

Kern Regional Center
Board of Directors Meeting Agenda
February 23, 2016

General Business		
1. Call to Order and Introductions		Frank Meyer
2. Approval/Additions to Agenda	Action	Frank Meyer
3. Meeting Minute Approval, January 26, 2016	Action	Frank Meyer
4. Public Input	Info.	Et al
Unfinished Business		
5. Consideration of Appointment of Developmental Services Support Foundation Board of Directors	Action	
Reports		
6. Financial Report Handout	Info.	Jon Gusman
7. Disparity Data Handout	Info.	Laura Hughes
8. ARCA Report 9. OCRA Semi-Annual Report Informational (pages 11 - 31)	Info.	Frank Meyer & Robert Riddick
10. Board President Report a. Letter to DDS Attachment 1 (page 2-4)	Info.	Frank Meyer
11. Reappointment to the Board		
12. Board Correspondence	Info.	Lorie Stewart
13. Vendor Advisory Committee a. Appointment of VAC Chair Person b. Appointment of VAC Members Attachment 2 (page 5) c. VAC Minutes/SLS Task Force Summary Attachment 3 (page 6-9)	Info.	Laurie Hughey
14. Staff Report a. Self Determination b. Approval of 2016 Performance Contract Attachment 4 (page 10)		Cherylle Mallinson Et al
15. Client Representative	Info.	Roy Rocha
New Business		
Good and Welfare		

Meeting Location and Time:

Kern Regional Center – Bakersfield Office / Malibu Conference Room
3200 N. Sillect Avenue, Bakersfield, CA 93308
6:00 pm – 7:30 pm

KERN REGIONAL CENTER

Supporting Equality, Independence & Opportunity



January 27, 2016

Department of Developmental Services

John Doyle, DDS

Brian Winfield, DDS

1600 9th Street, Room 340, MS 3-12

Sacramento, CA 95814

I am writing to inform you that Kern Regional Center has an operational deficit. The projected deficit reported to the Kern Regional Center Board, as of December 31, 2015, with half of the year completed is \$1,103,018.00. Attached to this letter is the Budget and Expense report presented at the January 26, 2016 Board Meeting. The original projected deficit at the beginning of the fiscal year was approximately \$1.4 million. The cost savings measures implemented by Kern are projected to reduce the deficit by approximately \$600,000 at fiscal year's end leaving a projected deficit between \$800,000 and \$900,000.

The Kern Regional Center Board, with this notification, is following section 4635(a) of the Lanterman Developmental Services Act and Related Laws. As directed in this section of the act, "failure to provide the notification to the department in a timely manner shall constitute grounds for possible revocation or nonrenewal of the contract". The Kern Regional Center Board stands ready to cooperate with the Department of Developmental Services in hopes of reaching a solution to the operational deficit.

This action, taken by the board, reflects our fiduciary responsibility. Speaking on behalf of the board, we look forward to your response.

A handwritten signature in black ink, appearing to read "Frank Meyer", is written over a horizontal line.

Frank Meyer,
Board President

KERN REGIONAL CENTER
BUDGET AND EXPENSE REPORT
FY 2015/2016
AS OF OCT 31, 2015

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7
(1) - OPERATIONS	Preliminary Allocation - B Series	B-1 Intent	Total Allocation To Date thru B-1 Intent - Col.1 + Col. 2	Operations By Claim to State July to Oct 2015	Projected - Nov 2015 to June 2016	Total Projected - Col. 4 + Col. 5	Projected Balance - Col. 3 - Col. 6
GENERAL							
Salaries and Benefits	\$ 12,887,441	\$ 273,132	\$ 13,160,573	\$ 4,543,421	\$ 9,132,281	\$ 13,675,702	
Operating Expenses		2,978,853	2,978,853	1,120,274	2,691,575	3,811,849	
TOTAL PERSONNEL SERVICES	12,887,441	3,251,985	16,139,426	5,663,695	11,823,856	17,487,551	(1,348,125)
Less: Interest Income				(11,438)	(33,562)	(45,000)	45,000
Less: ICF SPA Fees (see Note 2)				(12,158)	(37,842)	(50,000)	50,000
Less: Other Income				(5,690)	690	(5,000)	5,000
SUBTOTAL GENERAL	\$ 12,887,441	\$ 3,251,985	\$ 16,139,426	\$ 5,634,409	\$ 11,753,142	\$ 17,387,551	\$ (1,248,125)
Percentage			100%	34.91%	72.82%		-7.73%
COMMUNITY PLACEMENT PLAN (CPP)							
Salaries & Benefits		\$ 397,291	\$ 397,291	\$ 152,170	\$ 304,930	\$ 457,100	
Operating Expenses		-	-	26,151	46,415	72,566	
SUBTOTAL CPP	\$ -	\$ 397,291	\$ 397,291	\$ 178,322	\$ 351,344	\$ 529,666	\$ (132,375)
FOSTERGRANDPARENT (FGP)							
Salaries & Benefits		\$ 59,043	\$ 59,043	\$ 23,791	\$ 35,252	\$ 59,043	
Operating Expenses		112,977	112,977	29,891	83,086	112,977	
SUBTOTAL FGP	\$ -	\$ 172,020	\$ 172,020	\$ 53,683	\$ 118,337	\$ 172,020	-
GRAND TOTAL OPERATIONS	\$ 12,887,441	\$ 3,821,296	\$ 16,708,737	\$ 5,866,413	\$ 12,222,824	\$ 18,089,237	\$ (1,380,500)
Percentage			100%	35.11%	73.15%		-8.26%

