

CLIENTS' RIGHTS ADVOCACY SERVICES

**Annual Report
July 2012 – June 2013**



**BY:
State Council on Developmental Disabilities**

**STATE DEVELOPMENTAL CENTER AND STATE OPERATED
COMMUNITY FACILITIES
CLIENTS' RIGHTS ADVOCACY
ANNUAL REPORT - PUBLIC
2012-2013**

Introduction

This report is respectfully submitted in accordance with the interagency agreement between the Department of Developmental Services and the State Council on Developmental Disabilities for the provision of clients' rights advocacy services at all State Developmental Centers and State-Operated Community Facilities.

Clients' Rights Advocacy Services Executive Summary 2012-2013

	Canyon Springs	Fairview	Lanterman	Porterville	Sonoma	Total
<i>Number of Services Provided (Appendix A)</i>	56	136	243	314	178	927
<i>Denial of Rights (Appendix B)</i>	24	20	3	204	16	267
<i>Number of Requests for Release forwarded to Superior Court (Appendix C)</i>	14	21	3	17	9	361
<i>Grievances</i>	0	0	0	0	0	0
<i>WIC 4731 Complaints filed</i>	2	0	0	1	0	3
<i>Complaints (Non-WIC 4731)</i>	8	6	3	4	4	25
<i>Incident Reports</i>	0	20	0	47	0	67
<i>Mandatory Abuse Reports</i>	0	0	0	0	1	1
<i>DC Staff and Provider</i>	40 51	25	26	13	6	121

<i>Self Advocacy Trainings</i>	12	6	2	2	5	27
<i>Meetings attended with Exec and Admin Staff</i>	55	40+	10	10	14	129+

Overview of Services Provided

Canyon Springs Community Facility

Canyon Springs will celebrate its 12th anniversary in upcoming December 2013. The population at the time of this report is 54. A total of over 178 Clients have been served by this facility. The CRA provides advocacy services to those individuals at Canyon Springs and has requested to serve those who are placed in the community. The CRA meets with each new arrival and provides information on how to reach the CRA by using the public telephone (*81) and explains their rights including giving a copy those rights to each client. The CRA is available both in person (Monday thru Friday) and by mobile phone (Weekends/After- Hours /Holidays) to all clients that reside at Canyon Springs.

The CRA meets with the clients individually and in small groups to provide self-advocacy training. The CRA participates in the Client Council Meetings that are held monthly. The CRA has initiated a Client Advocacy Group (Canyon Springs Statewide Self Advocacy Network –CS-SSAN), and participated in a liaison meeting hosting regional centers who serve the population at Canyon Springs. The CRA attends morning management meetings to discuss incident reports and other issues involving clients on a daily basis. The CRA participants and is a member of the Restrictive Intervention Review Committee (RIRC) which meets on a monthly basis.

The CRA meets regularly with the management team to discuss policies and procedures, clients’ concerns and rights protection.

The CRA provides clients’ rights training to new employees and volunteers, a refresher course to active employees and volunteers on a monthly basis, and students from surrounding universities & colleges.

Fairview Developmental Center

The CRA continues to provide services in the following areas:

- Investigates alleged clients rights violations and abuse allegations brought to the CRA attention by consumer, family and/or staff.
- Attends denial of rights meetings and approves/reviews denial of rights requests.
- Assists consumers' requests for release with filing Writs of Habeas Corpus.
- Assists consumers with pending court hearings and other legal matters by communicating with attorneys and helping consumers communicate with attorney and Regional Center (RC) representatives.
- Consults with consumers, their families, ID Team and other FDC staff, Deputy Public Defenders and RC representatives regarding rights issues.
- Attends Individual Program Plan (IPP) meetings, Transition Support and Review meetings and special meetings at the request of the consumer, parents, RC representatives, and FDC staff where rights are discussed or to convey consumer concerns.
- Reviews all incident reports with recommendations, as warranted.
- Reviews FDC policy and procedures.
- Provides training and consultation to Orange County Public Defender's Office, District Attorney, and Superior Court, as necessary.
- Makes referrals to various other advocacy agencies, as necessary.
- Provides annual training for all FDC employees in Clients' Rights and SCDD/Area Board role in advocacy, as well as for new employees at orientation.
- Provides training for FDC staff and other interested parties, as requested.
- Provides Self-Advocacy training to consumers.
- Provides technical assistance in filing complaints on behalf of consumers and/or their authorized representatives.
- Provides technical assistance in filing Fair Hearings and supports consumers and/or their authorized representatives, as necessary.

In addition to the above, the CRA attended weekly, monthly, and quarterly meetings to help ensure consumer rights were being protected. These meetings consisted of:

- Behavior Supports Committee (BSC)/Human Rights Committee (HRC)
- Incident Review Committee
- Bioethics Committee
- SCRP Liaison and SCRP Advisory Meetings
- Fairview Community Association meetings
- Regular meetings with Fairview Executive and Clinical Director

Lanterman Developmental Center

The Clients' Rights Advocate (CRA) provided services to protect and assert the rights of those living at Lanterman Developmental Center (LDC). The following is an overview of the services provided for this reporting period.

The CRA provided consultations to residents, their families, LDC staff, Deputy Public Defenders, and Regional Centers concerning the following issues: access to community activities; bioethics; prompt and appropriate medical treatment (including pain management); least restrictive living arrangements; access to personal possessions; right to practice freedom of religion; least restrictive interventions (including supervision levels, protective supportive devices (PSD), highly restrictive behavioral interventions); dignity, privacy, and humane care; request for release procedures; denial of rights procedures; the IPP process; the role of a conservator; the role of the Interdisciplinary Team; and appeals processes.

The CRA also provided advocacy assistance by attending IPPs (including placement planning meetings and special team meetings) and conveying residents' concerns. The CRA also investigated complaints and sought prompt resolution, as appropriate.

The CRA conducted regular trainings regarding clients' rights for LDC staff, volunteers, and community members, as noted in the "DC staff and provider training" portion of this report. Additionally this reporting period, the CRA provided training regarding "People First Language" at LDC's July 2012 Systems Outcome Presentation.

In regards to self-advocacy, the CRA provided training at the center-wide Residents' Council concerning specific residents' rights in addition to providing individualized responses to general self-advocacy concerns/requests. The CRA was also available to provide training, upon request to residents, family members, and staff.

The CRA reviewed EXECalerts (initial report of incident), ACNS 24-Hour Reports, General Event Reports (high level only), Administrative Directives, court minute orders, and the daily census which tracks client transfers, both within LDC and in the community (placements, therapeutic leaves, hospital stays), for possible clients' rights violations and additional training needs.

The CRA attended Superior Court hearings and communicated with the attorneys assigned to represent clients who have requested release from the developmental center as well as with other court-related matters. The CRA assisted the clients in communicating with their attorneys and their Regional Center representatives as well

as attended any needed court hearings.

The CRA served on the Behavior Services Committee (BSC); the Human Rights Committee (HRC); the Bioethics Committee; the Quality Management Committee (QMC); the Daily Executive Risk Management Team, as needed; the Pain Management Committee (PMC); and attended the Executive Committee (EC) as a guest when invited.

Additionally, the CRA attended several Urgent Behavior Support Committee meetings; attended HRC ad-hoc meetings for various issues; and consulted with a few Behavior Review Groups. The CRA provided concerns related to clients' rights issues to the appropriate committee/team, as warranted.

Porterville Developmental Center

The CRA continues to provide services in the following areas:

- ❖ Attends Individual Program Plan (IPP) meetings at the request of residents, parents, regional center staff and Porterville Developmental Center staff where resident's rights are discussed.
- ❖ Attends special meetings when issues of resident's rights arise.
- ❖ Speaks to Administration on the behalf of residents when a right has been denied.
- ❖ Have residents sign Requests for Release when they state they want to leave Porterville Developmental Center. Assists them with contacting the Public Defender's Office, and liaison between consumers and Public Defender's Office when consumers cannot contact Public Defender on their own.
- ❖ Assists and represents residents in the Fair Hearing process.
- ❖ Investigates abuse complaints brought to our attention by the resident, family and/or staff.
- ❖ Approves and reviews Denial of Rights requests.
- ❖ Provides rights and self-advocacy training to residents and staff.
- ❖ Talks and works with family members on rights issues.
- ❖ Provides training to staff on how to effectively interact with residents and to use positive reinforcers.
- ❖ Participates on committees to provide input into policies dealing with resident's rights.
- ❖ Reviews all proposed policy changes that involve clients' rights issues. Member of Policy Committee.
- ❖ Provides training to residents and staff on Client's Rights, the Denial of Rights

Process, and End of Life decision making process.

- ❖ Provides Self-Advocacy training to residents.
- ❖ Provides training and consultation to the Public Defender, District Attorney and the Superior Court.
- ❖ Supervised the Volunteer Advocates during vacancy of the Advocacy Services Coordinator (for 9 months this year).
- ❖ Provide training to the Volunteer Advocates on a monthly basis during ASC vacancy.
- ❖ Review all Incident Reports.
- ❖ Review all postural and medical supports prescribed in the Acute Care unit and the Skilled Nursing Unit.
- ❖ Review restricted access plans.
- ❖ Review Program Descriptions.
- ❖ Research policies and regulations in order to make appropriate decisions and give clear directions.

In addition to the above, weekly and monthly meetings were attended to help ensure the protection of resident's rights. These meetings consisted of:

- ❖ Human Rights Committee
- ❖ Behavioral Management Committee (reviewed 589 plans for Highly Restrictive Interventions)
- ❖ Incident Review Committee
- ❖ Dysphasia Committee
- ❖ Research Committee
- ❖ Bioethics Committee
- ❖ Secure Treatment Information Committee
- ❖ Family Life Committee
- ❖ Regular meetings were also held with the Executive Director and Clinical Director where issues were discussed and resolutions were sought. Meetings were also held with the Program Directors as needed.

Sonoma Developmental Center

Clients' Rights Advocate provided services to protect, assert and ensure the rights of all persons living at Sonoma Developmental Center. These services include the following:

- Provided comprehensive clients' rights advocacy services for persons with developmental disabilities who are residents of Sonoma Developmental Center.
- Provided on-going training and consultation for the staff and residents of SDC

addressing advocacy and clients' rights.

- Assisted several consumers (and in some instances their conservator) in obtaining and understanding local procedures for initiating fair hearings. This included referring consumers to the local area board office or other advocacy organization for assistance in the fair hearing process.
- Accessible to consumers, including: visiting DC/CF service providers, facilities, and residences; attending planning conferences at the invitation of consumers or their representatives; and participated in self-advocacy groups and conferences.
- Provided clients' rights resource for current legislation and laws affecting DDS to consumers and their families, and to other interested persons or organizations in the community.
- Initiated action on behalf of consumers who were unable to register a complaint on their own.
- Asserted and protected the rights of consumers entering or changing their dwellings, including placement in community care and health care facilities; judicial commitments and/or re-commitments to DDS for placement at DCs/CF; and to assist with filing a Request for Release (Writ of Habeas Corpus).
- Participated in various clinical, administrative and staff meetings and committees, when clients' rights issues were discussed or when the clients' rights advocate is named as a participant in regulation. This included the following: The Human Rights Committee, the Bioethics committee, the Whole Person Review committee (formerly was known as both Behavioral Intervention Review Committee and the Health Related Restraint Committee). CRA (regularly) attends a daily meeting that reviews Incident Reviews/Generated Event Reviews from across the facility.
- Reviewed all denial of rights on campus and maintained a data base with reports that were discussed at the Human Rights Committee.
- Conducted abuse investigations on campus and in outside hospitals involving SDC clients.
- Aided the consumers in the court process by notifying the court of any request for release and helping the consumer through the Writ process.
- Coordinated with the consumer's public defender in representing them in court by advocating for the least restrictive setting.
- Educated consumers, family members, conservators and facility staff of the court system process.
- Worked with the court investigator/ probate manager, superior court clerk and public defender's office in streamlining the writ process and length of processing time from writ to trial.

- Attended almost all of the court sessions held on campus.

These services include the participation (on a regular basis) in the following committees: Human Rights Committee, Behavioral Intervention Rights Committee, Health Related Restraint Committee and Bioethics Committee. The CRA also participates in the Incident Review Committee approximately from one to five times a week.

Consumers Served by the Clients’ Rights Advocate

See Appendix A

Denial of Rights

See Appendix B

Request of Request for Release Activity

See Appendix C

Complaints Filed Under Grievance Procedure

Developmental Center	Nature of Complaint	Status of Complaint	Outcome of Complaint
<i>Canyon Springs</i>	None		
<i>Fairview</i>	None		
<i>Lanterman</i>	None		
<i>Porterville</i>	None		
<i>Sonoma</i>	None		

Complaints Filed Under Section 4731 WIC and Section 50540 of Title 17, California Code of Regulations

Developmental Center	Nature of Complaint	Status of Complaint	Outcome of Complaint
<i>Canyon Springs</i>	Clients personal property	Resolved	Personal property returned

	(cigarettes) restricted		
	A consumer verbally threatened another consumer while on a 1:1. Due to “imminent danger”, a behavior emergency was called and wrist to waist & ankle to ankle restraints were used. Subsequently, a meeting held but ended without a plan to reduce and/or eliminate use of restraints.	Resolved	The initial decision to place consumer in restraints was an administrative decision to ensure immediate safety of other consumers. Although a formal meeting to discuss reduction/ elimination was not held, unit staff met on a weekly basis to review progress and use of restraints were reduced and eventually eliminated.
Fairview	None		
Lanterman	None		
Porterville	Failure to protect; rights violation	On-going	On-going
Sonoma	None		

Complaints NOT Filed Pursuant to Section 4731 and Section 50540 of Title 17, California Code of Regulations

Developmental Center	Nature of Complaint	Status of Complaint	Outcome of Complaint
Canyon Springs	Client wanted to keep their personal cd's	Resolved	Meeting held/Client allowed to keep their music cd

	Client wanted to attend church	Resolved	Church services provided to all Clients
	The right to live in the least restrictive environment	Resolved	Meetings held. Advocacy services provided to assist with placement.
	Client requested to call parent/regional centers/volunteers.	Resolved	Parent/regional centers/volunteers notified, and called as requested.
	Client alleged personal items were taken/misplaced/stolen	Resolved	Investigation made, items replaced.
	Client requested to wear clothing of their choice	Resolved	Client purchased clothing of their choice.
	Client wanted to visit family off campus	Resolved	Meetings held. Client visited family as requested off campus.
	Client wanted to work 'off grounds' at work site	Resolved	Meetings held. Client is presently working off grounds.
Fairview	Unit supervisor was going to limit mother's visits to on unit/campus due to "her not following ID's decision" of consumer not being able to have a personal possession until she was 6 months free from self injurious behavior	Resolved	CRA attended meeting. Discussed that less restrictive alternatives were not pursued and that the unit supervisor should look to see what can be done to allow mother/daughter to continue with off-campus visits. A plan was developed and mother agreed to plan. Contingencies plans developed.
	Program director wanted to institute	Resolved	CRA attended 2 meetings. Program director wanted non-

	<p>use of non-contingent helmet/wrist to waist due to pica behavior. Consumer had been on a 1:1 due to recent ingestion and again ingested an earring from another consumer.</p>		<p>contingent helmet during waking hours. In first meeting, the psychologist was to meet with senior psychologist for advice regarding BSC. In second meeting, it was determined that non-contingent use would not get BSC approval and use of contingent helmet, mittens and wrist to waist use was reassessed for efficacy.</p>
	<p>Consumer complained that staff were speaking “their language” in front of her and it made her feel uncomfortable.</p>	<p>Resolved</p>	<p>CRA discussed issue with Clinical Director. Clinical Director asked that the issue be discussed with Program Director. Initial response from Program Director was that she had already addressed this with the staff and wanted to know which unit as she had already trained this last year on the topic. CRA requested that it be discussed again as it appeared to still be an issue with consumer. CRA spoke with consumer a few weeks later and was told that it is no longer an issue.</p>
	<p>A consumer was refusing to take psychotropic medications.</p>	<p>Resolved</p>	<p>CRA attended multiple meetings and discussed issue with FDC administration. Consumer continues to refuse to take psychotropic medications and has been showing signs of mental health breakdown. Attempts have been made to get her to take medications by mouth</p>

			with no success. Plan had been developed which outlined steps to be taken with oral medication being attempted first. If this was unsuccessful, IM shots with HRIs being used would occur. As language in consumer's 6500 indicated that she was not capable of making decisions, FDC administration reported that this procedure was allowed within their scope of treatment. CRA continues to monitor this issue.
	A consumer requested to watch pornography. His ID Team wanted to deny his request.	Resolved	CRA attended meeting. Psychologist had done a socio-sexual assessment per Unit Supervisor's request. Psychologist reported in meeting that consumer should never be allowed to view pornography at any time. CRA informed ID Team that they did have a right to deny access to pornography; however, per FDC Policy & Procedure manual, a training protocol would need to be developed and implemented. A DOR was initiated; however, the DOR stipulated that socio-sexual training would be conducted per FDC P & P with his psychologist.
	A consumer was involved in an altercation with 2 other consumers	Ongoing	CRA has attended all court hearings, specials and has provided Alternate Public Defender, Regional Center

	<p>who assaulted a fourth consumer. Consumer was in custody for over two weeks. Consumer was released with the stipulation to comply with a minute order/protective order. Case was to be reviewed every 3 months by the court, with the intent to have case dismissed as long as consumer complied with court order. Since consumer's release, the consumer has complied with minute order/protective order; however, continues to have behavioral issues. In once instance, consumer was handcuffed and he asked to sign a stipulation that indicated if not followed he could be arrested (behavior contract). FDC has stated that they feel this</p>		<p>worker on status of consumer on an ongoing basis. CRA has also discussed the incident where consumer was asked to sign behavior stipulation with management. FDC continues to believe that consumer needs a different placement. Regional center has requested a special meeting to discuss behavioral treatment and meeting is pending.</p>
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	consumer should be transferred to PDC.		
Lanterman	Client requested advocacy assistance regarding living arrangement (community placement).	At client's request, CRA continues to monitor placement planning and attend related meetings.	CRA provides advocacy assistance and consultation to Regional Project and Regional Center on client's behalf. Placement planning process ongoing.
	Client requested advocacy assistance regarding living arrangement (community placement).	At client's request, CRA continues to monitor placement planning and attend related meetings.	CRA provides advocacy assistance and consultation to Regional Project and Regional Center on client's behalf. Placement planning process in early stages.
	Client requested advocacy assistance regarding living arrangement (community placement).	At client's request, CRA continues to monitor placement planning and attend related meetings.	CRA provides advocacy assistance and consultation to Regional Project and Regional Center on client's behalf. Presently CRA attends IPP and special IPP meetings. Placement planning process about to begin.
Porterville	Consumer complained that he did not like speaking and felt uncomfortable with OPS	Resolved	Client met with OPS with the CRA in attendance, provided a statement, no issues.

	Consumer complained about his medication, leisure time and made threats to harm himself	Resolved	Meeting held, medication plan reviewed, additional leisure opportunities provided, behavior back on baseline. No further issues.
	Consumer complaint that he had been removed from a class sight without prior notification	Resolved	Meeting held, issue resolved
	Consumer complained that he had been fired from his worksite	Resolved	Consumer had not been fired; he had refused to go to work.
Sonoma	Mother /conservator filed a fair hearing against the (administrative) closure of her son's residence. She felt the unit closure would be more traumatic for him. He was one of the victims of the taser abuse that had occurred in 2010.	After most of his peers were (administratively) moved to other residences his mother came to the conclusion that	Mother/conservator initiated a notification of resolution from the CRA office.

		because some of his friends were already moved the fair hearing process would be more up-setting for her son than a move to another unit.	
	Mother /conservator filed a fair hearing complaint against her son being moved from an Intermediate Care (ICF) unit he had lived on for (over) 22 years to another residence on the skilled nursing (NF) side.	The administration recanted the move and her son remained on his long time residence.	Mother/conservator initiated a notification of resolution.
	A resident of Corcoran was informed of an administrative notice of action to move her to a southern developmental center. She did not	The client requested assistance from outside legal.	The client initiated a notification of resolution.

	want to go and instead filed for fair hearing with my assistance.		
	A resident of Corcoran was informed of an administrative notice of action to move him to a southern developmental center. He did not want to go and instead filed for fair hearing with my assistance.	The client requested assistance from outside legal.	On-going.

Incident Reports Submitted by State Developmental Center

Developmental Center	Number	Type
<i>Canyon Springs</i>	0	N/A
<i>Fairview</i>	2 18	Allegations of abuse Emergency Denial of Rights
<i>Lanterman</i>	0	
<i>Porterville</i>	8 6 22 6 3 2	Verbal abuse Psychological/Emotional abuse Staff Boundary issues/Clinical practice Physical abuse Rights violation Neglect Fiduciary
<i>Sonoma</i>	0	

Mandatory Abuse Reports Submitted to Other Protective Services Agencies

Developmental Center	Issue	Agency Submitted To
<i>Canyon Springs</i>		All incidences that meet reporting criteria per Department of Developmental Services policy 129 are reported to: Department of Health Services, Department of Developmental Services and the Regional Center.
<i>Fairview</i>	All above listed incidents are reported by FDC to appropriate agencies	DSS Health Care Licensing and DDS-DCD Division
<i>Lanterman</i>	None	
<i>Porterville</i>	None	
<i>Sonoma</i>	Allegation of abuse	CDPH Licensing

DC Staff and Provider Trainings

Developmental Center	Summary of Content	Number and Type of Attendees	Number of Sessions
<i>Canyon Springs</i>	Monthly Block Training - Clients' Rights Advocate duties and responsibilities	33 - Canyon Springs Developmental Center Employees	21
	New	18- Canyon Springs	

	Employee/Volunteer/ Orientation Training - Clients' Rights, Requests for Release, Self-Advocacy	Developmental Center's newly hired employees.	20
	Advocacy Training – Clients' Rights	6-Volunteers/ Advocates	4
	Clients' Rights Advocacy Training	96 – San Bernadino Valley College	6
<i>Fairview</i>	Basic Principles of Clients' Rights presentation – one hour	27	10
	New Employee Orientation- Clients' Rights presentation (1 ½ hours).	193	11
	Supporting Choices, Making Transition	70	4
<i>Lanterman</i>	Clients'/Human Rights Consisted of one and a half hour training concerning clients' rights, human rights, requests for release, conservatorships, appeals procedures, and denials of rights.	323; attendees were new staff, existing staff undergoing annual training, volunteers, and community service providers/members.	24
	Clients'/Human Rights Consisted of a forty-five	152; attendees were students	2

	minute training concerning clients' rights, human rights, requests for release, appeal procedures, and denial of rights	enrolled in psychiatric technician or LVN nursing programs	
Porterville	New Employee Orientation: Overview of Resident's Rights, function of the Area Board and the CRA, Denial of Rights process, responsibility of staff as advocates	27DC Staff	9
	Clients' Rights Training	40 Consumers 15 DC Staff	2
	Monthly Advocacy Training	12-15 Volunteer Advocates	2
Sonoma	History of the Lanterman act and rights training.	50 plant operations staff, trust office staff, Human Resources staff and Administrative services managers and personnel.	1
	Rights training for the whole person review.	6 social worker, community representative, senior psychologist, medical director, senior occupational therapist, facility pharmacist manager.	1
	Article submission in the facility news paper describing services of	Facility and SDC liaison recipients	1

	the SCDD CRA and VAS advocacy office. Included was campus office location and contact information.		
	Voting rights training in conjunction with VAS	8 social workers	1
	Writ process and right to attend court. Aided in educating the court investigator/probate manger, regional project staff and regional center representatives.	23 professionals from the court, regional project and various regional centers that have clients at SDC.	1
	Introduction to rights and the CRA functions on campus.	Individual Program Coordinators	1

Self-Advocacy Trainings

Developmental Center	Summary of Content	Number and Type of Attendees	Number of Sessions
<i>Canyon Springs</i>	Canyon Springs Statewide Self Advocacy Network (CS-SSAN)	55 residents; 6 staff	12
<i>Fairview</i>	<u>July 2012 – PF of FDC General Meeting –</u> Agenda: Think, Plan, Do – “Managing My Money”	22 residents and support staff	One session

	<p><u>November 2012- Self-Advocacy Information Fair</u></p>	<p>60 residents and support staff</p>	<p>One session</p>
	<p><u>January 2013 – PF of FDC General Meeting – Agenda: “Healthy Choices/Healthy Eating”</u></p>	<p>25 residents and support staff</p>	<p>One session</p>
	<p><u>March 2013- Town Hall Meeting</u></p>	<p>60 residents and support staff</p>	<p>One session</p>
	<p><u>March 2013 – PF of FDC General Meeting – Agenda: Think, Plan, Do – “Making Decisions”</u></p>	<p>33 residents and support staff</p>	<p>One session</p>
	<p><u>May 2013 – PF of FDC General Meeting – Agenda: “ Feeling Safe, Being Safe”</u></p>	<p>30 residents and support staff</p>	<p>One session</p>

Lanterman	Right to religious freedom	3 clients and staff	1
	Right to proper medical treatment	8 clients and staff	1
Porterville	Clients' Rights and self advocacy	102 clients	2
Sonoma	Self advocacy training on Bemis with the Unit Supervisor.	14 ICF clients	2
	Choices training the right to choose where to live (with Choices DVD and booklet).	1 ICF client	2
	Voting Rights training in conjunction with VAS and Office of Clients Rights (California).	12 residents 2 staff	1

Meetings Attended with Specified Developmental Center Staff

Developmental Center	Type of DC Staff	Number of Meetings
Canyon Springs	Executive Director	10
	Administrative/Clinical	45
Fairview	Executive Director	11
	Administrative/Committee Meetings: <ul style="list-style-type: none"> • Incident Action Review Team • Bio-Ethics Committee • BMC/HRC 	Daily 6 Weekly

	<ul style="list-style-type: none"> • FDC Community Association meetings • Research Committee Meetings • Curriculum Development committee • Quarterly Regional Project Liaison meetings • SCRIP Advisory meetings • Town Hall meetings 	Monthly
		0
		13
		2
		1
		1
Lanterman	Executive Director	4
	Administrative	6
Porterville	Executive Director	4
	Administrative	10
Sonoma	Executive Director	7
	Administrative	14

Systemic Issues

Canyon Springs

The complaints involving the client's personal property (cigarettes) and cigarettes being considered contraband have been resolved. The property (cigarettes) has been returned to the clients.

Canyon Springs trust accounts are now being managed through Fairview Developmental Center. The clients' (SSI/SSA) benefits and P&I monies first go to Fairview. This process has continues to cause delays. CRA has met with administration and contacted with Fairview Trust to advocate for a streamline process so that the clients will have access to their monies in a timely manner.

Canyon Springs has clients who sign their own consents (for treatment, medications etc.). For the benefit of the client, Canyon Springs could partner with the client's regional center and/or assist with identifying family members or others who could

provide consent when the client lacks the capacity.

Fairview

1. Orange County Public Defenders have been bringing each Writ request before the Superior Court Judge. As of July 1 2012, with the implementation of the AB1471, the judge has ruled that all consumers who have a 6500 commitment and have filed a writ need to have their writ heard in the county in which their 6500 commitment originated. Therefore, all of the writs which did not originate in Orange County have been taken off the Orange County Court calendar. Writ requests from consumers who have a 6500 commitment originating in courts other than Orange County have been filed in their respective counties. Three writs were filed in San Diego County in December 2012 and still have not been put on their calendar to be heard.

Update: CRA has attempted to contact the San Diego Public Guardian's Office and left messages with that office. The CRA also has contacted FDC's Legal Coordinator numerous times inquiring whether these Writs have been put on calendar. FDC's Legal Coordinator has indicated that the San Diego courts have been contacted regarding this issue and that they will be put on calendar; however, as of this writing the CRA has not been notified that dates have been set for these three writs to be heard.

2. In FY 12-13, there were two separate incidents where consumers had assaulted another consumer causing bodily harm and were arrested and spent time in jail. In both instances, FDC requested the individuals not return to Fairview DC.

