

OCRA SEMI-ANNUAL REPORT
(July 1, 2016 – December 31, 2016)

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I. INTRODUCTION

Disability Rights California provides state-wide clients' rights advocacy services for regional center consumers pursuant to a multi-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, 2016, for this 5-year period ending June 30, 2021. OCRA is currently in the first year of this five year contract. This semi-annual report covers July 1, 2016, through December 31, 2016.

Between July 1, 2016 and December 31, 2016, OCRA resolved 5,522 issues for 3,828 consumers, which continues to be well over the 30 per month, per office required by contract. OCRA staff continue to handle a variety of legal issues with positive results. OCRA also participated in 251 trainings during the 6-month period, presenting to approximately 8,572 people. See section II.A.4 for details.

OCRA continues to assist people moving from restrictive settings like developmental centers and IMDs into the community. In addition to the two full time "community integration CRAs," OCRA has hired one additional Community Integration CRA in Orange County to serve clients in restrictive settings in southern California and is hiring an additional Community Integration CRA in Bakersfield, to help clients move into the community from Porterville Developmental Center and other facilities in the central valley. This will make a total of four Community Integration CRAs statewide.

In addition to the emphasis on community living, OCRA has continued to work to best serve consumers from traditionally underserved communities. We do so through a combination of outreach, education, and direct advocacy. OCRA offices looking at data about who is underserved and have identified different ethnic or language groups to target than they have in the past. Some OCRA staff are serving on disparity or diversity committees of their regional centers. Other OCRA staff have collaborated with their regional centers to present a training at the POS Disparity meetings in an effort to foster the attendance of consumers and family members. We look forward to participating in these meetings in 2017.

OCRA staff also serve on their regional center's Self-Determination Program Local Advisory Committees as required by Welfare & Institutions Code Section 4685.8(x)(1) and attend regular meetings. Some OCRA staff have partnered with regional centers to provide trainings to help interested parties better understand this new service delivery method. OCRA will continue to work with DDS, the State Council on Developmental Disabilities and regional centers on this program.

OCRA operates offices throughout the state, most of which are staffed by one CRA and one Assistant CRA. This enables our staff to be accessible and best understand the local community. During this review period, we added a new Assistant CRA who speaks Vietnamese to do statewide intake and outreach in Vietnamese. We are optimistic that this will help us more effectively serve this community. We also hired a temporary bilingual ACRA in the Inland Regional Center office for OCRA offices statewide that need more help with intake, translation, and interpretation in Spanish. OCRA also has two new volunteers in the Eastern Los Angeles Regional Center office.

OCRA is currently recruiting for a new position, a Community Integration CRA for the central valley located in our Bakersfield office. We are also hiring a second Peer Advocate or Peer Trainer in Northern California to compliment the work of our Peer Advocate in Southern California. Sadly, during this review period, Kay Spencer, Assistant Clients' Rights Advocate for Central Valley Regional Center consumers, passed away shortly after retiring from OCRA. Kay was well-known and well-respected in the community. 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 its tradition of serving a large number of people with developmental disabilities. OCRA handled 5,522 issues for regional center consumers during this 6-month period. This represents a seven percent increase over the same period last year. OCRA successfully represented and educated people on many different legal issues and helped to remedy systemic problems. The statistics, attached as Exhibit B and discussed below, show the wide variety of issues and the large number of cases handled by OCRA staff. The advocacy report, covering July through December, 2016, included as Exhibit C, tells the stories and the impact our work has had on consumers' lives.

1) Advocacy Reports.

OCRA's wonderful service to the community and the impact of that work is best demonstrated in examples of our advocacy. Advocates regularly submit summaries of cases or outreaches that have practical value and demonstrate a good outcome or teach a lesson. The examples also show the wide variety of legal issues handled by OCRA. Many of these cases reflect resolution of systemic problems through direct representation while others demonstrate resolution through collaborative relationships. In an effort toward brevity, the stories are just a brief summary to reflect a sampling of the types of cases that OCRA handled. A longer Advocacy Report is available upon request. The summaries from July 2016, through December 2016 are compiled and attached as Exhibit C.

