

VOLUNTEER ADVOCACY SERVICES ANNUAL REPORT

July 2012 – June 2013



State Council on Developmental Disabilities

**State Developmental Center Volunteer Advocacy Services
Annual Report
July 2012 – July 2013**

I. Introduction

This report is respectfully submitted and presents information about volunteer advocate recruitment, training, demographics, and stipends as well as an overview of the advocacy services provided from July 2012 – June 2013. The unique characteristic of each center, and facility, is reflected in the information, observations and recommendations submitted by each office.

State Council on Developmental Disabilities

**Volunteer Advocacy Services Executive Summary Graph
Annual Report July 1, 2012 – June 30, 2013**

	Canyon Springs	Fairview	Lanterman	Porterville	Sonoma	Total
Grievances	0	0	0	0	0	0
Total Residents	54	341	168	470	483	1516
Number of Residents Referred for Services	26	54	40	202	137	459
Number of Residents Provided Services	26	54	40	105	137	362
# of Residents Served by Volunteer Advocates	15	32	12	105	107	271
Average # of Contacts Per Month by Volunteers with Each Resident Served	3	3	3	3	4	3
# of Individual Related Meetings Attended	12	54	6 average per month	1-5	12	300
# of Residents Served by the Coordinator	13	22	28	3	30	96
Average # of Contacts Per Month by the Coordinator with Each Resident Served	4	1	2	1-2	1	2
# of Individual Related Meetings Attended	51	132	20 avg	2-3	16	475

	Canyon Springs	Fairview	Lanterman	Porterville	Sonoma	Total
# of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers	2	6	3	2	2	15
# of Volunteer Advocates	6	5	4	8	17	40
# of Volunteer Advocate Training Sessions	14	3	2	10	3	32
# of Volunteer Advocates Trained	7	5	2	12	1	27
# of Volunteers Paid Stipends	8	5	4	8	17	42

Nature, Status and Outcome of Complaints Filed Under the SCDD Grievance Procedure

Developmental Center	Nature of Complaint	Status of Complaint	Outcome of Complaint
Canyon Springs	None		
Fairview	None		
Lanterman	None		
Porterville	None		
Sonoma	None		

II. Residents

Residents Referred and Provided Services

Developmental Center	Total Residents	Number Referred for Services	Number of Residents Provided Services
<i>Canyon Springs</i>	54	26	26
<i>Fairview</i>	341	54	54
<i>Lanterman</i>	168	40	40
<i>Porterville</i>	470	202	105
<i>Sonoma</i>	483	137	137

Residents Referred for Services

Developmental Center	Males	Females	Mental Retardation	Cerebral Palsy	Autism	Epilepsy	Other	Forensic
<i>Canyon Springs</i>	11	15	26	0	0	0	0	0
<i>Fairview</i>	28	20	48	0	0	0	0	0
<i>Lanterman</i>	25	15	40	0	0	0	0	0
<i>Porterville</i>	179	23	202	0	0	0	0	56
<i>Sonoma</i>	68	69	137	0	0	0	0	0

***In order to report an unduplicated count, if a resident is in the forensic program, identify him/her under gender and forensic only.**

Residents Provided Services

Developmental Center	Males	Females	Mental Retardation	Cerebral Palsy	Autism	Epilepsy	Other	Forensic
<i>Canyon Springs</i>	11	15	26	0	0	0	0	0
<i>Fairview</i>	28	20	48	0	0	0	0	0
<i>Lanterman</i>	25	15	40	0	0	0	0	0
<i>Porterville</i>	88	17	105	0	0	0	0	30
<i>Sonoma</i>	68	69	137	0	0	0	0	0

***In order to report an unduplicated count, if a resident is in the forensic program, identify him/her under gender and forensic only.**

III. Services

Developmental Center	# of Residents Served by Volunteer Advocates	Average # of Contacts Per Month by Volunteers with Each Resident Served	#of Individual Related Meetings attended
<i>Canyon Springs</i>	15	4	6
<i>Fairview</i>	32	3	54
<i>Lanterman</i>	12	3	6 (average per mo)**
<i>Porterville</i>	105	3	1 to 5
<i>Sonoma</i>	107	4	12

*** In some instances, a resident might be served by both a volunteer and staff, depending upon their needs.**

****Meetings do not include monitoring home or provider visits.**

ADVOCACY ASSISTANCE PROVIDED BY VOLUNTEERS

Canyon Springs

Volunteer advocates attend IPP's, annual meetings, special team meetings, planning meetings and transition meetings with residents. They assisted residents with speaking to staff, writing letters, making phone calls and sending e-mails. They have attended pre-transition meetings and court preparation meetings. They have attended video court with their clients. Advocates met with their consumers on a weekly and bi-weekly basis. During this reporting period, advocates worked on self-advocacy skills.

Advocates have reviewed the Canyon Springs PLUS program with their clients to ensure they have a good understanding of the program. This new program, instituted this reporting period, required retraining of staff as well as volunteers. Advocates

assisted in explaining the different levels and reward system. Advocates have discussed and explored community living options with clients.

All volunteer advocates spend time helping residents prepare for annual and semi-annual meetings at the facility. They review "Choices" literature, IPP preparation, rights and responsibilities, and numerous other materials. Volunteer advocates assist their resident with proceedings at Indio Superior Court. The volunteer advocates help to prepare written statements for the judge. Advocates assisted clients in preparing for hearings by practicing with clients what they would say to the court. Advocates assisted clients with creating lists of personal goals, questions and concerns clients wanted to be brought up to the IDT Team at the time of semi-annual and annual/IPP meetings.

Volunteer advocates have reviewed and assisted clients with "My Own Choice" and discussed "Think, Plan, Do". Advocates have also reviewed the consumer Advisory Committee, Community Conversations with People with Developmental Disabilities with clients. They have assisted clients with meeting preparation by providing encouragement, support and planning.

An advocate met with a client and assisted him with preparing a list of questions and concerns he had for an upcoming transition placement provider meeting. This type of preparation helped the client to organize his thoughts and be better prepared to self-advocate.

An advocate assisted in video court with a client to advocate for a placement date to be set.

A volunteer advocate met with a client and assisted their selection and transition to a group home. Advocates have assisted several clients with the preparations to transitioning into new residences. Advocates assisted three clients to move to the community during this reporting period. Advocates provided support and encouragement throughout the transition by attending 30, 60 and 90 day IPP planning meetings. The advocates continue contact by visiting the client's in their homes, phoning, writing and utilizing e-mail.

Fairview

During FY 2012-13, a total of six consumers were returned to community settings. The majority of consumers were placed into negotiated rate homes, and two were returned to the community into supported living settings. One VAS consumer had been housed in OC Jail, until criminal charges were resolved and he was then able to move into the community, with supported living services. One additional consumer was discharged from FDC, due to legal issues which led to his direct discharge from FDC.

He continues to have difficulty adjusting to a community setting but recently is reported to be slowly adjusting to the sudden change in his living situation. Coordinator continues to closely monitor his transition. No VAS consumers passed away during this past year.

Volunteer advocates attend all annual and special IDT meetings for the consumers they serve. Their attendance in some special IDT meetings is requested by the Coordinator, when the volunteer is able to provide additional support to the consumer concerning a specific issue. For all other meetings, such as transition support meetings and special IDT meetings, the Advocacy Coordinator attends with the assigned advocate, if necessary.

Volunteer advocates continue to assist in facilitating follow-up recommendations, made by the IDT, such as obtaining special sensory equipment and other service issues needing follow up. Advocates also continue to ensure that necessary services and supports are available to consumers for whom they advocate.

Advocates continue to complete ongoing observations of consumers' programming, both on and off their residences, and bring concerns to the Advocacy Coordinator, as needed. Issues such as changes in classroom staff, who may be unfamiliar with the consumers' current goals and progress, are followed by volunteers, along with any additional services which would benefit the consumer. Due to ongoing FDC staff reassignments, volunteers continue to provide information concerning consumer's skills and levels of participation in their programs to the new instructors.

When issues arise, volunteer advocates advise the Volunteer Coordinator, who follows up with residence and/or program staff as needed. If an issue cannot be resolved by residence/program staff, the issue is taken to the monthly CRA/VAS meeting with FDC management for resolution.

- Advocate reported that consumer had not been receiving occupational therapy as ordered, since he was transferred to medical unit to recover from surgery. Coordinator followed up with residence staff who saw that the physician's orders were renewed, so he can continue to receive sensory integration/OT therapy.
- Advocates continue to ensure that consumers' televisions are positioned in the their rooms so they are able to view their TV or listen to their radios while in bed.
- Advocate reported to residence staff several physical symptoms a consumer reported to her during a regular visit. After the residence staff documented the

consumer's symptoms for the physician, the consumer received treatment for both a yeast infection and a problem with her toe.

- Advocate reported that consumer frequently failed to attend her daily program consistently and demands to return to her residence once she arrives in class. Coordinator and advocate followed up with an IDT meeting regarding the status of her psychiatric treatment; specifically, the increase of an alternative anti-depressant medication. Discussion was held regarding possible symptoms of menopause, with consideration of treatment with herbs and/or supplements to be explored. An order for soy milk was also recommended as a possible dietary supplement to reduce symptoms of menopause.
- Advocate attended a conference on dementia and was concerned that symptoms a consumer was presenting were similar to the pattern of symptoms seen described at the conference. A special IDT meeting was held concerning consumer's overall change in condition and decline in her interests and abilities. Residence psychologist concurred and reported that consumer's cognitive abilities have declined during the past year. A Team recommendation was made for a psychiatric consultation to rule out dementia.
- Volunteer observed an injury to a consumer's ear was not healing. Volunteer discussed treatment plan with residence physician, who referred the consumer to UCI ENT clinic for further evaluation and treatment. After drainage, her ear healed with no further complications.
- Volunteer advocates assisted two consumers to develop agendas for their IPP meetings. Future planning, training, and requests for purchases were commonly included in their agendas along with follow up with any pending issues and/or services.
- Advocate talked with residence staff regarding consumer's lack of hygiene. Consumer's hair was unkempt, her finger and toe nails needed trimming, and her clothing did not properly fit. Residence staff will take consumer to Fashion Center to be re-measured for additional appropriately-sized clothing. Referral for treatment with podiatry was also initiated.
- Advocates assisted several consumers in making and mailing holiday cards to the consumers' friends and family members. Consumers participated, with assistance from their advocates, when needed to complete.

