# OCRA SEMI-ANNUAL REPORT (July 1, 2017 – December 31, 2017)

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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 second year of this five year contract. This semi-annual report covers July 1, 2017, through December 31, 2017.

Between July 1, 2017 and December 31, 2017, OCRA handled 5,372 issues for 3,985 clients, 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 187 trainings during the 6-month period, presenting to approximately 6,073 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. OCRA now has a total of four full-time "Community Integration CRAs" in northern, southern, and central California, and one supervisor for those CRAs statewide. This five-person unit within OCRA, called the Community Integration Team, provides direct advocacy to consumers in restrictive settings or at risk of losing community placement, trainings to entities and professionals serving these consumers, and participation in systemic meetings involving developmental center closures and service to consumers.

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 to and best understand the local community. During this review period, we added several new CRAs and Assistant CRAs serving consumers of different regional centers. We also hired a second "floating CRA" to assist offices statewide who have high volume or a staff member on leave. We also hired another ACRA who is bilingual in Spanish to assist offices statewide, bringing the number of additional bilingual ACRAs to four. OCRA is currently recruiting for a second Peer Advocate or Peer Trainer in Northern California to compliment the work of our Peer Advocate in Southern California. 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. <u>Services are provided in a manner that maximizes staff and</u> <u>operational resources.</u>

OCRA continues its tradition of serving a large number of people with developmental disabilities. OCRA handled 5,372 issues for regional center consumers during this 6-month period, which is a slightly lower number than the same period last year. OCRA served a higher number of clients this period than last year by serving 3,985 clients during this period this year and 3,828 during the same period last year. This means OCRA staff were able to reach more consumers this review period than last. 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, 2017, 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 case stories reflect resolution of systemic problems through direct representation while others are resolved through collaborative relationships. In an effort toward brevity, the stories are just a sampling of the types of cases that OCRA handled. A longer Advocacy Report is available upon request. The summaries from July 2017, through December 2017 are compiled and attached as Exhibit C. 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. During this reporting period, we had a good mix of cases in different legal areas, including regional center and Lanterman Act rights, where advocates assisted consumers with regional center issues.

### Alice Gets Compensatory Early Start Services.

Alice was about to turn three years old, yet was not receiving her Early Start services, when her mother contacted OCRA. OCRA represented Alice at a meeting with the regional center and requested that they provide compensatory services for Alice beyond her third birthday to make up for the missed services. Following the IPP meeting, OCRA sent the regional center a letter with the legal argument for compensatory services past age three. OCRA also computed the compensatory hours for each therapy service that Alice had not been receiving. The regional center agreed to fund the compensatory services, which Alice will receive after her third birthday.

## Michelle Gets Increased Respite Hours.

Michelle, a high school student, requires significant attention and supervision to stay safe. She has frequent toileting accidents which required her mother's assistance. She needs constant supervision and her mother has a difficult time getting everything done she needs to do and watching Michelle. Michelle's mother requested increased respite hours from her regional center service coordinator. The service coordinator denied the request and warned that Michelle's respite hours were actually being reduced. OCRA attended an IPP meeting with Michelle's mother. OCRA explained Michelle's high level of need and the great amount of time and energy needed to care for her. The service coordinator agreed to increase Michelle's respite to the maximum level possible.

# Client Obtains Adaptive Stroller When Case Settles Before Hearing.

Isabella is a 9-year-old girl who requires an adaptive stroller to access the community. Her family's wheelchair-accessible van had broken down, so they relied heavily on her stroller to get to medical appointments in a standard sized car. The adaptive stroller worked well for her because it

could be folded up and put into the trunk of a car, unlike her large power wheelchair, which could only be used with an adapted van. Unfortunately, Isabella had grown out of her adaptive stroller and funding for a new, larger stroller had been denied by CCS and Medi-Cal. Isabella's mother requested that the regional center fund a new adaptive stroller as the payor of last resort. The family contacted OCRA after receiving a notice from the regional center denying the adaptive stroller. OCRA helped the family file a timely appeal and agreed to represent Isabella at a fair hearing. While preparing for the fair hearing, OCRA communicated with the regional center about Isabella's need for the stroller and the desire to informally resolve the issue. After OCRA met with the regional center and presented evidence of Isabella's needs, the regional center agreed to fund the adaptive stroller. Isabella can now easily access the community and her medical appointments.