A. In the first incident which occurred on 8/29/12, two consumers were arrested and charged with three felony counts (battery with serious bodily injury, assault with deadly weapon/force to produce great bodily injury, inflicting injury on elder abuse) and were in jail from August 29, 2013- February 7, 2013. Throughout this time, the Alternate Public Defenders (APDs) requested to drop the cases if they could provide the court with alternative solutions. Possible solutions were presented over the course of these 6 months. Eventually, the APDs were successfully had the charges reduced to misdemeanors and the respective regional centers were able to identify alternative placements. On February 7, 2013, both consumers were released from jail. One consumer moved into SLS and the other consumer moved home with his family.

B. The second incident, which occurred on 12/20/12, involved three consumers, one of whom had been placed at FDC under the new emergency bill. All three were involved in the assault of another consumer. Two of the

consumers were arrested and charged with two misdemeanor counts (assault with deadly weapon/force to produce great bodily injury, inflicting injury on elder abuse) and were in jail from 12/21/12 – 1/9/13. The third consumer, who resides at Fairview under the acute admission criteria, was charged with the same counts; however, he was not taken in custody and placed in the OC jail. He remained at FDC. As with the two consumers from the first incident, FDC administration expressed desire for the two consumers to not return to FDC. Their Alternate Public Defenders (APDs) were able to get them released on their own recognizance with the stipulation that they were to follow a minute order/protective order. It was the APD's intent to have the charges dismissed after 6 months of compliance with the minute order/protective order. None of the charges have been dropped and all three consumers were to appear in court in July. The one consumer who was admitted to FDC under the emergency bill is in the process of transitioning back to the community as he is almost at the one year limit mark. FDC continues to indicate that one of the consumers should not be living here and would like to institute the use of wrist to waist restraints under a "special programs level" where if he aggresses, they are to keep him in the restraints the rest of his day or until he is in a safe environment (his room). A special meeting is to be held to present the use of this restraint.

Update: We continue to discuss our concerns with FDC's administration regarding this issue but have been advised that since the implementation of the trailer bill, processes have changed. We will continue to bring this issue to the table, in search of creative solutions.

3. We have seen an increase in handcuffs being used as a "last resort" during behavioral emergencies when OPS is called to assist. In February 2013, the CRA brought up this issue when meeting with FDC administration. At that time FDC indicated that handcuffs would be used if there was a clear and present danger. In June 2013, we again brought up this issue after learning of 3 incidents involving handcuffs within a one day period and we were told by administration that handcuffs were to be used only for "law enforcement activity" and that HRC would now be reviewing all incidents. Following this meeting, we learned of an additional three incidents where handcuffs were used.

Update: CRA, CRA/VAS Project Manager and Area Board ED scheduled a meeting with OPS in July to discuss OPS protocols regarding involvement with consumers in behavioral emergencies.

4. During the fiscal year, the CRA had attended initial meetings where denial of rights

(DORs) were initiated and eventually restored. The CRA has not received the authorized documentation of the DORs for some the consumers whose rights have been denied and/or restored. The CRA had contacted the HRC chair to inquire about the status of the authorized documentation. The HRC chair had not received the documentation and continues to attempt to get the approved DORs from the respective US.

Update: CRA continues to follow up with HRC chair as to status of missing DOR documentation, as there are five outstanding documentations.

5. FDC's contracts with occupational, physical, and speech therapists expired at the close of this fiscal year. FDC has begun advertising in an attempt to get these positions filled; however, this leaves consumers who have been receiving sensory integration training from the outgoing contractors without this service until new OT contractors have been hired. There are also consumers who need to have swallowing evaluations done, but again, until contracted speech therapists can be hired, this service will not be available.

Update: We continue to discuss our concerns with FDC's administration regarding this issue. We will continue to bring this issue to the table, in search of creative solutions.

Lanterman

Note: Many systemic issues have been removed from this section over the years. This is not due to LDC's attempts to resolve the issues, but because the clients have either moved into the community or died at LDC.

Communication regarding Transition Meetings: The CRA missed a few client Transition Meetings this reporting period because she was not provided rescheduling information typically provided to all other ID team members by the Lanterman Regional Project (LRP). There were also at least two instances where the CRA showed up for client meetings only to have discovered that they had been cancelled.

Action taken: CRA notified the LRP Director and LDC Clinical Director about missed meetings due to inadequate communication with the CRA about meeting changes.

Update: LRP has been sending the CRA daily updates to the transition calendar, which seems to have mostly resolved the problem.

Transitions to Alternate Health Care Facilities: As the residents of LDC age, their medical needs often change, which means they may require a different level of care or supervision to adequately support them in a particular stage of life. If LDC cannot provide adequate medical care to the client, they may be transferred to a local community hospital and then to a sub-acute facility. Unfortunately, when a client moves to a sub-acute facility, they do not have the Lanterman Regional Project (LRP) transition team providing follow up and support as they do with any other client moving from LDC into a community setting. Sometimes, the client dies at the sub-acute setting without the support or benefit of familiar staff relationships.

Action taken: CRA brought this issue to the attention of the Lanterman Regional Project and LDC Executive Team.

Update: Issue remains.

Lack of Individualization on Rights Review Forms: The Human Rights Committee (HRC) reviews a Rights Review and Due Process Profile form, which is to be reviewed annually at the IPP meeting with the client and the interdisciplinary team. This form is intended to ensure that the residents' rights (including appeals) are discussed, protected and supported in various aspects of their life. Often, these forms are completed without being discussed or reviewed completely during the IPP meeting and are generic in detailing how each interdisciplinary team supports the individual in exercising their rights throughout the year. It should be noted that there have not been any concerns, complaints, or rights issues brought to the HRC from this process, which is one of its functions.

Action taken: CRA participated in HRC ad-hoc meetings to help update and clarify instructions regarding the Rights Review Forms. CRA continues to request status updates from HRC and LDC Administration.

Update: CRA has still not received any client concerns, complaints, or rights issues as a result of this process. The updated forms have been approved. HRC has yet to provide training to the Social Workers regarding the new forms.

Porterville

24 Hour/Increased Supervision:

Increased supervision is implemented when a consumer requires closer monitoring. This could be for a variety of reasons including: medical conditions-flu, allergies,

injuries, etc.; behavioral issues-stealing from others, being out of area without staff's knowledge, assaulting others, injuring self; emotional instability-recent death in the family, history of problems during the holidays, pending court hearings; and any other issue that the team feels might require monitoring of the consumer. Increased supervision is supposed to be individualized and responsive to the consumer's needs. Since the implementation of the idea of increased supervision, it has evolved into 24 Hour Supervision that is often used like a punishment and is definitely seen by the consumers as a punishment. When consumers have asked the CRA to intervene on their behalf, the CRA has found that approximately half of all instances of increased supervision were punitively implemented and nearly all were implemented contrary to the IPP process. Twenty four hours has become the standard time for increased supervision, and when increase supervision is extended, it is routinely extended for another 24 hours. The implementing staff document the time it was started and staff use this time as the measure for when the supervision will be lifted, instead of making a clinical assessment that is individualized for each consumer.

Action Taken:

This continues to be elevated to Unit Supervisors on residences that have had issues. The CRA has also been providing individualized training at team meetings when staff refers to "24 hour supervision."

Status:

The CRA still observes consumers and staff referring to "24 hour supervision." Fewer complaints have been brought to the CRA and fewer incidents have been observed by the CRA. This issue continues to be monitored.

Access to the community:

Consumers who reside in the original STP, Program VII continue to be denied community outings. The few therapeutic leaves and medical appointments in the community is not community access. Consumers who have been transferred to the new STP program, Program VIII, are allowed to go on community outings; however, according to program management, only six consumers per week are allowed to go on outings due to an agreement PDC has with the City of Porterville. Since the population of Program VIII has increased due the transfer of more consumers from the original STP area, consumers in Program VIII will only be allowed to access the community once per quarter. In addition to this restriction, some of the District Attorneys and judges who handle the court cases for the recently transferred consumers have objected to their consumers participating in community outings because they want the consumers to be completely restricted from community access. Some of these consumers have been in treatment programs at PDC for more than a decade and all

have shown significant progress in their treatment programs, which is why they have been assessed by their treatment teams as appropriate for placement in Program VIII and appropriate for community outings. The outings are highly supervised by staff and PDC's police officers, and are well organized. It is unfortunate that these District Attorneys and judges are advocating for a more restrictive placement when prior to investigating what it actually means to for consumers to be placed in the "less restrictive" environment of Program VIII and to "have more access to the community." Over the past year, clients meeting the criteria have been transferred from the STA to the GTA (General Treatment Area). Over 60 clients have been transferred into the GTA, allowing for more access to community outings. In the GTA, the CRA has seen that more consumers from the GTA participate in meaningful leisure activities in the community. This is most likely the result of approximately 30 STP consumers, who were higher functioning than the original GTA consumers, being transferred from the STP to the GTA from December 2009 to February 2010 and an additional 30 more consumers were transferred again in 2012. The clients have more access, but some with more challenging behaviors only go on van rides to the foothills, to convenience stores or the lake and lack fuller community integration.

Action Taken: In the previous reporting periods, the CRA's elevated issues with restricted access to the community to the State Council on Developmental Disabilities, the Office of Human Rights at DDS, and the Executive and Clinical Directors at PDC. Some of the problems with Therapeutic Leaves and Placement have been addressed by the Tulare County Public Defender and the courts. As noted, many consumers in the STP have been moved to Program VIII which allows them more access to the community and allows them to be more independent within the STP as and in addition the transfer of consumers from the STA to the GTA has allowed for more access and independence.

Status:

More changes are scheduled to occur in the next few months in the STP. The CRA will continue to monitor .Program VIII in the STA has more community access than what was previously allowed. Program VII still does not. The GTA integrates individuals well with generous community access.

STP Therapeutic leaves:

Criteria must be met for a client to be granted therapeutic leave with family or friends. A team meeting must be held to determine the appropriateness of the therapeutic leave. It must then go through a series of approvals such as the Program Director, the FPO Commander, the Clinical Director and the Executive Director. Many times the leave request is denied at the team level. Under Welfare and Institution Code, only the

facility Director can approve or deny therapeutic leave, but when the leave is disapproved at the team level, the Director is never made aware that there has been a request or a denial of that request

Status

The CRA continues to monitor.

Placement:

Consumers in the STA that are registered sex offenders have a more difficult time of finding a home in the community. If a consumer has completed their treatment program at Porterville DC, the Regional Centers should have a placement plan. If they can't find an appropriate facility, then they have the responsibility to create the needed supports and services. Some Regional Center staff has stated that there are no resources in their area to place the kind of consumers that reside in the STP at PDC, while other Regional Center staff state that they are developing resources but some placements will not be available for up to five years. In 2011, Assembly Bill 104 reduced the number of consumers who can receive services within the STP. Previously the maximum capacity was 297 consumers. AB 104 lowered the maximum capacity to 230 with the stipulation that there will be no new admission into the STP until it has reduced the capacity down to 230 consumers. In addition DDS cannot admit any more than 104 consumers who are ineligible to participate in programs for federal financial participation which would include consumers who are committed to PDC solely to receive court competency training.

Action Taken:

The PDC staff continues to work with the Regional Centers to obtain case management services for the consumers, and continue to keep the CRA informed of the situation. The CRA will continue to work with PDC staff and advocate for the consumers to obtain the services to which they are entitled.

Status:

Consumers that have been placed in the community from both the GTA and the STP, the majority of placements have, so far, been successful. In addition to the lack of available community homes for sex offenders, another issue is that the consumers have complained is lack of staffing in the Regional Centers, particularly those in the San Francisco/Sacramento area. Consumers from those areas have been informed that they have no Regional Center case manager; therefore, placement planning cannot be initiated until a case manager is hired, but unfortunately there is no funding to hire new case managers, so the consumers will have to wait. This is a relatively new development. The CRA will continue to monitor.

Discharges:

The STP is always at near capacity. When a resident is discharged to the community, another is admitted. There are residents in the STP that are ready for placement and are just waiting for their Regional Center to find an appropriate group home or program. These residents are also committed as W&I 6500. From July 1, 2012 to June 30, 2013, 35 consumers in the STA have been discharged per court competency or gone to placements in the community. Former consumers who transferred from the STA to the GTA saw 12 consumers transfer to Canyon Springs or go into community placement. Transfers between STA and GTA, over 60 consumers have transitioned from the STA to the GTA. Recently developments arising from a 50540 complaint filed regarding several issues including assessments that were done on consumers transitioning from the STA to the GTA, have resulted in consumers being returned to the STA, five at this point.

Restriction of Grounds “Privileges” in the STP:

In 2002, the consumers who resided in the STP had been able to socialize with their peers, shop at the Oasis, and attend activities scheduled off the residence, and do their banking at the satellite Trust Office without being escorted by staff if the consumer was assessed by the team to be able to behave appropriately. In July 2008, an STP consumer eloped from the facility and was missing for several months. Because this consumer was able to leave the STP without staff knowing, it is clear that the security protocols and facility policies had not been followed by PDC staff or OPS. For several months after the disappearance of the consumer, grounds privileges were suspended for all consumers. Since then consumers residing in the STP Program VII must show that they are able to be responsible for six months before the team can petition for grounds privileges approval by the Program Director. Grounds times are only scheduled for one hour on Saturday or one hour on Sunday and each residence has their own times, this has limited the consumers being able to socialize with their peers from neighboring residences. These consumers continue to have limited access to grounds privileges. Consumers in the new expanded STA, Program VIII, are able to access their residences' back patios, and if assessed as appropriate, are able to walk to and from training without supervision. The CRA has also observed consumers in Program VIII socializing and participating in leisure activities between neighboring residences with staff supervision.

Action Taken:

The CRAs have elevated these issues to the State Council on Developmental Disabilities, the Office of Human Rights at DDS, and the Executive and Clinical Directors at PDC. The CRA continues to monitor.

Status:

The CRA verified that the one hour per week of grounds privileges in the center courtyard area of the consumers' own residence is still in place. The consumers are still restricted from socializing with peers from other residences by the policy that adjacent residences are not scheduled for grounds at the same time. It was also verified that on at least one residence only one or two consumers had been approved by the team to be eligible for grounds. The remainder of the 25 or more consumers must remain on the locked residence, in the locked back yard area, or be supervised at all times. One residence is not allowing any consumers to have grounds privileges as all of the consumers who reside on the residence have been assessed as not appropriate. The consumers in Program VIII do not have access to free time on grounds either. The CRA will continue to monitor as the policies and procedures in the STP continue to change.

Highly Restrictive Interventions (medications and restraint):

Using medications to control behaviors: The CRA sits on the Behavioral Management Committee (BMC) where Highly Restrictive Behavioral plans are reviewed. This committee meets weekly. Many of the behavior modification plans stay the same year after year with the only change being in the type or amount of medication used to attempt to control inappropriate behavior. Sometimes the dose exceeds the recommended FDA limits.

Inaccurate Reporting of "Severity Code" of Behavior:

When statistical data is compiled regarding a consumer's harm to self or harm to others behaviors a severity code is assigned by staff to each incident. Usually a scale of 1 to 5 is used with 1 meaning "No Injury" and 5 meaning "Life Threatening." The Human Rights Committee has found many cases where staff has reported incidents with severity codes of 4 or 5 when no injury or minor injuries occurred. Staff justifies this by stating that they are tracking the "potential" severity of the incident and confirm that they are not accurately reporting what actually happened. These statistics get reported to the court and the Regional Centers and can result in false perceptions of whether a consumer is ready for community placement or not. When they are reported to the Behavior Management/Human Rights Committee, they can result in inappropriate and dangerous increases in psychotropic medications and/or in staff increasing the restrictiveness of mechanical or hands-on interventions based on false data.

IPP not followed:

Every client who exhibits a maladaptive behavior must have a behavioral modification plan developed. Many times, the plans are not followed thus creating situations where the client may need to have physical interventions to de-escalate the situation. For example, some clients have plans that if they become angry staff are to allow them to go to a quiet place of their choosing to calm. If staff doesn't follow the plans, they may get into confrontations with the clients which make the client's behavior escalate and they end up in restraints.

Action Taken:

In 2009, the CRAs found approximately thirty-five cases in which policy and/or regulation violations had occurred due to the team's mismanagement of the highly restrictive intervention plans. In the past, these types of problems were reported to PDC's Executive Committee through the Behavior Management Committee (BMC) and Human Rights Committees' (HRC) minutes. The problems consistently had not been correct by the teams at the next review of the case, the CRAs began initiating Special Incident Reports when appropriate (e.g. medications given without informed consent, medications raised above approved and consented to limits, medication changes made contrary to the approved and consented to plans, etc.) as these actions had violated the consumers' legal rights. Licensing requested that PDC conduct an audit of the case records that contained BMC approvals for highly restrictive interventions. Twenty-three percent of the cases reviewed in the STP were found to be out of compliance due to issues with consents and/or committee approvals. Approximately five percent in the GTA were out of compliance, and approximately thirty-eight percent were out of compliance in the Skilled Nursing Area. From October 2009 to April 2010 the CRA focused on reviewing every case submitted for BMC/HRC approval and on educating the teams about clients' rights in regards to highly restrictive interventions. The CRA also provided training to the PDC Psychologists' Professional Group at their request.

Status:

The CRA continues to find cases of highly restrictive interventions being used without corresponding behavioral plan changes to support the consumer when they are having difficulties. The Human Rights Committee continues to require those teams to re-assess the plans for possible changes to promote the consumers' progress without resorting to higher medications or physical interventions. Additionally, PDC has implemented new guidelines, training, and policies that require the teams to formulate annual medication reduction plans. This has never been required at PDC in the past twelve years that State Council on Developmental Disabilities has been providing advocacy services to PDC, even though reduction plans are required by state and federal regulations. Reporting of correct severity codes has improved. Only a few

occasionally submit “potential” severity codes which is contrary to federal and state regulations. Overall this issue seems to be resolved at this time.

In the past six months, only two BMC/HRC case has been approved for exclusionary time out, and both cases is limited to a maximum time of one hour and the consumers usually does not need more than 15-20 minutes in time out. All of the other cases of exclusionary time out and “non-contingent” wrist to waist and walking restraints, which was becoming a trend at PDC, have been discontinued. The consumers who allegedly required such a high level of restrictions still reside in the STP; staff is apparently managing their behaviors without resorting to such highly restrictive interventions. Additionally, less incidents of “life-threatening and severe” behavior have been reported since the Human Rights Committee insisted that PDC staff only utilize real and actual severity code data instead of potential severity codes. Cases in which medication changes were made without consent and/or committee approval continue to be found but PDC staff police themselves by initiating incident reports and correcting the situation without requiring intervention from the Clients’ Rights Advocates.

Right to dignity and privacy:

Privacy is a big issue as many staff fail to remember that the right to privacy is not a deniable right. For example, regulations state that clients are allowed private visits with family and friends. Many visits are monitored, and at one time, the staff also monitored their conversations until the CRA intervened. The phones on the units afford little privacy for phone calls.

Action Taken:

Training on clients’ rights was provided to the consumers by the CRA from July to October 2009. Staff was also invited to attend. The consumers and staff on eight residences in the STP and on four residences in the GTA received training. Approximately 120 consumers and 20 staff attended the trainings. The Volunteer Advocates have been providing additional rights and choices training since they were trained by the CRA in November 2009 to utilize the “My Own Choices” material which was developed by the Department of Developmental Services. So far they have provided the materials and information to eleven consumers who are either pending placement or wanted to use the materials to make future placement plans for themselves. The volunteers report that most of the consumers enjoy at least one component (DVD, workbook, or sticker book) of the program.

Status:

Progress has been made in affording the consumers more privacy due to the opening of Program VIII. All of the consumers who were transferred to Program VIII have

private rooms and bathrooms. Transferring these consumers resulted in lowering the populations on the other STP residences, which also affords those consumers more privacy. Since the GTA is decreasing in populations, those consumers have been afforded more privacy as well. The payphones on the residences still do not offer any privacy however staff does make more of an effort to provide each consumer as much privacy as is possible.

Regional Center's changing court venues:

The CRA noticed a trend of Regional Centers changing the court venue seemingly to delay or prevent consumers' from being placed in the community. Tulare County Superior Court maintains a majority of the W&I 6500 commitment cases at PDC, and they follow the consumers' progress and adequately determine when the consumer is ready for placement. Most of these cases originated in other counties, but were moved to Tulare County which is the consumers' county of residence. The Regional Centers then continue to file the commitments in this same court year after year for many years. We have noticed that several cases, in which an order for placement is imminent or has already been issued by Tulare County, the consumer's Regional Center has filed the next 6500 commitment request back in the original court. There have also been about 4-5 cases in which a request for release was granted in one court and the Regional Center re-filed a commitment request in the other court and was able to get the consumer recommitted to another year at PDC.

Action Taken:

This has been brought to the Tulare County Public Defender's attention, and recently they have witnessed when a request for release was granted in another county and the Regional Center re-filed a 6500 request in Tulare County. The release was granted in the other county because the Regional Center never filed a request for a 6500 commitment after they obtained a temporary 6506 hold. Per the Public Defender this case may be returned to the originating court.

Status:

This issue continues to be monitored.

Need for Translators:

More consumers' are being admitted to PDC with limited or no ability to speak and understand English; however, the list of available translators is insufficient to provide them with services. Usually the level of care staff are called on to translate for the Spanish speaking consumers, but these staff do not qualify for the interpreter list. The other most common non-English speaking consumer speaks a Pacific Islander/Asian originating language. No translation services are offered for these individuals.

Actions Taken:

The CRA's concerns have been discussed with the member of management who was in charge of creating and maintaining the translator list, but that person retired without offering a resolution. In 2009 a Tulare County Superior Judge brought this issue up in court and questioned the treating psychologist as to whether one of the consumers was able to receive services. Per the psychologist this was elevated to PDC management. The outcome is unknown. A 4731 Complaint was filed by the CRA at the request of a consumer who predominantly speaks Spanish. The resolution requested was for PDC to provide certified translators to the consumer when he received training and/or therapy in the sex offender prevention program, to assist him with applying for a new job at the facility, and if he was hired, to assist him for 30 days if he obtained a new job. The Executive Director denied his request on the grounds that the consumer already receives these services from Spanish speaking staff who are not certified translators. Prior to filing the complaint the CRA had already assigned a Spanish speaking Volunteer Advocate who has previous professional translating experience. They meet for one hour each week.

Status:

The CRA obtained the current list of translators, and all except one are ASL translators. The other is able to translate Spanish. The consumer noted above in "Actions Taken" was observed by the Fairview CRA while at court, and she stated that the court had grave concerns that he was not receiving the appropriate translation services from PDC. The PDC CRA continues to monitor this case and checks in with his volunteer advocate. In August the CRA assisted the volunteer by making copies of a primary literacy workbook that the volunteer uses with this consumer and others. The volunteer states that not only is this consumer illiterate in English, but he is also illiterate in Spanish as well. She has been assisting him with learning phonics and identifying words in English and Spanish. CRA will continue to monitor this issue and encourage PDC to obtain more certified Spanish interpreters. Recently it was brought to the CRA's attention that no translators were available for a consumer's annual IPP. The consumer's parents are Spanish speaking only and were not able to participate in the IPP because no translators were available. The CRA will be having a quarterly meeting and the issue will be discussed with the Executive director and clinical director of PDC at that time. Additionally, in the GTA, the hearing impaired consumers have been provided with videophone access so they can communicate more easily with friends and family. PDC has made significant progress in this area.

Deterring consumers from pressing charges:

In November 2010, the administration at PDC informed management that if a

consumer wished to press charges against another consumer who had assaulted them, the case would be sent to PDC's Executive Director who would consult with the Department of Developmental Services and determine if the consumer would be allowed to press charges. Coincidentally this policy change occurred after the local District Attorney served PDC with several Criminal Protective Orders to restrain the consumers who were charged with assault, from contacting their victims. During this time, the CRA was particularly concerned about this questionable restriction because several consumers on one STP residence have been observed with suspicious injuries and then claimed that they fell, ran into furniture, ran into the doorknob, etc.; however, two consumers have come forward and stated they were isolated in a bedroom or area on the residence and systematically assaulted by multiple consumers which appeared to be an attempt to "jump" them in a gang. Unfortunately, the two consumers who alleged they had been assaulted recanted their statements. In previous reports the CRA expressed concerns about recanted allegations resulting in investigations being closed and consumers being accused or "making false allegations. Although it may not be the intent of PDC's and OPS's administration to systematically block PDC's residents from accessing the services and legal protections of the court, the CRA is very concerned that this will be the result of these policies, particularly when used in combination.

Actions Taken: As stated the CRA has elevated many of these issues to various agencies and their management. The CRA also discussed the policy of approving whether consumers will be allowed to press charges on others with the Tulare County Public Defender's office. The Public Defender stated she would discuss the CRA's concerns with the District Attorney and ask him to speak with PDC's management. The Public Defender also told the CRA to bring any cases in which a consumer is being endangered to her attention and she will investigate and take action if warranted.

Status:

A recent 50540 complaint was initiated and filed citing the above issue. The CRA will continue to discuss this as an issue at quarterly meetings with the Executive Director and Clinical Director of PDC

Sonoma

The developmental center has been under intense scrutiny from state and federal surveyors and licensing personnel. During this time many systematic issues were brought forward resulting in an immediate jeopardy for the intermediate care side of the facility. Many areas of concern shadowed what the CRA semi and annual past reports. In my past reports, the state budget was of utmost concern, as it had prevented the

facility from hiring qualified applicants to vital staffing positions. A hiring freeze (except for inter-departmental transfers) limited the potential pool of employees and this in turn made it hard to attract qualified personnel willing to re-locate to this relatively expensive part of California.

The service vehicle force was drastically reduced as per budget concerns and more are expected to come; this made it harder for residents to go on off-unit activities as often vans, or shuttle buses have to work out logistics between multiple residences and this has drastically limited what activities can be offered. This CRA assures IPPs are followed and honored especially when it comes to activities and community integrations. I have concentrated on vital areas of concern such as re-positioning for the clients that cannot move without assistance. The majority of these clients reside in the skilled nursing (NF) side of the facility and isolation of such individuals when active treatment is not mandated for skilled nursing is an on-going concern. With the assistance of the Volunteer Advocates and regular visits to NF units this CRA has made sure re-positioning and activities are being maintained, as per individual IPP.

The loss of the Sonoma County Office of Education contract at the end of June 2013 will continue to challenge the developmental center to maintain a good quality of life for those individuals SCOE formerly served. I have been in regular contact with the administration to ensure their plan will include a comparable level of care that the SCOE personnel help them maintain the previous levels. A vast sprinkler retrofitting has been occurring on the NF side of the facility and this resulted in several residences having to move to other buildings. Sometimes residents had to be split up and hosted on other units until the work is finished. This has lead to Interdisciplinary Teams being split up as well so supporting staff are no longer familiar to the residents they serve. I have been involved in numerous meetings to discuss people's transitions to new environments and have expressed concern to administration regarding the lack of continuity in personnel.

This CRA has been involved in numerous plans of correction meetings to ensure residents on the decertified ICF have access to the least restrictive environment considered before making major changes in placement, environment, staff, behavioral/medical interventions, supervision levels, access to personal possessions and denial of a specific right, or rights. In this process, some residential placement changes appeared to be driven from outside of the developmental center such as the rapid closure of the Judah Cottage and the resulting dispersal of residents to other units/programs. The CRA contacted and aided several clients' family members in filing for a fair hearing to prevent placement to other residences. I advocated for the least restrictive environment; especially for those individuals the teams felt were most

appropriate for an un-locked residence. After the moves I actively monitored the units effected and aided the teams in bringing forth concerns and feedback to the management. The individuals who had fair hearings were kept in place on Judah but everyone else was moved over a several week period. The individuals who remained became isolated from former peers and routines so the remaining fair hearings were withdrawn by concerned conservators/family. These consumers eventually moved to the new residences.