- Advocate attended a special IDT meeting concerning the addition of a full face helmet for one of her consumers, due to recent injuries. After review with the Coordinator of the past several years' IRs, advocate was able to clarify the circumstances around her injuries and determined there was no need for an additional protective device.
- Advocate reported to Coordinator that a consumer was not attending his day training program on a regular basis. Due to many changes in staff assignments, this visually impaired consumer was not always cooperative. Advocate spoke to residence staff and requested that a consistent staff be assigned to transport this consumer to his program on a daily basis. After a few weeks, the consumer is now reported to be attending his program on a regular basis with one of his favored residence staff.
- Advocate reported to residence staff that consumer's elbow appeared red and inquired as to a recommended treatment to prevent further injuries. Volunteer spoke with unit manager to insure follow-up with residence physician. Consumer was referred to PM&R department and was fitted and received an elbow puff to protect his elbow.
- Advocate continues to monitor the care and treatment of consumer's medical condition and advocated for annual renal ultrasound as recommended by UCIMC clinic.
- Advocate observed and reported to residence staff that consumer's finger and toe nails were extremely long and discolored. Additional medical care and treatment was requested by his advocate and as a result, the consumer's nail care has improved and he continues to receive treatment.
- Advocate observed and reported that consumer's personal hygiene was unsatisfactory and her clothing ill-fitted. Advocate discussed concerns with residence manager who assisted consumer in obtaining appropriate clothing. This consumer began attending class at a local community college, so her physical appearance was vital to her successful transition into a community school setting.
- Advocate observed and reported to FDC staff that consumer's personal hygiene continues to be unsatisfactory, with unclean hair and ill-fitting clothing. Advocate continues to encourage and support consumer when he appears clean and dressed appropriately during their visits.

- Advocate reported to Coordinator that consumer was frequently asleep during his class training, since changes to his medications. FDC IDT had previously met and discontinued prescribed sleep medication for him. Baseline data on hours of sleep per night was being compiled by residence staff and after further discussion by advocate with residence staff, consumer was again prescribed sleep medications to support adequate sleep. This consumer is blind and unable to differentiate light from darkness, so such additional supports were necessary to insure proper sleep hygiene.
- Advocate obtained a variety of sensory items from volunteer services for this consumer, who is visually impaired. He prefers soft items to manipulate, such as balls, yarn, folding fans, and straws, so his advocate ensures that he has access to a variety of items during their visits.
- Advocate ensured that an IDT recommendation was put in place, regarding an elevated table for consumer's meal and continued training in feeding himself with his head up, rather than down at his plate. Consumer was observed using an elevated tray for his meal and was able to feed himself independently with less spillage of his food and frustration while eating.
- An advocate, who also volunteers at a local zoo, has made special arrangements for her FDC consumers to have access to the zoo at no cost over the past several years. Consumers report their participation and appear happy when they speak about their visit to a local zoo.
- During IPP meeting, IDT reported consumer had excess funds in her account. Her advocate inquired if this consumer had any burial plans in place and it was determined that none were in place. As a result of this suggestion, FDC SW contacted family and assisted in putting a burial plan in place.
- Advocate had the opportunity to visit several of her consumers during a Special Olympics event in Orange County. She was able to support them while they participated in several events during the day.

Barriers to increasing the number of advocates include:

- Position requires an extremely flexible schedule so advocates can be available for both scheduled and unscheduled special meetings for consumers.
- Ongoing funding for the VAS Program continues to be fluid.

- Medical insurance is not available for advocates.
- Potential advocates need to have a broad understanding of the needs of persons with developmental disabilities and the service delivery system in the State of California including the Lanterman Act.

Lanterman

The focus of the Advocacy Services Project is on providing assistance to residents in making their needs known and on quality of life issues.

Individual advocacy was provided as follows:

- Advocates attend IEP, IPP, and special team meetings, and encourage residents to attend and participate in their meetings.
- Advocates meet with residents and their instructors at day program sites.
- Advocates communicate with developmental center staff, specifically residence managers, social workers and individual program coordinators to monitor residents' service needs and supports.
- Advocates participate in social and recreational activities with residents and provide them with the opportunity to enhance socialization skills and develop relationships with individuals in the community.
- Advocates communicate, when appropriate, with family members regarding services and assist in communicating family's concerns to staff.
- Advocates participate in the community placement process by attending transition/provider meetings and assist the resident in making choices regarding their placement.
- Advocates visit residents placed in the community. Advocates also continue to participate in team meetings post placement.
- Advocates request evaluations and consultations when appropriate and follow-up on these requests.
- Advocates monitor and visit residents transferred to community hospitals for acute stays.
- Advocates provide self-advocacy training on an individual basis and in group settings.
- Advocates assist consumers in choosing living arrangements by reviewing "My Own Choice" pamphlet provided by DDS.

Porterville

A total of 202 residents have been referred for advocacy assistance from the Area Board VIII Volunteer Advocacy Services Program this reporting period. Currently, 105

of the 202 residents are assigned a volunteer advocate and receive weekly services. Residents that have not yet been assigned an advocate are currently on a "Wait-List".

VAS volunteer advocates provide weekly support to their assigned residents. Visits focus on how the individual resident's week has been and if there have been any issues of frustration. Some volunteers will role play different scenarios to help the resident practice possible alternative solutions to situations of identified concerns. The volunteers identify staff or other resources that residents can contact to resolve issues or meet wishes. Volunteers assist with preparation for residents' Individual Program Planning (IPP) meetings, IEPs, transition and special meetings. They attend as many meetings as possible for their assigned clients but sometimes ask another volunteer, or the VASC, to provide coverage if they have a conflicting schedule. Volunteers often address quality of life issues, such as: advocacy for appropriate placement, resolving conflicts with peers, ensuring that less capable residents are appropriately attired, and concerns with medication side effects, etc. All volunteers document notes regarding their advocacy assistance efforts.

The volunteers utilize individualized approaches to communicate with each of their clients depending on the current need of the resident. When working with residents who are learning to be self-advocates, the volunteer uses more of a teaching model, encouraging the resident to speak up for themselves. When working with a resident who is unable to advocate for themselves or has not had success advocating for themselves, the volunteer makes requests through various team members and/or will follow up with the VAS Coordinator or CRA for assistance.

Volunteers are the "eyes and ears" of the project. They often identify issues of concern that may need to be brought to the CRAs' attention. PDC provides services to a variety of individuals needing general acute medical services, skilled nursing services, or intermediate care services. Many of the individuals have chronic medical or behavioral problems and some additionally need services in a secured treatment environment. Residents are sometimes referred to as forensic and non-forensic residents. Forensic residents are also referred to as "behind the fence" or "secured treatment area" (STA) and the non-forensic residents are referred to as "outside the fence" or "general treatment area" (GTA general services).

In the secured treatment area there are now two programs (7 & 8). Each has multiple units at this time. To access these units, the volunteers must check out an alarm, have their photo identification and whistle on their person at all times prior to entering through a sally port. Since the time of the last report, some of the residences were being moved and switched around due to restructuring. Residents have often been moved to other units and sometimes other programs with very little notice creating extra work for a volunteer to locate a resident.

In the general treatment area there are now just two programs.

Sonoma

Volunteer advocates attended 78 IPP's or semi-annual IPP meetings. Advocates visited community care facilities and day programs to evaluate services for their consumers. Volunteer advocates also attended 19 Transitional Support Meetings for community placement including two transfers to other developmental centers of their clients. Also advocates attended 11 unit transfer meetings.

Volunteer advocates consult frequently and problem solve with Social Workers, regional center case managers, job coaches, teachers and unit staff. The advocates are involved in meetings that influence resident's day/work services, and changes in health. Additionally, the advocates attend meetings regarding care, treatment, palliative care or hospice needs. With numerous changes of, level of care staff and supplemental staff in the consumer's life, the advocates are a constant person in the consumer's life. Advocates provide information regarding consumers to unfamiliar team members.

Advocates meet with residents at least 4 hours per month. Advocates accompany residents in the community and around the SDC campus. In some cases, residents would not be able to attend events in the community and at SDC without the assistance of advocates. Advocates participate in unit celebrations and holiday events with residents.

Advocates provide support for consumers in exercising their rights and promoting dignity. They assist in problem solving with the consumer for increased independence. Advocates visit potential residential homes that their consumers may move to. The advocates assist the ID team in making sure that consumer's needs will be met by the Residential Service Provider. Examples include:

- At team meetings advocates advocated for community placement for thirteen consumers.
- A consumer wanted to move to another development center so her advocate assisted her in advocating for herself with the ID team.
- Advocates toured eight potential homes and/or day programs for their consumers; to assess needed supports were available to their consumers.
- The Coordinator and advocates had five meetings with regional center case managers to discuss community placement for consumers in the VAS project.

- Advocates make calls or visit their consumers to ensure that they are adjusting well in the community.
- Advocates discuss with the ID team and tour units to assess the best unit for their consumers.
- Occasionally when consumers become anxious about moving into the community their advocates will discuss the move and try to reassure them.
- Coordinator and advocate met with the consumer's case manager to discuss medical issues and possible community living options for the consumer.

When consumers are hospitalized advocates visit them for emotional support and to ensure their needs are met. In addition to IPP and semi-annual meetings, advocates participate in special ID Team meetings concerning the consumer they advocate for. For example, advocates attend meetings when there is a significant change in the consumer's health, a change in the individual's plan of care, or changes in an individual's behavioral plan. Advocates consult with the medical and direct care staff to ensure that all treatment options are considered. Advocates participate in ID Team discussions related to bioethical issues such as the decision to provide outside hospitalization for a consumer receiving end-of-life care. Examples of this include:

- Often advocates visit their consumers at the General Acute Care and community hospitals to make sure that they are comfortable and have a familiar person with them.
- An advocate reminded the Unit Supervisor that one of their client's medications was changed to liquid form so the client could not save pills and take multiple doses.
- The Coordinator attended care plan meetings for a consumer with complex medical issues. The Coordinator alerted Regional Center CM regarding consumer being in GAC. Coordinator advocated for consumer to live in a 962 home. The Regional Center did not have a community provider for the consumer and she was transferred to Fairview DC. The Coordinator and the volunteer advocate informed the Advocacy Services Coordinator at Fairview of the consumer's needs and preferences to ease the transfer.
- The Coordinator attended Bio-ethics committee meeting regarding a DNR for a consumer that has non-treatable cancer.