## Lisa is Able to Remain in Her Home for the Holidays.

Lisa contacted OCRA because the state's Community Care Licensing (CCL) Division informed her that she would have to move immediately. CCL determined that her supported living services provider, which provided support in Lisa's own home, was operating an unlicensed facility simply because Lisa needed help with taking her medication. OCRA worked closely with regional center case management to explain to CCL that the Lanterman Act permits Lisa to receive supported living services in her own home regardless of the severity of her disability or whether she needs help taking her medication. After speaking with the regional center and because of OCRA's explanation of the law, CCL concluded that their original allegations were unfounded and that Lisa did not have to move.

# 2) Analysis of Consumers Served.

OCRA handled 5,372 cases from July 1, 2017 through December 31, 2017. 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 chart is self-explanatory as read from left to right and does not require the navigational reference of a table header row for context.

The largest percentage of consumers served by age during this time period were age 4 to 17, at 42 percent of consumers served. This is higher than last semi-annual review period, where this age category made up 37.4 percent of consumers served. More parents of minor consumers are learning about OCRA and calling for help than before. The next largest was the 23-40 age group with 21.7 percent, slightly lower than the 23.6 percent in the previous semi-annual report.

For cases where gender is recorded, as in the past, OCRA served more males than females, with 65.3 percent of the consumers served being male and 34.7 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, 14<sup>th</sup> Edition. The Fact Book attributes the gender imbalance partly to the increase in individuals with an Autism diagnosis, currently over 80 percent male.

Consumers residing in the parental or other family home remains by far the largest number of service requests for consumers served by OCRA, with 3,812 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 and is lower than the regional center percentage of consumers served in this living arrangement, at 77.5 percent. The next largest group served is those living independently, with 536 service requests or 10 percent with this living arrangement. This is lower than the last semi-annual period when 11.3 percent of consumers served by OCRA lived independently. OCRA continues its involvement with people transitioning from developmental centers into the community by handling 284 service requests for consumers whose living arrangement was developmental center, or 5.3% of service requests. This percentage is

about the same as the last semi-annual review period. 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, 38.9 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 37.4 percent of Hispanic/Latino regional center consumers in January 2016, taken from the DDS Fact Book, 14<sup>th</sup> Edition.

African-American and Asian consumer data is under the report for "race," which is separated from "ethnicity" in our reporting system. African-American consumers represent 9.1 percent of regional center consumers and a higher 9.7 percent of consumers served by OCRA. This is an increase in African-American consumers served by OCRA from last semi-annual reporting period at 9.3 percent. Asian consumers make up 6.5 percent of regional center consumers, but a higher 7.9 percent of consumers served by OCRA. This is also an increase over last semi-annual period's 7 percent. OCRA staff continue to do outreach targeted to underserved communities. OCRA offices have targeted the Asian and African-American communities in their outreach plans and appear to have had success in building meaningful relationships in those communities as evidenced by the increase in people served. OCRA is now in the first year of two-year outreach plans.

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

Laws require regional centers to notify OCRA about people living in restrictive settings such as Developmental Centers, IMDs, and MHRCs, and people whose community placements are at risk of failing. While most regional centers follow the notification criteria under the law, some regional centers have not been notifying OCRA when a consumer's community placement is at risk of failing. OCRA has been meeting with regional centers about their notification duties and will continue to do so. Given the notification requirements, the planned closure of the 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 cases involving restrictive settings 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 or additional services to be able to stay in the community.