Note 1: The "Projected Balance" is an estimate of the difference between KRC's funding allocation from DDS (col. 3), and Total Projected (col. 6)

Note 2: The Intermediate Care Facility State Plan Amendment (ICF SPA) administrative fees are included in this fiscal year as an offset to current year expenditures. The fees are 1.5% of current year day program and transportation costs for KRC clients that resided in ICF's.

KERN REGIONAL CENTER
BUDGET AND EXPENSE REPORT
FY 2015/2016
AS OF OCT 31, 2015

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7
(2) - PURCHASE OF SERVICES	Preliminary Allocation - B Series	B-1 Intent	Total Allocation To Date thru B-1 Alloc - Col.1 + Col. 2	Operations By Claim to State - July to Oct 2015	Projected - Nov 2015 to June 2016	Total Projected - Col. 4 + Col. 5	Projected Balance - Col. 3 - Col. 6
GENERAL							
Out of Home Care	\$ 30,674,641		\$ 30,674,641	\$ 7,609,129	\$ 23,065,512	\$ 30,674,641	\$ -
Day Programs	25,803,436		25,803,436	8,475,473	19,671,094	28,146,567	(2,343,131)
Other Services	57,861,063	27,357,367	85,218,430	21,261,841	64,677,408	85,939,249	(720,819)
SUBTOTAL GENERAL	114,339,140	27,357,367	141,696,507	37,346,442	107,414,015	144,760,457	(3,063,950)
Less: ICF SPA Funded				(1,087,510)	(2,185,049)	(3,063,950)	3,063,950
TOTAL GENERAL	\$ 114,339,140	\$ 27,357,367	\$ 141,696,507	\$ 36,258,933	\$ 105,228,965	\$ 141,696,507	\$ -
Percentage			100%	25.59%	74.26%		0%
COMMUNITY PLACEMENT PLAN (CPP)							
Out of Home Care		\$ 315,169	\$ 315,169	\$ 9,840	\$ 305,329	\$ 315,169	0
Day Programs			0		(7,883)	0	0
Other Services		714,550	714,550	4,238	710,312	714,550	0
TOTAL CPP	\$ -	\$ 1,029,719	\$ 1,029,719	\$ 14,078	\$ 1,007,757	\$ 1,029,719	\$ -
Percentage			99%	1.37%	97.87%		0%
TOTAL PURCHASE OF SERVICE	\$ 114,339,140	\$ 28,387,086	\$ 142,726,226	\$ 36,273,011	\$ 106,236,723	\$ 142,726,226	\$ -
Percentage			100%	25.41%	74.43%		0%
GRAND TOTAL ALL BUDGETS	\$ 127,226,581	\$ 32,208,382	\$ 159,434,963	\$ 42,139,424	\$ 118,459,547	\$ 160,815,463	\$ (1,380,500)
Percentage			100%	26.43%	74.30%		-0.87%

Note 1: The "Projected Balance" is an estimate of the difference between KRC's funding allocation from DDS (col. 3), and Total Projected (col. 6)

Note 2: Reimbursement for the estimated costs of day program and transportation for Intermediate Care Facility State Plan Amendment clients is not funded by DDS's Standard Agreement. The reimbursement to KRC will be provided from the SPA ICF's within the catchment area.

**VENDOR ADVISORY COMMITTEE MEMBERS
TO BE APPROVED BY THE BOARD**

Laurie Hughey, Chairperson, Bakersfield ARC
Mary Cady, Shield Healthcare
Shawn Kennemer, New Advances for People with Disabilities
Rhonda Glenn, Kern Residential Services
Seth Colebrook, Lighthouse BEST Program
John Stockton, Community Support Options
Jinny DeAngelis, Desert Area Resources and Training
Maggie Chow, Social Vocational Services
Shawn White, Pathpoint
Beth Himelhoch, Inyo Mono Assn. for the Handicapped
Mary Ann Hagstrom, ARC-Taft
Misty Varner, AIMES Homes
Richard A. Sikes, MARS Group
Iman Killebrew, AIMES SLS
Mario Alvarez, As One, Inc.
Mitzi Villalon, Better Way Services
Melissa Robles, Maxim Healthcare
Miriam Corona, Premier Healthcare Services
Chaka Stokes, Creative Connections
Gregorio Aguinaldo, Homes of Hope
Ramona Puget, Kern Autism Network
Carol Johnson, New Vision for Independence SLS
Lisa Gage, Be the Light Support Services
Tamerla Prince, Positive Purpose SLS
Maggie Solis, California Mentor
Kimberly Nunn, The Jasmine Nyree Day Centers