- Advocate requested that The Coordinator follow up regarding a new wheelchair for one of their consumer's that had been waiting for over a year. The Coordinator found out that the wheelchair would be delivered that week.
- Advocate observed that one of her consumers seemed to be disinterested in feeding herself. The advocate spoke with the OT and the OT said she will monitor the situation.
- An advocate requested a different type of pillow for a resident that is on bed rest.
- The Coordinator and advocate asked for a special meeting regarding pain management and other medical issues for consumer in the VAS project. The pain management committee discussed the case and decided that the consumer was not in pain.
- Advocate discussed concerns with the Coordinator regarding their consumer's medications were causing the consumer to be sleepy. Advocate followed up with SDC staff. The consumer's medication was changed and the side effects were reduced.
- An advocate notified staff when one of her consumers had reddish coloring around her eye. Staff provided treatment for an eye infection.

Advocates provide support for social activities for consumers in the following ways:

- Advocates take clients on walks to visit friends as well as to the SDC store.
- Advocate discussed with their consumer what the consumer can do if she does not feel safe.
- Advocate noticed whenever she visited her consumer on the unit the consumer seemed to be agitated. The advocate would take her outside for walks and this helped the consumer relax. The advocate inquired about the reasons for the consumer being upset.
- Advocate spoke to Recreational Therapist about staff getting consumer up in the afternoon.
- An advocate assisting a consumer to attend church was told the consumer could not ride the tram without staff. The Coordinator asked motor pool to adjust the tram schedule to allow staff to be on the tram with the consumer and advocate, so the consumer could attend church.

- Advocates assist clients in attending town hall meetings for residents.

Developmental Center	# of Residents Served by the Coordinator	Average # of Contacts Per Month by the Coordinator with Each Resident Served	# of Individual Related Meetings Attended	# of Self-Advocacy Groups Facilitated by the Coordinators and Volunteers
Canyon Springs	13	4	51	2
Fairview	22	1	132	6
Lanterman	28	2	20 (average)**	3
Porterville	3	1-2	2-3	2
Sonoma	30	1	16	1

* In some instances, a resident might be served by both a volunteer and staff, depending upon his or her needs.

** Meetings do not include monitoring home or provider visits.

ADVOCACY ASSISTANCE PROVIDED BY THE PROJECT COORDINATOR INCLUDING SELF-ADVOCACY GROUPS FACILITATED

Canyon Springs

The VAS Coordinator position is a half time position. The Coordinator made four contacts on average per months with clients who are eligible for advocacy services. Clients are greeted in person primarily with some phone calls and emails. The VAS Coordinator met with all the clients at Canyon Springs on their individual units and provided them with presentations regarding the VAS program. The presentation was designed to give the clients a better understanding of what expectations they could have of the VAS program and what expectations the program would have of them. Many clients at Canyon Springs stated that it helped them understand the VAS program better and what supports volunteer advocates provide.

One on one advocacy has been provided to clients by the VAS Coordinator where clients have requested a volunteer advocate and when there were none available. In addition, the VAS Coordinator is available during client mealtimes, breaks, in the exercise area and in the facility units. This affords the opportunity to meet informally with clients and discuss personal advocacy, program goals, diet, exercise, the judicial

process, human rights, client rights, problems with staff, peers and family, work place issues and other concerns. VAS Coordinator has met with clients in a variety of areas within the facility and is housed on site as a permanent part-time position, flexing the schedule to accommodate the clients meeting schedules. The VAS Coordinator has met with each resident at Canyon Springs and discussed advocacy. Flyers are posted throughout the facility with information on how to obtain a volunteer advocate.

The Coordinator meets frequently with volunteer advocates on a walk-in basis, by appointment, email and/or telephone contact to provide support, mentoring and coaching on how to identify strategies for effective advocacy. The VAS Coordinator consults with the assigned volunteers prior to some meetings to assist with any concerns and provides guidelines to volunteers on the mission statement of the volunteer program. The VAS Coordinator facilitates monthly volunteer training meetings to support the advocates and keep them up-to-date on policies, procedures, upcoming events or changes at the facility.

The Coordinator facilitated self-advocacy orientation training for new volunteer advocates through individualized training sessions. Coordinator met with clients and new advocates, supervised initial contact meetings with clients and provided feedback to new volunteers regarding meeting protocol and brief but descriptive contact log writing skills. Coordinator reviews all advocate client contact logs for necessary follow up with clients and/or Canyon Springs staff regarding health and medication, behavioral issues, clients right's and responsibilities and other concerns on an 'as needed' basis.

A Canyon Springs Statewide Self-Advocacy Network (CSSAN) group meeting was arranged and coordinated at the Canyon Springs facility in conjunction with the CRA and Get Safe USA. All of the client's residing at Canyon Springs had an opportunity to attend the orientation meeting. The CSSAN has been developed at Canyon Springs and meets on a monthly basis and posts flyers throughout the facility and all clients at Canyon Springs are encouraged to attend.

The VAS Coordinator serves as the back-up Clients Rights Advocate and monitors and follows up incidents documented in incident reports and interviews clients and files writs of habeas corpus. This is done on an 'as needed' basis.

The VAS Coordinator distributes to all Volunteer Advocates a monthly client calendar of scheduled semi-annual, annual/IPP, transition planning meetings, and any other client meetings. As VAS Coordinator is notified of client meetings added to the schedule, VAS Coordinator notifies Volunteer Advocates via telephone and/or email of additional spontaneously scheduled meetings. The client is then given the option and/or opportunity to either ask to reschedule the meeting until the assigned Volunteer Advocate is available, or the VAS Coordinator will attend if the client prefers.

Fairview

The Project Coordinator attends IPPs, Transitional Support and Review Meetings, and/or special IDT meetings for residents who have not been assigned a volunteer advocate or whose advocate is not available for a particular meeting. The Project Coordinator continues to visit VAS consumers around campus, often while they participate in the day programming, and on their residences.

The Project Coordinator continues to provide advocacy services for consumers who have recently transitioned back into their home communities. The Coordinator attends the initial IPP meetings and then attends an additional meeting after they have settled into their new homes, usually within the first six months of their placement into the community. Project Coordinator requests copies of initial IPPs from Regional Centers once developed by their new community-based IDT .

Project Coordinator continues to provide supervision of and consultation with volunteers as needed. The Coordinator creates and distributes a monthly calendar of scheduled annual IPP meetings to all volunteer advocates and insures coverage at all scheduled meetings including any special IDT meetings. An updated caseload list of consumers served by Advocacy Services is circulated throughout Fairview on a semi-annual basis to ensure that this office or their assigned advocate is properly notified of any changes in meetings or special incidents for the consumers we serve. Such information is then forwarded to the consumer's assigned advocate if SW is unable to contact the advocate directly.

VAS Coordinator has assisted in facilitating three (3) People First meetings at Fairview DC during this last six months of the FY.

- Several special IDT meetings have been held with full IDT participation including RC and SCRP, with recommendations to move one consumer to another residential placement within the company, with a more compatible peer group and a house pet, a dog, which she really enjoys. She continues to exhibit behaviors which often require law enforcement involvement and does continue to receive ongoing treatment from psychiatrists through the Regional Center and the local community mental health services in her area. Her placement continues to be challenging and unstable at this time.
- A second consumer also continues to have some difficulty in adjusting to his community placement and there have been several incidents of severe property destruction and injuries sustained during behavioral episodes. Coordinator

continues to be in close contact with facility and RC staff regarding the availability of additional supports to better meet his needs.

- Another consumer, during his first month in the community, was hospitalized for psychiatric care for several weeks and is now receiving psychotropic medications to manage his behaviors. His family was initially quite concerned with his care in the community, but with the assistance of the coordinator, they are now supportive of his current placement and the services he is receiving.
- Coordinator supported consumer by attending monthly IDT DOR reviews by suggesting that safe personal items be returned to her slowly when she succeeds in meeting the criteria for return of her items.
- Consumer requested Coordinator to assist her in seeing her physician regarding recent EPS symptoms she was exhibiting. Coordinator spoke with residence medical staff who documented this problem for the residence physician to address. Consumer was prescribed medication for these side effects.
- IDT reported to Coordinator that consumer's judicial commitment had expired and no documentation was received from the Court to hold her placement at FDC. Coordinator contacted consumer's conservator to inform her of this situation and advised her to be available to sign any documents necessary for consumer to continue to receive care and treatment at FDC.
- Coordinator attended numerous Court hearings, in both criminal and civil courts for VAS consumer transferred to OC Jail in November 2012. As a result of this office's continued involvement, consumer was able to have criminal charges reduced to misdemeanors and given credit for time served. Consumer was then released the following day to community crisis services provided by his RC. Coordinator continues to follow consumer during his transition to community living.
- Coordinator continues to provide ongoing support to mother of consumer who closely monitors the services her son receives and often requests support from this office concerning lack of services and follow-up. During his classroom recess, consumer was able to guest in another program during school break after request by this office. Mother continues to have concerns regarding the lack of regular community outings and integrated experiences for her son. Consumer attends vocational training in the afternoon and continues to be evaluated to determine the most appropriate and productive vocational opportunity available to him.

- Coordinator supported consumer to obtain a lock for her locker, as some of her items were lost since her return to FDC. Coordinator discussed with consumer several strategies she could use to obtain a lock; consumer followed up and staff provided her with a lock.
- While visiting with consumer, he reported an allegation of abuse and Coordinator reported the allegation and completed a GER with residence staff.
- Coordinator supported consumer to obtain return of his property, held by staff for his safety after a behavioral incident, within less than the usual mandatory time period.
- Coordinator was contacted by community college instructor concerning consumer's lack of hygiene and lag in communication between FDC and school staff. Consumer began attending classes at the local community college and often required a change of clothing during the day, but had not been provided extra clothing by FDC staff.
- Consumer requested that either the Program Coordinator or his volunteer advocate be present when he meets with his Public Defender. Coordinator informed the residence staff of his request and will be available when requested.
- Consumer asked Coordinator for help in requesting a community shopping trip to purchase several personal items, such as a bicycle, a new TV, and a video game player and games. Coordinator contacted his residence SW who arranged a shopping trip. Consumer bought new boots and a new TV during his shopping trip.