During this reporting period, we had a large number of health-related cases such as Medi-Cal, nursing, and IHSS cases, for example. With the changing health care environment, it is important for OCRA staff to handle these cases for regional center consumers, notice trends, and find creative ways to solve their problems.

We post all of our advocacy reports and other success stories on our website regularly. These stories are a quick and easy way for DDS and the public to see the value of our work and better understand the rights of people with disabilities.

Client Gets Cochlear Implant after Denial from CCS.

Matteo is a deaf toddler as a result of a genetic condition. Matteo has other family members with the same condition who have benefited from cochlear implants. The hospital contacted OCRA after Matteo was denied a cochlear implant by CCS. CCS said that Matteo would not benefit from the cochlear implant because of his developmental disabilities. Matteo's medical team was extremely supportive of his ability to benefit from a cochlear implant. OCRA agreed to negotiate with CCS and Medi-Cal to try to obtain funding for the implant. While OCRA negotiated with CCS and Medi-Cal, Matteo was approaching the end of the developmental period in which he would most benefit from a cochlear implant. In order to timely secure the service, OCRA asked the regional center to fund the cochlear implant as gap-funding. The regional center agreed and Matteo got the cochlear implant at the right age. OCRA's persistence with CCS paid off when CCS ultimately agreed to fund the implant. The regional center was reimbursed by CCS for their gap-funding. Matteo can now hear and is working on communicating with his family.

Oscar Spends the Holidays at Home for the First Time In His Life.

Oscar is a 5-year-old boy who had lived in a Medi-Cal-funded Intermediate Care Facility (ICF) his entire life. Neither the ICF nor the regional center had taken steps to move him home with his parents. His parents lived many miles away but traveled regularly to visit him. OCRA and Oscar's parents believed Oscar should be able to live at home with Medi-Cal-funded nursing services, instead of in a facility. OCRA advocated for Oscar's parents to receive training to care for him. OCRA also located a nursing provider in the rural area where his family lives, and area known for a lack of nurses, secured a nebulizer for his treatment, and convinced the nurses and doctors at the ICF to develop a discharge plan. Developing the discharge plan took persistence and careful scheduling of meetings to document Oscar's health progress and his parents' training progress. After OCRA and Oscar's parents tirelessly advocated for Oscar, he finally left the ICF in early December and, for the first time, spent the holidays at home with his family.

Diane's Nursing Hours Are Reinstated.

Diane risked having to move out of her home and into a nursing facility when she received written notice from the state that her nursing hours would be reduced by over 150 per month on her 21st birthday. Diane was too old to still qualify for nursing hours under the child standard and now was limited to the annual cost-cap of approximately \$48,000 per year under a different Medicaid waiver. Under the cost-cap, Diane could only receive 44 nursing hours per month in addition to her 270 hours of IHSS per month. OCRA represented Diane at hearing and asserted that the state Department of Health Care Services (DHCS) should authorize an exemption to the individual cost-cap for Diane. OCRA presented testimony from a nurse expert and Diane's mother that Diane's medical condition had not improved and that she still required all her nursing hours each month. OCRA also introduced evidence to show that DHCS has allowed exemptions to the individual cost cap in at least 400 other cases. OCRA presented evidence that DHCS had submitted an amendment to the waiver language to the Center for Medicare and Medicaid Services (CMS) requesting permanent removal of the cost-cap limitation. During the hearing, the judge asked whether Diane could also qualify for skilled nursing services under the ICF DD/CN (Continuous Nursing) waiver, which had a much higher cost-cap. Accordingly, the judge agreed to keep the record open to allow OCRA the opportunity to submit a supplemental brief to show that Diane also meets the criteria to be eligible for the ICF DD/CN waiver. The regional center physician provided an assessment showing that Diane qualified for the ICF DD/CN waiver. Prior to the judge issuing his decision, DHCS agreed to reinstate Diane's nursing hours to over 194 hours per month. DHCS stated that their redetermination was based on the fact that Diane's medical needs had not changed and that CMS approved the amendment to remove the cost-cap limitation.

