committee, and DDS. In an effort to hear from more of our clients, OCRA now sends to the client in every closed case a survey in their primary language with a stamped, self-addressed envelope. This is a change from our prior method of sending a survey to every fourth client. We are monitoring the outcomes of this pilot project and exploring additional methods of surveying, including considerations of accessibility, cost, technical feasibility, and utility.

OCRA mailed out 2,460 surveys and 352 people returned surveys. This is a 14 percent return rate. On the survey, respondents answer yes or no questions, and there is space to write comments. We highlight some of those comments here that correspond to the survey question, written as the respondent wrote them but correcting for typographical or spelling errors to improve readability.

Of those responding to the questions, 97 percent of the respondents who answered the questions felt they were treated well by the staff, which is the same as last year during this review period. One respondent said, “They treated me with kindness and respect.”

91 percent of the respondents believed their call was returned within two days, which is higher than last year during the same reporting period. One respondent said, “Very helpful, generous and kind and prompt and always returns calls in a timely manner. And I really appreciate the time they both took to listen and to try to resolve.”

93 percent of the respondents reported that they understood the information they received. This percentage is slightly lower than last year during the same period (95%). One person wrote, “This office was so good at explaining the answers to our questions! When we didn’t understand they explained more so we could understand they went out of their way we appreciated that. Thank you for your advice and knowledge of the legal jargon we didn’t understand.”

During this reporting period, 93 percent of respondents felt their advocate listened to them, the same as last year. One responded wrote, “Victoria

provided me with excellent service. She was so kind and listened to all my concerns. She provided me with all the necessary information that I needed. Victoria was so understanding and if I need services again, I will call again.”

90 percent of respondents felt they were helped with their question/problem, which is higher than last year during this period. One respondent said, “they were phenomenal they truly helped me and saved me from Losing my SSI” and another said, “Yulahlia, a very good person, helped me a lot, thank you and Annie, thank you.”

Finally, 92 percent of respondents said they would ask OCRA for help again, which is slightly lower than last time during this period, at 94%. One respondent wrote, “I have a lot of help from Aimee. I am grateful and will ask for help again next time” and another wrote, “Shah Bhunit and Heiser Lopez Gomez they was very helpful with helping me with the questions and what I had to do for my son SSI. I’ll use this service again if I need to they were very professional in this regards.”

These satisfaction numbers are almost all higher than the last semi-annual review period. To remedy concerns of any unhappy callers, a member of the OCRA management team calls back all responders who either request a call back or made any negative response and gave their contact information. See Exhibit G, which discusses the results of OCRA’s survey.

2) Letters of Appreciation.

OCRA clients and family members often take the time to write letters of appreciation. These kind words and the time people take to send them represent the high value of the work performed by OCRA staff. Before the COVID-19 pandemic, people would visit the office and drop off handwritten cards and sometimes candy or flowers. During this pandemic, most of our thanks come from email. Below is just a sampling of the many letters received. OCRA is providing the letters of appreciation with the wording from the originals, including any grammatical errors, unless otherwise indicated. We have redacted client names.

Hi Cherri

Just wanted to greet you a very Merry and Blessed Christmas!!

Thank you again for your timely and great help and support!! God bless you! Kind Regards

Dear Nancy McGee

I am writing today to praise the outstanding services rendered by Alejandro Gastelum on behalf of my disabled son xxxx.

In my mind, the situation initially faced by Mr. Gastelum was dire. Social Security had mismanaged and subsequently terminated my son's account.

Mr. Gastelum successfully addressed the challenge. His professional efforts were unmatched. The appeal of the Social Security Administration's seemingly unwarranted action was thwarted with unforeseen delays - but Alejandro Gastelum strong work-ethic prevailed and he continues to assist my son in his recovery. Alejandro Gastelum is a great attorney and a real credit to the Office of Clients Rights Advocacy!
Respectfully,

Hi Arthur, Thank you very much for writing a letter to advocate for xxxx with the County of Butte Housing Authority! They just approved the reasonable accommodation request to port the housing choice voucher to Alameda. Best, Esther C. Chow, MSW Founder & Executive Director Helping Hands East Bay 2447 Santa Clara Ave, Suite 201 Alameda, CA 94501

Hi Aimee,

I hope you are doing well. I would like to inform you that I was able to get the van last weekend after some long effort of getting the financial loan from a credit union. The dealership also kept their words on getting xxxx wheelchair fixed so it now more functional. I want to extend my profound gratitude to all the care, help and expertise you have given us, making this much needed help possible. Happy Thanksgivings week.