VENDOR ADVISORY COMMITTEE MEETING

January 26, 2016

Members Present: Laurie Hughey, Chairperson, Bakersfield ARC
Mary Cady, Shield Healthcare
Shawn Kennemer, New Advances for People with Disabilities
Rhonda Glenn, Kern Residential Services
Seth Colebrook, Lighthouse BEST Program
John Stockton, Community Support Options
Jinny DeAngelis, Desert Area Resources and Training
Maggie Chow, Social Vocational Services
Shawn White, Pathpoint
Beth Himelhoch, Inyo Mono Assn. for the Handicapped
Mary Ann Hagstrom, ARC-Taft
Misty Varner, AIMES Homes
Richard A. Sikes, MARS Group
Iman Killebrew, AIMES SLS
Mario Alvarez, As One, Inc.
Mitzi Villalon, Better Way Services
Melissa Robles, Maxim Healthcare
Miriam Corona, Premier Healthcare Services
Chaka Stokes, Creative Connections
Gregorio Aguinaldo, Homes of Hope

Members Absent: Ramona Puget, Kern Autism Network
Carol Johnson, New Vision for Independence SLS
Lisa Gage, Be the Light Support Services
Tamerla Prince, Positive Purpose SLS
Maggie Solis, California Mentor
Kimberly Nunn, The Jasmine Nyree Day Centers

Others Present Andretta Stokes, Creative Connections
Dorothy Hallman, Bakersfield ARC
Lynn Fjelds, DDS
David Riester, DDS
Jill Green, Better Way Services
Darla Benson, New Advances for People with Disabilities
Elizabeth Pineda, Homes of Hope
Jennifer Jordan, California Mentor
Sabrina Morrow, Positive Purpose

Staff Present: Cherylle Mallinson
John Noriega
Lynn Clark
Robert Riddick
Laura Hughes

Minutes:

- A motion was made by Jinny and a second was given by Misty to approve the minutes for the October 2015 meeting. The motion was carried and the minutes were approved.

Vendor Advisory Committee Meeting
January 26, 2016

- Laurie discussed the term of the Chairperson. Shawn Kennemer from NAPD was selected as Chairperson in January of 2014 for a 2 year term (per the current by-laws). In January of 2015 Shawn needed to step down for personal reasons and the Committee voted to replace him with Laurie Hughey from Bakersfield ARC for the remainder of his term. The Committee would have selected a new Chairperson at the January 2016 meeting however Laurie stated that she would be fine with continuing on as Chairperson for another term. A motion was made by Shawn and a second was given by Iman to have Laurie stay on as Chairperson. The motion was carried and approved.
- Lynn handed out a sign-up sheet for those interested in being a part of the Committee for 2016. She stated that vendors were welcome to attend the meeting without being a member but those interested in actually being members needed to sign up. There are four people that could not attend the January meeting but wanted to be on the Committee. Three names were read at the Committee meeting and they are: Lisa Gage from Be the Light Support Services, Carol Johnson from New Vision for Independence SLS, and Ramona Puget from Kern Autism Network. (Confirmation from the other two people was received after the meeting that they wanted to be a part of the Committee and they are Kimberly Nunn from The Jasmine Nyree Centers and Maggie Solis from California Mentor.) The names that are listed above under Members Present and Members Absent are the people that make up the Committee for 2016. Per the current by-laws, these names will be submitted to the KRC Board for ratification at the February Board Meeting. Lynn passed out a copy of the current by-laws to all those in attendance.
- Robert gave an update as follows: As of 1.4.16, KRC is transitioning our case management units to split them up by age groups (0-8, 9-24, 25 and above). We will be working on this over a period of time. We are moving from having mixed caseloads to having more focused caseloads. We have also made changes in the Community Services Department. Some of these people are now in case management. With the upcoming budget, the Governor is interested in California maintaining a reserve to avoid the up and down cycles we have been seeing. The Governor will soon present the budget and then we will all have the opportunity to pick it apart and then in June the Governor will sign an actual budget. (Robert passed out a handout with highlights of the Governor's Budget.) With Managed Care, the hope is that out of the money that the State will receive from the Federal Government, the Developmental Center system will receive a portion of it to go towards improving vendor rates. 10 for 10 is still alive but the Administration's view is its not going to happen. Eighty million in resource development is directed towards people coming out of the developmental centers. Seventy eight million is tied to the closure of Porterville, Sonoma and Fairview. (The part of Porterville that is closing is the part that is not behind the fence.) There is money tied to caseload growth. KRC has a net growth of 30 cases per month.
- Laura Hughes gave a presentation on KRC's Disparity Data. This data is posted on our website and will be something that we post every year. It gives information on how we spend money at KRC. It shows what services have been authorized, how much has been authorized and how much has been utilized. If vendors have any feedback please give it to Laura Hughes at lhughes@kernrc.org. Laura will be making this presentation to several different targeted groups. Lynn Fjelds complimented the Committee on their participation during this presentation and the suggestions that were made.
- Jinny gave a presentation on DART's Continuity of Operations Plan. She passed out a handout to each person in attendance that provided guidance and suggestions on making a plan, practicing the plan and making it real with staff (regardless of the service provided). Vendors can email Jinny at vdeangelis@dartontarget.org for a copy of this plan. Jinny made the suggestion to remember to continually update the plan.