Marc Gets Compensatory Occupational Therapy.

Marc is a toddler with high needs to address his sensory disabilities. He gets overstimulated during playtime or story time and will run away in tears. The regional center authorized 45 minutes of occupational therapy per week. Services were delayed for approximately 6 months because the regional center could not find an occupational therapist. Marc's parents thought he would miss out on all of the hours of therapy. OCRA reached

out to the regional center and negotiated an agreement that the regional center would fund compensatory hours to make up for the 6 months of missed therapy sessions. Now that occupational therapy is being provided, Marc is able to participate in his play group and sit through story time.

2) Analysis of Consumers Served.

OCRA handled 5,522 cases from July 1, 2016 through December 31, 2016. 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. Gender
7. Living Arrangement
8. Type of Problem (Problem Codes)
9. Service Level

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

37.4 percent of individuals served by OCRA were in the 4-to-17 years-old age group. This is the largest percentage of consumers served by age during this time period. The next largest was the 23-40 age group with 23.6 percent. These data are consistent with previous semi-annual and annual reports.

For cases where gender is recorded, as in the past, OCRA served more males than females, with 63.1 percent of the consumers served being male and 36.9 percent being female in this reporting period. These numbers continue to coincide with the percentage served by regional centers, according to the DDS Fact Book, 13th Edition. The Fact Book attributes the growing gender imbalance, in large part, to the increase in Autism, which is currently over 80 percent male.

The percentage of consumers residing in the parental or other family home remains by far the largest number of service requests for consumers served by OCRA, with 3,908 service requests showing consumers living in the family home or almost 71 percent of the cases handled. This percentage is the same as OCRA's last semi-annual report. The next largest group served is those living independently, with 627 service requests or 11.3 percent with this living arrangement. OCRA continues to increase involvement with people transitioning from developmental centers and other restrictive settings into the community. OCRA handled 310 service requests for consumers whose living arrangement was developmental center, or 5.6% of service requests. This percentage is higher than the last semi-annual review period, where developmental center was the living arrangement for 1.7% of service requests. Living arrangement is documented at the closure of the case so many cases involving clients living in restrictive settings are actually recorded in the living arrangement that they moved out into. See section A.3 below for OCRA's involvement with clients in restrictive living arrangements.

OCRA's statistics on the ethnicity of consumers served for this first half of the year show OCRA's continuing commitment and success in serving underserved communities. For example, 38.7 percent of consumers served by OCRA identified as Hispanic/Latino. This is a slightly higher percentage than OCRA served during last year's semi-annual period, and higher than the 36.7 percent of Hispanic/Latino regional center consumers in January 2015, taken from the DDS Fact Book, 13th Edition.

African-American and Asian consumer data is under the report for "race," which has been separated from "ethnicity" in our reporting system. African-American consumers represent 9.3 percent of regional center consumers and 9.3 percent of consumers served by OCRA. Asian consumers make up 6.5 percent of regional center consumers, but a higher 7 percent of consumers served by OCRA. To further the goal to successfully serve all underserved communities, OCRA staff continue to do targeted outreach. We are currently in the second year of two-year outreach plans. More OCRA offices have targeted the Asian community in their outreach plans than in previous years and it appears that we are successful in building meaningful relationships in that community as evidenced by the increase. See section A.4 for more details on outreach plans.

OCRA staff continue to do targeted outreach and carefully review the Purchase of Service (POS) Data collected by regional centers under

Welfare & Institutions Code Section 4519.5. OCRA staff attended most local stakeholder meetings and joined local committees to further study and reduce disparities again this year.

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

Given the regional center notifications to OCRA about people living in restrictive settings such as Developmental Centers, IMDs, and MHRCs, the planned closures of Developmental Centers, and OCRA involvement in reviewing comprehensive assessments and attendance at IPP meetings, it is important to review OCRA's work in this area.

Assistance or representation in these cases can include reviewing records, interviewing and developing a relationship with the consumer, attending meetings, negotiating through phone calls, drafting and filing documents for court, attending court dates, special education advocacy, and continuous advocacy for movement back to the community.