Lanterman

In addition to the services provided by volunteers, the project coordinator assists residents with legal and community placement activity. The project coordinator attends team meetings for individuals without advocates and/or whenever an advocate is unable to attend and/or when an advocate request assistance. The project coordinator also monitors and follows up on incidents documented in incident reports. The coordinator serves as a resource to volunteers by providing ongoing consultation and assistance in the resolution of difficult issues. The coordinator also serves as a back up to the Clients' Rights Advocate as needed.

The coordinator facilitates training for new volunteer advocates through individual training sessions. Among items addressed are the roles of the VAS Coordinator, Clients' Rights Advocate and facilitation techniques. Advocates are also provided with a copy of "A Consumer's Guide to the Lanterman Act" and review the booklet with the

individual they are matched with prior to their IPP meetings. The coordinator and advocates also review the “My Own Choice” pamphlet and DVD with consumers prior to the transition process. The coordinator also ensures that consumers moving into the community are referred to self-advocacy support groups.

Porterville

Advocacy assistance provided to residents by the Coordinator, during this reporting period, includes (but is not limited to) meeting attendance, consultations with the Executive Director, Clinical Directors, Program Directors, and other facility staff, assessment and assignments of referrals, hiring and training of Volunteer Advocates and preparation and processing of invoicing and reports.

Sonoma

The VAS Coordinator participated in 382 Individual Program Plan meetings, Transitional/Confirmation meetings as well as consultations with SDC staff, regional center case managers, Clients Rights Advocate, and Sonoma Regional Project staff about specific issues for VAS clients. With the closing of two residential units The Coordinator and the volunteer advocates attended transfer referral meetings. Also, after residents were transferred The Coordinator and volunteer advocates attend 30 day review meetings. The VAS Coordinator attended meetings with SDC administrators and regarding the process of community placement for individuals in the VAS Project. The VAS Coordinator attended 14 meetings regarding health issues of VAS participants and 11 care plan meetings for VAS participants with declining health. Also the Coordinator attends meetings when a volunteer advocate can't attend.

The Coordinator along with Clients Rights Advocate and Office of Clients Rights Advocacy presented a voter training with 12 residents. Three residents asked to be registered.

The Coordinator along with Disability Rights California gave 12 residents training on how to prevent abuse and what to do if they experience abuse.

The Coordinator along with the Clients Rights Advocate discussed the right of SDC residents to vote with 8 Social Workers and handed out easy voter guides to Social Workers.

The coordinator is in contact with the Clinical Director, Program Directors, unit staff and Social Workers when there is a change of service, a consumer requires hospitalization, there is a need to address bioethical issues related to treatment, or when there is a reportable incident involving the consumer. Examples include:

- When attending IPP meetings the coordinator consistently advocates for the consumer to participate in their meeting.
- The Coordinator attended 5 Client Protection Plan meetings regarding consumers in the VAS Project.
- The Coordinator and volunteer advocates attended 7 palliative care plan meetings in support of VAS consumers.
- The Coordinator informs advocates of incident reports, hospitalizations, and special meetings regarding their consumers.
- The Coordinator and CRA occasionally meet with administrative staff (Executive Director, Clinical Director, Administrative Services Director, and Sonoma Regional Project Director) in a joint effort to develop and promote opportunities for self advocacy at SDC.
- The Coordinator attended 7 town hall meetings for residents.
- The Coordinator is a member of the Human Rights Committee that meets once a month. As a member of the committee the coordinator completes 30 day transfer reviews for residents at SDC. The Coordinator and another member of HRC did 4 access reviews on residential units and follow up visits. The Coordinator gave suggestions to unit managers about how to improve the environment of the units.
- The Coordinator and CRA are assisting the Human Rights Committee in developing trainings and activities for staff and residents regarding rights, choices and advocacy.
- Coordinator discussed, the possibility of DDS billing residents for medical services during decertification of units, with Disability Rights of California. Coordinator presented this issue to Regional Case Manager's meeting. DDS agreed not to bill residents that currently living on decertified units.
- The Coordinator along with an advocate and CRA assisted two consumers in filing fair hearing requests to stop the transfer to another state facility. The two consumers will not be transferred to another developmental center.
- The Coordinator spoke in support of residents request to move from SDC at their writ hearings.

- The Coordinator meets with regional center case managers and representatives of the Sonoma Regional Project regarding community placement for the consumer's in the VAS Project.
- The Coordinator attended special meetings regarding changes in day services and other service changes for VAS consumers.
- The Coordinator and case managers visit residents in the VAS Project and discuss with staff how residents are doing as well as issues regarding community placement.
- In July of 2012 the Coordinator spoke with Sonoma County Office of Education program director regarding the reduction of SCOE classes in the nursing program. The Coordinator advocated for continuation of the classes with the SDC interim Executive Director.
- In March of 2013 the Sonoma County Office of Education decided to cancel all classes at SDC the Coordinator followed up SDC administration regarding their plans to replace the SCOE classes.
- An advocate and the Coordinator convinced a SLS provider to pay for work permit application fees for a consumer in the community that wants to be employed.
- The Coordinator attended a client protection plan meeting and advocated for the consumer learning to express her feelings without engaging in aggression or sib.
- Coordinator was member of a panel at GGRC CPP proposal plan for 2013. The panel reviewed proposals and interviewed potential providers.
- The Coordinator was a member of a panel at NBRC interviewing potential providers for RFP grant for a home serving consumers with dual diagnoses.
- The Coordinator spoke with SAAC regarding issues at the SDC.
- The Coordinator and CRA filed a complaint regarding the death of a client who while at community hospital died due to possible neglect on the part of the hospital staff. The hospital received an AA citation from Public Health.
- The Coordinator raised concerns with SDC administration about confidentially and a possible HIPPA violation when a consumer's name appeared in a local

newspaper article. The Clinical Director reviewed the situation and determined there was not a HIPPA violation.

- The Coordinator discussed at a writ hearing about how a consumer acted while visiting the Coordinator's home.
- The Coordinator supported two consumers at their informal hearings with SDC regarding transfers to another developmental center.

IMPACT OF CHANGES IN THE AMOUNT OF SERVICES PROVIDED THIS REPORTING PERIOD

Canyon Springs

The average client contacts have remained constant over this reporting period with attendance of VAS Coordinator at client's meetings increasing. The VAS Coordinator is available to attend any and all meetings scheduled for the clients served by the VAS project. VAS Coordinator "flexes" the half time work schedule around the requests by clients to attend scheduled meetings and if/when the assigned volunteer advocate is unable to attend. The VAS Coordinator, in conjunction with the CRA, supports and encourages the clients of Canyon Springs VAS project to attend all self-advocacy groups. Several clients served by the VAS project have increased their self-advocacy skills by appropriately communicating their needs through; requesting the filing of Writs of Habeas Corpus, writing letters, making phone calls and or sending emails to Regional Center service coordinators, and communicating with Canyon Springs staff. During this reporting period, six clients served by the VAS project have begun the transitioning planning stage of discharge from Canyon Springs.

VAS Coordinator regularly meets with the clients who are served by the VAS project to ensure that they feel comfortable and are satisfied with their assigned Volunteer Advocate. In addition, the VAS Coordinator has discussed with Volunteer Advocates their feelings regarding the clients they are assigned. On three different occasions during this reporting period, it was determined that the client and the Volunteer Advocate were no longer a good match and changes were made. Both the client and the Volunteer Advocate were pleased with the changes and felt very comfortable throughout the process.

Fairview

During this reporting period, MORE meetings were attended by the Project Coordinator compared to the previous reporting period. This may be due to the revised FDC policies regarding use of sleep medications, and access on/off residences and on

campus for all ICF FDC consumers. Special IDT meetings were scheduled for each consumer, and since these meetings were regarding plans of correction, the Coordinator attended all of the special meetings

The VAS Coordinator followed three consumers who have moved into the community during this period for a total of 6 VAS consumers returned to the community during this past fiscal year. Coordinator participated in several Transition Support and Review meetings, along with the 30-day IPP meetings and additional meetings as needed to monitor several consumers' transitions back into the community. Additional follow up was also completed for one consumer, who continues to have problems adjusting to his new environment. Discharged w/o a very brief transition unfortunately, minimal transition visits with staff and to his new home occurred due to time factors of his discharge. He exhibited fairly severe property damage and is slowly adjusting and getting better at communicating his needs, rather than exhibiting aggressive behaviors.

Lanterman

Volunteers were matched with twelve residents as compared to eighteen in the previous reporting period. The Coordinator's caseload has decreased to twenty-eight compared to the previously reported forty-two. This change is a result of the closure of twenty cases from the previous reporting period. Sixteen cases were closed for consumers that successfully transitioned into the community, one case was closed at family's request, and three consumers passed away during this reporting period.

Porterville

Self-Advocacy/Group Training sessions were held (for all staff and residents), by the Coordinator, this reporting period. Training was presented at the Spring Festival, in the General Treatment Area (GTA), on May 21st, 2013 and on May 23rd, 2013, in the Secure Treatment Area (STA). Training presented included "Leadership, Through Personal Change", "My Life, My Way" and "Making My Own Choices". Volunteer Advocates attended and assisted with the facilitation of training and presentation of support materials. All other services provided, this reporting period, remain consistent with the previous annual report.

Sonoma

The VAS Project has a good relationship with regional centers. Improving the relationships helps educate the advocates on community services as well as providing much needed support for regional case managers at SDC. This helps ease the transition for VAS participants with community placement. Also the VAS Coordinator now attends monthly SRP and Regional Center liaison meetings. This assists the coordinator in knowing what kinds of supports the regional centers provide as well

what assistance regional centers need at SDC. With decreases in SCOE classes volunteer advocates attended more IPP meetings and were assigned more residents. In the last six months five VAS consumers moved into community settings.