After the moves I monitored individuals in their new environments. The results of the moves were mixed; some individuals, especially those who were chosen to be on less restrictive residence did well. Some others however did worse, or the receiving environment they went to was not prepared for the level of behaviors they presented. This was worsened by the fact that the Judah residence had many underground behavioral replacement techniques between level of care staff and clients that were very objectionable and at times potentially life threatening. I was often alerted by the receiving teams as to what was happening after bizarre behavior patterns emerged from Judah's (former) residents that were never discussed during team meetings, or written in any plan. This caused and still is causing great instability for the receiving residences. I have voiced my concerns to representatives visiting from DDS administration that from the very start of the dismantling process of Judah, another residence should have opened in the ICF/NF to accommodate a very mixed developmental range and aging population. Instead existing residences were condensed to nearer to capacity (larger in population) than in many years. This is has caused people with more diverse needs put together in less than desirable conditions. Individuals with PICA still require residences to be very environmentally sterile, yet they still restrict access to others with no such concerns. Individuals that are non-aggressive are being aggressed upon by some of the newly arrived clients. Both staff and long-time residents are being displaced by the behavior patterns of them, especially on Lathrop, Corcoran and somewhat on Bemis. I assist the teams in deciphering when to have a denial of rights or when to use the interpretive conference (post AWOL attempts). I have been an active participant on the behavioral units especially in representing the clients most affected by the moves. Many writs have been filed through this process and more are expected before we can find a stable period in this developmental center. Day to day client safety is a great concern. Although the department is moving aggressively to address this concern, the influx of much needed staffing and supports have not been fully actualized at this time. I make myself readily available to them and stay active within the ID team and program management to ensure swift attention to issues that arise before me.

As a part of plan of corrections, various committees that over saw the administration of

physical, medical and behavioral restrictive interventions started to disband in favor of a more Whole Person centered Review. This has meant more frequent meeting times and longer review periods to consider a wider range of subjects. This CRA assisted in providing the new committee guidance in rights and an overview of knowledge gained from my past membership on the various former committees.

Service Recommendations

Canyon Springs

Clients who have been identified by their ID Teams to be transitioned into the community are still residing at the facility. Canyon Springs could partner with the client's regional centers to plan transitioning to lesser restrictive environments as the client progresses through the new point system program.

Fairview

The CRA has discussed the lack of notification of specific incidents, such as consumer arrests, fires being set with FDC administration numerous times. Notification of all incidents allows the CRA to provide the service deliverable via the interagency agreement. We believe that lack of notification impedes our ability to conduct our service deliverables. We would like to be notified of all incidents regardless of their nature.

Lanterman

Transitions to Alternate Health Care Facilities: Involve the Lanterman Regional Project in the transition of clients from LDC to any alternate health care facilities so that the clients may benefit from familiar staff support and follow-up in the same way that all other clients transitioning from LDC to community placements do.

Porterville

PDC should re-institute training for consumers in utilizing grounds, including walking to and from vocational and educational sites and socializing during leisure time. To provide accurate assessments on consumers regarding grounds privileges, living in a less restrictive environment and looking at pertinent behavioral history and justifying why a past behavior would impact their current living environment.

PDC should continue to provide formal training on policies, procedures, rules, and

regulations pertaining to the use of highly restrictive interventions (medications and physical interventions.), to ensure that staff are educated in this area and are able to implement plans that ensure the consumers' rights to competent care and treatment, freedom from unnecessary restraints, the use of the least restrictive method and to appropriate supports and services.

PDC should review the current practice of not allowing consumers to press charges per California Penal Code

Sonoma

The CRA does not have access to the GER or incident events report. Information from these reports is gleaned only from oral report at various facility committees. The CRA had prior access to these reports but access stopped for unknown reasons. These reports provide vital day to day information that allows SCDD to conduct its service deliverables via the inter agency agreement.

Policy Recommendations

Canyon Springs

Denial of Rights Policy/Process: Canyon Springs has approved a denial of rights form and training is being provided to staff. CRA is working with staff to improve the implementation and monitoring of all rights denied. CRA recommends that additional attention be placed on developing alternative, less restrictive techniques (with client input) and more therapeutic restoration plans.

Fairview

None at this time.

Lanterman

Transitions to Alternate Health Care Facilities: Develop policy that would not only involve the Lanterman Regional Project (LRP) in the transition of clients from LDC to any alternate health care facilities, but also ensure that each respective regional center has the same follow-up protocol for these clients as those transitioning to residential facilities (group homes).

Porterville

Recent policy changes at Porterville Developmental Center have impacted the reporting of abuse. Now all consumer to consumer physical altercations are reported as allegations of abuse. In addition, all head injuries are now being reported whereas before a criteria was met before reporting. No further recommendations needed at this time.

Sonoma

A policy to support residents in finding a less restrictive environment needs to be a priority regardless of developmental level. Continued education of community options is required for all auxillary and level of care staff in order to assist individuals in detemring the least restrictive environment that meets his/her supports and service needs.

Podiatry, dental and personal hygiene require continuous monitoring. Referral to appropriate specialists are required with continued monitoring from management to assure compliance with specialist recommendations.

Medication consent tracking needs to be made more consistent, especially due to the lack of continuity of social worker assignments. Medication tracking needs to replicate best standards of practice and evolve into the electronic age to prevent errors.

Appendix A

APPENDIX A
CONSUMERS SERVED BY CLIENTS' RIGHT ADVOCATE
Canyon Springs Community Facility
July 1, 2012 – June 30, 2013

Confidential Client Information, Welfare and Institutions Code Section 4514

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mod MR Int Expl	Caucasian	CS-B	LPS Conservatorship	ICF	Assistance required to ensure rights	Advocacy Provided referral to volunteer
Mod MR Schizop	Caucasian	CS-A	LPS Conservatorship	ICF	Assistance w/work transition	Work site changed
Mild MR Anxiety	African American	CS-A	6500	ICF	Court hearing attended	Assistance w/Public Defender
Mod MR NOS	Caucasian	CS-A	6500	ICF	Attended behavioral team mtg	Plans developed. Transition planning to community
Mild MR Imp	Cauc	CS-C	LPS Conservato	ICF	Reviewed	Advocacy & Writ filed. CRA

Ctrl	asian		rship		records	attended hearing
Mild MR Anxiety	Caucasian	CS-C	LPS Conservatorship	ICF	Attended team mtg at clients' request	Writ filed. CRA attended hearing
Mild MR NOS Psych	African American	CS-C	6500	ICF	Special mtg attended	Plans developed. Apt made at hair salon.
Mild MR NOS Psych	African American	CS-C	6500	ICF	Special mtg attended	Plans developed for home visit with family
Mild MR Imp Ctrl	Caucasian	CS-B	LPS Conservatorship	ICF	Assistance required to ensure rights	Advocacy Provided referral to volunteer
Mild MR Schizo Aff	Caucasian	CS-C	LPS Conservatorship	ICF	Court hearing attended	Assistance w/Public Defender
Mild MR Schizo Aff	Caucasian	CS-C	LPS Conservatorship	ICF	Attended team mtg at clients' request	Writ filed. CRA attended hearing
Mild MR Imp	Hispanic	CS-A	6500	ICF	Attended team at	Plans developed for transition

Ctrl	nic				client's request	planning
Mild MR NOS Psych	Hispanic	CS-A	6500	ICF	Assistance required to ensure rights	Advocacy Provided referral to volunteer
Mild MR Int Expl	Hispanic	CS-C	6500	ICF	Attended team mtg at clients' request	Writ filed. CRA attended hearing
Mild MR NOS	Caucasian	CS-B	LPS Conservatorship	ICF	Attended team at client's request	Plans developed for different work assignment
Mild MR ODD	Caucasian	CS-B	6500	ICF	Court hearing attended	Assistance w/Public Defender
Mild MR Imp Ctrl	Hispanic	CS-B	6500	ICF	Attended team at client's request	Plans developed for health care needs.
Mild MR Anxiety	Caucasian	CS-A	6500	ICF	Assistance required to ensure rights	Advocacy Provided referral to volunteer
Mild MR NOS	Filipino	CS-A	LPS Conservatorship	ICF	Court hearing attended	Assistance w/Public

Psych			rship			Defender
Mild MR ODD	Caucasian	CS-A	6500	ICF	Attended team at client's request	Plans developed for transitioning into community
Mild MR Int Expl	African American	CS-A	LPS Conservatorship	ICF	Attended team mtg at clients' request	Writ filed. CRA attended initial hearing
Mild MR Imp Ctrl	Caucasian	CS-C	LPS Conservatorship	ICF	Assistance required to ensure rights	Advocacy Provided referral to volunteer
Mild MR NOS Psych	Caucasian	CS-A	LPS Conservatorship	ICF	Assistance required to ensure rights	Advocacy Provided referral to volunteer
Mod MR Int Expl	Caucasian	CS-B	6500	ICF	Assistance required to ensure rights	Advocacy Provided referral to volunteer
Mild MR Imp Ctrl	African American	CS-A	6500	ICF	Attended team at client's request	Plans developed for personal items to be returned
Mild MR NOS	African American	CS-B	6500	ICF	Attended team at client's	Plans developed for off grounds work program

Psych	can				request	
Mild MR Int Expl	African American	CS-B	LPS Conservatorship	ICF	Attended team mtg at clients' request	Writ filed. CRA attended initial hearing
Mild MR Imp Ctrl	Caucasian	CS-A	LPS Conservatorship	ICF	Attended team mtg at client's request	Plans developed. Parents notified
Mild MR ODD	Hispanic	CS-A	6500	ICF	Attended team mtg at client's request	Plans developed new roommate found
Mild MR Imp Ctrl	Caucasian	CS-C	6500	ICF	Attended team mtg at clients' request	Writ filed. CRA facilitated communication between Public Defender & client
Mild MR NOS Psych	Caucasian	CS-C	LPS Conservatorship	ICF	Attended team mtg at clients' request	Writ filed. CRA attended initial hearing
Mild MR ODD	African American	CS-C	LPS Conservatorship	ICF	Attended team mtg at client's request	Facilitated phone call to family members

Mild MR Imp Ctrl	Caucasian	CS-A	6500	ICF	Attended team at client's request	Plans developed. New tv to be purchased
Mild MR ODD	African American	CS-C	6500	ICF	Attended team at client's request	Plans developed. Broken to be replaced.
Mild MR NOS Psych	African American	CS-C	6500	ICF	Attended team mtg at clients' request	Writ filed. CRA attended initial hearing
Mild MR ODD	Caucasian	CS-C	LPS Conservatorship	ICF	Attended special mtg	Transition plans developed
Mild MR Imp Ctrl		CS-A	In-RE HOP	ICF	Facilitated phone call with Public Defender	Court procedure explained to client
Mild MR Imp Ctrl	Hispanic	CS-B	6500	ICF	Attended team mtg at clients' request	Facilitated phone call to family members
Mild MR ODD	Caucasian	CS-B	6500	ICF	Attended special mtg	Transition plans developed
Mild	Cauc	CS-B	6500	ICF	Attended	Court hearing

MR NOS	asian				special mtg	explained
Mild MR NOS Psych	Caucasian	CS-C	4507	ICF	Facilitated phone call with DRC	Rights reviewed. Transition plans developed
Mild MR Imp Ctrl	Hispanic	CS-C	4507	ICF	Attended special mtg	Transition plans developed
Mild MR Imp Ctrl	Caucasian	CS-C	6500	ICF	Attended team mtg at clients' request	Facilitated phone call to family members
Mild MR Imp Ctrl	Hispanic	CS-C	6500	ICF	Special mtg attended	Writ filed. Facilitated phone call to family members
Mild MR ODD	African-American	CS-B	6500	ICF	Attended team mtg at clients' request	Advocacy provided. Work program discussed
Mild MR Schizo Aff	Hispanic	CS-A	6500	ICF	Attended special mtg	Facilitated phone to family members
Mild	Hispanic	CS-B	6500	ICF	Attended	Court hearing

MR NOS ODD	nic				special mtg	explained
Mild MR NOS Psych	African American	CS-A	6500	ICF	Facilitated phone call with DRC	Rights reviewed. Transition plans developed
Mild MR Imp Ctrl	African American	CS-B	6500	ICF	Attended special mtg	Transition plans developed
Mild MR NOS	Caucasian	CS-A	6500	ICF	Assistance required to ensure rights	Plans developed for day program transition
Mild MR Imp Ctrl	African American	CS-B	6500	ICF	Attended team mtg at clients' request	Facilitated phone call to family members
Mild MR Imp Ctrl	African American	CS-A	6500	ICF	Special mtg attended	Facilitated phone call to family members
Mild MR ODD	Hispanic	CS-B	6500	ICF	Attended team mtg at clients' request	Advocacy provided. Work program discussed
			IN RE-HOP			

Mild MR NOS Psych	Caucasian	CS-C		ICF	Special mtg attended	Advocacy Provided referral to volunteer
Mild MR Schizo Aff	Caucasian	CS-A	6500	ICF	Attended special mtg	Facilitated phone to family members
Mild MR ODD	Caucasian	CS-B	6500	ICF	Attended team mtg at clients' request	Advocacy provided. Work program discussed
Mild MR ODD	Mixed - Heritage	CS-C	6500	ICF	Attended team mtg at clients' request	Advocacy provided. Work program discussed

**APPENDIX A
CONSUMERS SERVED BY CLIENTS' RIGHT ADVOCATE**

Fairview State Developmental Center

July 1, 2012 – June 30, 2013

Confidential Client Information, Welfare and Institutions Code Section 4514

Primary Disability	Ethnicity	Program Residence	Legal Class	Level of Care	Services Provided	Summary of Outcomes
DD	Hispanic	342	RMRA	ICF	Consumer asked to meet with CRA to assist with	CRA met with consumer who requested to file a

					filing of a writ.	writ for release. Writ request completed. Court appearance still pending.
DD	Black	342	DMR	ICF	Consumer requested CRA to attend 30 day meeting.	CRA attended meeting and provided support to consumer regarding goals and timeframe for returning to the community.
DD	Black	341	DMR	ICF	CRA requested by team to attend a meeting to discuss initiation of a DOR for telephone usage.	CRA attended meeting. Consumer has been making excessive and inappropriate telephone calls. DOR was initiated and she will have monitored phone calls. She will be able to have confidential telephone calls with her RC worker and any attorney but will be In line of sight. If she does not make any inappropriate phone calls for 3 months, right will be restored. Consumer moved to new unit and DOR was modified after 2

						months; private telephone calls were allowed and if she continued to use phone appropriately, rights were to be restored after 2 weeks. Criteria met and right restored.
DD	Black	341	DMR	ICF	Consumer asked to meet with CRA to assist with filing of a writ.	CRA met with consumer who requested to file a writ for release. Writ request completed. Although 6500 commitment is in another county, OC Superior Judge agreed to hear writ in county due to consumer's medical condition. Court appearance still pending.
DD	Caucasian	318	DMR	ICF	CRA requested by team to attend special conference to discuss recent increase in behavior and need to re-introduce HRIs.	CRA attended meeting. For consumer's safety the psychologist proposed the use of a helmet when he is being escorted to the 5 point chair and that it will be removed once in the restraints.
DD	Black	342	JUDH	ICF	Consumer asked	CRA met with

					to meet with CRA to assist with filing of a writ.	consumer who requested to file a writ for release. Writ request completed. Placement rehearing request sent to LA courts as writ was taken off calendar in Orange County.
DD	Caucasian	343	DMR	ICF	Consumer asked to meet with CRA to assist with filing of writs.	CRA met with consumer who requested to file a writ for release. Writ request completed. Writ taken off calendar in Orange County and re-filed in Riverside County.
DD	Caucasian	343	DMR	ICF	Consumer requested CRA to attend 30 day meeting.	CRA attended meeting and provided support to consumer with requests for a new roommate and a job change.
DD	Caucasian	342	DMR	ICF	CRA requested by team to attend a meeting to discuss initiation of a DOR for personal possessions due to pica incident.	CRA attended meeting. Consumer engaged in pica and a DOR was initiated for removal all personal possessions that could pose a threat. If there are no incidents of real or

						attempted pica for 4 months, right will be restored. Incident report also initiated for neglect on the part of staff as consumer is on line of sight. Consumer still has not met restoration criteria.
DD	Caucasian	342	DMR	ICF	CRA requested by team to attend special meeting to discuss recent fire setting incident.	CRA attended meeting. Consumer saw a lighter fall out of staff's pocket and used lighter to start a fire in bedroom. Psychologist will open a new behavior plan. Discussion also centered on doing a better job of securing lighters for program 3.
DD	Black	344	LPS-DD	ICF	CRA attended meeting to discuss possible placement options given recent arrest and pending charges.	CRA attended meeting to listen to FDC's recommendations at current time. Consumer is still in prison and criminal case is still pending. Next hearing date is in January.
DD	Black	344	LPS-DD	ICF	CRA attended consumer's	Criminal case is still pending.

					criminal court hearings for assaulting another consumer.	
DD	Hispanic	342	RMRA	ICF	CRA requested by team to attend special meeting to discuss the initiation of a DOR.	CRA attended meeting. Consumer called 911 on cell phone; emergency DOR to deny access to cell phone had been put in place. Meeting was held to discuss restoration criteria for cell phone and CRA informed unit supervisor that an additional DOR needs to be initiated for being able to make confidential telephone calls. Consumer met restoration criteria and consumer got back cell phone.
DD	Hispanic	342	RMRA	ICF	CRA requested by team to attend special meeting to discuss emergency DORs.	CRA attended meeting. Consumer was making threatening phone calls to Program Director so emergency DORs denying access to cell phone and

						<p>having monitored telephone calls was initiated. Meeting was held to discuss need to have formal DOR instated. Team felt if she is responsible she did not have to have DORs be initiated. Consumer got cell phone back and if she is to use unit phone she can make confidential telephone calls. Rights restored but DORs for monitored telephone and cell phone use reinstated 2 weeks later due to making harassing telephone calls to consumer at PDC. If there are no incidents of inappropriate phone use rights to be restored within 30 days.</p>
DD	Hispanic	344	DMR	ICF	CRA requested to by consumer to attend TSM/TMR meetings.	CRA attended TSM & TMR and provided support regarding community placement.

						Consumer to be placed after the first of the year.
DD	Caucasian	431	RMRA	ICF	CRA requested by team to attend interpretive conference.	CRA attended conference where it was determined that consumer's AWOL at OC Fair was not indicative of wanting to leave FDC.
DD	Caucasian	343	LPSDD	ICF	CRA requested to by team to attend special meeting to discuss use of a door alarm at night time.	CRA attended meeting. Program Director would like to stop 1:1 staff supervision at night and replace it with a door alarm given potential for sexual predator behavior. Request originally failed HRC approval due to lack of good justification. Meeting was held to discuss how to implement use of door alarm if approved. Door alarm has not been implemented as of this time.
DD	Caucasian	343	LPSDD	ICF	CRA attended criminal court hearings.	Criminal case continued to January 2013.
DD	Black	344	RMRA	ICF	CRA requested	CRA attended

					by sister/conservator to attend special meeting regarding brother's safety and protection.	meeting and provided support to consumer and sister regarding his safety and protection. Consumer will go to US with staff/peer concerns to work out.
DD	Black	344	RMRA	ICF	CRA requested by sister to attend special meeting regarding brother's oral hygiene, tooth extractions.	CRA attended meeting and provided support. US is to open milestone for oral hygiene and will put in a request for 3 month dental recalls to facilitate better oral hygiene.
DD	Black	344	RMRA	ICF	Sister called CRA to inform her of incident where her brother was assaulted by 3 peers. Requested information regarding procedures for filing a formal complaint.	CRA provided sister with 4731 forms and instructions and offered help if needed to complete complaint. Also gave sister contact information to DRC attorneys. Sister has also been in contact with RC worker.
DD	White	344	LPS-DD	ICF	CRA requested by team to attend meetings to discuss initiation and continuation of a DOR for	CRA attended meetings. Consumer engaged in pica and a DOR was initiated for removal all personal

					personal possessions due to pica incident.	possessions that could pose a threat. If there are no incidents of real or attempted pica for 3 months, right will be restored. Consumer met restoration criteria and rights were restored after the 3 month period.
DD	Caucasian	344	RMRA	ICF	CRA requested to by consumer to attend TSM/TMR meetings.	CRA attended TSM & TMR and provided support regarding community placement. Consumer to be placed after the first of the year.
DD	Caucasian	343	RMRA	ICF	Mother/conservator requested CRA to attend special meeting to discuss reintroduction of padded mittens.	CRA attended meeting and provided support. Mother does not want mittens to be reintroduced; consumer will continue to use "self controlled" knitted gloves, speech/language evaluation is being recommended and a functional behavioral assessment is to be

						completed.
DD	Caucasian	343	RMRA	ICF	CRA requested by mother/conservator to attend TSM.	CRA attended TSM and provided support regarding community placement.
DD	Caucasian	344	DMR	ICF	CRA requested by team to attend 30, 60, 90 review day meetings.	CRA attended meetings and provided support. Consumer has been placed at FDC under new short term admission/crisis stabilization bill.
DD	Caucasian	344	DMR	ICF	CRA attended consumer's criminal hearings for assaulting another consumer. Consumer was charged but was not arrested and placed in jail.	CRA to attend hearing. Case pending. Initial hearing date is in January.
DD	Hispanic	344	DMR	ICF	CRA requested by consumer and mother to attend special conference to discuss placement.	CRA attended meeting. Consumer's Writ was granted and team wanted to know what the RC plans were for community placement. SDRC will identify SLS agencies and begin

						the assessment process. The intent is to have him moved to the community within 6 months.
DD	Black	343	DMR	ICF	Consumer requested CRA to attend semi annual meeting.	CRA attended meeting and provided support to consumer.
DD	Black	343	DMR	ICF	CRA requested by consumer to attend TSM/TMR meetings.	CRA attended TSM & TMR and provided support regarding community placement. Consumer placed.
DD	Caucasian	341	DMRH	ICF	CRA requested by team to attend a meeting to discuss status of a DOR for personal possessions due to pica incident.	CRA attended meeting. There was another possible pica incident which staff did not observe. New behavior reinforcement plan to be initiated and DOR is being continued.
DD	Caucasian	341	DMRH	ICF	CRA requested to attend emergency TSM.	CRA attended TSM. Due to the fact that there was no legal commitment, OC Superior Court judge ordered consumer to be placed out of FDC

						within 48 hours. RCOC contacted emergency provider who will provide services to consumer. Consumer left FDC within 48 hour timeframe.
DD	Hispanic	342	LPS-DD	ICF	CRA requested by team to attend a meeting to discuss initiation of a DOR for personal possessions due to pica incident.	CRA attended meeting. Consumer engaged in pica and a DOR was initiated for removal of all personal possessions that could pose a threat. If there are no incidents of real or attempted pica for 4 months, right will be restored. Incident report also initiated for neglect on the part of staff as consumer is on line of sight.
DD	Hispanic	342	LPS-DD	ICF	CRA requested by team to attend special conference to discuss addition of HRIs into behavior plan.	CRA attended meeting. ID Team discussed need to reintroduce HRIs that were discontinued 6 months ago. Psychologist presented specific

						usage criteria and timeframes to discontinue HRIs.
DD	Hispanic	342	LPS-DD	ICF	CRA requested by team and consumer to attend special conference and IPP as non-contingent use of helmet to be discussed.	CRA attended meetings and provided support. CRA indicated that the current behavior plan recently was not followed and that if actual pica incidents appear to occur on weekends then perhaps non-contingent use of helmet should be used only during these times. 89 - ???
DD	Black	318	DMR	ICF	CRA requested by team to attend conference for transfer to PDC. Consumer AWOLed from FDC, was picked up by the police and subsequently placed in jail. FDC did not feel they could provide services to consumer.	CRA attended meeting and provided information. CRA also contacted PDC's CRA to inform them of concerns regarding transfer. Consumer was transferred to PDC.
DD	Caucasian	343	JUDH	ICF	Team requested CRA to attend Semi-annual	CRA attended meeting and provided support to

					meeting.	consumer.
DD	Caucasian	343	JUDH	ICF	CRA requested by team to attend specials to discuss granted WRIT, provider visits, DOR and limitation on off-grounds visits.	CRA attended meetings. A DOR initiated as the team felt that consumer needed staff to be sitting in the room when on the phone w/ his mother to be able to provide support if/when he became upset. Provider visits will continue as there is a granted WRIT. Mother was asked to keep consumer on grounds as he had a provider visit set up and that he needed his noon meds. Mother took him off grounds and did not return until 3:30-4. Consumer missed noon meds and provider. Team has decided that any future visits need to start over with visitation policy: 3 on unit, 3 on grounds.
DD	Hispan	344	RMRA	ICF	Consumer asked	CRA met with

	ic				to meet with CRA to assist with filing of a writ.	consumer who requested to file a writ for release. Previous writ was taken off calendar; however consumer wanted to file another. Writ request completed.
DD	Hispanic	344	RMRA	ICF	CRA attended criminal hearings for assaulting another consumer. Consumer was arrested and is in jail.	CRA to attend hearing. Case is pending. Next hearing date is in January.
DD	Black	344	RMRA	ICF	CRA attended consumer's criminal hearings for assaulting another consumer. Consumer was arrested and is in jail.	CRA to attend hearing. Case is pending. Next hearing date is in January.
DD	Hispanic	342	DMR	ICF	CRA requested by team to attend 30 day as consumer refused to attend meeting.	CRA attended meeting to ensure consumer's supports and services were appropriate.
DD	Hispanic	342	DMR	ICF	CRA requested to attend special meeting to discuss issues	CRA attended meeting and provided information regarding securing

					with IM medication administration.	court order if consumer begins to refuse to take medication.
DD	Caucasian	342	DMR	ICF	Consumer asked to meet with CRA to assist with filing of a writ.	CRA met with consumer who requested to file a writ for release. Writ request completed.
DD	Hispanic	342	LPSDD	ICF	CRA requested by team to attend special conference regarding home visit incident regarding medications.	CRA attended meeting and provided support. Consumer had an overnight home visit and got hold of the medication key and took more pills than prescribed. Team met to develop solution to deal with this issue. She will be allowed to go home for day visits and uncle needs to keep key with him at all times. Overnight visits will be eventually built back up.
DD	Hispanic	342	LPSDD	ICF	Consumer requested CRA to attend IPP meeting.	CRA attended meeting and provided support to consumer regarding status of community placement.
DD	Caucasian	207	RMRA	SNF	CRA requested	CRA attend meeting

	sian				by team to attend meeting to discuss family's request for a bioethics committee referral for DNR order.	and subsequent bioethics committee where DNR was approved.
DD	Caucasian	318	DMRH	ICF	CRA requested by team to attend 30 day, 60, 90 and 120 day meetings.	CRA attended meeting and provided support. At 120-day meeting, SARC reported that a provider has been identified and will be coming to evaluate consumer for placement.
DD	Caucasian	341	RMRA	ICF	CRA requested by consumer to attend IPP/TSM meetings.	CRA attended meeting and provided support to consumer with regards to community placement. provider
DD	Caucasian	341	RMRA	ICF	CRA requested by consumer to attend special meeting to discuss recent behaviors, placement, and key card access.	CRA attended meeting and provided support to consumer. He will be returning to Program 3 while continuing to participate in transition activities. Given medical

						issues and recent increase in behaviors, he will have limited key card access. Psychiatric consult will be recommended to determine when he can get back on regular medication since chemo will be completed.
DD	Caucasian	341	RMRA	ICF	Consumer requested CRA to attend special meeting to discuss use of tools.	CRA attended meeting and provided residence with information regarding decision from a previous 4731 about this issue.
DD	Caucasian	414	DMR	ICF	CRA requested by team to attend meetings to discuss DNR.	CRA attended special meeting and bioethics committee meeting. DNR approved. However, after 1 month, mother withdrew consent for DNR; DNR no longer in effect.
DD	Caucasian	414	DMR	ICF	CRA requested to attend special regarding denial of rights due to inserting objects	CRA attended meeting. A DOR was initiated due to harming self. Any personal possession

					in body orifices.	that could be inserted will not be allowed in her room without staff being present. If she is free from behavior for 30 days, right to personal possessions will be restored.
DD	Caucasian	414	DMR	ICF	Consumer asked to meet with CRA to assist with filing of writs.	CRA met with consumer who requested to file a writ for release. Writ request completed. Writ taken off calendar in Orange County and re-filed writ in San Diego county.
DD	Caucasian	414	DMR	ICF	Consumer requested CRA to attend IPP meetings.	CRA attended meetings and provided support to consumer with regards to her request to move home with her mother.
DD	Caucasian	344	DMR	ICF	CRA requested to attend special meeting to discuss emergency DOR that was initiated.	CRA attended meeting. An emergency DOR had been initiated due to consumer reporting unsafe behavior the night before (inserting

						broken toothbrush is rectum); however, incident did not occur and rights were restored the following morning.
DD	Caucasian	344	DMR	ICF	CRA requested to attend special meeting to discuss emergency DOR that was initiated and subsequent 30 day review.	CRA attended meeting. An emergency DOR had been initiated due to consumer threatening to insert items in rectum. DOR initiated for 30 days and was restored at the 30 day mark.
DD	Caucasian	344	DMR	ICF	Consumer asked to meet with CRA to assist with filing of writs.	CRA met with consumer who requested to file a writ for release. Writ request completed. Writ taken off calendar in Orange County and re-filed writ in San Diego county.
DD	Black	342	DMR	ICF	CRA requested by team to attend pre-admit meeting.	CRA attended meeting and provided support.
DD	Black	342	DMR	ICF	CRA requested by team to attend 30 day, 60 day meetings.	CRA attended meeting and provided support.