During this review period, OCRA has been notified about and involved in four acute crisis admissions at Fairview and Sonoma Developmental Centers. Many clients were admitted before this review period, OCRA staff have continued to represent in those cases and attended 26 IPP meetings for clients who are in the Acute Crisis Units. OCRA staff have also been involved in five cases statewide for whom a 4418.7 referral was made to the regional project for possible placement in a restrictive setting, but the client was able to remain in the community.

Both the northern and southern California Community Integration CRAs, in addition to the local CRAs, have been involved in many cases, meetings, and hearings for clients who are or were long-time residents of Sonoma, Porterville, and Fairview Developmental Centers. During this review period, OCRA staff have reviewed 259 comprehensive assessments and attended 63 IPP meetings for these clients.

OCRA continues to be notified about and involved in cases where clients are in IMDs and MHRCs such as College Hospital, California Psychiatric Transitions, and Community Care Center - The Bungalows, and State Hospitals. OCRA staff have reviewed 13 comprehensive assessments and attended 25 IPP meetings for clients in IMDs, MHRCs, and State Hospitals during this review period. OCRA staff have also attended four court

hearings for clients in restrictive settings during this review period. While most regional centers follow the notification criteria under the law, some regional centers have not been notifying OCRA when consumers are placed in an IMD or MHRC. OCRA has been meeting with regional centers about their notification duties and will continue to do so.

After reviewing comprehensive assessments or receiving notice about a client in a restrictive setting, OCRA works internally to determine which IPP meetings to attend and which clients to represent. Clients to whom OCRA gives priority include clients in IMDs, or who are at risk of entering an IMD, clients who are in the Acute Crisis Units at Fairview and Sonoma Developmental Centers, and clients who are stuck in hospitals or other restrictive settings with seemingly no options to return to their community. Here is one advocacy story highlighting how several entities worked together to achieve community integration for a consumer in the latter situation:

IPP Team Comes Together to Advocate for Community Placement after Extended Stay at Hospital.

Gigi is a non-verbal 16-year-old with a mental health condition and multiple developmental disabilities. At age 11, she was placed in an IMD where she resided for two years. She was briefly hospitalized due to medical concerns. When she was medically cleared, the IMD refused to readmit her stating that her medical needs exceeded her psychiatric needs. After 6 months in the hospital, Gigi's parent transported her to a group home without a transition plan or the support of her regional center. The group home was not prepared to support her behaviors and seizures, which led to another hospitalization within hours. After 7 months in that hospital, there was still no community placement available. Gigi's parent contacted OCRA for assistance. Gigi's regional center was finally able to secure a group home for her, but the home was experiencing difficulty with finding qualified staff. Two IPP meetings were held to discuss her needs and placement. The IPP team consisted of staff from the hospital, regional center, school district, group home, OCRA and Gigi's parent. The IPP team realized her needs were not as significant as it appeared. At the hospital, Gigi was in a posey bed and wore mittens because the hospital was protecting her against contagious diseases. Furthermore, the hospital felt forced to restrict Gigi's independence because it exposed them to injury liability and

they were not trained to support her disability needs. Gigi's IPP team discussed barriers to Gigi's placement including her institutionalization for 5 years, frequent seizures, and lack of qualified direct care staff for her. The IPP team collaborated to create a transition plan for Gigi. Gigi was placed in the community with the proper services and supports and she is doing well.

4) Outreach/Training.

Outreach and Training serve two important purposes: 1) notifying people about the availability of OCRA assistance and 2) educating people about their rights. OCRA provides training on numerous issues to a wide variety of people. Training audiences include direct consumers, family members, regional center staff and vendors, and community members. These trainings include but are not limited to: consumers' rights; abuse and neglect issues; IHSS; Medi-Cal; special education; voting rights; SSI; rights in the community; and alternatives to conservatorships.