Vendor Advisory Committee Meeting
January 26, 2016

- Cherylle announced that the Community Services Directors met this month and one of the main topics was the current rate structure. The Directors met with a representative from DDS and they encouraged DDS to make the current rate structure a priority. Some of the regional centers brought up the fact that they now have service code 113 homes that have a lower rate than the Level 4I homes. Another topic was the median rate structure. DDS said that they have to get ahead of all the recent rate changes (5.82%, minimum wage, sick leave) first before they tackle updating the median rates. Regional centers are required to do orientation training on self-determination. Cherylle handed out a list of meeting dates and times. Cherylle said that we have a local Self-Determination Advisory Committee but we are currently short 2 members. Security was another main topic at the Directors meeting. Inland Regional Center was closed for 30 days but they were able to continue needed services through a branch office. HCBS Waiver (or 1915i Waiver), effective March 2014, may affect the services that Committee members provide. It talks about integrating services such as residential and day program. Cherylle handed out a Fact Sheet on this Waiver. Cherylle wants to come back at a later Committee meeting and talk about this so we can start getting prepared for this and not get caught off guard when the deadline for compliance comes. New policies/trainings may need to take place in order to come into compliance. DDS is supposed to provide regional centers training but this hasn't happened yet.
- Lynn gave an update on the Vendor Lunch that was held on November 6, 2015. There were 381 people that signed up to attend and 337 people that actually attended. Positive feedback was received regarding our speaker, Santi Rogers. The date for this year's luncheon is set for Hodels on November 4, 2016. Laurie announced that she already has a possible speaker for this year and is working to see if she will be available on this date. If anyone else has any suggestions, please let Laurie or Lynn know.
- Laurie read the summary from the SLS Task Force meeting that was held on 1.14.16.
- Laurie announced that BARC was closing the BARC On the Move and Packaging Programs. They will be holding a media release on February 5 at 10:00am in front of the BARC building and they are asking vendors to attend. BARC will be holding a job fair for staff from these programs.
- Iman said she is still having challenges with IHSS. Recently a Service Coordinator emailed her letting her know of an IHSS visit for a client on a particular day. There was no specific time given but SC asked that client be kept home from day program on that day. IHSS sends notices that they are closing the case if they attempt to contact the client and cannot. Iman said that SLS agencies need to be able to help get this fixed because this is a hardship for SLS agencies. They have to accept IHSS rate for this client until this is fixed. John Noriega made the suggestion to contact Laura Hughes because she is now the primary liaison with IHSS. John said it was never our intention that the SLS provider be excluded from the process of getting IHSS set up. Iman asked for guidelines on SLS/IHSS timelines for services coordinators to follow so all parties know what to expect. Iman reported that a client received a reduction in SLS hours yet the SC never met with the vendor or went through the IPP process. The SLS agency only received an email from the SC letting them know of the reduction. Iman will speak with Laurie Hughey to discuss setting up any necessary meetings with KRC staff to help resolve this issue.

Next meeting is March 22, 2016 at 10:00 a.m.
In the Main Conference Room - located in the two story building.

SLS Task Force
1/14/2016
Summary

- Representatives from 16 different SLS agencies were in attendance.
- Victor H. from New Leaf Money Management attended and addressed questions and concerns from SLS providers. He stated he will continue to attend task force meetings.
- Discussion on IHSS: the process, appeals. SLS agencies to help in all processes. IHSS is the first payer, a generic resource. KRC cannot supplant IHSS.
- John Noriega discussed W & I code 4652.5, the requirement to obtain an independent audit or review of financial statements from CPA. John also explained the self determination program and informed group to look on the KRC website for upcoming meetings.
- Joanne Frasher announced many SLS contracts expire in 6/2016 and prior to renewal vendors are required to submit cost statement. Also, pursuant to SB 856, SLS vendors will receive a 5.82% increase effective 12/1/2015. New payment agreements are being mailed out to providers.
- Next SLS Task Force 4/14/2016 @10AM in Malibu Room.

DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 NINTH STREET, Room 320, MS 3-9
SACRAMENTO, CA 95814
TTY 654-2054 (For the Hearing Impaired)
(916) 654-1958



February 4, 2016

Robert Riddick, Interim Executive Director
Kern Regional Center
3200 North Sillect Avenue
Bakersfield, CA 93308

Dear Mr. Riddick,

Thank you for submitting your year 2016 Performance Contract, which was adopted by the Board of Directors on January 26, 2016. Staff reviewed the performance contract for compliance with applicable statutory provisions and the Department of Developmental Services' (Department) performance contract guidelines dated May 29, 2015, and addendum dated October 8, 2015. Your performance contract for 2016 is approved as submitted. Any revisions to the approved plan must be submitted to the Department in writing.