The VAS Coordinator heads the Opportunity Fair Committee. The Opportunity Fair is sponsored by the Area Board 4 and Sonoma Developmental Center. The members of the committee include SDC staff, regional centers staff, AB4 staff and a person from the community. The Opportunity Fair takes place once a year to give residents and staff information on services and resources available in the community. This year's Opportunity Fair had 21 exhibitors from the bay area including 4 regional centers and 1 area board. GGRC Consumer Advocate Elizabeth Grigsby spoke about consumer's right to make choices in their lives. A former SDC resident spoke about what she has been doing since she moved to the community. Over a hundred people; including residents, staff, and family members attended the fair.

IV. Service Outcomes

Canyon Springs

Volunteer advocates meet with their assigned clients on a weekly or bi-weekly basis to discuss the progress made in their plan, work assignment and living arrangements.

Advocates assisted individuals with seeking self-sufficiency in working through issues with family, fellow residents or staff. For example:

- Advocates used the Choices material to assist nine clients in seeking exactly what the desired home looked like for the clients.
- An Advocate worked with a client who had several questions about the transition process. With the advocates patience and support the client was able to organize his thoughts, decrease his anxiety and present his questions to his Regional Center worker in a clear and concise manner.
- Many advocates provide social support to clients by discussing their PALS (or levels of access; now called the Plus program)
- Advocates spend time discussing upcoming IPP meetings to assist and prepare the individual.
- An advocate empowered a client to call the trust officer directly to discuss his trust account. The client always asked staff to call on his behalf.
- A client discussed smoking cessation with an advocate. The advocate provided support to attend classes for assistance. The client is currently not smoking and successful in the cessation program.
- An advocate assisted several clients with discussing personal goals at IPP meetings.

- An advocate encouraged a client to speak up about his feelings regarding the time spent at Canyon Springs and prior to his discharge the Canyon Springs management conducted an “exit interview” with the client before he left.
- Advocates spend significant time on empowering clients to speak to staff directly to meet their needs. For example, advocates encourage clients to learn exactly what wage they earn, ways to improve productivity, and promotional opportunities.
- Advocates assist clients with court appearances. Two advocates assisted their clients with writing letters to the judge. Many advocates have accompanied clients to court resulting in decreased anxiety, better communication with court officials and their attorneys.
- An advocate for final community access as the client had no barriers to placement. Access was granted. Client was placed in community.
- An advocate assisted a client with video court to request a placement date. The client successfully requested to complete community access classes.

The volunteer advocates provided a conduit between Canyon Springs and the new home. Clients were able to discuss progress in the PALS program (now called the Plus program), their general outlook on life and feelings or concerns about transitioning.

Fairview

- Coordinator assisted a consumer with the request of replacement of lost property he had bought. Process for replacement of items in process.
- Coordinator supported parent’s concerns regarding the lack of structured activities for her son during school breaks. Coordinator requested that classroom teacher provide some homework assignments for students to complete during scheduled vacation and that the residence provides structured programming for him when he is on school vacation.
- Coordinator assisted consumer to call a special IDT meeting to request a change of psychologist. After some discussion, consumer agreed to continue to work with his current psychologist and continue to work towards his request to take walks with staff around FDC campus. Consumer satisfied with decision.
- Coordinator requested, on consumer’s behalf, a locked cabinet for his TV and computer to prevent damage to his property. Consumer was provided with a cabinet with a key, so he is able to safeguard his property.
- Coordinator assisted consumer during his IPP meeting with his request to purchase some personal leisure items with his earnings. Consumer is requesting

assistance to purchase his own TV, a bicycle, and some video games and a video game player. Coordinator continues to request assistance from his SW and residence manager to make these purchases.

- Coordinator continues to attend various court hearings in both criminal and civil courts, and provide supportive information to consumer's defense attorney, regarding pending criminal charges and future treatment. Consumer is still held in OC Jail and is no longer considered appropriately placed at FDC. Court cases continue to remain on calendar in both courts with permanent placements yet to be determined.
- Coordinator continues to advocate for consumer's transfer from OC Jail to placement within the DC system. Coordinator has requested both his RC and SCRIP staff forward a referral packet to Canyon Springs RF for consumer's consideration. His transfer remains on hold until criminal charges are resolved.
- Coordinator requested a special IDT meeting to discuss consumer's recent weight loss and the discontinuation of medications for tremors. Consumer is reported to feed himself but has some difficulties with his feeding, when tremors are more pronounced. Review of his weight log determined his weight remains stable overall and weight discrepancy was due to the use of another scale per residence dietician. Residence staff continues to assist consumer during mealtimes when needed to insure completion of all his meal.
- Consumer has been referred to community-based educational training, with an emphasis on language development. Coordinator has requested that consumer have an opportunity to visit the proposed site; that she be in agreement with participation in an off-campus educational setting; and that she have a slow transition to the new setting, with familiar staff available to her. A request for a special IDT was made and date of meeting and date of her transfer to public school is pending.
- Coordinator provided support to regional center concerning a request for a change in the consent giver for a consumer being considered for community placement. Consumer's mother was still listed as consent giver in FDC record, but was recently deemed incompetent, due to advanced age and dementia. A special IDT meeting was held to officially change consumer's consent giver to another family member, a niece. As a result, the consumer was able to start his transition into a community facility.
- Coordinator observed consumer exhibiting SIB to his left ear, which was not previously observed. During semi-annual meeting, coordinator brought this observation of SIB up to the IDT to determine the origin of this new behavior.

Residence physician agreed to complete further diagnostic testing to rule out possible medical causes for this behavior. Findings were a diagnosis of mastoiditis, inflammation of middle ear, and treatment was provided. Consumer continues to exhibit SIB but with only a light tap to his ear rather than a more severe blow as when he had an ear infection. IDT to continue to explore alternate means of communication for this consumer rather than SIB, when he does not wish to participate in a given activity.

- Coordinator attended pending writ hearing for VAS consumer in OC Superior Court. Due to new legal interpretations, matter was taken off calendar in OC with recommendation that the matter be heard in committing court, outside of Orange County. Coordinator informed consumer of change and requested another writ be filed. CRA followed up and a new writ has been filed in San Diego County. Consumer is requesting to attend his Court hearing.
- Coordinator contacted regional center service coordinator concerning the district attorney's request to convert W&I 6500 commitment to HOP petition. This issue was brought to Lead CRA for follow up. Case now scheduled for pre-trial hearing in OC Superior Court.
- Coordinator was informed that assigned volunteer advocates will be directly notified by FDC staff, of all incidents and special IDT meetings regarding their consumers. Coordinator provided FDC SW's contact information for all advocates assigned to FDC consumers. Coordinator also requested that all volunteer advocates keep this office informed of all calls received and special IDT meetings scheduled.
- Coordinator informed all advocates of the temporary relocation of four residences at FDC to facilitate visitation with consumers. Advocates will now visit consumers on their temporary residences.
- While meeting with a consumer, coordinator was informed by the consumer that she recently ingested a screw from the night light in her room. Coordinator immediately informed residence staff and was directed and assisted in completing an IR report. Report completed and all parties notified including the residence physician for medical follow up. An x-ray was completed and was positive for foreign object. Consumer was admitted to community hospital for treatment and follow up.
- Consumer writ for release was granted but community resources were not available for the consumer in his RC catchment area. IDT and SCRIP staff recommended that consumer be referred to RC Integrated Project so appropriate residential resources could be located for him. A supported living resource has

been identified for him and his transition has begun with community care provider.

- Coordinator provided half-day training to new VAS Coordinator at Canyon Springs RF. Shared copies of various documents and procedures used at FDC VAS program, which she stated she intends to put in place for the Canyon Springs RF, VAS program.
- Coordinator participated in two transitional support meetings and five transition review meetings, prior to consumers' community placement. Coordinator also attended five thirty-day reviews including one meeting for a consumer who was moved into another home within the community organization due to behavioral and psychiatric issues. Coordinator attended three 60-day review meetings including for two consumers who are having some problems transitioning into their community homes. Coordinator participated in four 90-day reviews and two annual/ six-month IPP meetings for consumers who have returned to the community.
- Coordinator participated in consumer's pre-placement visit to his prospective home with family members, who had concerns about him moving into the community. Since placement, the family is now supportive of his placement into the community.
- Coordinator participated in an initial care provider evaluation at FDC for a VAS consumer who has some severe behavioral challenges and was able to provide them with some specific strategies for success when working with him.
- Coordinator was contacted by Sonoma DC, VAS Coordinator concerning possible transfer of a VAS consumer to FDC for medical care and treatment. After some discussion with FDC staff, it was determined that such medical treatment services are not available at FDC at this time. Sonoma VAS Coordinator was informed of information obtained.
- Coordinator attended a special IDT meeting to recommend a full-face helmet for a consumer who continues to exhibit frequent pica incidents. ID Team did recommend such a device as the only available treatment, but such device was not approved by FDC BSC after their review. Consumer is provided enhanced supervision.
- Coordinator held two staff meetings/training for volunteer advocates during the past six months.

- Coordinator attended FDC's annual Reunion Dance and was able to chat with seven consumers who now reside in the community.
- Coordinator informed all advocates of the temporary relocation of four residences at FDC to facilitate visitation with consumers. Advocates will now visit consumers on their temporary residences.
- Coordinator participated in two transitional support meetings and two transition review meetings, prior to consumers' community placement. Coordinator also attended three 30-day reviews. Coordinator attended three 60-day review meetings including for one consumer who are having some problems transitioning into their community homes. Coordinator participated in two 90-day reviews and two annual/six-month IPP meetings for consumers who have returned to the community.
- Coordinator attended a 30-day readmission meeting with a consumer who returned to FDC near the end of her provisional discharge date.
- Coordinator continues to be involved in all meetings concerning a consumer transfer from Sonoma DC. Consumer did receive VAS services at Sonoma, so will continue to be provided Advocacy services at FDC.
- Coordinator attended several meetings for a consumer who had resided at Canyon Springs and was moved to a residential placement in Orange County.
- Coordinator held one staff meeting/training for volunteer advocates during the second half of fiscal year.
- Coordinator contacted FDC Program management due to lack of notification of a change in date of an IPP meeting without notification or participation by her Volunteer Advocate. As a result of our concerns, FDC SWs are to confirm all IPP meeting dates for all FDC VAS consumers.
- Improved eating techniques for consumer who now receives meals on an elevated tray.
- FDC RTs have free access for admission to a local Orange County zoo, which allows them to take VAS consumers on more community outings.
- Continued to keep SCDD Lead CRA and AB Director informed of legal procedures and progress of court hearings in both civil and criminal Superior Courts.