During this 6-month review period, OCRA presented at 251 trainings with a total attendance of approximately 8,572 people at the various trainings. This is a significant increase from the last semi-annual report, where OCRA presented at 178 trainings to approximately 6,840 people. This increase is because OCRA staff presented a large number of both Where to Live self-advocacy trainings to consumers in restrictive settings, and Voting Rights trainings since the presidential election fell in this review period. See section II.F for details.

OCRA continues to have a Peer Advocate. He is a person with a developmental disability who provides community trainings, coaching and advocacy to clients, and assists staff in developing consumer-friendly trainings and materials. The Peer Advocate has also met with consumers in restrictive settings in southern California to learn their wishes and discuss community integration options with them. OCRA plans to hire another Peer Advocate or Peer Trainer for northern California to help develop new and innovative trainings.

In order to provide assistance to individuals from traditionally underserved communities, OCRA has developed target outreach plans. Each OCRA office targets at least six outreaches per year to a specific group of persons who are underrepresented in the office's catchment area. Jazmin Romero and Christine Hager continue to serve as the Outreach Coordinators. They

advise staff in implementation of their target outreach plans. These are two-year plans based upon an evaluation of prior outreach plans' results, new census data, a review of regional center purchase of service data, and the ethnicity of consumers served by each regional center. This semi-annual report covers six months of a two-year outreach cycle that ends June 30, 2017.

More OCRA offices than in the past have identified the Asian community as their target for outreach. Jackie Dai continues to serve as the Outreach Coordinator for the Asian community in an effort to improve our services to this community. OCRA has also hired an Assistant CRA who is bilingual in Vietnamese and English in an effort to increase communication and improve relationships with the Vietnamese community statewide. A detailed report on outreach and training is included as Exhibit D.

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

From July 1, 2016, through December 31, 2016, OCRA resolved 5,522 issues for consumers. Of those, all but 20 were resolved informally. More than 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. Some examples of collaboration include serving on regional center Diversity Committees, Behavioral Modification Review Committees, Risk Assessment Committees, County Coordinating Councils, Supported Life Training Planning Committees, county customer service and appeals and hearings meetings, DS Taskforce Implementation Workgroups, State Hearings Division Stakeholder meetings, Fiesta Educativa planning committees, Criminal Justice Task Force, Healthcare Task Force, Adult Transition Task Force, Resident Transition Advisory Group for the developmental center closures/transition, and many others.

All CRAs participate in meetings their regional centers' Self-Determination Program Local Advisory Committee meetings. Many OCRA staff provide

training to regional center staff and vendors or meet regularly with regional center staff and community partners to share ideas and expertise on many subjects. Several OCRA offices offered to conduct trainings to attendees of the POS Disparity Meetings that regional centers held during this fiscal year. The regional centers and OCRA created flyers announcing this collaboration in an effort to attract more people who might not attend a meeting to go over statistics, but would if it were linked to a substantive training of interest. Many regional center staff have made OCRA their primary contact any time one of their clients has a legal issue.

This philosophy of collaboration is not only incorporated into Disability Rights California's contract with DDS, but is also a recognition that some of the most effective advocacy takes place because of interpersonal relationships and informal advocacy. The success of this philosophy is demonstrated by the number of calls OCRA receives from varied sources, by its ability to resolve matters informally, and by its recognition as an excellent resource for people with developmental disabilities and their families.

1) Memorandums of Understanding.

OCRA has established Memorandums of Understanding (MOUs) with each regional center that address that center's individual needs, concerns, and method of operation. Generally, MOUs are updated as needed. However, changes to the law mean that MOUs may be reviewed and meetings held or scheduled. These meetings have been productive and positive. OCRA has very good working relationships with almost all regional centers. During this review period, the MOU was updated with North Los Angeles County, Golden Gate, Far Northern, and Redwood Coast Regional Centers. OCRA has forwarded copies of all MOUs to DDS. The status of each revised MOU is listed in Exhibit F.

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

ARCA and OCRA meet regularly to discuss various issues. To this end, Katie Hornberger, OCRA Director, and Catherine Blakemore, Executive Director, met with ARCA twice during this review period, on 8/11/16 and 11/17/16. ARCA and OCRA also serve on committees together and regularly discuss current issues. ARCA, DRC, and DDS have also been meeting regularly to discuss systems issues.