We appreciate the efforts of your staff and the community's participation in the development of your plan. If you have any questions regarding this letter, please contact Anna Shands, Regional Center Operations Section, at (916) 654-3425. Thank you for your continued cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Brian Winfield'.

BRIAN WINFIELD
Acting Deputy Director
Community Services Division

cc: Frank Meyer, Board President
Kern Regional Center

Aaron Carruthers, Executive Director
State Council on Developmental Disabilities

"Building Partnerships, Supporting Choices"

Attachment 4

OCRA SEMI-ANNUAL REPORT
(July 1, 2015 – December 31, 2015)

TABLE OF CONTENTS

	<u>PAGE</u>
I. INTRODUCTION	3
II. PERFORMANCE OBJECTIVES.....	4
A. Services are provided in a manner that maximizes staff and operational resources.....	5
1) Advocacy Reports.	5
2) Analysis of Consumers Served.....	6
3) Analysis of Consumers Assisted with Moving to a Less Restrictive Living Arrangement.....	7
4) Outreach/Training.....	9
B. Issues and complaints are resolved expeditiously and at the lowest level of appropriate intervention.	11
C. Collaborative and harmonious working relationships are fostered.	11
1) Memorandums of Understanding.....	12
2) Meeting with Association of Regional Center Agencies (ARCA). ...	12
D. Consumers and families are satisfied with the services provided.....	12
1) Consumer Satisfaction Survey.....	12
2) Letters of Appreciation.....	13
3) Cases will be handled in a timely manner.....	18
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.....	18
F. Self-advocacy training is provided for consumers and families at least twice in each fiscal year.	19
III. TITLE 17 COMPLAINTS.....	20

IV. DENIAL OF CLIENTS' RIGHTS	20
V. CONSUMER GRIEVANCES	20
VI. COLLECTION OF ATTORNEYS FEES.....	21
VIII. CONCLUSION	21

EXHIBIT LIST

EXHIBIT A OCRA Staff Roster

EXHIBIT B OCRA Statistics

EXHIBIT C Advocacy Report

EXHIBIT D Outreach and Training Report

EXHIBIT E Report by Service Level

EXHIBIT F Memorandums of Understanding

EXHIBIT G Consumer Satisfaction Surveys

EXHIBIT H OCRA Advisory Committee and Meeting Minutes

EXHIBIT I Self-Advocacy Trainings

EXHIBIT J Title 17 Complaints

EXHIBIT K Denial of Rights

EXHIBIT L Consumer Grievance Report

EXHIBIT M Attorneys Fees

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, 2011, for a 5-year period ending June 30, 2016. OCRA is currently in the fifth year of a five year contract. This semi-annual report covers July 1, 2015, through December 31, 2015.

Between July 1, 2015 and December 31, 2015 OCRA resolved 5,120 issues for 3,611 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 178 trainings during the 6-month period, presenting to approximately 6,840 people. This number is slightly lower than our semi-annual report from last year because, as reported in our annual reports, we are counting trainings and attendee numbers differently than in the past. See section II.A.4 for details.

OCRA continues to employ two full-time CRAs who directly handle or provide technical assistance to staff with the important, time-intensive cases that help consumers move from restrictive settings into the community. In addition to these two "community integration CRAs," other OCRA staff have represented consumers directly in these cases, navigating all the challenges and then participating in all the successes.

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. For example, OCRA's outreach coordinator for the Asian community has been assisting individual OCRA offices to identify new ways to reach out to the Asian and Pacific Islander (API) communities in their catchment areas, including OCRA involvement in a statewide API conference for consumers with disabilities and their family members. Other offices have looked at OCRA data and have chosen different groups to target. Some OCRA staff are serving on disparity or diversity committees and have worked with their regional centers to identify ways to better serve those from underserved communities.

OCRA staff also serve on their regional centers' 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 be participating for the second year in a two-day Self-Determination Program conference in southern California and will continue to work with DDS, the State Council on Developmental Disabilities and regional centers on this program.

OCRA currently 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. OCRA recently closed the Ukiah office which serves consumers of Redwood Coast Regional Center (RCRC), so we now have one office in Eureka to serve consumers in all four RCRC counties. We hired a second CRA in the Eureka office, who started in September 2015. Staff in that OCRA office have already provided outreach and trainings to regional center staff and the Native American community in Klamath. We also hired a new CRA for Alta California Regional Center consumers who started in August 2015. The former CRA for Westside Regional Center transferred to our Inland Regional Center office during this review period, so we have a new CRA for WRC as well. We also plan to hire a second Peer Advocate 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. 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 5,120 issues for regional center consumers during this 6-month period. 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, 2015, 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 the stories of direct advocacy. Advocates regularly submit summaries of cases or outreaches that have practical value and demonstrate a good outcome or teach a lesson. 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. OCRA summarized cases for the last fiscal year in the Advocacy Report section of the 2014-2015 Annual Report. The summaries from July 2015, through December 2015 are compiled and attached as Exhibit C.