- Coordinator contacted residence manager to request that residence staff provide daily written documentation in communications book between FDC and community college educators and they agreed to do so.
- Coordinator contacted program management staff regarding FDC's change of vocational settings for two VAS consumers. Both consumers had been earning money at jobs they enjoyed and were suddenly transferred to non-paid programming. Coordinator spoke with several staff and requested that special IDT meeting be held to discuss the reason for the transfer. After meetings concerning both consumers, FDC facilitated their return to paid employment.
- Provided support to family member concerned with the sudden change in groupings within the residence. Consumer has a diagnosis of autism and is best served with a slow transition to a new setting. Family member contacted this office and was given support in the filing of a 4731 complaint concerning this sudden change of both peer and staff in his group.

Lanterman

During this reporting period:

- Advocates monitored and visited five residents who required hospitalization in the community. There were over twenty-one visits made to community hospitals.
- Two consumers experienced multiple admissions to acute or extended care facilities near their advocates' home. As a result advocates visited weekly to monitor their conditions and provide support. Advocates were especially helpful to staff in these facilities as they were able to teach staff about the consumers' method of communication, likes/dislikes, etc.
- Advocates communicate regularly with nine residents' families at the families' requests.
- Advocates attended five court hearings related to community placement activity, conservatorship hearings, and to ensure residents' wishes were expressed. The Coordinator also maintained contact with the Public Defenders' Office for the same purpose.
- Advocates participated in thirty-two IPP team meetings at LDC. Advocates encouraged consumers to participate, express wishes and to ensure appropriate services were provided.

- Advocates attended ten special team meetings at Lanterman Developmental Center. Most meetings were held to review declining health and consults requested by the ID team. Meetings were also held to review behavioral issues and the use of medical and physical restraints. Advocates also attended eleven special team meetings for individuals who recently moved into the community. Most of these meetings were for consumers who were experiencing difficulty with their transition.
- Beginning September 2009 special meetings were held weekly for a consumer who developed a brain tumor. The coordinator and the assigned volunteer advocate participated in these meetings to monitor issues such as enhanced 1:1 supervision, pain management, nutrition, chemotherapy, and participation in day program. The consumer was also moved to a new residence which was better able to accommodate his needs for privacy and a quiet environment. The consumer continued to improve and the special meetings were held monthly beginning mid 2011 as a consequence. In June 2012, the consumer moved to the community and continues to be making a smooth transition. The consumer lives nears the volunteer advocate who will continue with her visits. As a result of this successful transition this case is now closed.
- Since summer of 2008 another consumer had been experiencing severe behavior issues requiring monthly special meetings. The advocate attended these meetings to monitor issues such as with 1:1 supervision, adjustment of behavior medications, and to review psychiatric consults. This consumer moved into the community April 2012 and he continues to be making a smooth transition. As a result of this successful transition this case is now closed.
- Volunteers provided residents with increased opportunities to participate in off-residence activities such as visits to the canteen, clothing store, facility-wide activities and picnics.
- Three advocates routinely attended religious services with the residents they are matched with.
- During this reporting period three consumers in the project passed away. Advocates participated in the planning and attended memorial services.
- Fourteen residents were referred for community placement by their IPP team. Their advocates ensured that the residents were in agreement with the recommendations.
- In total, twenty-two residents moved into the community during this reporting period. Most are making smooth transitions.

- Advocates made ninety follow-up home visits for residents who have moved into the community. Telephone calls to the homes were also made periodically.
- Advocates made twenty visits to consumers' DTAC for residents residing in the community. Visits were made to ensure that consumers were content with their placements. Visits were also made prior to transition activity to ensure, as much as possible, that consumers' wishes and needs could be met.
- Advocates attended seventy-three ID team meetings for individuals living in the community as per LDC closure plan.
- Advocates monitored fifty-three pre-placement home visits, and participated in seventy-two transition planning/review meetings for individuals on referral for community placement.
- Advocates monitored over eighty-four pre-placement (including fifteen meet and greet) visits and forty-one home visits. Advocates ensured that providers were able to meet consumers' needs and that the consumers were involved in decision making.
- Advocates monitored and/or participated in development of seven regional center assessments to identify consumers' service needs.
- One provider, while trying to assess SIB behaviors, discovered that the behaviors were possibly linked to a medical condition. The consumer was experiencing difficulty swallowing and was immediately referred to a specialist whereby treatment was provided. Staff at LDC had been aware of the swallowing problem but never linked her behavior to this medical condition. As a result, the consumer's behaviors have decreased, and her diet texture has been enhanced from soft to chopped, and, as a result, the consumer's quality of life has been enhanced.
- The following concerns were encountered during follow-up of clients who recently moved into the community during this reporting period.

Two consumers in the same home did not have follow-up ID team meetings at the appropriate intervals as written in the LDC closure plan. One of these consumers experienced behavioral issues which negatively impacted both home and day program placement. Timely attention to these issues is essential, especially early in the placement period. This concern was addressed to the regional center case worker and provider by the advocate.

Another consumer's case was transferred to a regional center closer to her home. The advocate learned of the transfer after a call to the original regional center was made in an attempt to schedule a six month ID team meeting. A voice message was left with a supervisor at the newly assigned regional center expressing a need for a meeting. A caseworker returned the call two weeks later and indicated that he was just assigned the case and thus not ready to schedule a meeting. The meeting was eventually held nearly a month after the due date.

One consumer experienced two incidents within thirty days of placement. One incident involved not receiving medications as prescribed and the other involved an emergency room visit due to respiratory distress. In both cases these incidents were discovered during the thirty day meeting. The provider was not aware of appropriate reporting procedures and was immediately in-serviced by the regional center.

Seven consumers had medication changes made without team discussion or considering less restrictive interventions. This was despite the transition team's recommendation that medication changes should not be made without contacting the regional center and calling for a special IPP meeting.

One consumer's pain medication was discontinued without team discussion. Furthermore, the facility's behavioral consultant was not informed and thus, training was not provided to staff as to how to assess and address the behaviors which could occur as a result of pain.

One consumer's behavioral medications were increased within 90 days of admission without team discussion or considering less restrictive interventions. The consumer was exhibiting severe SIB's and since the medication increase had already been initiated it became difficult to assess if the behaviors were a result of the consumer expressing displeasure with the new home. Since February 2013, the consumer continues to exhibit the behaviors and the team has been meeting monthly.

One consumer had a gastric tube inserted within four days of his move to the community. This procedure was done without team discussion to consider a less restrictive intervention. According to the provider's regional administrator, staff at the new home panicked because the consumer would cough while drinking fluid. Instead of consulting with LDC staff, he was sent to a hospital where an OT evaluation was done. The evaluation resulted in a recommendation for a g-tube. The same physician evaluated this individual over two years ago and made the same recommendation while he was a Lanterman resident. The team decided then not to follow the recommendation

and instead initiated a feeding plan. The consumer took great pleasure eating by mouth, especially eating food prepared by his mother during her visits. The feeding plan was successful as the consumer did not have a choking incident since. Had the regional center and/or provider contacted staff at LDC it's very likely that in-service provided by LDC staff could have prevented the need for the g-tube. When the regional center liaison was asked why she did not consult the team, she stated that the g-tube was ordered by the doctor and they have to do as he ordered. Upon discharge from the acute facility, the consumer was placed in an ICF-DDN, again without consulting the team to assess if the home can meet his needs. Also, the consumer never had the chance to express his feelings about the new placement. During the 30-day review at the new home the sister stated that she was never provided with information of the successful feeding plan developed by LDC staff. She also stated that this experience has negatively impacted her brother's quality of life.

Porterville

Volunteers work specifically with clients on an individual basis (following Individual Program Plans). They provide training, support and encouragement while focusing on self-advocacy goals. Many of our advocates have worked with their clients for many years and have made significant progress in the areas of communications (client to staff, client to client, etc.), issues concerning money handling and budgeting, work commitments, definition of goals, IPP attendance, behavioral issues, diet/health and exercise. Our advocates demonstrate true caring for their clients and devotion to the services this program provides; they are committed. Since my arrival, I have received many calls from PDC staff, as well as from individual clients, stating how helpful and important the advocates are to the overall treatment of each client and how valuable the services they provide are to the overall mission.

Sonoma

- An advocate helped one of his consumers move into the community. The advocate continues to call his consumer once a week to follow-up and see how they are doing and to assist with any issues.
- A consumer told her advocate that she wanted to have paid employment. The advocate spoke to her day program supervisor and the supervisor created a paid position for the consumer.
- The Coordinator notified case manager that one of their clients is at GAC and might be a candidate for community placement due to SDC being unable to provide medical services for her.

- The Coordinator spoke with trust office regarding approval for a purchase of a television for one of the VAS consumers. The purchase was declined by the trust office. After reviewing the consumer's record the trust office asked that the purchase be resubmitted. VAS Coordinator objected to the denial of purchase and listed reasons that this was a client's rights issue.
- The Coordinator brought to the attention of Regional Center case manager that a consumer would be a good candidate for community placement. Special meeting was held and the team was in favor of beginning the community placement process.
- The Coordinator spoke with case manager about funding approval from DDS for a community placement service.
- The Coordinator spoke at the annual Remembrance Day regarding respecting those who lived and passed away at developmental centers and remembering their contributions to the changes in perception of people with developmental disabilities.
- The Coordinator reviewed SDC policy regarding rights, consenters, and conservatorships and discussed with SDC Human Rights Committee concerns with the policy.
- The Coordinator followed up a request from a volunteer advocate regarding consumer not receiving his stander to use in the repositioning class. The Coordinator received assurance that the stander would be moved in a week and the consumer would be using the stander in a couple of weeks.
- The Coordinator questioned the transfer of a resident from an unlocked unit to a locked unit. Coordinator also questioned the lack of time given for cross training of staff. Team decided to delay the transfer until more cross training could be given. The move was delayed until the staff could get more training.
- The Coordinator spoke with program management and Clinical Director regarding a team suggestion that water be turned off during the night to prevent one client from drinking large amounts of water. Pointed out that this was a denial of rights for 5 other residents. Advocated for individual supervision.
- An advocate met a with a potential community provider when the provider visited one of their clients. The advocate gave information about her consumer to help the provider understand the consumer's needs.