During this review period, OCRA staff reviewed 257 comprehensive assessments for consumers in developmental centers or IMDs. This is slightly lower than the 272 that OCRA staff reviewed during the last semi-annual review period.

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. OCRA staff have also toured Enhanced Behavioral Support Homes in the North Bay and Central Valley areas and attended IPP and Behavior Support Team meetings for clients who are new residents of these homes.

OCRA staff attended a variety of meetings – Individual Program Plan meetings, Semi-Annual Review meetings, Admission meetings, Transition Planning Meetings, Transition Review Meetings, 5-day or 30-day meetings held after a consumer is placed in the community, deflection meetings, meet-and-greets between consumers and providers, Individual Education Program meetings, or other "special" meetings. During this review period, OCRA staff attended 125 meetings on behalf of consumers in restrictive settings or at risk of losing their community placements. This is an increase over the 114 meetings OCRA staff attended in the last review period.

OCRA is notified about, and legally has the opportunity to be involved in, all cases referred for a 4418.7 assessment and admitted to the acute crisis units at Fairview and Sonoma Developmental Centers. OCRA staff represent many of the consumers in the acute crisis unit from the time they are admitted (or before) to their meeting 30 days after they have moved

into the community. OCRA staff have also been involved with at least one client during this review period 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. OCRA staff have also attended seven court hearings for clients in restrictive settings during this review period by assisting public defenders and regional centers in advocating for clients' rights in the court process.

As noted above, OCRA now has a team of four community integration CRAs plus one supervising CRA statewide to assist local offices with these often difficult cases. This community integration team has formed relationships and been involved with many different community groups and meetings to discuss concerns of consumers, family members, regional center staff, and developmental center staff involved in the closures. Staff on this team also offer and provide training to public defenders, public guardians, regional center staff, and developmental center staff about community integration laws and regulations. Here is one advocacy story highlighting how a client in crisis achieved community integration:

# After Multiple Hospitalizations, Ron Successfully Transitions Back to the Community.

OCRA has a long history of advocating for Ron to get appropriate services and supports for successful community living. Ron is a young man who was admitted to a restrictive setting with significant depression and after making multiple threats to harm himself or others. Before admission, Ron had resided in more than 10 placements in several psychiatric hospitals. Using a multidisciplinary approach to treatment and constant 1:1 supervision, DC staff to address Ron's depression and stabilize him. After almost one year, Ron learned coping skills, and reported feeling productive and valued. Today, Ron has successfully transitioned to a specialized residential facility in the community. OCRA staff last saw Ron when he had been in his new home for 60 days. Ron is considered a model resident and is exploring many new interests. He visited his family during the holidays, will be working and earning money, and has enrolled in an art class at the local community college.

#### 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 consumers' rights, abuse and neglect issues, IHSS, Medi-Cal, special education, voting rights, SSI, rights in the community, alternatives to conservatorships, and other topics. Training audiences include direct consumers, family members, regional center staff and vendors, and community members.

During this 6-month review period, OCRA presented at 187 trainings with a total attendance of approximately 6,073 people at the various trainings. This represents a decrease from the last semi-annual report. During the last reporting period, we had a presidential election, so OCRA staff presented a large number Voting Rights trainings. 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 the first six months of a two-year outreach cycle that ends June 30, 2019.

Many OCRA offices have identified the Asian community as their target for outreach. Debra Marcia replaced Jackie Dai, after she left OCRA, as the Outreach Coordinator for the Asian community in an effort to improve our services to this community. Some offices have worked with regional centers to meet people in new Asian communities, one example of which resulted in attendance and outreach at a Mien cultural event in the Bay Area. A detailed report on outreach and training is included as Exhibit D.