These advocacy stories show the extraordinary value and diversity of OCRA's work. Many of these cases reflect resolution of systemic problems through direct representation while others demonstrate resolution through collaborative relationships. During this reporting period, we had a large number of IHSS cases. These cases are important, as we noticed a trend with consumer and family member concern about the new overtime rules and the implementation of parent provider regulations. As consumers and family members call our office about these issues, we help them with their individual legal issue, provide trainings to the community, and identify patterns which we work to resolve with county.

We post all of our advocacy reports and other success stories on our website at least weekly, often daily. These stories are a quick and easy way for DDS and the public to see summaries of our work and better understand the rights of people with disabilities.

2) Analysis of Consumers Served.

OCRA handled 5,120 cases from July 1, 2015, through December 31, 2015. 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.

38.5 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 24.2 percent. These data are consistent with previous semi-annual and annual reports. For those cases where gender is recorded, as in the past OCRA served more males than females, with 64 percent of the consumers served being male and 36 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, 12th Edition. The Fact Book attributes the growing gender imbalance, in large part, to the growing Autism population, 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 3,629 service requests showing consumers living in the family home or almost 71 percent of the cases handled. This

percentage is lower than the 74 percent from OCRA's last annual report. The next largest group served is those living independently, with 644 service requests or just over 12.5 percent with this living arrangement. This is higher than the 10 percent in OCRA's last annual report. Given our increased involvement with people transitioning from developmental centers and other restrictive settings into the community, we expect this number will continue to grow. See section below on consumers assisted with moving to a less restrictive living arrangement.

OCRA's statistics on the ethnicity of consumers served for the year show OCRA's continuing commitment and success in serving underserved communities. For example, 38 percent of consumers served by OCRA identified as Hispanic/Latino. This is about the same percentage that OCRA served last year, and higher than the 36.1 percent of regional center consumers identified as Hispanic/Latino in January 2014, taken from the DDS Fact Book, 12th 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 9.4 percent of regional center consumers, but a slightly higher 9.6 percent of consumers served by OCRA. Asian consumers make up 6.4 percent of regional center consumers, but a higher 7.2 percent of consumers served by OCRA. To further the goal to successfully serve all underserved communities, see section 4 below, OCRA staff continue to do targeted outreach. More OCRA offices have targeted the Asian and African-American communities in their two-year outreach plans than in previous years in an effort to continue the relationship building that has enabled us to serve those communities well. See section A.4 for more details on outreach plans. OCRA also carefully reviews the Purchase of Service (POS) Data collected by regional centers under Welfare & Institutions Code Section 4519.5.

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.

During this 6-month period, three consumers were placed at the Acute Crises Unit at Sonoma Developmental Center. OCRA is directly representing two of the three. The third person declined assistance, but OCRA is monitoring his stay. The Northern California CRA also learned that regional centers had referred two additional clients to Sonoma, but unfortunately we did not learn of their admission from the regional centers as required by Welfare & Institutions Code Section 4418.7(a)(2). OCRA will continue to work with regional centers to ensure they understand their notification requirements. For those two clients who were referred to Sonoma, OCRA attended meetings to explore options, and neither were ultimately admitted. OCRA knows of two consumers who were admitted into the Acute Crises Unit at Fairview Developmental Center this review period, and represented both of those consumers. Sadly, one of those consumers passed away on December 30, 2015.

Both the Northern and Southern California Community Integration CRAs have been involved in many cases, meetings, and hearings for clients who were already living in Sonoma and Fairview Developmental Centers, respectively. Other OCRA staff continue to be involved in many cases, meetings, and hearings for clients who are or were long-time residents at Porterville, Fairview and Sonoma Developmental Centers. In total, OCRA staff have assisted over 89 consumers residing in developmental centers by reviewing assessments, attending IPP and other types of meetings, and attending hearings. OCRA staff have assisted over 39 clients who are in IMDs and MHRCs such as College Hospital, California Psychiatric Transitions, and Lakewood Health Center. OCRA works internally to determine which IPP meetings to attend and which clients to represent.

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. One example of advocacy where several entities worked together to achieve community integration for a consumer is highlighted:

A Determined Team Helps M.V. Move Into the Community.

M.V. is an adult with cerebral palsy, a seizure disorder, intellectual disability and daily nursing needs. Last year, following an inpatient stay in the

psychiatric unit of a large university hospital, he was admitted to the Acute Crises Unit at Fairview Developmental Center (FDC). M.V. had significant behavior problems including aggression causing injury to others. Once notified of M.V.'s admission to FDC, OCRA attended M.V.'s IPP meetings to help advocate for the supports he needed while at FDC and later in a community placement closer to his family.