DD	8	344	RMRA	ICF	CRA requested by team to attend a special conference to discuss recent behavioral incidents. His mother wants him moved to another unit as he has sustained injuries as a result of his using racial slurs towards another consumer.	CRA attended meeting. The Program Director indicated that a move to another unit (41) will be initiated. However, if he is doing harm there then FDC will have to re-evaluate placement on the new unit.
DD	8	344	RMRA	ICF	Mother requested CRA to attend meeting to discuss frequent restraint usage.	CRA attended meeting and provided support. Team has developed a plan to help with reducing use of restraints.
DD	Hispanic	344	DMR	ICF	CRA attended meeting to discuss possible placement options given recent arrest and pending charges.	CRA attended meeting to listen to FDC's recommendations at current time.
DD	Hispanic	344	DMR	ICF	CRA attended consumer's criminal hearings for assaulting another consumer and 6500 hearings.	Criminal case still pending as is 6500 hearing. Next hearing dates are in January. CRA has been providing information to court-

						appointed attorneys for both hearings and assisting with having him placed at Canyon Springs. OC Superior Court Judge has requested that Canyon Springs provide the court with information as to whether they could provide services to consumer. CS did not comply with first request and was ordered a second time.
DD	Caucasian	212	RMRA	SNF	CRA requested to attend bioethics meeting as DNR was requested.	CRA attended meeting and agreed with outcome of bioethics meeting; DNR approved.
DD	Hispanic	342	RMRA	ICF	OC Public Defender's Office and RCOC agreed that a beginning transition activity for potential community placement should be attendance at a community day program. RCOC	CRA sent an email to CPS inquiring status of completion of MOU, informing them that the courts were continuing to inquire about status of MOU. CRA was notified two days later that all changes to MOU had been approved

					requested that FDC develop a MOU so consumer could begin program. RCOC had not been informed that MOU was completed for over 4 months.	and that a start date for community day program has been set.
DD	Black	342	DMR	ICF	OC Superior Judge agreed to hear writ in county due to consumer's medical condition.	Writ was taken off calendar.
DD	Black	341	DMR	ICF	CRA requested by team to attend special meeting to discuss emergency DOR that was initiated.	CRA attended meeting. Consumer called 911 on cell phone while in restraints. Emergency DOR was initiated for confidential cell phone use. DOR was continued; if consumer makes 0 calls to 911 for 1 month then she will be able to make confidential calls with her phone. Use of unit phone to make confidential phone calls is still

						allowed.
DD	Black	341	DMR	ICF	CRA requested by team to attend special meeting regarding emergency DOR	CRA attended meeting. Consumer had swallowed 17 buttons which have passed and then attempted to swallow quarter. Emergency DOR for access to personal items that can be swallowed including quarters was initiated and will continue for 2 months. Consumer needs to have 0 counts of threats, attempts or actual incidents of ingestion. Consumer met criteria and right was restored.
DD	Black	341	DMR	ICF	CRA requested by team to attend TSM meeting.	CRA attended TSM meeting. Consumer will go for a week visit prior to TRM. TRM placement will occur in the first week of the new fiscal year
DD	Caucasian	318	DMR	ICF	CRA requested by team to attend Age of Majority meeting.	CRA attended meeting and provided support.

DD	Hispanic	341	RMRA	ICF	CRA requested by team to attend special regarding behavior of hitting self.	CRA attended meeting. Team would like restrictive intervention (arm splints) to be used. Team came up with plan with arm splints to be used on a contingent basis and will be presented to BSC.
DD	Caucasian	342	DMR	ICF	CRA requested by team to attend special to discuss medication changes.	CRA attended meeting. Conservator attended and is in agreement with team decision.
DD	Black	318	RMRA	ICF	CRA requested by team to attend TSM to begin discussion of supports and services as she will turn 18 within a year's time and her team feels she is ready for community placement.	CRA attended meeting and provided supports.
DD	Hispanic	342	RMRA	ICF	CRA requested by team to attend TSM.	CRA attended meeting and provided supports. Placement date set and consumer moved into community.

DD	Caucasian	343	DMR	ICF	Consumer asked to meet with CRA to assist with filing of writs.	CRA met with consumer who requested to file a writ for release. Writ request completed. Writ taken off calendar in Riverside County as commitment is being transferred to Orange County. Re-filed in Orange County.
DD	Caucasian	343	DMR	ICF	Consumer requested CRA to attend special meeting to discuss addition of restraint use.	CRA attended meeting and provided support to consumer.
DD	Black	344	LPS-DD	ICF	CRA attended criminal court hearings for assaulting another consumer.	Criminal case was dismissed and consumer was transferred from jail to family home.
DD	Black	318	RMRA	ICF	CRA requested by team to attend a meeting to discuss court order to evaluate placement at Canyon Springs.	CRA attended meeting. Team agreed to officially send referral packet to Canyon Springs to see if he would be appropriate to move there upon his 18 th birthday. CS evaluated consumer and felt he would

						not be appropriate for their facility.
DD	Hispanic	342	RMRA	ICF	CRA requested by team to attend meeting to discuss DOR for personal possession that could be used to harm others.	CRA attended meeting. Consumer attempted to use object to cut self. DOR was initiated for personal possessions that could be used to harm others (key and phone charger) and will be restored when there are no threats or actual harm to others in a month's time. Consumer met criteria and right restored.
DD	Caucasian	343	LPSDD	ICF	CRA attended criminal court hearings.	Criminal case continued to January 2013. Consumer has complied with all of court's requests and case has been dismissed. Consumer is still on 5 years probation.
DD	Caucasian	343	LPSDD	ICF	CRA met with consumer per request.	Consumer reported that OPS officer threatened him. Consumer called 888 to report allegation and CRA

						completed incident report.
DD	Caucasian	343	LPSDD	ICF	Consumer asked to meet with CRA to assist with filing of writ.	CRA met with consumer who requested to file a writ for release. Writ taken off calendar in Orange County and sent request for placement rehearing with LA court.
DD	Caucasian	343	RMRA	ICF	Consumer asked to meet with CRA to assist with filing of writ.	CRA met with consumer who requested to file a writ for release. Writ taken off calendar in Orange County and sent request for placement rehearing with LA court.
DD	White	344	LPS-DD	ICF	CRA requested by team to attend special regarding behaviors.	CRA attended meeting and provided support to consumer. Since Nov.2012 he has been involved in 10 incidents and has had at least 4 fractures. Team reviewed behavior plans, risk assessments.
DD	White	344	LPS-DD	ICF	CRA requested by team to attend special meeting	Consumer ingested a button the day before and an

					to discuss DOR for personal possession due to ingestion.	emergency DOR was instated. A continuation of DOR was initiated for personal possessions and will be restored when there are no threats, attempts or actual ingestion in a month's time.
DD	Black	344	RMRA	ICF	Consumer asked to meet with CRA to assist with filing of writ as writ filed in Orange county was taken off calendar.	CRA met with consumer who requested to file a writ for release. Writ taken off calendar in Orange County and sent request for placement rehearing with LA court.
DD	Black	344	RMRA	ICF	CRA contacted by sister/conservator asking for help with complaint.	CRA provided technical assistance to sister/conservator with complaint she wants to file, alleging right to be free from harm is being violated.
DD	Black	344	RMRA	ICF	Consumer requested CRA to attend meetings to discuss changing jobs. Consumer does not like gardening.	CRA attended meetings. He was switched to current job and has not been going to work. Until the outcome of pending court, being transferred back to

						a certain work room cannot happen. Work has developed a contract that he signed indicating work expectations.
DD	Black	344	RMRA	ICF	CRA requested by team to attend a special meeting to discuss conservator's refusal to sign consent for tooth extraction.	CRA attended meeting. Tooth had been identified as being loose and extraction recommended. Consumer has refused preventative care for almost 1 year. CRA to email sister/conservator to request that she contact consumer and ask him to see dentist for preventative dental care.
DD	Caucasian	343	RMRA	ICF	CRA requested by mother/conservator to attend TSM/TRM	CRA attended meetings. Consumer's placement will occur in the first month of new fiscal year.
DD	Caucasian	431	RMR A/M	ICF	CRA requested by team to attend TSM, TSM addendums and TRM.	CRA attended meetings and provided support. Placement date has been set; family is filing a Richard S.
DD	Cauca	344	DMR	ICF	CRA requested	CRA attended

	sian				by team to attend review 120, 150, 180, 210, 240, 270 day meetings and TSM.	meetings and provided support. CRA attended meetings. Potential provider was identified and visits are occurring.
DD	Caucasian	344	DMR	ICF	CRA attended criminal hearings for assaulting another consumer. Consumer was charged with two misdemeanors.	CRA attended initial hearing. Pled not guilty. DA and PD came to agreement with "diversion program". If follows the plan, after a 3 and 6 month review, charges could be dropped.
DD	Caucasian	344	DMR	ICF	CRA requested to attend meeting to discuss emergency DOR that was initiated for personal possessions.	CRA attended meeting. Consumer held a sweatshirt cord around staff's neck twice. Consumer said he was "playing around". DOR for having access to any type of item such as cords, laces, string, belt, key or ear buds that could harm staff/others has been put in place. If there are 0 threats, attempts or actuals for 30 days right will

						be reinstated. Met criteria and right restored in first month.
DD	Hispanic	344	DMR	ICF	CRA had telephone conversations with mother regarding 2 allegations of abuse that her son had made during their conversations.	CRA reported both allegations of abuse to FDC's OPS and unit and completed necessary incident reports. CRA also asked social worker to set up a special meeting as mother requested a unit change. Consumer cannot be moved to the other unit due to protective order in place between consumer and another resident.
DD	Hispanic	344	DMR	ICF	CRA requested to attend special meeting regarding consumer's recent staff abuse allegations.	CRA attended meeting. Consumer has increased anxiety as he has been waiting for SDRC to approved SLS. SDRC worker indicated SLS has been approved and transition will begin.
DD	Caucasian	343	JUDH	ICF	CRA requested by mother/conservator to attend special meeting	CRA attended meeting and provided support. Psychologist to add identified

					to discuss recent behaviors.	antecedent to behavior plan and mother is to call 3x a week at 8PM. Work will be changed as well.
DD	Caucasian	343	JUDH	ICF	CRA requested by mother/conservator to attend special meeting to discuss recent behaviors and work programs.	CRA attended meeting. Team agreed to have consumer continue to do "landscaping" around FDC. Medication (Prozac) to increase.
DD	Caucasian	344	DMR	ICF	Mother/conservator requested CRA to attend IPP and TSM meetings.	CRA attended meeting. Consumer has had visits with SLS provider and has visited the apartment. A few more cross trainings will occur and then TRM/placement will occur in July.
DD	Caucasian	344	DMR	ICF	Consumer asked to meet with CRA to assist with filing of writ.	CRA met with consumer who requested to file a writ for release. Writ request to LA County completed.
DD	Caucasian	104	DMR	SNF	CRA requested to attend IPP/pre transfer conference.	CRA attended meeting and provided support.
DD	Hispanic	342	LPS-DD	ICF	CRA requested by team to attend	CRA attended meeting.

					special meeting regarding recent pica incidents.	Psychologist reported that she was told to put in for non-contingent helmet and wrist to waist. CRA does not agree with this and inquired about whether consumer was living in a "clean room". She was not, as the 4 th resident in room was not currently under a DOR and her personal possession were still in room. Consumer has since been moved to own room.
DD	Caucasian	344	DMRH	ICF	CRA requested to attend admission conference, 30, 90 day review.	CRA attended admission conference, 30 and 90 day reviews and provide support.
DD	Caucasian	207	JUDH	NF	CRA requested by team to attend special meeting and subsequent bioethics committee meeting.	CRA attended meetings. Consumer had a POLST while at Hoag Hospital and FDC initiated a DNR once transferred back to FDC.
DD	Caucasian	207	RMRA	NF	CRA requested to attend bioethics	CRA attended meeting and

					committee as DNR was to be requested.	committee approved DNR.
DD	Caucasian	343	JUDH	ICF	CRA requested by team to attend IPP meeting.	CRA attended meeting and provided support to consumer regarding upcoming community placement.
DD	Caucasian	343	JUDH	ICF	CRA requested by team to attend TRM.	CRA attended meeting and provided support. Consumer placed in the community.
DD	Hispanic	344	RMRA	ICF	CRA attended criminal hearings for assaulting another consumer.	Preliminary hearing held. Consumer released on own recognizance and returned to FDC. Protective order has been put in place and FDC is to develop a program that satisfies court criteria & condition for an OR. If consumer follows the plans, after a 3 and 6 month review, charges could be dropped.
DD	Hispanic	344	RMRA	ICF	CRA requested by team to attend a special meeting to discuss criteria	CRA attended meeting and provided support. Psychologist is

					and terms that is required by the court.	offering weekly sessions to work on anger management.
DD	Hispanic	344	RMRA	ICF	Consumer asked to meet with CRA to assist with filing of writ.	CRA met with consumer who requested to file a writ for release. Writ request completed.
DD	Hispanic	344	RMRA	ICF	Consumer requested CRA to attend IPP meeting.	CRA attended meeting and provided support.
DD	Hispanic	344	RMRA	ICF	CRA requested to attend special regarding emergency DOR.	CRA attended meeting. An emergency DOR had been initiated the night before as consumer had tightened cord around his neck. After meeting with psychologist in the morning it was determined he was no longer posing a threat to himself and DOR restored.
DD	Black	344	RMRA	ICF	CRA attended criminal hearings for assaulting another consumer.	Preliminary hearing held. Consumer released on own recognizance and returned to FDC. Protective order has been put in place and FDC is to develop a program

						that satisfies court criteria & condition for an OR. If consumer follows the plans, after a 3 and 6 month review, charges could be dropped.
DD	Black	344	RMRA	ICF	CRA requested by team to attend a special meeting to discuss criteria and terms that is required by the court.	CRA attended meeting and provided support. Psychologist is adding a new milestone and has been offering weekly sessions to work on anger management.
DD	Black	344	RMRA	ICF	CRA consulted with SCLARC RC worker & DRC CRA regarding behavioral incidents.	CRA ensured that SCLARC RC worker & DRC CRA had been kept informed of all incidents and meetings outcomes regarding FDC's response to treatment program.
DD	Hispanic	342	DMR	ICF	CRA requested to attend special meetings regarding medications.	CRA attended meeting. FDC has asked Golden Gate RC to petition court where commitment has been generated to request an order that says FDC can give medications if

						consumer refuses. GGRC said they felt this was not their issue as SDC & DDS made the arrangement to allow medication to be given against will. FDC Program Director to follow up. Program Director has informed DDS attorney and is waiting for written documentation regarding FDC's ability to do so.
DD	Caucasian	342	DMR	ICF	Writ was heard in Orange County Superior Court.	Writ was taken off calendar in Orange County and re-filed writ in San Diego county.
DD	Caucasian	342	DMR	ICF	Consumer and family requested CRA to attend IPP.	CRA attended meeting and provided support to consumer who informed SDRC that she wants to live in her own apartment and receive SLS.
DD	Hispanic	342	LPSDD	ICF	Consumer requested CRA to attend special meeting about loss of grounds due to recent	CRA attended meeting and provided support. Attempted to get team to agree to keeping to's and

					allegation of sexual interaction.	from's for work but consumer no longer walks to work. Team will review her campus access in 1 month at ERR.
DD	Hispanic	342	LPSDD	ICF	CRA requested by team to attend meeting to discuss DOR for personal possession that could be used to harm self.	CRA attended meeting. Consumer attempted to use object to cut self. DOR was initiated for personal possessions that could be used to harm self and right will be restored when there are no threats to harm self or actuals in a month's time.
DD	Caucasian	343	LPS-DD	ICF	CRA requested by mother/conservator to attend IPP meeting.	CRA attended meeting and provided support.
DD	Caucasian	318	DMRH	ICF	CRA requested by team to attend 150, 180, 210, 240, 270, 300 day meetings.	CRA attended meeting and provided support. At 150 meeting, identified providers attended meeting. RC may be requesting extension to year placement as consumer may need

						surgery for second eye
DD	Caucasian	341	RMRA	ICF	CRA requested to attend meeting to discuss consumer not going to work.	CRA attended meeting and provided support. US had wanted to not allow him to go to trust if he does not go to work. ID Team did not agree with this and it was agreed that he will continue to have access to all of his money.
DD	Caucasian	341	RMRA	ICF	CRA requested by consumer to attend TSM/TRM meetings.	CRA attended meeting and provided support. Consumer placed in the community.
DD	Caucasian	414	DMR	ICF	CRA requested to attend specials regarding denial of rights due to inserting objects in body orafices.	CRA attended meetings. A DOR was initiated due to harming self. Any personal possession that could be inserted will not be allowed in her room without staff being present. If she is free from behavior for 30 days right to personal possessions will be restored. Monthly reviews have been

						held and consumer met criteria. DOR was modified and consumer has begun to receive some items back.
DD	Caucasian	414	DMR	ICF	CRA requested to attend meeting to discuss Unit Supervisor wanting to limit mother's visitation.	CRA attended meeting. US wanted to limit mother's visits to on unit/campus as mother did not follow ID Team's decision regarding use of sex toy. CRA suggested less restrictive alternatives and US agreed to this. A plan was developed and explained to mother, who agreed to plan.
DD	Caucasian	344	DMR	ICF	CRA requested to attend special meeting to discuss emergency DOR that was initiated and subsequent 30 day review.	CRA attended meeting. DOR initiated for 30 days due to consumer ingesting inedibles. Rights restored after 2 months as consumer did not meet criteria in first month.
DD	Caucasian	344	DMR	ICF	CRA requested to attend special meeting to	CRA attended meeting. An emergency DOR

					discuss emergency DOR that was initiated and subsequent 30 day review.	had been initiated due to consumer threatening to insert items in rectum. DOR initiated for 30 days and was restored at the 30 day mark.
DD	Caucasian	344	DMR	ICF	CRA requested by team to attend special meeting to discuss emergency DOR that was initiated and subsequent 30 day reviews.	CRA attended meeting. An emergency DOR had been initiated due to consumer threatening to insert items in rectum. DOR initiated for 30 days and was not restored at the 30, 60 day mark as criteria not met.
DD	Black	342	DMR	ICF	CRA requested by team to attend 120, 150, 180, 210, 240, 270 and TSM/TRM day meetings.	CRA attended meetings and provided support. Provider visits (SLS) are occurring.
DD	Caucasian	318	JUDH	ICF	CRA attended court proceeding.	6500 had expired in November 2012; RC attorney filed for HOP. OC PD filed petition to dismiss HOP. Judge granted dismissal and gave TCRC 30 days to find placement. RC

						identified a SLS program and OC court allowed an additional 3 weeks for transition; consumer will move within first month of new fiscal year.
DD	Caucasian	318	JUDH	ICF	CRA requested to a special conference to discuss supports for transition to community.	CRA attended meeting and provided supports to process.
DD	Caucasian	344	DMR	ICF	CRA requested by team to attend special to discuss recent behavioral incidents (biting).	CRA attended meeting. Team agreed to resubmit consent for helmet for biting and a consent for wrist to waist.
DD	8	344	RMRA	ICF	CRA requested by team to attend special to discuss DOR.	CRA attended meeting. Consumer had a previous special where a milestone for inappropriate touching was opened. Consumer has since requested sexually explicit material. Psychologist did assessment and indicated no material and no

						<p>training would help. At DOR meeting, CRA brought up FDC's Policy on socio-sexual development and the fact that even though they can restrict this, a training plan has to be developed. DOR has been initiated for no access to sexually explicit material unless he has 0 counts of inappropriate touching for 4 months and that psychologist will provide training.</p>
DD	Hispanic	344	DMR	ICF	<p>CRA attended criminal hearings for assaulting another consumer and 6500 hearings.</p>	<p>Criminal case still pending as is 6500 hearing. Next hearing dates are in January. CRA has been providing information to court appointed attorneys for both hearings and assisting with having him placed at Canyon Springs. OC Superior Court Judge has requested that</p>

						Canyon Springs provide the court with information as to whether they could provide services to consumer. CS did not comply with first request and was ordered a second time. Consumer was finally released and placed him in SLS after working with the Public Defender & RCOC.
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APPENDIX A
CONSUMERS SERVED BY CLIENTS' RIGHTS ADVOCATE
Lanterman State Developmental Center
July 2012 – June 2013

Confidential Client Information, Welfare and Institutions Code Section 4514

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mental Retardation	Latino	152	Hop	NF	Consultation provided at Transition Meeting; one rights issue detected but resolved by program management. Meeting attended and consultation provided.	Pending.
Mental Retardation	Caucasian	315	Voluntary	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation requested at IPP meeting concerning right to	Rights upheld. Resolved.

					least restrictive intervention (lap belt, supervision). Meeting attended and consultation provided.	
Mental Retardation	Caucasian	221	Hop	ICF	Consultation requested by HRC to determine least restrictive intervention (lap belt, supervision). Investigation/observation conducted and findings reported to HRC.	Rights upheld. Resolved.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at both Transition Meetings. Two meetings attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	315	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	423	Hop	ICF	Monitor court minute orders concerning community placement.	Pending.

					Orders being monitored.	
Mental Retardation	Caucasian	431	Hop	ICF	Monitor court minute orders concerning medical issues. Orders being monitored.	Pending.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected but follow-up on medical issues needed.	Placement pending. Follow-up completed.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	323	Hop	ICF	Consultation requested by family concerning final IPP document. Consultation	Rights upheld. Resolved.

					provided and issues resolved.	
Mental Retardation	Caucasian	229	Hop	ICF	Consultation provided at Transition Meeting; one rights issue detected and discussed with family. Meeting attended and consultation provided.	Pending.
Mental Retardation	Caucasian	229	Hop	ICF	Advocacy services requested at IPP meeting to observe for rights issues. Meeting attended; no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation requested regarding transition process and right to least restrictive intervention. Consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Hop	ICF	Advocacy services requested at special IPP meeting to observe for rights issues (concerning	Rights upheld. Resolved.

					right to least restrictive intervention and right to appropriate medical treatment). Meeting attended; no rights issues detected.	
Mental Retardation	African-American	423	Hop	ICF	Monitor court minute orders concerning community placement. Minute orders being monitored.	Pending.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation requested at special IPP meeting concerning elopement attempt. Meeting attended and consultation provided; interpretive conference not needed at this time.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	304	Hop	ICF	Monitor court minute orders concerning community placement.	Pending.

					Orders being monitored.	
Mental Retardation	Caucasian	221	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Latino	302	Hop	ICF	Monitor court minute orders concerning community placement. Orders monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	302	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	230	Hop	ICF	Monitor court minute orders and community placement process. Process being monitored.	Pending.
Mental Retardation	Latino	230	Hop	ICF	Consultation requested from program management regarding client's elopement incident. After discussion, it was	Rights upheld. Resolved.

					determined no interpretive conference needed.	
Mental Retardation	Latino	229	Hop	ICF	Monitor court minute orders concerning community placement. Minute orders being monitored.	Pending.
Mental Retardation	Latino	229	Hop	ICF	Consultation requested at IPP meeting concerning rights to prompt medical treatment, least restrictive intervention, and right to be free from harm. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Latino	229	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Chinese	231	Hop	ICF	Consultation requested at special IPP meeting concerning right to	Rights upheld. Resolved.

					prompt and appropriate medical treatment. Meeting attended and consultation provided.	
Mental Retardation	Asian	230	Hop	ICF	Monitor court minute orders concerning community placement. Orders monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	153	Hop	NF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	153	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	229	Hop	ICF	Consultation provided at Transition Meeting. Meeting	Placement pending.

					attended; no rights issues detected.	
Mental Retardation	Latino	229	Hop	ICF	Consultation provided at Special Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	304	Hop	ICF	Monitor court minute orders concerning community placement. Orders monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	154	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	301	Hop	ICF	Advocacy services requested at IPP meeting to ensure rights protected. Meeting attended and some rights issues detected. Advocacy services provided. Follow-up needed and ongoing.	Rights upheld. Resolved.
Mental Retardation	Caucasian	315	Hop	ICF	Advocacy services requested at IPP meeting to observe for rights	Rights upheld. Resolved.

					issues. Meeting attended; no rights issues detected.	
Mental Retardation	Caucasian	231	Hop	ICF	Consultation requested at special IPP meeting concerning right to prompt and appropriate medical treatment. Meeting attended and consultation provided. Medical follow-up completed.	Rights upheld. Resolved.
Mental Retardation	African-American	431	Hop	ICF	Monitor court minute orders regarding community placement. Minute orders being monitored.	Pending.
Mental Retardation	African-American	230	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	African-American	230	Hop	ICF	Consultation requested at six meetings regarding denial of rights/review. Meetings attended	Rights upheld. Resolved.

					and consultation provided at each meeting. Communicated with OPS and APS regarding investigation. Rights restored at this time.	
Mental Retardation	Latino	158	Hop	NF	Advocacy services requested regarding rights to make choices in one's own life (day activity program), prompt and appropriate medical treatment (follow-up from specialists), and least restrictive living environment. Investigation conducted and issues referred to program management.	Rights upheld. Resolved.
Mental Retardation	Latino	152	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	323	Hop	ICF	Consultation provided at Transition	Placement pending.

					Meeting. Meeting attended; no rights issues detected.	
Mental Retardation	Latino	220	Hop	ICF	Monitor court minute orders concerning community placement and medical status. Process monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	220	Hop	ICF	Advocacy services provided at IPP meeting to ensure rights upheld. Meeting attended and no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	154	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	153	Hop	NF	Consultation requested regarding right to see visitors and right to make choices in one's own life. Consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	302	Hop	ICF	Monitor court minute orders	Client placed in community.

on					concerning community placement. Minute orders monitored.	Rights upheld. Resolved.
Mental Retardation	Caucasian	152	Hop	NF	Monitor court minute orders and community placement process. Process being monitored.	Pending.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation requested at special IPP meeting concerning rights to least restrictive intervention (1:1 supervision) and humane care (pain management). Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	230	Hop	ICF	Monitor court minute orders concerning community placement.	Client placed in community. Rights upheld. Resolved.