### B. <u>Issues and complaints are resolved expeditiously and at the</u> <u>lowest level of appropriate intervention.</u>

From July 1, 2017, through December 31, 2017, OCRA resolved 5,372 issues for consumers. Of those, all but 30 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. <u>Collaborative and harmonious working relationships are</u> <u>fostered.</u>

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, UCEDD CAC, State Hearings Division Stakeholder meetings, Fiesta Educativa planning committees, Criminal Justice Task Force, Multi-Agency Advisory Board (MAAB), Healthcare Task Force, Adult Transition Task Force, Resident Transition Advisory Group for the developmental center closures/transition, and many others.

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 or meet regularly with regional center staff and community partners to share ideas and expertise on many subjects. 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, its ability to resolve matters informally, and 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 the 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 the following regional centers: North Los Angeles County, East Bay, Orange County, San Andreas, Tri-Counties, and Valley Mountain. 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 8/9/17 and 11/8/17. 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. One thousand one hundred and sixty-eight (1,168) surveys were mailed out. One hundred and thirty-nine (139) people returned surveys. This represents a 12 percent return rate, which is lower than the 22 percent at the last semi-annual review period. We are continuing to monitor and better understand this decline. Of those responding to the questions, 94 percent of the respondents who answered the questions felt they were treated well by the staff. One respondent said, "I was treated with respect and professionalism." 86 percent of the respondents believed their call was returned within two days. The same respondent noted, "My concerns were heard and addressed in a timely manner." However, this is a slight drop from the previous reporting period with may be a result of vacancies that are now staffed. 92 percent of the respondents reported that they understood the information they received. One person wrote, "She take the time to help me understand."

94 percent of respondents felt their Clients' Rights Advocate listened to them. One responded wrote, "Arthur is very attention and listens well. He really knows his work and laws. Very friendly and helpful. Great to work with." 84 percent of respondents felt they were helped with their question/problem. "I always got a good feed backs and helpful info from Amy. She is a great helper." Finally, 89 percent of respondents said they would ask their Clients' Rights Advocate for help again. One respondent wrote, "Este servicio que tienen es excepcional, Estoy muy agradecida por su ayuda. Se las volviera a pedir si lo necesitara." ("The service you have is exceptional. I am very grateful for your help. I would ask for help again if I needed to. Thank you.")

These satisfaction numbers are slightly lower than the last semi-annual review period. To try to remedy the 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 responses and supplied their contact information. OCRA staff often provide additional support to callers through this process. We are also working with new staff to ensure that they explain the range of services that we provide and what "help" may look like. See Exhibit G, which discusses the results of OCRA's 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. Kartie,

Thank you so much for three wonderful presentation you gave to over staff, Early Start professionals and parents. This is such important information that we all need to know!

I have heard really good feedback from all three presentations and we especially appreciated have you used your personal staries to bring the topic to life. Thank you!

#### Hi Arthur,

Thank you from the bottom of my heart for all you did to get eligibility for from the Regional Center!!! We obviously could **never** have accomplished this without **you**!It has been a long haul for all of us, which can finally start paying off. I am eternally grateful to you.

#### Dear Margaret:

Thank you so much for taking the time on such short notice to address our concerns regarding our experience with SSI on behalf of our son

You immediately addressed our concerns. Then spent hours with me on the phone with SSI so we could clear all misunderstandings. Not only did you make sure SSI continued benefits but that they correctly increased his payments.

Thank you for your time and patience to listen to our story and correct this misunderstanding. I finally feel at peace again and can hardly express my tremendous gratitude for all of your work on our behalf.

Arthur,

Thank you so much for your time and effort in representing and us for our meeting and discussion with FUSD for IBP. Our sincere gratitude.

"So it sounds like we will be approved after all this paperwork is done and completed. I'd like to thank you so much for all your hard work and dedication to care. The state RN admitted that because of your letter, case was escalated immediately and was told to "take care cf this approval ASAP." So again thank you so much. Words cannot express how much this win means to us as a family and to overall well being."

Best wishes

Abogada Irene Padilla.