M.V.'s treatment team at FDC worked with him to decrease his aggressive behaviors. In tracking his behaviors, staff learned that there was often an increase in these problematic behaviors when M.V. was sick. FDC staff closely monitored M.V.'s medical condition and made appropriate referrals to medical specialists in the community.

After M.V. made significant progress, his IPP team recommended community placement. The regional center identified and contracted with a vendor to develop a specialized group home and provide services for M.V. in the community. Group home staff met with M.V., attended several IPP meetings, observed him in his programs, and got to know him. Although M.V.'s team set a date for him to move to his new group home, the renovations, licensing, DDS health and welfare exemption process and transition planning still needed to be finalized. The regional center, DDS, FDC, the vendor, Community Care Licensing, and Tri-Counties Housing Corporation all collaborated to get M.V.'s new group home and supports ready by his move-in date.

In October 2015, M.V. finally moved to his group home in the community and began attending a public school special education program. To care for his daily nursing needs, the regional center contracted with a nursing agency in the community. At a recent visit, M.V. proudly gave OCRA staff a tour of his home, showing off his bedroom and chalk drawings outside the home. M.V.'s communication skills are improving daily through the use of sign language and a communication board. M.V. enjoys taking walks, playing soccer, going on van rides in the community and stopping by local fast food restaurants for a soft drink. M.V. often displays his great sense of humor. He loves to listen to music on the home's van radio and will tease staff by changing the radio stations.

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 the last fiscal year, OCRA presented at 178 trainings with a total attendance of approximately 6,840 people at the various trainings. This is a slight decrease from last year's semi-annual report. As noted in the outreach and training report at Exhibit D, the slight decrease could be because OCRA is trying to more accurately count the number of individuals we speak to at large events.

OCRA continues to have a Peer Advocate. This is a person with a developmental disability who provides community trainings, coaching and advocacy to clients, and assists staff in developing consumer friendly trainings. 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 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 three outreaches per year to a specific group of persons who are underrepresented in the office's catchment area. Mary Melendrez 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 information from DDS regarding the ethnicity of consumers served by each regional center. This semi-annual report covers the first six months of a new two-year outreach cycle.

Jackie Dai continues to serve as the Outreach Coordinator for the Asian community in an effort to improve our services to this community. She is organizing the participation of several OCRA offices in a statewide conference for Asian and Pacific Islander consumers with disabilities and their families. Also, more OCRA offices have identified the Asian

community as their target for outreach. 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, 2015, through December 31, 2015, OCRA resolved 5,120 issues for consumers. Of those, all but 9 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 local regional centers, stakeholders, and community members. Some examples of collaboration include serving on Behavioral Modification Review Committees, Risk Assessment Committees, County Coordinating Councils, Supported Life Training Planning Committees, county customer service and appeals and hearings meetings, DDS Taskforce Implementation Workgroup, State Hearings Division Stakeholder meeting, Fiesta Educativa, diversity committees, and many others. All CRAs are participating in meetings with their regional centers' Self-Determination Program Local Advisory Committees. Some OCRA staff provide training to regional center staff. Some regional centers ask CRAs to train new vendors as part of their orientation and make meeting with OCRA a part of the new service coordinator orientation. Many OCRA staff 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, 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 many regional centers. During this review period, the MOU was updated with North Los Angeles County Regional Center. 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 DRC's Executive Director, Catherine Blakemore met with ARCA one time during this review period, on 10/30/15. We also serve on committees together and regularly phone and email each other. OCRA staff attended a conference put on by ARCA regarding forensic client issues. We will participate on the ARCA Equity Committee beginning in January 2016. We also co-trained with regional center staff about strategies to foster participation in stakeholder meetings regarding purchase of service disparity data.

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 fifty-eight (758) surveys were mailed out. One hundred and four (104) people returned the surveys. This represents a 14 percent return rate, which is lower than previous review periods. OCRA will consider sending more surveys in order to get a higher number back.

Of those responding to the questions, 95 percent felt they were treated well by the staff. 90 percent believed their call was returned within two days, which is an increase compared to 88 percent from the last annual report. 94 percent of the respondents reported that they understood the information they received. 95 percent felt they were listened to. 89 percent of respondents felt they were helped with their question/problem, which is an increase from 88 percent last reported. 93 percent of respondents said they would ask their Clients' Rights Advocate for help again, which shows an increase from the 91 percent in the last annual report. 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 increases in positive responses to several questions on the survey, particularly the increase to 90% of respondents who indicated their call was returned within two days. Most offices have fully implemented the use of an electronic phone call log, which OCRA managers and other staff can access. This type of call log helps ensure calls are logged and returned, and if staff are unexpectedly out of the office, another staff person can return those calls timely. OCRA has hired a Bilingual ACRA for both Northern California and Southern California, to help with Spanish callers, high call volume offices, and when staff are out.

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.

Dear Ms. Katie Spielman:

My name is _____. I'm
a newcomer to United States
at last year. I studied in
Abraham Lincoln High School I
felt stressful and nervous,
because I don't know English
I can't communicate with
other people.