Respectfully,

Hola Ana,

Muchas gracias por su guía durante este proceso. Ya mandé toda la evidencia por correo certificado como me lo sugirió solo esperaré la respuesta de SSA. Si tengo alguna otra duda los mantengo al tanto para que me oriente. Gracias una vez más (Hi Ana, Thank you very much for your guidance during this process. I have already sent all the evidence by certified mail as you suggested I will just wait for a

response from SSA. If I have any other questions, I will keep you posted so that you can guide me. Thanks once again)

To: Yulahlia Hernandez <Yulahlia.Hernandez@disabilityrightsca.org>

Good afternoon:

Hope you're having a great week. My client was found eligible for NBRC services & support!! Thank you so, so much for your help and guidance!!

All the best, Damian Spieckerman, CSB # 221710, Deputy Public Defender, Solano County Office of the Public Defender

Dear Annie,

My "thank you"
seems so small
compared to all
you've done, but
it comes from the
heart.

Thanks again

(Dear Annie,

My "thank you" seems so small compared to all you've done, but it comes from the heart. Thanks again.)

3) Cases will be handled in a timely manner.

Clients and families contact OCRA because something has gone wrong. They may be losing a government benefit, forced to move to a new more restrictive environment, or facing another urgent situation. OCRA staff are responsive, with a policy that all calls will be returned 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.

OCRA measures its performance in this area by its client satisfaction survey; see Exhibit G, discussed more above. Survey responses show 91 percent of all callers to OCRA believe they received a call back within two days during this review period. This is an increase from the same reporting period last year. Statewide CRAs and ACRAAs handle calls in offices with a high call volume or when there are staff absences or vacancies. Staff also use electronic call logs to ensure timeliness and client satisfaction.

Once the caller completes an intake and a case is opened, OCRA staff use internal timelines to move through the case timely. OCRA supervisors work with staff to track each case to see how many days it has been open and how many days it should be open, 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 provide information, such as publications, and/or a referral to another legal aid organization, attorney, or resource. The 7-day timeline ensures the caller gets this information and referral timely. A case under the type, “Counsel and Advice” should be resolved within 28 days. The OCRA Office Manager runs a report each month, as a check and balance, to show each case’s number of days open and any that need immediate attention.

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

OCRA formerly worked through an OCRA Advisory Committee to help ensure satisfaction. Before the Committee ended, OCRA began to look at different ways to solicit input from the community, such as OCRA’s community listening sessions with the Latinx community. Expanding this concept and finding new forums tailored to different communities may yield better and more information than OCRA gathered through the Committee.

DRC’s Board of Directors formed a Community Engagement Committee to gather input from people with disabilities and their families, including people with developmental disabilities, representing California’s multi-cultural diversity. OCRA hopes to coordinate services based on input from this Committee as well. OCRA will inform DDS of any changes to stakeholder engagement processes.

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 each year. Disability Rights California's contract with DDS mirrors this language. OCRA strongly believes in the importance of self-advocacy and requires at least one self-advocacy training by each of the 21 OCRA offices per year, far exceeding the two mandated trainings. Many offices provide more than one training per year. During this 6-month review period, OCRA staff provided 16 self-advocacy presentations statewide. Self-advocacy trainings are usually hands-on, with Bingo cards or skits, for example. Staff creatively presented all 16 trainings by videoconferencing instead.

Staff may present any of the approved self-advocacy trainings. To date, OCRA has developed seven packets of information for OCRA staff to use in the mandated trainings in addition to the DDS Consumer Safety materials and the living arrangement options materials developed by DDS.

Samples of the OCRA self-advocacy packets (all are in both English and Spanish), were provided separately in a binder marked OCRA Training Materials with the 2007-2008 Annual Report. In discussions with DDS's previous Contract Manager, all agreed that OCRA should not submit duplicate training packets. As always, OCRA welcomes comments from DDS on any training packets. A list of Self-Advocacy Trainings held last year are in Exhibit H.

Self-Advocacy training survey responses from consumers are valuable to give feedback and to give us ideas for future trainings. For example, at "Where We Live" and "Emergency Preparedness" trainings during this review period, consumers made recommendations for future trainings - "affordable housing," and "alternatives to conservatorships and self-determination." The Outreach Team within OCRA will explore these ideas for possible self-advocacy trainings.

Here is a sampling comments from self-advocacy training surveys, which participants completed online after virtual trainings, rather than the hand-written surveys when trainings are in-person.

EMERGENCY PREPAREDNESS TRAINING

Question 5 – How did this training meet your needs?