					Minute orders monitored.	
Mental Retardation	Caucasian	230	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	304	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation requested from program management regarding client's elopement incident. After discussion, it was determined no interpretive conference needed.	Rights upheld. Resolved.
Mental Retardation	Caucasian	333	Hop	ICF	Advocacy services requested concerning client request to move to another residence at LDC. Meeting attended and advocacy services	Client remains on present unit. Rights upheld. Resolved.

					provided.	
Mental Retardation	Caucasian	323	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	154	Hop	NF	Consultation provided at IPP meeting. Meeting attended; one rights issue detected and discussed during meeting.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	154	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	152	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	152	Hop	NF	Consultation requested at special IPP meeting concerning the right to prompt and appropriate medical treatment	Rights upheld. Resolved.

					and right to humane care. Meeting attended and consultation provided.	
Mental Retardation	Caucasian	333	Hop	ICF	Consultation requested at special IPP meeting concerning elopement attempt. Meeting attended and consultation provided. Medical concerns were raised at meeting for follow-up by physician. Interpretive conference not needed at this time.	Rights upheld. Resolved.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided to program management regarding client elopement. Interpretive conference not needed at this time.	Rights upheld. Resolved.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation requested at special IPP	Rights upheld. Resolved.

					meeting concerning right to make choices in one's own life. Meeting attended and consultation provided.	
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at IPP meeting. Meeting attended; no rights issue detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	154	Hop	NF	Consultation provided at IPP meeting. Meeting attended; one rights issue detected and discussed during meeting (feeding evaluation).	Placement pending.
Mental Retardation	Asian	229	Hop	ICF	Monitor court minute orders concerning community placement. Minute orders being monitored.	Pending.
Mental Retardation	Caucasian	220	Hop	ICF	Advocacy assistance requested concerning request for release. Request forwarded to court.	Client transferred to community facility.

					Minute orders being monitored. Court hearings attended. Consultation provided to client's attorney.	
Mental Retardation	Caucasian	220	Hop	ICF	Consultation requested at special IPP meeting concerning Denial of Rights, and rights to humane care and prompt medical treatment (pain management). Rights restored at this meeting and referral to Pain Management Committee made.	Rights upheld. Resolved.
Mental Retardation	Caucasian	220	Hop	ICF	Advocacy services provided at IPP meeting to ensure rights upheld. Meeting attended and no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	220	Hop	ICF	Consultation requested at special IPP meeting concerning ER denial of rights	Rights upheld. Resolved.

					(harm to self). Meeting attended and consultation provided. Rights restored at this meeting.	
Mental Retardation	Caucasian	153	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; few rights issues detected (medical follow-up).	Placement pending.
Mental Retardation	Caucasian	333	Hop	ICF	Advocacy services provided at IPP meeting to ensure rights upheld. Meeting attended and no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	315	Hop	ICF	Consultation provided at three Transition Meetings. Three meetings attended; a few rights issues detected and referred for follow-up to program management.	Rights upheld. Resolved. Client placed in community.
Mental Retardation					Consultation provided at Special Transition	Rights upheld. Resolved. Client placed in

					Meeting. Meeting attended; no rights issues detected.	community.
Mental Retardation	Caucasian	315	Hop	ICF	Consultation requested at special IPP meeting concerning right to prompt medical treatment (psych medications). Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	315	Hop	ICF	Advocacy services requested at IPP meeting to monitor for rights issues. Meeting attended and noted a few rights issues. IPP team discussed and determined a follow-up plan for noted issues.	Rights upheld. Resolved.
Mental Retardation	Latino	229	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation provided at Transition	Client placed in community. Rights upheld.

					Meeting. Meeting attended; no rights issues detected.	Resolved.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation requested at IPP meeting concerning rights to prompt and appropriate medical treatment. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation provided at IPP meeting concerning rights to least restrictive intervention and right to prompt medical treatment. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending. Client died at LDC.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights	Client placed in community. Rights upheld. Resolved.

					issues detected.	
Mental Retardation	Caucasian	323	Hop	ICF	Monitor court minute orders concerning community placement. Orders monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	323	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	230	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation requested at special IPP meeting concerning rights to prompt medical treatment and least restrictive intervention (restraints, supervision). Meeting attended and consultation provided.	Rights possibly violated.
Mental	Caucasian	230	Hop	ICF	Consultation	Rights upheld.

Retardation	an				requested at IPP meeting concerning rights to appropriate medical treatment and least restrictive intervention (behavioral medications and supervision). Meeting attended and consultation provided.	Resolved.
Mental Retardation	Caucasian	323	Voluntary	ICF	Consultation provided at Transition Meeting. Meeting attended; a few rights issues detected and referred for follow-up to program management.	Placement stopped. Client remains at LDC.
Mental Retardation	Caucasian	323	Voluntary	ICF	Consultation requested at special Transition Meeting concerning right to be free from excessive medication and right to least restrictive placement. Meeting attended	Rights possibly violated.

					and consultation provided.	
Mental Retardation	Asian	152	Hop	NF	Monitor court minute orders concerning community placement. Minute orders monitored.	Pending.
Mental Retardation	Korean	152	Hop	NF	Consultation requested at IPP meeting concerning right to live in the least restrictive environment, right to make choices in one's own life (food and environment), and right to appropriate medical treatment (bix medications). Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Chinese	323	6500	ICF	Consultation requested at IPP concerning rights to prompt and appropriate medical treatment and least restrictive intervention.	Rights upheld. Resolved.

					Meeting attended and consultation provided.	
Mental Retardation	Chinese	323	6500	ICF	Consultation requested at special IPP meeting concerning right to prompt and appropriate medical treatment, right to least restrictive intervention (supervision) and right to be free from restraints. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Korean	154	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation requested at special IPP meeting concerning elopement episode. Meeting attended and consultation provided. Note:	Rights upheld. Resolved. No interpretive conference needed.

					CRA did not receive notification of this within established LDC timelines.	
Mental Retardation	Caucasian	229	Hop	ICF	Consultation requested at IPP meeting concerning right to live in the least restrictive environment, right to make choices in one's own life, and right to least restrictive intervention (supervision). Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	220	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	230	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.

Mental Retardation	Caucasian	230	Hop	ICF	Consultation requested at IPP meeting concerning right to prompt and appropriate medical treatment, right to least restrictive intervention, and right to be free from abuse. Meeting attended and consultation provided. Program management to follow-up with identified issue.	Rights possibly violated.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation requested at special IPP meeting concerning right to prompt and appropriate medical treatment (second opinion) and humane treatment (pain management). Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation requested at	Rights upheld. Resolved.

on					special IPP meeting regarding right to appropriate medical treatment (surgery). Meeting attended and consultation provided.	
Mental Retardation	Caucasian	231	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	African-American	230	Hop	ICF	Monitor court minute orders concerning community placement. Minute orders monitored.	Pending.
Mental Retardation	Caucasian	315	Hop	ICF	Advocacy services requested at IPP meeting to monitor for rights issues. Meeting attended and noted a few rights issues. IPP team discussed and determined a follow-up plan for noted issues.	Rights upheld. Resolved.
Mental Retardation	Latino	315	Hop	ICF	Consultation provided at two	Client placed in community.

on					Transition Meetings. Two meetings attended; no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	African-American	221	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	202	Voluntary	ICF	Consultation requested at IPP meeting concerning right to be free from excessive medication and right to appropriate medical treatment. Meeting attended and consultation provided. Issues detected.	Client placed in community.
Mental Retardation	Caucasian	229	Voluntary	ICF	Consultation requested regarding concerns during transition visits. Investigation conducted and provided information to LRP for follow-up.	Rights upheld. Resolved.

Mental Retardation	Caucasian	230	Voluntary	ICF	Consultation requested at IPP meeting concerning right to prompt and appropriate medical treatment. Meeting attended and consultation provided. Issues detected.	Client placed in community.
Mental Retardation	Caucasian	230	Voluntary	ICF	Consultation requested at special IPP meeting concerning right to prompt and appropriate medical treatment (psychiatric recommendations) . Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	230	Voluntary	ICF	Consultation requested at two Transition Meetings regarding right to make choices in one's own life. Two meetings attended and consultation provided at both.	Client placed in community. Rights upheld. Resolved.

Mental Retardation	Latino	333	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	421	Hop	ICF	Monitor court minute orders concerning community placement. Minute orders monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	323	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Rights upheld. Resolved. Client placed in community.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation requested at IPP meeting concerning rights to least restrictive intervention (placement) and right to prompt medical treatment. Meeting attended	Rights upheld. Resolved.

					and consultation provided. Placement planning concerns discussed at meeting.	
Mental Retardation	Caucasian	229	Hop	ICF	Advocacy services requested at Transition Meeting to monitor for rights issues. Meeting attended and noted a few rights issues. ID team discussed and determined a follow-up plan for noted issues.	Placement Pending. CRA referred concerns to HRC and Program Management.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation provided at special Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	323	Voluntary	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	301	Hop	ICF	Monitor court minute orders concerning community placement.	Pending.

					Orders being monitored.	
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Latino	154	LPS Conservatorship	NF	Consultation requested at IPP meeting concerning right to appropriate medical treatment. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Latino	154	LPS Conservatorship	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	220	Hop	ICF	Consultation provided at two Transition Meetings. Meetings attended; no rights issues detected.	Rights upheld. Resolved. Client placed in community.
Mental Retardation	Latino	153	Hop	NF	Monitor court minute orders concerning community placement.	Pending.

					Orders being monitored.	
Mental Retardation	Caucasian	415	Hop	ICF	Monitor court minute orders concerning community placement. Orders monitored.	Rights upheld. Resolved. Client placed in community.
Mental Retardation	Latino	231	Hop	ICF	Advocacy services provided at Transition Meeting to monitor for rights issues. Meeting attended and noted a few rights issues. IPP team discussed and determined a follow-up plan for noted issues.	Pending.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at IPP meeting and special IPP meeting concerning rights to prompt and appropriate medical treatment, right to make choices in one's own life (placement within LDC). Two meetings attended and consultation	Rights upheld. Resolved. Client moved to different level of care within LDC.

					provided at both.	
Mental Retardation	Caucasian	152	Hop	NF	Consultation requested at urgent Bioethics meeting. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	152	Hop	NF	Consultation requested at Interpretive Conference concerning client's elopement. Meeting attended and consultation provided. No request for release made, per ID team.	Rights upheld. Resolved.
Mental Retardation	Iranian	315	Hop	ICF	Consultation requested at IPP transition meeting regarding rights to least restrictive environment, appropriate medical treatment, and right to make choices in one's own life. Meeting attended and consultation provided.	Placement pending.
Mental	Iranian	315	Hop	ICF	Advocacy services	Placement

Retardation					requested at special Transition Meeting to ensure rights upheld. Meeting attended and consultation provided to ID team regarding rights concerns.	pending.
Mental Retardation	Iranian	315	Hop	ICF	Advocacy services requested at IPP meeting to monitor for rights issues. Meeting attended; no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Iranian	315	Hop	ICF	Advocacy services requested at special Transition Meeting to monitor for rights issues. Meeting attended; few important rights issues detected. LRP to follow-up with issues noted at meeting.	Resolved.
Mental Retardation	Caucasian	154	Hop	NF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.

Mental Retardation	Caucasian	154	Hop	NF	Advocacy services provided at special Transition Meeting to monitor for rights issues. Meeting attended and noted a few rights issues.	Pending.
Mental Retardation	Caucasian	220	Hop	ICF	Advocacy services requested at Transition Meeting to monitor for rights issues. Meeting attended; few important rights issues detected. LRP to follow-up with issues noted at meeting.	Placement pending.
Mental Retardation	Caucasian	152	Hop	NF	Consultation requested at special IPP meeting concerning right to make choices in one's own life (living arrangements at LDC). Meeting attended and consultation provided. ID team determined no changes will be made.	Rights upheld. Resolved.

Mental Retardation	Caucasian	304	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	231	Hop	ICF	Advocacy services requested at Transition Meeting to monitor for rights issues. Meeting attended; no rights issues detected.	Rights upheld. Placement pending.
Mental Retardation	Caucasian	304	Hop	ICF	Monitor court minute orders concerning community placement. Minute orders being monitored.	Pending.
Mental Retardation	Caucasian	230	6500	ICF	Consultation requested at IPP meeting regarding rights to live in the least restrictive environment and receive prompt medical treatment. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation provided at	Client placed in community.

on					Transition Meeting. Meeting attended; no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Hop	ICF	Advocacy services requested at two special IPP meetings to monitor for rights issues. Meetings attended; few important rights issues (free from excessive medication, least restrictive intervention) detected. LRP to follow-up with issues noted at meeting.	Rights possibly violated.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	315	Hop	ICF	Advocacy services requested at Transition Meeting to monitor for rights issues. Meeting attended; no rights issues detected.	Placement pending.

Mental Retardation	Caucasian	229	Hop	ICF	Consultation provided at both Transition Meetings. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	315	Hop	ICF	Advocacy services requested at Transition Meeting to monitor for rights issues. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Voluntary	ICF	Consultation provided to program management regarding elopement incident. No interpretive conference necessary.	Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Voluntary	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community.
Mental Retardation	African-American	158	Hop	NF	Consultation provided at Transition Meeting. Meeting	Rights upheld. Resolved. Client placed in community.

					attended; no rights issues detected.	
Mental Retardation	African-American	152	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	317	Hop	ICF	Monitor court minute orders concerning community placement. Minute orders being monitored.	Pending.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation provided at IPP Meeting. Meeting attended; no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	230	Hop	ICF	Advocacy services requested at three Transition Meetings regarding right to make choices in one's own life. Three meetings attended and consultation provided at each.	Pending.
Mental Retardation	Caucasian	230	Hop	ICF	Advocacy services requested at IPP meeting to monitor for rights issues.	Rights upheld. Resolved.

					Meeting attended and noted a few rights issues. IPP team discussed and determined a follow-up plan for noted issues.	
Mental Retardation	African-American	315	LPS Conservatorship	ICF	Consultation requested at special IPP meeting concerning right to least restrictive intervention (restraint use) and right to prompt and appropriate medical treatment (psychiatric medications). Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	African-American	315	LPS Conservatorship	ICF	Consultation provided at IPP meeting concerning rights to least restrictive intervention (restraint use) and prompt and appropriate medical treatment. Meeting attended and consultation provided.	Rights upheld. Resolved.

Mental Retardation	Caucasian	333	Voluntary	ICF	Advocacy services requested on behalf of client regarding delay in community placement. Complaint filed on behalf of client. Response to appeal by DDS pending.	Client placed in community. No response from DDS regarding appeal of complaint.
Mental Retardation	African-American	425	Voluntary	ICF	Monitor court minute orders concerning community placement. Minute orders monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	African-American	323	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	317	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Latino	154	Hop	NF	Consultation requested at IPP meeting regarding rights to live in the	Rights upheld. Resolved.

					least restrictive environment and right to prompt and appropriate medical treatment. Meeting attended and consultation provided.	
Mental Retardation	Latino	154	Hop	NF	Consultation provided at two Transition Meetings. Meetings attended; no rights issues detected.	Placement pending.
Mental Retardation	Latino	323	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	220	Hop	ICF	Advocacy services provided at Transition Meeting to monitor for rights issues. Meeting attended; few rights issues detected. Issues referred to HRC for follow-up.	Placement pending.
Mental Retardation	Caucasian	301	Hop	ICF	Monitor court minute orders concerning community	Pending.

					placement. Orders being monitored.	
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at two Transition Meetings. Meetings attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	221	Voluntary	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	221	Voluntary	ICF	Consultation provided at IPP Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation requested at Interpretive Conference concerning client's elopement. Meeting attended and consultation provided. No request for release made, per ID team.	Rights upheld. Resolved.
Mental Retardation	Caucasian	302	Hop	ICF	Monitor court minute orders	Rights upheld. Resolved.

on					concerning community placement. Minute orders monitored.	Client placed in community.
Mental Retardation	Caucasian	333	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Rights upheld. Resolved. Client placed in community.
Mental Retardation	Caucasian	153	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	220	Hop	ICF	Consultation requested at special IPP meeting regarding right to appropriate medical treatment and right to least restrictive intervention. Meeting attended and consultation provided. Follow-up needed.	Client placed in community.
Mental Retardation	Caucasian	220	Hop	ICF	Consultation provided at Transition Meeting. Meeting	Rights upheld. Resolved. Client placed in community.

					attended and consultation provided; few rights issues detected and referred to program for follow-up.	
Mental Retardation	African-American	158	Hop	NF	Consultation requested at urgent Bioethics meeting. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	230	Hop	ICF	Monitor court orders. Consultation provided to client's attorney. Orders monitored.	Rights upheld. Resolved. Client placed in community.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation requested at special IPP meeting concerning right to prompt and appropriate medical treatment (weight-related issues) and right to make choices in one's own life (visitors, food). Meeting attended and consultation	Rights upheld. Resolved.

					provided.	
Mental Retardation	Caucasian	415	Hop	ICF	Advocacy assistance requested concerning request for release. Request forwarded to court. Consultation provided to client's attorney. Minute orders monitored. Case removed from calendar.	Resolved.
Mental Retardation	Caucasian	315	Hop	ICF	Consultation requested at IPP meeting concerning right to prompt and appropriate medical treatment, right to least restrictive intervention (supervision) and right to make choices in one's own life (living arrangement). Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	315	Hop	ICF	Advocacy assistance requested concerning	Pending.

					request for release. Request forwarded to court. Minute orders being monitored. Court hearings attended. Consultation provided to client's attorney.	
Mental Retardation	Caucasian	315	Hop	ICF	Advocacy services provided at six Transition Meetings to monitor for rights issues. Six meetings attended; rights issues detected. Issues referred to Regional Center, LDC Management and LRP for follow-up.	Placement pending.
Mental Retardation	Caucasian	315	Hop	ICF	Consultation requested at IPP meeting concerning right to prompt and appropriate medical treatment and right to humane care (Bioethics). Meeting attended and consultation	Rights upheld. Resolved.

					provided.	
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at two Transition Meetings. Meetings attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Latino	333	6500	ICF	Consultation requested at special IPP meeting regarding right to be free from abuse. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Latino	333	6500	ICF	Consultation requested at Interpretive Conference concerning client's elopement. Meeting attended and consultation provided. No request for release made, per ID team.	Rights upheld. Resolved.
Mental Retardation	Other	415	Hop	ICF	Monitor court minute orders concerning community placement. Orders being	Pending.

					monitored.	
Mental Retardation	Caucasian	154	Hop	NF	Monitor court minute orders concerning medical follow-up. Orders being monitored.	Pending.
Mental Retardation	Caucasian	317	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	African-American	229	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	African-American	229	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	African-American	229	Hop	ICF	Advocacy services provided at IPP Meeting to monitor for rights issues. Meeting attended; no rights issues detected.	Rights upheld. Resolved.
Mental	Caucasian	202	Hop	ICF	Monitor court	Pending.

Retardation	an				minute orders concerning community placement. Orders being monitored.	
Mental Retardation	Caucasian	231	Hop	ICF	Advocacy services provided at IPP meeting; no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	231	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	315	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	221	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation requested at special IPP meeting regarding right to be free	Client placed in community prior to investigation conclusion.

					from harm (alleged sexual assault) and right to humane treatment (support, supervision). Meeting attended and consultation provided.	
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at two Transition Meetings. Meetings attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	317	Hop	ICF	Monitor court minute orders concerning community placement. Orders monitored.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	421	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights	Placement pending.

					issues detected.	
Mental Retardation	Caucasian	333	6500	ICF	Consultation provided at IPP meeting concerning right to prompt and appropriate medical treatment. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	203	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Asian	421	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Asian	221	Hop	ICF	Consultation requested at IPP meeting concerning right to appropriate medical treatment and right to least restrictive intervention (chest harness). Meeting	Pending.

					attended and consultation provided.	
Mental Retardation	Asian	221	Hop	ICF	Consultation requested at special IPP meeting concerning right to appropriate medical treatment, right to be free from harm, and right to least restrictive intervention (chest harness). Meeting attended and consultation provided.	Resolved.
Mental Retardation	Asian	221	Hop	ICF	Consultation requested at (5) special IPP meetings concerning right to least restrictive intervention (supervision, protective devices, medications) and right to prompt and appropriate medical treatment. Five meetings attended and consultation provided at each.	Pending.

					Issues remain.	
Mental Retardation	Asian	221	Hop	ICF	Consultation requested at special IPP meeting on behalf of HRC concerning right to least restrictive intervention (bedrails, supervision, chest strap). Meeting attended and consultation provided. Summary provided to HRC.	Pending.
Mental Retardation	Caucasian	220	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Latino	323	Hop	ICF	Consultation provided regarding concerns of conservatorship authority. Investigation conducted and consultation provided to LRP and LDC.	Resolved.
Mental	Latino	323	Hop	ICF	Consultation	Placement

Retardation					provided at Transition Meeting. Meeting attended; no rights issues detected.	pending.
Mental Retardation	Caucasian	302	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Latino	303	6500	ICF	Monitor court minute orders concerning commitment proceedings. Orders being monitored.	Pending.
Mental Retardation	Latino	153	Voluntary	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Asian	215	Hop	ICF	Monitor court minute orders concerning community placement and right to prompt and appropriate medical care and treatment.	Pending.
Mental	Filipino	315	Hop	ICF	Advocacy	Resolved.

Retardation					assistance requested concerning request for release. Request forwarded to court. Minute orders being monitored. Consultation provided to client's attorney. Case eventually dismissed by court; client remains at LDC.	
Mental Retardation	Filipino	315	Hop	ICF	Advocacy assistance requested concerning request for release. Request forwarded to court. Minute orders being monitored. Court hearings attended. Consultation provided to client's attorney.	Pending.
Mental Retardation	Caucasian	316	Hop	ICF	Monitor court minute orders and community placement process and medical concerns. Process being	Pending.

					monitored.	
Mental Retardation	Caucasian	421	Hop	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	African-American	323	Voluntary	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	152	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation requested at IPP meeting concerning right to make choices in one's own life (community activities) and right to prompt and appropriate medical treatment (psychiatric medications). Meeting attended and consultation	Rights upheld. Resolved.

					provided.	
Mental Retardation	Caucasian	230	Hop	ICF	Advocacy assistance requested at IPP meeting concerning right to make choices in one's own life and right to be free from abuse. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation requested at several special IPP meetings concerning Denial of Rights relating to ongoing investigation. Denial of Rights currently in place and reviewed monthly.	Pending.
Mental Retardation	Caucasian	230	Hop	ICF	Consultation requested at special IPP meeting concerning right to make choices in one's own life (community activities). Meeting attended and consultation	Rights upheld. Resolved.

					provided.	
Mental Retardation	Caucasian	333	6500	ICF	Monitor court minute orders concerning community placement. Orders being monitored.	Pending.
Mental Retardation	Caucasian	152	Hop	NF	Consultation provided at Transition Meeting. Meeting attended; one rights issue detected but was resolved prior to client's move into community.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	152	Hop	NF	Consultation requested from concerned staff regarding issues at future community home. Investigation conducted and consultation provided to LRP and LDC program management.	Rights upheld. Resolved.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended and	Placement pending.

					consultation provided; many rights issues detected and referred to LDC administration for appropriate follow-up.	
Mental Retardation	Caucasian	221	Hop	ICF	Advocacy assistance requested at IPP meeting concerning right to make choices in one's own life and right to prompt and appropriate medical treatment. Meeting attended and consultation provided.	Rights upheld. Resolved.
Mental Retardation	Caucasian	317	Hop	ICF	Monitor court minute orders. Orders being monitored.	Pending.
Mental Retardation	Caucasian	221	Hop	ICF	Consultation provided at Transition Meetings. Two meetings attended; no rights issues detected.	Placement pending.
Mental Retardation	Caucasian	229	Hop	ICF	Monitor court minute orders concerning	Pending.

					community placement. Orders being monitored.	
Mental Retardation	Caucasian	229	Hop	ICF	Consultation provided at IPP Meeting. Meeting attended; no rights issues detected.	Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Client placed in community. Rights upheld. Resolved.
Mental Retardation	Caucasian	229	Hop	ICF	Consultation requested regarding concerns during transition visits. Investigation conducted and provided information to LRP for follow-up.	Rights upheld. Resolved.
Mental Retardation	Latino	323	Hop	ICF	Consultation provided at Transition Meeting. Meeting attended; no rights issues detected.	Placement pending.

APPENDIX A
CONSUMERS SERVED BY CLIENTS' RIGHT ADVOCATE
Porterville State Developmental Center
July 2012 – June 2013

Confidential Client Information, Welfare and Institutions Code Section 4514

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	178	DMR 6500	GAC	Contacted by family member regarding change in status of referral to FDC?	Contacted family member with status update
Mild MR	Cauc	178	DMR 6500	GAC	Consumer's sister called and left a message that she will call back between her scheduled appointments.	Provided updated information to sister
Mild MR	Cauc	716	DMR 6500	ICF	Consumer contacted CRA to ask for assistance in meeting with OPS	CRA in attendance in interview with OPS
Mild MR	Cauc	178	DMR 6500	GAC	Social Worker contacted CRA for witnessing Advanced Directive changes	California Advance Health Care Directive changes completed.
Severe MR	Cauc	423	DMR 6500	ICF	Reviewed of Medical Restraints	Approved
Mild MR	Cauc	178	DMR 6500	GAC	Review of Postural Supports	Approved
Mild MR	Cauc	853	DMR 6500	ICF	Contacted CRA upset, refusing medication, threats of harm to self, issues with trees	Follow up with US regarding issues.