- An advocate showed one of her consumer's pictures of a potential community home.
- An advocate called a special meeting to request two of her consumers be out of bed in the AMs and attend class. Team agreed to get the consumer's up and to class.
- An advocate pointed out to ID team that his consumer was not being paid for doing the same job as before. Team agreed to begin planning to pay the consumer for their work.
- The Coordinator and advocates along with Regional Center case managers advocated for community placement for VAS consumers as a result referral packets were sent out to providers.
- An advocate spoke to the team members about her concern that the consumer was being put into bed every afternoon.
- An advocate explored if one of her consumers is able to pick items up off the ground while using a wheelchair. There was a concern that the consumer is at risk for PICA.
- Advocate kept in touch with consumer by email after they moved into community.
- Advocate notice her consumer had no socks and clothes without buttons. Advocate requested clothing to be purchased and called to follow up; soon after new clothes were purchased for the consumer.
- Advocate felt their consumer needed a television in their room when he moves to another unit. Advocate contacted VAS Coordinator and US regarding this.
- 5 advocates accompanied consumers on the day they moved to homes in the community.
- The Coordinator and advocate discussed with Regional Center case manager and CRA see if the ID teams plans to reduce individual supervision and develop supports needed for consumer that will keep the consumer safe and eventually lead to community placement.
- Advocate spoke with a sister of one of the advocate's consumers. The sister hadn't seen her relative in awhile. The advocate was able to tell the sister about how her sister is doing and what her life is like as SDC. The advocate also spoke about the differences between living as SDC and community placement.

- An advocate followed up to find out why one of their consumer's is not receiving a morning SCOE class.
- An advocate spoke with SPT regarding having her consumer be put in their wheelchair before breakfast.
- The Coordinator advocated for residents to attend more classes and to have more trips into the community.

V. Volunteers

Volunteer Advocates

Developmental Center	Males	Females	Persons with Disabilities	Relatives	Providers	Students	Professionals	Foster Grandparent Senior Companion	Other
Canyon Springs	1	5	1	0	0	4	0	0	1
Fairview	0	5	0	0	2	0	2	0	1
Lanterman	0	4	0	0	0	0	0	0	4
Porterville	4	4	0	0	0	1	0	3	4
Sonoma	1	16	1	1	0	0	0	0	15

* Relatives include anyone with a family member with disabilities; providers refers to anyone employed to provide services in the system; students are anyone enrolled in school; and professionals are those employed within the system.

VOLUNTEER RECRUITMENT ACTIVITIES/ BARRIERS TO INCREASING THE NUMBER OF VOLUNTEER ADVOCATES/ RECOMMENDATIONS FOR ENHANCING RECRUITMENT EFFORTS

Canyon Springs

Eight volunteers were successfully recruited, trained and assigned clients during this reporting period. The VAS program lost a vital advocate in this reporting period due to relocation. This advocate had been part of VAS since instillation of the program at Canyon Springs. Her legacy as an advocate resonates with the remaining volunteers and staff.

Volunteer recruitment consisted of the following: flyers posted at Canyon Springs and at local community centers, City Hall, Chambers of Commerce, churches, hospitals, libraries, medical clinics, professional organizations, technical schools and colleges.

Volunteer Advocates have brought in leads for other potential volunteers and continue to inform the local community about opportunities.

The VAS Coordinator has gone to 'meet and greets' in the community where the volunteer advocate program was explained, questions fielded and flyers left. In addition, flyers were left several times during this reporting period at the public libraries, visitor centers and community centers in Cathedral City and Palm Desert.

The VAS Coordinator contacted the College of the Desert to explore the possibility of developing a partnership with nursing, psychology, behavioral health and human service students. Materials for the project were provided to the college and subsequent meetings are being planned.

Ideally, Volunteers must have a flexible schedule in order to attend consumer meetings, often times scheduled on short notice. Volunteers are asked to give a six-month commitment and many of the residents in the local community are seasonal and recreational visitors.

A partnership may be formed with local colleges in an effort to recruit students from the fields of nursing, human services, behavioral health, psychology and sociology. If students were given internship opportunities, college credits and mileage reimbursement, this might assist in recruiting more volunteers.

Fairview

Formal recruitment for additional volunteer advocates remains on hold at this time. There were no changes in the number of volunteer advocates with the program during this reporting period. Several people contacted the Project Coordinator regarding advocacy positions and Coordinator will discuss with Lead CRA and AB ED.

Barriers to increasing the number of advocates include:

- Position requires an extremely flexible schedule so advocates can be available for both scheduled and unscheduled special meetings for consumers.
- Medical insurance is not available for advocates.
- Potential advocates need to have a broad understanding of the needs of persons with developmental disabilities and the service delivery system in the State of California including the Lanterman Act.

Lanterman

Volunteer Advocates are encouraged to assist with recruiting of new volunteers. The Project is also posted on the Area Board 10 website and applicants can apply via this website. There was one new advocate recruited during this reporting period.

At this time, there are no barriers to recruitment.

Porterville

Recruitment and training of new volunteer advocates requires extensive training time. The goal of training is to ensure that the volunteer advocates understand and adhere to all safety measures, adequately protect themselves and the residents, as well as the purpose and mission of the advocacy program.

The biggest issue would be our budgetary constraints. There are currently 202 clients on our "Wait List". As I have received a directive to postpone any "hiring" of new advocates, and have had to release four advocates, from the program, I anticipate this number to rise, slowly. Our program and those who receive services would benefit from "hiring" and training two to three more advocates to provide valuable services.

Sonoma

Volunteers are recruited with referrals from previous and current volunteers. The majority of advocates are Sonoma County Office of Education employees. They have been a valuable asset to the VAS project because they are familiar with the residents and staff of SDC. The VAS Coordinator posted an ad for volunteers on the Sonoma State University employment website, at the Sonoma County Volunteer Center, the Area Board IV website and the SCDD website. The volunteer advocacy position has been posted on the Area Board IV Facebook wall as well.

Advocates that have consumers on behavioral units receive annual Positive Approaches and Strategies trainings. The PAST training presents methodologies for interacting with consumers that may have aggressive behaviors.

Recommendations to enhance volunteer advocacy services:

Provide regular training opportunities for the volunteer advocates including:

- Promoting empowerment and self-advocacy among consumers.
- How to find needed information (medical consultations, care plans etc.) in the clinical records.
- On-going education about rights of the developmentally disabled.

- Strategies for effective advocacy.
- Effective use of the IPP process to improve consumer's quality of life.
- How to assist consumers in enhancing their quality of life.

Volunteer Advocates Training

Developmental Center	# Training Sessions	# Volunteer Advocates Trained
<i>Canyon Springs</i>	14	7
<i>Fairview</i>	3	5
<i>Lanterman</i>	2	2
<i>Porterville</i>	10	8-12
<i>Sonoma</i>	3	1 new advocates

SUMMARY OF TRAINING PROVIDED TO VOLUNTEERS PRIOR TO BEING ASSIGNED TO PROVIDE SERVICES

Canyon Springs

New volunteers received training in the following areas: The VAS program, SCDD, DDS, IRC, Canyon Springs Administrative Policies, IPP, clients rights, boundaries, mandated reporting, confidentiality, advocacy, PALS, VAS computer database, the Lanterman Act, contraband, self-advocacy, judicial process, and My Own Choice. New volunteers were also provided with an orientation, a tour of Canyon Springs and a VAS training manual.

Three volunteers were matched with residents of Canyon Springs and initial meetings were arranged and attended by the program coordinator, volunteer, resident and sometimes the Individual Program Coordinator or Client's Rights Advocate.

Fairview

New volunteer advocates attend an eight-hour initial orientation prior to being assigned to provide services. Topics include clients' rights; confidentiality issues; various behavioral interventions; active treatment training; role of an advocate; the IPP process; and the IDT format. Training in mandated abuse reporting is provided, along with forms and telephone numbers to access FDC staff, when abuse is observed outside of regular business hours. Training also includes the DC charting system and where to obtain pertinent information concerning the consumer. A tour of various residences and vocational sites is also provided to familiarize volunteers with the layout and visitation protocol on the residences. To further ensure success for both advocates and consumers, advocates are matched with consumers with whom they feel comfortable working. When they are ready to begin their visitation, the Coordinator

personally introduces the volunteer advocate to their newly-assigned consumers, residence manager and shift charge person on that particular residence, so the volunteer is comfortable with the staff with whom they will be interfacing.

Ongoing training for volunteer advocates is provided to keep everyone informed of any changes within FDC, either moves or staff reassignments.

Lanterman

Advocates attend at least three individualized training sessions with the Coordinator prior to their initial visit with a resident. Advocates are provided with an orientation and training manual which informs them about the Project, Area Boards, the Developmental Center, aspects of the advocate's and Coordinator's roles, and abuse reporting requirements. The advocates also get an overview of the community based system (Regional Centers, Community Providers), key legal issues, and confidentiality and emergency procedures. Before advocates begin their visits they are also provided with a copy of "The Lanterman Act", "A Consumer Guide to the Lanterman Act", a handout describing the Clients' Rights and VAS Project at Lanterman Developmental Center and a handout that describes the Area Board X.

After the advocate has been matched with a resident, a training session is coordinated with the residents' Individual Program Coordinator. The IPC will review with the advocate the resident's chart and program plan. The advocate is also introduced to the resident's Social Worker, Residence Manager, and day program instructors. The advocate submits assistance logs describing each visit and reporting any problem areas. The coordinator attends team meetings with the advocate as necessary.

Volunteers are required to attend the Clients' Rights/Human Rights and Client Protection classes. Advocates are encouraged to attend the other block training classes and are mailed information on other classes offered off campus throughout the year.