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

Disability Rights California recognizes the importance of consumer satisfaction. OCRA is committed to serving consumers and family members in a manner and with results that ensure consumer and family satisfaction with the services provided. Survey results show positive consumer satisfaction over the past fiscal year.

1) Consumer Satisfaction Survey.

OCRA measures consumer satisfaction by use of a survey developed jointly by staff, the OCRA Consumer Advisory Committee, and DDS. Seven hundred and ninety (790) surveys were mailed out. One hundred and seventy (170) people returned surveys. This represents a 22 percent return rate, which is higher than the 14 percent at the last semi-annual review period.

Of those responding to the questions, **96** percent of the respondents who answered the questions felt they were treated well by the staff. One respondent said, “Ms. Liddell has consistently provided professional and compassionate support to my daughter. Her communication skills and willingness to listen, research and follow through have successfully helped my daughter to keep her unique supports to remain in her family’s home.” **90** percent of the respondents believed their call was returned within two days. One respondent noted, “Kimberlee was very professional, helpful and understanding. Returned calls and e-mails promptly. Seemed very knowledgeable. I would absolutely like to work with her in the future if/when needed.” **94** percent of the respondents reported that they understood the information they received. One person wrote, “I was given hints and tips on how best to pursue my child’s case. Also since this was related to Lanterman services, I found the Lanterman related PDF’s sent to me very useful and immensely readable.”

96 percent of respondents felt their Clients’ Rights Advocate listened to them. One responded wrote, “Just want to express my great gratitude with OCRA. Thanks to this organization I live independently. Mary Melendrez (former staff) listened to my problem and found the solution to my situation...” **88** percent of respondents felt they were helped with their question/problem. “The help I got enabled me to move my child from SDC to 70% mainstream. We are so HAPPY and its going great. Extremely

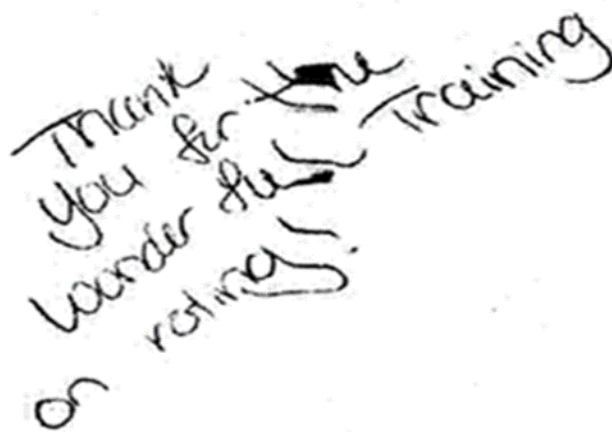
Thankful for the help we got.” Finally, **94** percent of respondents said they would ask their Clients’ Rights Advocate for help again. One respondent wrote, Son personas muy amables respetuosas yo las recomendaria a familias. (They are very friendly and respectful people and I would recommend them to families.)

These satisfaction numbers are the same, or within one percentage point higher or lower, than the last semi-annual review period. See Exhibit G, which discusses the results of OCRA’s survey.

A member of the OCRA management team calls back all responders who request a call back and those with any negative responses who supplied contact information. In this way, we are able to remedy any concerns and provide additional support to callers. OCRA is pleased with the consistency in positive responses to the questions on the survey.

2) Letters of Appreciation.

OCRA consumers and family members often take the time to write letters of appreciation. These kind words and the time it takes to send them represent the high value of the work performed by OCRA staff. 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 also redacted client names.



Thank
you for the
wonderful
training
on voting!

(Thank you for the wonderful training on Voting!)

You are both amazing!!!! What a huge success you have made for this little boy and his family. Thank you so much for allowing us to participate in this endeavor in our small way. I hope that this will make it easier for other children to get these benefits.