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	709	DMR 6500	ICF	Concerns with RC.	Facilitated phone call between RC, consumer and staff
Mild MR	Cauc	716	DMR 6500	ICF	CIPP initiated with this consumer being the instigator.	Provide increased staff supervision to promote client protection. Provided T.I and counseling on more approp. methods of dealing with anger and frustration.
Mild MR	Black	716	DMR 6500		Consumer contacted CRA with an issue of being removed from a class without prior notification.	Meeting held, issues resolved
Moderate MR	Black	853	DMR 6500	ICF	Consumer left voicemail alleging verbal abuse by staff	Incident Report initiated per policy
Mild MR	Black	709	PC 1370.1	ICF	Outreach Coordinator sent email regarding consumer getting his monies left here and his property sent to him.	Information provided to Outreach Coordinator on various resources to utilize
Mild MR	Cauc	853	DMR 6500	ICF	Consumer contacted CRA regarding verbal abuse by staff	Incident Report initiated per policy
Mild MR	Hisp	716	DMR 6500	ICF	Release of Info obtained from consumer	Release sent to Office of Clients Rights
Mild MR	Cauc	853	DMR 6500	ICF	See Annual Complaint Section	

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Cauc	130	RMRA 95	NF	Biomethics Committee meeting due to consumer being returned from Sierra View with a DNR in place	Recommendations made, forwarded to ED
Mild MR	Hisp	718	DMR 6500	ICF	Family contacted CRA alleging that consumer was using illegal drugs, not sleeping and losing weight	Incident report initiated per policy.
Mild MR	Cauc	853	DMR 6500	ICF	Consumer called and said he doesn't want his meds smashed. Later he withdrew his statement.	Follow up with Unit Supervisor
Mild MR	Black	716	DMR 6500	ICF	Consumer contacted CRA concerned regarding possible placement status	Contacted Golden Gate RC updated on placement, info provided to consumer
Mild MR	Black	716	DMR 6500		Consumer contacted CRA regarding issues in class	Spoke with instructor in class who reported consumer had minor behavioral issues in class but had over-all done very well
Mild MR	Cauc	716	DMR 6500	ICF	Public Defender following up on consumer status	Info provided
Moderate MR	Black	853	DMR 6500	ICF	Consumer contacted CRA alleging abuse by staff.	Incident report initiated per policy
Autism	Asian	718	PC 1370.1	ICF	Meeting to discuss incoming admission	Issues addressed
Profound MR	Cauc	132	RMRA 75	NF	Review of Medical restraints	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Cauc	178	RMRA 95	NF	Review of Medical restraints	Approved
Mild MR	Cauc	505	DMR 6506	ICF	Meeting regarding possible DOR, Surgery & behavior	DOR initiated
Profound MR	Black	423	RMRA 95	ICF	Meeting to discuss recent ingestion	Restricted devices to be implemented as well as 1:1 staff
Autism	Asian	718	PC 1370.1	ICF	30 day meeting	Over-all behavior stable, parents concerns addressed
Profound MR	Cauc	718	RMRA 95	NF	Medical restraints reviewed	Approved
Mild MR	Cauc	506	DMR 6500	ICF	Consumer requested a meeting to discuss moving to another residence	Provided information to consumer regarding the process of moving her, she became upset and left meeting
Mild MR	Puerto Rican	718	DMR 6500	ICF	Follow up Meeting to address possible progression to less restrictive environment	Consumer became highly agitated, left meeting
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA alleged that staff had physically abused him	Incident Report initiated per policy
Mild MR	Black	505	DMR 6500	ICF	Denial of rights initiated without contacting CRA as per facility policy	Incident Report initiated per policy
Mild MR	Cauc	853	DMR 6500	ICF	Consumer left voice mail alleging abuse by staff	Incident Report initiated per policy

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	715	DMR 6500	ICF	Consumer alleged to his advocate that he had reported to staff that money had been taken from his personal wardrobe and staff did nothing	Incident Report initiated per policy
Mild MR	Native American	718	DMR 6500	ICF	Consumer contacted CRA and alleged verbal abuse by staff	Incident Report initiated per policy
Mild MR	Cauc	855	DMR 6500	ICF	Rights Violation-Medication reduction plan that was consented to was not followed	Incident report initiated per policy
Mild MR	Cauc	715	DMR 6500	ICF	Consumer alleged he was "punked" by peer for food items sent to him by his parents	Incident Report initiated per policy
Mild MR	Hisp	853	DMR 6500	ICF	Consumer alleged that staff threatened him	Incident Report initiated per policy
Mild MR	Black	851	DMR 6500	ICF	Consumer allege that staff physically and verbally abused him	Incident Report initiated per policy
Mild MR	Hisp	505	RMRA 95	ICF	Registry staff contacted CRA alleging that consumers had rptd to her that they were told to cut their hair by the US	Incident Report initiated per policy

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Black	505	DMR 6500	ICF	Registry staff contacted CRA alleging that consumers had rptd to her that they were told to cut their hair by the US	Incident Report initiated per policy
Mild MR	Black	851	DMR 6500	ICF	Consumer contacted CRA alleging that staff was falsely documenting in his record	Incident Report initiated per policy
Mild MR	Hisp	853	DMR 6500	ICF	Consumer contacted CRA alleging that staff grabbed him, abused him and threw me	Incident Report initiated per policy
Mild MR	Black	526	DMR 6500	ICF	Consumer's Mother contacted CRA regarding various issues with her daughter- neglect by staff, over-medicated, unexplained injuries, RC not returning her calls	Incident Report initiated per policy
Moderate MR	Black	854	DMR 6500	ICF	Consumer contacted CRA alleging physical abuse by staff	Incident Report initiated per policy
Mild MR	Cauc	715	DMR 6500	ICF	See Annual Complaint Section	
Profound MR	Cauc	132	RMRA 75	NF	Medical restraints reviewed	Approved
Mild MR	Hisp	716	WI 4507	ICF	Attended Annual IPP	Provide consumer with information requested

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	526	DMR 6500	ICF	Consumer requested a WRIT	WRIT completed provided to ED
Profound MR	Cauc	525	RMRA 95	ICF	Medical Restraints reviewed	Approved
Profound MR	Cauc	436	RMRA 75	ICF	Medical Restraints reviewed	Approved
Mild MR	Cauc	178	DMR 6500	GAC	SW requested witnesses from CRA For Advance Directives	CA Advanced Directive completed
Unspecified	Black	856	DMR 6500	ICF	Consumer requested a WRIT	WRIT completed provided to ED
Mild MR	Puerto Rican	718	DMR 6500	ICF	Consumer requested CRA to attend 60 Meeting	Team to meet in 30 days to address consumer's request for a less restrictive program
Profound MR	Hisp	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	130	RMRA 95	NF	Postural supports reviewed	Approved
Moderate MR	Hisp	132	DMR 6500	NF	Postural supports reviewed	Approved
Profound MR	Cauc	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	178	RMRA 75	GAC	Postural supports reviewed	Approved
Profound MR	Cauc	132	RMRA 75	NF	Postural supports reviewed	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Cauc	132	RMRA 95	NF	Postural supports reviewed	Approved
Profound MR	Cauc	130	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	130	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Black	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	130	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	421	RMRA 75	ICF	Record review regarding possible postponement of community placement due to upcoming surgery	Team resolved issue
Mild MR	Black	506	DMR 6500	ICF	See Annual Complaint Section	
Mild MR	Cauc	853	DMR 6500	ICF	Attended IPP	Consumer was in attendance and acknowledged understanding of his IPP
Severe MR	Cauc	525	RMRA 95	ICF	Attended IPP regarding consumer new health issues and impact on consumer.	Issues were addressed by team
Mild MR	Black	716	PC 1370.1	ICF	See Annual Complaint Section	
Mild MR	Cauc	715	DMR 6500	ICF	Consumer GH alleged issue with peer AC tv.	Issue resolved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Hisp	716	DMR 6500	ICF	Consumer GH reported an issue with peer (AC) tv and staff	Refuted peer GH report. Admitted to lending his TV to peer GH which is against facility policy. Issue resolved
Mild MR	Cauc	506	DMR 6500	ICF	Attending meeting at request of consumer	Discussed criteria to reinstate current right, progress and behavior have been good.
Mild MR	Cauc	853	DMR 6500	ICF	Attended IPP	Reviewed current plans, health, goals. Consumer was in attendance.
Profound MR	Cauc	130	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Hisp	525	DMR 6500	ICF	Medical restraints reviewed	Approved
Moderate MR	Hisp	132	DMR 6500	NF	Attended Meeting at consumers request	Consumer wants to look at other residences with a peer group to meet her needs. Issue resolved
Profound MR	Cauc	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	130	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	130	RMRA 95	NF	Postural supports reviewed	Approved
Profound MR	Hisp	132	RMRA 75	NF	Postural supports reviewed	Approved
Profound MR	Cauc	130	RMRA 75	NF	Postural supports reviewed	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	717	DMR 6500	ICF	Consumer wants to move to a less restrictive program	Followed up with staff. Consumer has been placed on a referral list for a less restrictive Program. When available he will be transferred
Mild MR	Black	506	DMR 6500	ICF	Consumer wants to move to another residence	Followed up with staff via meeting, consumer is on a referral for another residence as well as community placement
Mild MR	Cauc	716	DMR 6500	ICF	Consumer requested assistance in locating his caseworker from his RC.	Followed up with staff, information was given to consumer
Moderate MR	Hisp	526	DMR 6500	ICF	Consumer wants to look at other residences with a peer group of her choice for a possible transfer.	Team to look at other residences in the program as soon as consumer's current health issues is resolved
Mild MR	Black	506	DMR 6500	ICF	Consumer wants to move to another residence	Followed up with staff via meeting, consumer is on a referral for another residence as well as community placement
Mild MR	Hisp	853	DMR 6500	ICF	Consumer contacted CRA alleging that staff twisted his arm when he was getting out of bed	Incident Report initiated per policy

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	853	DMR 6500	ICF	Consumer reported to Volunteer Advocate alleging that staff threw a chair and struck him causing injury as well as cursed at him	Incident Report initiated per policy
Mild MR	Native American	718	DMR 6500	ICF	Consumer reported to CRA that staff had psychologically abused	Incident Report initiated per policy
Profound MR	Cauc	436	RMRA 95	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	717	WI 4507	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	851	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	716	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	715	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	854	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Hisp	525	DMR 6500	ICF	Review of Medical Restraints	Approved
Mild MR	Hisp	715	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	132	RMRA 75	NF	Review of Postural Supports	Approved
Mild MR	Cauc	715	DMR 6500	ICF	See Annual Complaint Section	

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes	
Profound MR	Cauc	130	RMRA 75	NF	Review of Restricted Access	Approved	
Profound MR	Cauc	130	RMRA 75	NF	Review of Restricted Access	Approved	
Profound MR	Cauc	130	RMRA 75	NF	Review of Restricted Access	Approved	
Profound MR	Cauc	178	RMRA 95	GAC	Review of Restricted Access	Approved	
Profound MR	Cauc	130	RMRA 75	NF	Review of Restricted Access	Approved	
Profound MR	Cauc	130	RMRA 75	NF	Review of Restricted Access	Approved	
Profound MR	Cauc	525	RMRA 75	ICF	Review of Restricted Access	Approved	
Mild MR	Indonesian/ Cauc	855	DMR 6500	ICF	Consumer requested a meeting to move to a less restrictive environment, community home or Prog. 5	Consumer decided to stay on current residence and wait for community care to open and transition into the community home	
Mild MR	Native American	718	DMR 6500	ICF	Consumer alleged a clinical practice issue between staff and a peer	GER (IR) initiated per policy	
Mild MR	Black	715	PC 1370.1	ICF	Consumer alleged physical abuse by staff	GER initiated per policy	Approved
Profound MR	Hisp	525	DMR 6500	ICF	Medical restraints reviewed	Approved	
Moderate MR	Black	853	DMR 6500	ICF	Consumer alleged physical abuse by staff	GER initiated per policy	

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Severe MR	Hisp	423	RMRA 95	ICF	Meeting held regarding consumer's health and behavioral issues	Pending psych consult, team will meet again
Mild MR	Hisp	709	PC 1370.1	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	852	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Black	506	PC 1370.1	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	855	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	853	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	851	DMR 6500	ICF	Review of Restricted Access	Approved
Autistic	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Black	526	RMRA 75	ICF	Review of Restricted Access	Approved
Severe MR	Cauc	526	RMRA 95	ICF	Review of Restricted Access	Approved
Severe MR	Cauc	436	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Black	526	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	505	DMR 6500	ICF	Review of Restricted Access	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	854	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	853	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	715	PC 1370.1	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	852	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	436	RMRA 95	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	505	DMR 6506	ICF	Review of Restricted Access	Approved
Profound MR	Hisp	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	715	DMR 6500	ICF	See Annual Complaint Section	

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Black	716	DMR 6500		Consumer had concerns regarding his commitment, possible transition into a community care home and his families ability to contact the CRA	Copy of recent court commitment provided to him, contacted his RC to see status of possible community care placement and any pending or suspended charges against him. He was provided with contact information regarding the CRA.
Mild MR	Cauc	715	DMR 6500	ICF	Consumer upset regarding verbal exchange with a peer	Home residence contacted, CIPP in place
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA regarding an issue with a "fresh air break"	Residence contacted, issue was resolved
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA regarding issues with job coach	Residence staff contacted regarding consumers concerns. Issues resolved
Mild MR	Hisp	716	DMR 6500	ICF	Consumer concerned about his medication	Staff contacted, medication to be given at a different time
Mild MR	Hisp	851	DMR 6500	ICF	See Annual Complaint Section	
Mild MR	Black	851	DMR 6500	ICF	Consumer alleged he was being denied his mail, staff were verbally abusive to him	GER initiated per policy
Profound MR	Cauc	526	RMRA 75	ICF	Restricted Access reviewed	Approved
Autistic	Cauc	526	DMR 6500	ICF	Restricted Access reviewed	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Moderate MR	Black	526	DMR 6500	ICF	Restricted Access reviewed	Approved
Moderate MR	Black	526	DMR 6500	ICF	Restricted Access reviewed	Approved
Severe MR	Native American	526	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Black	506	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	506	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	505	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	852	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	505	DMR 6500	ICF	Restricted Access reviewed	Approved
Moderate MR	Hisp	855	DMR 6500	ICF	Restricted Access reviewed	Approved
Severe MR	Cauc	421	RMRA 75	ICF	Restricted Access reviewed	Approved
Profound MR	Hisp	421	RMRA 75	ICF	Restricted Access reviewed	Approved
Mild MR	Hisp	855	DMR 6500	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	423	DMR 6500	ICF	Restricted Access reviewed	Approved
Profound MR	Hisp	423	RMRA 75	ICF	Restricted Access reviewed	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Hisp	421	RMRA 95	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	851	DMR 6500	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	436	RMRA 95	ICF	Restricted Access reviewed	Approved
Profound MR	Hisp	525	DMR 6500	ICF	Medical restraints reviewed	Approved
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA regarding info on Advanced Directives	Social Worker contacted to provide the necessary info to consumer and answer any questions he has.
Mild MR	Cauc	709	DMR 6500	ICF	CRA attended IPP at consumers request	No issues, consumer to be moved to less restrictive program in 2 weeks
Mild MR	Cauc	715	DMR 6500	ICF	Contacted CRA regarding spending of his money	CRA provided consumer with information on how to utilize his money
Mild MR	Native American	718	DMR 6500	ICF	Consumer contacted CRA for assistance in the status of a purchase order	Status update provided to consumer
Mild MR	Cauc	854	DMR 6500	ICF	Consumer contacted CRA with issues regarding his job and clothing	US and unit physician contacted, issue resolved
Mild MR	Black	851	DMR 6500		Consumer alleged he was physically restrained by staff without cause	GER initiated per policy
Mild MR	Black	505	DMR 6500	ICF	See Annual Complaint Section	

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Hisp	130	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Hisp	132	RMRA 95	NF	Review of Postural Supports	Approved
Profound MR	Cauc	132	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Cauc	132	RMRA 95	NF	Review of Postural Supports	Approved
Profound MR	Cauc	130	RMRA 95	NF	Review of Postural Supports	Approved
Profound MR	Cauc	130	RMRA 95	NF	Review of Postural Supports	Approved
Profound MR	Cauc	436	RMRA 75	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	421	RMRA 75	ICF	Restricted Access reviewed	Approved
Profound MR	Hisp	423	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	506	RMRA 95	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	506	DMR 6500	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	436	RLC 88	ICF	Restricted Access reviewed	Approved
Mild MR	Black	853	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	851	PC 1370.1	ICF	Restricted Access reviewed	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Black	717	CAMR 6000	ICF	Restricted Access reviewed	Approved
Mild MR	Black	717	PC 1370.1	ICF	Restricted Access reviewed	Approved
Moderate MR	Cauc	851	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Hisp	709	DMR 6500	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	436	RMRA 95	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	526	RMRA 75	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	423	RMRA 95	ICF	Restricted Access reviewed	Approved
Profound MR	Hisp	423	RMRA 75	ICF	Restricted Access reviewed	Approved
Profound MR	Asian	423	RMRA 75	ICF	Restricted Access reviewed	Approved
Severe MR	Cauc	436	RMRA 75	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	436	RMRA 95	ICF	Restricted Access reviewed	Approved
Severe MR	Asian	525	RMRA 95	ICF	Restricted Access reviewed	Approved
Mild MR	Hisp	526	DMR 6500	ICF	Restricted Access reviewed	Approved
Severe MR	Hisp	526	RMRA 75	ICF	Restricted Access reviewed	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Moderate MR	Cauc	526	RMRA 75	ICF	Restricted Access reviewed	Approved
Moderate MR	Hisp	526	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	525	RMRA 75	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	526	RMRA 95	ICF	Restricted Access reviewed	Approved
Severe MR	Cauc	423	DMR 6500	ICF	Restricted Access reviewed	Approved
Profound MR	Cauc	526	RMRA 95	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	526	DMR 6500	ICF	Restricted Access reviewed	Approved
Moderate MR	Hisp	423	DMR 6500	ICF	Restricted Access reviewed	Approved
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA alleged physical abuse by staff	GER initiated per facility policy
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA requesting CRA to be in attendance for interview with Office of Protective Services (Interview 1)	Consumer spoke with Special Investigators with CRA in attendance

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA requesting CRA to be in attendance for interview with Office of Protective Services (Interview 2)	Consumer spoke with Special Investigators with CRA in attendance
Mild MR	Cauc	715	DMR 6500	ICF	Consumer contacted CRA requesting CRA to be in attendance for interview with Office of Protective Services (Interview 3)	Consumer spoke with Special Investigators with CRA in attendance
Mild MR	Cauc	852	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	709	PC 1370.1		Review of Restricted Access	Approved
Mild MR	Cauc	716	DMR 6000	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	436	RMRA 95	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	421	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Black	853	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	716	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	709	PC 1370.1	ICF	Review of Restricted Access	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc/Hisp	853	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	717	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	718	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	709	PC 1370.1	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	436	RMRA 95	ICF	Review of Restricted Access	Approved
Mild MR	Filipino	718	PC 1370.1		Review of Restricted Access	Approved
Profound MR	Black	525	RMRA 95	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	525	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Filipino	525	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Hisp	525	RMRA 95	ICF	Review of Restricted Access	Approved
Severe MR	Cauc	525	DMR 6500	ICF	Review of Restricted Access	Approved
Severe MR	Cauc	526	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	709	PC 1370.1	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	178	RMRA 95	ICF	Review of Restricted Access	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Hisp	423	RMRA 95	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	423	RMRA 95	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	421	RMRA 75	ICF	Review of Restricted Access	Approved
Moderate MR	Black	853	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	525	RMRA 75	ICF	Review of Restricted Access	Approved
Profound MR	Chinese	525	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	854	DMR 6500	ICF	Contacted CRA regarding a meeting held the previous week that he had concerns with	Contacted his Social Worker who spoke with the consumer. He had misunderstood and when Social Worker explained the outcome of the meeting he had no further issues
Mild MR	Black	851	DMR 6500	ICF	See Annual Complaint Section	
Mild MR	Cauc	853	DMR 6500	ICF	Contacted CRA regarding an altercation with peer. Stated no Incident Report generated	Spoke with Unit Supervisor, an Incident Report was generated at the time of the incident as well as a CIPP. Issue resolved
Mild MR	Native American	718	DMR 6500	ICF	See Annual Complaint Section	

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Hisp	851	DMR 6500	ICF	Consumer called CRA and made allegation of psychological abuse by two staff	General Event reporting initiated per policy
Mild MR	Cauc	715	DMR 6500	ICF	Consumer called CRA and made allegation of physical abuse by staff	General Event reporting initiated per policy
Mild MR	Black	716	DMR 6500		Contacted CRA for assistance in the status of possible criminal charges against him	Contacted his RC caseworker, provided the consumer with a written detail of criminal charges
Profound MR	Cauc	130	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Cauc	130	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Cauc	177	RMRA 75	GAC	Review of Postural Supports	Approved
Profound MR	Cauc	130	RMRA 95	NF	Review of Postural Supports	Approved
Profound MR	Cauc	132	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Cauc	132	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Cauc	132	RMRA 95	NF	Review of Postural Supports	Approved
Profound MR	Cauc	132	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Hisp	132	RMRA 75	NF	Review of Postural Supports	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Cauc	130	RMRA 95	NF	Review of Postural Supports	Approved
Profound MR	Cauc	130	RMRA 75	NF	Review of Postural Supports	Approved
Profound MR	Hisp	132	RMRA 95	NF	Review of Postural Supports	Approved
Mild MR	Hisp	716	DMR 6500		Review of Restricted Access	Approved
Moderate MR	Black	854	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	506	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	506	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	506	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	421	VA 75	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	421	RMRA 75	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	525	RMRA 75	ICF	Review of Restricted Access	Approved
Moderate MR	Hisp	421	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	423	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	716	DMR 6500	ICF	Review of Restricted Access	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Cauc	506	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	506	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Mexican American	506	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	854	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	716	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	855	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	526	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	526	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	421	RMRA 75	ICF	Review of Restricted Access	Approved
Severe MR	Cauc	423	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Hisp	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	717	DMR 6500		Review of Restricted Access	Approved
Mild MR	Laotian	853	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	436	RMRA 75	ICF	Review of Restricted Access	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Profound MR	Cauc	423	RMRA 95	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	525	RMRA 75	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Black	715	PC 1370.1	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	709	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	716	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	506	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	506	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Hisp	525	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Hisp	854	DMR 6500	ICF	Review of Restricted Access	Approved
Profound MR	Hisp	423	RMRA 95	ICF	Review of Restricted Access	Approved
Profound MR	Cauc	421	RMRA 95	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	852	DMR 6500	ICF	Review of Restricted Access	Approved

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
Mild MR	Black	505	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Hisp	526	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	Black	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Cauc	854	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Native American	718	DMR 6500	ICF	Review of Restricted Access	Approved
Moderate MR	Cauc	423	DMR 6500	ICF	Review of Restricted Access	Approved
Severe MR	Cauc	525	RMRA 75	ICF	Review of Restricted Access	Approved
Mild MR	CA	505	DMR 6500	ICF	Review of Restricted Access	Approved
Mild MR	Black	505	DMR 6500	ICF	Review of Restricted Access	Approved

APPENDIX A
CONSUMERS SERVED BY CLIENTS' RIGHT ADVOCATE
Sonoma State Developmental Center
July 2012 – June 2013

Confidential Client Information, Welfare and Institutions Code Section 4514

Primary Disability	Ethnicity	Program/Residence	Legal Classification	Level of Care	Services Provided	Summary of Outcomes
DD	Caucasian	4/Corcoran	77	ICF	Client was excited and looking forward to her placement date to transfer back to the Sacramento area (near family).	She was successfully placed in a Sacramento (area) group home near her family.
DD	African American	4/Corcoran	77	ICF	We discussed the court process and how he is doing at Corcoran.	On-going
DD	Caucasian	4/Corcoran	92	ICF	Discussed the Writ that was filed and how he was doing.	On-going
DD	Caucasian	4/Corcoran	86	ICF	Monitoring of new residential placement	On-going
DD	Caucasian	Nelson A	95	NF	A special meeting was held to discuss client's usage of oxygen and routine for care. Concerns arose around treatment times and his willingness to cooperate. The team came up with good strategies to enable him to receive his oxygen with less stress and better results. The planning was person centered	Resolved

					and appropriate.	
DD	Caucasian	6/Roadruck	95	ICF	A special meeting because of a lot of client protection issues, three injuries on his penis, due to his way of masturbation, they are trying to teach him non-harmful process in the least restrictive manor.	On-going
DD	Caucasian	6/Cohen	77	ICF	A (post) WRIT meeting, with sister (by phone). The RC representative will report to the court for her WRIT hearing that community options should be explored.	On-going
DD	African American	6/Smith	95	ICF	Special meeting, he has a maladaptive behavior of trying to put paper items in him mouth. The replacement items have only been a little successful. Now there is a renewed focus in trying to get him to replace the behavior with a more positive behavior the least restrictive way.	
DD	Caucasian	4/Corcoran	77	ICF	Special meeting, she went to the hospital yesterday - she had a fall. No medical intervention necessary at the time. A CT scan was done with normal results. She recently had to deal with her son passing away her team are trying to figure out if this latest fall is medical or psycho-somatic.	On-going
DD	Cambodian	4/Corcoran	77	ICF	Special meeting for PICA, after he stated he ate some pennies he told staff that he had eaten them three days earlier, they took him	On-going

					to X-ray and it was negative and he recanted. He felt peers were getting all staff attention and his preferred staff was assigned to other peers.	
DD	Native Indian American	4/Judah	95	ICF	A meeting on a Denial Of Rights request. Limited medical options left for him; he went to UC Davis for a pulmonary work. He is being treated for diabetes and has Prader Willi Syndrome. Because of the life threatening impact of food concerns, on outings, to the store, or fair trips; a lists of acceptable items are planned for him and agreed upon before the outings occur. Not breathing very well but (regularly) refuses oxygen treatments and monitoring. His arterial blood gases are very bad. He is being referred to Bio Ethics committee for review.	On-going
DD	Caucasian	4/Corcoran	92	ICF	Semi-annual. He has been fairly stable since his arrival to SDC. His access to the grounds has been steadily increasing.	On-going
DD	Caucasian	4/Judah	95	ICF	A TSM, transfer support meeting, He is on a unit that is due to be closed. He came from Agnews developmental center and is a behavioral concern for AWOL and sharing a room is hard for him because he has a habit of sleeping in the hallway (in a chair by the nurse station) and has a	On-going

					history of pulling peers out of their beds. He needs a room to himself, a locked unit and smoking space - he may be going to Bemis in the near future.	
DD	Other Non-White	4/Judah	77	ICF	TSM - He is a high AWOL risk and someone who hoards items. He required close supervision and a 2/1 staff ratio in the van. PTSD issues and no hazard awareness. Plan is to place him on a separate wing of Corcoran.	On-going
DD	Caucasian	4/Judah	77	ICF	Transition Support Meeting -	On-going
DD	Other Non-White	4/Judah	77	ICF	Annual (IPP) meeting, He slated to go to Bemis.	On-going
DD	Filipino	4/Judah	95	ICF	TSM - He has a behavior of primal screaming and will forcefully throw himself on chairs and sometimes have relations with the chair (according to treating staffs). CRA raised concern with management that client not in LRE.	On-going
DD	Caucasian	4/Corcoran	92	ICF	Semi-annual. He is handling a reduction in his quetiapine; He is doing well with this and doing well with collaborative behavior contracts.	On-going
DD	Filipino	4/Judah	95	ICF	TSM/ SAR - He has a very structured routine on Judah. He will have the RT hold his wallet while he goes to store, he will identify RT's pocket and will get very wound up over money. Has a hard time during holidays, he likes the trampoline and is a big AWOL	On-going

					risk and rain was reported as a potential antecedent to maladaptive behaviors.	
DD	Caucasian	4/Judah	95	ICF	IPP - dementia secondary to Fragile X, he is deteriorating physically and needs a walker part of the time, he needs his own bedroom. He sometimes destroys his room; he worked for years and could go to the store on a regular basis, but now because of the dementia it occurs more infrequent.	On-going
DD	Caucasian	4/Bemis	77	ICF	IPP - discussed WRIT options and community placement options.	On-going
DD	Caucasian	4/Judah	95	ICF	TSM / IPP - his move is on hold for this time due to medical issues. He just got a GT tube placed and they want to go slow with him.	On-going
DD	Native Indian American	4/Judah	95	ICF	Interpretative conference - he wants to live in Fairfield - a WRIT was filed.	On-going
DD	Caucasian	2/Empanan A	95	NF	This CRA was contacted by the unit LCSW regarding client and his C-pap mask (a nighttime breathing treatment device). He will take it off during the Noc shift and some members of the team feel his choice to not wear the mask is being discounted. I advised the team to way the risks and benefits for James as per medical orders. Then come up with solutions that would sustain	On-going

					his life in the least restrictive way possible.	
DD	Caucasian	2/Emparan A	95	NF	CRA was contacted by the unit LCSW regarding client's refusal of a bed. This refusal has aided in increased swelling to her leg. Provided feedback	On-going
DD	Caucasian	4/Judah	95	ICF	TSM - his mother was present - CRA offered her my services and business card.	On-going
DD	Chinese	4/Judah	95	ICF	TSM - father/conservator on the phone, I offered him advocacy services. The initial move date is 9/22/13 to Corcoran.	On-going
DD	Caucasian	6/Roadruck	95	ICF	Community options meeting, his RC, nephew and sister were involved. Family is split on community placement. Education offered.	On-going
DD	Caucasian	4/Judah	77	ICF	TSM - he will throw things, push people away, and lead staff by hand to communicate what he wants. The team feels he should move to Bemis. They would like him to go to Powers off site but can't go in van due to breaking glass. No final date for move.	On-going
DD	Caucasian	4/Judah	95	ICF	TSM - parents were there. He is slated to go to Lathrop. A lot of familiar staff there.	On-going
DD	Caucasian	4/Corcoran	92	ICF	Client stated he wanted Dueroxetine – Team discussed	On-going
DD	Native Indian American	4/Corcoran	95	ICF	TSM - he is clearly stating that he doesn't want to move to Corcoran. He wants to move to Malone - but SDC refused	On-going

					request. He likes to do massive property destruction - he will clog toilets and has caused massive amounts of damage in the past - he will pick his skin and cause minor wounds. He has a WRIT on file. Alternatives offered for placement.	
DD	Caucasian	4/Judah	77	ICF	TSM - parents were involved. They are concerned about his staff interaction. He has favorite staff that he works with. He likes to be near the nursing station and Bemis nursing station is more restrictive.	On-going
DD	Filipino	4/Judah	95	ICF	Post move 72-hour meeting	On-going
DD	Caucasian	4/Corcoran	77	ICF	Interpretive conference-She clearly stated she wanted out of SDC; however she did not want to move into the community. She told us she would like to go one of the developmental centers down south. She came from Kern county and felt she would like it better in that area.	On-going
DD	Other Non-White	4/Judah	77	ICF	Confirmation conference for future community options	On-going
DD	Other Asian	4/Bemis	95	ICF	Team discussed placement options in relation to the un-planned increased population on Bemis. Despite not doing well in noisy crowded environments the team felt he would still be best served on Bemis. Continuity of staff and routine made a move to another residence not a good	On-going