Por medio de esta carta, nos dirigimos o usted para agradecer toda su ayuda y representación en la corte,a nuestro hijo y a nosotros para que nos permitieran representar a como sus padres, Tutores, y tenemos por ley el derecho de tomar desiciones por el gracias a su representación el condado de san Bernardino reconoció las necesidades de la estaremos eternamente agradecidos por su ayuda.

(Translation:

Attorney Irene Padilla.

By means of this letter we are writing to thank you for all your help and representation in court to our son \_\_\_\_\_ and for us to be allowed to represent \_\_\_\_\_ as his parents, guardians. And we have by law the right to make decisions for him, thanks to your representation the County of San Bernardino has recognized the needs of \_\_\_\_\_, we will be eternally grateful for your help.

To: Jazmin Romero T would like to say thank you so much because you provided a lot of help and assistance to us. we appreciate everything you have done for us. As well, you have been extremely supportive.

#### 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 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 86 percent of all callers to OCRA received a call back within two days during the last review period. This is a drop from the same reporting period last year. This may be due to vacancies we had in the fall. Those vacancies are now filled. OCRA now has four bilingual ACRAs statewide to assist local OCRA offices in returning calls timely. OCRA staff also continue to use electronic call logs to increase the positive timeliness and satisfaction responses by clients.

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

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, 2017.

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 members.

The OCRA Advisory Committee provides valuable insight to the OCRA staff. A wide variety of topics are addressed at the meetings and members become better self-advocates as a result of having been on the committee. Minutes for the OCRA Advisory Committee meeting held on September 14, 2017, are included as Exhibit H. DDS staff is invited and encouraged to participate in the next meeting, which has not yet been scheduled at the time of writing this report.

# 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 24 self-advocacy presentations statewide, a lower number than the last semi-annual review period, but consistent with previous periods. Last semi-annual review period was an election year

with OCRA staff presenting a large number of voting trainings, which was not the case this year.

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.

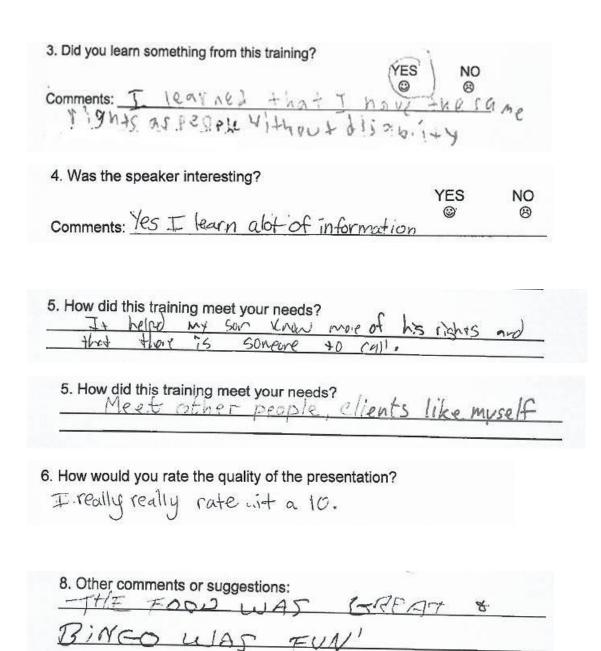
Samples of the OCRA self-advocacy packets (all are in both English and Spanish), were provided separately in a binder marked OCRA Training Materials with the 2007-2008 Annual Report. In discussions with DDS's previous Contract Manager, it was decided that OCRA should not submit duplicate training packets.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

Here are some comments from self-advocacy training surveys.

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

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

3. Did you learn something from this training? NO Comments: I learned how to advoca



#### **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. OCRA handled two 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. Instead, OCRA is including the reports concurrently with the contractually required Annual and Semi-Annual 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 5,372 matters. There were no grievances filed against OCRA during this review period. Attached as Exhibit L is the grievance chart showing no grievances filed.

# **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 did not collect any attorney's fees 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 5,372 cases for 3,985 different clients, an increase in clients from last review period. Additionally, OCRA provided 187 trainings to 6,073 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.