Michi A. Gates, Ph.D.
Director of Client Services
North Bay Regional Center

(You are both amazing!!! What a huge success you have made for this little boy and his family. Thank you so much for allowing us to participate in this endeavor in our small way. I hope that this will make it easier for other children to get these benefits.)

Muchas Gracias
Por todo. 

Believe in the magic of Christmas!

Que Dios Con su inmenso amor
Came de bendiciones a todos esos
Angeles que luchan por el bien de
los demas. estan en nuestros corazones
y viviran por siempre Gracias mil por ser las
manos de Dios.

(Thank you very much for everything. May God with his immense love fill with blessings all those angels that fight for the well-being of others. You are in our hearts and will live there forever. Thank you for being God's hands.)

Dear Cynthia,

Just want to express my greatest
thanks for your support all through
the years!

(Dear Cynthia, Just want to express my greatest thanks for your support all through the years!)

Thank you _____ for referring me to Bebo Saab who was the mastermind of the solution to the bureaucratic issues that plagued _____ county transfer. This referral was the single best advice I received. Thanks again Bebo for all your stellar assistance.

(Thank you ____ for referring me to Bebo Saab who was the mastermind of the solution to the bureaucratic issues that plagued ____ county transfer. This referral was the single best advice I received. Thanks again Bebo for all your stellar assistance.)

3) Cases will be handled in a timely manner.

Consumers and families contact OCRA because something has gone wrong for them. It may be that they are losing a government benefit, are being forced to move to a new more restrictive environment, or are facing another urgent situation. Therefore, it is important that OCRA staff be responsive. For this reason, OCRA has, since its establishment, had 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 often note this policy on the outgoing voicemail message that callers hear when reaching the office voicemail.

OCRA measures its performance in this area by use of its consumer satisfaction survey; see Exhibit G, discussed more fully above. OCRA statistics shows that 90 percent of all callers to OCRA received a call back within two days during the last review period. OCRA staff continue to use electronic call logs and the extra Bilingual Assistant CRAs and bilingual temp staff support to preserve the positive timeliness and satisfaction responses by clients.

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 m their families representing California's multi-cultural diversity.

OCRA works through the OCRA Advisory Committee to ensure that this performance outcome is achieved. Attached as Exhibit H is a list of the members of the Disability Rights California Board of Director's OCRA Advisory Committee effective December 31, 2016.

Public members of the Advisory Committee are appointed by the Board of Directors. In the selection process, the Board considers geographical diversity, both rural and urban and north and south, type of developmental disability represented, and ethnic background, in addition to the qualifications of the individual applicants. We are currently accepting applications for a new public member.

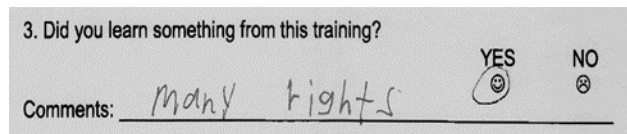
The OCRA Advisory Committee provides valuable insight to the OCRA staff. A wide variety of topics are addressed at the meetings and board members become better self-advocates as a result of having been on the committee. In addition to our last meeting we also held a listening session where the public came and gave input into the areas that people with developmental disabilities need the most assistance. Minutes for the OCRA Advisory Committee meeting held on September 16, 2016, are included as Exhibit H. DDS staff is invited and encouraged to participate in the next meeting, which will be held in Sacramento at the Supported Life Institute Conference on May 5, 2017.

F. Self-advocacy training is provided for consumers 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 consumers of regional center services provide at least two self-advocacy trainings for consumers each year. Disability Rights California's contract with DDS mirrors this language. OCRA strongly believes in the importance of self-advocacy and requires each of its offices to provide at least one self-advocacy training for consumers 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 58 self-advocacy presentations statewide, a significantly higher number than the 23 from the last semi-annual review period. This rise in number is because during this review period, the northern California Community Integration CRA performed Where to Live trainings to consumers at every day program and two of the nursing facility units at Sonoma Developmental Center. Also, because this review period fell in an election year, many staff presented multiple Voting Rights trainings directly to consumers at day programs, group homes, and community events. These Where to Live and Voting Rights trainings made up a large number of OCRA's self-advocacy trainings this review period.