- You guys did a great job
- Emergency preparations
- As a parent, it's a good reminder
- Emergency being prepared
- Getting to see Julie was great
- More help to help my son
- Reminder to check my fire extinguisher
- Reminded me that I need to prepare for an emergency
- Improve my knowledge about how to prepare for disasters
- How we can prevent ourselves to leave in case of emergency.

Question 9 – Other comments or suggestions?

- Good job everyone
- While the screen was being shared, I didn't have access to the American Sign Language interpreter window!
- I am parent of son who is a client of Harbor Regional Center
- great class
- Thank you so much we all need your help
- Great presenters and learned a lot of this presentation

WHERE TO LIVE TRAINING

Question 5 – How did this training meet your needs?

- Great information
- It was very helpful
- I learned a lot
- Great to hear the speakers' personal experiences & how they tackled reaching goals in their lives.
- I learned how to discuss the topic of living places with my son who has autism.
- What to do when I move out of my parent's house
- By learning how to advocate for myself.
- Got ideas of what I can ask for--I like the workbook
- Well done
- I can fulfill my dream for independent living!!!
- I learned how to ask for supported living services

- I did not know you can do put together with book
- To learn different things

Question 9 – Other comments or suggestions?

- Great meeting
- Thank you to all the panelists for the great information
- Great to talk independent living future planning
- Great job
- Larry loves the library a lot
- I worry about housing shortage/high rent for moving out
- When I decide to move out, I will certainly use the info you provided.
- Are you planning to talk about how to get your wishes and needs in your IPP? My brother has had IPP meetings but the content does not end up in his written IPP. How can he qualify for advocacy in his next IPP meeting?
- I am writing for my son. It is hard sometimes for him to be attentive, but the presentation was clear and simple so that it was easy for him to understand. We also liked that it was interactive and the form used to list his likes and dislikes makes things much easier. It was an excellent presentation. Much appreciated!!

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. The Complaint process is similar to that established by Welfare & Institution Code, Section 4731. However, the later law offers more client protections. Nobody filed a Title 17 Complaint with OCRA during this review period, as noted on Exhibit I.

IV. DENIAL OF CLIENTS' RIGHTS

CCR, Title 17, Section 50530, sets forth a procedure whereby a care provider may deny one of the basic rights of a client if there is a danger to self or others or a danger of property destruction caused by the actions of a client. The Clients' Rights Advocate must investigate and approve the denial in order for it to be implemented. The regulation requires that OCRA submit a quarterly report to DDS by the last day of each January, April, July, and October. Instead, OCRA has included the reports concurrently

with the contractually-required Annual and Semi-Annual reports. OCRA can submit duplicate reports quarterly to DDS, if requested. Attached as Exhibit J is the current log of Denials of Rights from the OCRA offices.

V. CLIENT GRIEVANCES

Exhibit A, Paragraph 12, of the contract between DDS and Disability Rights California requires OCRA to establish a grievance procedure and to inform all clients about the procedure. DDS has approved the grievance procedure developed by OCRA. The procedure is posted prominently in both English and Spanish at each office and is available in all 11 threshold languages. The grievance procedure is offered in all letters to clients or others who contact OCRA, when an office declines to provide the requested service to that person.

During the 6-month review period, OCRA handled 4,307 matters. OCRA received three grievances filed during this review period. Attached as Exhibit K is the grievance chart.

VI. COLLECTION OF ATTORNEYS FEES

OCRA does not charge clients, their families or advocates fees for services nor does OCRA seek to recover costs from these individuals. Clients' Rights Advocates who are licensed to practice law in California, or Assistant, Associate, or unlicensed Clients' Rights Advocates, all of whom work under the supervision of an attorney, can collect attorney's fees and costs similar to those collected by private attorneys or advocates for special education cases or other cases where there are statutory attorney's fees. Neither Disability Rights California nor OCRA ever collect attorney's fees from clients.

OCRA collected no attorney's fees during this review period, see Exhibit L.

VIII. CONCLUSION

OCRA has continued to provide exceptional service to people with developmental disabilities throughout the state. Clients and callers are satisfied with OCRA's cases and outreaches, shown in the high client satisfaction numbers and the low number of grievances compared to the number of cases. OCRA handled 4,307 cases for 3,198 clients in a wide variety of legal problem areas. OCRA provided 144 trainings to 4,355 clients, family members, regional center staff and vendors, and interested

community members - all while meeting each of its performance objectives. OCRA has achieved or surpassed parity with underserved communities such as Latino, African-American, and Asian communities. OCRA looks forward to continuing to work with people with developmental disabilities and helping access the services and supports they need to live the most independent and productive lives in the least restrictive environment.