					option at this time.	
DD	African American	4/Judah	77	ICF	TSM - he is slated to go to Corcoran. He has high AWOL risk. He can have a very aggressive personality.	On-going
DD	Other Non-White	4/Judah	77	ICF	TSM - going to Corcoran because there are no locked doors on Bemis. He is AWOL risk.	On-going
DD	Caucasian	4/Judah	95	ICF	TSM - going to Bemis.	On-going
DD	Hispanic	4/Judah	95	ICF	TSM - going to Bemis.	On-going
DD	Chinese	4/Judah	95	ICF	TSM - going to Bemis.	On-going
DD	Caucasian	4/Judah	77	ICF	TSM - going to Bemis.	On-going
DD	Caucasian	6/Malone	95	ICF	TSM - going to Malone	On-going
DD	Caucasian	4/Bemis	77	ICF	TSM - going to Lathrop	On-going
DD	Caucasian	4/Bemis	95	ICF	72-hour (post transfer) meeting for client. He has transitioned well with the new team, peers and residence thus far. A change in his diet, via his behavior plan (to keep pace with his preferences) during the meal appears effective. Podiatry was pointed out as a need and will be addressed by the new team. He currently had no formal access training from Judah and that will also be addressed now.	On-going
DD	Caucasian	3/Cromwell	77	NF	IPP - she spends much of her hours at GAC, she has to stay on an IV line for 23 hours because it's her main source of nutritional sustenance - this can not be done on her unit. There needs to be a nurse with IV certified. Her Dr. would be on board for the RC to find a 962 home with 24 hours	On-going

					nursing. Fairview responded to the RC and said that they can support her if she is highly medically supported. The RC director needs to give approval to the community plan - will find out about options in two weeks	
DD	Caucasian	4/Judah	95	ICF	IPP - his RC was there, he had a colonoscopy in March. The team is requesting a speech evaluation to help him with communicating - and will come up with a dry erase choice board. He is very active but must be limited to two hours of work per day due to his Social Security benefit limitations. Good for leisure activities and outings.	On-going
DD	Caucasian	4/Corcoran	77	ICF	Special meeting - she was a victim of an attack from a female peer yesterday; The team is coming up with a protection plan.	On-going
DD	Nicaraguan/Samoan	4/Corcoran	77	ICF	Special meeting - she attacked a female peer. They will separate her from said peer and make sure they don't have any contact. They are upping her supervision level and being aware of her movements.	On-going
DD	Caucasian	3/Cromwell	77	NF	Attended a meeting discussing her skilled nursing needs and placement issues. Client's health is currently stable but requires infusions and this means round the clock RN level care. SDC cannot comply for the long term. She currently is being served	

					at the General Acute Clinic but at time goes back to her original home residence for socialization opportunities. Fairview and Porterville possibly could accommodate her but staffs feel she would not survive the transfer. Client is very social and is very attached to people here, so no options to transfer will be taken lightly. Further creative options being advocated	
DD	Caucasian	4/Lathrop	95	ICF	IPP - his RC was there. He required familiar staff; he loves coloring, karaoke, has a risk of taking peoples glasses off them and destroying them, requires supervision due to unwanted interactions. The plan for tobacco usage for him was unclear with he came from Judah, it come up that he had a habit of ingesting lit cigarettes and eating the tobacco in them. The new team is working to put a plan in place to replace the ingestion with less harmful alternative in the least restrictive way.	On-going
DD	Caucasian	3/Nelson D	77	NF	Assisted him to register to vote; discussed voting rights and responsibilities	On-going
DD	Caucasian	3/Nelson D	95	NF	Assisted her with her registering to vote and voting rights and responsibilities	On-going
DD	Caucasian	3/Nelson D	77	NF	Assisted her with her registering to vote and voting rights and	On-going

					responsibilities	
DD	African American	3/Nelson B	77	NF	Assisted her with her registering to vote and voting rights and responsibilities	On-going
DD	Caucasian	3/Nelson B	95	NF	Assisted her with her registering to vote and voting rights and responsibilities	On-going
DD	Native Indian American	4/Corcoran	95	ICF	30-day post transfer meeting. He eventually accepted the move to Corcoran after some visits to the unit and some possible connections to some of the female and male peers there. He is currently still assigned an Individual Service Provider through Noc shift to keep his leg device on and in good working order. He refused a dental clinic (again) today; he had already refused (5 times) prior. His social worker will follow up with the clinic and there are plans to have the unit MD come and talk to him again regarding the importance of oral health	
DD	Caucasian	4/Lathrop	77	ICF	Special Meeting held in regards to client's off-site program. Her long-time preferred instructor is no longer working in her class and her new instructor would like to see that she be offered more supports and maybe alternative sites during the week. She requires lots of structure and is generally higher functioning than her peers in her environment.	

					Ideas to get her involved in packing her own lunch and taking a more active role in her routine would be beneficial. A trial will begin to guest her in other classroom environments with extra supports.	
DD	Caucasian	4/Lathrop	95	ICF	Special Meeting held regarding PICA. The PICA plan that client was used to on Judah was not functional on Lathrop, as much of it appeared to be undocumented. Staff developed short cuts to keep him from escalating to forcefully seek out tobacco items. The Lathrop team will attempt to curb his addiction and map out identified times of controlled usage. They will re-train the staff to use replacement behavior techniques using herbal chew in conjunction with some tobacco to satiate his addiction. They would like to eventually reduce, or replace it with more healthy alternatives.	
DD	Japanese	4/Lathrop	95	ICF	A Special Meeting was held concerning some recent abrasion to on his foot. It was determined that it may have been caused by furniture. Since the discovery new furniture was ordered but has yet to arrive. Discussion centered one keeping him safe in the interim.	
DD	Other Non-White	4/Lathrop	77	ICF	30 day (post transfer meeting) on Lathrop. Since his move from	

					Judah client has displayed more appropriate behavior. He AWOL'd from the unit once right after arrival, but since has had no further attempts. The staff is trying to keep the nursing station area free of clients seeking activity by offering more activities in other areas. The unit has become much more crowded and some of the original residents are being intimidated and displaced by some of the new peers.	
DD	African American	4/Corcoran	77	ICF	30-day meeting on Corcoran. So far he continues to exhibit similar behaviors as he did on Judah.	
DD	Caucasian	4/Corcoran	95	ICF	Special Meeting held regarding preventing un-wanted interaction and his peers. Immediate protection plan is to get him more involved in his own chores instead of doing unit chores and washing his peers' clothes. A schedule will be developed for him.	
DD	Caucasian	6/Roadruck	95	ICF	Special Meeting His Nephew has gone to the community home now on several visits and mentioned that he observed the home staff bonding and was very positive. He still felt that he needed to go through the court process as per the wishes of his family to remain here, but that he sees no reason why he could not convince his family to approve of the move later on in the process. The RC	

					and team agreed with his wishes. Education on community options offered	
DD	Caucasian	4/Corcoran	77	ICF	On-going monitoring; Currently her Individual Supervision Level will be reduced back to close. Behavior plans instituted for drug seeking behaviors	
DD	Hispanic	4/Bemis	77	ICF	A conference was held with the ID team, family and the regional center was in attendance as well. The discussion was around her last home visit and some bruising that occurred during the visit.	
DD	Caucasian	4/Bemis	77	ICF	A special meeting was held concerning keeping him safe on the residence. He continues to suffer from dementia and is still adjusting to losing his sight. He is isolating himself on the unit and has had a hard time with off-site changes. An outside consultant psychologist was present at the meeting and suggested several strategies in dealing with someone with such challenges	
DD	Caucasian	4/Judah	77	ICF	30 day (post transfer) meeting	On-going
					Lack of access to a bath was raised . Mother stated she called to complain to the administration regarding the above. His health is currently stable but his behaviors have not improved and the change appears less beneficial for him at this time. Bemis will need to come up with some better	

					plans to keep him actively engaged, or more behaviors will follow. Parents were glad that some of his familiar staff had come over and are still working with client.	
DD	Caucasian	4/Corcoran	77	ICF	A special transfer meeting was held for client. Client is someone who is from Judah who has been determined not to be developmentally appropriate for Corcoran residence. He will now have to move twice in a few months since the closure of Judah. It was decided that he will go to Lathrop at this time. He will go on a trial weekend before moving.	
DD	Other Non-White	4/Judah	77	ICF	A special transfer meeting was held for client. He is also someone who is from Judah who has been determined not to be developmentally appropriate for Corcoran residence. He will now have to move twice in a few months since the closure of Judah. It was decided that he will go to Lathrop at this time.	
DD	Filipino	4/Corcoran	95	ICF	A special transfer meeting was held He is someone (originally) from Judah who has been determined not to be developmentally appropriate for Corcoran residence. He will now have to move twice in a few months since the closure of	

					Judah. He will go to Malone (an Un-locked, less restrictive) residence. They clearly indicated he could do well in an un-locked environment and this was indicated on the work boards in the meeting room.	
DD	Caucasian	4/Corcoran	77	ICF	A special transfer meeting was held, (his regional center representative joined the meeting by phone). Client is someone (originally) from Judah who has been determined not to be developmentally appropriate for the Corcoran residence. He will now have to move twice in a few months since the closure of Judah. It was decided that he will go to Bemis at this time.	
DD	African American	4/Corcoran	77	ICF	A special transfer meeting was held Client is someone (originally) from Judah who has been determined not to be developmentally appropriate for the Corcoran residence. He will now have to move twice in a few months since the closure of Judah. It was decided that he will go to Lathrop at this time.	
DD	Caucasian	4/Corcoran	77	ICF	IPP: She has had some seizure like episodes in the past few weeks and has been in and out of the emergency room a few times. She also has exhibited some PICA behavior forcing the team to open a PICA plan. She is	

					currently receiving weekly check ins and psychotherapy twice a week. She has no Denial Of Rights in place at this time. She has signaled that she is not challenged during her day especially when it come to work. Alternative work sites will be considered. She is developmentally above many of her peers when it come to work and SDC is having a hard time keeping higher functioning folks like her engaged.	
DD	Cambodian	4/Corcoran	77	ICF	I attended an Emergency IPP meeting Apparently the closure of Judah and the movement of many former Judah residents to Corcoran have had a negative effect on him. His supervision level has had to be upped, his grounds privileges' suspended after he started making suicidal threats and threats of violence to others.	
DD	Caucasian	6/Roadruck	95	ICF	I attended a planning meeting with the Sonoma Regional Project, his regional center representative, the Roadruck ID team and his nephew. The talk was of his current status of daily living and what he would need to be supported in there community.	
DD	African American	6/Bentley	95	ICF	I attended a special meeting concerning client's care needs. He is requiring more nursing care	

					and may becoming appropriate for the skilled nursing side of the facility. However he is currently in the process of having a community provider identified through his RC and staffs are concerned that if he would have to move twice it would not be good for him. At this time he will remain on Bentley with the hopes that a community placement will occur in the near future.	
DD	Cambodian	4/Corcoran	77	ICF	IPP: He has a DOR for possessions and limited grounds privileges at this time. The facility is looking to get him an alternative work area at the Little Farm in the back of the facility. He is interested in working at the farm as a ranch hand. He his behavior pattern is more stable than the last meeting, but is still well away from his baseline.	
DD	Nicaraguan/Samoan	4/Bemis	77	ICF	30 post (administrative) move meeting - she has an Individual Service Provider assigned to her 24 hours a day. Client was administratively transferred due to assaulting and seriously injuring several peers on the Corcoran residence.; an ID team decision was made (prior to this move) to move her to community provider. She continues to show erratic and dangerous behavior towards her staff and peers. She is in her own	On-going

					room at this time and is still adjusting to the emergency move.	
DD	Caucasian	4/Bemis	95	ICF	Special meeting by program 4 management, re: his helmet order. It does not specify when he needs to wear it, or what to do when he doesn't want to wear it. Staffs have to remain close if he doesn't want to wear and offer him a wheelchair. The plan was analyzed and advice was given to support him in the least restrictive way.	On-going
DD	Caucasian	4/Corcoran	77	ICF	I was asked to attend the unit client protection planning meeting – the team discussed her being in restraints and behavior contracts and their success rate. She has a hard time with both being teased and teasing others. The team was trying to come up with the least restrictive ways to prevent her from seeking out negative social contact with her peers.	On-going
DD	Caucasian	4/Corcoran	92	ICF	Client Protection Planning meeting re: an altercation between him and a female peer. He had targeted and struck a female peer outside his room.	On-going
DD	Hispanic	4/Corcoran	77	ICF	Client protection plan meeting. She was struck by an assaultive peer. The ID team was trying to analyze the event and come up with a way to prevent this in the future in the least restrictive way.	On-going
DD	Cambodian	4/Corcoran	77	ICF	CPP meeting re: him and a	On-going

					female altercation. What to do to prevent him from repeating the assaultive behavior in the least restrictive way.	
DD	Caucasian	4/Corcoran	77	ICF	CPP meeting - she was in an altercation with a male peer and had to be separated, physically escorted and soft tied (four point). Staff are trying to come up with ways to prevent this use of Highly Restrictive Interventions in the future.	On-going
DD	Caucasian	4/Corcoran	77	ICF	CPP meeting - talked about multiple incidents of her swallowing fabric, part of a nail clipper, She has refused medical treatment, has a Denial Of Rights and is on suicide watch and on a liquid diet until foreign objects pass through her GI tract.	On-going
DD	Caucasian	4/Corcoran	77	ICF	I attended a special meeting at the request of the team. Client was in soft ties and is going to X-ray. The team wanted to find the least restrictive way to keep her safe.	On-going
DD	Caucasian	4/Malone	95	ICF	He has Vagel Nerve Stimulator and staff is talking about a different level of care for him. East Bay RC looking at 962 homes for him.	On-going
DD	Caucasian	4/Malone	?	ICF	He has a GT tube and staff is talking about a different level of care for him. His RC and SDC will be looking for a different level of care for him	On-going

DD	Caucasian	6/Cohen	77	ICF	She has AWOL'd a couple times. She recently moved from a locked unit and isn't used to new unit's open access. She will be worked with to acclimate and she will be put in a different group area near the court area and not the front door until she gets used to her new un-locked environment.	On-going
DD		6/Cohen	95	ICF	Interpretive conference - he AWOL's but familiar staff don't feel he is asking out. He was used to being on a walking group and was following that same route at the time. Client after being queried did not communicate that he wanted out.	On-going
DD	Caucasian	4/Corcoran	95	ICF	Transition support meeting with the team, her parents and RC. Plans are being finalized for her to go to the home area	On-going
DD	Caucasian	4/Corcoran	77	ICF	Special meeting by the unit LSCW; She has a DOR in place and is still in crisis. She has to be at arms reach at all times with only familiar female staff. She cut herself in the bathroom with scissors and hurt her abdomen area. She is on a supervision fading plan, but currently is not attending off unit activities. She will be working on a residential/vocational work plan and will incrementally work back to being safe at her off site.	On-going
DD	Filipino	4/Corcoran	95	ICF	I was invited to a special meeting	On-going

					by program management - re: DOR. A check up on why he needed it, everyone still feels it should be in place.	
DD	African American	4/Corcoran	77	ICF	I was invited to a meeting with his ID team and RC – the Corcoran ID team felt that based on his behavior (while here at SDC) his service and support needs can be met in community	On-going
DD	Caucasian	4/Corcoran	77	ICF	I got a call from her volunteer advocate with concerns that she is not being offered her partial dentures due to her PICA. I met with the team and was assured by the medical staff that she is not being denied them but the delay in repatriation was due to a dental clinic visit mix-up.	resolved
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	
DD	African American	4/Corcoran	77	ICF	On going monitoring visit with client	
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	
DD	Caucasian	4/Bemis	95	ICF	The team requested help with an interpretative conference re: AWOL - he loves to go on walks and any change in his routine can trigger his antecedence. Strangers on the unit can cause this - that's what they believe happened and that he is not asking out.	On-going
DD	Filipino	4/Corcoran	95	ICF	Review of his diagnosis of prader willi syndrome has been lost in his	On-going

					history and that the DOR for his possessions should include food items.	
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	On-going
DD	African American	4/Corcoran	77	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	77	ICF	On going monitoring visit with client	On-going
DD	Caucasian	6/Smith	95	ICF	I was invited to a special meeting by the ID team. We talked about his DOR, reviewed and discussed if was necessary re: his recent PICA events and resulting surgeries.	On-going
DD	Caucasian	4/Malone	95	ICF	I was invited to a special meeting by the ID team. Client had aggressed against a male peer - she was in the middle of a medication change. The team was trying to prevent future occurrences in the least restrictive way.	On-going
DD	Caucasian	4/Malone	95	ICF	I was invited to a special meeting by the ID team. Assault off site by peer. The team was looking to protect him without restricting rights.	On-going
DD	Caucasian	4/Malone	?	ICF	I was invited to a special meeting by program management. Client now has a GT tube and needs a specialized feeding. He can be supported at the off site. The team discussed how they will be doing it without infringing on his right to privacy. He is the only one	On-going

					at the site who requires GT feeding. Space, privacy and rights to individualized activities issues were at the forefront of everyone at the meeting.	
DD	Caucasian	4/Malone	95	ICF	I was invited to a special meeting by the ID team to review the need for a DOR. After discussion as to what property is truly his team came up with a Behavior Support Plan that addresses his hoarding of PICA items without removing items on his property card.	On-going
DD	Caucasian	4/Corcoran	77	ICF	I had a meeting with her; she relayed some complaints that she wants me to bring to the ID team. I talked with the US and IPC afterwards.	On-going
DD	Caucasian	4/Corcoran	77	ICF	I was invited to a special meeting with her ID team, the VAS coordinator, RCEB - talked about possibly future placement in the community. We set up another special meeting with the head of psychology regarding his history of treatment with her.	On-going
DD	Hispanic	3/Nelson D	95	NF	I was invited to a special meeting with the SRP, North Bay RC and client's ID team - it looks like her first overnight placement trial did not go well. They believe they need to slow down and try with more supports in the future.	On-going
DD	Caucasian	4/Corcoran	95	ICF	I was invited to a special meeting by the ID team to do a review of his DOR for possession and body	On-going

					search – The team felt that it continues to be necessary. He has had recent life threatening events of alcohol consumption on campus during his work on a recycling crew. He had to be hospitalized for poisoning	
DD	African American	4/Corcoran	77	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	95	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	77	ICF	An allegation of staff abuse. I generated an event review (GER) and reported through the proper channels, as per policy. Staffs were removed and questioned.	On-going
DD	Caucasian	2/Johnson A	?	NF	Client's unit social worker talked to me about her concerned about an upcoming community placement. We discussed the least restrictive placement options for her.	On-going
DD	Filipino	4/Corcoran	95	ICF	I was invited to a special meeting re: diet restrictions and DOR	On-going
DD	Caucasian	4/Corcoran	77	ICF	I was invited to a special meeting by client's ID team; We talked about her DOR - also an overview on her progress at the DC.	On-going
DD	Caucasian	6/Cohen	77	ICF	Community placement options meeting that I attended. Family was there and has many reservations about the placement & RC was there and client has the options under Lanterman Act to	On-going

					explore her options	
DD	Caucasian	2/Johnson A	?	NF	I was invited to a special meeting re: her supports and due to her Total Parenteral Nutrition line needs, she is unable to be supported @ SDC – so other locations are being explored.	On-going
DD	Caucasian	4/Malone	77	ICF	I was invited to a special meeting Re; his grounds privileges. His brother, sister & RC attended meeting.	On-going
DD	Caucasian	4/Malone	95	ICF	I was invited to a special meeting re: recent maladaptive behaviors at off site and with her peers. They are working with her meds and programming to get her in a more positive behavior pattern.	On-going
DD	Hispanic	4/Bemis	77	ICF	Semi Annual - attended her meeting	On-going
DD	Caucasian	4/Malone	95	ICF	I was invited to a special meeting re: follow up on her status of relations w/peers and acting out physically against others in her space. Team was looking to replace her behaviors in the least restrictive way and was seeking CRA advice.	On-going
DD	Caucasian	4/Malone	95	ICF	I was invited to a special meeting re: multiple injuries and falls that he has had. Talking about his supervision level, activities and strategies to prevent further occurrences of such injuries.	On-going
DD	Caucasian	4/Malone	95	ICF	I was invited to a special meeting by program management re: had	On-going

					an approval for a thioridazine taper. During the taper they have seen an increase of intentional falls and a lot of putting himself in harms way when others peers are acting out around him. Risks vs. benefits were discussed.	
DD	Caucasian	4/Corcoran	77	ICF	I went to meet with her re: she has been informed (by the administration) that SDC wants to transfer her to a Southern DC - I gave her information on the right to file for Fair Hearing and offer her my advocacy services.	On-going
DD	Caucasian	4/Corcoran	92	ICF	I was invited to a special meeting regarding the potential for community placement –They decided to meet and get a team consensus for the least restrictive environment for him.	On-going
DD	Cambodian	4/Corcoran	77	ICF	I was invited to a special meeting with him and his ID team. They informed him of an administrative plan to move to a DC down South. I informed him of the right to fair hearing and he decided to file.	On-going
DD	Caucasian	4/Corcoran	77	ICF	I was invited to a special meeting with her and her team. They informed her with the plan to move to a DC down South. I informed her of the right to fair hearing and she decided to file.	On-going
DD	Caucasian	4/Corcoran	86	ICF	I was invited to a special meeting by the IRC/QA team re: client was spotted going to the local store/off	On-going

					site when he wasn't supposed to - he was contacted by an SDC police officer and responded to the contact by making terrorist threats to everyone in the store. Eventually the officers were able to get him in the car and back to the SDC. The team enacted a DOR at that time for possessions, as he threatening to commit further acts of violence and possible suicide attempt (post incident).	
DD	Caucasian	4/Corcoran	77	ICF	Provided assistance with Fair Hearing request.	On-going
DD	Cambodian	4/Corcoran	77	ICF	He came to my office and we wrote up a Fair Hearing request and I helped him send the forms to all the necessary parties involved.	On-going
DD	Nicaraguan/Samoan	4/Bemis	77	ICF	I was invited to a special meeting re: client is on a referral to go to community and has been having an escalation of maladaptive and assaultive behavior with peers and staff; resulting in her wearing a restrictive helmet to protect others. Review for community placement. The	On-going
DD	Caucasian	4/Smith	95	ICF	I was invited to a special meeting re: client has had multiple emergency abdominal surgeries. Two foreign bodies have been found - as of right now there is still one that has not passed - it is stuck in his lleosequal bowel	On-going

					valve – Immediate Plans of Protection were discussed.	
DD	Caucasian	4/Corcoran	92	ICF	Special meeting: a Community provider was coming to present to the team.	On going
DD	Caucasian	6/Cohen	77	ICF	I Went to client's residence with the VAS coordinator and went over the choices picture book and played a DVD in about living options and the different environments for choice making, re: her up-coming WRIT hearing.	On going
DD	Caucasian	2/Ordahl A	77	NF	Transition support meeting	On-going
DD	Caucasian	4/Corcoran	77	ICF	Sonoma DC had a meeting at PAB with Sonoma Regional Project staff, Corcoran ID team with Porterville DC staff via: video to have a question and answer meeting with her to see if she would be interested in moving there	On-going
DD	Caucasian	6/Cohen	77	ICF	I met with her to try and explain her choices/ options for the LRE. I also attempted to explain to her how the writ process worked and how to make an informed choice.	On-going
DD	African American	3/Cromwell	77	NF	Transition meeting. He did a visit and had an issue with his GT feeding, so the planned move was canceled. He got a new GT tube which will provide an easier transition in the near future.	On-going
DD	Caucasian	3/Nelson A	95	NF	Alleged violation of rights.	On-going
DD	Caucasian	3/Nelson C	77	NF	Alleged violation of rights.	On-going
DD	Caucasian	3/Nelson C	95	NF	Alleged violation of rights.	On-going
DD	Caucasian	4/Malone	95	ICF	Interpretive conference –no WRIT	

					was filed.	
DD	Caucasian	6/Smith	95	ICF	Semi annual review by the team;	On-going
DD	Cambodian	4/Corcoran	77	ICF	Special meeting from the IRC/GER team review.	On-going
DD	Caucasian	4/Corcoran	77	ICF	Special meeting by the team: She was delayed in going to Porterville DC. SRP hadn't communicated with the RC legal team to transfer her commitment to Kern county and it caused a delay in her leaving Sonoma county. This triggered her peer to attack her. Later in the day she aggressed against staff causing a fracture to her own hand during the assault. The team was looking for the least restrictive way to keep her safe.	On-going
DD	Caucasian	4/Corcoran	77	ICF	Special team meeting two other peers (in crisis) and getting into a major dispute involving them. The team was looking for the least restrictive way to keep her safe.	On-going
DD	Caucasian	4/Malone	95	ICF	Semi- annual by program management	On-going
DD	Caucasian	6/Cohen	77	ICF	Superior Court hearing out side of SDC in a Sonoma County Courthouse. Her Cousin was present as well as her RC counselor and the VAS Coordinator. The judge at the time decided to continue her WRIT.	On-going
DD	Caucasian	4/Corcoran	77	ICF	I was invited to a transitions support meeting/semi annual review – she filed a WRIT in 9/10 – A community provider will offer	On-going

					services in the Alta area – they have an all female staff plus all female admin and have been in business for over 25 years. They offer two staff ratio to one client (24 hours) a day. They are due to be licensed in three days.	
DD	Caucasian	4/Corcoran	77	ICF	Special meeting re: a new DOR for her. She is not keeping herself safe and not eating the right amount of food. This has lead to her falling on several occasions and has caused some significant injuries to her body. The DOR is for her possessions to enable her to follow the guidelines to keep her safe and maintain her nutrition.	On-going
DD	Cambodian	4/Corcoran	77	ICF	An informal meeting to find an alternative placement other than Porterville DC.	On-going
DD	Caucasian	4/Corcoran	77	ICF	An informal meeting re placement A notification of resolution will be filed.	
DD	Caucasian	4/Malone	95	ICF	Interpretative conference, No writ filed.	
DD	Caucasian	4/Lathrop	77	ICF	Interpretative Conference –a WRIT was filed.	On-going
DD	Caucasian	4/Smith	95	ICF	Interpretative Conference – awol. Client took his normal walk route and not considered asking out.	
DD	Caucasian	4/Corcoran	86	ICF	Special meeting by program management–He will also be offered more check-ins and face time with support staffs.	On-going
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with	On-going

					client	
DD	Filipino	4/Corcoran	95	ICF	A discharge planning meeting from GAC. The team met to talk about – are any changes needed to his IPP to care for him after returning from a long stay at the hospital	On-going
DD	Caucasian	6/Cohen	95	ICF	Interpretative meeting –awol It is planned to walk her more and let her go outside in a closed area to experience the outside more. No writ was filed.	On-going
DD	Caucasian	4/Corcoran	92	ICF	Writ request. He responded that he would like to file a WRIT but wants to do it at a later date. Options discussed	On-going
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	77	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	77	ICF	On going monitoring visit with client re fair hearing filed	On-going
DD	African American	4/Corcoran	77	ICF	On going monitoring visit with client re community placement	On-going
DD	Caucasian	4/Corcoran	95	ICF	On going monitoring visit with client	On-going
DD	Filipino	4/Corcoran	95	ICF	IPP meeting - Post-operative– he had an emergency hernia repair	On-going
DD	Caucasian	4/Corcoran	95	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	92	ICF	Writ filed	On-going
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	On-going
DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	On-going
DD	Filipino	4/Corcoran	95	ICF	Writ filed	On-going

DD	Caucasian	4/Corcoran	92	ICF	On going monitoring visit with client	On-going
DD	African American	4/Corcoran	77	ICF	On going monitoring visit with client	On-going

Appendix B

DENIAL OF RIGHTS
ANNUAL REPORT
Canyon Springs Community Facility
July 2012-June 2013

State of California- Health and Human Services
DENIAL OF RIGHTS Semi Annual Report
 DS 308

Department of Developmental Services

Client Information
 W & I Code, Section 4514

Right(s) Denied	Good Cause	Date Denial Began	Date of Review	Date of Restoration
T,P	I	07/25/12	08/25/12	08/25/12
P	I	07/31/12	08/31/12	08/03/12
P	I	08/07/12	09/07/12	08/21/12
S,P	I	08/09/12	09/09/12	08/24/12
P	I	09/28/12	10/28/12	10/05/12
T,P	I	09/30/12	11/1/12	10/05/12
T,P	I	10/29/12	11/29/12	10/30/12
S,P	I	11/01/12	12/01/12	11/06/12
T,P	I	11/24/12	12/24/12	11/30/12
P	I	12/03/12	01/23/13	12/10/12
T,P	I	01/03/13	02/03/13	01/04/13
				01/07/13

S,P	I	01/07/13	02/07/13	
P	I	01/11/13	02/11/13	01/19/13
P	I	01/28/13	02/28/13	02/02/13
P	I	02/05/13	03/05/13	02/05/13
S,P	I	02/26/13	03/26/13	03/07/13
P	I	02/17/13	03/17/13	02/19/13
P	I	03/13/13	04/13/13	03/14/13
T,P	I	04/18/13	05/18/13	04/20/13
P	I	05/17/13	06/17/13	05/28/13
T,P	I	05/28/13	06/28/13	05/30/13
P	I	05/31/13	06/30/13	06/03/13
T,P	I	06/17/13	07/17/13	06/19/13
P	I	06/18/13	07/18/13	On-Going

Clients Rights:

- M** To keep and be allowed to spend one's own *money* for personal and incidental needs.
- V** To see *visitors* each day
- C** To keep and wear one's own *clothing*.
- T** To have reasonable access to *telephones* ,both to make and receive confidential calls, and to have calls made for one upon request.
- L** To mail and receive unopened correspondence and to have ready access to *letter* writing materials, including sufficient postage.
- P** To keep and use one's own personal *possessions*, including toilet articles.
- S** To have access to individual *storage* space for one's private use.