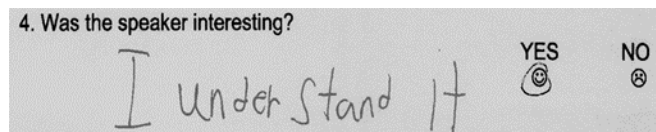
Here are some comments from self-advocacy training surveys:

(3. Did you learn something from this training? Yes Happy Face Circled
Comments: Many rights)



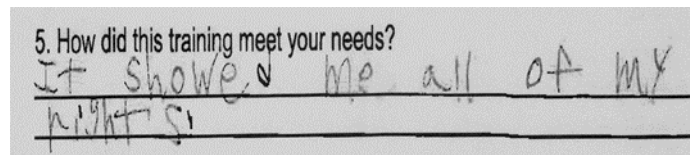
3. Did you learn something from this training? YES NO
Comments: many rights

(4. Was the speaker interesting? Yes Happy Face Circled Comments: I understand it)



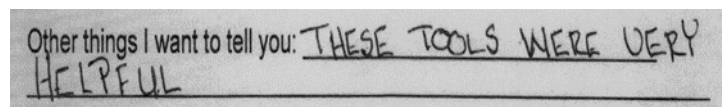
4. Was the speaker interesting? YES NO
I understand it

(5. How did this training meet your needs? It showed me all of my rights.)



5. How did this training meet your needs?
It showed me all of my rights

(Other things I want to tell you: These tools were very helpful)



Other things I want to tell you: THESE TOOLS WERE VERY HELPFUL

Staff may present from any of the approved self-advocacy trainings. To date, OCRA has developed six trainings for OCRA staff to use in addition to the DDS Consumer Safety materials and the living arrangement options materials developed by DDS. OCRA is currently revising the Microenterprise self-advocacy training materials. The Peer Advocate, who provides self-advocacy training to consumers in many different settings, will continue to develop new self-advocacy training ideas. When OCRA hires a northern California Peer Advocate or Trainer, this will be a joint effort.

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, it was decided 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 I.

III. TITLE 17 COMPLAINTS

CCR, Title 17, Section 50540, sets forth a complaint procedure whereby a regional center consumer, or his or her authorized representative, who believes a right has been abused, punitively withheld or improperly or unreasonably denied, may file a complaint with the Clients' Rights Advocate. The Complaint process is similar to that established by Welfare & Institution Code, Section 4731. However, the later law offers more consumer protections. There were no Title 17 Complaints filed during this review period, as noted on Exhibit J.

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 consumer if there is a danger to self or others or a danger of property destruction caused by the actions of a consumer. The Clients' Rights Advocate must approve the procedure and submit a quarterly report to DDS by the last day of each January, April, July, and October. OCRA is including the reports concurrently with the contractual date to provide OCRA's reports. If this is not acceptable to DDS, OCRA will submit duplicate reports as requested. Attached as Exhibit K is the current log of Denials of Rights from the OCRA offices.

V. CONSUMER 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. Additionally, the grievance procedure is offered in all letters to consumers 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 5,522 matters. There were two first level grievances filed by consumers or their families. One of those grievances proceeded to the second and third levels, and is being investigated by DDS. Attached as Exhibit L is a chart detailing the grievances filed against OCRA during this review period.

VI. COLLECTION OF ATTORNEYS FEES

OCRA does not charge consumers, their families or advocates fees for services nor does OCRA seek to recover costs from these individuals. Clients' Rights Advocates 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 consumers.

OCRA collected \$8,250 in attorney's fees from a special education case during this review period, see Exhibit M.

VIII. CONCLUSION

OCRA has continued to provide exceptional service to people with developmental disabilities throughout the state. OCRA handled 5,522 cases for 3,828 different clients, an increase in both clients and cases from last review period. Additionally, OCRA provided 251 trainings to 8,572 consumers, family members, regional center staff and vendors, and interested community members - all while meeting each of its performance objectives. 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.