During this reporting period, two advocates received orientation/training for additional consumers they were assigned. Additional training was provided to the advocates on an individual basis throughout the year. Several advocates attended classes in the community such as Regional Occupation Programs and the Red Cross. Advocates also attend some LDC block training courses required for LDC staff.

Porterville

New advocates are provided training by the coordinator and are given a copy of the Training Manual with project and PDC Policies & Procedures. Training has resumed on a monthly basis for all advocates. Training sessions are a review of what has been

provided annually for the past four years. Existing advocates received updated material for their training manuals at monthly training. The following is a list of provided training:

- Review of the volunteer duty statement
- Confidentiality
- Client abuse and neglect
- Incident reporting of suspected abuse and neglect
- Keys, keycards, and personal alarms
- Property items allowed in Secure Treatment area
- Advocacy and client representation
- Advocacy and the IPP
- Boundary issues
- Clients' rights
- IPP meetings
- Interdisciplinary team
- Emergency procedures
- Documentation
- Grooming and dress code
- Personal Safety
- Advocacy Tools (Making Choices, All About Me, etc.)

Sonoma

The training for new volunteers consists of an orientation to the Volunteer Advocacy project and an introduction to the Developmental Disabilities system of service. Topics include: advocacy, rights, the State Council on Developmental Disabilities, Area Board functions, Regional Centers, the Lanterman Act, SDC policies regarding mandated reporting, how to use the IPP for services and supports, People First, community advocacy organizations, concepts of self-determination and empowerment. New advocates are informed of and required to sign SCDD policies on confidentiality, the prohibition on advocates using their vehicles to transport clients as well as the prohibition on giving food or gifts to clients. Also advocates must have fingerprints on file with SDC and clear a background check. New advocates are trained in how to use the VAS website. The new advocates are mentored by existing advocates.

The coordinator meets frequently with advocates on a 'walk-in' basis or by appointment to provide support and coaching to identify strategies for effective advocacy. The coordinator assists advocates as needed by joining them at ID team meetings or during community placement visits.

Training Provided to Advocates:

In December The Coordinator discussed some of the issues occurring at SDC ICF units.

Volunteer Advocates Stipends

Developmental Center	Number of Volunteers Paid Stipends
<i>Canyon Springs</i>	8
<i>Fairview</i>	5
<i>Lanternman</i>	4
<i>Porterville</i>	8
<i>Sonoma</i>	17

BASIS FOR ESTABLISHING THE LEVEL OF STIPENDS

All volunteers receive a flat rate amount of \$50.00 per individual per month established by Headquarters in 2010. The volunteers dedicate three hours per month per individual served. The volunteer advocate visits or attends meetings on the individual's behalf at least twice per month per individual assigned. The VAS Coordinator may determine compensation for extended training and/or project meetings.

THE RELATIONSHIP OF STIPENDS TO RECRUITMENT AND RETENTION OF VOLUNTEERS

Canyon Springs

Individuals recruited for the volunteer advocate position at Canyon Springs have expressed that they are volunteering their time to gain experience in the area of developmental disabilities. Several students, studying in fields related to developmental disabilities, have expressed appreciation for the exposure and direct experience with the individuals at Canyon Springs. Some recent volunteers recruited have stated that they are volunteering to give back to the community and/or have experience with the population of clients residing at Canyon Springs.

Fairview

None at this time.

Lanterman

The stipend does not appear to be a main factor in the retention of volunteers; however, there may be a correlation between providing a stipend and the recruitment of qualified advocates. This applies particularly to the recruitment of college students and volunteers who are retirees.

Porterville

The ability to provide a stipend has a direct relationship on recruitment and retention of the volunteer advocates. Volunteers are told when initially trained, that the stipend is not to be considered a paycheck, and may not be paid on a regular basis. Even with constant reminders, many volunteers do treat the stipend as a paycheck and have advised that they would not spend the amount of time expected with assigned residents if they were not being reimbursed financially. Some volunteer advocates have indicated that they might still continue to visit their assigned residents but they would not be willing to visit as much or complete all the other expectations of the advocate role, such as address issues with staff at the time of the visit. Many advocates do not reside in Porterville and travel several miles to provide advocacy services. If the stipend reimbursement was no longer provided, it would negatively impact the amount and quality of services to residents at PDC.

Sonoma

The stipend is very important in the recruitment and retention of advocates. Many of the potential advocates that are referred to the coordinator are retired, interested in meaningful volunteer work, and also in need of supplementing their income. Others are employed part-time by the Sonoma County Office of Education at SDC, have experience with consumers at SDC, and would like to supplement their part-time income. It would be difficult to recruit and retain volunteer advocates without a stipend.

VI. Barriers, Observations and Recommendations

Canyon Springs

It is recommended that a partnership with local colleges be explored for volunteer opportunities that might include college credits. Several meetings have been conducted with local colleges and subsequent meetings are expected to follow to recruit college students.

In addition, an internship program in partnership with local colleges should be explored for feasibility. An increased stipend may motivate local college students by providing additional incentive. The stipend assists in recruitment efforts.

Canyon Springs does not have a Chaplin on the premises. Clients would benefit from having either a Chaplin on the premises or being taken into the community to various places of worship on a regular basis. Consideration may be given to starting a program where members of various religious organizations give presentations to residents at Canyon Springs. This would give the client information and an opportunity to learn about the numerous types of religious organizations in the community.

Several clients have self-referred to the VAS program through the VAS Coordinator directly or through the Canyon Springs IDT Team. However, some clients who are conserved by Los Angeles Public Guardian office are not given consent to participate within the VAS program while other clients who are also conserved by LAPG are granted acceptance. This has caused undue stress on the clients who would like to have a volunteer advocate meet with them regularly due to the fact that they have little to no contact with any family or friends. VAS Coordinator has tried to educate these individual conservators about the benefits the VAS program offers to the clients however, they continually refuse to allow the client to participate.

Fairview

Due to ongoing consolidation within FDC, staffing is becoming more inconsistent and consumers are not receiving appropriate programming in both residential and vocational settings. Advocacy Services continues to work with FDC staff in all settings to address such concerns so consumers are able to receive the best services provided.

Lanterman

Medical Treatment: Doctors continue with the pattern of not following team recommendations (such as requests for consultations, tests, not following consultants' recommendations, etc.) without communicating the reasons to the team. This is also compounded by the fact that doctors do not always attend team meetings. This concern has been communicated to the Executive Director who will forward these issues to the Medical Director as they arise.

Porterville

We currently have a waiting list, for clients needing services, (referrals continue to arrive weekly from IPP Teams and Social Workers), a large number of which are housed in the STA (Forensic). It is often challenging to find volunteers willing to work with the Forensic population. Our older volunteers do not feel "safe".

There have been some issues where the VAS Coordinator or CRA has had to intervene by advocating for the volunteer advocate and re-educating staff of the advocate's role and right to client information.

Sonoma

- **Provide each consumer with a volunteer advocate:** A majority of the consumers in the VAS project have advocates. The VAS Coordinator is reaching out to the community to find advocates to serve those in the VAS project that do not currently have advocates.
- **Facilitating communication:** The Coordinator advocates better communication between SDC staff and advocates regarding changes in medical, medication, procedures, and general health condition. The Coordinator makes sure that the Social Workers and advocates have each other's current contact information.
- **Discontinuation of SCOE Classes:** With the cancellation of SCOE classes on June 30th there might be a decrease of advocates due to new employment opportunities for the advocates. If this occurs the Coordinator will have an increase in the number of residents that will need volunteer advocates.
- **Advocacy services:** The coordinator currently serves 30 consumers that do not have an advocate. The VAS project would improve by recruiting advocates from the community. Advocates recruited from the community will offer different perspectives to consumers and SDC staff.
- **SDC's location:** SDC is not close to main urban areas of Sonoma County and this makes it difficult to recruit advocates.

Trends observed during reporting period.

- The Coordinator and advocates have noticed less recreational activities and community outings due to decreased staffing. CRA and the Coordinator discussed this situation with Executive Director and were assured that programming will improve.
- Decreased work opportunities on ICF units.
- Elimination of SCOE classes on the NF units. SDC Administration is in process of providing classes to replace the SCOE classes.

- Increases in the length of time that NF residents remain in bed. Advocates request that their consumers be out of bed for part of the day.
- Increased cooperation between VAS advocates and regional center case managers regarding community placement.
- More VAS advocates took tours of community homes and day programs.
- Due to unit closures more VAS consumers have moved into community settings but this process has also led to increased populations on units as well as less residential choices at SDC.
- With SDC's aging population on the ICF/behavioral units the need for units that can provide combined medical and behavioral services has increased.

VAS ROSTER

STATE DEVELOPMENTAL CENTER VOLUNTEER ADVOCACY SERVICE COORDINATORS

State Developmental Center	Project Coordinator	Address	Telephone Number	Mobile Phone	Fax Number	E-mail Address
Canyon Springs	Robbin Puccio	69-696 Ramon Road Cathedral City, CA 92234	(760) 770-6238	(951) 807-7216	(760) 770-0581	Robbin.puccio@cs.dds.ca.gov
Fairview	Gail Skvirsky-Bohn	2501 Harbor Blvd Building 19 Costa Mesa, CA 92626	(714) 957-5082	(949) 375-5830	(714) 957-5084	Gskvirsky@fdc.dds.ca.gov
Lanterman	David Zermeno	3530 W. Pomona Blvd P.O Box 100 Pomona, CA 91769	(909) 839-1357	(909) 720-0002	(909) 839-1360	ascldc@earthlink.net
Porterville	Kelly De Elva	P.O. Box 2000 Porterville, CA 93258	(559) 907-5448	(559) 903-3299	(559) 782-2431	kelly.deelva@pdc.dds.ca.gov
Sonoma	Ross Long	King Building #110 Sonoma SDC P.O. Box 1493 Eldridge, CA 95431	(707) 938-6501	(707) 227-0250	(707) 938-6623	ross.long@sonoma.dds.ca.gov
Headquarters	Holly Bins CRA/VAS Manager	1507 21st St., Suite 210 Sacramento, CA 95814	(408) 834-2458	(408) 834-2458	(916) 453-9947	holly.bins@scdd.ca.gov