Good Cause for Denial:

- I Exercise of specific right would be *injurious* to the client; or
- O There is evidence that if the rights is not denied the client's exercise of it would seriously infringe upon the rights of *others*; or
- D The institution or facility would suffer serious property *damage* if the right is not denied.

Note: Authority Cited 4505- Welfare and Institutions Code

DENIAL OF RIGHTS
ANNUAL REPORT
Fairview State Developmental Center
July 2012 - June 2013

State of California- Health and Human Services
DENIAL OF RIGHTS Semi Annual Report
DS 308

Department of Developmental Services

Client Information
W & I Code, Section 4514

Right(s) Denied	Good Cause	Date Denial Began	Date of Review	Date of Restorati on
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P	I	3/17/11	4/20/11, 5/18/11, 6/15/11, 7/13/11, 8/10/11, 9/7/11, 10/5/11, 11/3/11, 12/2/11, 12/28/11, 1/25/12, 2/22/12, 3/21/12, 4/20/12, 5/18/12, 6/18/12, 7/18/12, 8/10/12, 9/7/12, 10/5/12, 11/5/12, 12/5/12, 1/4/13, 2/4/13, 3/4/13, 4/5/13	4/5/13
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T	I	4/20/12	5/18/12, 6/18/12, 7/18/12, 8/10/12, 9/7/12, 10/5/12, 11/5/12, 12/5/12, 1/4/13	1/4/13
P	I	7/10/12	8/10/12, 9/7/12, 10/5/12, 11/5/12, 12/5/12, 1/4/13, 2/4/13, 3/4/13, 4/4/13, 5/6/13, 6/3/13	Continued
P	I	7/10/12	8/10/12, 9/7/12, 10/5/12, 11/5/12, 12/5/12, 1/4/13, 2/4/13, 3/4/13, 4/4/13, 5/4/13	5/4/13

T	O	8/27/12	9/7/12, 10/5/12, 11/5/12, 12/5/12, 1/4/13	1/4/13
P	I	10/29/12	11/16/12, 12/13/12, 1/24/13, 2/19/13, 3/18/13, 4/15/13, 5/14/13, 6/12/13	Continued
T	I	11/20/12	12/20/12	2/28/13 (placed)
P	I	1/14/13	1/14/13	1/14/13
P	I	1/26/13	1/26/13	1/26/13

P	I	1/15/13	2/12/13, 3/12/13, 4/22/13,	4/22/13
P	O	1/15/13	2/12/13	2/12/13
P	I	1/28/13	2/23/13	2/23/13
P	I	2/12/13	3/12/13, 4/2/13	4/2/13
P	I	2/22/13	3/21/13	3/21/13
P	I	3/5/13	4/5/13	4/5/13

P	O	4/19/13	5/17/13	5/17/13
P	I	4/11/13	5/6/13, 6/3/13	Continued
P	I	5/9/13	6/7/13	6/7/13
P	I	5/19/13	5/20/13	5/20/13
P	I	5/24/13	6/21/13	Continued

Clients Rights:

- M** To keep and be allowed to spend one's own *money* for personal and incidental needs.
- V** To see *visitors* each day
- C** To keep and wear one's own *clothing*.
- T** To have reasonable access to *telephones* ,both to make and receive confidential calls, and to have calls made for one upon request.
- L** To mail and receive unopened correspondence and to have ready access to *letter* writing materials, including sufficient postage.
- P** To keep and use one's own personal *possessions*, including toilet articles.
- S** To have access to individual *storage* space for one's private use.

Good Cause for Denial:

- I Exercise of specific right would be *injurious* to the client; or
- O There is evidence that if the rights is not denied the client's exercise of it would seriously infringe upon the rights of *others*; or
- D The institution or facility would suffer serious property *damage* if the right is not denied.

Note: Authority Cited 4504- Welfare and Institutions Code

DENIAL OF RIGHTS
Lanterman State Developmental Center
July 2012 – June 2013

State of California- Health and Human Services
DENIAL OF RIGHTS QUARTERLY REPORT
 DS 308

Department of Developmental Services

Client Information
W & I Code, Section 4514

Right(s) Denied	Good Cause	Date Denial Began	Date of Review	Date of Restoration
V,T	I	2/3/13	2/12/13, 3/14/13, 4/10/13, 5/8/13, 6/10/13, 6/19/13	6/19/13
V,T	I	2/9/13	2/12/13, 3/14/13, 4/10/13, 5/8/13, 6/10/13	N/A - Ongoing
C	I	4/3/13	4/4/13	4/4/13

Clients Rights:

- M** To keep and be allowed to spend one's own *money* for personal and incidental needs.
- V** To see *visitors* each day
- C** To keep and wear one's own *clothing*.
- T** To have reasonable access to *telephones*, both to make and receive confidential calls, and to have calls made for one upon request.
- L** To mail and receive unopened correspondence and to have ready access to *letter* writing materials, including sufficient postage.
- P** To keep and use one's own personal *possessions*, including toilet articles.
- S** To have access to individual *storage* space for one's private use.

Good Cause for Denial:

- I Exercise of specific right would be *injurious* to the client; or
- O There is evidence that if the rights is not denied the client's exercise of it would seriously infringe upon the rights of *others*; or
- D The institution or facility would suffer serious property *damage* if the right is not denied.

Note: Authority Cited 4504- Welfare and Institutions Code

DENIAL OF RIGHTS
ANNUAL REPORT
Porterville State Developmental Center
July 2012 - June 2013

State of California- Health and Human Services
DENIAL OF RIGHTS Semi Annual Report
 DS 308

Department of Developmental Services

Client Information
 W & I Code, Section 4514

Right(s) Denied	Good Cause	Date Denial Began	Date of Review	Date of Restoration
M	I	12/5/11	7/05/12	30 day review
P	I	6/21/05	7/05/12	30 day review
P	I	6/11/11	7/05/12	30 day review
P	I, O	01/17/11	7/05/12	30 day review
P, S	I, O	10/19/05	7/05/12	30 day review
C, P, S	I, O, D	8/16/01	7/10/12	30 day review
C, P, S	I	4/19/01	7/10/12	30 day review
P, S	I	9/9/05	7/10/12	30 day review
T, L,V,P	I	4/25/11	7/16/12	30 day review
S	I	2/2/06	7/25/12	30 day review
P	I	5/17/12	7/25/12	30 day review
P	I	8/19/04	7/25/12	30 day review
M	I	12/5/11	7/31/12	30 day review
P	I	5/16/12	7/31/12	30 day review

P	I	6/21/05	7/31/12	30 day review
P	I	6/11/11	7/31/12	30 day review
P	I, O	01/17/11	7/31/12	30 day review
S	I	5/23/08	7/24/12	30 day review
P	I	6/21/05	8/03/12	30 day review
P	I	6/11/11	8/03/12	30 day review
P	I, O	01/17/11	8/03/12	30 day review
P,S	I,O	08/03/12	8/06/12	Reinstated 09-02-2012
C, P, S	I	4/19/01	8/08/12	30 day review
P, S	I	9/9/05	8/08/12	30 day review
C, P, S	I, O, D	8/16/01	8/08/12	30 day review
S	I	5/23/08	8/20/12	30 day review
T, L,V,P	I	4/25/11	8/31/12	30 day review
P, S	I, O	10/19/05	8/31/12	30 day review
M	I	7/12/12	8/31/12	30 day review
P	I	8/19/04	8/31/12	30 day review
S	I	2/2/06	8/31/12	30 day review
P	I	8/30/12	8/31/12	30 day review
P	I	8/28/12	8/31/12	30 day review
T	O	9/5/12	9/17/12	10/3/12

P cigs	I	5/17/12	9/5/12	30 day review
M	I	12/5/11	9/12/12	30 day review
P	I	5/16/12	9/12/12	30 day review
P, S	I	6/21/05	9/12/12	30 day review
P, S	I	6/11/11	9/12/12	30 day review
P	I, O	01/17/11	9/12/12	30 day review
C, P, S	I, O, D	8/16/01	9/12/12	30 day review
C, P, S	I	4/19/01	9/12/12	30 day review
P, S	I	9/9/05	9/12/12	30 day review
T	O	9/5/12	9/17/12	10/3/12
P	I, O	01/17/11	9/27/12	30 day review
P	I	6/21/05	9/27/12	30 day review
P	I	5/16/12	9/27/12	30 day review
M	I	12/5/11	9/27/12	30 day review
P, S	I, O	10/19/05	9/27/12	30 day review
P, S	O	9/14/12	9/27/12	Reinstated 10/14/2012
T, L, V, P	I	4/25/11	9/27/12	30 day review
M	I	7/12/12	9/27/12	30 day review
S	I	5/23/08	9/27/12	30 day review
P cigs	I	5/17/12	9/27/12	30 day review

P	I	8/19/04	9/27/12	30 day review
S	I	2/2/06	9/27/12	30 day review
P	I, O	9/27/12	10/1/12	Reinstated 11/02/2012
P	I	10/2/12	10/4/12	Reinstated 11/01/2012
C, P, S	I, O, D	8/16/01	10/10/12	30 day review
P, S	I	9/9/05	10/10/12	30 day review
C, P, S	I	4/19/01	10/10/12	30 day review
P	I, O	01/17/11	10/10/12	30 day review
P	I, O	10/05/12	10/10/12	30 day review
T	O	9/5/12	10/10/12	10/3/12 restored
P cigs	I	5/17/12	10/17/12	30 day review
S	I	5/23/08	10/25/12	30 day review
P	I	8/30/12	10/25/12	Denied- returned to Program Reinstated on 11/2/12
P, S	I, O	10/19/05	10/30/12	30 day review
M	I	7/12/12	10/30/12	30 day review
T, L, V, P	I	4/25/11	10/30/12	30 day review
P, S	I	10/23/12	10/31/12	11/8/12

S	I	2/2/06	11/5/12	30 day review
P	I	8/19/04	11/5/12	30 day review
P	I	6/15/05	11/09/12	30 day review
P	I	5/16/12	11/09/12	30 day review
P	I, O	01/17/11	11/09/12	30 day review
M	I	12/5/11	11/09/12	30 day review
C, P, S	I, O, D	8/16/01	11/13/12	30 day review
C, P, S	I	4/19/01	11/13/12	30 day review
P, S	I	9/9/05	11/13/12	30 day review
M, P	I	11/14/12	11/19/12	30 day review
P cigs	I	5/17/12	11/20/12	30 day review
S	I	2/2/06	11/28/12	30 day review
S	I	5/23/08	11/27/12	30 day review
T, L,V,P	I	4/25/11	11/29/12	30 day review
P, S	I, O	10/19/05	11/29/12	30 day review
P	I	11/06/12	11/29/12	Reinstated 12/05/2012
P	I	8/19/04	11/29/12	30 day review
P	I	11/21/12	11/29/12	30 day review
P	I	11/28/12	12/3/12	30 day review
P	I, O	01/17/11	12/10/12	30 day review
M	I	12/5/11	12/10/12	30 day review
P	I	5/16/12	12/10/12	30 day review

M	I	7/12/12	12/10/12	30 day review
P	I	6/15/05	12/10/12	30 day review
P, S	I	9/9/05	12/10/12	30 day review
C, P, S	I	4/19/01	12/10/12	30 day review
C, P, S	I, O, D	8/16/01	12/10/12	30 day review
S	I	5/23/08	12/2012	30 day review
P	I	8/19/04	12/2012	30 day review
P	I	11/21/12	12/20/12	30 day review
P	I	5/17/12	12/20/12	30 day review
P	I	12/13/12	12/20/12	30 day review
P	D	12/13/12	12/20/12	30 day review
S	I	2/2/06	12/12/12	30 day review
T, L,V,P	I	4/25/11	12/21/12	30 day review
P, S	I, O	10/19/05	12/21/12	30 day review
P	I, O	01/17/11	12/21/12	30 day review
M, P	I	11/14/12	12/21/12	01/30/2013 reinstated
M	I	7/12/12	12/29/12	30 day review
P	I	11/28/12	12/29/12	30 day review
P	I	6/15/05	12/29/12	30 day review
P	I	11/21/12	01/18/13	30 day review
P	I	5/17/12	01/18/13	30 day review

P	I	8/19/04	01/18/13	30 day review
S	I	2/2/06	01/18/13	30 day review
S	I	5/23/08	12/2012	30 day review
P	D	12/13/12	01/14/13	30 day review
T, L,V,P	I	4/25/11	01/30/13	30 day review
C, P, S	I	4/19/01	01/30/13	30 day review
P, S	I	9/9/05	01/30/13	30 day review
C, P, S	I, O, D	8/16/01	01/30/13	30 day review
P, S	I, O	10/19/05	01/30/13	30 day review
P	I	11/28/12	02/04/13	30 day review
P	I	11/28/12	02/04/2013	Reinstated 02/11/2013
P	I	11/21/12	02/12/13	30 day review
S	I	5/23/08	02/12/13	30 day review
P	I	5/17/12	02/13/13	30 day review
P, S	I, O	10/19/05	02/22/13	30 day review
T, L,V,P	I	4/25/11	02/22/13	30 day review
P	I	6/15/05	02/22/13	30 day review
P	I, O	01/17/11	02/22/13	30 day review
M, P	I	01/31/2013	02/22/2013	30 day review
M	I	7/12/12	02/22/2013	30 day review
C, P, S	I	4/19/01	02/22/13	30 day review
C, P, S	I, O, D	8/16/01	02/22/2013	30 day review

P, S	I	9/9/05	02/22/2013	30 day review
P	D	12/13/12	02/26/2013	30 day review
P	I	02/28/2013	03/07/2013	30 day review
M	I	7/12/12	03/07/2013	30 day review
P	I, O	02/25/2013	03/07/2013	30 day review
P	I, O	01/17/11	03/07/2013	30 day review
P	I	6/15/05	03/07/2013	30 day review
M, P	I	01/31/2013	03/07/2013	30 day review
P	I	8/19/04	03/07/2013	30 day review
S	I	2/2/06	03/07/2013	30 day review
P	I	5/17/12	03/11/2013	30 day review
P	I	11/21/12	03/11/2013	30 day review
S	I	5/23/08	03/27/2013	30 day review
M, P	I	01/31/2013	03/29/2013	30 day review
P	I	6/15/05	03/29/2013	30 day review
T, L,V,P	I	4/25/11	03/29/2013	30 day review
P	I, O	01/17/11	03/29/2013	30 day review
M	I	7/12/12	03/29/2013	30 day review
P, S	I, O	10/19/05	03/29/2013	30 day review
P, S	I	9/9/05	03/29/2013	30 day review
C, P, S	I, O, D	8/16/01	03/29/2013	30 day review
C, P, S	I	4/19/01	03/29/2013	30 day review
P	I	02/28/2013	04/09/2013	30 day review

S	I	2/2/06	04/09/2013	30 day review
P	I	8/19/04	04/09/2013	30 day review
P	I	11/21/12	04/09/2013	30 day review
P	I	5/17/12	04/09/2013	30 day review
P	I,O	04/16/2013	04/19/2013	30 day review
P, S	I	9/9/05	04/19/2013	30 day review
C, P, S	I	4/19/01	04/19/2013	30 day review
C, P, S	I, O, D	8/16/01	04/19/2013	30 day review
T, L,V,P	I	4/25/11	04/24/2013	30 day review
M, P	I	01/31/2013	04/24/2013	30 day review
P	I	6/15/05	04/24/2013	30 day review
P	I, O	01/17/11	04/24/2013	30 day review
M	I	7/12/12	04/24/2013	30 day review
P, S	I, O	10/19/05	04/26/2013	30 day review
P	I	02/28/2013	05/08/2013	30 day review
S	I	2/2/06	05/09/2013	30 day review
P	I	8/19/04	05/09/2013	30 day review
S,P	I	05/06/2013	05/09/2013	Reviewed on 05/07/2013
S, P	I	05/07/2013	05/09/2013	30 day review
P	I	11/21/12	05/14/2013	30 day review
P	I	5/17/12	05/14/2013	30 day review
T	I	05/04/2013	05/14/2013	30 day review
P	D	05/06/2013	05/09/2013	05/10/2013

C, P, S	I, O, D	8/16/01	05/20/2013	30 day review
C, P, S	I	4/19/01	05/20/2013	30 day review
P, S	I	9/9/05	05/20/2013	30 day review
P	I,O	04/16/2013	05/22/2013	30 day review
P, S	I, O	10/19/05	05/22/2013	30 day review
T, L,V,P	I	4/25/11	05/22/2013	30 day review
S,P	I	05/07/2013	05/22/2013	Reviewed on 05/07/2013
M, P	I	01/31/2013	05/22/2013	30 day review
P	I, O	01/17/11	05/22/2013	30 day review
M	I	7/12/12	05/22/2013	30 day review
P	I	6/15/05	05/22/2013	30 day review
P	I	02/28/2013	06/03/2013	30 day review
P	I	8/19/04	06/05/2013	30 day review
S	I	2/2/06	06/05/2013	30 day review
P	I	5/17/12	06/05/2013	30 day review
P	I	11/21/12	06/05/2013	30 day review
C, P, S	I, O, D	8/16/01	06/12/2013	30 day review
P, S	I	9/9/05	06/12/2013	30 day review
C, P, S	I	4/19/01	06/12/2013	30 day review
P, S	I, O	10/19/05	06/17/2013	30 day review
S	I	5/23/08	06/17/2013	30 day review
T, L,V,P	I	4/25/11	06/24/2013	30 day review

M, P	I	01/31/2013	06/24/2013	30 day review
S, P	I	05/07/2013	06/24/2013	30 day review
P	I, O	01/17/11	06/24/2013	30 day review
P	I	6/15/05	06/24/2013	30 day review
M	I	7/12/12	06/24/2013	30 day review
P	I,O	04/16/2013	06/24/2013	30 day review
T	I	05/04/2013	06/24/2013	30 day review
V	I/O	06/28/2013	06/28/2013	30 day review
P	I	02/28/2013	06/28/2013	30 day review

Clients Rights:

- M** To keep and be allowed to spend one=s own *money* for personal and incidental needs.
- V** To see *visitors* each day
- C** To keep and wear one=s own *clothing*.
- T** To have reasonable access to *telephones*, both to make and receive confidential calls, and to have calls made for one upon request.
- L** To mail and receive unopened correspondence and to have ready access to *letter* writing materials, including sufficient postage.
- P** To keep and use one=s own personal *possessions*, including toilet articles.
- S** To have access to individual *storage* space for one=s private use.

Good Cause for Denial:

- I** Exercise of specific right would be *injurious* to the client; or
- O** There is evidence that if the rights is not denied the client=s exercise of it would seriously infringe upon the rights of *others*; or
- D** The institution or facility would suffer serious property *damage* if the right is not denied.

Note: Authority Cited 4504- Welfare and Institutions Code

DENIAL OF RIGHTS
Sonoma State Developmental Center
July 2012 - June 2013

(Semi-Annual/Annual format)

State of California- Health and Human Services

Department of Developmental Services

DENIAL OF RIGHTS QUARTERLY REPORT

DS 308

Client Information

W & I Code, Section 4514

Right(s) Denied	Good Cause	Date Denial Began	Date of Review	Date of Restoration
P	I	3/5/09	7/24/12, 8/21/12, 9/18/12, 10/16/12, 11/13/12, 12/11/12, 1/02/13, 2/05/13, 3/05/13, 4/04/13, 4/30/13, 5/28/13.	6/19/13.
P	O,I	10/7/10	7/27/12, 8/26/12, 9/25/12, 10/19/12, 11/16/12, 12/12/12,	

			1/11/13, 2/01/13, 2/27/13, 3/22/13, 4/17/13, 5/16/13, 6/26/13.	
P	I	6/1/12	7/26/12, 8/2/12, 8/30/12, 9/25/12, 10/29/12, 11/29/12, 12/29/12,	1/13/13
P	I	6/22/12	7/16/12, 8/14/12, 9/18/12, 10/16/12, 12/13/12, 1/17/13, 2/14/13, 4/17/13, 5/16/13, 6/22/13.	
P	I	6/12/13,		6/14/13

P	I	6/24/13		6/30/13
P	I	7/22/12	8/22/12	8/01/12
P	I	7/31/12	8/30/12	
P	I	9/18/12	10/17/12	10/17/12
P	I	11/14/12	12/12/12	12/12/12
P	I	1/02/13	2/28/13; 3/25/13; 4/24/13	4/27/13
P	I	10/31/12	11/30/12,	12/1/13
P	I	12/4/12	1/02/13, 1/03/13, 2/05/13.	2/6/13
P	I	2/27/13	2/4/13; 4/16/13; 6/19/13	
P	I,O	4/11/13		4/12/13
P	I,O	4/13/13		5/13/13

Clients Rights:

- M** To keep and be allowed to spend one's own *money* for personal and incidental needs.
- V** To see *visitors* each day
- C** To keep and wear one's own *clothing*.
- T** To have reasonable access to *telephones* ,both to make and receive confidential calls, and to have calls made for one upon request.
- L** To mail and receive unopened correspondence and to have ready access to *letter* writing materials, including sufficient postage.
- P** To keep and use one's own personal *possessions*, including toilet articles.
- S** To have access to individual *storage* space for one's private use.

Good Cause for Denial:

- I** Exercise of specific right would be *injurious* to the client; or
- O** There is evidence that if the right is not denied the client's exercise of it would seriously infringe upon the rights of *others*; or

D The institution or facility would suffer serious property *damage* if the right is not denied.

Note: Authority Cited 4504- Welfare and Institutions Code

Appendix C

**Report of Request For Release Activity
For**

Canyon Springs Community Facility

Annual Report

July 1, 2012 - June 30, 2013

Quarter	Number of Requests w/o Interpretive Conference	Number of Interpretive Conference Held	Number of Requests Confirmed by Conference	Total Number of Requests Forwarded to Court	Number of Requests Denied by the Court	Number of Requests Approved by the Court	Number of requests Resulting in Release
Jul-Sept	6	0	0	6	6	0	0
Oct-Dec	4	0	0	4	4	0	0
Jan-Mar	3	0	0	3	2*	0	0
Apr-June	1	0	0	1	0*	0	0
Total	14	0	0	14	12	0	0

Note: An explanation shall be added whenever the number of interpretive conferences exceeds the number of requests for release

Note: Writ filed March 2013 – Pending in Court
Writ filed in April 2013 – Pending in Court

**Report of Request For Release Activity
For
Fairview Developmental Center
Annual Report**

July 1, 2012 - June 30, 2013

Quarter	Number of Requests w/o Interpretive Conference	Number of Interpretive Conference Held	Number of Requests Confirmed by Conference	Total Number of Requests Forwarded to Court	Number of Requests Denied by the Court	Number of Requests Approved by the Court	Number of requests Resulting in Release
Jul-Sept	5	1	0	5	0	1	1*
Oct-Dec	9	0	0	9	0	1	2**
Jan-Mar	5	0	0	5	0	1	2***
Apr-June	2	0	0	2	0	0	2****
Total	21	1	0	21	0	3	7

12 Consumers at FDC with Writs pending (3 from FY 11-12; 1 from FY 10-11)

*10 Consumers at FDC had their Writs taken off calendar/withdrawn during this reporting period; 1 was placed

1 Consumer's writ continues to be "stayed" (FY11/12)

4 Consumers whose writs were granted in FY 11-12 are still at FDC; 1 that was granted in FY 11-12 was placed

3 consumers whose writs were granted in FY 10-11 are still at FDC

** 1 of the 2 consumers placed during this reporting period had Writ granted in FY 11-12. Other writ was originally filed FY 10-11

*** 1 consumer placed during this reporting period had Writ granted in FY 10-11. Other writ was filed and granted in FY 11-12.

**** 1 consumer placed during this reporting period had Writ granted in FY 10-11. The other consumer filed a Writ in FY11-12 but was still pending

Report of Request For Release Activity
For
Lanterman Developmental Center
Annual Report

July 1, 2012 - June 30, 2013

Quarter	Number of Requests w/o Interpretive Conference	Number of Interpretive Conference Held	Number of Requests Confirmed by Conference	Total Number of Requests Forwarded to Court	Number of Requests Denied by the Court	Number of Requests Approved by the Court	Number of Requests Resulting in Release
Jul-Sept	1	1	0	1	0	0	0
Oct-Dec	0	0	0	0	1	0	0
Jan-Mar	0	0	0	0	0	0	0
Apr-June	2	2	0	2	0	0	0
Total	3	3	0	3	1	0	0

Note: An explanation shall be added whenever the number of interpretive conferences exceeds the number of requests for release.

The three interpretive conferences held this reporting period did not indicate clients wished to live somewhere other than LDC.

Report of Request For Release Activity
For
Porterville Developmental Center
Annual Report

July 1, 2012 - June 30, 2013

Quarter	Number of Requests w/o Interpretive Conference	Number of Interpretive Conference Held	Number of Requests Confirmed by Conference	Total Number of Requests Forwarded to Court	Number of Requests Denied by the Court	Number of Requests Approved by the Court	Number of requests Resulting in Release
Jul-Sept	6	0	0	6	6	0	0
Oct-Dec	4	0	0	4	4	0	0
Jan-Mar	3	0	0	3	1	0	0
Apr-June	4	0	0	4	0	0	0
Total	17	0	0	17	11	0	0

Note: An explanation shall be added whenever the number of interpretive conferences exceeds the number of requests for release.

Jan – Mar: 2 Writs filed have had no response from the court

Apr – Jun: 4 Writs filed have had no response from the court

Report of Request For Release Activity
For
Sonoma Developmental Center
Annual Report

July 1, 2012 - June 30, 2013

Quarter	Number of Requests w/o Interpretive Conference	Number of Interpretive Conference Held	Number of Requests Confirmed by Conference	Total Number of Requests Forwarded to Court	Number of Requests Denied by the Court	Number of Requests Approved by the Court	Number of requests Resulting in Release
Jul-Sept	1	1	1	2	1	0	0
Oct-Dec	0	4	4	4	3	1	1
Jan-Mar	0	1	0	0	0	0	0
Apr-June	2	1	1	3	0	0	0
Total	3	7	6	9	4	1	1

Note: An explanation shall be added whenever the number of interpretive conferences exceeds the number of requests for release.

Seven interpretive conferences were held this reporting period. One of the seven interpretive conferences held indicated the client did not wish to live somewhere other than Sonoma DC. The six remaining interpretive conferences resulted in a writ of habeas corpus be filed.

CRA Roster

STATE DEVELOPMENTAL CENTER CLIENTS' RIGHTS ADVOCATES

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