Now, I got the Cantonese-
speaking paraprofessional aid. I'm
very happy and enjoy to learn
English.

Thank you for your help.
Best regards,

Dear Ms. Katie Spielman:

My name is _____. I'm a newcomer to United States at last year. I
studied in Abraham Lincoln High School I felt stressful and nervous,
because I don't know English I can't communicate with other people.

Now, I got the Cantonese-speaking paraprofessional aid. I'm very
happy and enjoy to learn English. Thank you for your help.
Best regards,

Aimee,
you are a true
blessing to us. I
am ever so grate,
for all you have
done and taught
me through this
journey. May the
Lord abundantly
bless you.
Love,

Aimee,
You are a true blessing to us. I am ever so grate, for all you have
done and taught me through this journey. May the Lord abundantly
bless you. Love,

Kendra.
Thank you for your
presentation on SSI - we are
so grateful!
We look forward to the next one
😊

Kendra,
Thank you for your presentation on SSI – we are so grateful! We
look forward to next one. (smile)

Señor Carlos Mora
Un saludo por Fiestas de
Navidad y Año Nuevo 2016
Le deseo que goce de salud,
Trabajo y felicidad en su vida
Gracias por su gran ayuda.

Señor Carlos Mora. Un saludo por Fiestas de Navidad y Año Nuevo 2016. Le deseo que goce de salud, trabajo y felicidad in su vida. Gracias por su gran ayuda. (Mr. Carlos Mora. Greetings for Christmas and New Year 2016. I wish you enjoy health, work and happiness in your life. Thank you for your great help.)

Margaret
Thank you for all your
help with [redacted]
CCS. We really
appreciate it and couldn't
have done any of it
without your constant
help.

Margaret,
Thank you for all your help with ____ CCS case. I really appreciate it and couldn't have done any of it without your constant help.



Dear Bebo:

Thank you very much for participating as a presenter at North Los Angeles County Regional Center's Festival Educacional on Saturday, November 7, 2015 at Sam's Café! Approximately 76 people attended this year's event and overall response to the presentations was very positive.

There were 39 San Fernando Valley families and 3 Santa Clarita Valley families represented at the event. For 22 of the families it was their first time attending Festival. We received approximately 42 completed evaluation forms with the majority of those in attendance rating your presentation as being excellent.

We really appreciate that you took time out of your busy schedule to help make this year's Festival a very successful event, and we hope to work with you again soon in the future.

Thank you, again, for your support!

Sincerely,

A handwritten signature in cursive script that reads "Sara Iwahashi".

Sara Iwahashi
Public Information & Training Supervisor

Dear Bebo:

Thank you very much for participating as a presenter at North Los Angeles County Regional Center's Festival Educacional on Saturday, November 7, 2015 at Sam's Café! Approximately 76 people attended this year's event and overall response to the presentations was very positive.

There were 39 San Fernando Valley families and 3 Santa Clarita Valley families represented at the event. For 22 of the families it was their first time attending Festival. We received approximately 42 completed evaluation forms with the majority of those in attendance rating your presentation as being excellent.

Attachment 4

We really appreciate that you took time out of your busy schedule to help make this year's Festival a very successful event, and we hope to work with you again soon in the future.

Thank you again, for your support.

Sincerely,
Sara Iwahashi
Public Information & Training Supervisor

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 fiscal year. This is higher than last year, and much higher than the 84 percent reported in our last semi-annual report. OCRA will continue to use the electronic call logs and the extra Bilingual Assistant CRA 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, 2015.

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.

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. Minutes for the meeting held on September 18, 2015, are included as Exhibit H. DDS staff is invited and encouraged to participate in the next meeting, which is set for March 11, 2016, in San Diego.

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 23 self-advocacy presentations statewide.

Staff may present from any of the approved self-advocacy trainings. To date, OCRA has developed six separate 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. The Peer Advocate, who provides self-advocacy training to consumers in restrictive settings like Canyon Springs, will continue to develop new self-advocacy training ideas. When OCRA hires the northern California Peer Advocate, this will be a joint effort. The Peer Advocate is also collaborating with members of OCRA's training committee to provide an interactive "how-to" training on OCRA's various self-advocacy trainings, including skits and acting. This will be a learning refresher for most OCRA staff, but new guidance to several new OCRA staff.

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 Contract Manager, it was decided that OCRA should not submit duplicate training packets in this year's annual report. 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. 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 5,120 matters. There were two first level grievances filed by consumers or their families. Neither of the grievances proceeded to the second level to be heard by the Disability Rights California Board of Directors. Attached as Exhibit L is a chart detailing the grievances filed against OCRA during this 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 \$1,200 in attorney's fees from an ADA Title III complaint this fiscal year, see Exhibit M.

VIII. CONCLUSION

OCRA has continued to provide exceptional service to people with developmental disabilities throughout the state. OCRA handled 5,120 cases for 3,611 different clients. Additionally, OCRA provided 178 trainings to over 6,840 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.